

fiscal
2022-2023 **Q3**
3rd quarter ended December 31, 2022

KHSC this quarter



Strategy Performance Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

% of the accreditation Canada Telehealth standards are met	3
Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	4
COVID Incremental Cost Recovery	5
Achieve pre COVID position by March 31	6
HSAA/MSSA conditions met	7
Board endorses RFP for managed equipment services and RFP is issued Y/N	8

Outcome: Lead the evolution of patient- and family-oriented care

Patient stories completed in 12 KHSC unit/programs & at board patient care committee	9
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Outcome: Create the space for better care

PSOS complete and RFP issued	10
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Strategic Direction 2

Nurture our passion for caring, leading, and learning

Outcome: Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Inclusion council in place Y/N	11
Succession plans completed for management roles	12

Strategic Direction 3

Improve the health of our communities through partnership and innovation

Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

HIS project design/build/validation phase is complete Y/N	13
KHSC participates in priority projects Y/N	14

Strategic Direction 4

Launch KHSC as a leading centre for research and education

Outcome: Foster a culture of teaching, learning, research and scholarship

Research Institute: Meet with all clinical departments Y/N	15
Coordinated learner experience strategy in place Y/N	16

Indicator Status Legend	17
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Q3 FY2023 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	22-Q3	22-Q4	23-Q1	23-Q2	23-Q3
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	% of the accreditation Canada Telehealth standards are met	N/A	N/A	Y	Y	G
		Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	N/A	N/A	N/A	Y	Y
		COVID Incremental Cost Recovery	G	G	G	R	G
		Achieve pre-COVID position by March 31	G	G	G	G	G
		HSA/MSSA conditions met	G	G	R	G	G
		Board endorses RFP for managed equipment services and RFP is issued Y/N	N/A	N/A	G	G	G
2. Nurture our passion for caring, leading and learning	b. Lead evolution of patient- and family- centered care	Patient stories completed in 12 KHSC unit/programs & at board patient care committee	N/A	N/A	G	G	G
		c. Create the space for a better experience	PSOS complete and RFP issued	R	R	R	R
3. Improve the health of our communities through partnership and innovation	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Inclusion council in place Y/N	N/A	N/A	G	G	G
		Succession plans completed for management roles	N/A	N/A	G	Y	Y
4. Launch KHSC as a leading centre for research and education	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	HIS project design/build/validation phase is complete Y/N	N/A	N/A	Y	Y	Y
		KHSC participates in priority projects Y/N	N/A	N/A	G	G	G
		Research Institute: Meet with all clinical departments Y/N	N/A	N/A	Y	G	G

		Indicator	22-Q3	22-Q4	23-Q1	23-Q2	23-Q3
		Coordinated learner experience strategy in place Y/N	Y	Y	G	G	G

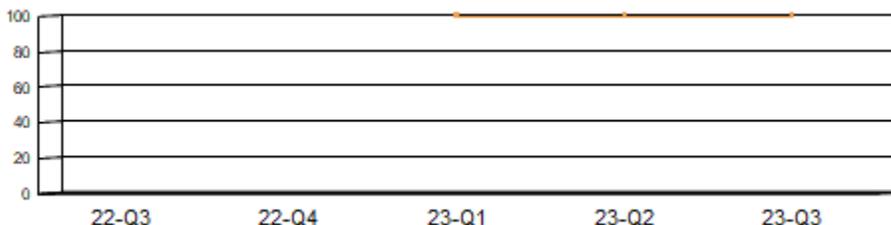
		SPR				SAA			
		F21				F21			
		Q1 %	Q2 %	Q3 %	Q3 #	Q1 %	Q2 %	Q3 %	Q3 #
R		14%	14%	7%	1	41%	46%	49%	33
G	Y	86%	86%	93%	13	34%	31%	34%	23
N/A		0%	0%	0%	0	25%	24%	18%	12
					14				68

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of the accreditation Canada Telehealth standards are met



	Actual	Target
22-Q3		
22-Q4		
23-Q1		100
23-Q2		100
23-Q3		100

Describe the tactic(s) we are implementing to achieve this objective:

A comprehensive needs assessment survey was completed for physicians, nurses and allied providers with respect to virtual (video) visits. The survey focused on: understanding the proportion of virtual care appointments as a proportion of total patient appointments (to understand post-pandemic utilization trends); understanding what specialty areas are using virtual care; understanding what virtual platforms are currently in use/preferred; and understanding existing barriers to quality and efficiency for patients, providers and support personnel and recommendations to address these barriers. In addition, to support virtual care, the roll out of the recommended platform for direct patient-provider and group sessions (Microsoft Teams) was completed. OTN remains the platform of choice for clinician-mediated virtual visits.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Of the 17 Accreditation Canada Virtual Health Standards, 9 (53%) are complete, 3 (17%) are in progress and 5 (30%) are not relevant for this phase of implementation.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes. During the pandemic virtual (video) care was a major mode of care delivery. However, currently the use of virtual care has significantly decreased, with the majority of providers reverting to in-person care. Most providers cited the inability to perform a physical exam or corollary diagnostics, a high administrative burden in set-up and prevalence of technology or connectivity issues or a lack of technical infrastructure or competency for some patients as major reasons for not using virtual care. Despite this, there remains several specialties or individual physician, nursing or allied providers for which virtual care comprises a significant proportion of their care. In addition, for patients, virtual care remains an attractive option for receiving specialist care, alleviating the need for travel or taking time off work. For these pockets of specialist providers, identified within the needs assessment, focused attention can be given to resolve remaining barriers to optimizing virtual care for patients, providers and support personnel. In addition, with Lumeo HIS slated for implementation in Spring 2024, the virtual care work will dovetail with and inform the workflow designs that are currently being completed.

Definition: EVP - Gilles/Gamache Oleary
MRP - Abbott-McNeil

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: < 65%

YELLOW: 65 - 89%

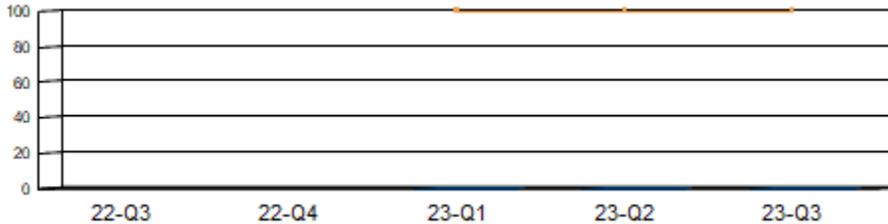
GREEN: >= 90%

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023



	Actual	Target
22-Q3		
22-Q4		
23-Q1	0	100
23-Q2	0	100
23-Q3	0	100

Describe the tactic(s) we are implementing to achieve this objective:

KHSC does not have a structure or standardized process to enable leaders at the unit, program and organizational level to monitor and manage performance relative to identified critical to quality indicators (e.g. Accreditation Canada Required Organizational Practices). Without this infrastructure, KHSC is not able to ensure sustainability with accreditation ROPs and have trending data on critical to quality indicators to identify/support quality improvement initiatives.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Definitions are finalized and BI tool will be built in Q4.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Project is on track for Q4.

Definition: EVP - Carter
MRP - G. Miller

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

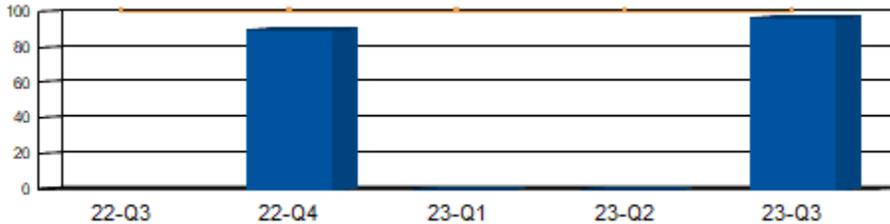
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: COVID Incremental Cost Recovery



	Actual	Target
22-Q3		100
22-Q4	90	100
23-Q1	0	100
23-Q2	0	100
23-Q3	96	100

Describe the tactic(s) we are implementing to achieve this objective:

COVID funding for F22-23 is confirmed at \$6.4M, which is short by \$300K based on the Q3 submission for COVID.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

We met the target

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: <60%

YELLOW: >60% and <75%

GREEN: >75%

Prior Targets:

Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <75% GREEN: >75%

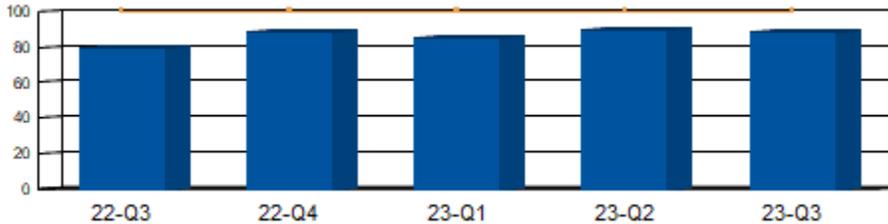
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Achieve pre-COVID position by March 31



	Actual	Target
22-Q3	80	100
22-Q4	89	100
23-Q1	85	100
23-Q2	90	100
23-Q3	89	100

Describe the tactic(s) we are implementing to achieve this objective:

Activity based revenue volumes are at 89% of budgeted volumes.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

We are on track

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover Loss of Revenue: 1) recover elective volume-based activity revenue 2) recover non-elective volume-based activity revenue

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Prior Targets:

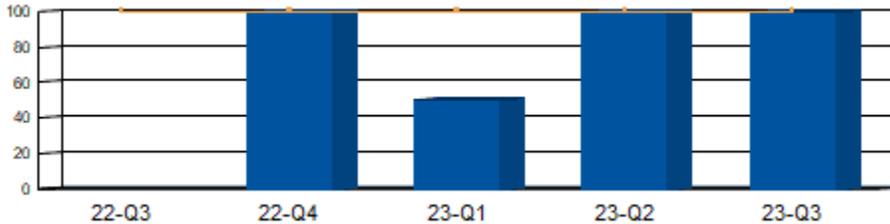
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: HSAA/MSSA conditions met



	Actual	Target
22-Q3		100
22-Q4	100	100
23-Q1	50	100
23-Q2	100	100
23-Q3	100	100

Describe the tactic(s) we are implementing to achieve this objective:

Based on Q3 submissions hospital operations are in surplus.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Agency nursing costs may impact the hospital's ability to maintain the surplus position.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: <60%

YELLOW: >60% and <70%

GREEN: >70%

Prior Targets:

Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <70% GREEN: >70%

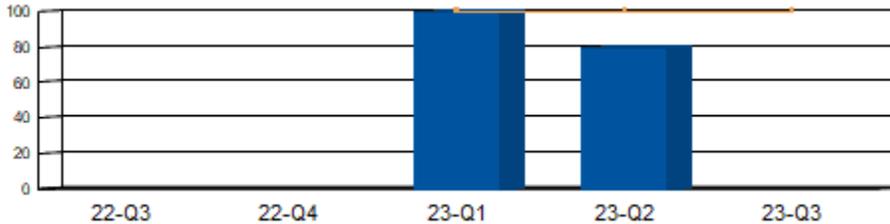
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Board endorses RFP for managed equipment services and RFP is issued Y/N



	Actual	Target
22-Q3		
22-Q4		
23-Q1	100	100
23-Q2	80	100
23-Q3		100

Describe the tactic(s) we are implementing to achieve this objective:

This project is on hold due to the high inflation and supply chain challenges. If we implement this project at this stage, it will impact the total margin and benefits.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

After a feasibility study, we put this project on hold. The key factors behind this are-

- High Inflation
- Supply Chain Challenges
- Resource Challenges

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track and adopted a new strategy to achieve similar results.

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

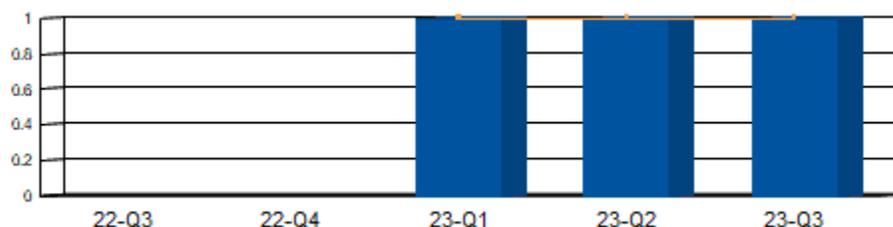
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Lead evolution of patient- and family- centred care

Indicator: Patient stories completed in 12 KHSC unit/programs & at board patient care committee



	Actual	Target
22-Q3		
22-Q4		
23-Q1	1	1
23-Q2	1	1
23-Q3	1	1

Describe the tactic(s) we are implementing to achieve this objective:

Advance understanding of KHSC's commitment to implementing the principles of patient-and family-centered care by sharing patient experience stories at all levels of the organization. 12 Patient stories completed in units/programs and at board patient care committee meetings.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Four patient stories completed this quarter in addition to six new employee welcome sessions that each included a patient story. Recorded patient story shared in advance of the November Patient Care and Quality Board Committee with discussion at the meeting. Feedback surveys completed and reviewed to inform future sessions. Two patient stories shared at Ambulatory Care Services visioning day to inform guiding principles. Both patients stayed as participants in the day helping to ground the discussion in patient priorities. One patient story shared at Regional Renal Strategy Planning Retreat. Patient storyteller as well as additional Patient Advisors participated in the day bringing patient priorities to the discussion.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

On track to meet objective. Seven completed stories with two in planning stages at the end of Q3 and four patients identified to share their stories in Q4.

Definition: EVP - Carter
MRP - Angela Morin

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2023 target: 12

Corridors:

RED: Q1: <1; Q2: 0; Q3: <=1; Q4: <=1

YELLOW: Q1: <1; Q2: 1; Q3: 2; Q4: 2

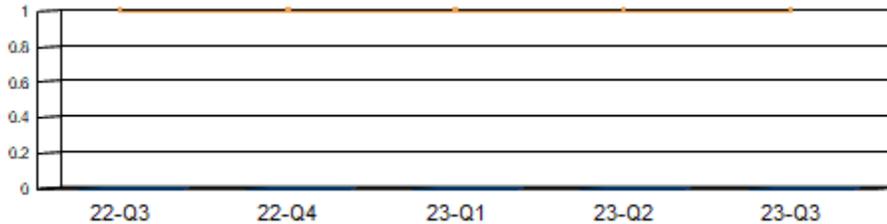
GREEN: Q1:1; Q2: >=2; Q3: >=3; Q4: >=3

Q3 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: PSOS complete and RFP issued



	Actual	Target
22-Q3	0	1
22-Q4	0	1
23-Q1	0	1
23-Q2	0	1
23-Q3	0	1

Describe the tactic(s) we are implementing to achieve this objective:

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Work was paused in May 2022 once the provincial election was called. Conversations to resume planning are ongoing with the Ministry.

Definition: EVP - Krista Wells-Pearce
MRP - Krista Wells-Pearce

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Prior Targets:

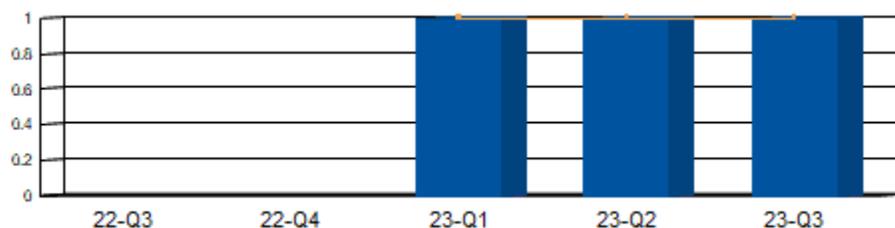
Fiscal 2022 target:100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: Inclusion council in place Y/N



	Actual	Target
22-Q3		
22-Q4		
23-Q1	1	1
23-Q2	1	1
23-Q3	1	1

Describe the tactic(s) we are implementing to achieve this objective:

The Inclusion Steering Council (ISC) met several times throughout the quarter and establishing priorities was discussed. It was determined that more current feedback was necessary to help guide the activities, priorities and goals of the Council so a Meet and Greet (Treat) was undertaken coinciding with Halloween. In addition to in person conversations, an open survey was deployed to garner anonymous feedback regarding priorities for action and other ideas. The top priorities included leadership support, education and training and having more inclusive hiring practices. Past and current feedback has assisted in solidifying next steps such as the plan to have a focus of Leadership days on inclusion, and the policy working group looking at the recruitment and selection policy from an inclusion lens. Other feedback acted on involved making food more inclusive. Our giveaways for Sprinkle Some Joy accounted for different dietary needs and the Christmas Day dinner for staff working included a halal, kosher and vegan option. The 2 ISC working groups concluded and the new inclusion policy was approved. Further external statements, acknowledgements were continuing to gather feedback and will be solidified in the new year. A business case was approved for additional resourcing to support and accelerate the inclusion journey.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Our staff and the broader community are seeking demonstrable action concerning equity for people who have been traditionally marginalized or in the minority including racialized persons who are Black, Indigenous or People of Colour. The pandemic has put a serious strain on our health care workers which in turn can compromise care delivery if not available, supported or effective so organizational strategies are needed to protect the health and wellness of our healthcare workforce. Given the current shortage of health care workers, we must ensure a welcoming and inclusive environment to attract talent from beyond our region to fill those gaps and improvement will also support retention through a positive work experience for our current workforce.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track.

Definition: ACCOUNTABILITY:
EVP - Carlton
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%

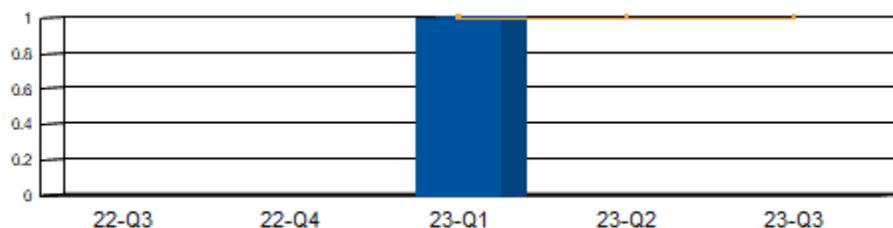
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: Succession plans completed for management roles



	Actual	Target
22-Q3		
22-Q4		
23-Q1	1	1
23-Q2		1
23-Q3		1

Describe the tactic(s) we are implementing to achieve this objective:

Talent review check-ins continued in Q3. Succession Plans continued to be completed and updated for leadership roles. The completion rate moved up to 69% which translates into more than 100 now in place. Leadership turnover has impacted the completion with many new leaders needing some time to assess their people in their new role or portfolio. Merit-Based Pay Progression was completed which was influenced by assessments for non-union staff. While overall assessments through the performance development plan process has been trending upward, we still have over 48% incomplete. Training and development under RISE saw further leader development by successfully offering the first Financial Stewardship ½ day course and 2-day course in influencing Change. Planning for next year began with discussions surrounding inclusive leadership and quality as future offerings. As the assessment of leader skills gaps, selection practices and onboarding processes have come to a natural close, shifts in the process execution will occur in the coming months.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

To ensure there is a pipeline of talented staff aspiring to leadership there also needs to be a pathway and process to keep the organization learning and growing to meet the needs of the future alongside today. This area of focus also aligns with our risk reduction strategy, Accreditation leadership standards and engagement drivers. Given the crucial role positional leaders have within the organization and the risk of not having capable people to lead and achieve our operational accountabilities as well as our strategic directions, it is imperative we need nurture and safeguard our talent including developing our aspiring leaders. With the impacts and demands highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to performance.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

While delayed, we are on track for reaching the target at year end.

Definition: ACCOUNTABILITY:
EVP - Carlton
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

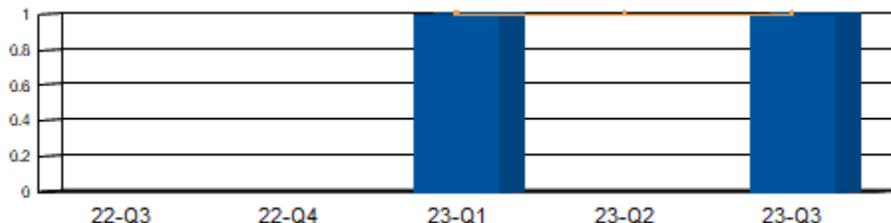
Target: Fiscal 2023 target: 80%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q3 FY2023 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

Indicator: HIS project design/build/validation phase is complete Y/N



	Actual	Target
22-Q3		
22-Q4		
23-Q1	1	1
23-Q2		1
23-Q3	1	1

Describe the tactic(s) we are implementing to achieve this objective:

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Under the direction of the CEO's, the Lumeo leaders acted on external review recommendations, including establishing a new clinical vision, confirming the projects priority, engaging Deloitte as an implementation partner, beginning recruitment for a regional Digital Health Executive Lead, and streamlining governance and decision-making processes. Deloitte is providing interim executive leadership, which is working well. The pace of work has improved markedly. On December 8, the project failed an Oracle-Cerner validation gateway due to delays in regional workflow designs/builds, technical work, the design and staffing of the operational model, and health human resource challenges. As a result, options to re-baseline the project plan are being developed for presentation to steering committee mid-January. The intent is to reorganize project activities and reconsider the number and sequence of go-lives, but to stay within the original project end date of December 2024. Work has also started on re-baselining the TCO. In the meantime, project implementation activity continues. Workshops 5 and 6, the testing strategy and several technical tasks were completed.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Definition: ACCOUNTABILITY:
EVP - Gamache-O'Leary
MRP - D. Lorrichio

TACTICS: TBD

REPORTING COMMITTEE: Governance

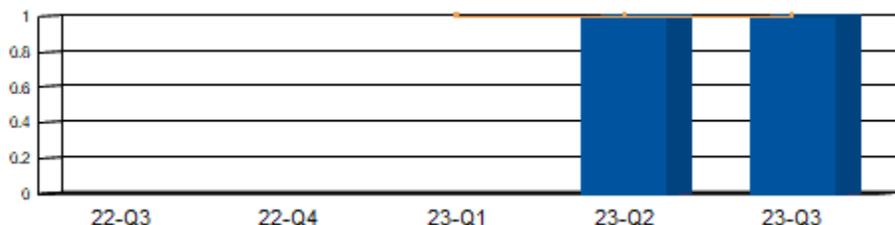
Target: Fiscal 2023 target:
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most

Indicator: KHSC participates in priority projects Y/N



	Actual	Target
22-Q3		
22-Q4		
23-Q1		1
23-Q2	1	1
23-Q3	1	1

Describe the tactic(s) we are implementing to achieve this objective:

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health-care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in Frontenac, Lennox and Addington counties. With the right partners and plans in place, and one year of successful OHT project implementation behind us, we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, and many collaborative projects which will continue to be a focus in the coming year. Since becoming an approved OHT in the fall of 2020, we have executed a Collaborative Decision-Making Arrangement, endorsed the People-Centered Health Home model as the foundation of our OHT, and fully operationalized our priority project working groups focused on: aging-well-at-home, palliative care partnerships, addictions and mental health integration, and coordinated discharge, as well as supporting structures. The groups have completed their first year deliverables including implementing pilot models of care, creating new coordination, navigation and advocacy roles, securing funding for digital health projects and more. This work is building on existing collaborations in our region with the aim that our patients and citizens will be the beneficiaries of a stronger, more connected health care system as soon as possible.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

As part of our leadership contribution to the OHT, a KHSC resource is leading the process to develop the FLA OHTs first strategic plan, as well as leading the communications and engagement working group to ensure we keep our partners and community informed and engaged with our progress. As of Q3, we have completed an OHT- and community-wide engagement process and collaborated with OHT leaders to create and validate the final strategic plan. In the coming quarters, we will be working with OHT partners, community members and the public to launch the strategic plan. In Q3 KHSC also contributed leadership to:

- Engaging and collaborating with our Ministry of Health and Ontario Health partners on issues related to future accountable, value-based models for OHTs, possible pilot projects that may be awarded to FLA OHT
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support strategy discussions
- Providing professional consulting to the OHT project groups as they form communication, engagement and strategic plans to support their work
- Continuing to provide leadership to the Regional Health Information System project, now known as Lumeo; a key foundation for connecting hospitals, and eventually other providers in the system, on a common patient record and a platform for digital health.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track to achieve the objective as of year-end.

Definition: ACCOUNTABILITY:
EVP - Pichora/Carter
MRP - T. MacBeth

TACTICS: TBD

REPORTING COMMITTEE: Governance

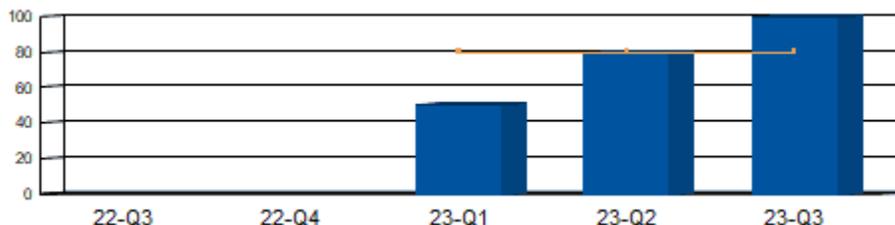
Target: Fiscal 2023 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

4. Launch KHSC as a leading centre for research and education

a. Foster a culture of teaching, learning, research and scholarship

Indicator: Research Institute: Meet with all clinical departments Y/N



	Actual	Target
22-Q3		
22-Q4		
23-Q1	50	80
23-Q2	80	80
23-Q3	100	80

Describe the tactic(s) we are implementing to achieve this objective:

Engagement with all clinical department heads to discuss research activities and opportunities in their respective units and have follow-up meeting with faculty members

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Met with all 15 clinical department heads and members of 12 of those departments

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we have already met the 80% target

Definition: ACCOUNTABILITY:
EVP - S. Smith
MRP - S. Smith

TACTICS: TBD

REPORTING COMMITTEE: Research

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

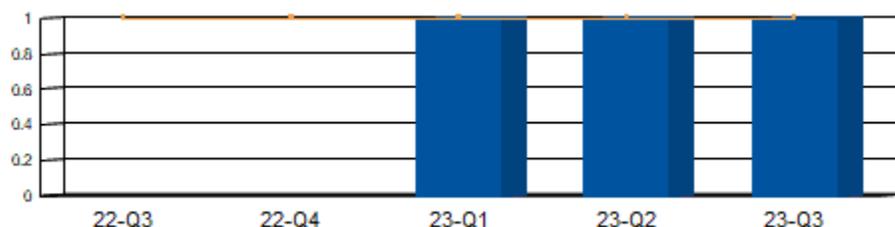
GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

4. Launch KHSC as a leading centre for research and education

a. Foster a culture of teaching, learning, research and scholarship

Indicator: Coordinated learner experience strategy in place Y/N



	Actual	Target
22-Q3		1
22-Q4		1
23-Q1	1	1
23-Q2	1	1
23-Q3	1	1

Describe the tactic(s) we are implementing to achieve this objective:

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. As a fully accredited teaching hospital, KHSC has an accountability and responsibility to provide a safe, engaging and educational learning environment.

KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to create the capacity to provide highly specialized services for our community and region.

In order to gain a better understanding of the learning environment from the students' perspective, we have engaged them for their feedback regarding opportunities for enhancements in their overall educational experience and learning environment, while they continue to provide supervised quality care to our patients.

Kingston Health Sciences Centre wants to promote and create a safe and educational learning environment for all learners. We have always received feedback and surveyed our Staff and Physicians but have not always obtain feedback from our learners about our engagement, learning and culture. We have developed a survey with our educational partners for distribution to our learners that will assist in our Education Strategy at KHSC.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios have developed a survey for distribution to our learners that will assist in developing an coordinated Education Strategy at KHSC. Historically, the education portfolios and deliverables were siloed amongst Residents, Medical Students, nursing and Allied Health; however going forward we want to create an coordinated approach to all learners.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Our goal is to optimize the learner experience at KHSC by responding to learner experiences survey recommendations. We have completed the medical Student and Residents surveys and started the engagement process with Faculty of Health Sciences. The overall strategy work was put on hold last year due to competing priorities with KHSC and our educational partners, however we are now on track to move forward with an integrated plan. We have embarked on the revisions/updating the Affiliation Agreement with Queen's University and completed the agreements with other affiliations. KHSC has prepared, and is ready, for UGME Medical School Accreditation in March/April 2023. KHSC is also the co-chair of the Provincial OHA Education Committee and has aligned our KHSC education strategy to the Provincial Strategy around HHR/Clinical Placements, Funding and Wellness. This indicator is on track and completed.

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick
MRP - Chris Gillies

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Prior Targets:

Fiscal 2022 target:100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

Q3 FY2023 Strategy Performance Indicators Report

Status:

N/A

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching