

fiscal  
2023-2024 **Q2**  
2nd quarter ended September 30, 2023

# KHSC this quarter



## Strategy Performance Report



Kingston Health  
Sciences Centre

Centre des sciences de  
la santé de Kingston



# KHSC Strategy Performance Report Fiscal 2024

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**Q2 FY2024 Strategy Performance Indicators Report**

Strategic Direction	Goal	Indicator	23-Q2	23-Q3	23-Q4	24-Q1	24-Q2
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Number of prioritized critical to quality standards with established corporate targets on program scorecards	N/A	N/A	N/A	R	R
		Compass contract signed	N/A	N/A	N/A	G	G
		Achieve pre-COVID position by March 31	G	G	G	G	G
		KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals	N/A	N/A	N/A	G	Y
		Build a capital strategy to support the increase in Lumeo cost	N/A	N/A	N/A	Y	G
		Update LUMEO local Total Cost of Ownership	N/A	N/A	N/A	Y	Y
	b. Lead evolution of patient- and family- centred care	Presentations at 12 programs, board committees (4 to reflect DEI)	N/A	N/A	N/A	G	G
	c. Create the space for a better experience	Updated Stage One Proposal complete Y/N	N/A	N/A	N/A	G	G
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	Percentage of leaders completed inclusion training	N/A	N/A	N/A	G	G
		Number of leadership roles filled with internal candidates	N/A	N/A	N/A	G	G
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	Lumeo ready for KHSC May 2024 Go-Live	N/A	N/A	N/A	R	R
		KHSC participates in Ministry-directed OHT initiatives Y/N	N/A	N/A	N/A	G	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group	N/A	N/A	N/A	R	Y

		Indicator	23-Q2	23-Q3	23-Q4	24-Q1	24-Q2
		Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	N/A	N/A	G	G	G

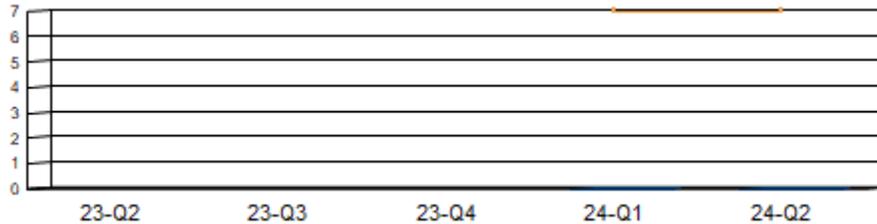
	SPR			SAA		
	F22			F22		
	Q1 %	Q2 %	Q2 #	Q1 %	Q2 %	Q2 #
R	21%	14%	2	34%	35%	24
G Y	79%	86%	12	50%	47%	32
N/A	0%	0%	0	16%	18%	12
			14			68

## Q2 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: Number of prioritized critical to quality standards with established corporate targets on program scorecards**



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1	0	7
24-Q2	0	7

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

Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance, and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

#### 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

In Q2 current a process began to review current data and discuss performance with key stakeholders. Goal to identify corporate targets in Q3.

#### 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 - Brenda Carter  
MRP - Gina Miller

**TACTICS:** Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance, and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

**REPORTING COMMITTEE:** Patient Care & Quality Committee

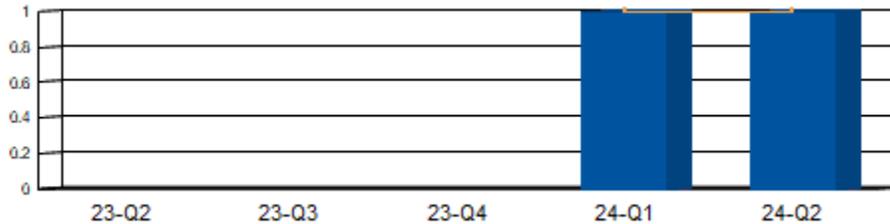
**Target:** Target 23/24: 100% (7) Perf. Corridor: Red: 0-2 standards , Yellow: 3-4 standards , Green: 5-7 standards

## Q2 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: Compass contract signed



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

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

Q1: Discussions complete with Compass to extend existing contract, with revisions as required and negotiated by KHSC, in partnership with MMC. Contract signed.

Q2: Finalize process for reporting of agreed to KPIs and set up a regular monitoring system.

#### 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

The processes have been created and committees formed to monitor the performance under the signed contract. Current KPIs are being actively monitored for acceptable performance and discussions continue on potential additional KPIs that will be useful to begin monitoring.

#### 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 - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** Work with Compass to extend existing contract for a reasonable period to ensure stability in operations of nutrition, environmental services and other support services as longer term options to provide and improve the service are explored.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

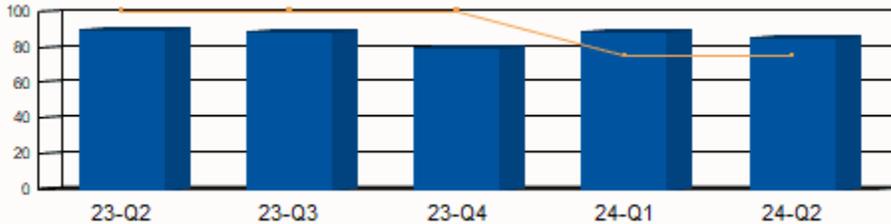
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

**Q2 FY2024 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
23-Q2	90	100
23-Q3	89	100
23-Q4	80	100
24-Q1	89	75
24-Q2	85	75

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

- Q1: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.
- Q2: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.
- Q3: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.
- Q4: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected 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**

In Q2 84.6% of Activity Based Funding patient volume exceeded the goal of 75% of expected volume. This metric is based on the dollars for a basket of procedures compared to the full amount that is potentially available.

**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 - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** During COVID activity-based volumes were reduced. It is critical to financial stability that the funded volumes be achieved to continue to receive the associated revenue.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Fiscal 2024 target: 75%  
Corridors:  
RED: <60%  
YELLOW: >60% and <75%  
GREEN: >75%

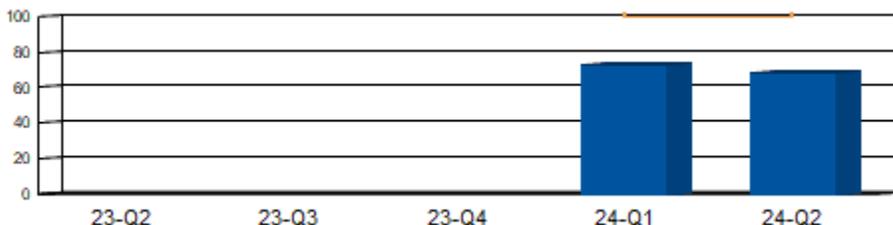
**Prior Targets:**  
Fiscal 2023 target: 100% Corridors: RED <60% YELLOW >60% and <75% GREEN >75%  
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%  
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

## Q2 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals**



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1	73.0	100
24-Q2	68.5	100

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

Actual results will need to be carefully monitored against the budget to ensure that our operations remain within the budgeted deficit so that we do not further degrade our working capital, while we wait for funding announcements from the Province, or begin looking at mitigation strategies for longer term operational savings. Due to the late timing of the announcement of the salary increases, and the operating efficiencies already achieved by KHSC, it would not be possible to have realistic longer-term savings options to consider during F2324.

#### 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

In Q2 the hospital deficit for MOH reporting was \$38.9M, which is a 5.84% deficit and exceeds our year-end target. However, funding is expected to be received and recognized as revenue in Q3/Q4 reporting related to the Bill 124 retroactive payments to employees and this is expected to bring the deficit down to 3.0% for hospital operations, which is within the current year 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

**Definition:** EVP - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** With the reopening of previously capped salary rates for all staff, union and non-union, the impact on the salary and benefits budget which accounts for 65.5 percentage of the overall operating budget increased significantly. The union contract reopening was based on union challenges to Bill 124, and labour arbitrations that were awarded early in F2324, with a retroactive component. The date of the arbitration awards made it impossible to create and assess operational savings options to offset the salary increases. In addition, because this is a province-wide issue for all hospitals, it is expected that the Provincial Government would provide funding relief for these additional financial pressures. Moving more quickly to consider operational savings options than other hospitals in the province, and especially our peer hospitals, would not be of benefit to KHSC.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

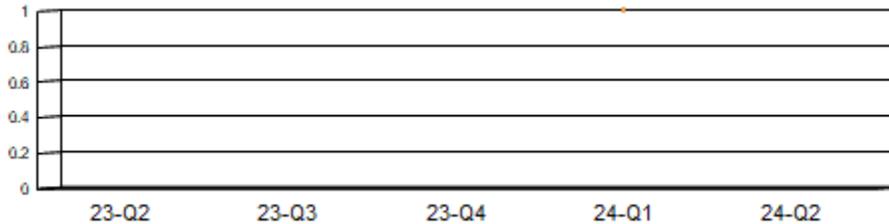
**Target:** Target 23/24: 100 Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

**Q2 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: Build a capital strategy to support the increase in Lumeo cost**



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

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

- Q1: Become familiar with the type of financial challenges within the Lumeo project.
- Q2: Develop a list of options to consider for financing the increased costs
- Q3: Review the various options and decide on what is the best alternative for KHSC
- Q4: Make the necessary arrangements to implement the alternative chosen

**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**

Q2 activity included discussion with an expert recommended by KPMG about potential financing options for a project of this magnitude, as well as connecting with regional CFO peers to see what options they are pursuing to fund this purchase.

**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 - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

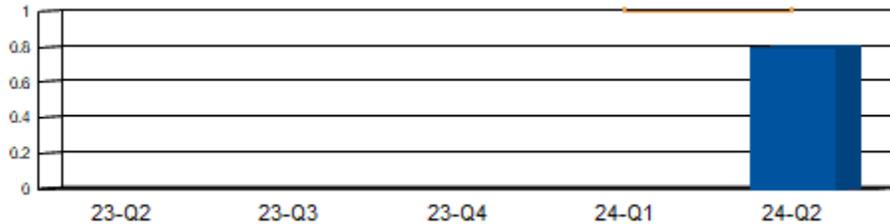
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

## Q2 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: Update LUMEO local Total Cost of Ownership



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1		1
24-Q2	0.8	1

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

Projecting the local KHSC Total Cost of Ownership for Lumeo.

#### 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

Drafts of the re-baseline regional and local TCO's were largely complete before the new target go live date December 6, 2024 was announced. Now that the date has been set, both TCO's must be reviewed and updated to reflect any related changes.

#### 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 - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

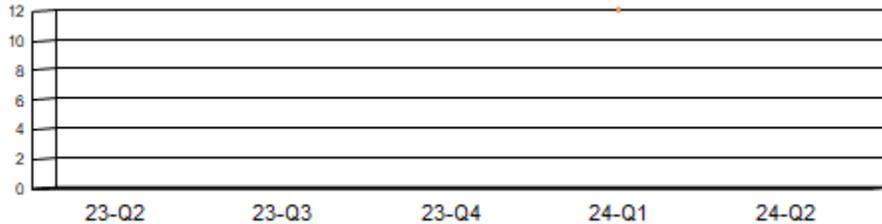
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

## Q2 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

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

**Indicator: Presentations at 12 programs, board committees (4 to reflect DEI)**



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1		
24-Q2		12

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

Presentations at 12 programs and board committees (4 to reflect DEI)

#### 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

Recorded 4 patient stories including one as a follow up from Street Health meeting in last quarter. Introduced to staff and clients at Dawn House. Planning session to hear patient stories in future quarter. Patient story shared with Patient Care leadership, critical care and medicine programs. 6 patient presentations at New Employee Welcome. One patient presentation recorded as back up if live presenter unavailable ensuring patient voice will be part of new employee welcome session.

#### 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 - Brenda Carter  
MRP - Angela Morin

**TACTICS:** Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

**REPORTING COMMITTEE:** Patient Care & Quality Committee

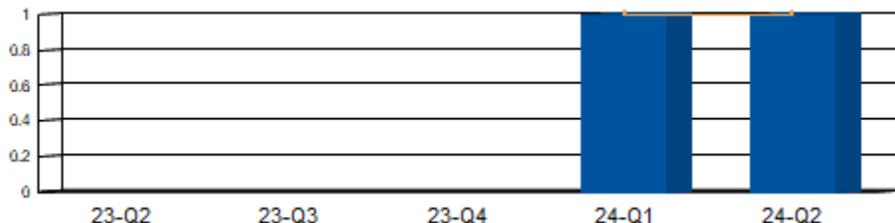
**Target:** Target 23/24: 12 Perf. Corridor: Red Q1: <1Q2: <1 Q3: <=1Q4: <=1 , Yellow Q1: <1Q2: 1Q3: 2Q4: 2 , Green Q1:1Q2: >=2Q3: >=3Q4: >=3

**Q2 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**c. Create the space for a better experience**

**Indicator: Updated Stage One Proposal Complete Y/N**



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

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

Revised proposal for critical needs / bridging project submitted to the MoH - This is on track to be achieved by fiscal end March 31- 2024.

**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 we are currently working to ensure the immediate/urgent needs for KGH and HDH are addressed to maintain the highest level of patient care, it's imperative that the critical needs / bridging projects, i.e., ED, clinical labs, in-patient beds, surgical suites, MDRD, E-Power etc. are initiated as fast as possible. This has also been echoed by the MoH team, and hence we are proposing that the original "Stage 1 resubmission" indicator be updated as highlighted above, since this is more in line with the organization's As we are currently working to ensure the immediate/urgent needs for KGH and HDH are addressed to maintain the highest level of patient care, it's imperative that the critical needs / bridging projects, i.e., ED, clinical labs, in-patient beds, surgical suites, MDRD, E-Power etc. are initiated as fast as possible. This has also been echoed by the MoH team, and hence we are proposing that the original "Stage 1 resubmission" indicator be updated as highlighted above, since this is more in line with the organization's current objectives. In parallel the team is continuing the work for the Master Program and long-term Master Plan for a larger redevelopment

**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 - Nick Anand  
MRP - Nick Anand

**TACTICS:** An updated vision for short-term and long-term vision for KHSCs services and facilities needs to be developed in order to advance redevelopment investments.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

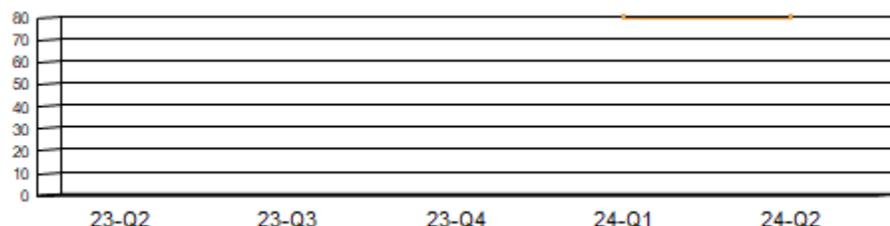
**Target:** Target 23/24: 100 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

## Q2 FY2024 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: Percentage of leaders completed inclusion training



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1		80
24-Q2	80	80

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

The Inclusion Steering Council (ISC) met to complete the year ahead planning after a summer break. Planning ideas will be further discussed to determine one or two specific and achievable goals with the backdrop of Lumeo. The Phase 1 self-directed learning portion of the inclusion leadership education continued to be available on several platforms in anticipation of the Phase 2 live event, with more than 100 leaders partaking in the offerings. Content was solidified for Phase 2 and 3 with dates in October. The staff education working group kicked off with interested members from the KHSC community to begin planning for a staff educational offering expected to be released next year. Other highlights included the release of the corporate Indigenous Acknowledgement with education and resources related to National Day for Truth and Reconciliation. The Black Staff Community Group met and there was a call for an Indigenous Staff Community Group membership to kick off a new group. The recruitment and selection policy review continued with internal and external partners that also intersects with the Workplace Inclusion Charter goal in partnership with KEYS.

##### 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

Healthcare workers are in often stressful situations and environments with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes, and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

##### 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 will have the measure in Q3.

**Definition:** EVP - Sandra Carlton  
MRP - Miki Mulima

**TACTICS:** Healthcare workers are in often stressful situations and environments with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes, and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

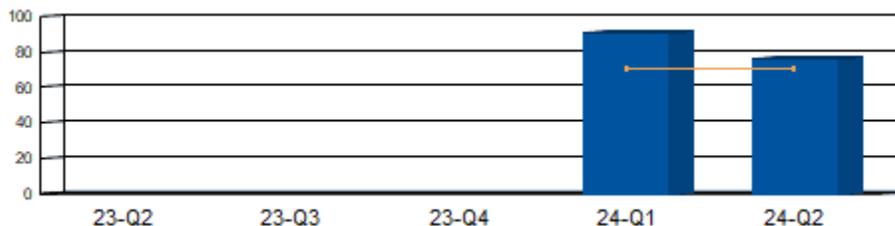
**Target:** Target 23/24: 80% Perf. Corridor: Red <70% , Yellow >70% and <75% , Green >76%

## Q2 FY2024 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: Number of leadership roles filled with internal candidates



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1	91	70
24-Q2	76	70

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

76% of our KHSC leadership hired in the second quarter were internal promotions or transfers. Of those internal hires, 77% were stepping up into promotional opportunities. To help support our aims, we continue with processes for leadership interviews and onboarding which also assists with setting our new leaders for success. Other points of review and refresh include updating succession plans as required, and assessing performance through the performance agreement and development plan process and the merit-based pay progression process which was postponed until Q3 due to external changes in the compensation landscape. Further discussion on the policy related to our recruitment and selection practices with an inclusivity lens, occurred and will complete in Q3. Further, as a new Indigenous Acknowledgement rolled out the end of September, this was being incorporated into statements for our job postings. The employer brand as it relates to social media postings, and tools was solidified. Other data points were reviewed and actioned including the employee experience survey results, new hire and exit surveys. Manager scores on exit surveys are trending upward in a positive direction.

##### 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

With the continued healthcare worker shortfall post-pandemic that is expected to continue for years to come, it is imperative that our focus is on retention and equipping our internal talent with the capabilities to progress in the organization. Leaders are critical in carrying out KHSC's mandate and delivering on its accountabilities as well as a key enabler of performance. They are tasked with nurturing and safeguarding our talent including developing our aspiring leaders, which makes it vital that we have a cadre of strong leaders as a key to strong execution. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

##### 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

We are on track with the second quarter at 76 %.

**Definition:** EVP - Sandra Carlton  
MRP - Miki Mulima

**TACTICS:** Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

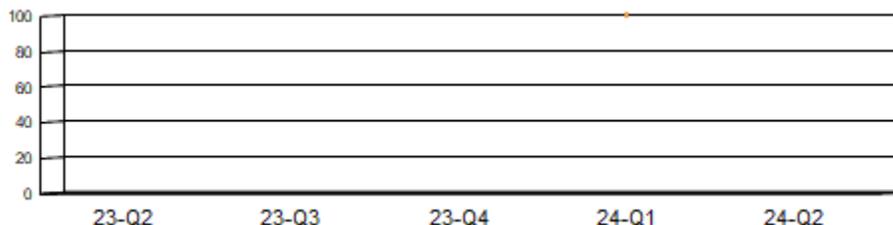
**Target:** Target 23/24: 70% Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

## Q2 FY2024 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: Lumeo ready for KHSC May 2024 Go-Live



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

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

Implement Lumeo (Regional Health Information System) for 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

In August Lumeo did not pass a critical Oracle-Cerner pre-testing gateway, which prompted regional Lumeo leaders to put 'pens down' on implementation activities to focus on planning. The preliminary Intergraded Project Plan (IPP) was shared with local organizations on September 19, 2023. This was followed by a week of information sessions where local organizations could ask for clarity and provide feedback. KHSC participated in all sessions and submitted formal feedback on October 6, 2023. On October 12, 2023, after deliberation with Oracle health and local organizations, the Regional Lumeo leaders announced the new go live date will be December 6, 2024. This new date is partially based on the IPP and partially on the need to complete the go live before calendar 2025 to avoid significant financial impact. It is worth noting that the lockdown version of the IPP shared on October 17, 2023 is far more detailed than previous plans from before the gateway failure. However, it is still based on many assumptions, and is missing tasks, dependencies, dates, and regional and local detail human resource needs for concurrently running activities, which KHSC provided feedback on. This was raised with Regional Lumeo leaders, who are working with us to resolve.

Since then, the Regional Lumeo team and Oracle Health have been focused almost entirely on bringing on supplementary resources at the regional level to support the Work Stream and Workflow leads to complete the design and build activity for the next run of the gateway schedule for end of November. During that time, local organizations have been asked to provide additional subject matter expert (SME) hours, which KHSC was able to provide. To help control the amount of design/build work, regional leaders and Oracle Health have tightened Change Control Board processes. KHSC is keeping a close eye on this because functionality is being de-scoped and moved to optimization, which will affect adoption and project costs. These concerns were also raised with Regional Lumeo leaders.

There have been some encouraging changes since the gateway failure. New regional leaders are moving aggressively and tightly managing progress. They are more open to working with and listening to local organizations. There has been an influx of skilled, experienced resources at the regional level, a visible attempt at stronger vendor management, tighter risk management and improved cost forecasting.

#### 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

No (see current performance commentary)

**Definition:** EVP - Valeria Gamache-O'Leary  
MRP - Dino Loricchio

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

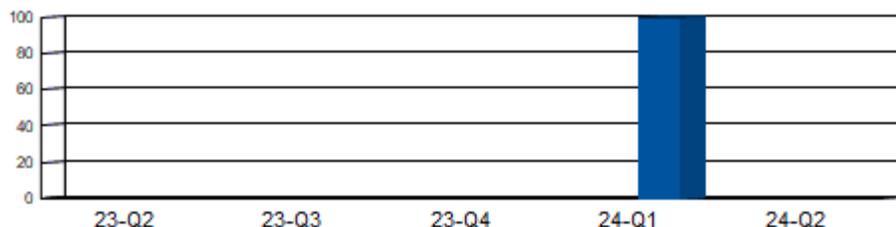
**Target:** Target 23/24:100% Perf. Corridor: Red <60% , Yellow >60% & <79% , Green >80%

## Q2 FY2024 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 Ministry-directed OHT initiatives Y/N



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

#### 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 the counties of Frontenac, Lennox and Addington.

Through OHTs, Ontarians can expect to receive comprehensive and coordinated care wherever they interact with the health system that is suited to their needs. Patients will experience easier transitions from one provider to another, with one patient record and one care plan, right in their own communities.

OHTs are continuing to build the capacity to deliver on the promise. They have selected target populations based on local needs and are focusing their efforts on where they know they can make a difference by working better together. While maintaining this focus remains key to OHTs' local success, there is untapped potential to accelerate the impact that teams can have on patient outcomes and experiences at the provincial level.

This will be accomplished through the phased introduction of integrated clinical pathways for OHTs, which will help teams deliver proactive, evidence-based care for patients with specific conditions.

Over time, OHTs will implement integrated clinical pathways for people living with the following chronic conditions:

- congestive heart failure (CHF),
- diabetes (focused on avoiding amputations),
- chronic obstructive pulmonary disease (COPD), and
- stroke.

Implementation of this initial set of pathways for chronic conditions will be grounded in primary and community care with a strong focus on prevention and disease management. When patients need to be seen in hospital, pathways will identify what is required for their successful transition back to the community and into a supportive primary care environment. As patients move through the system, virtual and clinical tools will support care in the most appropriate setting. Patients-reported outcomes and experience measures will be incorporated to improve care for continuous quality improvement.

#### 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 support the FLA OHT's development of priority clinical pathways, we have engaged specialists to work with the FLA-OHT leadership in order to develop pathways of care for each of the four Ministry-directed current foci. In Q2, we met with Ontario Health leaders to discuss the pathways and are awaiting the Ontario Health templates for this work. In the meantime, we are working with FLA OHT stakeholders, including the Primary Care Council to discuss the first two priority pathways for action (COPD, CHF) and to explore other solutions of interest to KHSC specialists from the perspective of improving efficiency.

In Q2 KHSC also continued to contribute leadership to:

- Rolling out the FLA OHT inaugural strategic plan.
- 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.
- Collaborating with OHT partners, including Queen's University Faculty of Health Sciences, on the proposal to the Ministry of Health to create a new team-based Health Home which, once approved, will provide access to integrated, person-centred primary care for people in Frontenac, Lennox and Addington counties who do not currently have a primary care provider.
- Participating in the mental health and addictions System Advisory Committee that is working to better integrate and coordinate mental health and addiction care across the region.
- Working with OHT partners on key initiatives to improve wait times for specialty health-care services.
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support strategy discussions.
- Providing professional consulting to the OHT priority project groups on communication, engagement and strategic planning 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.

## Q2 FY2024 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

**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 year-end objective.

**Definition:** EVP - David Pichora/ Brenda Carter  
MRP - Michael Fitzpatrick

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

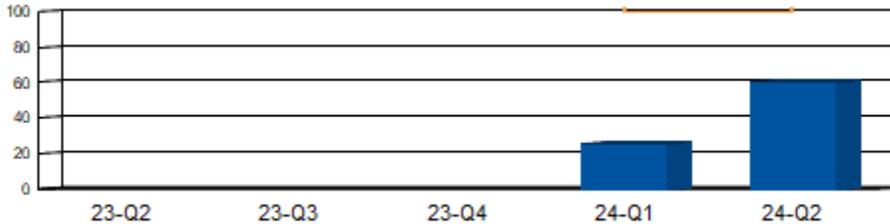
**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

## Q2 FY2024 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: Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group**



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1	25	100
24-Q2	60	100

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

We continue to engage with the clinical units heads, their administrative teams and nursing group to engage with their membership regarding ongoing research activities, opportunities and issues.

#### 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 engaged with 8 clinical units, ambulatory nursing, and the nurse practitioners.

#### 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 - Steven Smith  
MRP - Steven Smith

**TACTICS:** TBD

**REPORTING COMMITTEE:** Research

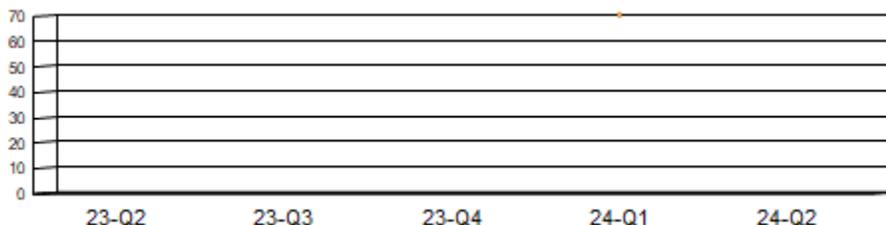
**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

**Q2 FY2024 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: Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education**



	Actual	Target
23-Q2		
23-Q3		
23-Q4		
24-Q1		70
24-Q2		

**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.

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.

The implementation of Lumeo will impact the learners, as they will have to undertake training and education in order to provide patient care and use the new Oracle Cerner system.

**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**

The Lumeo Education Committee has been focusing on developing an education and training strategy plan for all credentialed staff, employees and students/learners. There is a specific education implementation plan for all learners at KHSC. Every student/learner will undertake mandatory education and training at implementation of Oracle Cerner before "go live". There is also sustainable plan for new learners who are onboarded post "go-live".

**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**

The Lumeo Education committee is still working through the implementation plan, based on direction from Oracle Cerner. KHSC has been meeting with educational partners to provide regular updates and plan schedules/timelines. With the delay in "Go Live" until December 2024, some of this work was put on hold during Q2, however the planning has recommenced.

**Definition:** EVP - Michael Fitzpatrick  
MRP - Chris Gillies

**TACTICS:** Each year, Kingston Health Sciences Centre 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.

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.

With the planning and implementation of Lumeo, we have to be cognizant of that impact this will have on the learning environment. Therefore, KHSC will be developing a plan with our educational partners to ensure we are meeting the education objectives and deliverables, while also preparing/training them for the new HIS system.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

## Q2 FY2024 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