

fiscal
2023-2024

Q4

4th quarter ended March 31, 2024

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 2024

	<u>Page</u>
Strategy Performance Indicator Status Summary	1
Strategic Direction 1	
Ensure quality in every patient experience	
Outcome: Make quality the foundation of everything we do	
Number of prioritized critical to quality standards with established corporate targets on program scorecards	3
Compass contract signed	4
Achieve pre-COVID position by March 31	5
KHSC delivers 4% deficit for F2324 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals	6
Build a capital strategy to support the increase in Lumeo cost	7
Update LUMEO local Total Cost of Ownership	8
Outcome: Lead the evolution of patient- and family-oriented care	
Presentations at 12 programs, board committees (4 to reflect DEI)	9
Outcome: Create the space for better care	
Updated Stage One Proposal complete Y/N	10
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	
Percentage of leaders completed inclusion training.	11
Number of leadership roles filled with internal candidates	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	
Lumeo ready for KHSC May 2024 Go-Live	13
KHSC participates in Ministry-directed OHT initiatives 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	
Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group.	15
Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	16
Indicator Status Legend	17

Q4 FY2024 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	23-Q4	24-Q1	24-Q2	24-Q3	24-Q4	
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	R	R	R	Y	
		Compass contract signed	N/A	G	G	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	G	Y	G	G	
		Build a capital strategy to support the increase in Lumeo cost	N/A	Y	G	G	G	
		Update LUMEO local Total Cost of Ownership	N/A	Y	Y	Y	G	
2. Nurture our passion for caring, leading and learning	b. Lead evolution of patient- and family- centered care	Presentations at 12 programs, board committees (4 to reflect DEI)	N/A	G	G	G	G	
		c. Create the space for a better experience	Updated Stage One Proposal Complete Y/N	N/A	G	G	G	G
			Percentage of leaders completed inclusion training	N/A	G	G	G	G
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	Number of leadership roles filled with internal candidates	N/A	G	G	G	G	
		a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Lumeo ready for KHSC May 2024 Go-Live	N/A	R	R	R	R
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	KHSC participates in Ministry-directed OHT initiatives Y/N	N/A	G	G	G	G	
		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	R	Y	G	G	

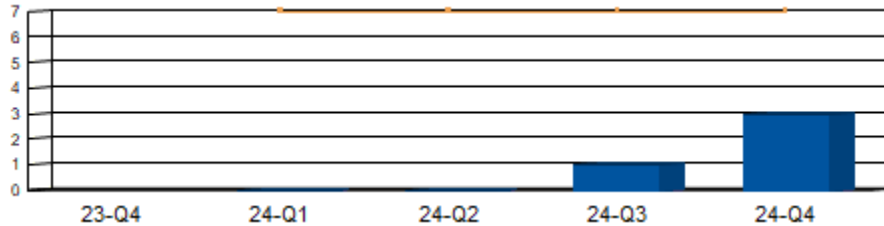
		23-Q4	24-Q1	24-Q2	24-Q3	24-Q4
		Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	G	G	G	G

Q4 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-Q4		
24-Q1	0	7
24-Q2	0	7
24-Q3	1	7
24-Q4	3	7

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

Three measures have had corporate targets aligned. Two of the measures (Hand Hygiene and Falls) have been added to the KHSC FY25 QIP. Quality measurement strategy is being reassessed as part of FY25 planning.

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

Definition: EVP - Mike Fitzpatrick
MRP - Michell Mackay

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

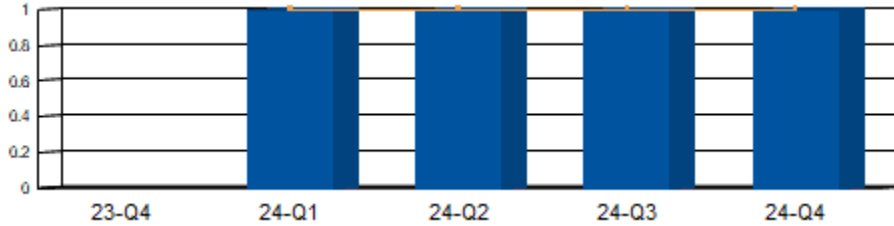
Target: Target 23/24: 100% (7) Perf. Corridor: Red: 0-2 standards , Yellow: 3-4 standards , Green: 5-7 standards

Q4 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-Q4		
24-Q1	1	1
24-Q2	1	1
24-Q3	1	1
24-Q4	1	1

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

Committees are functioning well. Current KPIs are being actively monitored for acceptable performance. Relationship is good and service offerings are being enhanced and improvements are being implemented.

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

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

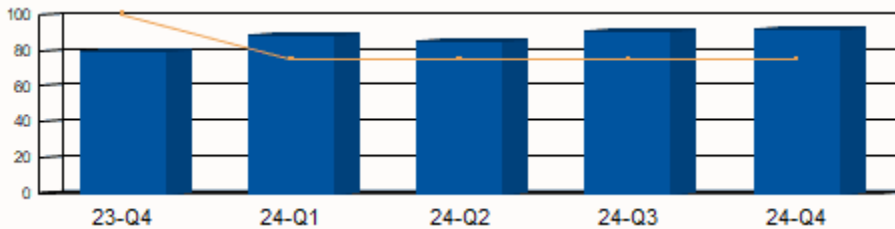
Target: Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q4 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-Q4	80	100
24-Q1	89	75
24-Q2	85	75
24-Q3	91	75
24-Q4	92	75

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

In Q4 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.

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

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%

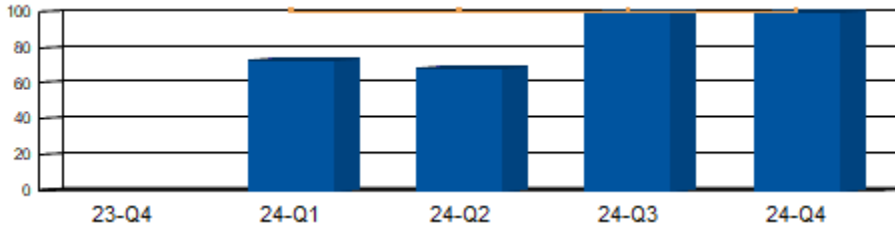
Prior Targets:
Fiscal 2023 target: 100% Corridors: RED <60% YELLOW >60% and <75% GREEN >75%
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q4 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-Q4		
24-Q1	73.0	100
24-Q2	68.5	100
24-Q3	100.0	100
24-Q4	100.0	100

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

These results are preliminary at the time of creation of this report.

The hospital had a surplus of \$3.6M (.49%) at the end of F24, compared to the budgeted deficit of \$28M (-4.2%).

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

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

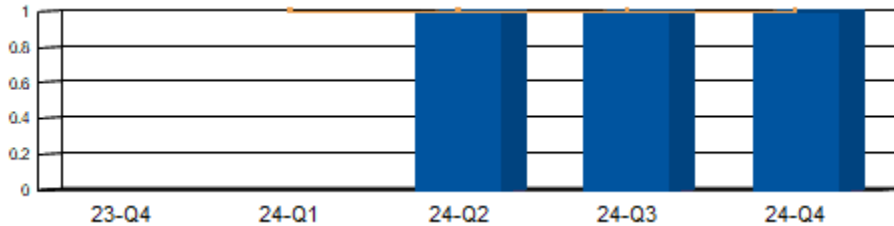
Target: Target 23/24: 100 Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

Q4 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-Q4		
24-Q1		1
24-Q2	1	1
24-Q3	1	1
24-Q4	1	1

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

Q4 activity included preliminary discussions with two banks, in general terms. Started investigations into the Ontario Financing Authority (OFA) which the other regional partners are using as their financing partner for the IT project. This isn't finalized for two reasons, the delay in the project go-live impacts the total capital costs and there may be additional costs and timing of capital drawn downs, related to functionality that has been dropped to achieve the go-live date in December 2024 and so KHSC may choose to finance some of the optimization work which will achieve user functionality that was initially expected for go-live. Due to the nature of the OFA financing, we don't want to underestimate the potential borrowing requirements as we negotiate with the OFA, or various banks. This work will continue into F25.

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

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

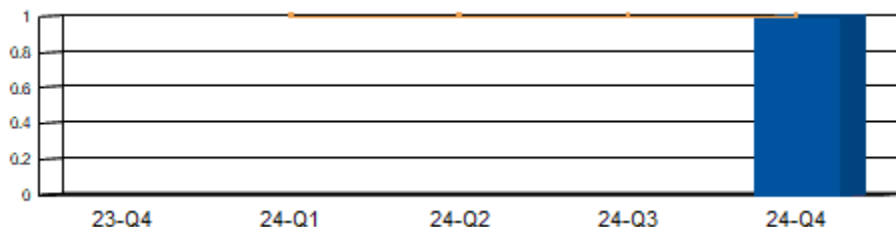
Target: Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q4 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-Q4		
24-Q1		1
24-Q2		1
24-Q3		1
24-Q4	1	1

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

KHSC finance took over the reporting for Lumeo Regional costs, in year, and actual costs are accurate and up-to-date as well as improvements implemented for forecasting to the end of the capital portion of the project. Due to the change in go-live status, the regional Lumeo TCO capital costs have increased, and these have been updated to reflect projected costs, which exceed budgeted costs, and are current at Q4. KHSC Finance & IT continue to collaborate to ensure that the local TCO costs are up-to-date.

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 regional Lumeo cost reconciliation work is now complete and local KHSC construction quotes have been received. Work to finalize updated total costs that includes the new December 2024 Go Live date is underway and will be brought to a future People Finance and Audit Committee meeting; timing will depend on the impact of Finance year-end activities.

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

See commentary

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

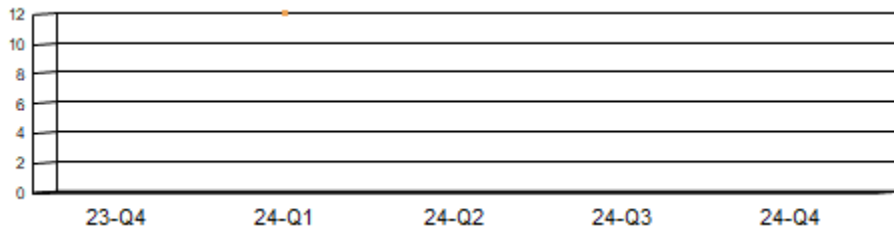
b. Lead evolution of patient- and family- centred care

Q4 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-Q4		
24-Q1		12
24-Q2		
24-Q3		
24-Q4		

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

Advance KHSC’s commitment to embedding the principles of PFCC by sharing patient experience stories that reflect the diversity of the community we serve at all levels of the organization. Presentations at 12 programs, 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

Plan and present 3 patient experience stories including at least one that will inform KHSC EDI (Completion of 12 stories for F23 year end).
 Storytelling feedback survey results reviewed, summary of lessons learned and impact of stories prepared.
 Shared patient stories at January and Feb. PCQC meetings including one with EDI lens. Prepared surrogate patient story for labour and delivery program leadership.
 Delivered patient perspective stories at 6 New Employee Welcome sessions.
 Met with and have invited Kingston Immigration Partnership to April PFAC meeting. Identified Non-English speaking newcomer patient story telling in partnership with KIP. Story preparation in progress.
 Co-presented with francophone Patient Advisor at Comité Local de Kingston, RSIFFEO, to share information about KHSC PFAC and opportunity to share patient stories.
 Connecting with KCHC, Street Health, Dawn House, Queens student wellness, South East Regional Indigenous Guidance Council to build relationships and hear patient stories.
 Reviewed PCQC feedback after every meeting to inform process.
 Gathering feedback for annual story telling review and summary.

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. Have met the objective.

Definition: EVP - Mike Fitzpatrick
 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

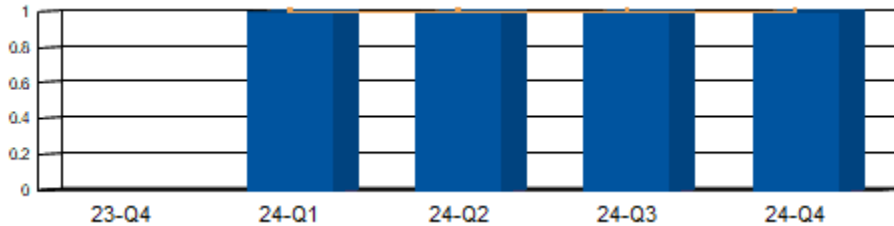
c. Create the space for a better experience

Q4 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-Q4		
24-Q1	1	1
24-Q2	1	1
24-Q3	1	1
24-Q4	1	1

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

Developed - Updated Stage 1 Proposal - and Bridging Strategy to support short term and long term patient care needs.

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

Based on discussions with the MoH, revised proposal for updated stage 1 was successfully submitted to the Ministry, follow up meetings were held with the Ministry in Feb & April 2024 to discuss any additional comments on the submitted package. Next steps are to confirm the previously approved funding envelope with the ministry to initiate the bridging projects.

Suitable site for the green field build has also been shortlisted and the selected location is supported by city of Kingston as part of their economic development plan.

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

Currently on track to meet the objective. Regular follow up meetings with the ministry are planned to ensure the objective remains on track. Additionally, a Director for Redevelopment is currently being recruited, to ensure a dedicated team approach for the Redevelopment project.

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

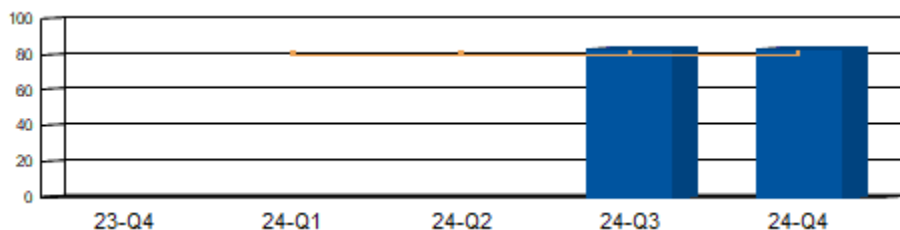
Target: Target 23/24: 100 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q4 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-Q4		
24-Q1		80
24-Q2		80
24-Q3	83	80
24-Q4	83	80

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

Post-leadership training a pilot workshop was conducted for People Services to demonstrate leadership in promotion, guiding and supporting inclusion. 2/3 of the entire portfolio attended which assisted in understanding aspects of inclusion, gaps and to discuss opportunities to close gaps within the respective areas. Staff Education Working Group solidified approach and work continued developing an in house on-demand module for future roll out. An on-demand learning focusing on Anti-Black Racism was also designed, developed, and delivered in the quarter. The Black Staff Community Group held a first ever event in February celebrating Black History and Futures Month at KHSC, with a focus on art and culture. A new Working Group commenced spearheaded by the Pride SCG that is investigating gender inclusive washrooms which is one of the foundational initial priorities and a 'what's next' priority that emerged from the Inclusion Steering Council (ISC) planning. The communication plan and strategy for celebrating and acknowledging diversity, dates and cultural events for the year was rolled out in the quarter. The recruitment and selection policy review and feedback was completed to finalize the new policy to move to the approval process in March.

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 have hit the overall 80% target and tactic plan completion for the year (82.9%).

Definition: EVP - Indira Nadrine
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

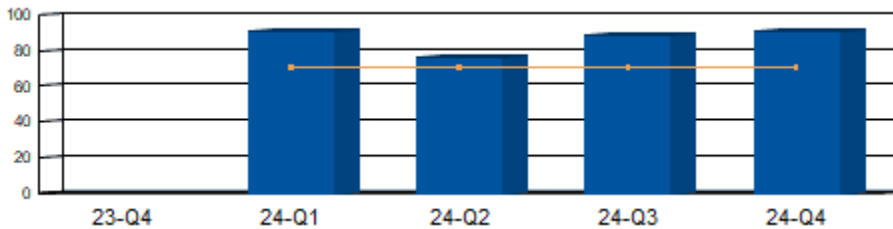
Target: Target 23/24: 80% Perf. Corridor: Red <70% , Yellow >70% and <75% , Green >76%

Q4 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-Q4		
24-Q1	91	70
24-Q2	76	70
24-Q3	88	70
24-Q4	91	70

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

While 91% of our KHSC leadership hired in the fourth quarter were internal promotions or transfers, overall, for the fiscal year, we had 86.5% of our leader roles be awarded to internal talent. In addition to a course on 'Preparing for Interviews' to assist internal staff with the hiring and promotional process, we launched a course on demand for leaders called 'Interview Skills for Hiring Managers' to support the hiring process. The review and feedback process on the recruitment and selection policy completed and the policy was finalized. A refresh of succession plans as changes occur continued as well as further reviews of New Hire and Exit Survey data with year over year information gathered. Of the 69 leaders in the onboarding process (less than 2 years in their role), KHSC has retained 65 (94%) of them to date. The RISE catalogue for leadership development was released with offerings for aspiring leaders and a reduced number due to the go-live of Lumeo in the second half of next year.

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 successfully reached the target finishing at 86.5% which is over 70% goal set.

Definition: EVP - Indira Nadrine
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

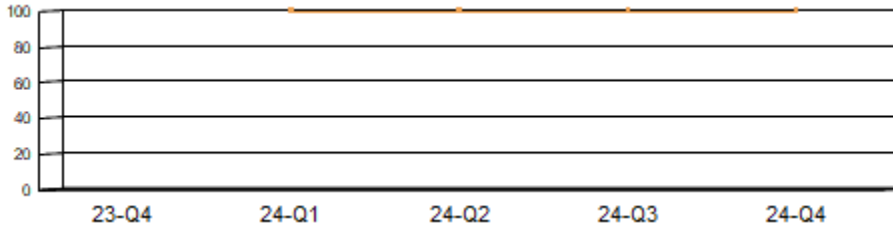
Target: Target 23/24: 70% Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

Q4 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-Q4		
24-Q1		100
24-Q2		100
24-Q3		100
24-Q4		100

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

Lumeo did not passed the March 28th Training Gateway. However, 11 of the 13 criteria were met and all local organizations met their milestones, so the December 6 Go Live date was not affected. The two criteria that were not met are related to outstanding unit/system issues that were uncovered during an unscheduled Oracle Health (OH) Quality Check that was conducted in the week leading up to the gateway. The team took immediate action to complete the work and scheduled a third Integration Testing (IT3) event. This addition may compress the time left for local organizations to complete their change management, training and conversion activity and will have to be carefully monitored. On April 9th hundreds of Subject Matter Experts (SMEs) from across the region, along with OH regrouped in person to complete Integration Testing 2 (IT2). Over two weeks, 14,000 test steps will be executed. In the first week, fifty-two percent of steps were successfully executed with a low 2.3% error rate. OH fix issues as they are reported and will continue to do so. A Threat Risk Assessment (TRA) was conducted by a third-party managed security service provider (MSSP). The volume of remediation work is not insignificant and may affect timelines. Outstanding work on the Operating Model and cost change requests deferred to post optimization are a serious concern.

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

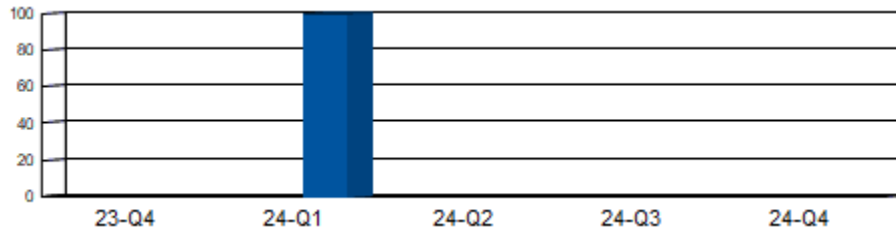
Target: Target 23/24:100% Perf. Corridor: Red <60% , Yellow >60% & <79% , Green >80%

Q4 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-Q4		
24-Q1		100
24-Q2		
24-Q3		
24-Q4		

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

- Yes. Achieved.
- Collaborated with FLA-OHT on Leading Project
- Collaborate with PHE-OHT on Primary Care Pathway Management

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

Definition: EVP - David Pichora
MRP - Michael Fitzpatrick

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

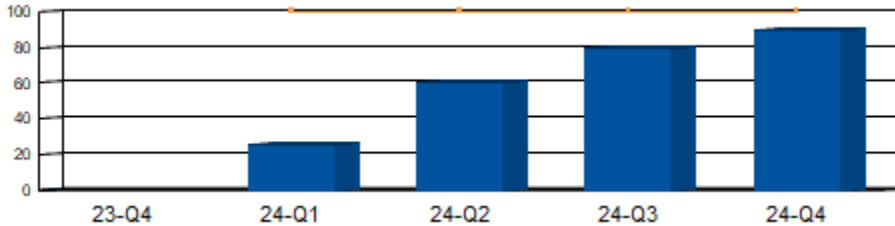
Target: Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

Q4 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-Q4		
24-Q1	25	100
24-Q2	60	100
24-Q3	80	100
24-Q4	90	100

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

To enhance awareness and visibility of health sciences research with KHSC we continue to actively engage with clinical units, and various nursing groups

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 have engaged with all clinical units, ambulatory nursing, and the nurse practitioner groups. This includes commencing engaging of these groups in our strategic research planning exercise

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

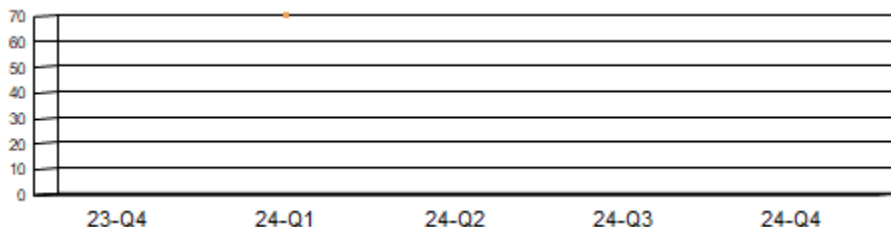
Target: Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

Q4 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-Q4		
24-Q1		70
24-Q2		
24-Q3		
24-Q4		

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. Ensuring they are trained for the new Lumeo system is imperative for clinical care and their education/training.

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

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. The Lumeo Education committee have finalized a schedule for a training implementation, based on direction from Oracle Cerner and Lumeo. KHSC has met with educational partners to provide regular updates and to finalize a plan for schedules/timelines starting in the Fall of 2024 for all current learners. There is a separate onboarding and training process established for incoming learners as of December 2024.

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 cognisant 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%

Q4 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