

fiscal  
2024-2025 **Q1**  
1st quarter ended June 30, 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 2025

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KHSC Strategy Performance Report Fiscal 2025

Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

Plan to create structure for continuing	33
Research strategy development	35

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

Plan to create an integrated inclusion framework meets quarterly milestones Y/N	37
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# Corporate Strategy Performance Report:

## Indicator Quarterly Status Summary

Fiscal Year ▼

Multiple selecti... ▼

Strategic Direction	Indicator	23/24				24/25
		Q1	Q2	Q3	Q4	Q1
1. Ensure quality in every patient experience	12 Patient stories shared with programs (4 through EDI lens)					G
	Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target					G
	Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target					G
	Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)					G
	Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N					G
	Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N					G
	Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs)					Y
2. Nurture our passion for caring, leading and learning	Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)					G
	Number of cross-training events that take place					G
	Number of new learning activities implemented					G
3. Improve the health of our communities through partnership and innovation	Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N					G
	KHSC participates in Ministry-directed OHT initiatives Y/N	G	G	G	G	G
	Lumeo project quarterly milestones specific to KHSC are met Y/N					Y
4. Launch KHSC as a leading centre for research and education	Plan to create structure for continuing education meets quarterly milestones Y/N					G
	Research strategy development project meets quarterly milestones Y/N					G
5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families, providers and staff	Plan to create an integrated inclusion framework meets quarterly milestones Y/N					G

# Corporate Strategy Performance Report:

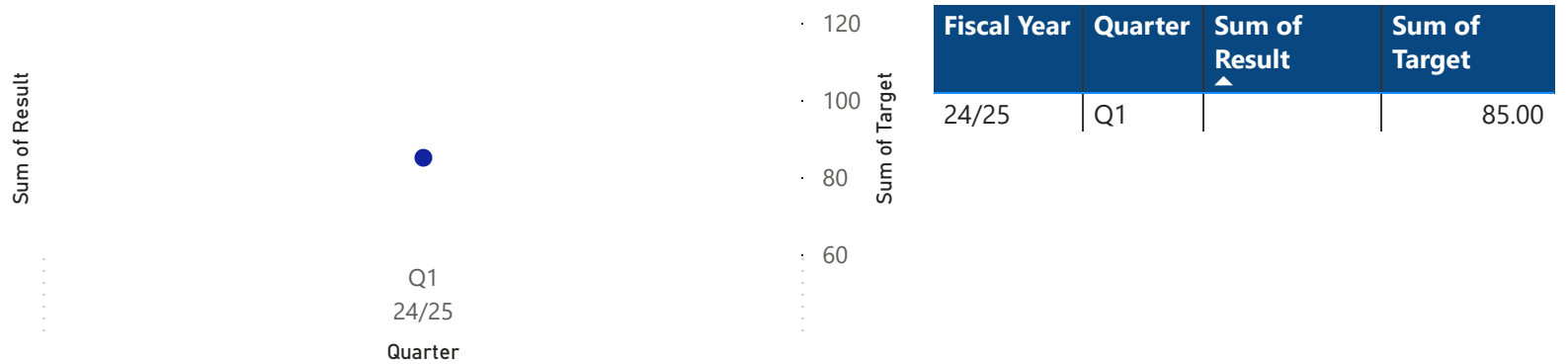
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

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

#### Indicator

Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average t... 



#### Indicator Definition and Description

EVP - Hann  
MRP - Achim  
REPORTING COMMITTEE - Patient Care & Quality Committee

#### Targets and Corridors

Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 1. Ensure quality in every patient experience

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

##### Indicator

Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average ta...

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

Fiscal Year	Quarter	Commentary
24/25	Q1	BCMA target measure/formula is as follows: percentage of administered medications that had received validation by barcode scan. This measure/formula includes all medications that are reflected on the Medication Administration Record (MAR) including those with a known exemption; however, it does not include areas/clinical units with known exemption to BCMA.  Q1 tactics: Identified this priority KPI to monitor at go-live and determined performance target to reach based on Oracle Health's recommendation and peer benchmarking.

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	Have begun socializing new BCMA workflows with leadership and end-users through a variety of readiness and training activities: regional and local workshops, change impact reviews with impacted leaders, leadership forums, online learning journeys, in-person classroom training and during workflow validation sessions with the Regional Lumeo workstream/workflow leaders.

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	We are on track with education and readiness activities which are providing the organization's leaders and end-users with the knowledge to implement this practice change at go-live and to successfully adopt this new workflow and reaching the defined average target as defined by OH.

# Corporate Strategy Performance Report:

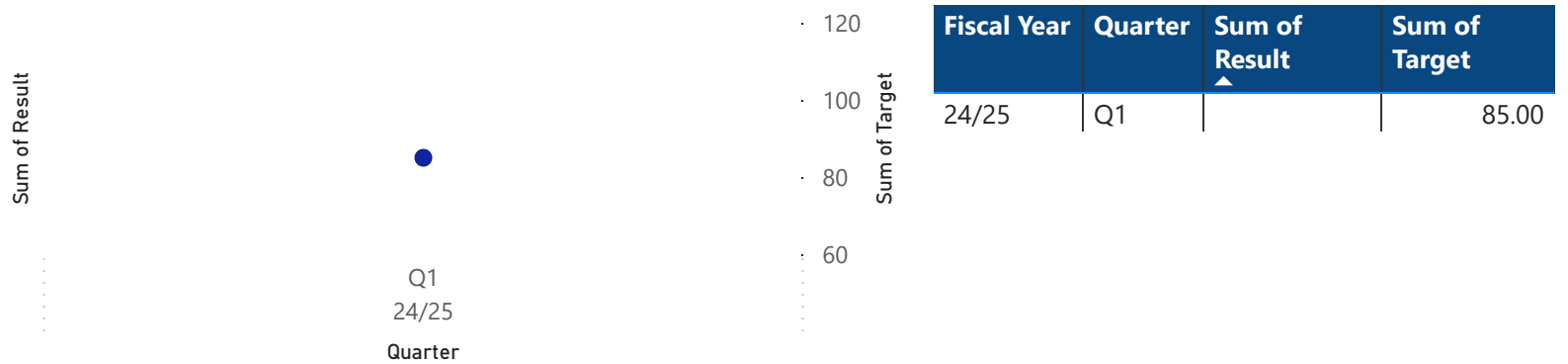
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

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

#### Indicator

Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target ✓



#### Indicator Definition and Description

EVP - Hann  
MRP - Achim  
REPORTING COMMITTEE - Patient Care & Quality Committee

#### Targets and Corridors

Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 1. Ensure quality in every patient experience

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

##### Indicator

Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>CPOE target measure/formula is as follows: percentage of all provider-driven orders that are placed by the provider. The numerator being all orders placed by the provider or which do not require provider signature (i.e., medical directives) and the denominator being all orders.</p> <p>Q1 tactics: Identified this priority KPI to monitor at go-live and determined performance target to reach based on Oracle Health's recommendation and peer benchmarking.</p>

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>Have begun socializing new CPOE and order management workflows with leadership and end-users (providers and non-providers) through a variety of readiness and training activities: regional and local workshops, change impact reviews with impacted leaders, leadership forums, online learning journeys, in-person classroom training and during workflow validation sessions with the Regional Lumeo workstream/workflow leaders.</p>

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>We are on track with education and readiness activities which are providing the organization's leaders and end-users with the knowledge to implement this practice change at go-live and to successfully adopt this new workflow and reaching the defined average target as defined by OH.</p>

# Corporate Strategy Performance Report:

## Indicator Information and Quarterly Performance

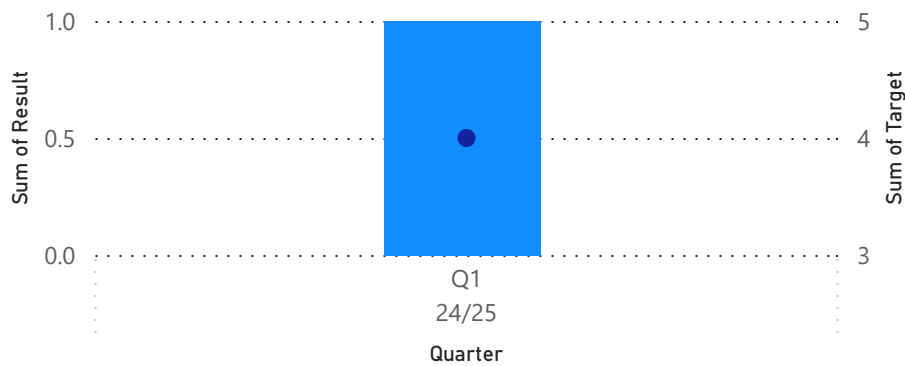
### 1. Ensure quality in every patient experience

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

#### Indicator



Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Stand... 



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	4.00

#### Indicator Definition and Description

EVP - Fitzpatrick  
MRP - Mackay  
REPORTING COMMITTEE - Patient Care & Quality Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: 0 standards assessed, Yellow: 1-3 standards assessed, Green: 4 standards assessed

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator

Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standa...

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

Fiscal Year	Quarter	Commentary
24/25	Q1	In Q1, KHSC was provided with 28 Accreditation Canada standards that will apply to the April 2026 site survey. This included 2800 criteria and 26 Required Organizational Practices (ROPs). By 31 March 2025 KHSC will complete a self-assessment of all standards and ROPs.

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?

Fiscal Year	Quarter	Commentary
24/25	Q1	In Q1 the Board completed a self-assessment of the Governance standards. The majority of the self-assessments will occur in Q4 to ensure assessment reflects new processes and workflows impacted by the implementation of Lumeo.

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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	Yes, this project is on track to successfully complete self-assessments of the remaining 27 standards by 31 March 2025.

# Corporate Strategy Performance Report:

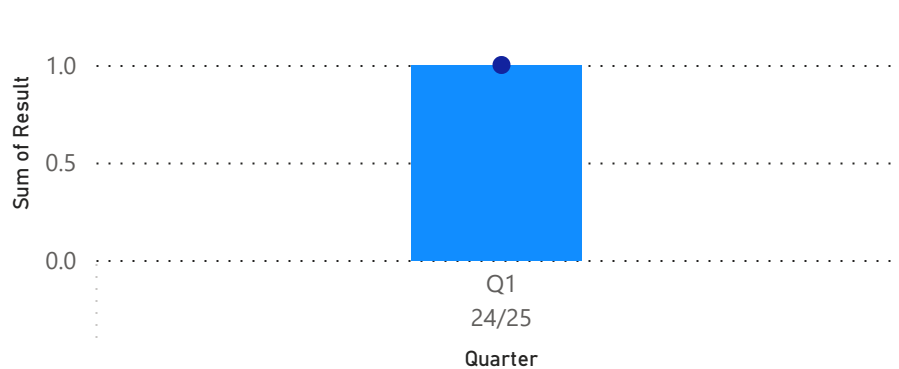
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

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

##### Indicator

Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

##### Indicator Definition and Description

EVP - Toop  
MRP - Toop  
REPORTING COMMITTEE - People, Finance & Audit Committee

##### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 1. Ensure quality in every patient experience

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

##### Indicator

Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N

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

Fiscal Year Quarter Commentary

Fiscal Year	Quarter	Commentary
24/25	Q1	The budget approved by the KHSC Board for 2024/25 was a \$67.6M deficit budget which did not include any additional MOH funding for 2024/25, as that had not been announced. An internal forecast was done based on Q1 results, which included partial funding announcements from Ontario Health for the 2024/25 fiscal year and the updated projections are for a year end deficit position of \$51.8M. Review and analysis is ongoing focused on revenue generation opportunities, and an end to end payroll internal audit review. Additional funding announcements from Ontario Health are expected during Q2 or Q3. The comparative hospital results received with the 2024/25 GEM funding announcement demonstrate that KHSC remains efficient within the industry comparative benchmarks.

#### 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?

Fiscal Year Quarter Commentary

#### 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 the objective(s)?

Fiscal Year Quarter Commentary

# Corporate Strategy Performance Report:

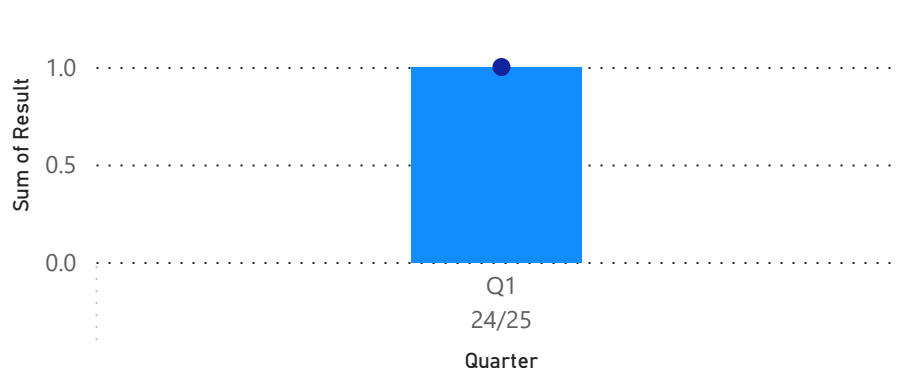
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

### b. Ensure smooth transitions in care for patients and families across our regional health care system

#### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Fitzpatrick  
MRP - Fitzpatrick  
REPORTING COMMITTEE - Patient Care & Quality Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 1. Ensure quality in every patient experience

### b. Ensure smooth transitions in care for patients and families across our regional health care system

#### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>A) Optimizing in-patient care for CHF/COPD patients (case identification, GDMT optimization, discharge planning, linking to primary care and home and community care). Activities: Hiring key personnel and completing their training. Physician assistant (KHSC), COPD Nurse Navigator (KHSC).</p> <p>B) Improve care transition and post discharge follow-up. Activities: Complete training care transition nurses at Hub site for CHF and COPD. Establish support for node clinics in Napanee.</p> <p>C) Connecting high-risk patients with Ontario Health atHome remote patient monitoring post discharge. Activities: Training Ontario Health at Home nurses in COPD/CHF remote patient monitoring.</p> <p>D) Streamlining CHF patient management optimization at CHF Clinic using remote patient monitoring. Activities: Hire out-patient Nurse Practitioner (KHSC) for remote care monitoring, complete training. Enroll patients from HF clinic on remote patient monitoring for virtual optimization. Leverage other resources to support remote monitoring of patients.</p> <p>E) Utilizing community paramedics to enable home-management of decompensating CHF/COPD patients. Activities: Schedule training of community paramedics (CP) in management of CHF/COPD patients.</p> <p>F) Improving CHF Clinic efficiency and throughput through multi-pronged approach. Activities: Implement new template of increased CHF clinic throughput (25% increased capacity to see new patients). Implemented new urgent CHF clinic (KHSC).</p> <p>G) Improving COPD patient access to specialist care (through coordination between hospital and community respirologists). Activities: Implement urgent triage of COPD patients among community and hospital Respirologists. Discuss available community respirology resources. Establish a Rapid Access COPD Clinic for patient discharge from ED at KHSC.</p> <p>H) Streamlining CHF patient management in ED via establishing admission protocol and rapid follow-up. Activities: Establish admission protocol for CHF patients with agreement between medicine, cardiology and ED. Define criteria for urgent CHF clinic spots.</p> <p>I) Track patients seen in ED with CHF/COPD and discharged home to ensure full work-up and management. Activities: Review records of patients presenting to ED with COPD or CHF from May-Aug 2024. identify those without appropriate work-up and management.</p> <p>J) Support LACGH respiratory therapist with navigation of COPD patients. Support LACGH new CHF clinic to provide CHF diagnosis, management, and follow-up services. Activities: Provide protocols to LACGH COPD and CHF clinics. Train LACGH Nurse Practitioner. Start educational rounds with LACGH staff. Support the development of the COPD and CHF pathway nodes - community specialist clinics in Napanee.</p> <p>K) Embedding Certified Integrated Disease Clinicians (Best Care) in Health Homes to promote optimal screening and management of COPD/CHF patients (Oct 2024). Activities: Hire and embed Certified Integrated Disease Clinicians (Best Care) in Health Homes across the region.</p> <p>L) PREM/PROM collection. Activities: Work with OH PRM implementation team to establish workflows at KHSC for CHF/COPD PROM collection. Implement PROM collection at KHSC site. Collect PROMs in community through Best Care CIC pilot. Support/implement PREM collection once defined by OH.</p> <p>M) Create and disseminate a pathway document for PCPs use to navigate the regional system, in alignment with MoH Quality Standards. Activities: Create pathway documents for CHF and COPD, aligned with Ministry of Health Quality Standards that contains regionally specific resources. Disseminate the pathway documents to health care providers in the FLA region. Educate health care providers on the pathway documents to ensure awareness and understanding. Create an inventory of all the resources for COPD and CHF in our region, including online resources, physical locations, to create a public facing resource centralized within the FLA OHT.</p>

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

Quarter

### 1. Ensure quality in every patient experience

### b. Ensure smooth transitions in care for patients and families across our regional health care system

#### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)

### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>A) Physician assistant (KHSC) hired, starting Oct 8th training plan organized. COPD Nurse Navigator (KHSC) hired, trained and operational.</p> <p>B) Completed training care transition nurses at Hub site for CHF and COPD. Support established for node clinics in Napanee.</p> <p>C) This initiative paused – Part of the FLA OHT Operational Plan includes a readiness assessment and implementation plan to outline work with our regional partners, in this we will endeavor to assess how we can work with Ontario Health atHome.</p> <p>D) Out-patient Nurse Practitioner (KHSC) hired for remote care monitoring, completed training, now fully functional, improved clinic capacity. Enrolled 10 patients from HF clinic on remote patient monitoring for virtual optimization. Preliminary discussions with Ontario Health @ Home and paramedics for remote monitoring of patients.</p> <p>E) Engaged in preliminary discussions about their resources and opportunities to support ICP work. Established a protocol for rapid response but working on acquiring IV Lasix.</p> <p>F) Oct 1st Implementing new template of increase CHF clinic throughput (25% increased capacity to see new patients). Implemented new urgent CHF clinic (KHSC).</p> <p>G) Implemented urgent triage of COPD patients among community and hospital Respiriologists. Discussed available community respirology resources. Working on establishing a Rapid Access COPD Clinic for patients discharge from ED at KHSC.</p> <p>H) Established admission protocol for CHF patients with agreement between medicine, cardiology and ED. Defined criteria for urgent CHF clinic spots (within 2 weeks).</p> <p>I) Reviewed records of patients presenting to ED with COPD or CHF from May-Aug 2024. Identified those without appropriate work-up and management.</p> <p>J) Provide protocols to LACGH COPD and CHF clinics. Train LACGH Nurse Practitioner. Start educational rounds with LACGH staff. Supporting the development of the COPD and CHF pathway nodes - community specialist clinics in Napanee.</p> <p>K) Hire and embed Certified Integrated Disease Clinicians (Best Care) in Health Homes across the region. 6 Month MOU established, with possibility for extension to begin piloting CICs in 10 interested Health Homes.</p> <p>L) Working with OH PRM implementation team to establish workflows at KHSC for CHF/COPD PROM collection, moving toward workflow implementation at KHSC clinics. Collection of PROMs in community will occur through Best Care CIC pilot.</p> <p>M) Created pathway documents for CHF and COPD, aligned with Ministry of Health Quality Standards that contains regionally specific resources. Disseminated the pathway documents to health care providers in the FLA region. Currently educating health care providers on the pathway documents to ensure awareness and understanding of the document. Sessions have been designed as CNE credits to increase engagement and uptake. Created an inventory of all the resources for COPD and CHF in our region, including online resources, physical locations, to create a public facing resource centralized within the FLA OHT.</p>

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year ▼

24/25 ▼

Quarter ▼

Multiple sele... ▼

### 1. Ensure quality in every patient experience

### b. Ensure smooth transitions in care for patients and families across our regional health care system

#### Indicator ▼

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N) ▼

### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>Yes, please see targets and status for each activity, below.</p> <p>A) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>B) Target Launch: Sep 2024 Activities Status: Complete</p> <p>C) Target Launch: Dec 2024 Activities Status: Removing from Ops Plan.</p> <p>Original M&amp;E plan proposed work with HCCSS. Transition to Ontario Health atHome began after the proposed work plan, and during this transition we are assessing how to work together on the ICPs. Part of the FLA OHT Operational Plan includes a readiness assessment and implementation plan to outline work with our regional partners, in this we will endeavor to assess how we can work with Ontario Health atHome.</p> <p>D) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>E) Target Launch: Mar 2025 Activities Status: In Progress</p> <p>F) Target Launch: Oct 2024 Activities Status: In Progress</p> <p>G) Target Launch: Dec 2024 Activities Status: Complete</p> <p>H) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>I) Target Launch: Aug 2024 Activities Status: Complete</p> <p>J) Target Launch: Oct 2024 Activities Status: In Progress</p> <p>K) Target Launch: Oct 2024 Activities Status: Operational</p> <p>L) Target Launch: Jan 2025 Activities Status: In progress</p> <p>M) Target Launch: Oct 2024 Activities Status: In Progress</p>

# Corporate Strategy Performance Report:

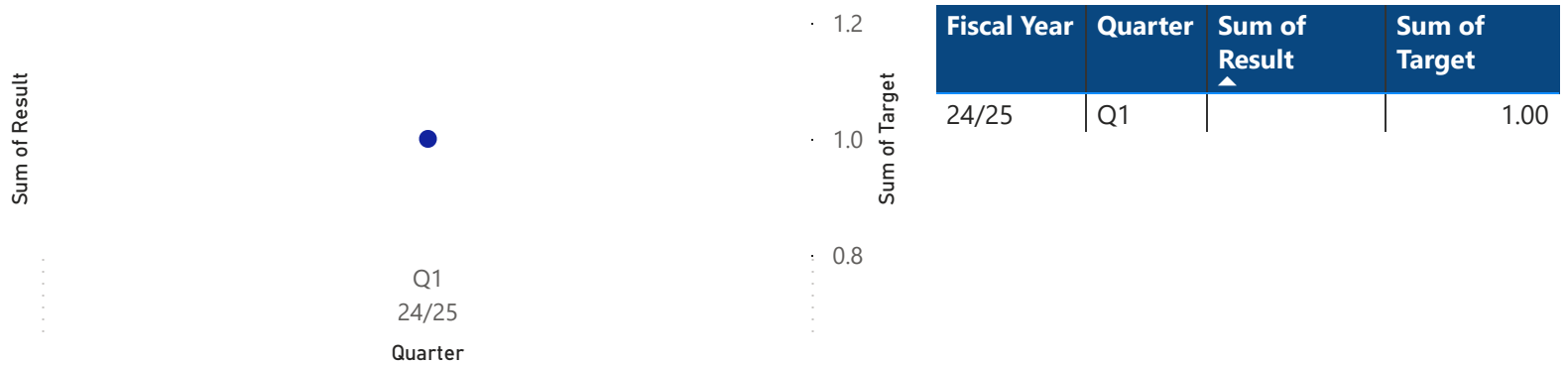
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

#### c. Lead the evolution of people-centred care

#### Indicator

12 Patient stories shared with programs (4 through EDI lens)



#### Indicator Definition and Description

EVP - Fitzpatrick  
MRP - Morin  
REPORTING COMMITTEE - Patient Care & Quality Committee


#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 2. Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1:1, Q2: 2, Q3: 3, Q4: 4

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Multiple sele... 

### 1. Ensure quality in every patient experience

#### c. Lead the evolution of people-centred care

#### Indicator

12 Patient stories shared with programs (4 through EDI lens) 

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

Fiscal Year Quarter Commentary

24/25 Q1 Advance the principles of people -centred care by sharing peoples' care experiences at all levels of the organization. 12 patient stories shared with programs including 4 to reflect EDI lens.

### 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?

Fiscal Year Quarter Commentary

24/25 Q1 On track. Recorded and presented a patient story at the April and May PCQC meetings. Stories also shared with the Medicine program and PFAC. Partnered with Kingston Immigration Partnership and Professional Practice Lead -Social Work to present Learning Exchange on Newcomer to Canada patient experiences and the interpretation/translation services available to support staff and patients whose first language is not English. Patient perspective at six New Employee Welcome sessions as part of PFCC presentation.

### 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 the objective(s)?

Fiscal Year Quarter Commentary

24/25 Q1 Yes, on track.

# Corporate Strategy Performance Report:

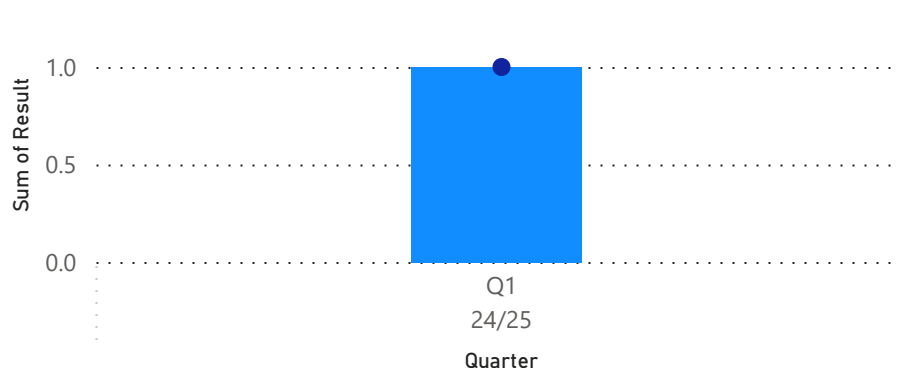
## Indicator Information and Quarterly Performance

### 1. Ensure quality in every patient experience

#### d. Create the space for better care

#### Indicator

Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Anand

MRP - Anand

REPORTING COMMITTEE - People, Finance & Audit Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1


# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Multiple sele... 

### 1. Ensure quality in every patient experience

#### d. Create the space for better care

##### Indicator

Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N 

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

Fiscal Year	Quarter	Commentary
24/25	Q1	KHSC is working towards both a short term and long-term redevelopment plan to ensure sustainable patient care. A series of urgent bridging projects to enhance the infrastructure and patient care areas have been identified and submitted for ministry approval. In parallel the team is working on a long-term strategy for a new green field hospital.

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	Objective is in stage 1.2 of the ministry submission process. All requested information / data for the bridging projects have been submitted on time to the ministry. Additionally, KHSC is working with the City of Kingston to secure a new piece of land for the redevelopment projects.

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	The project is currently on track based on the data requested by the Ministry. Decision from the Ministry is pending on the approval of the bridging projects. Alternate plans are being explored in the event there is a delay from the Ministry on the approvals.

# Corporate Strategy Performance Report:

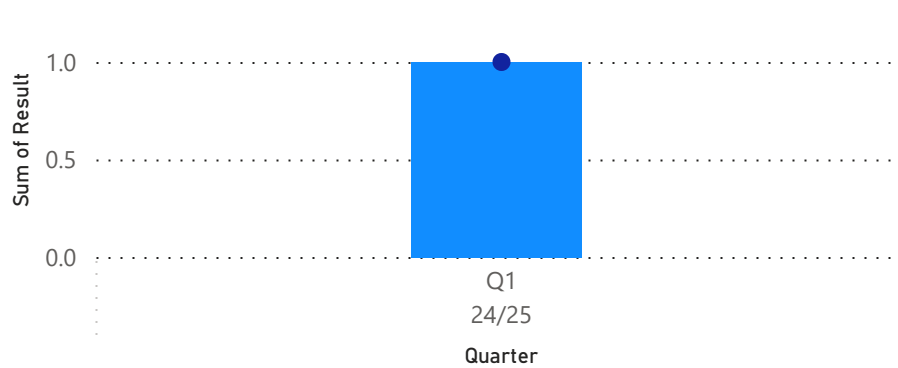
## Indicator Information and Quarterly Performance

### 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

##### Indicator

Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

##### Indicator Definition and Description

EVP - Naraine  
MRP - Noonan  
REPORTING COMMITTEE - People, Finance & Audit Committee

##### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 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

##### Indicator

Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)

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

Fiscal Year	Quarter	Commentary
24/25	Q1	In Q1 the Wellness@Work Advisory was formed and oriented to the goals of this initiative and their consultative role. The Tactic team that will support the Psych H&S risk assessment process was also formed, oriented, and began the risk assessment process. Various organizational data that aligns to the 15 psychosocial factors was collected to assist with the risk assessment process.

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	By the end of Q1, the framework for assessing and monitoring Psych H&S had been developed and the Tactic team had completed their assessment of one of the 10 factors that will be assessed.

#### 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 the objective(s)?

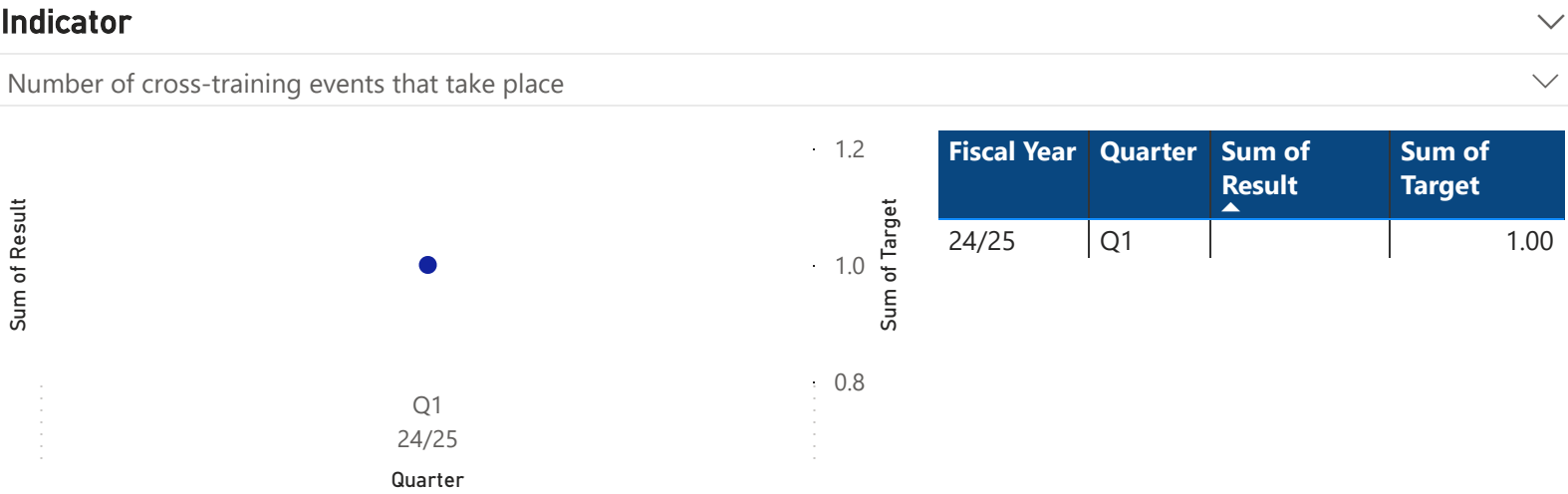
Fiscal Year	Quarter	Commentary
24/25	Q1	Yes

Corporate Strategy Performance Report:

Indicator Information and Quarterly Performance

2. Nurture our passion for caring, leading and learning

b. Empower and develop our people



Indicator Definition and Description

EVP - Hann

MRP - Mitchell

REPORTING COMMITTEE - Patient Care & Quality Committee

Targets and Corridors

Target 24/25: 100% (4 events) Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 2, Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1:1, Q2: 2, Q3: 3, Q4: 4.

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

### 2. Nurture our passion for caring, leading and learning

#### b. Empower and develop our people

##### Indicator

Number of cross-training events that take place

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>1. Corporate: x3 Clinical Learning Specialist and x1 Respiratory Therapist Heart and Stroke BLS and ACLS Trainers to increase Heart and Stroke certification within the organization x10 non-critical care staff (medicine, urgent care clinic staff) have received training in ACLS; x2 non-ED/critical care staff for Trauma Nursing Core Course</p> <p>2. Corporate: x6 non-pediatric nurses have received certification in PALS with 6 offerings to come over the next quarters;</p> <p>3. Women and Children's Program: 9 NICU staff have been provided level 3 training (3 outstanding eligible staff; others &lt;5 months experience overall). 7 Medicine/Perinatal/Critical Care Nurses trained to Pediatrics; 5 Pediatric Nurses trained to PCCU.</p> <p>4. Respiratory Therapy: x1 cross-trained to OR to support with Anesthesia Assistant shortages; x1 enrolled and completed Anesthesia Assistant Program</p>

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>See data above. By cross-training across the Women and Children's Program, we are increasing 1) number of staff with critical care competencies in order to increase capacity across the region and 2) in the case of a patient surge situation, we have provided cross-training to Medicine, ED and Critical Care nurses to safely support on the units as needed. Secondly, by offering ACLS, PALS and TNCC, we are increasing/expanding the skills of nurses outside of Critical Care environments to competently care for the highest acuity patients and 3) cross-training of Respiratory Therapy and training of Anesthesia Assistants to increase OR capacity and avoid OR cancellations.</p>

#### 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 the objective(s)?

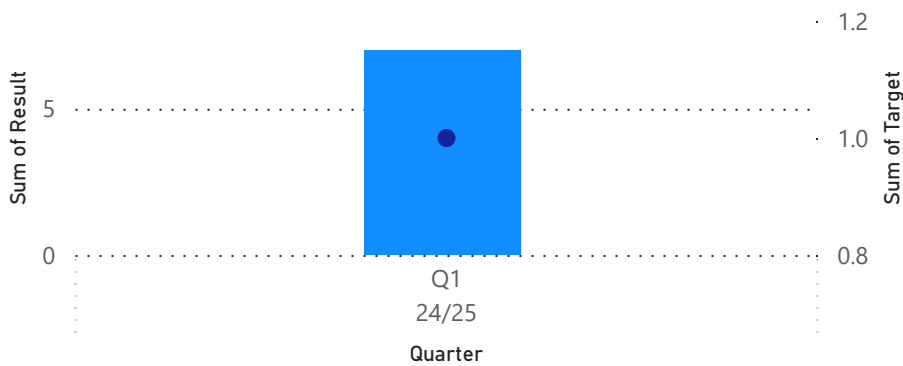
Fiscal Year	Quarter	Commentary
24/25	Q1	<p>Yes, we are on track and have a number of additional cross-training activities planned.</p>

2. Nurture our passion for caring, leading and learning

c. Develop confident, caring and capable leaders

Indicator

Number of new learning activities implemented



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	7.00	1.00

Indicator Definition and Description

EVP - Naraine

MRP - Mulima

REPORTING COMMITTEE - People, Finance & Audit Committee

Targets and Corridors

Target 24/25: 100% (4 events) Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 2, Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1:1, Q2: 2, Q3: 3, Q4: 4.

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Multiple sele... 

### 2. Nurture our passion for caring, leading and learning

#### c. Develop confident, caring and capable leaders

##### Indicator

Number of new learning activities implemented 

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>With a continued healthcare worker shortfall post-pandemic, it is imperative we continue to focus on retention and equipping internal talent to progress to future roles and increasing access to opportunities.</p> <p>In the first quarter after completing the tactic plan, we set out to:</p> <p>Conduct a Needs Assessment with focus on key groups such as more recent new leaders.</p> <p>Review the Leader Exchange design with a lens to new and emerging leaders i.e. creating recommended reading lists, resources etc.</p> <p>Develop 4 targeted offerings including the expansion of This is How People Leaders .... series and tools.</p> <p>To finalize the design and make updates to the new Launching into Leadership Program.</p> <p>An internal review of data and processes for leadership promotion, talent identification, and gaps in these.</p> <p>External Scan of other healthcare offerings and education for ideas and benchmarks.</p>

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>The tactic plan was developed that included 4 targeted offerings of micro learning for leaders this quarter. There were 7 learning tools designed and developed under the 'This is How People Leaders...' banner including supporting recognition, learning bursaries and supports, common forms required, grievances, the use of Kronos and Career Hub. The Launching into Leadership program continues in development focused on aspiring leaders, and much of this programming and future development will be informed by the needs assessment regarding strengths and gaps. In addition, 54% of formal leaders responded to the survey assessment to garner feedback on skills required for each level of leadership, and barriers. Further inputs and assessments came from provincial on regional networks. A redesign and path forward was solidified for the Leadership Exchange monthly leader newsletter.</p>

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	We are on track.

# Corporate Strategy Performance Report:

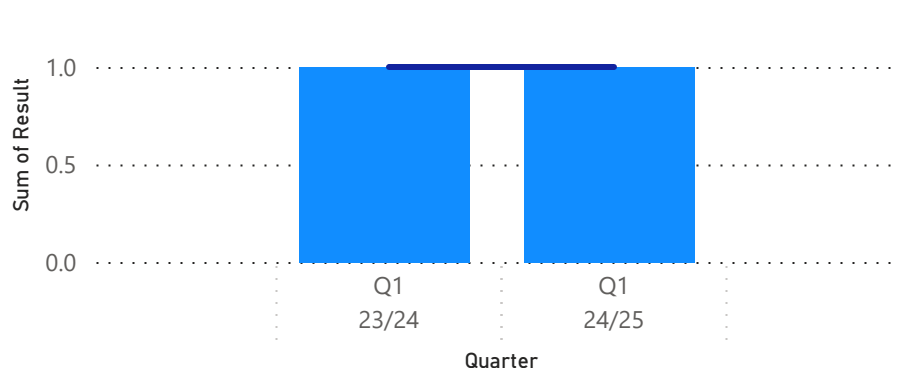
## Indicator Information and Quarterly Performance

### 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



Fiscal Year	Quarter	Sum of Result	Sum of Target
23/24	Q1	1.00	1.00
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Fitzpatrick

MRP - Macbeth

REPORTING COMMITTEE - Governance

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Prior Targets:

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

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

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the Frontenac, Lennox and Addington Ontario Health Team (FLA OHT) that would provide fully integrated health care to the attributed population in its counties. 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 transformations from one provider to another, with one patient record and one care plan, right in their own communities.</p> <p>KHSC is a key partner contributing to the implementation of the Ministry-directed OHT initiatives, including the Integrated Clinical Pathways projects, System Navigation, Palliative Care, Integrated Mental Health and Substance Abuse Health, Home Care Readiness, Primary Care Networks, and the OHT Digital Plan. The FLA OHT works closely with several KHSC departments to achieve its objectives, including: Pulmonary Function Laboratory, Division of Respiriology, Project Management Office, Division of Cardiology, Rapid Access Heart Function Clinic, Ambulatory Care Clinics, Strategy Management and Communications, Performance Management (Decision Support). KHSC also participates on the OHT leadership council and specialist network, is involved as lead Health Service Provider for the homecare modernization leading project, participates with the OHT on coordinated virtual care expansions, works closely on the implementation of the Integrated Clinical Pathways for heart failure and COPD. KHSC completes equity training assessments and offerings aligned with the OHT as a Ministry Directed partner. Additionally, KHSC acts as the OHT connection to the East of the East Local Delivery Group for cybersecurity updates.</p>

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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>The FLA OHT is leading the way in transforming health care delivery through a collaborative governance model that prioritizes engagement with community, Indigenous populations, primary care and networks of OHT partners from all sectors of health and wellness providers. Looking to the coming fiscal year (2024-2025), the FLA OHT is committed to advancing key provincial priorities as one of 12 OHTs identified to accelerate towards designation. This includes, preparing to take on home care responsibilities, strengthening their primary care network, and leveraging work started on the integrated clinical pathways to build a comprehensive chronic disease prevention model. The digital plan is focused on reducing provider administrative burden and improving provider and person experience through the implementation of innovative digital solutions that improve system navigation, care coordination, and information sharing. In addition to advancing provincial priorities, the FLA OHT is deeply focused on our vision of a people-centred Health Home for everyone. In 2023-24, our Health Homes attached over 6,000 new people to primary care. The FLA OHT is in the process of submitting their 24-25 Operational Plan, where key metrics aligned with these provincial priorities will be outlined.</p>

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

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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	Yes – staff across the aforementioned departments across KHSC remain engaged with the FLA OHT work, participating in working groups and contributing to initiatives.

# Corporate Strategy Performance Report:

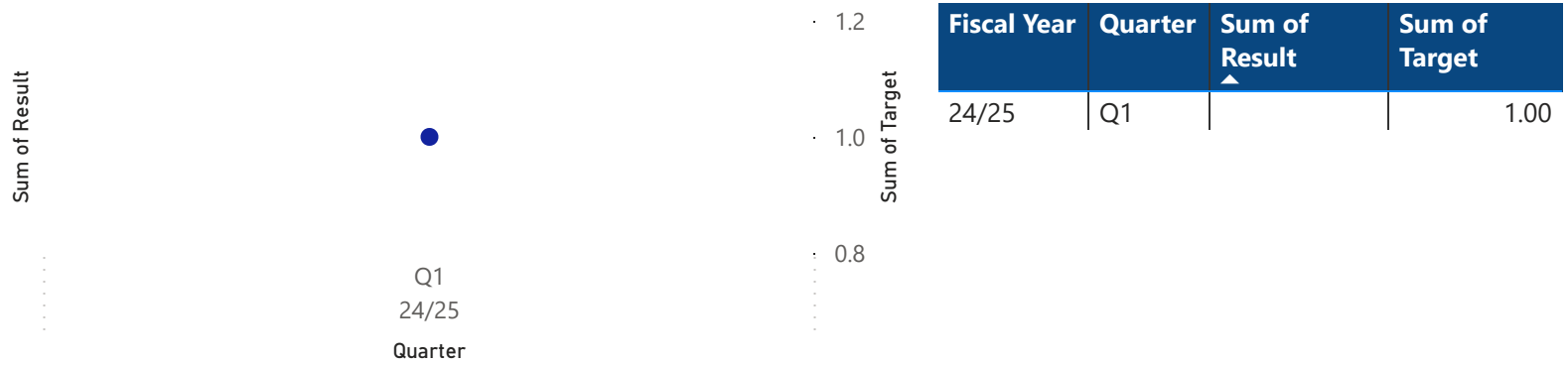
## Indicator Information and Quarterly Performance

### 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 project quarterly milestones specific to KHSC are met Y/N



#### Indicator Definition and Description

EVP - Gamache-O'Leary  
MRP - Gamache-O'Leary  
REPORTING COMMITTEE - People, Finance & Audit Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

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 project quarterly milestones specific to KHSC are met Y/N

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

Fiscal Year	Quarter	Commentary
24/25	Q1	Working closely with the Regiona Lumeo team, prepare KHSC for the implementation of a Regional HIS (Oracle Health Millenium)

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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>On August 1 2024, the Lumeo project successfully passed the Oracle Health "Data Migration Gateway." This enabled the team to move into the next phase which includes, change management training, and cutover and command centre activities.</p> <p>Change management activities have swung into high gear. The Lumeo local core team, along with our subject matter experts and physician champions are actively reviewing new high-impact workflows with affected leaders in advance of Go-Live. These sessions have been well attended. Provider toolkits with information on the new system and workflow changes are disseminated to clinical programs monthly and the project team and change management specialists and physician champions attend department meetings to share information, do demos, and answer any questions. Clinical and medical leaders are accountable for in turn sharing information with their respective teams.</p> <p>On the training front, KHSC sent 65 trainers to the regional Train the Trainer event in July. Those trainers in turn led Super User training on-site at KHSC for four weeks between August 12 - September 6. Over 1000 training courses were completed by over 800 super users, including 175 physicians. End-user training began Monday, September 9 and will run through the fall until the December 6 go live. 5000 in person classroom sessions are being held. Approximately 1000 physician/resident end-users will be attending training. KHSC must achieve a 90% training rate to pass the Go-Live gateway. It is essential that staff and physicians register into early classes through September and October to load balance training across the four months, otherwise there is a risk that we will not meet the 90% training target which is mandatory for the region to Go-Live. Clinical Cutover involves the manual entry of critical data from legacy systems into the new Oracle Health Millennium system, for example, scheduled appointments, clinical information such as patient height / weight / allergies, and active orders. This is a labour-intensive activity over the few days leading to Go-Live. Resource planning is underway with the affected clinical programs, ancillary departments and department and division leaders so we are well prepared.</p>

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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	

# Corporate Strategy Performance Report:

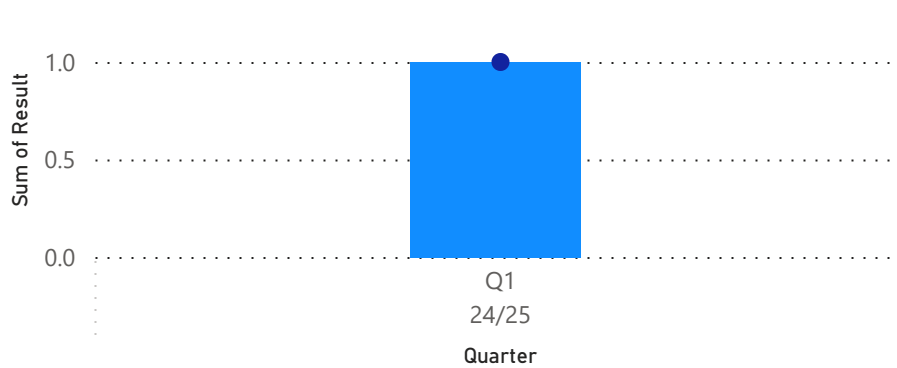
## Indicator Information and Quarterly Performance

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

#### b. Discover and apply innovations that improve patient outcomes and make our communities healthy

#### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Fitzpatrick  
MRP - Fitzpatrick  
REPORTING COMMITTEE - Patient Care & Quality Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

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

#### b. Discover and apply innovations that improve patient outcomes and make our communities healthy

##### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N

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

Fiscal Year Quarter Commentary

24/25	Q1	<p>A) Optimizing in-patient care for CHF/COPD patients (case identification, GDMT optimization, discharge planning, linking to primary care and home and community care). Activities: Hiring key personnel and completing their training. Physician assistant (KHSC), COPD Nurse Navigator (KHSC).</p> <p>B) Improve care transition and post discharge follow-up. Activities: Complete training care transition nurses at Hub site for CHF and COPD. Establish support for node clinics in Napanee.</p> <p>C) Connecting high-risk patients with Ontario Health atHome remote patient monitoring post discharge. Activities: Training Ontario Health at Home nurses in COPD/CHF remote patient monitoring.</p> <p>D) Streamlining CHF patient management optimization at CHF Clinic using remote patient monitoring. Activities: Hire out-patient Nurse Practitioner (KHSC) for remote care monitoring, complete training. Enroll patients from HF clinic on remote patient monitoring for virtual optimization. Leverage other resources to support remote monitoring of patients.</p> <p>E) Utilizing community paramedics to enable home-management of decompensating CHF/COPD patients. Activities: Schedule training of community paramedics (CP) in management of CHF/COPD patients.</p> <p>F) Improving CHF Clinic efficiency and throughput through multi-pronged approach. Activities: Implement new template of increased CHF clinic throughput (25% increased capacity to see new patients). Implemented new urgent CHF clinic (KHSC).</p> <p>G) Improving COPD patient access to specialist care (through coordination between hospital and community respirologists). Activities: Implement urgent triage of COPD patients among community and hospital Respirologists. Discuss available community respirology resources. Establish a Rapid Access COPD Clinic for patient discharge from ED at KHSC.</p> <p>H) Streamlining CHF patient management in ED via establishing admission protocol and rapid follow-up. Activities: Establish admission protocol for CHF patients with agreement between medicine, cardiology and ED. Define criteria for urgent CHF clinic spots.</p> <p>I) Track patients seen in ED with CHF/COPD and discharged home to ensure full work-up and management. Activities: Review records of patients presenting to ED with COPD or CHF from May-Aug 2024. identify those without appropriate work-up and management.</p> <p>J) Support LACGH respiratory therapist with navigation of COPD patients. Support LACGH new CHF clinic to provide CHF diagnosis, management, and follow-up services. Activities: Provide protocols to LACGH COPD and CHF clinics. Train LACGH Nurse Practitioner. Start educational rounds with LACGH staff. Support the development of the COPD and CHF pathway nodes - community specialist clinics in Napanee.</p> <p>K) Embedding Certified Integrated Disease Clinicians (Best Care) in Health Homes to promote optimal screening and management of COPD/CHF patients (Oct 2024). Activities: Hire and embed Certified Integrated Disease Clinicians (Best Care) in Health Homes across the region.</p> <p>L) PREM/PROM collection. Activities: Work with OH PRM implementation team to establish workflows at KHSC for CHF/COPD PROM collection. Implement PROM collection at KHSC site. Collect PROMs in community through Best Care CIC pilot. Support/implement PREM collection once defined by OH.</p> <p>M) Create and disseminate a pathway document for PCPs use to navigate the regional system, in alignment with MoH Quality Standards. Activities: Create pathway documents for CHF and COPD, aligned with Ministry of Health Quality Standards that contains regionally specific resources. Disseminate the pathway documents to health care providers in the FLA region. Educate health care providers on the pathway documents to ensure awareness and understanding. Create an inventory of all the resources for COPD and CHF in our region, including online resources, physical locations, to create a public facing resource centralized within the FLA OHT.</p>
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# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year ▾

24/25 ▾

Quarter ▾

Multiple sele... ▾

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

#### b. Discover and apply innovations that improve patient outcomes and make our communities healthy

##### Indicator ▾

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N ▾

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>A) Physician assistant (KHSC) hired, starting Oct 8th training plan organized. COPD Nurse Navigator (KHSC) hired, trained and operational.</p> <p>B) Completed training care transition nurses at Hub site for CHF and COPD. Support established for node clinics in Napanee.</p> <p>C) This initiative paused – Part of the FLA OHT Operational Plan includes a readiness assessment and implementation plan to outline work with our regional partners, in this we will endeavor to assess how we can work with Ontario Health atHome.</p> <p>D) Out-patient Nurse Practitioner (KHSC) hired for remote care monitoring, completed training, now fully functional, improved clinic capacity. Enrolled 10 patients from HF clinic on remote patient monitoring for virtual optimization. Preliminary discussions with Ontario Health @ Home and paramedics for remote monitoring of patients.</p> <p>E) Engaged in preliminary discussions about their resources and opportunities to support ICP work. Established a protocol for rapid response but working on acquiring IV Lasix.</p> <p>F) Oct 1st Implementing new template of increase CHF clinic throughput (25% increased capacity to see new patients). Implemented new urgent CHF clinic (KHSC).</p> <p>G) Implemented urgent triage of COPD patients among community and hospital Respiriologists. Discussed available community respirology resources. Working on establishing a Rapid Access COPD Clinic for patients discharge from ED at KHSC.</p> <p>H) Established admission protocol for CHF patients with agreement between medicine, cardiology and ED. Defined criteria for urgent CHF clinic spots (within 2 weeks).</p> <p>I) Reviewed records of patients presenting to ED with COPD or CHF from May-Aug 2024. Identified those without appropriate work-up and management.</p> <p>J) Provide protocols to LACGH COPD and CHF clinics. Train LACGH Nurse Practitioner. Start educational rounds with LACGH staff. Supporting the development of the COPD and CHF pathway nodes - community specialist clinics in Napanee.</p> <p>K) Hire and embed Certified Integrated Disease Clinicians (Best Care) in Health Homes across the region. 6 Month MOU established, with possibility for extension to begin piloting CICs in 10 interested Health Homes.</p> <p>L) Working with OH PRM implementation team to establish workflows at KHSC for CHF/COPD PROM collection, moving toward workflow implementation at KHSC clinics. Collection of PROMs in community will occur through Best Care CIC pilot.</p> <p>M) Created pathway documents for CHF and COPD, aligned with Ministry of Health Quality Standards that contains regionally specific resources. Disseminated the pathway documents to health care providers in the FLA region. Currently educating health care providers on the pathway documents to ensure awareness and understanding of the document. Sessions have been designed as CNE credits to increase engagement and uptake. Created an inventory of all the resources for COPD and CHF in our region, including online resources, physical locations, to create a public facing resource centralized within the FLA OHT.</p>

# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Multiple sele...

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

#### b. Discover and apply innovations that improve patient outcomes and make our communities healthy

#### Indicator

Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>Yes, please see targets and status for each activity, below.</p> <p>A) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>B) Target Launch: Sep 2024 Activities Status: Complete</p> <p>C) Target Launch: Dec 2024 Activities Status: Removing from Ops Plan.</p> <p>Original M&amp;E plan proposed work with HCCSS. Transition to Ontario Health atHome began after the proposed work plan, and during this transition we are assessing how to work together on the ICPs. Part of the FLA OHT Operational Plan includes a readiness assessment and implementation plan to outline work with our regional partners, in this we will endeavor to assess how we can work with Ontario Health atHome.</p> <p>D) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>E) Target Launch: Mar 2025 Activities Status: In Progress</p> <p>F) Target Launch: Oct 2024 Activities Status: In Progress</p> <p>G) Target Launch: Dec 2024 Activities Status: Complete</p> <p>H) Target Launch: Sep 2024 Activities Status: In Progress</p> <p>I) Target Launch: Aug 2024 Activities Status: Complete</p> <p>J) Target Launch: Oct 2024 Activities Status: In Progress</p> <p>K) Target Launch: Oct 2024 Activities Status: Operational</p> <p>L) Target Launch: Jan 2025 Activities Status: In progress</p> <p>M) Target Launch: Oct 2024 Activities Status: In Progress</p>

# Corporate Strategy Performance Report:

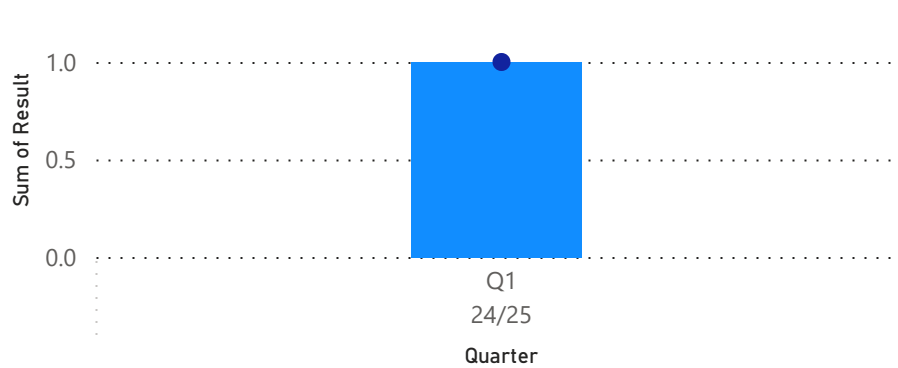
## Indicator Information and Quarterly Performance

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

#### a. Foster a culture of

#### Indicator

Plan to create structure for continuing education meets quarterly milestones Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Gillies

MRP - Gillies

REPORTING COMMITTEE - People, Finance & Audit Committee


#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1


# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Multiple sele... 

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

#### a. Foster a culture of

##### Indicator

Plan to create structure for continuing education meets quarterly milestones Y/N 

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

Fiscal Year Quarter Commentary

24/25	Q1	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 enhance our specialized services for our community and region. Education is evolving and we are updating our educational strategic plan with a goal to enhancing our learning environment with innovative teaching that creates outstanding compassionate care to our region.
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### 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?

Fiscal Year Quarter Commentary

24/25	Q1	Education at KHSC spans across the entire organization. As an academic teaching centre, we are all committed to continued education and life long learning. Working with our partners at Queen's University, we are embarking on a collaborative Education Committee to provide oversight and strategic direction, with all our educational partners, to ensure we are meeting the needs of the future and aligning our limited educational resources.
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### 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 the objective(s)?

Fiscal Year Quarter Commentary

24/25	Q1	Yes
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# Corporate Strategy Performance Report:

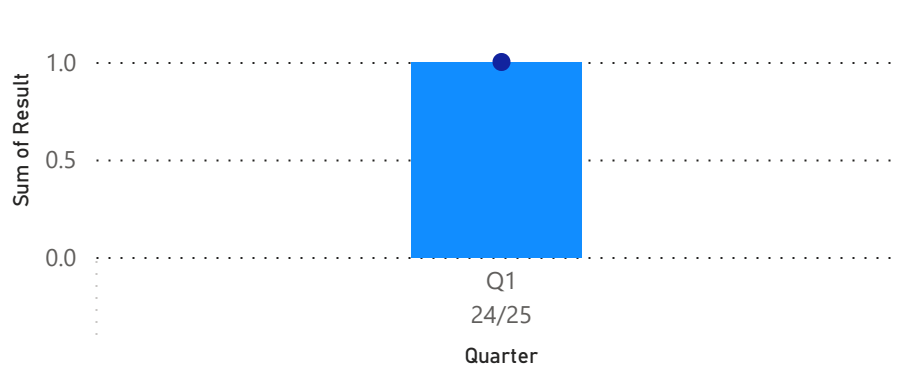
## Indicator Information and Quarterly Performance

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

#### a. Foster a culture of

#### Indicator

Research strategy development project meets quarterly milestones Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Smith  
MRP - Smith  
REPORTING COMMITTEE - Research

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1


# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

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

#### a. Foster a culture of

##### Indicator

Research strategy development project meets quarterly milestones Y/N 

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

Fiscal Year Quarter Commentary

24/25	Q1	Engagement sessions have occurred in Q1 with Principle Investigators, Research Teams, Research Partners and the Research Institute Board of Directors and Staff. Planning has commenced for a facilitated fall session to continue development of a Strategic Plan for the Research Institute.
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### 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?

Fiscal Year Quarter Commentary

24/25	Q1	Completed preliminary engagement sessions. Fall working sessions are planned for strategic plan development. Engagement with communications team related to branding and public relations is ongoing.
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### 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 the objective(s)?

Fiscal Year Quarter Commentary

24/25	Q1	Yes, the team is on track to meet objectives by year end.
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# Corporate Strategy Performance Report:

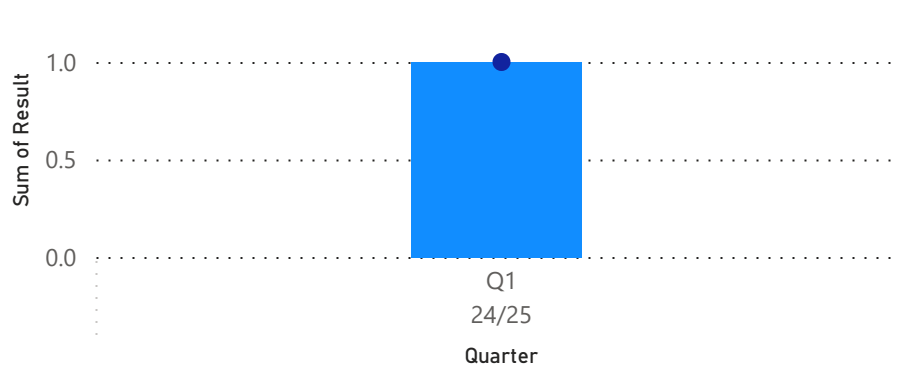
## Indicator Information and Quarterly Performance

### 5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families,

#### a. Create an inclusive environment for

#### Indicator

Plan to create an integrated inclusion framework meets quarterly milestones Y/N



Fiscal Year	Quarter	Sum of Result	Sum of Target
24/25	Q1	1.00	1.00

#### Indicator Definition and Description

EVP - Naraine

MRP - Mulima

REPORTING COMMITTEE - People, Finance & Audit Committee

#### Targets and Corridors

Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1


# Corporate Strategy Performance Report:

## Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Multiple sele... 

### 5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families,

#### a. Create an inclusive environment for

##### Indicator

Plan to create an integrated inclusion framework meets quarterly milestones Y/N 

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

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>With the need to focus on health equity and outcomes and the patchwork of isolated initiatives as well as the current shortage of health care workers which in turn can compromise care delivery if there are gaps, there is a necessity to develop an overarching framework to anchor inclusion work across the organization. For Q1 our tactics included</p> <p>The development of a plan for this fiscal year.</p> <p>Communication of the new strategic direction such as at Leaders Connection, the Annual Report and in newsletters.</p> <p>Identification of Most Responsible People in key roles or key groups, other departments who might be responsible for different pieces of the framework- patient care, physicians etc.</p> <p>Conducting an external Environmental Scan including Ontario Health, other frameworks out there, and accountabilities.</p> <p>Defining the internal and external stakeholders who we may consult with to inform the direction.</p> <p>Identifying potential working groups for framework development.</p>

#### 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?

Fiscal Year	Quarter	Commentary
24/25	Q1	<p>The tactic plan was created outlining the activities for the year with the Lumeo implementation in mind. Activities such as the Annual Inclusion report was posted and communicated across the organization highlighting the number of foundational elements that have been completed or are in progress paired with the communication of the new strategic plan that now has an additional strategic direction related to equity, diversity, inclusion, anti-racism and supporting our whole population such as Francophones gave a clearer signal throughout KHSC of our priorities. A session for leaders related to the new direction and an in-service on the Indigenous Acknowledgement also furthered the feedback goal outlined for Q1. An external scan of various frameworks and action plans was completed including our regulatory requirements (i.e. Ontario Health) and quality expectations (Quintuple aim, Accreditation). Key roles, contacts and groups were identified, and a focused design session was planned with internal stakeholders to occur in the second quarter. This development will enable us to better measure progress, target initiatives, assess outcomes, align effort and ensure a welcoming, supportive and inclusive environment.</p>

#### 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 the objective(s)?

Fiscal Year	Quarter	Commentary
24/25	Q1	Yes, we are on track.