

fiscal
2024-2025 **Q2**
2nd quarter ended September 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

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

| | |
|---|----|
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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 | Q2 |
| 1. Ensure quality in every patient experience | 12 Patient stories shared with programs (4 through EDI lens) | | | | | G | G |
| | Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target | | | | | G | G |
| | Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target | | | | | G | G |
| | Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N) | | | | | G | G |
| | Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N | | | | | G | G |
| | Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N | | | | | G | G |
| | Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs) | | | | | Y | 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 | Y |
| | Number of cross-training events that take place | | | | | G | G |
| | Number of new learning activities implemented | | | | | G | 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 | G |
| | KHSC participates in Ministry-directed OHT initiatives Y/N | G | G | G | G | G | G |
| | Lumeo project quarterly milestones specific to KHSC are met Y/N | | | | | Y | 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 | G |
| | Research strategy development project meets quarterly milestones Y/N | | | | | G | 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 | G |

Corporate Strategy Performance Report:

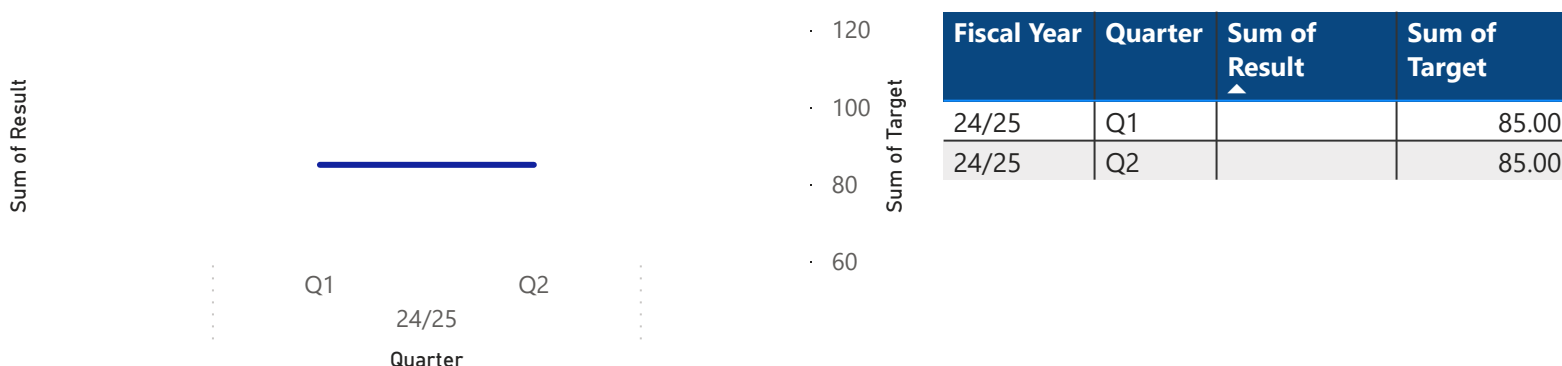
Indicator Information and Quarterly Performance

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

Q2

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 | Q2 | <p>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.</p> <p>Q2 tactics:</p> <ul style="list-style-type: none"> • Socialize selected Adoption KPIs with programs and service areas. • Educate leaders, physicians, and frontline staff (all end-users of the Lumeo system) on future state workflows related to barcode medication administration through various learning and educational opportunities: regional knowledge transfer workshops, local change impact reviews, department/program level future state workflow reviews, roadshows, and 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?

| Fiscal Year | Quarter | Commentary |
|-------------|---------|--|
| 24/25 | Q2 | <p>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.</p> <p>Operational clinical leaders have attended a Leadership Forum on Medication Administration workflows and a takeaway package with all relevant information has been compiled and provided to leaders to communicate information down to front line staff (end-users) through usual communications tactics within program areas.</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 | Q2 | <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.</p> |

Corporate Strategy Performance Report:

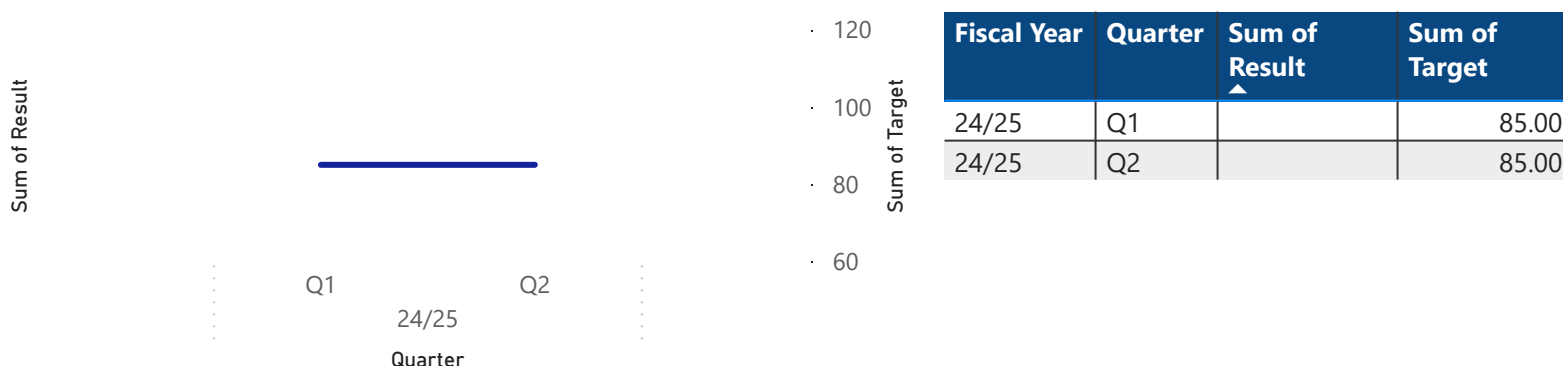
Indicator Information and Quarterly Performance

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator

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 

Q2 

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 | Q2 | <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>Q2 tactics:</p> <ul style="list-style-type: none"> • Socialize selected Adoption KPIs with programs and service areas. • Educate leaders, physicians, and frontline staff (all end-users of the Lumeo system) on future state workflows related to computer provider order entry (order management) through various learning and educational opportunities: regional knowledge transfer workshops, local change impact reviews, department/program level future state workflow reviews, roadshows, and 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?

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | <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> <p>Operational clinical leaders have attended a Leadership Forum on Medication Administration workflows and a takeaway package with all relevant information has been compiled and provided to leaders to communicate information down to front line staff (end-users) through usual communications tactics within program areas.</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 | Q2 | <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.</p> |

Corporate Strategy Performance Report:

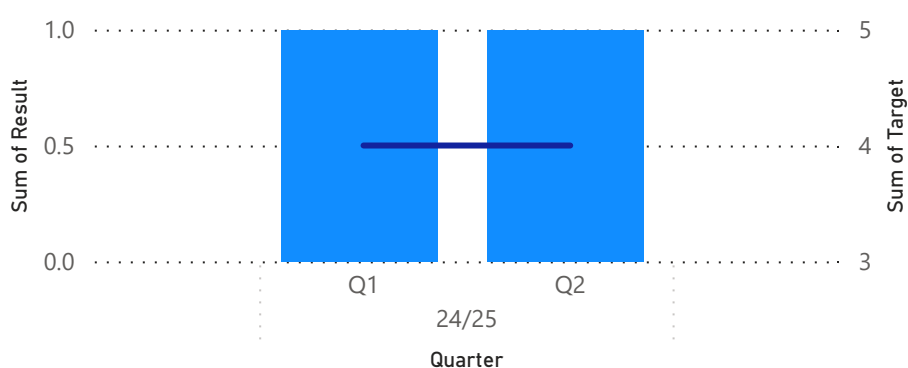
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 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

Corporate Strategy Performance Report:

Executive and Most Responsible Person Feedback

Fiscal Year 

24/25 

Quarter 

Q2 


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 | Q2 | All Accreditation Standards have been made available to all KHSC leaders. Self-assessment plans will be developed and executed in Q4. |

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 | Q2 | The Governance standard self-assessment has been completed. Self-assessments for the remaining standards will occur in Q4. |

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

| Fiscal Year | Quarter | Commentary  |
|-------------|---------|--|
| 24/25 | Q2 | Yes. |

Corporate Strategy Performance Report:

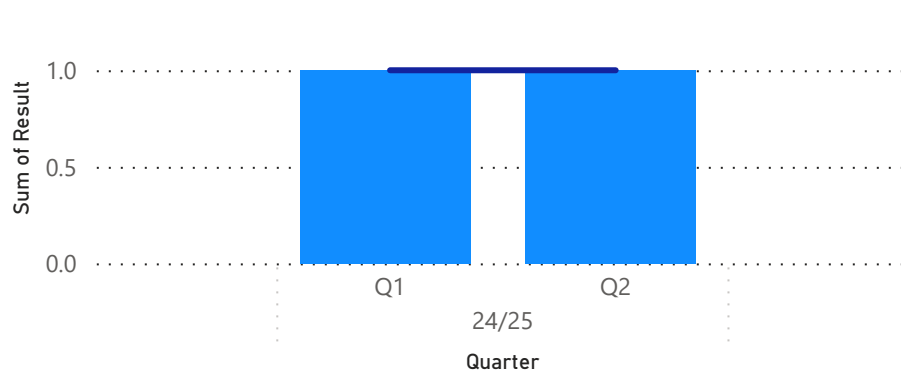
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 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 

Q2 


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  |
|-------------|---------|--|
| 24/25 | Q2 | 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 \$35.4M. 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 still expected, since the first two are labelled as Installments. 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  |
|-------------|---------|---|
| 24/25 | Q2 | With the Q2 funding announcement towards the cumulative effect of the arbitration awards on the salary rates, as well as performance above budget for volume based procedures, KHSC continues to reduce the deficit that was originally budgeted for 2024/25. |

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 | Q2 | Yes, we are on track to continue to meet this objective by year end. |

Corporate Strategy Performance Report:

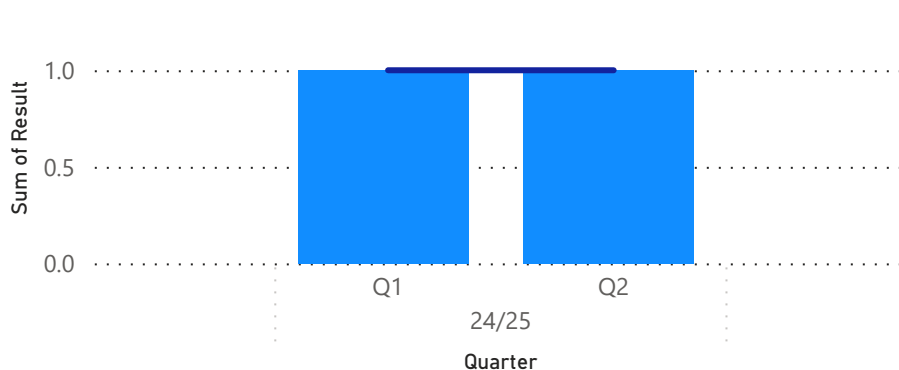
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 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 ▼

Q2 ▼

1. Ensure quality in every patient experience

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

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

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | <p>1. Describe the tactic(s) we are implementing to achieve this objective:</p> <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 respiratory 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 ▾

24/25 ▾

Quarter ▾

Q2 ▾

1. Ensure quality in every patient experience

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

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

| Fiscal Year | Quarter | Commentary |
|-------------|---------|--|
| 24/25 | Q2 | <p>A) COPD Nurse Navigator (KHSC) hired, trained and operational. CHF Physician Assistant hired, starting in November.</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) Working with Ontario Health atHome to establish escalation and de-escalation process for patients with CHF and COPD who are set up with remote care monitoring. Exploring possibility of data sharing agreement to support exchange of information to facilitate this process.</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 (see above) 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, hosted at Kingston Respiratory Services supported by the COPD Nurse Navigator.</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) On going review of records of patients presenting to ED with COPD or CHF from May-October 2024. Identified those without appropriate work-up and management.</p> <p>J) To provide protocols to LACGH COPD and CHF clinics, and train LACGH Nurse Practitioner. To start educational rounds with LACGH staff. Currently supporting the development of the COPD and CHF pathway nodes - community clinics in Napanee.</p> <p>K) Hired and embedded two Certified Integrated Disease Clinicians (Best Care) in 7 Health Homes across the region as a pilot. MOU established, another 4 Health Homes interested in the pilot.</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 HF Clinic, and eventually the COPD Rapid Access Clinic once established. Collection of PROMs in community will occur through Best Care 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 CME 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> |

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care 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 meet the objective(s)?

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | Yes, we are fully on target with this initiative. |

Corporate Strategy Performance Report:

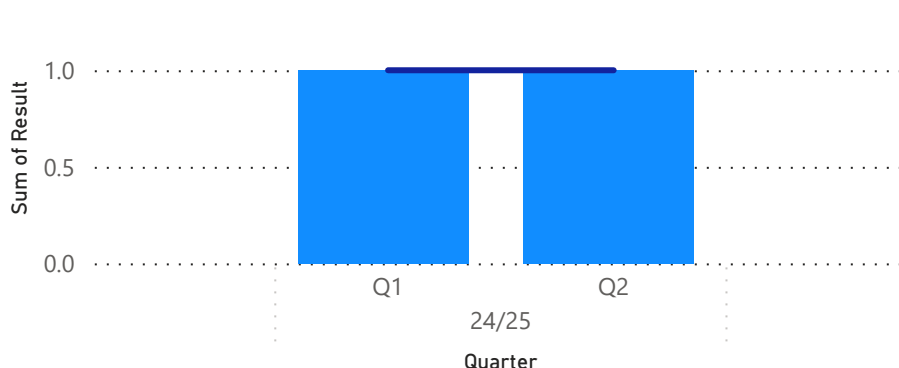
Indicator Information and Quarterly Performance

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)



| Fiscal Year | Quarter | Sum of Result | Sum of Target |
|-------------|---------|---------------|---------------|
| 24/25 | Q1 | 1.00 | 1.00 |
| 24/25 | Q2 | 1.00 | 1.00 |

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 

Q2 


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 | Q2 | Identified patient advisor to share her perspective and story in KHSC Lumeo Video project. Partnered with Kingston Immigration Partnership (KIP) to record patient story of her ED experience as a non-English speaking individual and asylum seeker with no health card and limited finances. Interpreter helped to facilitate the conversation. Closed captioning of the video is underway and the consent form was translated to Spanish. Plan to share the story with ED, Women and Children's program and financial services Recorded family member's story on the power of positivity and gratitude in his wife's ICU experience. Story to be shared with Critical care program. Patient stories shared at six New Employee Welcome sessions. |

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  |
|-------------|---------|--|
| 24/25 | Q2 | On track for end of fiscal. |

Corporate Strategy Performance Report:

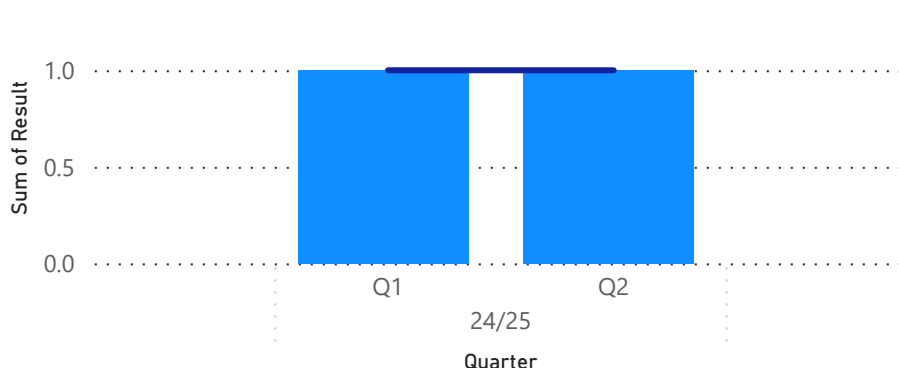
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 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

Quarter

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 | Q2 | 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 | Q2 | 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 | Q2 | 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:

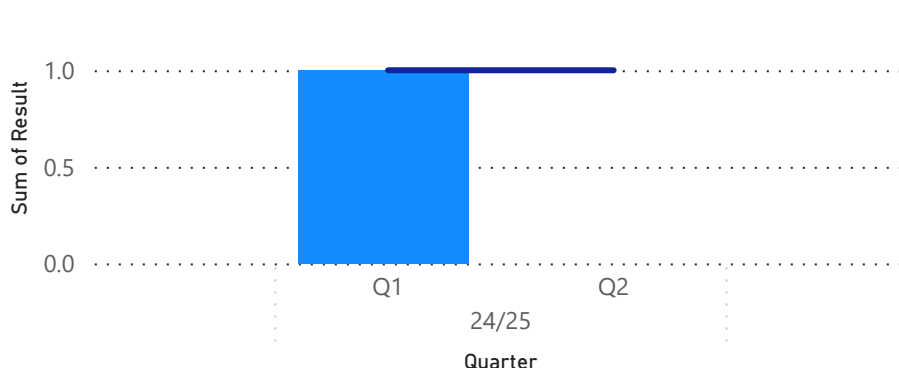
Indicator Information and Quarterly Performance

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 and volunteer at KHSC

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 | Q2 | | 1.00 |
| 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 

Q2 

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

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 | Q2 | In Q2, the tactic team completed a review of 10 psychosocial risk factors which we have identified as the foundational factors in our psych H&S strategy. This review, together with various organizational data and feedback from staff and leaders (e.g. staff experience surveys, worklife focus groups) will feed into the organizational Psychological H&S risk assessment and inform our action plan. |

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 | Q2 | The review of the risk factors took longer than originally anticipated, resulting in a delay in completing the organizational risk assessment. Focus for Q3 is on pulling all information together so that gaps/opportunities for action planning are clear to stakeholders. Our goal is to have the organizational risk assessment review and action plan documented before the end of Q3 with Q4 focusing on launch and communication of the psych H&S strategy and multi-year action 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 the objective(s)?

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | While we plan to complete the Psychological H&S risk assessment and action plan and launch the strategy before the end of Q4, it is unlikely that we will have made a lot of progress with implementing our (multi-year) action plan. |

Corporate Strategy Performance Report:

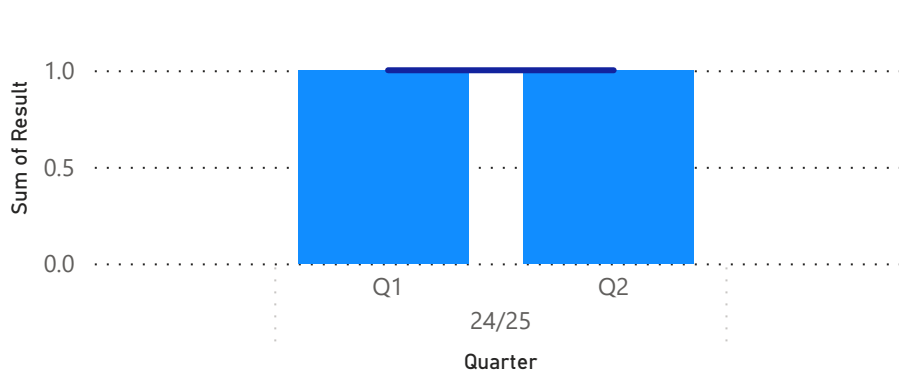
Indicator Information and Quarterly Performance

2. Nurture our passion for caring, leading and learning

b. Empower and develop our people

Indicator

Number of cross-training events that take place



| Fiscal Year | Quarter | Sum of Result | Sum of Target |
|-------------|---------|---------------|---------------|
| 24/25 | Q1 | 1.00 | 1.00 |
| 24/25 | Q2 | 1.00 | 1.00 |

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: 0, 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 

Q2 


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 | Q2 | 1) Cross training of medicine and surgery adult nurses to the Women and Children's Program 2) Cross training Pediatrics nurses to PCCU 3) ACLS training for Medicine/Surgery/ED nurses and RTs |

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 | Q2 | 1) 7 medicine/surgery/critical care nurses cross-trained to K10 pediatrics; 7 resource pool nurses cross-trained to perinatal and 1 COPC nurse 2) 5 pediatrics nurses cross-trained to PCCU 3) 30 nursing and allied health staff received ACLS training |

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 | Q2 | Yes, we are on-track |

Corporate Strategy Performance Report:

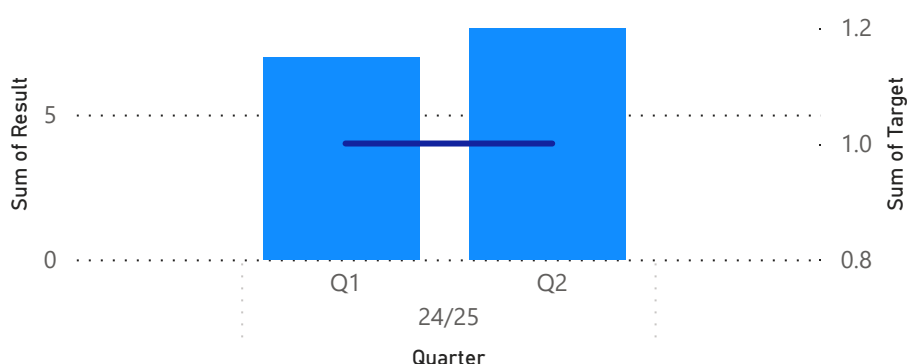
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 8.00 | 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 

Q2 

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 | Q2 | <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 second quarter, the tactics we planned were to:</p> <ul style="list-style-type: none"> Review and incorporate outputs of the Needs Assessment then develop measures and evaluate our current programs Develop a communication plan for new and emerging leaders Publish program catalogue Update our Frontline Leadership course Develop a guide for how to have career conversations with your manager Update the design of our New Leader Onboarding Program and Peer Navigator program Design program for Connections (a pre-cursor to formal mentorship program) |

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 | Q2 | <p>The new on demand program designed for new people leaders under the banner 'This is How People Leaders...' continued to grow with 8 offerings released. These micro learning supports for leaders now include tools such as Managing the Performance Agreement and Development process, Reviewing Mandatory Training Reports, Supporting New Hires, Talent Review and Recruiting Talent at KHSC. In addition, eLearning was added to the library for Managing Up, Developing and Maintaining a Professional Network and Managing Remote or Hybrid Teams. The Frontline Leadership course was updated for relaunch next year(post-Lumeo) alongside the Launching Into Leadership new course for emerging leaders. A Career conversations guide was designed and developed for release next year and a limited catalogue was released given the focus on Lumeo implementation. Results were shared of the Leadership Needs Assessment with further analysis continuing to inform the leadership strategy. Enhancements to the Leader Onboarding to better enable relationships between new leaders and business partners.</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 | Q2 | We are on track. |

Corporate Strategy Performance Report:

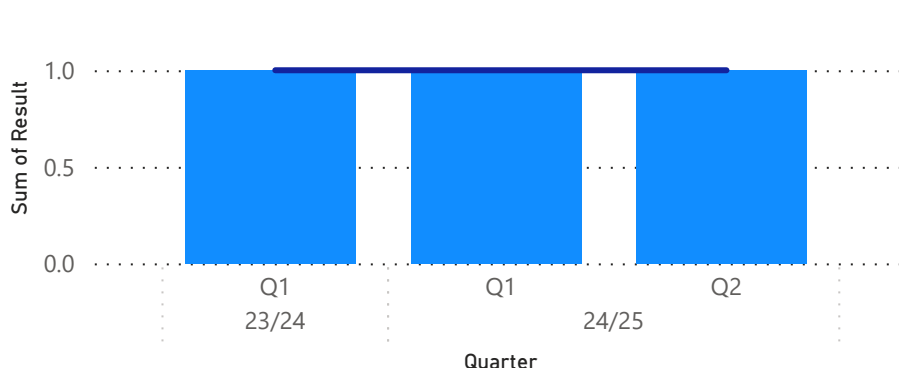
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 1.00 | 1.00 |

Indicator Definition and Description

EVP - Fitzpatrick
MRP - Fitzpatrick
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%

Corporate Strategy Performance Report:

Executive and Most Responsible Person Feedback

Fiscal Year

24/25

Quarter

Q2

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 | Q2 | <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 | Q2 | <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

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 | Q2 | 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:

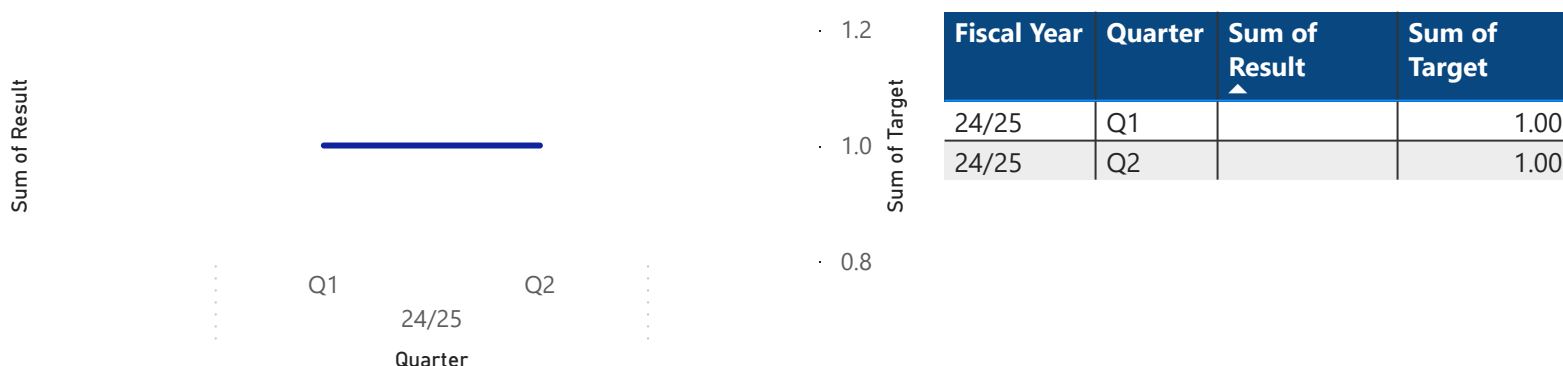
Indicator Information and Quarterly Performance

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

Corporate Strategy Performance Report:

Executive and Most Responsible Person Feedback

Fiscal Year

Quarter

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 | Q2 | https://kingstonhsc.sharepoint.com/:f:/r/sites/IMManagement-QuarterlyReports/Shared%20Documents/3.%20Quarterly%20Reports/F25/Q2?csf=1&web=1&e=Yzd9eN |

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 | Q2 | <p>As our December 6–7, 2024, South East Lumeo Go-Live approaches, the project remains in red status. Regional and local Lumeo teams, in collaboration with KHSC and Oracle Health, are focused on completing all outstanding tasks. The teams are currently prioritizing the resolution of a handful of critical system build issues, for example Med2020 and Novari Medical Imaging request management integration.</p> <p>At KHSC, Change Management efforts continue with an emphasis on completing high-impact workflow reviews. Log-in Fairs are underway to ensure that end-users have the necessary access to perform their duties, while Favourites Fairs offer short sessions for users to customize quick access to frequently used functions. Training is progressing well, with 66% of staff and providers trained as of November 4, and the remainder scheduled to be trained by Go-Live, keeping KHSC on track to meet the 90% training target.</p> <p>In the final weeks leading up to Go-Live, the focus is on organizing and executing Clinical and Technical Cutover, as well as preparing Command Centres. Clinical Cutover involves a coordinated, labor-intensive process in the days leading up to Go-Live to manually transfer any remaining patient data from legacy systems to the new system. Technical Cutover will ensure all technical components—such as end-user devices, interfaces, clinical equipment, and Tap-and-Go sign-on, etc.—are in place and tested against the production environment.</p> <p>Regional and local Command Centres, similar to KHSC’s Incident Command structure, will be established to manage Go-Live, addressing clinical workflow, infrastructure, and device-related issues swiftly. KHSC’s Command Centre will also oversee the deployment of Super Users, At-the-Elbow (ATE) support staff, and direct administrative and clinical leadership to maintain smooth operations. Given that guidance from the regional Lumeo team and Oracle Health has been high-level, KHSC has engaged third-party assistance to support this critical transition.</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

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:

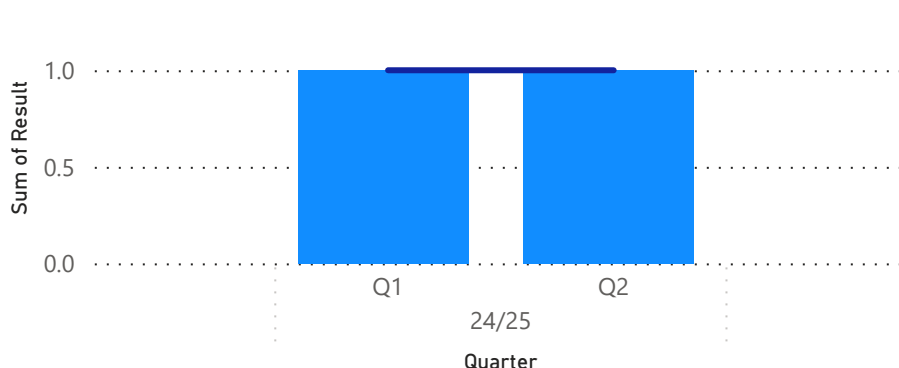
Indicator Information and Quarterly Performance

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 |
| 24/25 | Q2 | 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 ▾

Q2 ▾

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

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

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | <p>1. Describe the tactic(s) we are implementing to achieve this objective:</p> <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 respiratory 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

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

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 | Q2 | <p>A) COPD Nurse Navigator (KHSC) hired, trained and operational. CHF Physician Assistant hired, starting in November.</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) Working with Ontario Health atHome to establish escalation and de-escalation process for patients with CHF and COPD who are set up with remote care monitoring. Exploring possibility of data sharing agreement to support exchange of information to facilitate this process.</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 (see above) 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, hosted at Kingston Respiratory Services supported by the COPD Nurse Navigator.</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) On going review of records of patients presenting to ED with COPD or CHF from May-October 2024. Identified those without appropriate work-up and management.</p> <p>J) To provide protocols to LACGH COPD and CHF clinics, and train LACGH Nurse Practitioner. To start educational rounds with LACGH staff. Currently supporting the development of the COPD and CHF pathway nodes - community clinics in Napanee.</p> <p>K) Hired and embedded two Certified Integrated Disease Clinicians (Best Care) in 7 Health Homes across the region as a pilot. MOU established, another 4 Health Homes interested in the pilot.</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 HF Clinic, and eventually the COPD Rapid Access Clinic once established. Collection of PROMs in community will occur through Best Care 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 CME 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> |

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

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 | Q2 | Yes, we are on track to meet this objective. |

Corporate Strategy Performance Report:

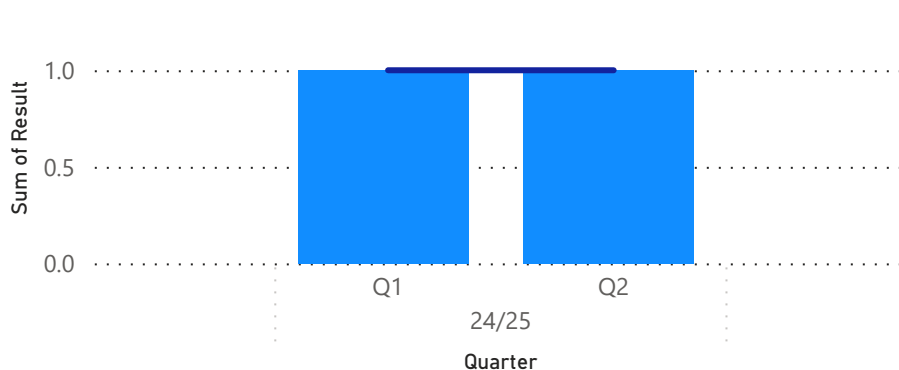
Indicator Information and Quarterly Performance

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

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

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 |
| 24/25 | Q2 | 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 

Q2 

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

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

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 | Q2 | 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. |

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 | Q2 | 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. We are also in the final phase of completing the revised affiliation agreement with Queen's University for Board approval in early 2025. |

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 | Q2 | Yes |

Corporate Strategy Performance Report:

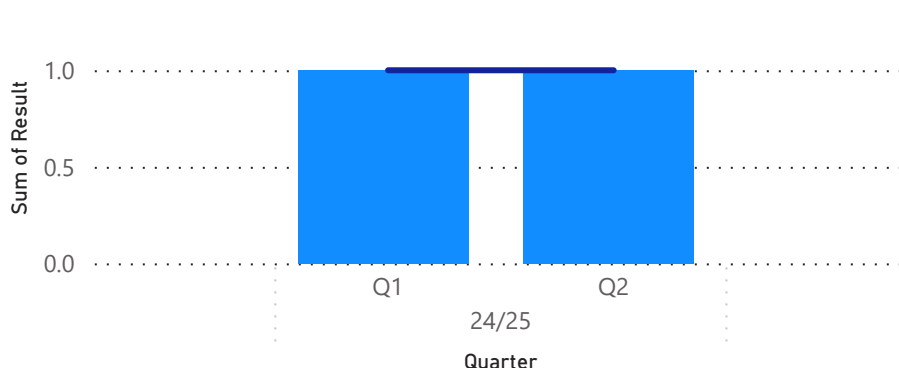
Indicator Information and Quarterly Performance

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

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

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 |
| 24/25 | Q2 | 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 

Q2 


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

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


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 | Q2 | Initial stakeholder engagement sessions have been completed. Working session to begin to develop RI strategic plan has occurred and included key stakeholders in partnership with an external consultant. Work to develop deliverables and milestones is scheduled for November. |

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 | Q2 | Team is on track to meet performance objectives. |

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 | Q2 | Team is on track to meet the objective by fiscal year end. |

Corporate Strategy Performance Report:

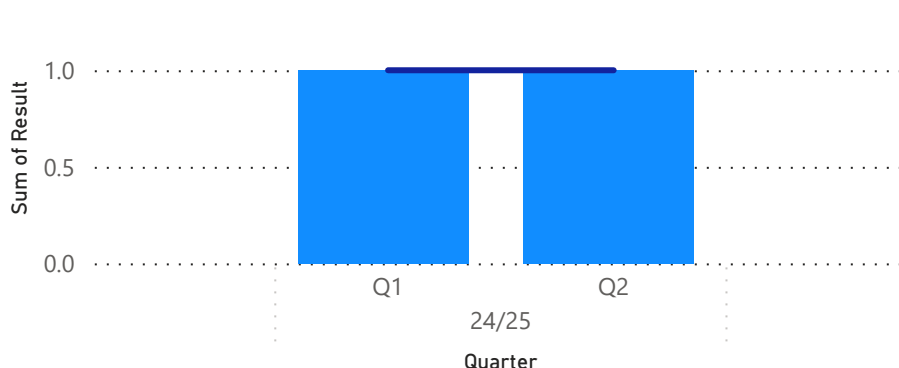
Indicator Information and Quarterly Performance

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

a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC

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 |
| 24/25 | Q2 | 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 

Q2 

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

a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC

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 | Q2 | <p>With an eye to equity in healthcare and the patchwork of initiatives, there is a necessity to develop an overarching framework to anchor inclusion work across the organization. The second quarter tactics included</p> <ul style="list-style-type: none"> Conducting an Internal Environmental Scan Launching an Inclusion, Diversity and Belonging Survey Developing KHSC Framework areas of focus and alignment Education Initiate Focus groups Stakeholder workshop(s) and engagement Data review Begin Drafting the Framework based on feedback |

numbers in plain language, focusing on the impact to patients and staff?

| Fiscal Year | Quarter | Commentary |
|-------------|---------|---|
| 24/25 | Q2 | <p>In the spirit of capturing the needs and desires in our local context, the approach leans into participatory community-based knowledge to inform our plan for KHSC. The internal community includes physicians, staff, volunteers as well as hearing from our external community who are impacted by the path KHSC takes. The tactic plan was created outlining the activities for the year with the Lumeo implementation in mind. A working session was held with internal participants who have varying accountabilities for advancing inclusion and are connected to initiatives across KHSC. Further conversations to advance the Indigenous Cultural Practices policy took place to hear what is important to the community and the current gaps. Individual consultations also occurred to further gather thoughts and feedback regarding a potential framework, gaps, priorities and guidance. The broader open inclusion internal community survey occurred in July with almost 600 participants and 500 full responses. This survey asked demographic questions for the first time. Results were reviewed and will contribute to the framework and action planning. Additional external consultations were scheduled for October. The foundations inclusion education eLearning course was developed and released which will begin to be assigned to new hires in the next quarter. Planning and analysis continue into Q3 including a visual draft of the framework.</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 | Q2 | Yes, we are on track. |