

fiscal
2024-2025 **Q3**
3rd quarter ended December 31, 2024

KHSCthis



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

	<u>Page</u>
Strategy Performance Indicator Status Summary	1
Strategic Direction 1	
Ensure quality in every patient experience	
Outcome: Make quality the foundation of everything we do	
Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target	2
Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target	3
Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs)	4
Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N	4
Outcome: Ensure smooth transitions in care for patients and families across our regional health care system.	
Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N	5
Outcome: Lead the evolution of people-centred care	
12 Patient stories shared with programs (4 through EDI lens)	7
Outcome: Create the space for better care	
Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N	8
Strategic Direction 2	
Nurture our passion for caring, leading, and learning	
Outcome: Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	
Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)	9
Outcome: Empower and develop our people	
Number of cross-training events that take place	10
Outcome: Develop confident, caring and capable leaders	
Number of new learning activities implemented	11
Strategic Direction 3	
Improve the health of our communities through partnership and innovation	
Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	
KHSC participates in Ministry-directed OHT initiatives Y/N	12
Lumeo project quarterly milestones specific to KHSC are met Y/N	13
Outcome: Discover and apply innovations that improve patient outcomes and make our communities healthy	
Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)	14

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 education meets quarterly milestones Y/N 15

Research strategy development 16

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

Plan to create an integrated inclusion framework meets quarterly milestones Y/N 17

Indicator Status Legend 18

Corporate Strategy Performance Report:

Indicator Quarterly Status Summary

Fiscal Year 

Multiple selecti... 

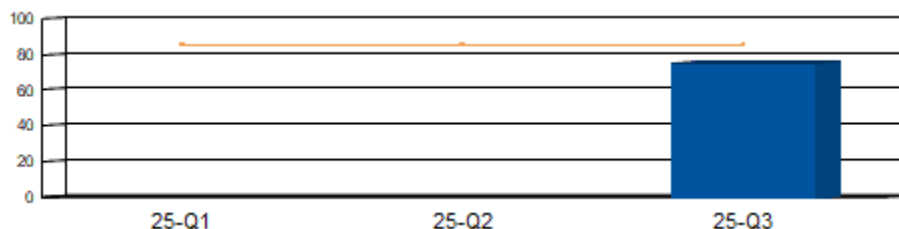
Strategic Direction	Fiscal Year	23/24			24/25		
		Q2	Q3	Q4	Q1	Q2	Q3
1. Ensure quality in every patient experience	12 Patient stories shared with programs (4 through EDI lens)				G	G	G
	Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target				G	G	Y
	Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target				G	G	G
	Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)				G	G	G
	Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N				G	G	G
	Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N				G	G	G
	Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs)				Y	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	G
	Number of cross-training events that take place				G	G	G
	Number of new learning activities implemented				G	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	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	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	G
	Research strategy development project meets quarterly milestones Y/N				G	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	G

Q3 FY2025 Strategy Performance Indicators Report

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 target



	Actual	Target
25-Q1		85
25-Q2		85
25-Q3	75	85

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

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.

Q3:

- Socialize selected Adoption KPI 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).
- Deploy pulse checks on end-user readiness and preparedness under the direction and guidance of Regional and Local Change Management teams.
- Act on feedback from pulse checks to tailor educational, change management, readiness, and training approaches to successfully prepare end-users for BCMA future state workflows.

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

End-user in-person classroom training completed between Sept - Dec 2024 which educated applicable end-users on how to perform barcode medication administration within the Millenium system. Program level socialization continued on new BCMA workflows applicable to different specialties and workflows across the organization. Readiness activities continued: regional and local workshops, change impact reviews with impacted leaders, leadership forums.

KHSC went live with Lumeo on Dec 7, 2024. Early adoption KPI data for the month of December showed approximately 75% conformance with BCMA. This early data is subject to review and removal of facility units not appropriate to be included in this indicator monitoring. Other factors influencing December results include: technical issues with handheld devices and wired/wireless barcode scanners, system network latency issues shortly after go-live, discrepancies or missing medications from the drug formulary, patient armband readability issues, and user error.

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

KHSC successfully met the training target of 90% of end-users trained on Millenium prior to go-live. Hitting this training target ensured that all applicable end-users that required training on barcode medication administration completed online learning journey(s) and the in-classroom training component of the training program.

Early adoption KPI data shows good uptake of this new workflow and with refinements to what units are included for monitoring and resolution of the early technical issues after go-live, there should be continued improvement seen in this indicator.

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

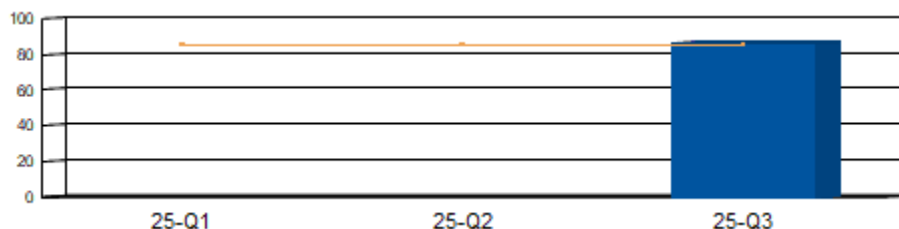
Target: Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

Q3 FY2025 Strategy Performance Indicators Report

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



	Actual	Target
25-Q1		85
25-Q2		85
25-Q3	86	85

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

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.

Q3:

- Socialize selected Adoption KPI 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).
- Deploy pulse checks on end-user readiness and preparedness under the direction and guidance of Regional and Local Change Management teams.
- Act on feedback from pulse checks to tailor educational, change management, readiness, and training approaches to successfully prepare end-users for CPOE future state workflows.

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

End-user in-person classroom training completed between Sept - Dec 2024 which educated applicable end-users on how to perform CPOE (order entry, medical directive usage, ordering using PowerPlans, communication orders, etc.) within the Millennium system. Provider and non-provider targeted socialization continued on new CPOE workflows applicable to different specialties and workflows across the organization. Readiness activities continued: regional and local workshops, change impact reviews with impacted leaders, leadership forums.

KHSC went live with Lumeo on Dec 7, 2024. Early adoption KPI data for the month of December showed approximately 86% conformance with CPOE. This early data is subject to review and removal of data sources not appropriate to be included in this indicator monitoring. Other factors influencing December results include: system network latency issues shortly after go-live, discrepancies or missing medications from the drug formulary, and user error.

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

KHSC successfully met the training target of 90% of end-users trained on Millennium prior to go-live. Hitting this training target ensured that all applicable end-users that required training on CPOE completed online learning journey(s) and the in-classroom training component of the training program.

Early adoption KPI data shows strong uptake of this new workflow and with refinements to data sources included for monitoring and resolution of the early technical issues after go-live, there should be continued improvement seen in this indicator.

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

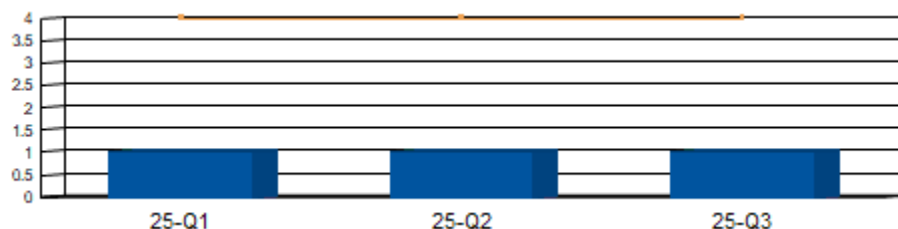
Target: Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

Q3 FY2025 Strategy Performance Indicators Report

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 Standards and all ROPs)



	Actual	Target
25-Q1	1	4
25-Q2	1	4
25-Q3	1	4

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

Standard and ROP self-assessments are being conducted in Q4 to ensure that they assess new workflows as a result of Lumeo.

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

The Governance standard self-assessment is complete. The remaining self-assessments are underway.

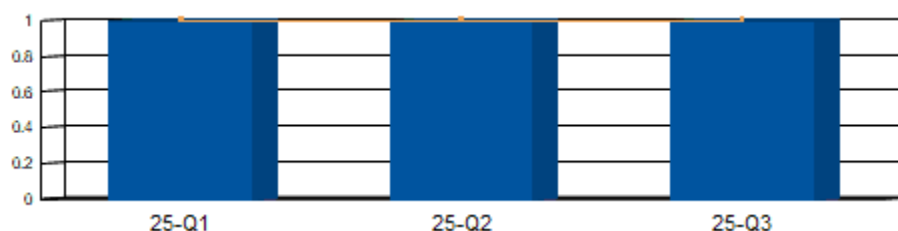
Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes

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

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

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



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

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

The budget deficit YTD at December 2024 is \$3.6M compared to a budgeted deficit of \$43.7M.

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

We are on track to continue the improvement of the deficit towards a breakeven operating position in 2024/25.

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

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

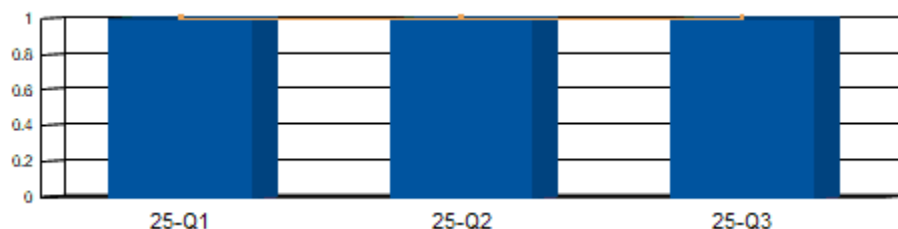
b. Ensure smooth transitions in care for patients and families across our regional health care system

Q3 FY2025 Strategy Performance Indicators Report

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)



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

- 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).
- 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.
- 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.
- 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.
- 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.
- 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). Implement new urgent CHF clinic (KHSC). Establish 2-week echocardiogram guarantee for patients on CHF pathway.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 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.

Q3 FY2025 Strategy Performance Indicators Report

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

- A) COPD Nurse Navigator, CHF Nurse Practitioner and CHF Physician Assistant all hired, trained and operational.
- B) Completed training care transition nurses at Hub site for CHF and COPD. Support established for node clinics in Napanee, rapid access clinics for CHF and COPD operational in January 2024.
- C) Continued discussions 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.
- D) Out-patient Nurse Practitioner (KHSC) hired for remote care monitoring, completed training, fully functional, resulting 50% increase in clinic capacity since March 2024. 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.
- E) Engaged in preliminary discussions about their resources and opportunities to support ICP work. Training scheduled for CHF, developing training materials for COPD with scheduling to follow.
- F) Oct 1st Implementing new template of increase CHF clinic throughput (25% increased capacity to see new patients). Implemented a new urgent CHF clinic at KHSC, decreasing the median wait-time by 61%. Implemented a new two-week echocardiogram guarantee for patients on the CHF pathway, established in response to community partners noting lack of echo access as major barrier to HF diagnosis. This was recognized by many PCPs and one family physician from Gananoque said the Urgent HF Clinic service facilitated the timely care for one of her elderly patients with heart failure. Dr. Ani Garg brought in doughnuts as a thank you to KHSC's Echocardiography Lab for their leadership, as shared in KHSCNow.
- 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.
- H) Established admission protocol for CHF patients with agreement between medicine, cardiology and ED. Defined criteria for urgent CHF clinic spots (within 2 weeks).
- I) Review of records of patients presenting to ED with COPD or CHF from May-August 2024 completed (196 COPD and 63 CHF patients). Follow up calls were arranged for all COPD patients, and Nuse Navigator was able to see 62% of these patients (others were no response or declined). 37% of patients seen by Nurse Navigator received recommendations for medication optimization. CHF data being reviewed. Delays in receiving data from pre-Lumeo and immediately post-Lumeo as the organization adjusts to new workflows. ED visit data not available from November 1 onward for Q3.
- J) Provided protocols to LACGH COPD and CHF clinics, and trained LACGH Nurse Practitioner. Planning educational rounds with LACGH staff. Supported the development of the COPD and CHF pathway nodes - community clinics in Napanee.
- K) Hired and embedded two Certified Integrated Disease Clinicians (Best Care) in 8 Health Homes (10 sites) across the region. MOU established to provide service to September 2025.
- L) Working with OH PRM implementation team to establish workflows at KHSC for CHF/COPD PROM collection, moving toward workflow implementation at KHSC Heart Function Clinic, and within Dr. Fitzpatrick's clinic. Collection of PROMs in community will occur through Best Care pilot. Original implementation date scheduled: March 10th. Significant delays to implementation expected due to election cycle, placing OH team in care-taker mode.
- 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. Continuing to educate health care providers across the region 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.

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

Yes, please see targets and status for each activity, below.

- A) Target Launch: Sep 2024 Activities Status: Complete
- B) Target Launch: Sep 2024 Activities Status: Complete
- C) Target Launch: Dec 2024 Activities Status: In Progress
- D) Target Launch: Sep 2024 Activities Status: Operational – enrolled 10/25 patients.
- E) Target Launch: Mar 2025 Activities Status: In Progress
- F) Target Launch: Oct 2024 Activities Status: Complete
- G) Target Launch: Dec 2024 Activities Status: Complete
- H) Target Launch: Sep 2024 Activities Status: Complete
- I) Target Launch: Aug 2024 Activities Status: Complete
- J) Target Launch: Oct 2024 Activities Status: Complete
- K) Target Launch: Oct 2024 Activities Status: Complete
- L) Target Launch: Mar 2025 Activities Status: At risk
- M) Target Launch: Oct 2024 Activities Status: Complete

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

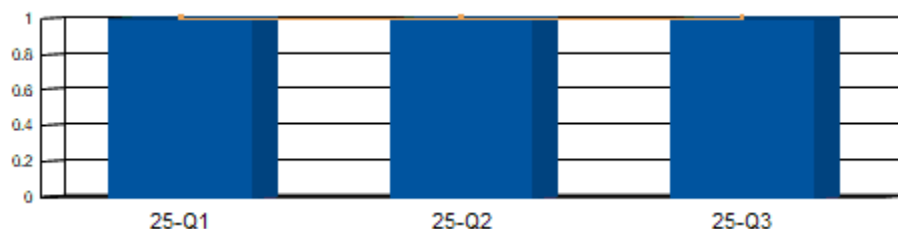
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow: Blank = in progress, Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

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)



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

Advance the principles of people-centred care by sharing peoples' care experiences at all levels of the organization by sharing 12 patient stories with programs including 4 through an 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

In Q3 3 patient stories were recorded and shared. A patient story was presented at the October PCQC meeting sharing a patient perspective on a complex patient's ambulatory care experience and at the November PCQC meeting a parent shared her and her family's experience with the KidsInclusive program as someone living outside of Kingston. An additional story was recorded to be shared with KidsInclusive by a parent who has an ongoing relationship with the program. Patient story shared at 6 new employee welcome sessions.

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

We are on track to meet the objective by year end with 8 of 12 stories completed at end of Q3.

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

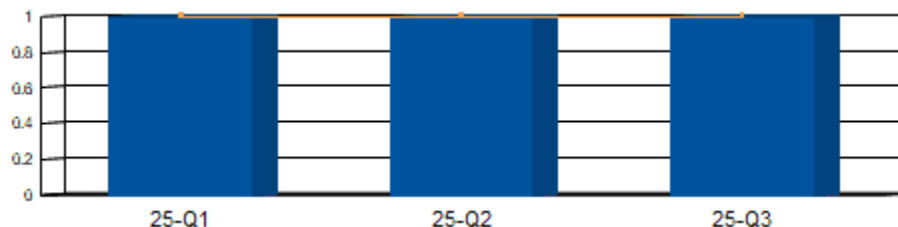
Target: Target 24/25: 100% Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 2. Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1:1, Q2: 2, Q3: 3, Q4: 4

Q3 FY2025 Strategy Performance Indicators Report

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



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

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

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

Definition: EVP - Anand
MRP - Anand
REPORTING COMMITTEE - People, Finance & Audit Committee

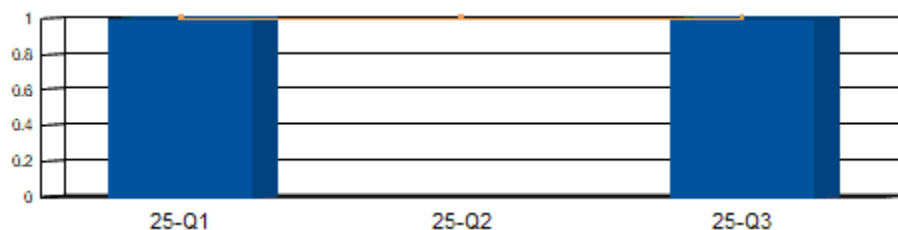
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

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

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



	Actual	Target
25-Q1	1	1
25-Q2		1
25-Q3	1	1

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

Q3 tactics were to document the Psychological Health and Safety (PHS) organizational risk assessment, identify key areas for strategic focus and possible actions that could be taken for improvement, and begin to draft the PHS strategic framework.

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

In Q3 the findings from the psychological health and safety (PHS) organizational risk assessment were synthesized, and the tactic team identified themes that were common across the multiple areas assessed and began brainstorming on actions that would begin to address the identified areas of psychosocial risk. Work to draft the PHS Strategic framework, strategic outcomes, and action plan began.

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

Yes, we are on track to achieve the objective with a plan to finalize and obtain endorsement early in Q4.

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

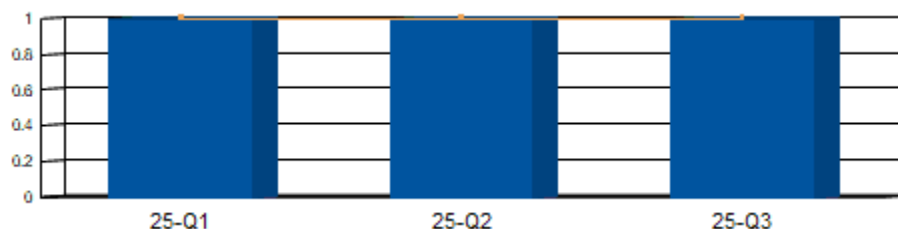
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

b. Empower and develop our people

Indicator: Number of cross-training events that take place



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

A Trauma Nursing Core Course was offered in November 2024 in order to provide upskilling of nursing staff in emergency medicine, critical care and inpatient medicine surgery to develop skills in the care of a trauma patient. Pediatric Advanced Life Support (PALS) training was further offered in this quarter to support adult-trained nursing, respiratory therapy and anesthesia assistant staff in caring for the pediatric patient population. Finally, Advanced Cardiac Life Support was offered on a routine basis throughout this quarter to support nursing and allied health training in advanced life support.

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

11 RNs and 1 CLS from across the organization completed the TNCC program. 5 PALS training sessions were held and captured 29 staff from across the organization including RNs, RPNs, AAs, and RTs. Staffing receiving the training were from the ED/UCC, OR, REPO, Critical Care and NICU. For ACLS, three education sessions were held and 15 staff attended. The majority of the participants were RNs with the exception of one NP and one CLS. Staff who attended primarily worked in Critical Care, PACU, inpatient Medicine/Surgery, ED/UCC and Repo.

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

Yes, we are on-track to meet this year's objective.

Definition: EVP - Hann
MRP - Mitchell
REPORTING COMMITTEE - Patient Care & Quality Committee

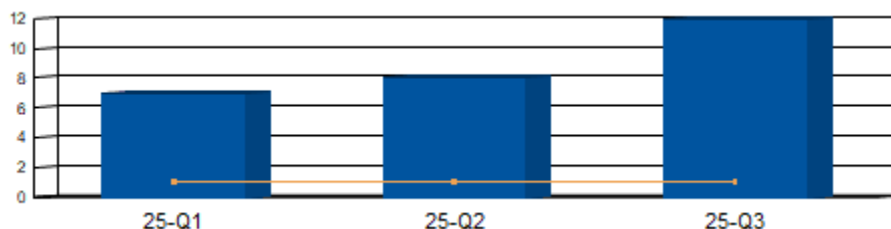
Target: Target 24/25: 100% (4 events) Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 1, Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1: 1, Q2: 2, Q3: 3, Q4: 4.

Q3 FY2025 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

c. Develop confident, caring and capable leaders

Indicator: Number of new learning activities implemented



	Actual	Target
25-Q1	7	1
25-Q2	8	1
25-Q3	12	1

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

With a continued healthcare worker shortfall, it has been imperative we continue to focus on retention and equipping internal talent to progress to future roles and increasing access to opportunities.

Third quarter tactics planned were to:

Design microlearning and mock simulations for pain points

Update PA/PDP eLearning to enhance conversation aspect and level of detail

Make roles and skills sets required more visible

Develop career pathing draft

Develop/explore self-assessment tools

Design education successions for Directors (and above) around performance development

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

The on-demand program designed for new people leaders under the banner 'This is How People Leaders...' continues to grow (now 15 courses) which includes a micro learning support Managing the Performance Agreement and Development process, and Self-care for moving through change. Our library of eLearning expanded with the 'Big Idea Series' that focuses on thought leaders and knowledge such as nurturing ideas, career development, effective listening, getting it done and harnessing emotions. KnowledgeNow offerings also increase to target new and aspiring leaders under the 'Reach' category. These included overcoming career roadblocks, developing a professional network, building relationships and obtaining a mentor. Communication and discussion have occurred at focused leader meetings. Self-assessment tools have been explored and work has continued behind the scenes related to role clarity and career paths. Succession plans and a targeted offering for aspiring leaders will be an area of focus for Q4.

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

Yes, we are on track and achieved the objective.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

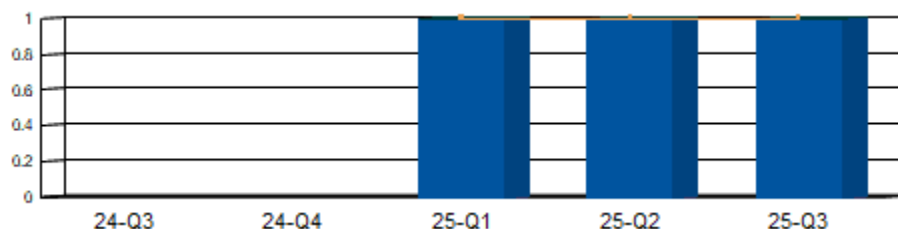
Target: Target 24/25: 100% (4 events) Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4: 3, Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1: 1, Q2: 2, Q3: 3, Q4: 4.

Q3 FY2025 Strategy Performance Indicators Report

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

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

Indicator: KHSC participates in Ministry-directed OHT initiatives Y/N



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

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

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.

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, 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.

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

The 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 2024, Health Homes in the FLA region attached 13,000 new people to primary care. The FLA OHT submitted their 24-25 Operational Plan, where key metrics aligned with these provincial priorities were outlined, and KHSC as identified as a key partner for the ICPs, system navigation, palliative care, integrated mental health and substance use health, home care readiness, and the digital 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 me

Yes – staff across the aforementioned departments across KHSC remain engaged with the FLA OHT work, participating in working groups and contributing to FLA OHT initiatives.

Definition: EVP - Fitzpatrick
MRP - Fitzpatrick
REPORTING COMMITTEE - Governance

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

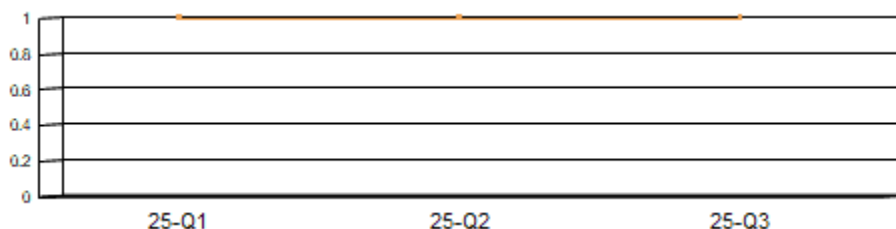
Prior Targets:
Target 23/24: 100% Perf. Corridor: Red <70%, Yellow >70% and <79%, Green >80%

Q3 FY2025 Strategy Performance Indicators Report

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

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

Indicator: Lumeo project quarterly milestones specific to KHSC are met Y/N



	Actual	Target
25-Q1		1
25-Q2		1
25-Q3		1

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

Working closely with the Regional Lumeo team, prepare KHSC for the implementation of a Regional HIS (Oracle Health Millennium)

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

The Lumeo Regional Health Information System (RHIS) went live as scheduled on December 7, 2024, at 6:42 AM, representing a significant achievement for all six partner hospitals. KHSC's local command centre supported by the local Lumeo Core Project team, clinical operational leaders, physician leaders, patient safety, quality and risk and professional practice teams, as well as third-party experts proved highly effective in tracking, managing and resolving reported issues.

Oracle Health and third-party consultants commended the system's rollout, emphasizing the enthusiastic adoption by staff and physicians and an exceptionally low number of technical issues compared to similar implementations.

Since go-live, priority issues continue to be identified and escalated both locally and regionally for investigation and resolution. High-impact and complex issues have been managed through the creation of either regional or local SWAT teams to work through issues, identify break/fixes or push change requests through to the Regional Change Control Board for approval and system re-work. An example of a successful SWAT outcome is the recent reversion to MUSE, our pre- go-live Cardiology Information System, when the Oracle Health cardiology system equivalent was not meeting the needs of local organizations and their Cardiology providers.

Areas of concern for KHSC continue to be Oncology, Pharmacy, Lab and Diagnostic Imaging. Significant challenges remain related to system build issues, integration with local systems, and the absence of PowerPlans, Order Sets and/or PowerTrials resulting in increased human resources and daily workarounds to compensate for system deficiencies and to be able to continue to provide timely patient care. External reporting also remains an organizational-wide top issue, as to date there has been a lack of progress on this issue and there are considerable concerns locally of both the financial and reputational risk not resolving this issue carries.

As end-users have gotten more comfortable and knowledgeable in the new system, naturally there has been an increase in service tickets and change requests. The Regional ServiceNow ticket system depicts approximately 2,000 open tickets, with an overall ticket volume since go-live of approximately 14,000. There continues to be a need for improvement in communication back to end-users surrounding issue resolution, and applicable timelines for seeing issues or changes reflected in the system. KHSC is working across the organization with leaders to prioritize issues to help the Regional Lumeo team focus on priority items.

Lastly, there is now focus on designing an informatics sustainment program at KHSC that will align with the Regional Governance structure. This program would help define and structure local governance for Lumeo related issues and priorities, sustain Lumeo-related training efforts, oversee local optimization prioritization and activities, and build clinical informatics knowledge and expertise across the organization.

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

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

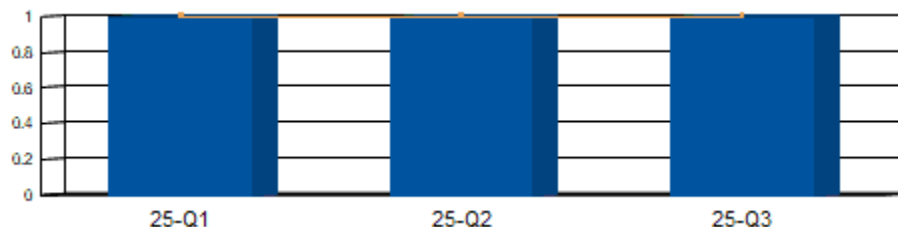
Target: Target 24/25: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

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



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

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

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

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

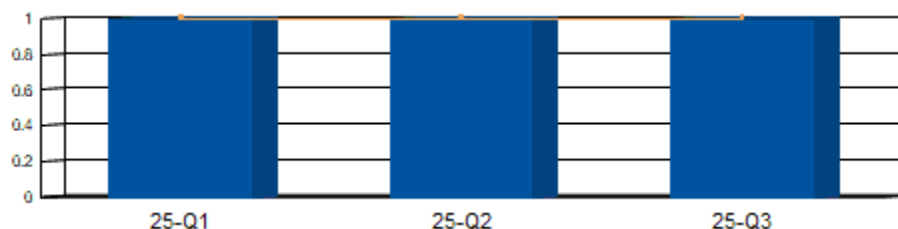
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

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

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

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



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. 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

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 me

Yes

Definition: EVP - Gillies
MRP - Gillies
REPORTING COMMITTEE - People, Finance & Audit Committee

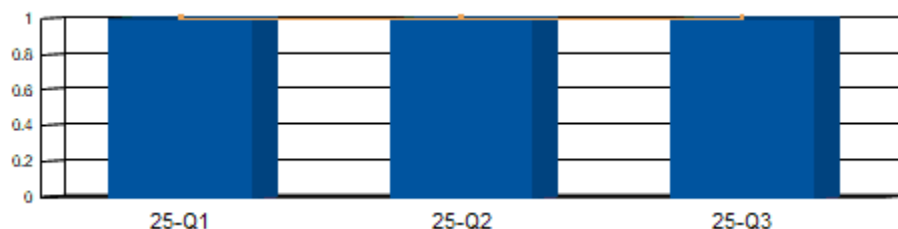
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress, Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

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

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

Indicator: Research strategy development project meets quarterly milestones Y/N



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

Work on the formal strategic plan for the Research Institute continues to move forward. The team is balancing the formal renaming, rebranding and strategic plan concurrently which may impact the formal delivery of the strategic plan by end of fiscal 2025. Delivery may be delayed to end of Fiscal 2026 Q1.

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

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

Definition: EVP - Smith
MRP - Smith
REPORTING COMMITTEE - Research

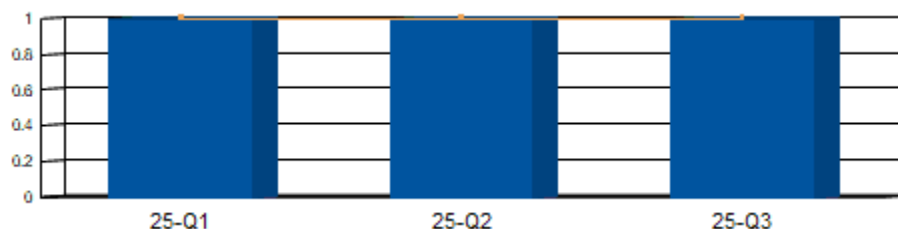
Target: Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Q3 FY2025 Strategy Performance Indicators Report

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



	Actual	Target
25-Q1	1	1
25-Q2	1	1
25-Q3	1	1

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

With an eye to equity in healthcare and the patchwork of initiatives across KHSC, there is a necessity to develop an overarching framework to anchor inclusion work across the organization and ensure we are working on the gaps identified. The third quarter tactics continued that path with additional elements including

Framework iteration

Design graphic/develop branding

Interest holder Reviews

Edits/Adjustments to Model Based on Feedback

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

The interest holder feedback sessions wrapped up in the third quarter (Q3) to ensure we had needs and desires in our local context in the spirit of co-creation. We hosted a focused session with our external Francophone community to understand current challenges and future areas of focus. Lumeo implementation took place organization wide leading us to have focused internal conversations to advance the integrated framework design and components. A draft was created which continues to receive feedback to further iterate the design. The Indigenous Cultural Practices policy further consultations also occurred to gather additional thoughts and feedback. The Foundations inclusion education eLearning course was released and assigned to new hires as mandatory learning in November. The course covers a base level of diversity, equity and inclusion and touches on unconscious bias, creating awareness and safe spaces, being an active ally, pronouns, microaggressions, privilege, tools for calling out and disrupting bias. Communications consultations and planning will continue into Q4 to finalize the integrated framework.

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

Yes, we are on track.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

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

Q3 FY2025 Strategy Performance Indicators Report

Status:

N/A

Currently Not Available



Green-Meet Acceptable Performance
Target



Red-Performance is outside
acceptable target range and require



Yellow-Monitoring Required,
performance approaching