

fiscal
2019-2020 **Q3**
3rd quarter ended December 31, 2019

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

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Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)	5
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Outcome: Create the space for better care

Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones	9
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Strategic Direction 2

Nurture our passion for caring, leading, and learning

Outcome: Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

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Improve the health of our communities through partnership and innovation

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Q3 FY2020 Strategy Performance Indicators Report

Strategic Direction	2020 Goal	Indicator	19-Q3	19-Q4	20-Q1	20-Q2	20-Q3
Ensure quality in every patient experience	Make quality the foundation of everything we do	Data infrastructure project meets quarterly milestones	N/A	N/A	G	G	G
		ED wait time for inpatient bed per quarter (QIP Based)	N/A	N/A	R	R	G
		Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)	N/A	G	G	G	G
		Mobilization strategy project meets quarterly milestones (QIP Based)	N/A	N/A	G	G	G
		Generate surplus to support capital requirements	N/A	N/A	G	G	G
		Expenses not to exceed revenue	G	G	G	G	G
	Lead the evolution of patient- and family-oriented care	Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones	N/A	N/A	G	G	G
Nurture our passion for caring, leading, and learning	Create the space for better care	Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones	N/A	N/A	R	G	Y
	Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Percent of Engagement plans completed	N/A	N/A	G	G	Y
Improve the health of our communities through partnership and innovation	Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Number of workplace violence incidents reported per twelve month period	N/A	N/A	G	G	G
		Health Information System (HIS) project meets quarterly milestones	N/A	N/A	G	G	G
Launch KHSC as a leading centre for research and education	Foster a culture of teaching, learning, research and scholarship	Integrated Care Delivery System (ICDS) tactics meet quarterly milestones	N/A	N/A	G	G	G
		Joint venture tactics meet quarterly milestones	N/A	N/A	Y	Y	Y

		Indicator	19-Q3	19-Q4	20-Q1	20-Q2	20-Q3
		Monitoring feedback from undergrad/ postgrad students about their placements at KHSC	N/A	N/A	G	G	G
		Advisory committee development meets quarterly milestones	N/A	N/A	G	G	G

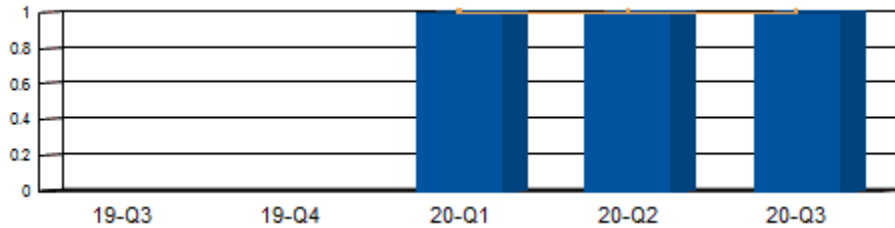
	SPR				SAA			
	F20				F20			
	Q1 %	Q2 %	Q3 %	Q3 #	Q1 %	Q2 %	Q3 %	Q3 #
R	13%	7%	0%	0	42%	30%	23%	16
G Y	87%	93%	100%	15	51%	61%	70%	48
N/A	0%	0%	0%	0	7%	9%	7%	5
				15				69

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Data infrastructure project meets quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Roadmap is ready, 3 year strategy plan is ready, working on total cost of operation (TCO) with consulting partner.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Working on understanding the TCO.
Engage business and clinical leaders to validate the user cases.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Troy Jones REPORT: Strategy Performance Report

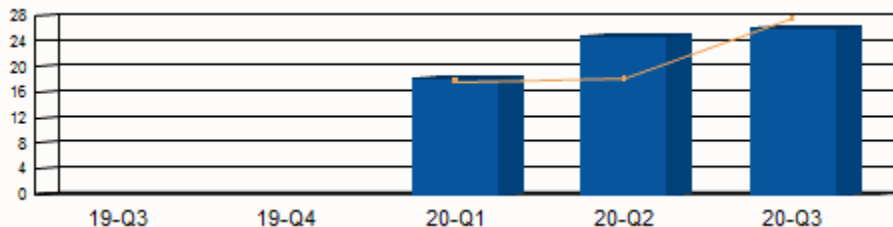
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: ED wait time for inpatient bed per quarter (QIP Based)



	Actual	Target
19-Q3		
19-Q4		
20-Q1	18.3	17.6
20-Q2	24.7	18.1
20-Q3	26.1	27.5

Describe the tactics that were implemented in this quarter to address the achievement of the target:

We continue to work on flow through the ED, early initiation of care, use of fast track areas where those that don't need a stretcher can be seen. Working with a Quality improvement team to identify tactics to further support decreasing time to bed. We have implemented and use over capacity protocols to assist in moving patients to inpatient units and the use of non-traditional spaces when appropriate.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

This indicator measures the time interval between the decisions to admit occurs and the time the Patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room. This is measured in hours using the 90th percentile, which represents the maximum length of time that 90% of patients admitted from the ED wait for an inpatient bed or an operating room. This means that once a decision to admit has occurred the wait for an inpatient bed is 26.1 hours. This is a 1.4 hour increase from our previous quarter. This is reflective of the hospital over all capacity being frequently over 100% and the volume of patients arriving at the ED. We collect and monitor the number of patients that at midnight each night are waiting for an in-patient bed. The last quarter on average 489 people per month are waiting at midnight in the ED for an inpatient bed.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are not on track; we are in danger of increased wait times. We are working with internal departments looking at flow and over capacity protocols, use of MSAP clinics (Physicians in house can book patients at clinic to be seen at short notice and divert from ED) as well supporting external partners in new initiatives (Police and the COAST model: mental health workers with police, diverting those that do not need to be seen in the ED). We work with internal and external partners to optimize all bed-space traditional and not with-in the hospital.

Definition: DATA: Decision Support - Dave Tuepah COMMENTS: Carol McIntosh EVP: Mike McDonald REPORT: Strategy Performance Report

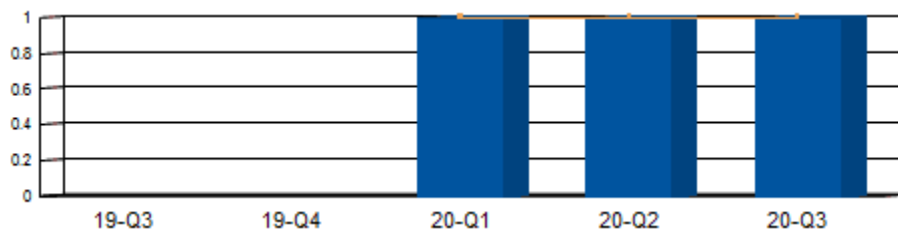
Target: Target 19/20: Q1: (17.6, Q2: 18.1, Q3: 27.5, Q4: 20.8), Red (Q1: > 17.9, Q2: > 18.4, Q3: > 28, Q4: > 21.2), Yellow (Q1: 17.7 - 17.9, Q2: 18.2 - 18.4, Q3: 27.6 - 28, Q4: 20.9 - 21.2), Green (Q1: <= 17.7, Q2: <= 18.2, Q3: <= 27.6, Q4: <= 20.9)

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

In Q3 we:

- Continued to pursue necessary technical build and IT requirements to be able to run the automated HOMR algorithm, enable notifications, and display mHOMR score in PCS. Specific project components were tasked to one individual who was subsequently reassigned temporarily to another department, causing a temporary delay in implementation. Since then, additional time has been secured for the same individual to complete the required tasks by March 31, 2020.
- Refined the Driver Diagram (AIM, primary and secondary drivers, and change ideas).
- Confirmed the 'intervention', which will consist of the following activities (and documentation of):
 - Assess patient symptoms using 'ESAS-R' (Edmonton Symptom Assessment System, Revised) and address as appropriate for the patient, and/or consult palliative care team
 - Assess patient/caregiver readiness to discuss advance care planning and goals of care with a member of the clinical team (4-item Advance Care Planning Engagement Survey)
 - Hold a Serious Illness Conversation
 - Link with home and community care coordinator for further assessment and resource matching prior to discharge (for patients expected to return home).
- Interviewed and recruited two Patient and Family Advisors to join the Palliative Quality Improvement team.
- Continued discussions with the KHSC Advance Care Planning group regarding best practices associated with advance care planning discussions, the intersection with goals of care conversations, and documentation. While earlier agreement was reached on pairing these concepts together, further discussion is needed regarding the tools by which the conversations will be documented. The practice of using a Goals of Care Designation Form (GOCDF), which would communicate a medical order, was explored. The GOCDF was shared with Hospice Palliative Care Association (HPCO) for their review to ensure it complies with Ontario legislation.

Background:

Offering patients a palliative approach to care earlier in their journey - and at critical junctures along the way (for instance, during a hospitalization) - gives the patient and their care network the ability to clarify and update their values and wishes. In turn, this enables care providers to inform, plan, monitor, and evaluate that the care provided during their hospitalization is consistent with patients' wishes, and ultimately improve the quality and timeliness of care.

This year we are introducing a validated tool within an automated electronic platform to enable real-time identification of patients who, at the time of admission, have an elevated risk of dying within the next twelve months. Simultaneously, a core care team (along with patient advisors) will develop a prototype for the consistent approach to care. Finally, a training schedule will be developed that will ensure care providers (physicians, nurses, and allied health as required) can confidently carry out the care protocol.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

The mHOMR score trigger will be set to a threshold of 45-50% to identify approximately 10% of admissions to internal medicine units C and D (Connell 9 and Connell 10) as of April 1, 2020.

The calculation of mHOMR scores in PCS will trigger a notification to clinicians automatically to prompt a consistent intervention (symptom assessment, readiness to discuss advance care planning with a clinician, the serious illness conversation, and linkage with home and community care coordinator). Documentation of intervention components will be captured as per current documentation standards.

The impact will be that more patients/caregivers will receive proactive, robust, care planning and a consistent palliative approach to care that is in keeping with their goals and wishes.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track to deliver on all our planned milestones by the end of Q4

Definition: DATA: Decision Support - Jessy Donelle COMMENTS: Lori Van Manen EVP: Brenda Carter REPORT: Strategy Performance Report

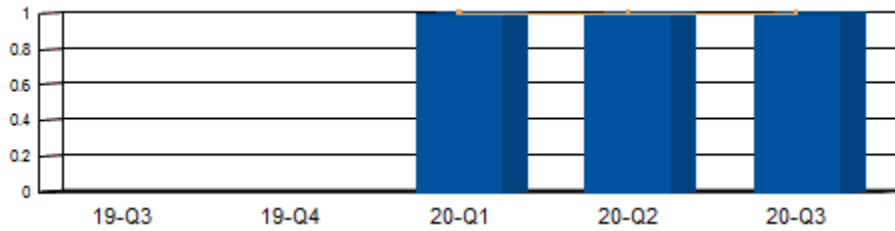
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Mobilization strategy project meets quarterly milestones (QIP Based)



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

This quarter we have continued to engage in coaching to improve quality improvement skills. We launched the ALC risk tool to physician group. PDSA shows that this will need to be moved to another group doing this assessment. We are currently engaging stakeholders to see how this tool could be used to communicate the risk. We engaged front line providers to determine barriers to mobilization. We are currently working on PDSA and plans to reduce these barriers. We continue to work towards a pilot.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We continue to increase the urgency needed for patient mobilization and work towards metrics that will demonstrate success.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target of development of a plan for increased mobilization this quarter. We cannot attribute the work to a decrease in ALC at this time.

Definition: DATA: Decision Support - David Barber COMMENTS: Leanne Wakelin EVP: Mike McDonald REPORT: Strategy Performance Report

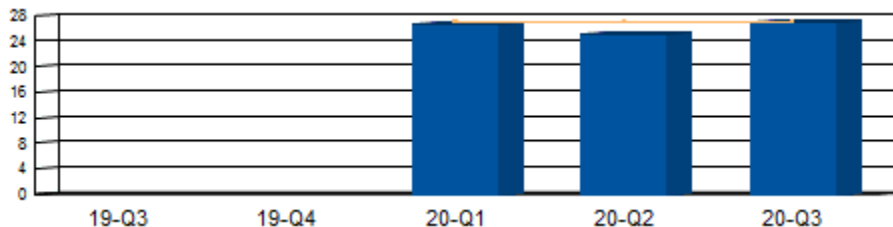
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Generate surplus to support capital requirements



	Actual	Target
19-Q3		
19-Q4		
20-Q1	26.6	27
20-Q2	25.0	27
20-Q3	27.0	27

Describe the tactics that were implemented in this quarter to address the achievement of the target:

We are on target to successfully achieve the goal.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We have maximized the use of the UHKF funds to increase the KHSC ability to meet its capital requirements.

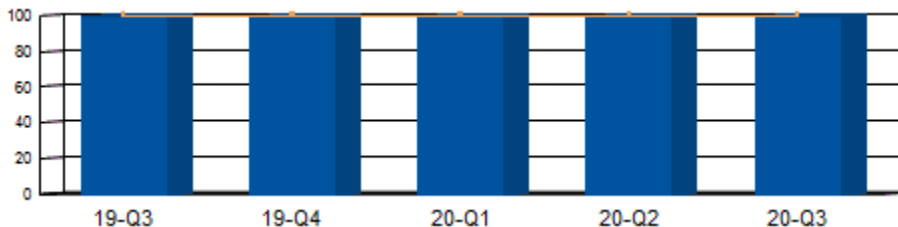
Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Amit Bansal REPORT: Strategy Performance Report

Target: Target 19/20: 25M , Red < \$ 15M, Yellow \$15 - 20M, Green \$20 - 25M

Indicator: Expenses not to exceed revenue



	Actual	Target
19-Q3	100	100
19-Q4	100	100
20-Q1	100	100
20-Q2	100	100
20-Q3	100	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Management undertook steps to ensure that staffing and operating expenses incurred were within the updated budgeted allocation.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Patient revenue from other payers favourable to budget and assisting to balance the budget.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Amit Bansal REPORT: Strategy Performance Report

Plan for and achieve an Annual Balanced Budget for Multi-sector Service Accountability Agreement (MSAA) programs.

Target: Target 19/20: TBD Red TBD Yellow TBD Green TBD

Prior Targets:

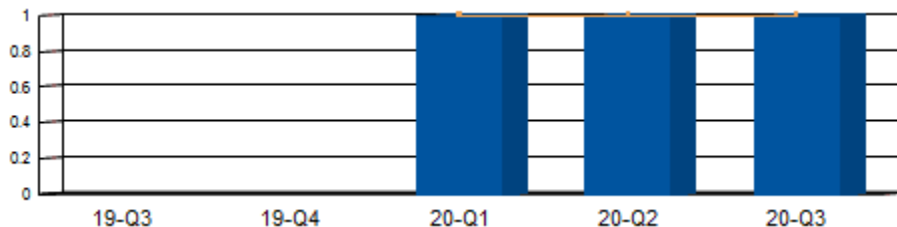
Target 18/19: 100% Red <90% Yellow 90% - 99% Green 100%

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Lead the evolution of patient- and family-oriented care

Indicator: Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The PFCC plan is on track with solid patient engagement built into operations at KHSC, the bundled care programs and the development of OHT. Significant effort internally to refresh the understanding of PFCC and to support patient advisors on OHT Steering Committee. Renal PFAC is undergoing renewal and has elected new patient co-chair. Advisors participated in Conquer Silence patient safety walkabouts with staff. Advisors participated in Talking Circle with Indigenous Guidance Group to help inform work on Burr 4. PFCC profiled at all new staff orientation and Knowledge Exchange held about learning from PFCC workshop. Advisors actively engaged in OHT work (steering committee and engagement activities) including process of developing OHT application and work is underway re: engagement sessions in the year-1 priority population area of FL&A. Patients supporting bundled care pathways. In Q3, pilot KHSC@home program launched. Patients involved in evaluation and adaptation of this program, and in planning for new patient populations. Patient tracer concept for bundled care pathways in development as way to engage patients in helping drive improvements.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

All three streams of internal focus on PFCC, development of OHT application, and launch of bundled care pathways and KHSC@Home program on track as noted above. Patients are full and active participants in driving change, improvements and priorities related to all three streams of work.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

There is a high degree of confidence that all plans will fully meet milestones by end of Q4.

Definition: DATA: Elizabeth Bardon COMMENTS: Elizabeth Bardon EVP: Elizabeth Bardon REPORT: Strategy Performance Report

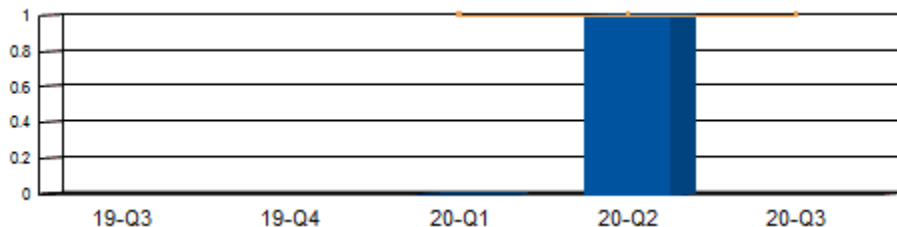
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Create the space for better care

Indicator: Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	0	1
20-Q2	1	1
20-Q3		1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The RFP process concluded with the Evaluation Committee naming a first ranked proponent on December 10th. It is anticipated that the contract negotiations will conclude in Q4 January and the development of Project Specific Output Specifications will commence in February.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Performance is classified as yellow as the development of PSOS did not comment in Q3 as planned. This process will begin in Q4 and completion is subject to the proponent's schedule.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, however PSOS work will commence in Q4, instead of Q3, and will continue into F21 as planned. The date to complete the PSOS work and post the Design Build Finance RFP is subject to discussions with the PDC proponent and ongoing schedule discussions with Infrastructure Ontario.

Definition: DATA: Krista Wells Pearce COMMENTS: Krista Wells Pearce EVP: Krista Wells Pearce REPORT: Strategy Performance Report

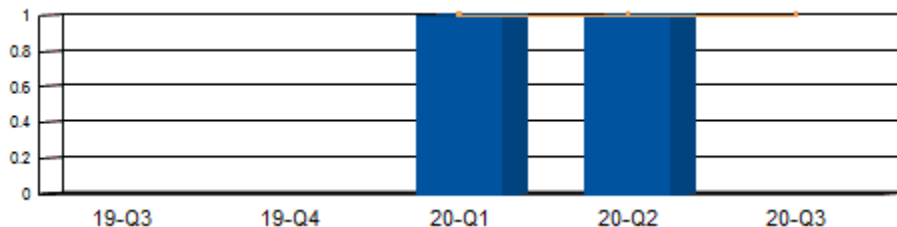
Target: Target 19/20: 100% , Red < 65%, Yellow 65 - 89%, Green >= 90%

Q3 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

Indicator: Percent of Engagement plans completed



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3		1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The communication training for leaders rolled out in Q3 through Leadership Days. These consisted of segments on improving engagement, communication, and understanding the current and legacy missions of KHSC. One Leadership Day was postponed due to the focus on budget, however 2 sessions occurred. 41 positional leaders attended during the quarter. Team engagement action plans began to be solidified with about 40% submitted. This is a dynamic number given there were still decisions regarding how the teams were defined for action planning purposes. Leadership Experience survey results and engagement action planning occurred at a Leaders Connection in October. Several group discussions occurred with some takeaways for consideration.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Engagement is a key driver of organizational performance. Research tells us that the top 10% of employers with engaged workforces had higher ratings for employees understanding the rationale behind most of the business decisions made by senior management, feeling more recognized, empowered and are more aligned to the culture and believe the mission is aligned to client needs. Given the amount of change experienced post integration, healthcare challenges with volumes, increasing complexity, limitations and rising expectations, having engaged staff is critical to improving patient experience, productivity and outcomes. Results from the recent employee Experience Survey demonstrated that we are not where we want to be as an organization and there are specific areas for improvement to be addressed that can be facilitated via better communication.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yellow- At this time we may need to add another Leadership Day based on the current sign up for Leaders. We have met with senior management to assist in driving the need for Team Action plans to be completed, and are deploying Advisors to reach out to leaders who are outstanding.

Definition: DATA: Micki Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: Strategy Performance Report

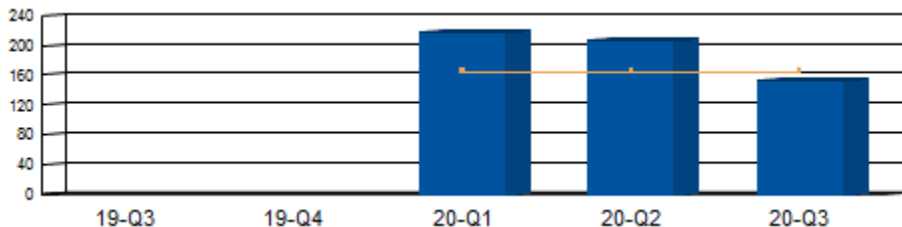
Target: Target 19/20: 80%, Red < 55%, Yellow 55 - 79%, Green >= 80%

Q3 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

Indicator: Number of workplace violence incidents reported per twelve month period



	Actual	Target
19-Q3		
19-Q4		
20-Q1	219	165
20-Q2	207	165
20-Q3	153	165

Describe the tactics that were implemented in this quarter to address the achievement of the target:

5 out of 6 of our deliverables from our QIP Workplace Violence Action Plan were on track at the end of Q3; the one item that is delayed relates to auditing of the completion of Risk Reduction Plans (RRPs) for patients with a BCA. This work will be done as part of the trial of the revised RRP package on Burr 4 and Connell 3 in January/Feb.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Lower performance in Q3 as compared to first half of the year, despite our launch of our workplace violence campaign across KHSC in November. Lower incident reporting can possibly be attributed to improved use of RRP's and subsequently fewer behavioural escalations toward staff. The 153 staff affected in the 109 incidents included 130 employees and 23 affiliates; of these, we had 46 near misses reported, 91 incidents where staff were not injured, 16 where staff reported being injured with two of these resulting in health care treatment. There were no WSIB lost time injury claims in Q3.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes; in Q4 we are looking at mechanisms to continue to use the tools created for the Q3 awareness campaign to promote and spread awareness.

Definition: DATA: Joanna Noonan COMMENTS: Joanna Noonan EVP: Sandra Carlton REPORT: Strategy Performance Report

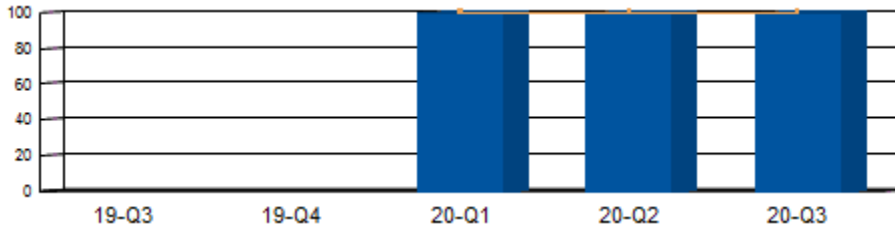
Target: Target 19/20: 165 incidents, Red < 107 incidents, Yellow 107 - 148 incidents, Green >= 149 incidents

Q3 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

Indicator: Health Information System (HIS) project meets quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	100	100
20-Q2	100	100
20-Q3	100	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The fourth stage of the HIS RFP evaluation is complete and a preferred proponent has been identified based on the cumulative results of the entire RFP evaluation process. The project steering committee and hospital senior leadership teams have been notified of the results. The project team is finalizing board packages and have scheduled meetings with hospital boards to support the negotiations approval process in Q4.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

The project is currently on track based on schedule, scope and budget.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target of selecting a preferred vendor by year end.

Definition: DATA: Dino Loricchio COMMENTS: Dino Loricchio EVP: Troy Jones REPORT: Strategy Performance Report

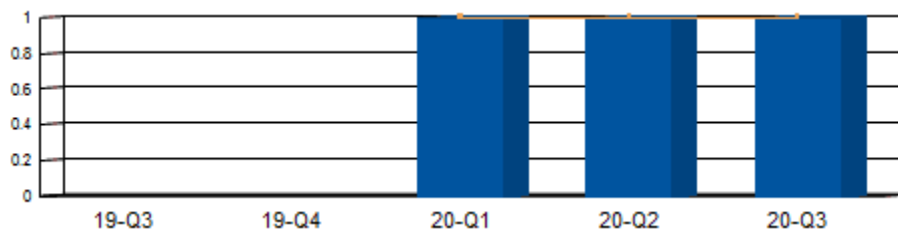
Target: Target 19/20: 100%, Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

Indicator: Integrated Care Delivery System (ICDS) tactics meet quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health care providers including hospitals, doctors, home, community and long-term care, as well as other providers in the system will work as one coordinated team, no matter where they provide care.

In Q1, Kingston Health Sciences Centre participated in an Ontario Health Team self-assessment that involved over 60 health care partners throughout southeastern Ontario (SE-OHT). The application was submitted in partnership with organizations in the area that provide hospital care, home and community care, social services, mental health and addiction services, and primary care, among other services. Following that submission, our OHT was assessed by the Ministry as being "In Development". The Ministry defines these teams as ones that have partners who represent a continuum of care, are committed to the model, and with a bit more work will be well positioned to complete the full application. In Q2 the Ministry encouraged the South East & Rural Frontenac, Lennox & Addington (RFLA)-OHT groups to join together in respect of our shared attributed population. Both groups agreed to proceed with this as a logical next step and our two groups have become one Frontenac, Lennox & Addington OHT (FL&A-OHT). Our newly unified OHT group submitted a Progress Report to the Ministry in January. Working together towards the creation of an Ontario Health Team has created a unique opportunity to engage patients and families, primary care and other providers across the FL&A region to focus attention on the critical needs of our population. Our goal is to create functional, integrated primary care and community support services with a high degree of coordination across all sectors of health care and social services to improve our Quadruple Aim outcomes, including significant improvements in timely access to primary care, avoidable emergency department visits, hospital readmission rates and hospitalizations for ambulatory-sensitive conditions.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Our Q3 milestone for the OHT development was to have our steering committee and working groups established. In Q3, a FL&A-OHT Application Steering Committee was formed to oversee the process of developing our full application to become an OHT. This committee includes two patient experience advisors, one who is a member of the KHSC Patient and Family Advisory Council. Under the guidance of steering committee members, an engagement lead convened numerous patient and community engagement sessions in the year-1 priority population area of rural Frontenac, Lennox and Addington, and created plans for more sessions in Q4. Our steering committee lead in RFLA also convened two targeted health care and social service provider engagement sessions aimed at identifying priorities for action. The priorities that have emerged have led to the development of five working groups focused on integrated primary care, integrated mental health care, Indigenous Peoples' wellbeing, digital health and value-based care. These working groups will begin meeting in Q4 with the goal of crystalizing their aims and change ideas, which will form the basis of our OHT full application. We expect to hear from the Ministry of Health in March on their decision as to whether our OHT can move forward with the next wave of full applications.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Our year-end target for this indicator is to have an OHT stakeholder engagement and communication plan in place. Having already developed a draft of this plan with numerous engagement activities already completed and many more underway, we are on track to meet the target by year end.

Definition: DATA: TBD COMMENTS: Theresa Macbeth EVP: David Pichora REPORT: Strategy Performance Report

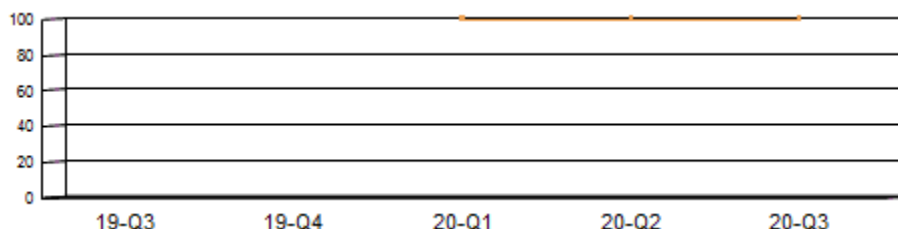
Target: Target 19/20: 100%, Red < 65%, Yellow 65 - 89%, Green >= 90%

Q3 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Joint venture tactics meet quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1		100
20-Q2		100
20-Q3		100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

With the decision to suspend activities in developing the Queen’s Health Partners Research Institute (QHPR) as a new separate legal entity, discussions were proposed by the Founding Partners (Queen’s University, Kingston Health Sciences Centre, Providence Care) regarding the reimagining of the research partnership between them, as a non-incorporated joint venture. The Founding Partners have met on two occasions in F2020 Q3 to further establish a willingness to move forward towards a non-incorporated joint venture and identify collective, common research areas that could be promoted internally and externally. The extent and focus of discussions have been influenced somewhat by transitioning of individuals at various executive positions across the Founding Partners (Queen’s decanal team: new Principal, incoming Provost, interim Vice Principal, Research; Queen’s Faculty of Health Sciences: new Vice-Dean, Research and incoming new Dean in spring/summer 2020; KHSC: new Vice-President, Health Sciences Research/President & CEO of Kingston General Health Research Institute). Thus, tactic planning and quarterly reporting for the research indicator is currently on temporary hold until the Founding Partners have had a fulsome opportunity to discuss and agree on appropriate tactics, milestones, and deliverables associated with the joint venture.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As discussions among the Founding Partners have only been preliminary, the prerequisite performance data is not currently available.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

As outlined above, tactic planning and quarterly reporting for the research indicator is on temporary hold until the Founding Partners have established agreed upon tactics, milestones, and deliverables. Towards this goal, some metrics may be defined in Q4. However, given the preliminary nature of the discussions during F2020 and the impending transition to a new Dean of the Queen’s Faculty of Health Sciences this spring/summer, these will not likely be determined until F2021.

Definition: DATA: Veronica Harris-McAllister COMMENTS: Veronica Harris-McAllister EVP: Steve Smith REPORT: Strategy Performance Report

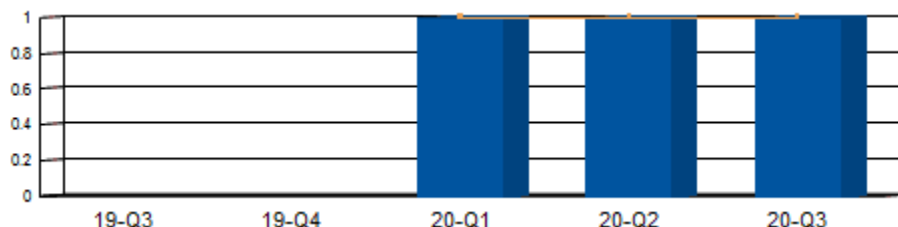
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Monitoring feedback from undergrad/ postgrad students about their placements at KHSC



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Each year, Kingston Health Sciences Centre welcomes more than 2,000 health-care learners which includes medical student, 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.

As a fully accredited teaching hospital, KHSC has an accountability and responsibility to provide a safe, engaging and educational learning environment. KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to create the capacity to provide highly specialized services for our community and region.

In order to gain a better understanding of the learning environment from the students' perspective, we need to engage them for their feedback and recommendations regarding opportunities for enhancements in their overall educational experience while they continue to provide supervised quality care to our patients.

Working in partnership with Queen's University and other affiliated Universities/Colleges, Medical Affairs and Professional Practice portfolios will be initiating learning environment survey that will be distributed to our learners at the end of the educational year.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We have developed a draft survey that is being reviewed with our educational partners for distribution to our learners that will assist in developing an Education Strategy at KHSC.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are currently on track with the implementation of the next phase of surveying our learners, focusing on obtaining feedback in order to develop recommendation on enhancing the learning environment.

Definition: DATA: Chris Gillies COMMENTS: Chris Gillies EVP: Mike Fitzpatrick REPORT: Strategy Performance Report

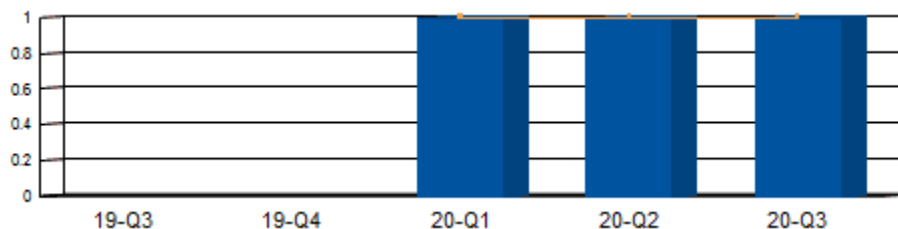
Target: Target 19/20: 100%, Red TBD, Yellow TBD, Green TBD

Q3 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Advisory committee development meets quarterly milestones



	Actual	Target
19-Q3		
19-Q4		
20-Q1	1	1
20-Q2	1	1
20-Q3	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

In Q1, the Physician Advisory Committee had a first meeting of the newly created committee. In addition, the UHKF CEO has had engagement with the PC/KHSC Chiefs of Staff to draft a terms of reference for the committee. Engagement is planned with the UHKF CEO and the PC/KHSC CEO's. In Q3 another meeting was held and the Committee Terms of Reference was approved.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Current performance is on track.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target by year end.

Definition: DATA: Steve Miller COMMENTS: Steve Miller EVP: Tom Zsolnay REPORT: Strategy Performance Report

Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q3 FY2020 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