

fiscal
2020-2021 **Q3**
3rd quarter ended December 31, 2020

KHSC this quarter



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

Virtual Health service design is in place	3
Diagnostic, cancer & elective activity volumes meet monthly target	4
ROP Assessment completed & action plans completed for all ROPs with identified gaps	5
Rate of hospital-acquired pressure injuries	6
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Achieve pre-COVID position by March 31	8
HSAA/MSAA conditions met	9

Outcome: Lead the evolution of patient- and family-oriented care

IACP work teams include patient advisor(s)	10
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Outcome: Create the space for better care

Begin PSOS Development; issue request for qualifications	11
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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

Communication & education plans developed for top 3 sources of stress identified from survey	12
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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

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Launch KHSC as a leading centre for research and education

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

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Q3 FY2021 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	21-Q1	21-Q2	21-Q3	21-Q4	22-Q1
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Virtual Health service design is in place	N/A	Y	G	N/A	N/A
		Diagnostic, cancer & elective activity volumes meet monthly target	N/A	Y	G	N/A	N/A
		ROP Assessment completed & action plans completed for all ROPs with identified gaps	N/A	Y	G	N/A	N/A
		Rate of hospital-acquired pressure injuries	N/A	R	Y	N/A	N/A
		COVID Incremental Cost Recovery	N/A	R	Y	N/A	N/A
		Achieve pre-COVID position by March 31	N/A	Y	G	N/A	N/A
		HSA/MSSA conditions met	N/A	Y	G	N/A	N/A
	b. Lead evolution of patient- and family- centred care	IACP work teams include patient advisor(s)	N/A	G	G	N/A	N/A
	c. Create the space for a better experience	Begin PSOS Development; Issue request for qualifications	N/A	G	Y	N/A	N/A
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	Communication & education plans developed for top 3 sources of stress identified from survey data	N/A	G	G	N/A	N/A
		Executive team members participate in the Leads competency-based framework retreat/ education day	N/A	G	Y	N/A	N/A
		Workplace violence Incidents reported per quarter	G	R	Y	N/A	N/A
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	HIS contract signed	G	G	G	N/A	N/A

	Indicator	21-Q1	21-Q2	21-Q3	21-Q4	22-Q1	
		OHT application submitted	N/A	G	G	N/A	N/A
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Recommendations from learner experience survey delivered to executive team	N/A	Y	Y	N/A	N/A

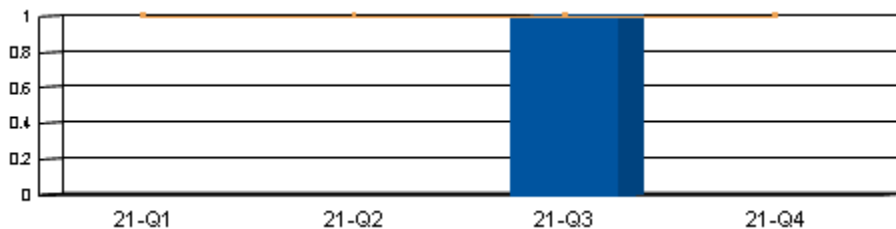
	SPR				SAA			
	F21				F21			
	Q1 %	Q2 %	Q3 %	Q3 #	Q1 %	Q2 %	Q3 %	Q3 #
R	0%	20%	0%	0	52%	49%	48%	33
G Y	13%	80%	100%	15	43%	45%	39%	27
N/A	87%	0%	0%	0	4%	6%	13%	9
				15				69

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Virtual Health service design is in place



	Actual	Target
21-Q1		1
21-Q2		1
21-Q3	1	1
21-Q4		1

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

Problem Statement: Rapid evolution in the use of virtual care during the COVID pandemic has exposed associated risks related to quality, safety, timeliness, effectiveness, patient and family centeredness, efficiency, sustainability and scalability. In the absence of a Virtual Health Service design framework at KHSC, there is greater opportunity for use of this healthcare modality to drive quality and safety in virtual care at KHSC.

Q3 (October – Dec):

- Establish the Executive Steering Committee, project team, and the relevant key knowledge stakeholders
- Begin the development of a Framework (see appendix) that covers elements recommended in the HSO document that outlines the foundational components for the Virtual Health Service Design. The Framework includes a roadmap for phased planning and implementation over an 18 month period
- Review existing and continue to expand on current state assessments at KHSC and review of literature and best practices, continue work into Q4.
- Start the visioning of Virtual Care in Q3 and complete a Value Stream Map of the proposed future state by end of Q4.

Q4 (Jan – Mar):

- Complete the robust current state assessment at KHSC
- Complete a Value Stream Map of the proposed future state
- Formalize indicators (track progress where possible) and complete a gap analysis to identify where new data would need to be tracked in order to share back with KHSC to enhance ongoing engagement, performance monitoring, and continuous improvement.
- Complete the Framework (see appendix) that covers elements recommended in the HSO document that outlines the foundation for the Virtual Health Service Design. The Framework includes a roadmap for phased planning and implementation over an 18 month period

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

Q3 (October – Dec):

- Established a Virtual Health Executive Steering Committee, project team, and identified relevant key knowledge stakeholders.
- The Project team has started developing a framework that covers elements recommended in the HSO document that outlines the foundational components for the Virtual Health Service Design. The Framework will include a roadmap for phased planning and implementation over an 18 month period
- Reviewed existing and have continued to expand on current state assessments at KHSC. The project team has started to review literature and best practices, both deliverables will continue work into Q4 and completed in February 2021.
- Visioning sessions of the ideal state has started in Q3, the project team will complete Value Stream Map(s) of the proposed future state by end of 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

The Virtual Health Service Design tactical plan is currently on track with meeting the objectives. Finalization of the current state assessment, completing an environmental scan and literature review of best practices, and planning for the visioning sessions in to be held in January is on track for end of February.

Definition: ACCOUNTABILITY:
EVP - Carter/Fitzpatrick
MRP - Kardy Kennedy

TACTICS: Define and document KHSC's Virtual Health service design

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

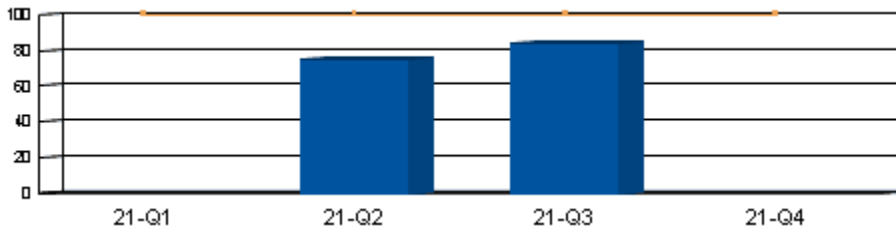
GREEN: Yes = 1

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Diagnostic, cancer & elective activity volumes meet monthly target



	Actual	Target
21-Q1		100
21-Q2	75	100
21-Q3	84	100
21-Q4		100

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

Improve access to surgical care by advancing HDH surgi-centre

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

Backlog management and mitigation activities continue. Diagnostic imaging working above typical volumes (150%) and progressing well. Operating rooms approaching full capacity with cardiac (93%) and cancer surgery (94%) able to meet monthly targets. Some surgical services still struggling with delays related to physical distancing requirements, ICU capacity and high emergent surgery volume. Orthopedics (~50%), ophthalmology (~50%) and pediatric (~58%) surgeries unlikely to meet year end targets but this is somewhat offset by exceptionally good performance in other services. Load balancing activities continue. HDH beds open and running well. Utilization improving.

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

Assuming no new Covid-19 surge, we expect to meet targets in diagnostic imaging, cardiac, cancer and bariatric surgery. The team is working to create QBP-only additional OR time during March break. Adding extended days where staffing available. Not able to operationalize some planned partnerships that might have helped due to timing and cost differentials.

Definition: ACCOUNTABILITY:
EVP - Renate Ilse
MRP - Renate Ilse

TACTICS: Improve access to surgical care by advancing HDH surgi-centre

REPORTING COMMITTEE: Patient Care & Quality Committee

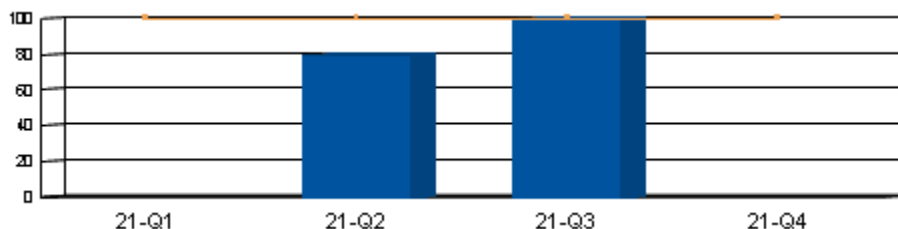
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 60%
YELLOW: 60 - 79%
GREEN: >= 80%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: ROP Assessment completed & action plans completed for all ROPs with identified gaps



	Actual	Target
21-Q1		100
21-Q2	80	100
21-Q3	100	100
21-Q4		100

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

Accreditation Canada Required Organizational Practices (ROPs) represent critical to quality processes inclusive of governance, operational and clinical foci. ROPs are assessed by surveyors during on-site surveys and are a requirement to be fully accredited. In 2018 KHSC was surveyed by Accreditation Canada against approximately 3000 standards and 30 ROPs. In Spring 2022 KHSC will again be surveyed by Accreditation Canada using the same process noted above (to date there have been minor ROP technical changes). The expectation is that ROPs are built into operational excellence and are reflected upon regularly, particularly during operational changes such as program design and policy development. Since 2018 there has not been a formal assessment of ROP sustainability. In addition, COVID-19 related service delivery changes have impacted hospital operations and may have had an impact on ROP compliance. An Accreditation ROP assessment is being undertaken with the goal of assessing baseline compliance with the ROP tests for compliance to identify and prioritize improvement foci for fiscal year 21-22.

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 an assessment of 31 ROPs was undertaken via focus groups with staff and leadership as well as reviewing relevant data (i.e. SAFE reporting). The baseline assessment identified that 20 of the ROPs had tests of compliance that were not met. The Accreditation readiness plan (to be finalized in early February 2021) provides a governance structure for accreditation preparation including identifying leads (MRPs) for each ROP. By the middle of Q1 FY 21-22 the MRPs and their interdisciplinary team will complete detailed action plans to address gaps and ensure that all ROP tests for compliance are in place by April 2022.

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

This project is on track to meet identified milestones.

Definition: ACCOUNTABILITY:
EVP - Brenda Carter
MRP - Gina Miller

TACTICS: Complete assessment of Required Organizational Practices & action plan to address gaps

REPORTING COMMITTEE: Patient Care & Quality Committee

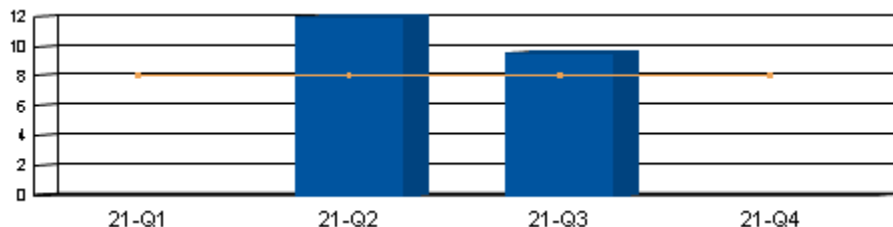
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Rate of hospital-acquired pressure injuries



	Actual	Target
21-Q1		8
21-Q2	12.0	8
21-Q3	9.5	8
21-Q4		8

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

This quarter we have worked with the 3 target units (C9, C10 and K4) to implement strategies to reduce the prevalence of Pressure injury. Education modules have been rolled out to registered staff and PCA, and staff have been receiving a day of mentoring with the wound care nurses. Wound care policy has been reviewed and re-educated upon. Auditing of process measures has continued with skin assessment and risk assessment compliance at 90%. Unit based Pressure Injury prevalence has been completed with good progression to target rates on 2/3 units. An analysis of barriers to nutrition has been completed using a dietetic intern.

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 target rate of less than 8% has been achieved on 2/3 units with continued work to achieve this rate on the last unit. Overall there has been increased attention to the issue of prevention of pressure injuries corporate wide as demonstrated by increased reporting of known pressure injuries. Pressure injury is now a common theme at unit level nursing huddles.

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

For the next quarter we are working to continue to ensure that process measures meet target through audit and feedback. We are working towards improvement of documentation to better allow the progression or healing of pressure injury to be more apparent to the frontline caregivers. We continue to work towards improved recognition of opportunities to mitigate those issues seen with risk assessment.

Definition: ACCOUNTABILITY:
EVP - Mike McDonald
MRP - Leanne Wakelin

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2021 target: <=8% at the Feb. 2021 Audit

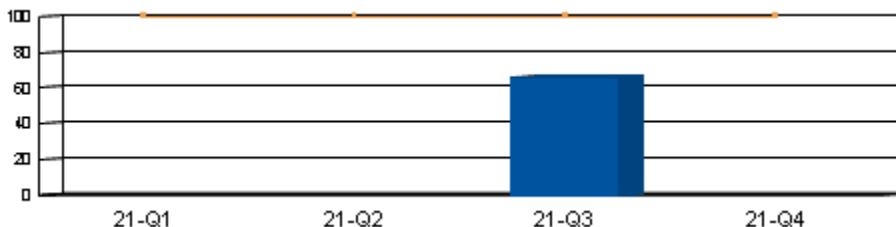
Corridors:
RED: >10%
YELLOW: >8% and <10%
GREEN: <=8%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: COVID Incremental Cost Recovery



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3	66	100
21-Q4		100

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

Finance developed a COVID incremental and capital cost tracking process. A monthly report is submitted to the MOH/LHIN. At the end of Q3, \$12.2M of MOH incremental operating expenses and \$1.4M of capital costs were submitted to the MOH/LHIN.

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

Finance continues to submit the monthly COVID tracking to the LHIN/MOH on a timely basis. MOH reimbursed 100% of the April to September COVID incremental operating and capital cost submission. Approximately \$2.3M of operating and capital costs were submitted for Q3, and payment remains outstanding. Effective October 1, lab and assessment centre expenses are reimbursed on a flat fee per test and are no longer reported through monthly COVID operating expenses reporting. Total activity October to December is approximately \$3.2M, which remains outstanding.

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 the strategy we have put in place has resulted in a positive cashflow for the Hospital.

Definition: ACCOUNTABILITY:

EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2021 target: 100%

Corridors:

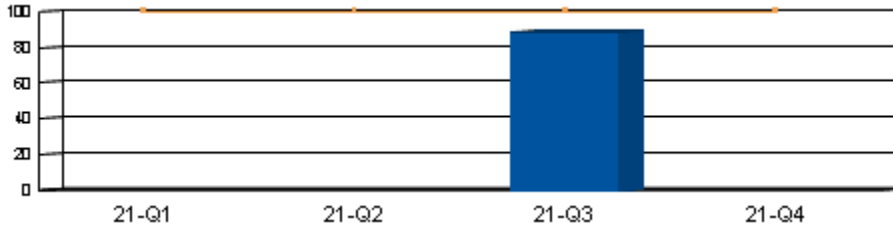
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Achieve pre-COVID position by March 31



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3	89	100
21-Q4		100

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

We are working closely with the clinical teams and finance to track the progress in the monthly internal reports and budget forecast process.

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

At the end of Q3 funded volumes revenue are behind target by 11%.

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

It will depend on a number of factors, including wave 3 and flu season. We continue to track progress monthly and expect to remain on track for the remainder of the year.

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover Loss of Revenue: 1) recover elective volume-based activity revenue 2) recover non-elective volume-based activity revenue

REPORTING COMMITTEE: People, Finance & Audit Committee

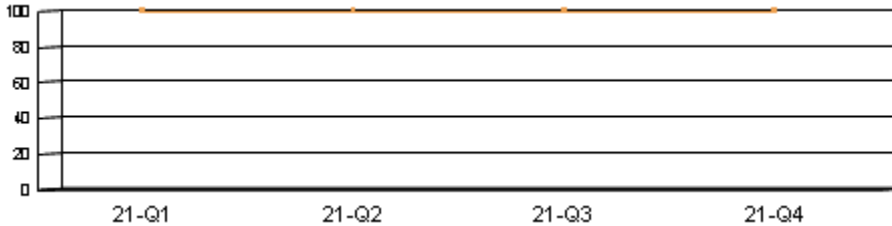
Target: Fiscal 2021 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: HSAA/MSSA conditions met



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3		100
21-Q4		100

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

At the end of Q3, KHSC is on target to meet HSAA and MSAA conditions.

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

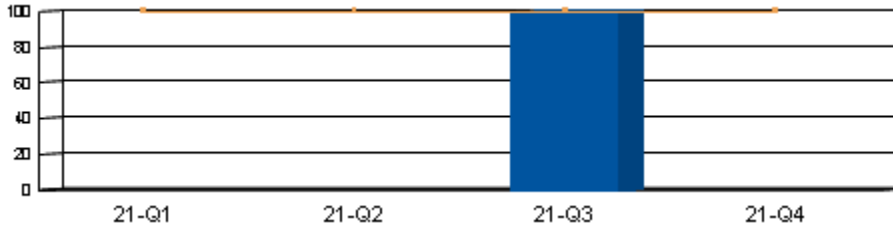
Target: Fiscal 2021 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: IACP work teams include patient advisor(s)



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3	100	100
21-Q4		100

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

Patient Advisors engaged in all work teams supporting IACP work. This is facilitated as required by the PFCC Lead.

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

Patient Advisors actively engaged in IACP work. An example of this is that multiple advisors are supporting working groups for OHT work. This will ensure that KHSC has patient voice influencing decision making about issues that pertain to patients and families.

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

On track

Definition: ACCOUNTABILITY:
EVP - Elizabeth Bardon
MRP - Elizabeth Bardon

TACTICS: As per work plans

REPORTING COMMITTEE: Patient Care & Quality Committee

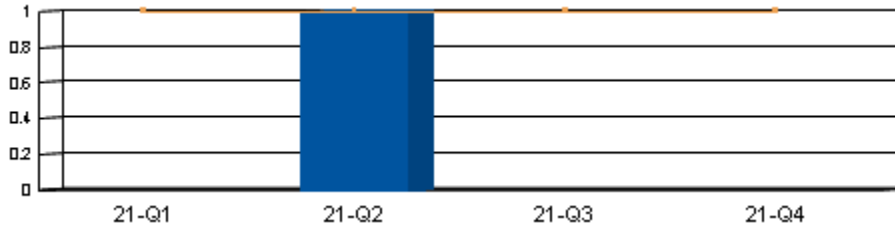
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q3 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Begin PSOS Development; Issue request for qualifications



	Actual	Target
21-Q1		1
21-Q2	1	1
21-Q3		1
21-Q4		1

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

PSOS development began in August

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

We have completed two of four rounds of PSOS development and are on schedule. RFQ release has been postponed by IO and will not be released by March 31.

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

No, RFQ release is now slated for Q1 of F22.

Definition: ACCOUNTABILITY:
EVP - Krista Wells-Pearse
MRP - Krista Wells-Pearse

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2021 target: 100%

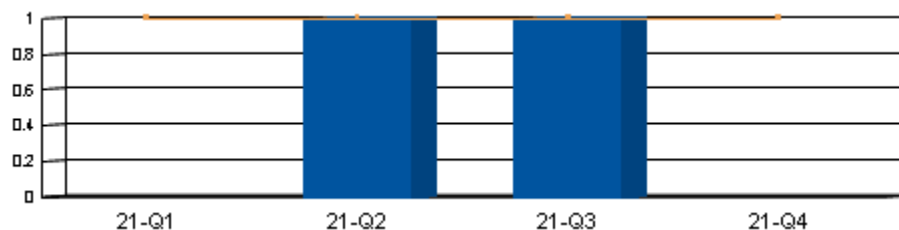
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2021 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: Communication & education plans developed for top 3 sources of stress identified from survey data



	Actual	Target
21-Q1		1
21-Q2	1	1
21-Q3	1	1
21-Q4		1

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

Healthcare workers are in often stressful situations and environments in the course of their jobs. Some of the risks to psychological health and safety in the workplace include workload, engagement, balance, protection of physical safety, recognition, clear expectations, civility and respect, and psychological and social support which have been even more challenging since the COVID 19 pandemic. As there are greater strains to our healthcare system and other systems more broadly such as school closures, we need to protect our people resources to handle the additional burdens that the pandemic environment creates. The results of the survey regarding stress, resilience and moral distress were reviewed and despite a resilient workforce, highlights included the stress experienced was across all the groups both in and outside of the work environment. The strain on our health care workers can in turn compromise care delivery if not available, supported or effective so organizational strategies are needed to protect the health and wellness of our healthcare workforce.

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 tactic plan was formalized and more consultations occurred with the Workplace Wellness Advisory Working Group. The working remotely policy was solidified and a Leadership guidance document. In addition focus groups and conversation on supports available for staff were held in various forums. A workplace wellness newsletter was implemented to send to leaders and staff highlighting activities to promote health and well-being. This included virtual wellness webinars that were recorded for greater access, update to wellness website information and calendar and a consolidation of leadership resources. Topics included Moral Distress, self-care strategies and the Science of Happiness. A roving wellness cart was created to go to departments with staff focused resources, supports and wellness kits. A calendar of 'Sprinkle Some Joy' events was created and executed in December for further recognition and appreciation of our staff. The engagement survey workplan was finalized alongside the communication plan to further the feedback loop in the new year.

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 further support staff to live KHSC's mission of caring for patients, families and each other by responding to factors that contribute to stress in this time of pandemic, we will be initiating more wellness cart activities, forums and webinars to reach staff more directly. The engagement survey will be another opportunity for feedback with health and wellness and pandemic response questions contained in the survey in the new year.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Micki Mulima

TACTICS: Respond to survey on staff stress, resilience, and moral distress in a time of pandemic by developing a corporate process to deliver individual workplace stress-reduction interventions.

REPORTING COMMITTEE: Patient Care & Quality Committee

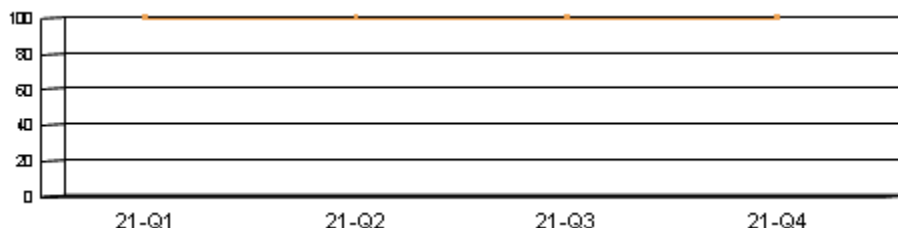
Target: Fiscal 2021 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2021 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: Executive team members participate in the Leads competency-based framework retreat/ education day



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3		100
21-Q4		100

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

Many health systems across Canada have adopted LEADS in a Caring Environment (LEADS) as their leadership capabilities framework which was designed for leadership development. It is a comprehensive set of aspirational capabilities that leaders could use to improve their practice. As a capability framework, LEADS offers reference points for leaders to reflect on their current practice, and to look forward, to adapt to change and to continuously improve their future performance. Positional leaders within an organization play a vital role in the healthy function of our organization. Given this, it is crucial that we ensure accountability across the spectrum of the KHSC leadership team starting at the highest level of leadership and cascading more broadly. Doing so will be an enabler to achieving our management responsibilities as well as to enable teams to achieve results against our strategic directions, even during difficult times.

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 merit based pay progression program was fully implemented in Q3 for all non-unionized staff to more clearly provide accountability links to performance and compensation. Reports on compliance for Performance Agreements (leadership) and Performance Development Plans were sent to leadership to inform actions and focus. 53% of non-union plans were not current and 67% of KHSC overall performance agreements and development plans were not current at the end of Q3. A few senior leaders were identified for further exploration of the appropriate workshop design which was deferred and will occur in Q4.

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

Yes, on track but somewhat delayed. The design and development of the retreat/education will occur in Q4 with the workshop slated for March. The focus on performance plans and the talent review process will be examined to determine the best path forward in light of the current pandemic priorities.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Sandra Carlton

TACTICS: Hold an executive retreat on the LEADS competency-based framework

REPORTING COMMITTEE: People, Finance & Audit Committee

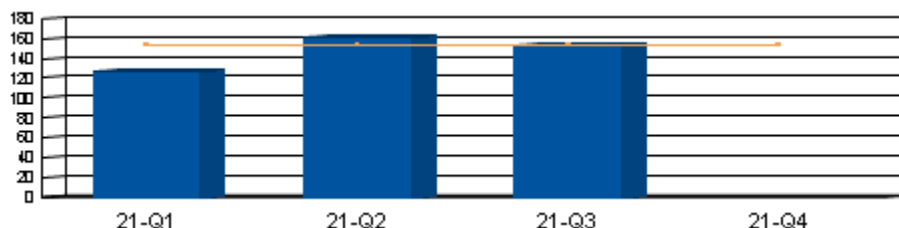
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q3 FY2021 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: Workplace violence Incidents reported per quarter



	Actual	Target
21-Q1	127	153
21-Q2	162	153
21-Q3	154	153
21-Q4		153

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

Workplace violence in healthcare is a significant occupational hazard for workers with risk both to their physical and psychological well-being. In 2018-19, workplace violence was first added as a mandatory indicator for all Ontario hospitals and for the past 2 years KHSC had set a goal to increase reporting to support a culture of safety. While our incident numbers have increased significantly over the past two years, the plateauing that occurred toward the end of end of 2019, together with more robust tools to prevent/manage patient violence, resulted in us setting a goal to reduce our incidents of violence for the first time this year

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

Of the 154 incidents reported, 3 required first aid treatment, 2 required health care treatment with one of these due to an injury involving a weapon in the ED, and 1 resulted in lost time (1 day) as a result of the worker being hit in the eye by a patient with responsive behaviours. In Q3, a number of focus groups were held with staff in the MH program to identify the barriers to full implementation of the revised Risk Reduction Plan (RRP). There is inconsistent application of the RRP, in particular the "Learn About Me" section, which requires further support from the CLS and new manager and possibly refinement. Related to this, is the need for us to determine whether a risk stratification within the BCA flag is possible as this would signal higher risk and likely improved use of the RRP. This is a larger improvement initiative but conversations have now begun. A proposal for customized and expanded violence prevention and management training for the highest risk staff (ED, UCC and MH Program) was drafted and submitted for review and approval. Executive is currently reviewing the proposal.

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

With a YTD incident count of 443, we are on track to meet the goal of reducing the incidents of violence to 612 or less for the year. However our initiative on the RRP plan in Burr 4 will need continued focus into the next quarter and fiscal year due to the identified broader need to examine the use of BCA flags in the MH program which is a factor in the application of the RRP in this area where a large percentage of patients have BCA flags.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Joanna Noonan

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: People, Finance & Audit Committee

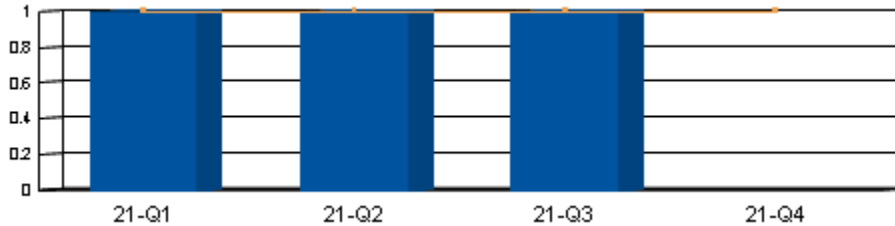
Target: Fiscal 2021 target: 153/ Qtr
Corridors:
RED: >161
YELLOW: 153-161
GREEN: <153

Q3 FY2021 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: HIS contract signed



	Actual	Target
21-Q1	1	1
21-Q2	1	1
21-Q3	1	1
21-Q4	1	1

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

The Regional Health Information System project is managing the negotiations process with the goal of signing a contract with the Preferred Proponent.

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 team made up of Regional Advisory Committee members was formed to pursue negotiations with the Preferred Proponent. Negotiations continue to move forward to establish a contract for a Regional Health Information System (HIS) solution.

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 target of signing a contract with the Preferred Proponent by year end.

Definition: ACCOUNTABILITY:
EVP - Troy Jones
MRP - Dino Lorrchio

TACTICS: As per HIS project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

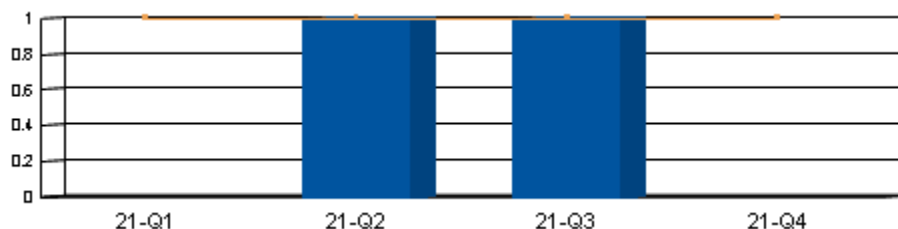
GREEN: Yes = 1

Q3 FY2021 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: OHT application submitted



	Actual	Target
21-Q1		1
21-Q2	1	1
21-Q3	1	1
21-Q4		1

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

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, the health care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre is part of an Ontario Health Team ‘In Development’ with health care partners throughout the counties of Frontenac, Lennox and Addington (FLA). A Progress Report on our work to form an OHT was submitted in January 2020 in partnership with organizations in the area that provide primary care, hospital care, home and community care, social services, mental health and addiction services, among other services. This work to become an Ontario Health Team builds on existing partnerships in the region, and we have been actively building on these collaborations so that our patients will be the beneficiaries of a stronger, more connected health care system as soon as possible. In July 2020, our OHT group was asked to submit a full application to become an OHT based on the progress we demonstrated in our January report to the ministry.

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, we were approved to become the FLA-OHT together with our partners across the system based on the application we submitted to MOH in Q2. Our application demonstrated that we have the right partners and plans in place to create a fully integrated health care system for the attributed population in FLA, and that we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, which will continue to be a focus in the coming year. Throughout Q3, we conducted extensive stakeholder engagement with all sectors represented in our OHT to socialize our model and structure, while soliciting participants for our year-1 working groups and supporting structures.

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

Having submitted our full application to the ministry, we achieved the target for this fiscal year in Q2. In Q4, we will continue to provide leadership to the FLA-OHT by contributing to the development of the year-1 organization structure, signing onto the Collaborative Decision-Making Arrangements and providing leadership and structure to key FLA-OHT working groups.

Definition: ACCOUNTABILITY:
EVP - David Pichora
MRP - Theresa MacBeth

TACTICS: OHT application development

REPORTING COMMITTEE: Governance

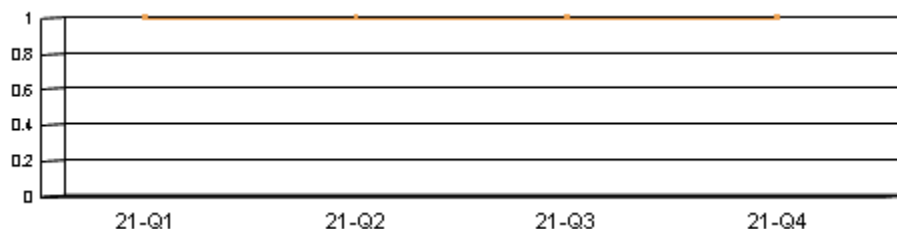
Target: Fiscal 2021, target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2021 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: Recommendations from learner experience survey delivered to executive team



	Actual	Target
21-Q1		1
21-Q2		1
21-Q3		1
21-Q4		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. 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 have engaged them for their feedback regarding opportunities for enhancements in their overall educational experience and learning environment, while they continue to provide supervised quality care to our patients.

Kingston Health Sciences Centre wants to promote and create a safe and educational learning environment for all learners. We have always received feedback and surveyed our Staff and Physicians, but have not always obtain feedback from our learners about our engagement, learning and culture. We have developed a survey with our educational partners for distribution to our learners that will assist in developing an Education Strategy at KHSC.

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

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios have developed a survey for distribution to our learners that will assist in developing an Education Strategy at KHSC.

UGME (Medical Students) 2020 Survey is complete. PGME (Medical Resident), Nursing and Allied Health survey will be distributed in Q1 of 2021 as they approach the end of the academic year.

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

Our goal is to optimize the learner experience at KHSC by responding to learner experiences survey recommendations. We have completed the medical Students survey, we are on track to complete the survey for Residents, Nursing and Allied Health so we can review all survey results and use that information to develop recommendations and specific deliverables to support the learning environment for all students/learners.

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick
MRP - Chris Gillies

TACTICS: Implement learner experience survey & act on recommendations

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2021 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q3 FY2021 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