

fiscal
2021-2022 **Q2**
2nd quarter ended September 30, 2021

KHSC **this** **quarter**



Strategy Performance Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

	<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

% of HSO accreditation standards met in Virtual Care	3
Diagnostic, cancer & elective activity volumes meet monthly targets	4
% of compliance for accreditation	5
Rate of hospital-acquired pressure injuries	6
COVID Incremental Cost Recovery	7
Achieve pre-COVID position by March 31	8
HSAA/MSAA conditions met	9
Board endorses RFP for managed equipment services	10

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

Guiding Principles of Patient Engagement created and PFCC Portal launched	11
---	-----------

Outcome: Create the space for better care

Issue RFQ, complete PSOS, issue RFP	12
-------------------------------------	-----------

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

Engagement action plans & EDI strategy in place	13
Talent management & succession plan in place	14
Workplace violence Incidents reported per quarter	15

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

Governance structure and resourcing plan in place	16
Year-1 project participation	17

Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

Coordinated learner experience strategy in place	18
--	-----------

Indicator Status Legend	19
--------------------------------	-----------

Q2 FY2022 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	21-Q2	21-Q3	21-Q4	22-Q1	22-Q2	
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	% of HSO accreditation standards met in Virtual Care	N/A	N/A	N/A	G	G	
		Diagnostic, cancer & elective activity volumes meet monthly target	Y	G	G	Y	G	
		% of compliance for accreditation	N/A	N/A	N/A	R	R	
		Rate of hospital-acquired pressure injuries	R	Y	G	G	R	
		COVID Incremental Cost Recovery	R	Y	G	Y	Y	
		Achieve pre-COVID position by March 31	Y	G	G	Y	Y	
		HSAA/MSSA conditions met	Y	G	G	Y	Y	
		Board endorses RFP for managed equipment services Y/N	N/A	N/A	N/A	G	G	
		b. Lead evolution of patient- and family- centred care	Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.	N/A	N/A	N/A	G	G
			c. Create the space for a better experience	Issue RFQ and complete PSOS Y/N	N/A	N/A	N/A	G
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	Engagement action plans & EDI strategy in place Y/N		N/A	N/A	N/A	G	Y
		Talent management & succession plan in place Y/N	N/A	N/A	N/A	G	G	
		Workplace violence Incidents reported per quarter	R	Y	Y	Y	G	

Strategic Direction	Goal	Indicator	21-Q2	21-Q3	21-Q4	22-Q1	22-Q2
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Governance structure and resourcing plan in place Y/N	N/A	N/A	N/A	G	G
		Year-1 project participation Y/N	N/A	N/A	N/A	G	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Coordinated learner experience strategy in place Y/N	N/A	N/A	N/A	Y	Y

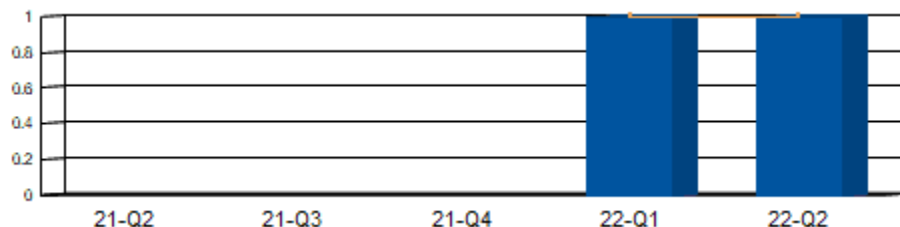
	SPR			SAA		
	F21			F21		
	Q1 %	Q2 %	Q2 #	Q1 %	Q2 %	Q2 #
R	6%	19%	3	49%	49%	34
G Y	94%	81%	13	36%	36%	25
N/A	0%	0%	0	14%	14%	10
			16			69

Q2 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of HSO accreditation standards met in Virtual Care



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

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

FY22 Priorities based on the planning work that took place in FY21.

The recommendations were presented and reviewed with the steering committee and, after a comprehensive discussion, there was acclaim for the work completed by the task force and strong support for all 17 recommendations. The committee felt confident that these recommendations would lead KHSC to a comprehensive virtual care service. Mindful of important competing priorities soon, the committee distilled the priorities to 6 themes that should be prioritized in this fiscal year 2021-2022:

1. Governance
2. Consent
3. Metrics
4. Space changes and templates
5. Encouraging MS Teams
6. Education for patients and clinicians

From this review, it was determined that 11 of the priority recommendations that were deemed High Priority Accreditation Standards and were aligned to the themes above and were endorsed as the focus for 21/22 year.

Therefore, the metric for this IACP is now the 100% recommendations that are implemented as endorsed by the Virtual Health Steering Committee.

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

Quarter 2 focused on:

- 1) Drafting a Corporate Virtual Health Service Design policy
- 2) Beginning the development of staff/clinician and patient orientation to Virtual Care using TEAMS
- 3) Creating a website presence on the KHSC internet summarizing general information on Virtual Care for 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

This project is currently on track however, due to the current gap in Project Management resources, the project will be constrained with meeting the future deliverables in Q3

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick and Brenda Carter
MRP - Kardi Kennedy

TACTICS:

REPORTING COMMITTEE: Patient Care & Quality Committee

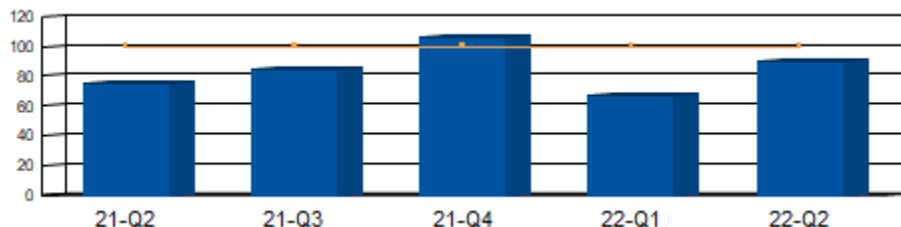
Target: Fiscal 2022 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q2 FY2022 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-Q2	75	100
21-Q3	84	100
21-Q4	106	100
22-Q1	67	100
22-Q2	90	100

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

We are prioritizing surgeries based on wait lists and community/ patient needs.
We have partnered with Focus Eye as well as PSFDH to complete surgical volumes for ophthalmology and orthopedics.
Utilizing Innovation funding for staff training, partnering with SLC.

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

Due to human resources we have been unable to open the OR completely at KGH site functioning at 9 OR's (82) of our overall planned activity until mid-September. HDH we were able to increase to 100% as of July 19th 2021. In Q1 we were only achieving approx. 40 % of QBP volumes, Q2 67% of QBP volumes with 79% in September. We hope to see this continue. Provincial priority 31% in Q1 compared to 86% in Q2. Cardiac volumes 69% in Q1 and 86% in Q2. Cancer volumes overall in Q1 were approx. 80% and 87% in Q2. We are doing well meeting most volumes however are not always meeting targets and this will continue to be a focus for Q3 and 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

Our volumes have improved however human resources are still challenged and limits our ability to run at 100% capacity. It will be very difficult to predict year end position.
We continually monitor and evaluate OR capacity, waitlists and surgical priorities for access.
We are currently experiencing higher volumes of COVID and a 4th wave would have a negative impact to volume completion as nurses would be required to be deployed.

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: < 60%
YELLOW: 60 - 79%
GREEN: >= 80%

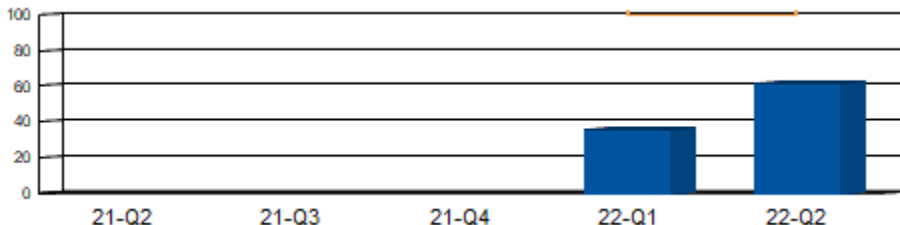
Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: < 60%, YELLOW: 60 - 79%, GREEN: >= 80%

Q2 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of compliance for accreditation



	Actual	Target
21-Q2		
21-Q3		
21-Q4		
22-Q1	35.5	100
22-Q2	62.0	100

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

Accreditation Canada ROPs represent critical to quality processes inclusive of governance, operational and clinical foci. Full compliance with ROP tests for compliance is required for successful accreditation designation. KHSC has adopted 31 ROPs encompassing 136 tests for compliance. In April 2022 KHSC will undergo an Accreditation on-site survey. An Accreditation preparedness plan was endorsed by Executive in January 2021. The plan includes a governance structure that identifies leadership and executive accountabilities for each ROP, including requirements for the creation of action plans and standardized reporting of progress, barriers and risk mitigation strategies to the Accreditation Task Force (oversight committee) and Executive.

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 Q2 ROP teams began reporting monthly progress to the Accreditation Taskforce. In September 2021 the communications plan launched with a rotation of ROP toolkits being released every week. An accreditation mock tracer/ walkabout plan (focused on ROPs) was endorsed by the Task Force and will launch in early Q3.

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: TBD based on Accreditation readiness plan

REPORTING COMMITTEE: Patient Care & Quality Committee

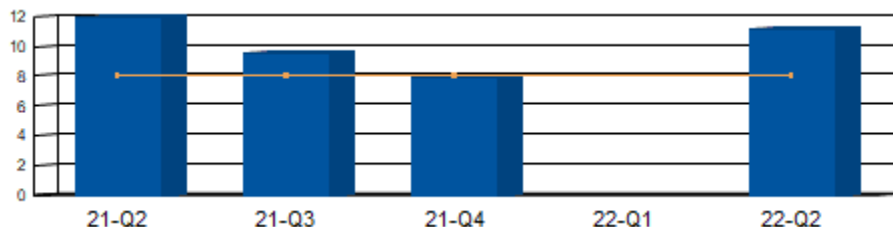
Target: Fiscal 2022 target:100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q2 FY2022 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-Q2	12.0	8
21-Q3	9.5	8
21-Q4	7.9	8
22-Q1		
22-Q2	11.1	8

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

This quarter new wound care and pressure injury documentation was implemented to enable continuity of care and improved documentation. Pressure Injury Module 1 of 3 was released to all regulated nurses. This quarter a corporate wide pressure injury prevalence was completed with a 11.1% hospital acquired pressure injury rate.

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

This is an rise in prevalence from the March results but on par with Q2 results from last 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

We continue to work with individual units to make improvement plans and evaluate their effectiveness. Managers and Directors have all been made aware of the results on their specific units. With continued focus on prevention we are on track to meet target. Units with high prevalence will be performing additional prevalence studies to evaluate the effectiveness of their QI plans.

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

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: <=8% at the Feb. 2022 Audit
Corridors:
RED: >10%
YELLOW: >8% and <10%
GREEN: <=8%

Prior Targets:

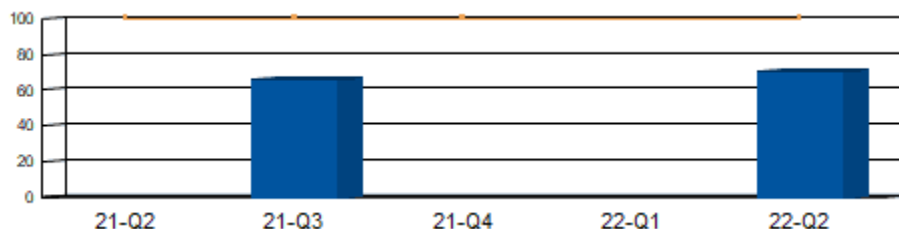
Fiscal 2021 target: <=8% at the Feb. 2021 Audit, Corridors: RED: >10%, YELLOW: >8% and <10%, GREEN: <=8%

Q2 FY2022 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-Q2		100
21-Q3	66	100
21-Q4		100
22-Q1		100
22-Q2	70	100

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

KHSC continues to submit monthly COVID incremental costs to the Ministry. The Ministry has committed to funding these costs April 1 to Sept 30, 2021 (subject to audit). Reimbursement has not been received for F21-22 submissions. New COVID reimbursement policies are expected for Q3 and Q4.

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

YTD Sept COVID submissions incremental operating expenses = \$6.8M and capital = \$3.3M.

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

Cashflow has not been received for these submissions and no revenue has been recorded in the YTD financial statements. However, the Ministry has committed to funding expenditures up to September 30, 2021, and revenue will be recorded when confirmation of funding is received.

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

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

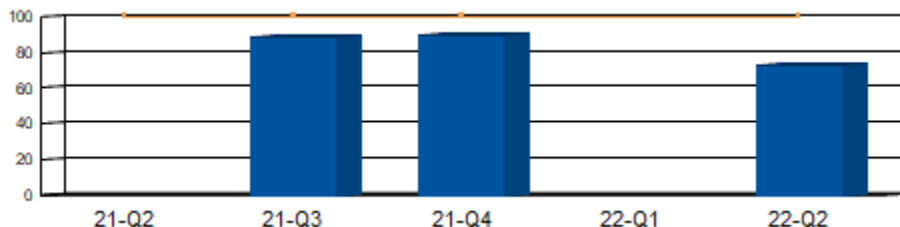
Prior Targets:
Fiscal 2021 target: 100%, Corridors:, RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

Q2 FY2022 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-Q2		100
21-Q3	89	100
21-Q4	90	100
22-Q1		
22-Q2	73	100

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

Volume-based funding was significantly behind target YTD Sept due to Wave 3 ramp down, 73% of MOH and 100% of Cancer Activity funding was achieved.

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

Work is underway to catch up with cancelled surgeries from Q1, with some transfers of funded volumes to Perth Smiths Falls to reduce patient wait-times.

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

Given the lost surgical and clinical time in Q1 it is not expected that full volumes for MOH activity will be achieved, however, work is underway to maximize the revenue either through completion of volumes or based on Ministry direction regarding the ability to access unearned funds to offset cost pressures.

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 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

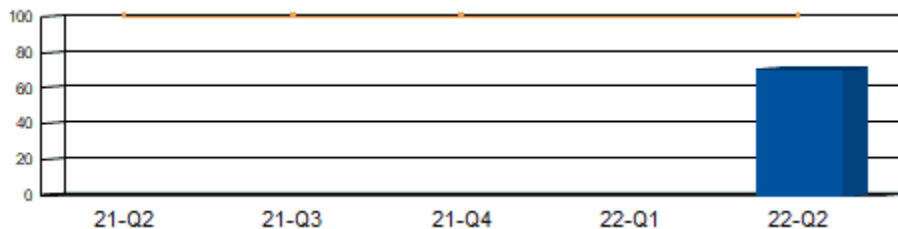
Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q2 FY2022 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-Q2		100
21-Q3		100
21-Q4		100
22-Q1		
22-Q2	70	100

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

MOH stopped some of the COVID incremental funding after Q1, which significantly impacts the operational budget. We are confident that the MOH will cover all the COVID expenses, but this goal is in the yellow zone right now based on the information in hand.

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

Recovery of COVID incremental operating expenses will improve the YTD Sept results. Many cost pressures continue into F21-22, including lost revenues and unearned Ministry activity-based funding. Hospitals continue to complete lost revenue surveys to support the OHA's advocacy on Hospital's behalf.

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

A balanced budget will be impacted by the Ministry's commitment to fund COVID incremental expenses and lost/unearned revenues.

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

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

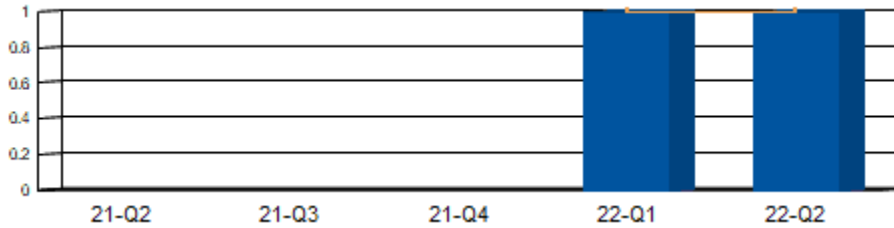
Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q2 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Board endorses RFP for managed equipment services Y/N



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

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

Discussions with the Vendors and SMEs were initiated, and market analysis was also in the advanced stage. Management is confident that we will complete this goal within the timeframe.

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

SME's are selected for the feasibility study. In this Quarter, we will complete the feasibility and viability study and present it to the management.

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 COVID next wave may impact the timeframe.

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

TACTICS: Review medical equipment market strategy to secure best value

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%

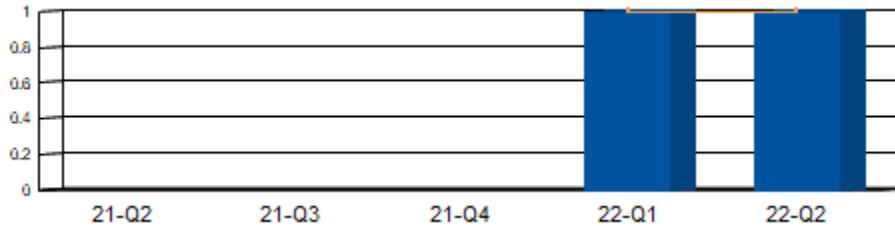
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.



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

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

Content under development and progressing well. Solid plans in place for Q3

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

Focus in Q2 has been to develop content for the "portal", including checklist for staff about how to engage advisors in interview panels, tip sheets, steps for how to partner with patient advisors. External resources are also being identified to add so that this site becomes a "one stop information shop". New PFCC email address now in place to streamline and centralize communication. Planning session being organized for Q3 with staff/leaders to engage them in the principles of patient engagement.

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

Excellent process to date. IM components still need to be organized, but content work is progressing well.

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

TACTICS: Co-develop, with patients and staff, patient engagement guiding principles and an online PFCC portal to support consistent, purposeful patient partnership in alignment with principles.

REPORTING COMMITTEE: Patient Care & Quality Committee

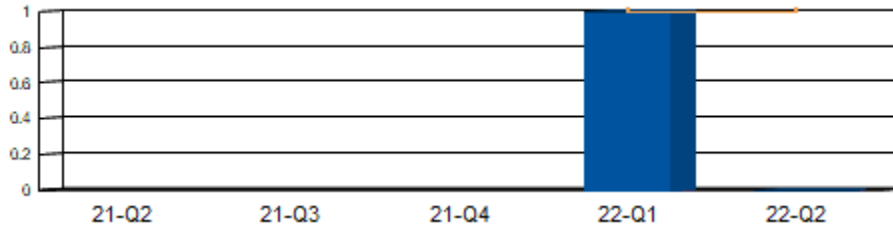
Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Issue RFQ and complete PSOS Y/N



	Actual	Target
21-Q2		
21-Q3		
21-Q4		
22-Q1	1	1
22-Q2	0	1

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

RFQ was released in late August, and PSOS development continue with the new Planning, Design & Conformance team HDR Architecture.

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

PSOS development continues. Background studies of existing conditions revealed the need for additional testing and due diligence to inform the infrastructure specifications. The RFP timelines are at risk.

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 no longer on track to finalize the PSOS by year end due to the additional infrastructure studies required. Discussions are ongoing with the Ministry and Infrastructure Ontario to maintain approval processes and mitigate schedule delays as much as possible.

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

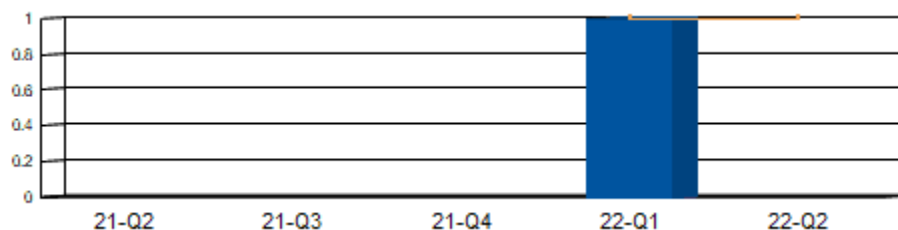
Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 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: Engagement action plans & EDI strategy in place Y/N



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

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

The Staff and Physician Experience Survey results were received, communicated corporately and posted on the intranet. Leadership information sessions were held and tools deployed for cascading team results. Despite not being at the desired level, overall engagement improved somewhat in spite of the backdrop of the pandemic for both employees and physicians. Based on one lower scoring result related to Learning and Development, LinkedIn Learning was rolled out to address an immediate need as well as capitalize on a funding opportunity in this fiscal year. New survey questions related directly to inclusion, equity, belonging and access will give some foundational data to continue the journey to improvement in these areas. The student completed their contract producing some materials, revising policies and research related to inclusion, diversity, equity, access that will inform this work. Ribbons and awareness information was pushed out to acknowledge the National Day for Truth and Reconciliation. The advisory group will conclude in Q3 and the new formal committee will then be initiated. The recruitment and retention task force was started to focus on critical and quick wins to address the immediate shortage of talent in healthcare.

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

Healthcare workers are in often stressful situations and environments in the course of their jobs with some additional risks to psychological health and safety in the workplace. Factors influencing this include workload, engagement, balance, safety, recognition, civility and respect, and psychological and social support. The strain on our healthcare system and increased demand for resources which outstrips supply, creates a strong need to protect our people resources which in turn can compromise care delivery if not available, supported or effective. Organizational strategies are therefore needed to protect the health and wellness of our healthcare workforce and ensure a welcoming and inclusive environment where everyone feels they can participate and contribute. The call for action concerning equity for people who have been marginalized, and more specifically, racialized persons who are Black, Indigenous and People of Colour (BIPOC) has been to remove barriers, decrease disparities and build trust related to inclusion, diversity, equity, access in our workforce. The organization over the past year has been focused on listening, learning and improving since the sense of inclusion and belonging are critical to maintaining and growing our healthcare workforce and delivering on excellence.

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 delayed into Q3 due to some pandemic priorities however, still on track.

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

TACTICS: Engagement Survey and action planning, Access, Diversity, Equity & Inclusion strategy and action plan

REPORTING COMMITTEE: People, Finance & Audit Committee

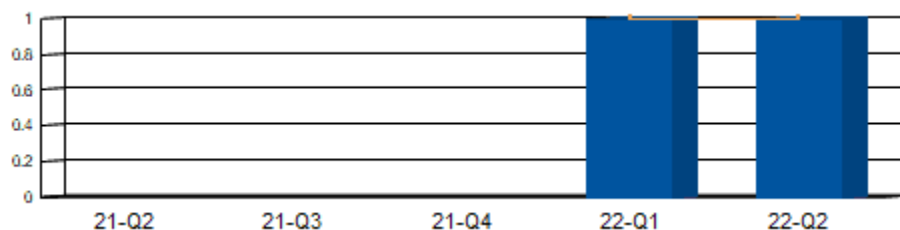
Target: Fiscal 2022 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 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: Talent management & succession plan in place Y/N



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

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

The tactic plan was completed for the year to ensure continued momentum on the path to driving high performance. The non-union merit based pay progression rollout, final assessments and implementation occurred, alongside focused efforts to complete close-outs of Performance Agreements and Performance Development Plans. Talent review meetings progressed with about 45% of meetings now having taken place. Further meetings to support succession planning will occur in the third quarter. Planning for the leadership development framework (RISE) rollout has been completed with pandemic influences still in the forefront. New hire and exit surveys were deployed to further gather information to assist with retention and identify gaps with a focus on growth and 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

Framed under the LEADS capabilities for leadership development and practice, we need to continuously monitor and improve performance and leadership effectiveness. This requires cascading knowledge, skills and attitudes. In addition, to ensure there is a pipeline of talent staff aspiring to leadership there also needs to be a pathway and process to keep the organization learning and growing to meet the needs of the future alongside today. Given the crucial role positional leaders have within the organization and the risk of not having capable people to lead and achieve our operational accountabilities as well as our strategic directions, it is imperative we need nurture and safeguard our talent including developing our aspiring leaders. With the impacts and demands continuing to be highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to continued performance.

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: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Micki Mulima

TACTICS: Talent management/succession plan/ leadership development re: cascading LEADS training from exec to other leaders

REPORTING COMMITTEE: People, Finance & Audit Committee

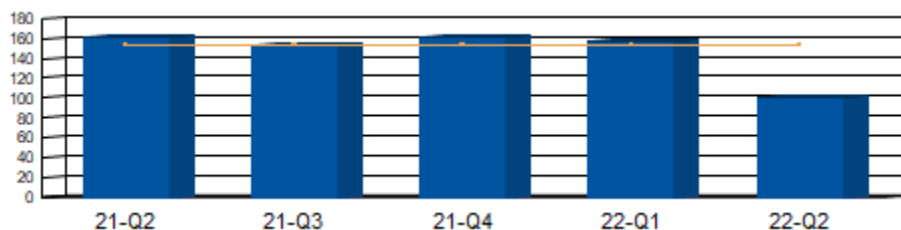
Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 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-Q2	162	153
21-Q3	154	153
21-Q4	161	153
22-Q1	157	153
22-Q2	101	153

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

Violence Risk Assessments were completed and as of end of Q1 25% remain outstanding. These will be completed by end of October. Work continued on the development of the customized KHSC violence training for staff in the Emergency and Mental Health & Addictions programs. Trial of revised Risk Reduction Plan (RRP) on Connell 9 in August with the plan to roll it out hospital wide before year end. Trial on C9, as well as feedback from staff in MH&A, has resulted in a need to further revise the RRP and those are underway. Code white-e-learning was developed for staff working in the MH&A program with a plan to implement in Q3. NVCI training is being provided to those staff who require it after an unexpected change in training provider in August. An updated method for registration/documentation of training is ongoing so that those staffing units can see if staff have completed the required training before placement.

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 101 incident outcomes (# of staff impacted) that were reported in Q2, none resulted in WSIB lost time or health care claims in KHSC staff however we had 1 lost time claim in security personnel related to a code white incident on Burr 4. This individual has since returned to the workplace. The number of unique incidents reported in Q2 was only 64 compared to 117 in Q1. This is a 45% reduction in the incidents of violence. Where 44 staff reported injuries from the incidents in Q1, in Q2 this was reduced to 22 staff who indicated they had sustained an injury. Of these, 5 indicated they required first aid treatment. Stats for security calls also showed a marked reduction this quarter, suggesting decreased frequency of escalating situations.

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

While we are on track to finalize and implement the identified workplace violence prevention program improvements/tactics, however based on fewer incidents this quarter, we are not likely on track to achieve the target. We will continue to monitor trends in Q3 and Q4 but our reduced incidents in Q2 could be indicative of the impact/effectiveness of the tools in place to prevent and manage behavioral escalation.

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

TACTICS: As per F22 QIP work plan.

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 153/ Qtr
Corridors:
RED: >161
YELLOW: 153-161
GREEN: <153

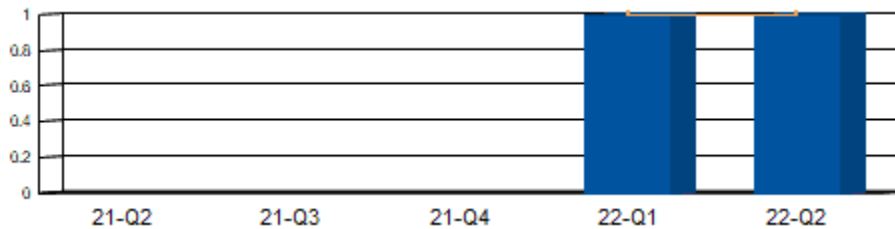
Prior Targets:
Fiscal 2021 target: 153/ Qtr
Corridors:
RED: >161
YELLOW: 153-161
GREEN: <153

Q2 FY2022 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: Governance structure and resourcing plan in place Y/N



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

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

Enable clinical transformation through digital care by setting up the appropriate governance structure and resource plan to support the regional HIS project and the local implementation 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

The Regional Health Information System (HIS) Project Team have begun planning for the implementation of the HIS. This planning phase included the development and application of a recruitment strategy for core team members, as well as the development of a regional nomination process for the hundreds of clinicians and administrative staff required to support system design and build in 2022/23. Readiness work is also being completed to align the regional healthcare Partners on the goals, process and change management methodologies that will be incorporated into the project. In support of that, key leadership workshops are being planned and have been scheduled over the coming months.

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 project is on track to deliver this tactic by year end.

Definition: ACCOUNTABILITY:
EVP - Valerie Gamache-O'Leary
MRP - Dino Loricchio

TACTICS: Begin design phase, complete governance structure and resourcing plan.

REPORTING COMMITTEE: Governance

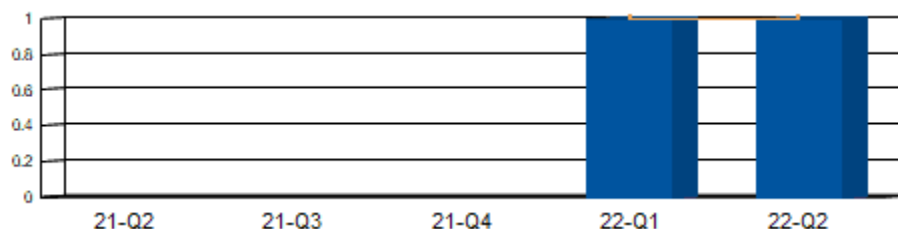
Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 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: Year-1 project participation Y/N



	Actual	Target
21-Q2		
21-Q3		
21-Q4		
22-Q1	1	1
22-Q2	1	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, together with over 60 other health care partners throughout this region, submitted an OHT application which demonstrated that we have the right partners and plans in place to create a fully integrated health-care system for the attributed population in Frontenac, Lennox & Addington, 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. Since becoming an approved OHT in the fall of 2020, 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. We provided leadership to the development of the year-1 organization structure for the OHT, signed onto the Collaborative Decision-Making Arrangement and provided leadership and structure to key FLA-OHT working groups, which are now fully operational. This work is building on existing collaborations in our region with the aim that our patients and citizens will be the beneficiaries of a stronger, more connected health care system as soon as possible.

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

KHSC is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in the counties of Frontenac, Lennox and Addington. To support the development of the OHT now that it has been approved by the Ministry, we have operationalized four year-1 project groups focused on: aging well at home, palliative care partnerships, addictions and mental health integration, and coordinated discharge. A KHSC resource is supporting strategy development across the project groups, as well as communications and engagement to ensure we keep our partners and community informed and engaged with our progress.

In Q2 KHSC contributed leadership to:

- Supporting Transitional Leadership Collaborative with agenda planning & process design to support emerging strategy discussions
- Engaging with the Ministry of Health, Ontario Health and our local municipality to advocate for sustainability funding for the Integrated Care Hub – a unique community project that embodies our KHSC and OHT vision of partnering to achieve better health for our communities while transforming our health-care system
- Running the OHT communications and engagement (CE) working group and recruiting a full time communications and engagement lead
- Providing professional consulting to the OHT project groups as they form communication and engagement plans to support their work
- Designing a Community Council and OHT leadership Health Home planning retreat as the basis for our OHT strategic plan
- Designing a strategy development process to take place throughout Q3 and 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 to achieve the objective by year end.

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

TACTICS: Participate in FLA-OHT year-1 projects

REPORTING COMMITTEE: Governance

Target: Fiscal 2022 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

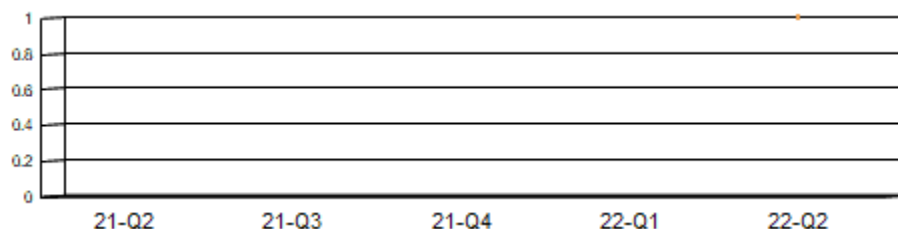
GREEN: Yes = 1

Q2 FY2022 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: Coordinated learner experience strategy in place Y/N



	Actual	Target
21-Q2		
21-Q3		
21-Q4		
22-Q1		
22-Q2		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) 2021 Survey is complete. PGME (Medical Resident), Nursing and Allied Health survey is planned to be distributed in Q3 of 2021 as they approach the end of the academic year.

Nursing and Allied health via Professional Practice still needs to be completed.

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, although will be delayed by a few months in

light of the pandemic and competing priorities, We will review all survey results and use that information to develop recommendations and specific deliverables to support the learning environment for all students/learners and have it align to the new Faculty Health Sciences Strategic Plan.

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

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2022 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