

fiscal
2022-2023 **Q2**
2nd quarter ended September 30, 2022

KHSC **this** **quarter**



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

% of the accreditation Canada Telehealth standards are met	3
Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	4
COVID Incremental Cost Recovery	5
Achieve pre COVID position by March 31	6
HSAA/MSSA conditions met	7
Board endorses RFP for managed equipment services and RFP is issued Y/N	8

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

Patient stories completed in 12 KHSC unit/programs & at board patient care committee	9
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Outcome: Create the space for better care

PSOS complete and RFP issued	10
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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

Inclusion council in place Y/N	11
Succession plans completed for management roles	12

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

HIS project design/build/validation phase is complete Y/N	13
KHSC participates in priority projects Y/N	14

Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

Research Institute: Meet with all clinical departments Y/N	15
Coordinated learner experience strategy in place Y/N	16

Indicator Status Legend	17
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Q2 FY2023 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	22-Q2	22-Q3	22-Q4	23-Q1	23-Q2
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	% of the accreditation Canada Telehealth standards are met	N/A	N/A	N/A	Y	Y
		Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	N/A	N/A	N/A	N/A	Y
		COVID Incremental Cost Recovery	Y	G	G	G	R
		Achieve pre-COVID position by March 31	Y	G	G	G	G
		HSA/MSSA conditions met	Y	G	G	R	G
		Board endorses RFP for managed equipment services and RFP is issued Y/N	N/A	N/A	N/A	G	G
2. Nurture our passion for caring, leading and learning	b. Lead evolution of patient- and family- centred care	Patient stories completed in 12 KHSC unit/programs & at board patient care committee	N/A	N/A	N/A	G	G
		c. Create the space for a better experience	PSOS complete and RFP issued	R	R	R	R
3. Improve the health of our communities through partnership and innovation	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Inclusion council in place Y/N	N/A	N/A	N/A	G	G
		Succession plans completed for management roles	N/A	N/A	N/A	G	Y
4. Launch KHSC as a leading centre for research and education	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	HIS project design/build/validation phase is complete Y/N	N/A	N/A	N/A	Y	Y
		KHSC participates in priority projects 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	Research Institute: Meet with all clinical departments Y/N	N/A	N/A	N/A	Y	G

		Indicator	22-Q2	22-Q3	22-Q4	23-Q1	23-Q2
		Coordinated learner experience strategy in place Y/N	Y	Y	Y	G	G

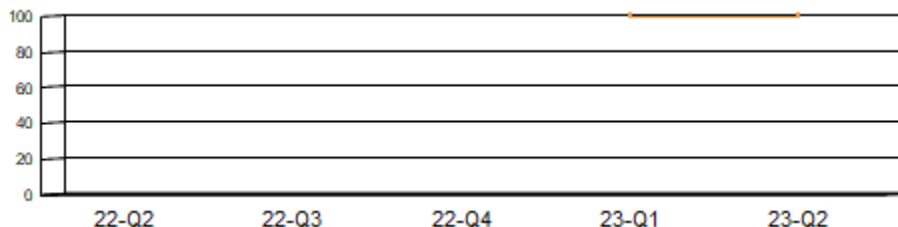
	SPR			SAA		
	F21			F21		
	Q1 %	Q2 %	Q2 #	Q1 %	Q2 %	Q2 #
R	14%	14%	2	41%	46%	31
G Y	86%	86%	12	34%	31%	21
N/A	0%	0%	0	25%	24%	16
			14			68

Q2 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of the accreditation Canada Telehealth standards are met



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1		100
23-Q2		100

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

The first draft of a provider survey has been completed focusing on the practice patterns and needs for virtual (video) visits. The survey will be sent in Q3 to all physicians, nurses, and allied health care practitioners who engage in virtual (video) patient care. A project team has been assembled including a Project Lead (Ambulatory Care) and a Project Manager and Change Management Specialist from the PMO.

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

No change from Q2.

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. An implementation plan and resourcing (including the roll-out of TEAMS) targeted to the needs of current providers who are using virtual (video) care as a preferred/alternative mode of care delivery as opposed to a necessity driven by the pandemic will represent an efficient, effective and responsible use of resources as opposed to a widespread roll-out.

Definition: EVP - Gilles/Gamache Oleary
MRP - Abbott-McNeil

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

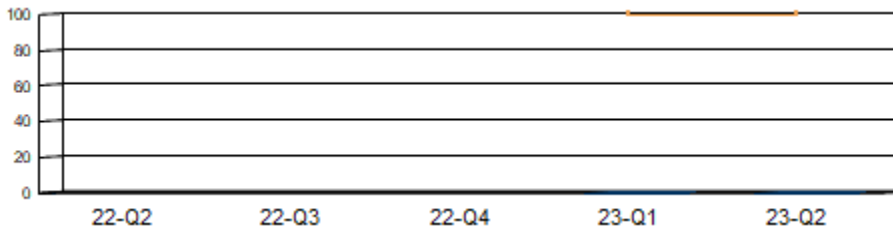
Target: Fiscal 2023 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q2 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1	0	100
23-Q2	0	100

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

KHSC does not have a structure or standardized process to enable leaders at the unit, program and organizational level to monitor and manage performance relative to identified critical to quality indicators (e.g. Accreditation Canada Required Organizational Practices). Without this infrastructure, KHSC is not able to ensure sustainability with accreditation ROPs and have trending data on critical to quality indicators to identify/support quality improvement initiatives.

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 an environmental scan was completed to identify current state measurement, reporting and management processes for prioritized ROPs. Consultation with MRPs yielded agreed upon indicator definitions and data collection processes. A technical guide has been drafted and is in the process of being finalized with MRPs so that production of the digital platform can begin in 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

The project is on track to implement a monitoring/measurement structure by Q4.

Definition: EVP - Carter
MRP - G. Miller

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

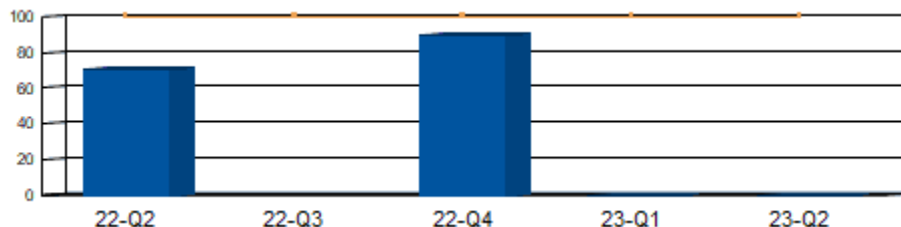
Target: Fiscal 2023 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2023 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
22-Q2	70	100
22-Q3		100
22-Q4	90	100
23-Q1	0	100
23-Q2	0	100

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

\$4M COVID Incremental expenses have been submitted to the OH and waiting for reimbursement.

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 funding is critical for achieving a balanced/surplus budget. At this stage, we are confident of the reimbursement of the COVID Incremental funding.

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

Yes, We are on Track

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Prior Targets:

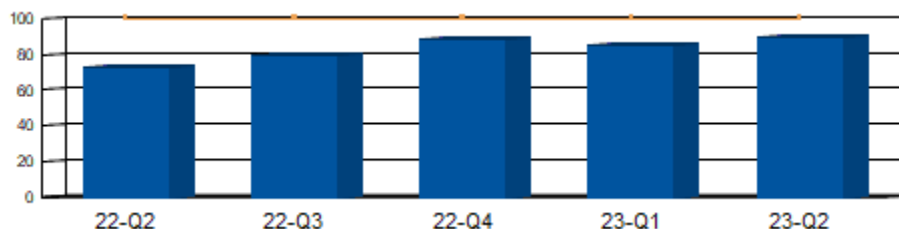
Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <75% GREEN: >75%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

Q2 FY2023 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
22-Q2	73	100
22-Q3	80	100
22-Q4	89	100
23-Q1	85	100
23-Q2	90	100

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

Activity based revenue volumes are at 90% of budgeted volumes. This includes assumptions for 2 months of volumes as coded data is lagging.

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 are on track

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

Yes, we are on track

Definition: EVP - 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 2023 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Prior Targets:

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

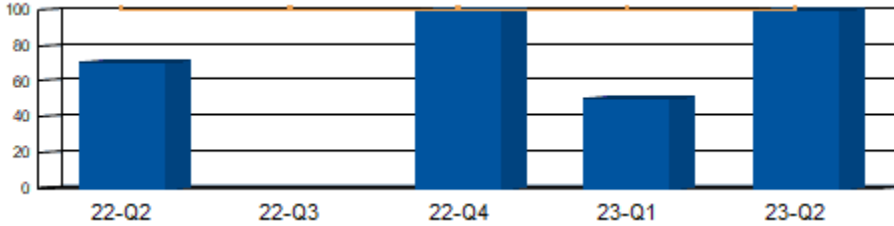
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q2 FY2023 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
22-Q2	70	100
22-Q3		100
22-Q4	100	100
23-Q1	50	100
23-Q2	100	100

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

At the end of Q2, KHSC hospital's operational budget was in surplus.

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

Failure to recover the COVID Incremental expenses from April to June 2022 and the staff shortage may impact the KHSC's ability to balance the budget. But at this stage, hospital operations are in surplus.

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

Yes, we are on track

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

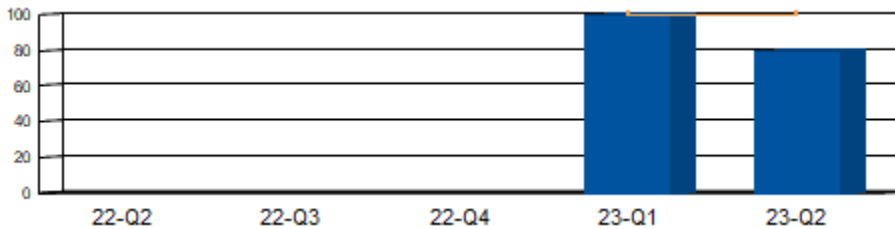
Prior Targets:
Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <70% GREEN: >70%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q2 FY2023 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 and RFP is issued Y/N



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1	100	100
23-Q2	80	100

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

This project is on hold due to the high inflation and supply chain challenges. If we implement this project at this stage, it will impact the total margin and benefits.

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

After a feasibility study, we put this project on hold. The key factors behind this are-

- High Inflation
- Supply Chain Cost
- Will Impact the Total Cost Savings and Benefits

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. We have changed the approach at this stage; rather than taking a structured approach, we have opted for a more soft approach. But we are still on our way to achieving cost savings.

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

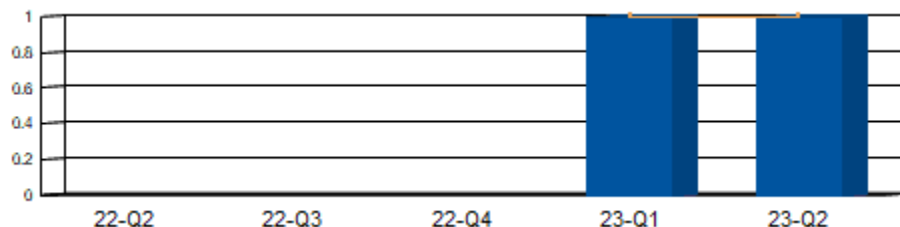
Target: Fiscal 2023 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: Patient stories completed in 12 KHSC unit/programs & at board patient care committee



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

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

Stories can “people-ize” data and help us to prioritize what matters to patients. In order to sustain and grow our culture of PFCC, we must create opportunities and methods to hear patient experience stories in both informal and intentional ways. Supporting staff, leaders and patients to do this in mutually beneficial ways starts with having a clear understanding of the different methods of storytelling for different purposes at different levels of the organization. Given all that we have been through over the last couple of years of the pandemic, hearing patient experience stories that reinforce best practices in the principles of Patient-and Family- Centred Care and patient safety will help to refresh and inspire a common sense of purpose as well as help to identify patient stories aligned to the work of the Patient Safety Quality Committee. Patient storytelling at the Patient Care Quality Committee of the Board will model the importance of hearing patient stories, inform decision making and reinforce the commitment to our culture of PFCC.

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 story planned and presented prior to September Patient Care and Quality Board Committee. Aligned story with the PCQC workplan. Reflective questions discussed at the meeting. Storytelling feedback survey created and sent to committee members for completion to inform storytelling at future meetings.

New patient story audio/video recording consent form finalized and in use with patients recording their stories. Patient and Family tipsheet/education for virtual recorded stories shared with patient storytellers to support their planning.

Patient stories shared virtually at 6 new employee welcome (NEW) sessions by 3 different patients.

Three patient stories recorded.

Patient story video shared with Cancer Program manager.

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

Yes we are on track to meet our objective of advancing understanding of KHSC’s commitment to implementing the principles of patient- and family-centred care by sharing patient experience stories at all levels of the organization.

Definition: EVP - Carter
MRP - Angela Morin

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2023 target: 12

Corridors:

RED: Q1: <1; Q2: 0; Q3: <=1; Q4: <=1

YELLOW: Q1: <1; Q2: 1; Q3: 2; Q4: 2

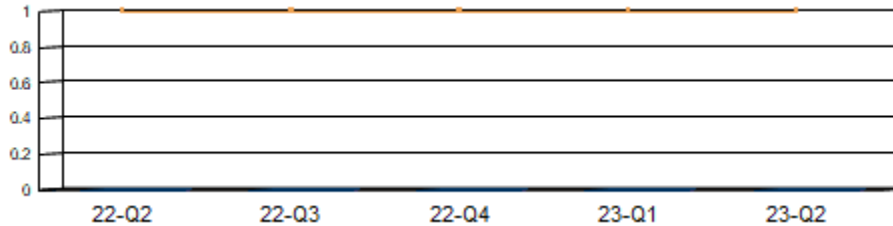
GREEN: Q1:1; Q2: >=2; Q3: >=3; Q4: >=3

Q2 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: PSOS complete and RFP issued



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

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

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

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

Work was paused in May 2022 once the provincial election was called. Conversations to resume planning are ongoing with the Ministry.

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Prior Targets:

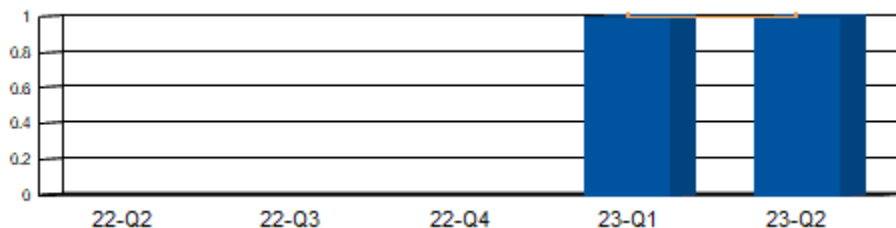
Fiscal 2022 target:100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

Q2 FY2023 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: Inclusion council in place Y/N



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

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

The Inclusion Steering Council (ISC) was in full swing and established a meeting schedule and the terms of reference. In planning for the upcoming year of activities, priorities and goals, discussions occurred regarding gathering more feedback and data to assist in steering those areas of focus. A toolkit for ISC members was developed to support Council members in learning. Two ISC working groups were launched with an open call to the organization to participate looking at Policy and Land Acknowledgements. One mini working group was struck to support National Day of Truth & Reconciliation and the day was marked with a sunrise ceremony, development of an educational presentation highlighting the 7 Calls to Action for healthcare, resources and handing out orange ribbons at the main site doors. Communication through KHSC Now included information on NDTR. The first Staff Community Group was solidified to bring together people and allies under the 'Pride' umbrella. An introductory event and survey are planned for the upcoming quarter as well as further planning for other Staff Community Groups and upcoming training for a later date.

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

Our staff and the broader community are seeking demonstrable action concerning equity for people who have been traditionally marginalized or in the minority including racialized persons who are Black, Indigenous or People of Colour. The pandemic has put a serious strain on our health care workers which in turn can compromise care delivery if not available, supported or effective so organizational strategies are needed to protect the health and wellness of our healthcare workforce. Given the current shortage of health care workers, we must ensure a welcoming and inclusive environment to attract talent from beyond our region to fill those gaps and improvement will also support retention through a positive work experience for our current workforce.

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 - Carlton
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

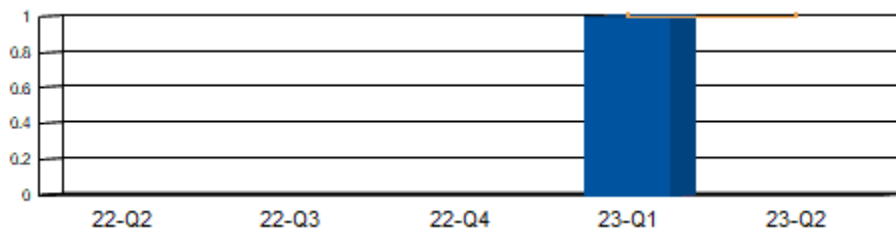
Target: Fiscal 2023 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2023 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: Succession plans completed for management roles



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

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

The tactics for Q2 were completed. Education sessions for leaders occurred regarding the Performance Agreement and Development Plan process. A new eLearning module was created and released to enable people to be more aware of this process and foster future growth and development of our people. Merit-Based Pay Progression assessments for non-union staff was completed. Talent Review Sessions saw 49% of spreadsheets now completed. The capacity of Directors and senior leaders has stalled higher completion, so deadlines were extended considering competing priorities. Training and development to continue to support our people included running cohorts of Crucial Conversations and Mental Health Leadership. The next quarter will introduce phase 2 of succession planning which brings a focus on the Talent Management element using data from the spreadsheets, offering change, financial and frontline leadership programs.

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

To ensure there is a pipeline of talented 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. This area of focus also aligns with our risk reduction strategy, Accreditation leadership standards and engagement drivers. 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 highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to 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

While delayed, we are on track for end of the year.

Definition: ACCOUNTABILITY:
EVP - Carlton
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

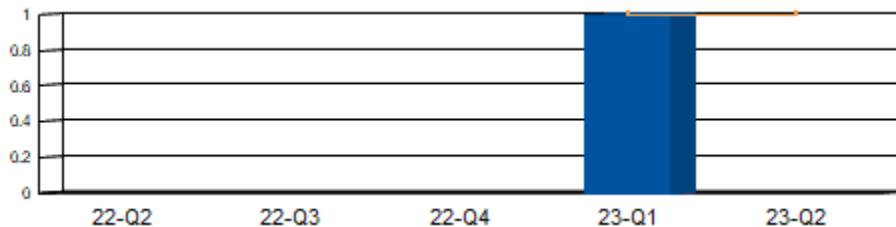
Target: Fiscal 2023 target: 80%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q2 FY2023 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 project design/build/validation phase is complete Y/N



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

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

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

The implementation phase of the Lumeo Project continued throughout Q2. An external review was commissioned to consider technical readiness, partner alignment and potential timeline and budget concerns. The final report and recommendations has been received and next steps based on the recommendations will be decided in the coming weeks. Progress on clinical standardization and regional clinical workflows design and system configuration is progressing well with 5 of 8 workshops completed. The change management methodology was reviewed by all senior leadership teams and a training strategy and super user program was endorsed by the Steering Committee. Perth and Smiths Falls District Hospital have shifted their go live to September 2024 with Quinte Health. The Lumeo team have ramped up technical project planning and tactical work to address risks raised in Q1. Although there has been progress, key decisions, scope, detailed planning, and human resource planning is still incomplete.

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

Clinical configuration of the Cerner system is on track; technical readiness is a risk.

Definition: ACCOUNTABILITY:
EVP - Gamache-O'Leary
MRP - D. Lorrichio

TACTICS: TBD

REPORTING COMMITTEE: Governance

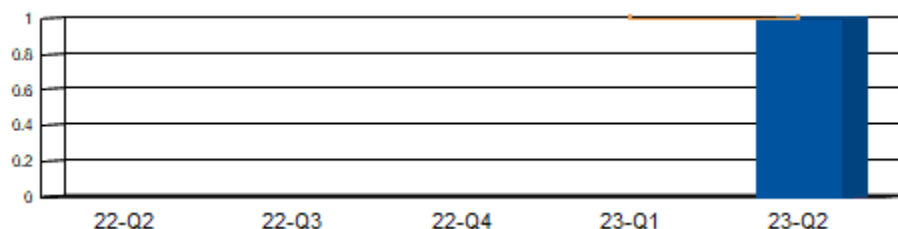
Target: Fiscal 2023 target:
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q2 FY2023 Strategy Performance Indicators Report

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

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

Indicator: KHSC participates in priority projects Y/N



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1		1
23-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, 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 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in Frontenac, Lennox and Addington counties. With the right partners and plans in place, and one year of successful OHT project implementation behind us, we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, and many collaborative projects which will continue to be a focus in the coming year. Since becoming an approved OHT in the fall of 2020, we have executed a Collaborative Decision-Making Arrangement, endorsed the People-Centred Health Home model as the foundation of our OHT, and fully operationalized our priority project working groups focused on: aging-well-at-home, palliative care partnerships, addictions and mental health integration, and coordinated discharge, as well as supporting structures. The groups have completed their first year deliverables including implementing pilot models of care, creating new coordination, navigation and advocacy roles, securing funding for digital health projects and more. 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

As part of our leadership contribution to the OHT, a KHSC resource is leading the process to develop the FLA OHTs first strategic plan, as well as leading the communications and engagement working group to ensure we keep our partners and community informed and engaged with our progress. As of Q2, we have completed an OHT- and community-wide engagement process to collect input into the plan, and collaborated with OHT leaders to create the first draft of the strategic plan. In the coming quarters, we will be working with OHT partners, community members and the public to validate, refine and launch the strategic plan.

In Q2 KHSC also contributed leadership to:

- Strategic engagement and collaboration with our Ministry of Health and Ontario Health partners on issues related to future accountable, value-based models for OHTs, possible pilot projects that may be awarded to FLA OHT
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support strategy discussions
- Providing professional consulting to the OHT project groups as they form communication, engagement and strategic plans to support their work
- Continuing to provide leadership to the Regional Health Information System project, now known as Lumeo; a key foundation for connecting hospitals, and eventually other providers in the system, on a common patient record and a platform for digital health.

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 as of year-end.

Definition: ACCOUNTABILITY:
EVP - Pichora/Carter
MRP - T. MacBeth

TACTICS: TBD

REPORTING COMMITTEE: Governance

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

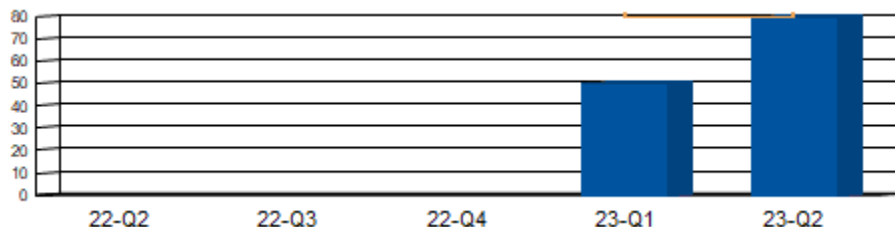
GREEN: Yes = 1

Q2 FY2023 Strategy Performance Indicators Report

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

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

Indicator: Research Institute: Meet with all clinical departments Y/N



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1	50	80
23-Q2	80	80

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

Engage clinical department heads about attending a departmental meeting to discuss hospital-based research, opportunities, gaps, and the role of the KGHRI. Beginning to attend departmental meetings

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

I have met with all clinical department heads and am now working with them to attend upcoming department meetings to discuss hospital-based research activities and opportunities.

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, with one consideration being the clinical stress on the system at the moment.

Definition: ACCOUNTABILITY:
EVP - S. Smith
MRP - S. Smith

TACTICS: TBD

REPORTING COMMITTEE: Research

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

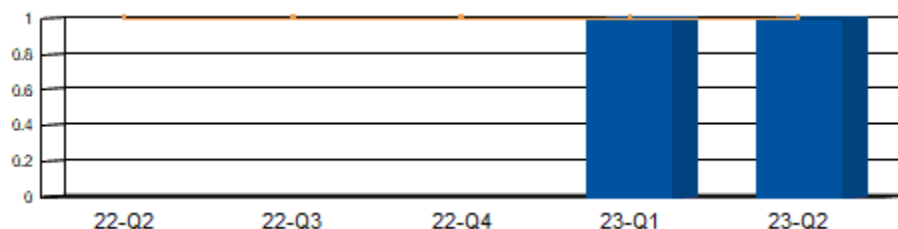
GREEN: Yes = 1

Q2 FY2023 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
22-Q2		1
22-Q3		1
22-Q4		1
23-Q1	1	1
23-Q2	1	1

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

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. 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 our 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 coordinated Education Strategy at KHSC. Historically, the education portfolios and deliverables were siloed amongst Residents, Medical Students, nursing and Allied Health; however going forward we want to create an coordinated approach to all learners.

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 Student and Residents surveys and started the engagement process with Faculty of Health Sciences. The overall strategy work was put on hold last year due to competing priorities with KHSC and our educational partners, however we are now on track to move forward with an integrated plan.

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

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

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

Q2 FY2023 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