Kingston General Hospital

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Q4 FY2017 Strategy Performance Indicators Report

Strategic Direction	2016 Outcome	Indicator	16-Q4	17-Q1	17-Q2	17-Q3	17-Q4	F2017 Overall
Transform the patient experience through a relentless focus on quality, safety and service	KGH is a top performer on the essentials of quality, safety, & service	7 of the 9 QIP indicators meet or exceed their targets	N/A	Y	Y	Y	Y	
Transform the workplace experience through a focus on work-life quality	Our people are inspired and proud to work at KGH	Tactic plans for all 3 opportunities for improvement meet quarterly targets*	N/A	Y	G	G	G	
Drive clinical innovation in complex-acute & specialty care	KGH is positioned as a leading centre for complex-acute & specialty care	Tactic plan meets quarterly targets	N/A	Y	Y	Y	Y	
Create seamless transitions in care for patients across our regional health-care system	Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations	Tactic plans for all 3 pathways meet quarterly targets	N/A	G	G	G	G	
Maximize our research & academic health sciences potential	The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada	Tactic plan to create an integrated research institute meets quarterly targets	N/A	G	G	Y	Y	
Create a high performing regional health-care system with our partners	KGH is part of an integrated and sustainable regional health-care system	Tactic plans for deliverables meet quarterly targets	N/A	G	Y	Y	Y	
People	Empower our people to transform the patient experience	1 staff round with senior leadership every month	N/A	G	G	G	G	
Technology	Rapid transmission of information improves care & operational efficiency	Strategic technology projects are implemented on schedule and on budget**	N/A	G	G	G	G	
Facilities	Phase 2 functional planning is complete	Stage 2 Approval Status	Y	G	G	G	G	
Finance	KGH is a top operational performer amongst Ontario teaching hospitals	19 of 19 QBPs have a completed process analysis with recommendations for change	N/A	G	G	G	G	

	Strategy					QIP					Supporting				
	F17					F17					F17				
	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #
R	0%	0%	0%	0%	0	33%	33%	22%	22%	2	23%	23%	29%	35%	39
G Y	100%	100%	100%	100%	10	56%	56%	67%	67%	6	77%	77%	71%	65%	74
N/A	0%	0%	0%	0%	0	11%	11%	11%	11%	1	0%	0%	0%	0%	0
					10					9					113

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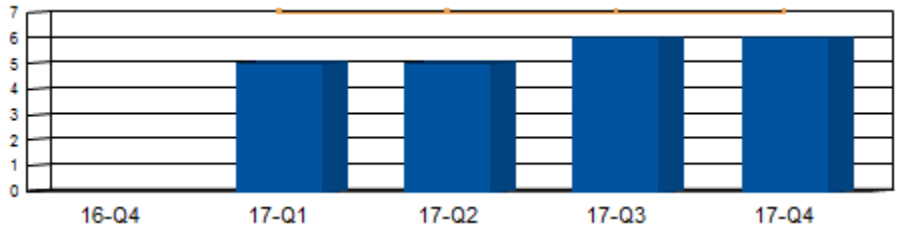
Q4 FY2017 Strategy Performance Indicators Report

Transform the patient experience through a relentless focus on quality, safety and service

KGH is a top performer on the essentials of quality, safety, & service

Indicator: 7 of the 9 QIP indicators meet or exceed their targets



	Actual	Target
16-Q4		
17-Q1	5	**7**
17-Q2	5	**7**
17-Q3	6	**7**
17-Q4	6	**7**

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

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centredness, safety and timeliness. In this year's QIP, we have specified tactics to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times. This year, we are aiming to achieve or exceed eighty percent of quality improvement plan targets.

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

As of Q4, 6 of 9 or 67% percent of our QIP targets are on track. Our ED patient experience survey questions improved from red to yellow this year despite an increase in our ED wait times, ED visits and the number of patients who require admission to the hospital from the ED. This is thanks to the positive staff interactions with patients in the ED. Focused work by Infection, Prevention and Control and Pharmacy teams have seen sustained green performance with respect to hand hygiene, as well as gains in medication reconciliation. Our performance fell short with respect to the specific skin ulcer indicator that we are tracking. However our focus has shifted from work on the 3 units we are tracking to an organization-wide approach to reducing the incidence of skin ulcers. On an organization-wide basis, the incidence of skill ulcers decreased from 21 to 14.8 per cent from February 2016 to February 2017. Patient falls were higher in Q4, coinciding with a decrease in compliance with completing falls risk assessments. A campaign is underway to remind staff to conduct fall risk assessments and we are targeting units with higher incidence of falls to create unit-specific strategies. ALC continues to be challenging, however excellent work is underway with our Home First program, our patient flow action plan and work with regional partners and in Q4 our ALC indicator was green for the first time in four years. While the number of patients waiting in our hospital to receive care in a more appropriate setting continues to be high, those numbers do not reflect a stagnant patient population. Through our efforts, we are efficiently discharging ALC patients to other facilities and home with support. We have not received data on our 30-day readmission rate for patients with COPD in more than one year, however there is good underway in collaboration with our regional partners to create innovative, best-practice care pathways, which we expect to positively impact the readmission rate for this patient population.

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

We did not meet our target of achieving 7 of 9 QIP targets. Our results would fall within the 'yellow' corridor of performance and we expect to see continued improvements as a result of the work that is underway. The COPD regional indicator has not had results for the entire year and hence it has not been possible to track results. Thus, as if Q4 we have seen 6 of 8 (75%) of the QIP indicators green or yellow which would virtually achieve the original target of 78% (7 of 9).

Definition: DATA: Decision Support - Alex Ungar COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centredness, safety and timeliness. In this year's QIP, we are aiming to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times.

By 2018 KGH will be a top performer on the essentials of quality, safety and service and will have achieved or exceeded eighty percent of quality improvement plan targets.

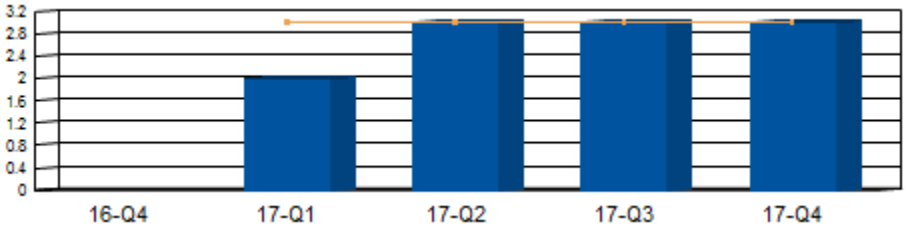
Target: Target 16/17: 7 Perf. Corridor: Red 0 - 4 Green or Yellow indicators, Yellow 5 - 6 Green or Yellow indicators , Green 7 - 9 Green or Yellow Indicators

Q4 FY2017 Strategy Performance Indicators Report

Transform the workplace experience through a focus on work-life quality

Our people are inspired and proud to work at KGH

Indicator: Tactic plans for all 3 opportunities for improvement meet quarterly targets*



	Actual	Target
16-Q4		
17-Q1	2	**3**
17-Q2	3	**3**
17-Q3	3	**3**
17-Q4	3	**3**

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

PHYSICIAN ENGAGEMENT: This year we are aiming to improve trust by opening up the lines of communication between senior leadership, fostering mutual understanding of issues and concerns in the organization and acting on feedback. In Q2, we presented the findings from our discussions about physician engagement with the clinical departments to senior leadership, the Medical Advisory Committee and the Patient Care and People Committee of the Board. We refreshed our physician engagement strategy that involves continuing with our Physician Leadership Forum, enhancing communication processes, regular attendance by the Chief of Staff and Director of Medical Affairs at departmental meetings, and clinical engagement in the KGH HDH integration process as a foundation for developing the eventual clinical strategy for the new organization. As an organization, we also made targeted investments in areas to address patient flow issues that physicians have raised as concerns such as the development of a new medical-surgical assessment clinic that relieves pressure on our ED and prevents unnecessary hospital admissions. In Q3 and Q4, we held engagement session with physicians at their departmental meetings and other forums with a focus on getting their input on Phase 2 Redevelopment functional planning requirements. We also analyzed the physician feedback we have received to date to inform the Kingston Health Sciences Centre annual plan for the next fiscal year.

VOLUNTEER ENGAGEMENT: This year we are aiming to improve volunteer engagement specifically within patient care teams across the hospital. In Q1, we presented the volunteer engagement survey results to volunteers and program managers in areas where there is opportunity for improvement and developed a plan for evaluating our volunteer program within individual KGH clinical programs and services. In Q2, we launched a clinical program-based volunteer evaluation model, including a survey to help us learn what we can do to improve engagement within specific clinical programs. The results of this evaluation are intended to be used to help us optimize the effectiveness of volunteer roles and how volunteers are integrated and managed within each clinical program and service, however, we are concerned by a low response rate to the survey from our staff. We also held meetings between volunteers and clinical program representatives to talk about issues and opportunities for improvement within each area. Some of the isses that have been discussed include program-specific education for volunteers, and the opportunity to share program updates with volunteers more frequently. Ultimately this will all help us to transform the patient, staff and volunteer experience. In Q3, we educated our allied health care staff members about how volunteers support patients and families in their program areas. We changed our new staff orientation presentation to specifically highlight the value that volunteers deliver in the clinical programs and how they can support our care teams. We continued clinical program meetings to keep volunteers connected to life within their programs and support their role on the teams. In Q4, we hosted a focus group with volunteers to understand how we can best communicate with them. We also completed a patient-care program volunteer role review, which will inform our program-based volunteer engagement program. At the same time our focus turned to integrating the volunteer departments of KGH and Hotel Dieu Hospital as part of our integration to become Kingston Health Sciences Centre.

EMPLOYEE ENGAGEMENT: This year we aiming to re-examine our approach to building employee engagement by addressing the systemic issues identified in our 2015 employee engagement survey and improving individual and team relationships across the hospital. In Q1 we completed a tactic plan for rolling out engagement results across the organization and developing corporate and team-level plans to address the issues identified in the survey. We shared the engagement survey results with leaders and teams across the hospital and 26 per cent of teams created action plans for addressing the specific issues that are important to their teams. As of Q2, 90 per cent of teams have created engagement action plans and we have analyzed each of them to ensure alignment with corporate engagement priorities. Where there are gaps, we have had targeted conversations to ensure plans are completed and aligned with our priorities. In Q2 we also rolled out a respectful workplace training program on our learning management system to bring to a higher level of awareness the things we can all be doing to promote a safe, trusting workplace. In Q3, we developed a program to address two of the biggest opportunities for improvement as identified in our employee engagement survey results -- build recognition and creating a culture of appreciation. As part of this program, we held two leadership days in Q3 and are planning two more in Q4. At the same time, we engaged an external consultant to help us design and facilitate a director-level engagement program that rolled out in Q4. We also completed planning for a touchstone engagement survey that was delivered in Q4 in order to take pulse on our efforts at improving engagement this year. In Q4, we completed leadership days to help leaders explore how to create a culture of appreciation. We also received feedback from leaders about opportunities to improve recognition efforts in the organization. We held a senior leader and executive session to address opportunities for improvement in director-level engagement. We conducted 12 touchstone surveys across the hospital to understand how people are feeling about their overall engagement at this time of significant change as we integrate with Hotel Dieu Hospital. We have begun to share the results of those surveys with leaders in the areas where they were conducted to review progress, challenges and opportunities for improvement.

Q4 FY2017 Strategy Performance Indicators Report

Transform the workplace experience through a focus on work-life quality

Our people are inspired and proud to work at KGH

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

PHYSICIAN ENGAGEMENT: As of Q4, we are on track with the planned physician engagement strategy milestones. There has been strong physician engagement and interest in the Phase 2 Redevelopment planning process, which have informed our eventual planning submission to MOHLTC. In the coming fiscal year, the new KHSC executive team will re-evaluate the physician engagement strategy as it relates to the process of developing the long-term clinical and academic strategy for KHSC.

VOLUNTEER ENGAGEMENT: As of Q4, we have adjusted the planned volunteer engagement milestones in light of our recent integration with Hotel Dieu Hospital to take a more holistic approach to volunteer engagement at each hospital site.

EMPLOYEE ENGAGEMENT: As of Q4 we have completed all of our planned milestones to address employee engagement. We have also now received team engagement action plans from 98 per cent (TBD) of KGH leaders. We learned through the touchstone surveys that we need to pay attention to the psychological health of staff given the stress in their jobs and that leadership presence is a key element in reducing risk in this regard. As a result, we will continue to focus on leadership development as a driver of engagement.

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

PHYSICIAN ENGAGEMENT: Yes as of Q4 we have met the planned physician engagement strategy milestones.

VOLUNTEER ENGAGEMENT: As of Q4, we have met our planned volunteer engagement
milestones and are looking forward to implementing a holistic approach to volunteer engagement across Kingston Health Sciences Centre.

EMPLOYEE ENGAGEMENT: Yes we have delivered on the planned employee engagement strategy milestones.

Definition: DATA: M. Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: STRATEGY REPORT

The top three opportunities for improvement in employee engagement are addressed (trust, recognition, training & development)

More than 65 per cent of employees and 37 per cent of physicians completed engagement surveys in 2015, identifying opportunities for both team-based and organization-wide improvements. This year, teams will continue to implement engagement action plans that address specific issues that are important to them. At a corporate level, we are focused on strengthening trust and recognition and will conduct a follow up engagement survey in the fall of 2017 to gauge our progress.

By 2018 our people are inspired and proud to work at KGH. We will have addressed the top three opportunities for improvement in engagement.

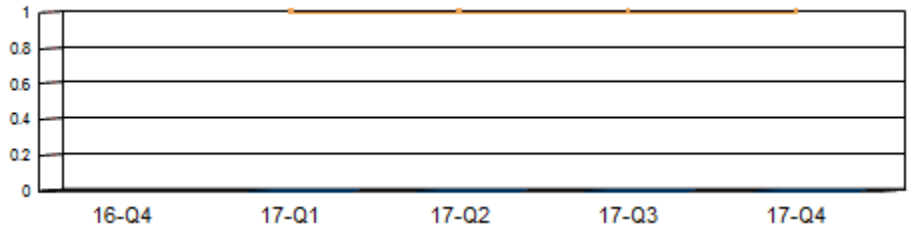
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q4 FY2017 Strategy Performance Indicators Report

Drive clinical innovation in complex-acute & specialty care

KGH is positioned as a leading centre for complex-acute & specialty care

Indicator: Tactic plan meets quarterly targets



	Actual	Target
16-Q4		
17-Q1	0	**1**
17-Q2	0	**1**
17-Q3	0	**1**
17-Q4	0	**1**

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

In our first quarter (Q1), April to June, we created an accountability structure to oversee the strategy development process, we created individual strategy templates for each of our clinical programs and services and began the work of populating them with data that will inform strategic decisions at the program level. We had planned to assign program and department-level MRPs to create clinical program strategies but with the recent KGH-HDH integration announcement, it was agreed to defer this deliverable while the transition structures are being created so that we can move forward in an integrated fashion. Efforts to support this indicator for the year focused on engagement of physician leadership, on integration, and phase 2 to set the foundation for development of the programs and departmental strategic plans for the future as the KHSC strategy is developed. In Q4, our focus continued to be clinical engagement in the KGH-HDH integration process as a foundation for developing the eventual clinical strategy for the new integrated hospital organization.

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

The work to develop an integrated KGH-HDH clinical innovation strategy is on hold until the long-term strategy for the new integrated entity is developed.

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

As a result of our decision to integrate with Hotel Dieu Hospital, we have placed the plan to develop a clinical innovation strategy on hold until the new integrated organization is in place. The new organization was formed as April 1, 2017 and the new executive team is considering the process to develop a new strategy for Kingston Health Sciences Centre.

Definition: DATA: Dr. David Zelt COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Our clinical innovation strategy will help us transform complex-acute and specialty care services in response to changes in our health-care system and current and projected population health demographics. It will help us align our resources where they are needed most to meet the needs of patients and families today and into the future. It will also help us prioritize and invest in the cutting edge tools, approaches, partnerships and services that deliver efficient, effective, high quality care. This year, we will develop and implement a clinical innovation strategy for KGH that aligns and integrates with all parts of our regional health-care system to ensure we are delivering comprehensive, high quality care to the residents of southeastern Ontario.

By 2018 KGH will be positioned as a leading centre for complex-acute and specialty care and we will have implemented a clinical innovation strategy that aligns and integrates with our health-care system.

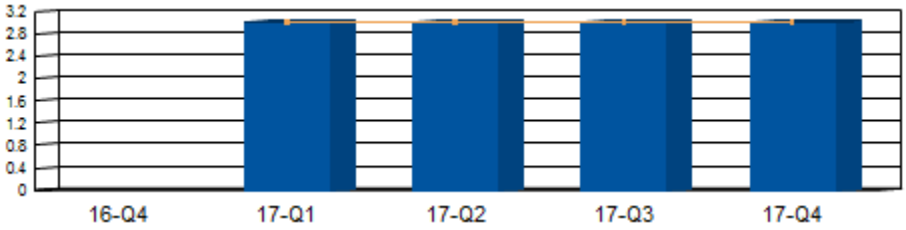
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress', Green "Yes'

Q4 FY2017 Strategy Performance Indicators Report

Create seamless transitions in care for patients across our regional health-care system

Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations

Indicator: Tactic plans for all 3 pathways meet quarterly targets



	Actual	Target
16-Q4		
17-Q1	3	**3**
17-Q2	3	**3**
17-Q3	3	**3**
17-Q4	3	**3**

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

COPD: This year we are aiming to develop a regional best practice patient journey for patients presenting with COPD. In Q1, together with patients and families, staff and physicians, we mapped the COPD patient journey from the time a patient presents to our emergency department or HDH's urgent care centre to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHEF and we are awaiting approval of our recommendations to proceed with region-wide implementation. In the meantime, in Q2 we implemented the KGH elements of the overall pathway so that we are prepared to proceed with regional implementation once SECHEF provides approval. In Q3, we focused on how to build relationships to manage and support COPD patients in the community across the SE LHIN with the objective of decreasing admissions. In Q4, we met a number of times to review the recommendations including order sets and the need for additional analysis for the emergency and inpatient populations.

HIP FRACTURES: This year we are aiming to develop a regional best practice patient journey for patients presenting with hip fractures. In Q1, together with patients and families, staff and physicians, we mapped the hip fracture patient journey from the time a patient presents to our emergency department or are directly admitted to KGH from another facility to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHEF and we are awaiting approval. In the meantime, in Q2 we implemented the KGH elements of the overall pathway and the accompanying order sets so that we are prepared to proceed with regional implementation once SECHEF provides approval. In Q3, we selected the top three priorities to focus on in the coming months. The priorities are: time to surgery, rehabilitation alignment and hip fracture navigation. In Q4, the three subgroups met to discuss recommendations of each priority. We defined the process and outcome measures, reviewed the literature and outlined the priorities.

PALLIATIVE: Early involvement of Palliative Care specialists is shown to improve care and outcomes for patients with advanced illness (decreased symptom burden, increased time and quality of life), as well as reduce total direct hospital stay costs (decreased hospital stays, decreased unnecessary investigations and aggressive treatments). Increasing access to Palliative Care medical specialists and integrating Palliative Care principles and approaches is the foundation to address the 2016-18 corporate strategic direction on Palliative Care. Palliative Care pathways have been developed (Q3, 4) for metastatic breast, lung, colon and pancreas cancer, COPD, Chronic Kidney Disease (renal dialysis or conservative treatment), Congestive Heart Failure (ICD replacement of NYHA 3,4). Fiscal year 2017 will focus on implementation of the pathways, introducing best practice Palliative Care clinical tools and approaches and formative and summative evaluations.

HEALTH LITERACY: Health literacy refers to a broad set of skills that help patients and their families understand health information, participate in self-management and navigate the complex health care system. This year we are aiming to implement the 'teach-back' system, which provides members of the care team with the tools to improve health literacy through patient-centred communication. In Q1, we developed a work plan and communication plan to support the roll out of the teach-back system with the chronic kidney disease (CKD) patient population. In Q2, we developed an education plan that introduces the concept of health literacy and the 'teach-back' method that can be specialized to individual programs in the hospital based on the unique needs of different patient populations. In Q3, we introduced the topic of health literacy in the CKD program and discussed how to introduce the concept in the pre-dialysis clinic. At the same time, KGH was accepted as a partner site with University Health Network to implement an ARTIC-funded Patient-Oriented Discharge Summary (PODS). As a result, we have shifted the focus of this tactic to incorporate the entire medicine program in the rollout of PODS. This is a innovative discharge communication tool that meets the health literacy needs of patients and their families and includes our teach-back method as a component. While this shifts the timeline of our Health Literacy tactic plan, it actually strengthens KGH's position as a health-literate organization by reaching a wider audience, more quickly with an important health literacy tool. In Q4, we focused on building the foundation for implementing the PODS project by assembling the team at our KGH site and with Health Quality Ontario representation. This team will work together to build a patient discharge process that emphasizes tools that help patients understand and use the information they are given to manage their own health when they are discharged from hospital. This is expected to positively impact patient outcomes and the patient experience at our KGH site. At the same time, we have interviewed patients in the renal unit to learn about their experiences related to the health care information they are given and correlating their perspectives with evidence obtained through a health literacy measurement tool. This is helping us to identify opportunities for improvement in how we provide health care information to patients.

Q4 FY2017 Strategy Performance Indicators Report

Create seamless transitions in care for patients across our regional health-care system

Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations

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

COPD: As of Q2, we are have implemented all the milestones we planned to achieve with the exception of the regional components, which require SECHEF approval. In Q3, we expect to receive approval to proceed from SECHEF. At that point, we will re-engage stakeholders to review the proposed care pathways, as well as the accompanying order sets and discharge checklists. In Q3, we received approval to proceed with the regional care pathways. We revised our original proposal to incorporate the Inspire Program as it is a community-based program. This will ensure supports are in place for the patients once discharged. A revised proposal was submitted and we have moved forward with the revised plan. In Q4, we identified gaps in resources across the region and determined how to address them. We worked with our community partners to create an inventory of resources. We met with Canadian Foundation for Healthcare Improvement and the Inspired Plan team to learn from their experiences. We will continue to engage in discussions to gather insights on key strategies.

HIP FRACTURES: As of Q2, we are have implemented all the milestones we planned to achieve with the exception of the regional components, which require SECHEF approval. In Q3, we received approval to proceed and regional stakeholders met to establish an approach to move forward with the top three priorities, deliberate on the feasibility of the approach, and identify possible barriers to delivering on the strategy. In Q4, we discussed a repatriation agreement, determined the order sets required and planned a pilot project in collaboration with CCAC.

PALLIATIVE: As of Q4, we have successfully addressed the milestones described in the 2016-17 Tactic Plan.

Palliative Care pathways have been developed (Q3, Q4) for patients with metastatic breast, lung, colon and pancreas cancer, and for patients diagnosed with advanced COPD, Chronic Kidney Disease, and Congestive Heart Failure. The need for a NP was identified as a critical resource and addition to the Palliative Care Team and to the redesign's implementation, education and uptake of the pathways and tools (Q4-current). The search for the NP has commenced (Q4-current).
In the interim, a Research Assistant was hired to trial the pathway triggers on admitted patients with the goal to case find and determine volume of early and new referrals to Palliative Medicine and inform any refinement of the pathways. Concurrent to the clinical focus, Patient Experience Advisors are working on information pathways and knowledge translation about Palliative Care and as it relates from hospital-to-home (Q1-4 – current).
Fiscal year 2017 will focus on implementing the pathways on specific KGH inpatient units, introducing best practice Palliative Care clinical tools and approaches and formative and summative evaluations.
Our progress to date is intended to spread to ambulatory clinics as the redesign evolves.

HEALTH LITERACY: As of Q4, we have implemented the planned milestones for the Health Literacy tactic. In Q4, we were also successful in obtaining approval to proceed with a Registered Nurses Association of Ontario (RNAO) fellowship project to create a teach-back methodology that we will implement with renal patients and then expand to other patient populations over the next fiscal year.

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

COPD: Yes, we met our planned milestones by the end of Q4.

HIP FRACTURES: Yes, we met our planned milestones at the end of Q4.

PALLIATIVE: Yes, as of Q4, we successfully and strategically responded to the milestones.

HEALTH LITERACY: In Q3, we revised our tactic plans to take advantage of the ARTIC-funded project opportunity. As of Q4, we have met those revised tactic milestones.

Definition: DATA: Silvie Crawford COMMENTS: Silvie Crawford EVP: Silvie Crawford REPORT: STRATEGY REPORT

The care patients receive while in hospital is typically excellent. However, patients who require different levels of care over an extended period of time in multiple settings often have trouble receiving care across different parts of the health system and at transition points. Communication can be difficult, wait times can be long and patients and families can feel like they are 'falling through cracks' in the system. This year, we will work with our regional partners to implement clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and patients with life-limiting illnesses who require palliative care.

By 2018 patient navigation pathways and partnerships will be established for complex-acute and chronic patient populations and we will have implemented a continuum of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

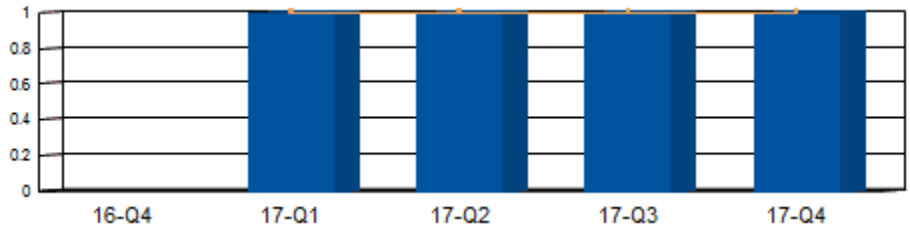
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q4 FY2017 Strategy Performance Indicators Report

Maximize our research & academic health sciences potential

The Kingston-wide health research enterprise is amon the "Top 10" health research institutes in Canada

Indicator: Tactic plan to create an integrated research institute meets quarterly targets



	Actual	Target
16-Q4		
17-Q1	1	**1**
17-Q2	1	**1**
17-Q3	1	**1**
17-Q4	1	**1**

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

A new Integrated Kingston Health Research Institute (IRI) will be able to leverage economies of scale, combine resources and develop priorities that should lead to greater optimization of financial resources, stronger research outcomes and greater visibility for health research in Kingston. In Q1, an operating plan for creating the new IRI was finalized, presented and approved by KGH, Hotel Dieu Hospital (HDH) and Providence Care Boards, and we are now focused on obtaining approval from Queen's University. This formal partnership between the Kingston hospitals and the University will be the first of its kind in Canada. The University's approval is critical to our success in building a world-class academic research enterprise that is well positioned to compete for scarce research dollars, while attracting leading researchers, students and trainees. Research collaborations like the Human Mobility Research Centre, that combines researchers from health sciences, engineering and computing, which typically take years to establish and develop, will be supported and accelerated by the formation and development of an integrated health research institute. In Q2, we conducted stakeholder engagement sessions with Queen's University's Executive team and Faculty members within the Faculty of Health Sciences. We also presented to the Queen's Board of Trustees where there was extensive discussion. While the response there was overall positive, we were asked for more details about the governance, operating agreement and costs. It was agreed by the Queen's Board of Trustees that the IRI proposal would be revisited at their March 2017 meeting and that in the interim, additional information would be provided to one of their Board Committees (Capital Assets and Finance) with the necessary discussion taking place prior to presentation to the full Board of Trustees in March 2017. In Q3, these discussions occurred with the Capital Assets and Finance Committee who have now endorsed the IRI proposal moving forward to full presentation to the Board of Trustees at their March 2017 meeting. In Q4, the IRI proposal was endorsed in principal by the Board of Trustees which approved proceeding with the early steps involved in creating a CRA approved research institute. Over the spring/summer 2017, we will work again with the external consultant (Ernst & Young) to establish a new non-share capital corporation with charitable status and will draft operating, governance, and affiliation agreements that will be presented to the two hospital Boards (Kingston Health Sciences Centre (KHSC) and Providence Care (PC)) and Queen's Board of Trustees for final approval. It is anticipated that this final approval will now occur in F2018 (fall 2017).

Between Q2 to Q4 we worked with Queen's and HDH to revise sections of our existing Affiliation Agreement, including Schedule B which deals with research. This brings our agreement up-to-date with our current practices and will meet the accreditation requirements of the School of Medicine. This revised agreement is now making its way through our Hospital board and Queen's Faculty of Health Sciences for final approval prior to signature. The new Affiliation Agreement for KHSC, including Schedule B, will be used as a template for a similar agreement with PC as we work towards creation of the IRI. It is anticipated that a new, fully executed Affiliation Agreement for KHSC will be finalized by April/May 2017.

The William J. Henderson Centre for Patient-Oriented Research, once complete, will be a game-changer for research in the Kingston region and will also increase research space for the new IRI. When complete, the 10,000 square-foot facility will offer clinicians, for the first time, the facilities and capabilities to conduct clinical trials at the earliest stages allowing for the development of new treatments. In Q1, the Ministry of Health and Long-Term Care (MOHLTC) granted approval to commence construction, which began in Q2. While we initially anticipated that the new Centre would be completed and occupied by April 2017, we have had to adjust the pace of the construction several times in order to minimize the impact on patient care at the hospital and are now anticipating that the new Centre will be completed and operational by August 2017. The grand opening of the new Centre has been booked for September 11th, 2017.

Q4 FY2017 Strategy Performance Indicators Report

Maximize our research & academic health sciences potential

The Kingston-wide health research enterprise is amon the "Top 10" health research institutes in Canada

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

We are celebrating Queen's University's endorsement and participation in the new IRI which is critical to our success and sustainability as a research enterprise. Significant efforts were made during the year by the Board, hospital, and university executives to make this a reality and we are very pleased with the outcomes. The Kingston hospitals and Queen's University have been collaborating for decades but in today's competitive research landscape, the need for strategic partnerships that go beyond the traditional funding of research project is essential. To continue to produce world-class, collaborative research academic health sciences centres need to evolve and come together to ensure competitiveness and sustainability, advance innovation, transform and intensify research prominence, and have an impact on health systems.

The William J. Henderson Centre for Patient-Oriented Research has made steady progress towards completion all year and, once complete, will be a cornerstone of evidence-informed health care. The new state-of-the-art facility will offer physicians and basic scientists, nursing, and allied health researchers, the ability to bring innovative diagnostic and therapeutic approaches to the point of care. CAHO's new framework for "Patient, Family & Public Engagement, Information Exchange and Participation in Health Research (PER)" aligns with CIHR's "Strategy for Patient-Oriented Research (SPOR)" and is about ensuring that the right patient received the right intervention at the right time and that research engages patients as partners, focusses on patient-identified priorities and improves patient outcomes.

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

We have made significant progress this fiscal year however, due to factors beyond our control, we did not meet our target of establishing the Kingston-wide health research enterprise agreement by year end. However, the time was needed to obtain approval by the Queen's Board of Trustees. The new IRI will be incorporated and operational in the next fiscal year which is approximately 9-12 months beyond the original timeline. The William J. Henderson Centre for Patient-Oriented Research has made steady progress towards completion all year and once complete, it is slated to be open Q3 of next fiscal due to primarily Ministry delays in approval.

Definition: DATA: Veronica Harris-McAllister COMMENTS: Veronica Harris-McAllister EVP: Roger Deeley REPORT: STRATEGY REPORT

The KGH Research Institute is dedicated to building innovative partnerships, building innovative partnerships and pursuing research excellence through a collaborative approach that leverages the combined strengths of our Kingston hospital and Queen's University partners. This year, KGHRI is leading an initiative to establish a unified Kingston-wide research institute in which we can all work together to generate and translate new knowledge into effective therapies, treatments and best practices that benefit patients everywhere.

By 2018 the Kingston-wide health research enterprise will be among the "Top 10" health research institutes in Canada and we will establish a Kingston-wide health research enterprise agreement.

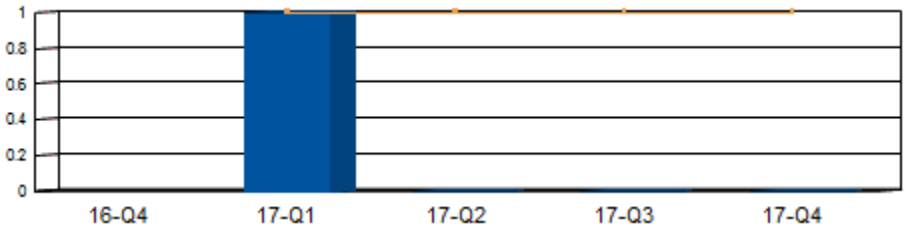
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress" , Green "Yes"

Q4 FY2017 Strategy Performance Indicators Report

Create a high performing regional health-care system with our partners

KGH is part of an integrated and sustainable regional health-care system

Indicator: Tactic plans for deliverables meet quarterly targets



	Actual	Target
16-Q4		
17-Q1	1	**1**
17-Q2	0	**1**
17-Q3	0	**1**
17-Q4	0	**1**

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

Since June 2016 when we engaged with staff, unions and physicians throughout the region, there has been a lot of change underway within the hospitals from one end of the South East Local Health Integration Network (SE LHIN) to the other. KGH and Hotel Dieu Hospital announced our integration and are in the midst of our work to bring together the two organizations by April 1, Providence Care is about to open their new facility and Brockville General Hospital was put under provincial supervision. These are just some of the examples of how quickly the health care landscape can evolve.

What hasn't changed is that all seven hospitals in the region, along with the Community Care Access Centre (CCAC) and the SE LHIN remain committed to ensuring that our health system is effective and sustainable now and in the future. That thinking has led to a lot of innovation over the past year. As a result of many people coming together to work as Health Care Tomorrow teams, partnerships and communities of practice have been developed at many levels across the region. This has resulted in greater communication and problem-solving between organizations.

Through this important regional initiative, our organizations are working together to create a more seamless and sustainable health care system for patients and families. We will also explore opportunities to share hospital services and expand on existing collaborations in three main areas: business functions, diagnostics and therapeutics, and clinical services.

Over the past few months the Health Care Tomorrow - Hospital Services teams have made some significant progress.

Q4 FY2017 Strategy Performance Indicators Report

Create a high performing regional health-care system with our partners

KGH is part of an integrated and sustainable regional health-care system

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

Information Services, Lab Services, and Decision Support update
In June 2016, the hospital and LHIN Boards agreed to prioritize three areas of focus for continued work under the Health Care Tomorrow - Hospital Services umbrella: Information Services (IS), Decision Support and Laboratory Services. The CEOs have committed to these areas of focus, while also recognizing that emerging priorities in the region will require us to focus on manageable and prioritized elements within these areas. Highlights of the work include:

The Health Information System (HIS) was identified as the first Information Services priority. The Value-Based Analysis (VBA) initiated in December 2016 is progressing well. The clinical benefits analysis, clinical costing assumptions, proposed project phasing and timelines is now being consolidated to create the HIS 'total cost of ownership' (TCO) estimate. This work is on target and expected to complete in Q1 of next year.

Following regional agreement that the Laboratory at KGH would serve as a regional lab, efforts have been focused on developing the agreements for other interested hospitals to join at their choice under a "lead agency model". This work remains on target with decisions pending in Q1 of next year;

Quinte Health Care is leading the work to determine whether a regional service model for Decision Support makes sense through the creation of a community of interest.

Clinical services:
The SELHIN and SECHEF commissioned the Hay Group to work with the regional clinical leaders to develop a model for clinical redesign in the SELHIN. The report, received in the fall of 2016, only focused on activity and the location of the clinical services. In Q4 the COS and CNE at SECHEF have initiated a feasibility analysis of the report as a first phase of working towards a regional change in clinical service to improve quality of care, access to care and drive efficiency. The analysis was delayed for most of Q4 however to allow the engagement of the clinical teams in the HIS process. The SELHIN is reportedly looking at a redesign in SECHEF itself in the new future, so further assessment and development of the Hay Report will be contingent upon these changes.
The clinical services teams have been focused on creating regional care pathways for patients with Chronic Obstructive Pulmonary Disease (COPD) and hip fractures. These two patient populations often require different levels of care over an extended period of time in multiple settings. As a result, wait times can be long and patients and families can sometimes feel like they have fallen through the cracks in the system. Our aim is to change this by implementing clear pathways across the entire continuum of care for these patient groups.

So far, the project teams have finished mapping the patient journey for COPD and hip fractures from the time the patient first presents to hospital to the time they are discharged. The teams also surveyed key stakeholders and as a result have identified some achievable goals and related recommendations for how to design and implement new pathways that will help transform the experience for these patients. These recommendations are now ready to be presented at the South East Community and Executive Forum (SECHEF) and once they are approved, work will begin on putting the pathways in place with accompanying order sets and discharge checklists. Then the project teams will be reaching out to physicians and care providers across the region to get their feedback so that implementation plans can be refined.

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

The clinical service working groups and leads for Information Services, Decision Support and Lab Services are will create a series of updated milestones to present for consideration at SECHEF. Those milestones will reflect the fact that we need to continue at a different pace that respects the priorities and all of the change now underway in our region.

The SE LHIN hospital partners all remain committed to redesigning our regional hospital system to better meet the needs of our patients and families while responding to the financial challenges facing our health care system.

For more information, visit www.healthcaretomorrow.ca for an overview of the initiatives underway and to track the latest news.

Definition: DATA: Jim Flett COMMENTS: Theresa MacBeth (interim) EVP: Dr. David Zelt(interim) REPORT: STRATEGY REPORT

The Health Care Tomorrow – Hospital Services initiative began in 2014 as a collaboration between our region's seven hospital organizations, the Community Care Access Centre, the Queen's University Faculty of Health Sciences and the South East LHIN. Together, we are aiming to meet the needs of today's patients and families by making it easier for them to get care, when they need it, here in our region, while creating a great place to work for our staff and responding to the financial challenges facing our health care system. This year, our leaders are actively participating in the development of business cases that explore the potential to share services and build on existing collaborations with our regional partners in key areas such as information technology, financial services, human resources, facilities management, diagnostic imaging, laboratory and pharmacy services.

By 2018 KGH will be part of an integrated and sustainable regional health-care system. We will have advanced Health Care Tomorrow deliverables.

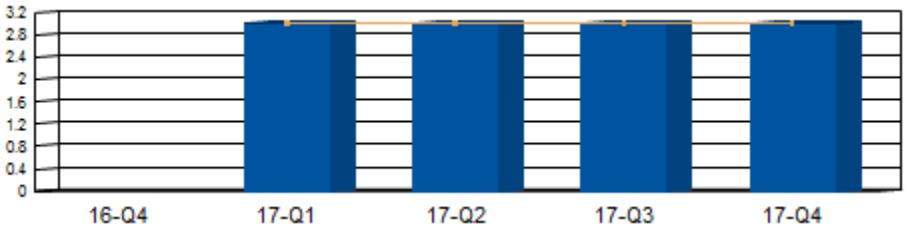
Target: Target 16/17: Perf. Corridor: Red "No", Yellow "inprogress", Green "Yes"

Q4 FY2017 Strategy Performance Indicators Report

People

Empower our people to transform the patient experience

Indicator: 1 staff round with senior leadership every month



	Actual	Target
16-Q4		
17-Q1	3	**3**
17-Q2	3	**3**
17-Q3	3	**3**
17-Q4	3	**3**

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

Our recent engagement survey suggests that by increasing visibility and interaction with members of the senior executive team, we can improve KGH staff and physician engagement. This year we are aiming to improve trust by opening up the lines of communication between staff and executives and fostering mutual understanding of issues and concerns in the organization. In our first quarter (Q1), April to June, we created a plan for executive rounds, as well as a master schedule and shared calendar to help us track bi-weekly executive rounds. As of Q4, our executive team members have been conducting rounds throughout the hospital consistently as scheduled and the feedback from staff continues to be positive. Staff members are noticing the presence of the executive team and are appreciating the opportunity to speak with executives, share their ideas, questions and concerns and build relationships with executives. During this time of change as we integrate with Hotel Dieu Hospital, these rounds provided an opportunity to check in with staff, answer their questions and address their concerns. In Q4, we also conducted touchstone employee engagement surveys across the organization. We are currently analyzing the results of that survey as they relate to the effect of leadership presence and relationship-building in the organization.

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

We have completed the quarterly milestones for this tactic. A master schedule is in place and is used to assist with the coordination and documentation of the rounds. Feedback to date has been very positive from both a staff and the senior executive perspective. Senior executive members believe there has been an increase in visibility and communications / conversations across portfolios as a result of new learnings.

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

Yes, as of Q4 we have met the target of every senior executive conducting bi-weekly rounds.

Definition: DATA: Sandra Carlton COMMENTS: Theresa MacBeth(interim) EVP: Dr. David Zelt (interim) REPORT: STRATEGY REPORT

It takes people to deliver Outstanding Care, Always. Patients and families at KGH are served by thousands of highly-educated health-care professionals and providing them with a positive, dynamic, healthy workplace is a top priority. One of the ways we will achieve is by creating regular opportunities for front-line staff to interact with our senior executive team to strengthen their connections, improve their mutual understanding of front-line care issues and big-picture organization and system issues so that we can all make the best decisions and improvements for patients, families, the hospital and our regional health system. This year, our senior executive team is committed to doing rounds with staff throughout the hospital each month.

By 2018 senior leadership will conduct monthly staff rounds and we will be positioned to empower our people to transform the patient experience.

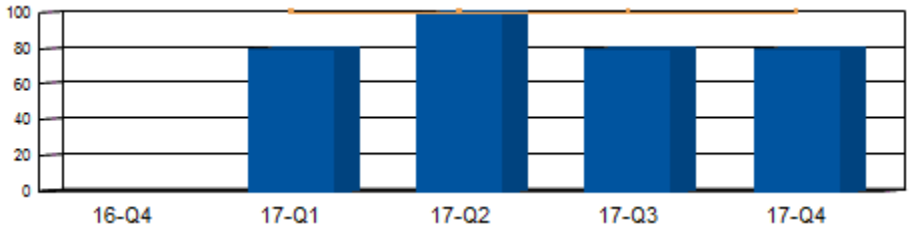
Target: Target 16/17: 100% Perf. Corridor: Red 1 or 0 rounds, Yellow 2 rounds , Green 3 rounds

Q4 FY2017 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Indicator: Strategic technology projects are implemented on schedule and on budget**



	Actual	Target
16-Q4		
17-Q1	80	**100**
17-Q2	100	**100**
17-Q3	80	**100**
17-Q4	80	**100**

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

Keeping pace with emerging technology is essential in the business of health care. This year, we are working with partners to explore a regional Health Information System; participating in Connecting Ontario
By sharing clinical data across the continuum of care providers in the Province; introducing electronic workflow and communications with community care partners; creating a new staff intranet and exploring opportunities to improve supply management within KGH. As of Q4, the status of our technology projects is as follows:

1. The Health Information System (HIS) Value-Based Analysis (VBA) initiated in December 2016 is progressing well. The clinical benefits analysis, clinical costing assumptions, proposed project phasing and timelines have been finalized by the SE LHIN hospitals' Chiefs of Staff, Chief Nursing Executives, and members of their teams. Leading industry vendors have been asked to provide HIS pricing for the SE LHIN. Meetings with hospital IT and Health Records leaders have been held to discuss the impact of a SE LHIN HIS. Data from these exercises is now being used to complete the HIS 'total cost of ownership' (TCO) estimate. Also, to address the question of "affordability", hospital CEOs have directed their CFOs to consider financing options and cost sharing models to support an HIS implementation. Of note, the SE LHIN has been singled out by the MOHLTC HIS Advisory Panel for its innovative approach to engaging clinicians in order to identify clinical value.

2. The ConnectingOntario program completed a significant milestone in getting all six regional hospitals to sign stage 2 agreements in order to begin technical development. As previously forecasted in Q3, testing cycle timelines were extended in Q4 impacting our schedule. Escalations were made to eHealth Ontario and a process is now in effect ensuring eHealth and Telus resources are aligned when needed. The project team is currently evaluating the results of the new process in order to assess whether the overall project schedule will be impacted. A Transfer Payment Agreement amendment will be required with eHealth Ontario if timelines continue to be extended.

3. CCAC project planning is nearing completion for both eNotification and eReferral phases. Finalized scope will be decided by joint sponsors in April which will determine the project's completion date. Competing projects are causing IT resource challenges, however teams are working together to resolve and mitigate any schedule delays.

4. The new KGH Intranet site is scheduled to launch on April 4. The pilot phase of the project is anticipated to conclude before the end of April, at which point the project's closing phase activities will commence.

5. The OR Inventory Control & Management Solution project is on hold based on recommendations and direction provided in Q3. Based on best practice, a decision to initiate a process improvement/workflow review with the Operating Room and 3SO was recommended before implementing the technical integration with our SAP financial system. A project request will be submitted to the Project Management Office in fiscal 2018 to re-initiate the project upon approval.

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

As of Q4 four of the five active strategic technology projects are on track with their planned milestones for the year. The Connecting Ontario project experienced timeline extensions during the KHSC technology testing phase. The scheduling extensions have been approved by eHealth Ontario and the project team is monitoring the issues closely to mitigate further timeline impacts as much as possible.

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

The projects are on track to meet their planned targets with the exception of the OR Inventory Control and Management Solution project. The project will be part of the FY18 intake and prioritization process to determine when to re-initiate.

NOTE: The Health Information System, ConnectingOntario and CCAC eReferral projects will continue into Fiscal 2018 as planned.

Q4 FY2017 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Definition: DATA: Troy Jones COMMENTS: Troy Jones EVP: Dr. David Zelt (interim) REPORT: STRATEGY REPORT

Keeping pace with emerging technology is essential in the business of health care. This year, we are focusing on several strategic technology projects that will help us to work smarter and more efficiently. We are working with our partners through the Health Care Tomorrow process to explore a regional Health Information System that will improve communication and collaboration across the seven hospitals in our LHIN, while enabling a more seamless patient experience. The Connecting Northern and Eastern Ontario (cNEO) project will connect silos of information and result in a more coordinated approach to health care in the province. We are also exploring opportunities to introduce electronic workflow and communications with our community care partners. We are creating a new staff intranet to create a powerful platform for information sharing and engagement for everyone who works, learns and volunteers at our hospital. And, we're exploring opportunities to improve supply management in our hospital by automating processes and creating efficiency.

By 2018 we will achieve rapid transmission of information to improve care and operational efficiency. We will have implemented strategic technology projects on schedule and on budget.

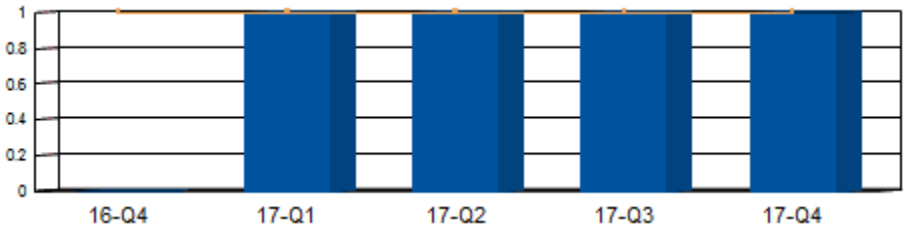
Target: Target 16/17: 100% Perf. Corridor: Red <60%, Yellow 60% to 79%, Green >= 80%

Q4 FY2017 Strategy Performance Indicators Report

Facilities

Phase 2 functional planning is complete

Indicator: Stage 2 Approval Status



	Actual	Target
16-Q4	0	**1**
17-Q1	1	**1**
17-Q2	1	**1**
17-Q3	1	**1**
17-Q4	1	**1**

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

Over the past few years, KGH has been very active making the case for the Phase 2 Redevelopment. Phase 2 redevelopment plans at KGH include new equipment, building new facilities and adding modern technology in key areas of the hospital, including Clinical Laboratories, Neonatal Intensive Care, Labour and Delivery, Operating Rooms, the Emergency Department and our data centre. In Q2, the Minister of Health and Long-Term care delivered a letter confirming $2.5 million in funding to support the planning for our phase 2 redevelopment project. In Q3, KGH formally executed the Planning Agreement with the MOHLTC and approved our governance structure for creating the Stage 2 Functional Program. Agnew Peckham was retained to guide the process and create the final documentation. In Q4, working groups thought carefully about how to build spaces that meet the needs of patients, families and care teams in the future. As a result of this thinking, the groups finalized the functional plan space lists for the redevelopment areas including detailed information about the type of rooms, sizes, adjacencies and how the rooms should function.

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

As part of the province's $51.8 billion investment in health care for 2016-17, the Ministry of Health and Long-Term Care announced on August 3 an investment of over $13 million in the Kingston area. As part of this investment, Kingston General Hospital will receive a total of $9.2 million in funding. Of this amount, $2.5 million will support early planning for our Phase 2 redevelopment project. The balance of $6.7 million represents an increase in our operating budget. In continuing to support the evolving care needs of our community, modern facilities are essential for supporting leading-edge acute care, research and teaching hospitals. Working Groups for the five areas to be redeveloped, including Operating Rooms, Perinatal Services, Emergency, Clinical Labs and Data Center, have begun their work to contribute to the functional program for each area.

Our goal is to submit our functional program to the Ministry by September 2017. As of Q4 we are on track to submit our functional program documents to the SE LHIN and the Ministry of Health and Long-Term Care (MOHLTC) on schedule. Over the next couple of months, our architects will begin to take all the information gathered from our working groups and create block schematic drawings based on the functional program space lists.

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

As of Q4, we are on track with our planned milestones to submit the functional program for our Phase 2 redevelopment project to the SE LHIN and MOHLTC by the fall of 2017.

Definition: DATA: Allan McLuskie COMMENTS: Allan McLuskie EVP: Dr. David Zelt (interim) REPORT: STRATEGY REPORT

Safe, modern facilities are essential for leading-edge acute care, research and teaching hospitals. In Phase 1 of our hospital redevelopment project, we added 170,000 square feet of new space and renovated an additional 143 square feet at KGH. This year, we're focused on obtaining approval for our Phase 2 redevelopment project, which includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms.

By 2018 phase 2 functional planning will be complete. Aproval will be obtained to proceed with phase 2 redevelopment.

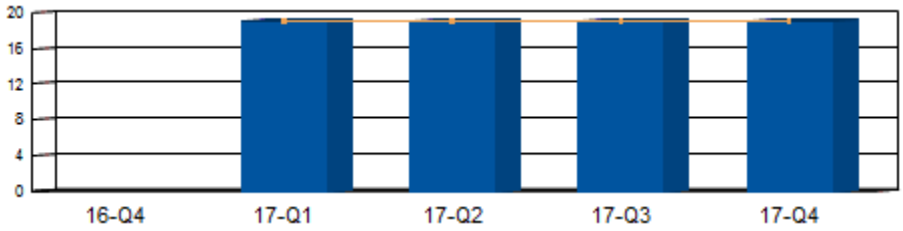
Target: Target 13/14 (1/0 = Yes/No) Perf. Corridor: Red No Yellow N/A Green Yes,Target 14/15 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No),Target 15/16 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No), Target 16/17 = 100% Perf. Corridor: Red "No", Yellow "In progress", Green "Yes".

Q4 FY2017 Strategy Performance Indicators Report

Finance

KGH is a top operational performer amongst Ontario teaching hospitals

Indicator: 19 of 19 QBPs have a completed process analysis with recommendations for change



	Actual	Target
16-Q4		
17-Q1	19	**19**
17-Q2	19	**19**
17-Q3	19	**19**
17-Q4	19	**19**

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

This year, KGH is responsible for achieving volume targets for 19 QBPs. Where our costs are higher than funded rates for those procedures, we must find ways to maintain quality and improve cost efficiency. In Q1, we conducted a detailed efficiency analysis for each QBP, focusing on those with costs higher than funded rates, and prioritized the top three opportunities for cost efficiency. In Q2 we identified three priority areas including supply management, ICU length of stay, unit clerk role standardization. We have completed a cost analysis within each of these areas. In Q3 work was undertaken to improve supply management in the ORs. Detailed analysis is ongoing on ICU length of stay, which is proving to be challenging because peer data is not readily accessible as a comparator. We explored the opportunity to be involved in a province-wide implementation of digital QBP order sets that will guide us to implementing best practice with real time feedback on our progress. In Q4, the team focused on managing elective volumes.

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

As of Q4, the QBP Steering Committee has overseen the efficiency analysis and recommended priority areas to be addressed by program-based QBP teams and worked to address the volumes of QBPs that are elective in nature, notably hip and knee replacements. Challenges continue within the urgent/emergent QBPs with respect to fiscal accountability. In particular, we have performed greater volume fo those QBPs than we are funded for.

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

Yes, as of Q4 we have met our planned QBP efficiency milestones and work on the identified initiatives will continue in the next fiscal year.

Definition: DATA: Decision Support - Michelle Howland & Alex Ungar COMMENTS: Mike Bell EVP: Dr. David Zelt REPORT: STRATEGY REPORT

As part of our commitment to sustaining the financial health of our organization and be a top operational performer amongst our teaching hospital peers, we are aiming to ensure that Quality Based Procedures (QBPs) are effectively delivered in our hospital. QBPs are a key feature of the Ministry of Health and Long-Term Care's health system funding reform and have been introduced in clinical areas that demonstrate significant opportunity to introduce evidence into clinical pathways, reduce practice variation, attain cost efficiencies, and being to align quality with funding. This year, KGH is responsible for delivering a set volume of QBPs within set cost parameters in 19 of our clinical areas. To help us perform within the expected costs of our QBPs, we will conduct a detailed analysis of the cost elements for each QBP, identify and act on efficiency opportunities.

By 2018 KGH will be a top operational performer amongst Ontario teaching hospitals and we will have identified the top three efficiency opportunities for all Quality Based Procedures.

Target: Target 16/17: 100% Perf. Corridor: Red 0 - 11 QBPs, Yellow 12-14 QBPs, Green 15-19 QBPs

Kingston General Hospital

Q4 FY2017 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