

fiscal
2019-2020 **Q2**
2nd quarter ended September 30, 2019

KHSC **this** **quarter**



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

Data infrastructure project meets quarterly milestones	3
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Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)	5
Mobilization strategy project meets quarterly milestones (QIP based)	6
Generate surplus to support capital requirements	7
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Outcome: Lead the evolution of patient- and family-oriented care

Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones	9
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Outcome: Create the space for better care

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

Percent of Engagement plans completed	11
Number of workplace violence incidents reported per twelve month period	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

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Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

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Q2 FY2020 Strategy Performance Indicators Report

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

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

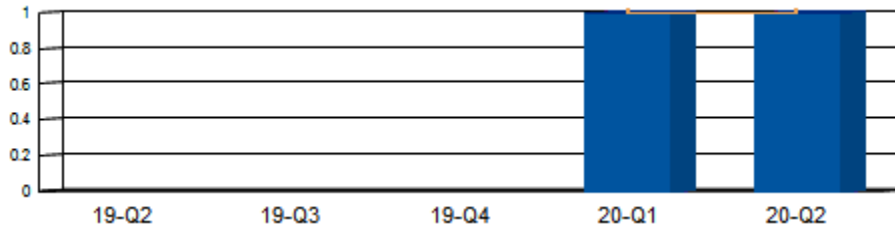
	SPR			SAA		
	F18			F18		
	Q1 %	Q2 %	Q2 #	Q1 %	Q2 %	Q2 #
R	13%	7%	1	42%	30%	21
G Y	87%	93%	14	51%	61%	42
N/A	0%	0%	0	7%	9%	6
			15			69

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Data infrastructure project meets quarterly milestones



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

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

Project is progressing as per the plan.

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 on target and Advance Data Analytics Business Case will be Sign-off from Exec by the end of this year. It will include the following;

1. Evaluate current organization maturity- In progress
2. Evaluate executives, directors and clinical team requirements- In progress
3. Comparison with the Market- In progress
4. Business case with cost estimate and road map

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

Yes

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

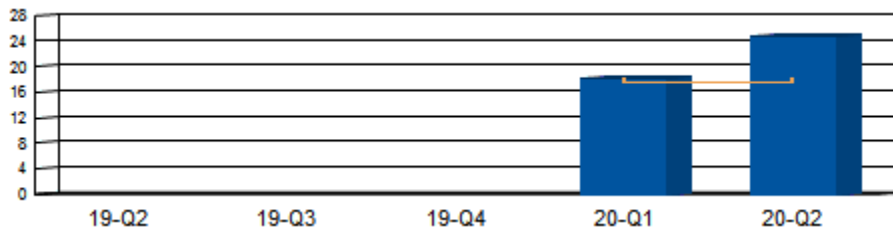
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

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



	Actual	Target
19-Q2		
19-Q3		
19-Q4		
20-Q1	18	17.6
20-Q2	25	17.6

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

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

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

This indicator measures the time interval between the decisions to admit occurs and the time the Patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room. This is the second Q for this indicator. This is measured in hours using the 90th percentile, which represents the maximum length of time that 90% of patients admitted from the ED wait for an inpatient bed or an operating room. This means that once a decision to admit has occurred the wait for an in-patient bed is 24.7 hours. This results a 6.4 hour increase in the wait time. This is reflective of the hospital over all capacity being frequently over 100% and the volume of patients arriving at the ED.

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

We are not on track, with winter and flu season we are in danger of increased wait times. We are working with internal departments looking at flow and over capacity protocols, use of MSAP clinics (Physicians in house can book patients at clinic to be seen at short notice and divert from ED) as well supporting external partners in new initiatives (Police and the COAST model: mental health workers with police).

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

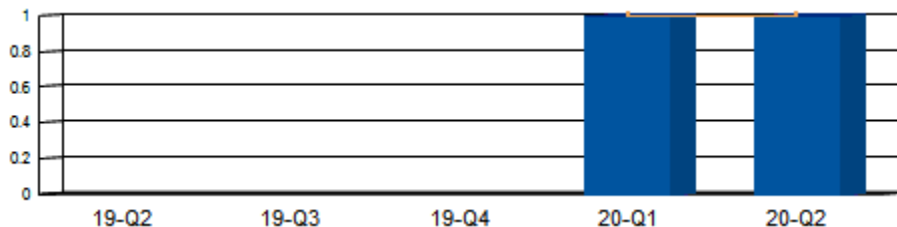
Target: Target 19/20: Q1: (17.6, Q2: 18.1, Q3: 27.5, Q4: 20.8), Red (Q1: > 17.9, Q2: > 18.4, Q3: > 28, Q4: > 21.2), Yellow (Q1: 17.7 - 17.9, Q2: 18.2 - 18.4, Q3: 27.6 - 28, Q4: 20.9 - 21.2), Green (Q1: <= 17.7, Q2: <= 18.2, Q3: <= 27.6, Q4: <= 20.9)

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

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



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

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

Preamble as per Q1 report.

In Q2 we:

1. Reviewed the progress of the SHIP team to build the mHOMR algorithm into SHIP and learned that the first stage of this process involving a review of the 'specs document' was delayed to the end of November. The delay was identified as a potential risk to meeting our end-of-year goal and we enacted an alternate plan to implement mHOMR into PCS (this will occur simultaneously to the SHIP review).
2. The clinical systems team at KHSC is currently reviewing the requirements to build mHOMR into PCS and is scheduled to complete this activity by the end of October 2019. This review will include a defined scope and business requirements for the PCS development team to begin to build the mHOMR algorithm into PCS.
3. The QIP team reviewed baseline data (retrospective mHOMR scores calculated on a specific cohort of individuals admitted to IMUC and IMUD on Connell 9 & 10 floors) and validated the data. The team learned that the volume of patients admitted with an mHOMR score greater than the established threshold of 21% risk of mortality was almost twice that of other acute care hospitals in the province who have implemented mHOMR. This prompted a discussion and a decision to set a higher threshold for mHOMR (i.e. 50%) to maintain a manageable number of individuals requiring intervention in the early phases of this Quality Improvement Project.
4. The QIP team developed a Driver Diagram (AIM, primary and secondary drivers, and change ideas). The driver diagram will provide the impetus for the development of a multi-year project workplan with timelines for clinical implementation.
5. The QIP team met with the Health Information Management (HIM) team to discuss coding aspects associated with palliative care in the hospital and learned that the Canadian Coding Standards language pertaining to palliative care in its current iteration may lead to inaccurate capture of patients receiving a palliative approach to care. The inaccuracy has to do with the lack of acknowledgement that an individual could receive disease-directed treatment and/or interventions, and still benefit from a palliative approach to care. Clinicians will develop a term that will help identify individuals who are requiring/receiving a palliative approach to care in their documentation to facilitate accurate coding by the HIM team. This is important to ensure an accurate denominator of patients who could benefit from receiving a palliative approach to care can be identified at KHSC.
6. The QIP team met with the KHSC Advance Care Planning group to discuss best practices associated with aligning advance care planning discussions and resultant goals of care designation (the translation of the patient's ACP wishes into a medical order). Agreement was reached on pairing these concepts together. Further discussion is needed on the tools to support these conversations and the documentation of these conversations.

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

Calculation of mHOMR scores on previous admissions showed a high volume of individuals (approximately 50%) with a mHOMR score above the 21% threshold, therefore, the threshold will be set higher to ensure a smaller volume of individuals are identified initially (goal is to identify approximately 10% of admissions).

The decision to embed the calculation of the mHOMR score in PCS will ensure that we can meet our target by end of March 2020 (automated calculation of mortality risk on admissions to IMUC & IMUD). The impact for patients and staff will be the proactive, robust identification of patients who will benefit from a palliative approach to care. The automation of the mortality risk calculation will also facilitate better system planning as it will enable our hospital to understand the volume of patients requiring this care.

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

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

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

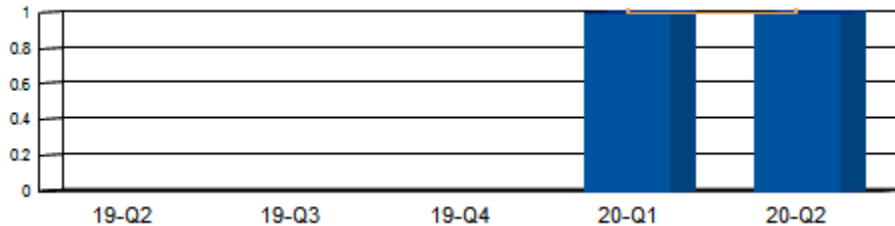
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

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



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

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

This quarter we continued to work with our coach to adhere to the principles of Quality Improvement (QI). The team worked with our physician partners to plan a roll out of a tool that predicts the risk of ALC conversion of the patient admitted to medicine units with a goal of roll out in Q3. We completed an organization wide mobility prevalence study to determine how often our patients are being mobilized (baseline data) and through this have discovered opportunity for documentation improvements. We have categorized 4 basic envelopes of care to enhance frail senior management and reduce ALC conversion; Nutrition, Mobilization, Cognitive and Psychosocial. We are currently engaging front line practitioners to discover barriers to mobilization.

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

To achieve this goal we have looked at literature and our data and analysed how and where the two intersect to allow us to find best opportunities to improve care. We have met our Q2 goals.

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

We are on track to meet our targets this year.

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

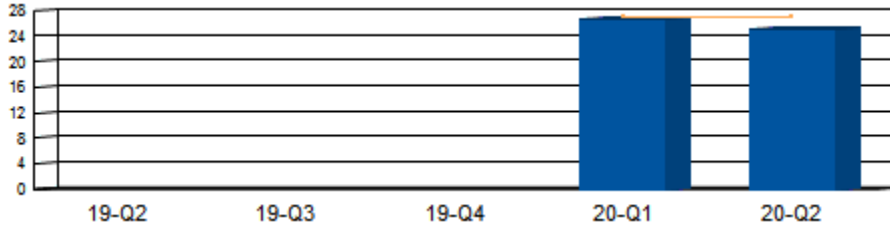
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Generate surplus to support capital requirements



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

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

Capital Planning Committee TOR reviewed and approved by the executive team and Capital Committee will be established to ensure that the KHSC capital requirements are met.

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

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

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

Yes, CAF Reinstated payments as per the old rates and it will put us back on track. Expected capital capacity by the end of the fiscal year will be around \$25M rather than \$27M.

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

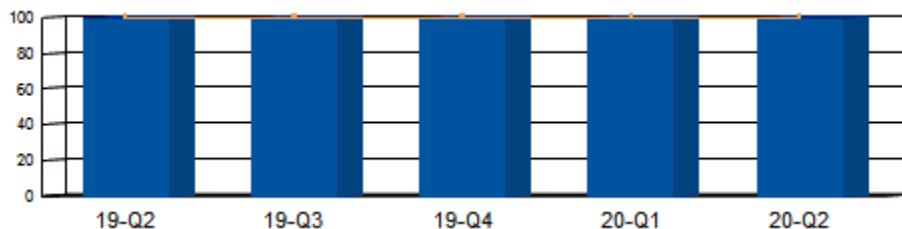
Target: Target 19/20: 25M , Red < \$ 15M, Yellow \$15 - 20M, Green \$20 - 25M

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Expenses not to exceed revenue



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

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

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

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

Taking into consideration the increased funding for this year, the programs under the MSAA are operating in a balanced budget position.

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

Yes

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

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

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

Prior Targets:

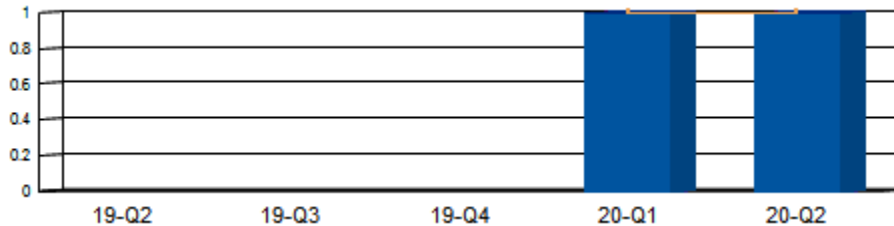
Target 18/19: 100% Red <90% Yellow 90% - 99% Green 100%

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Lead the evolution of patient- and family-oriented care

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



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

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

Patient Advisor identified for OHT Steering Committee. Additional consultation undertaken in the organization to better understand PFCC needs and opportunities in the hospital. Plan in development to better support PFAC Chairs in their roles, including with recruitment of advisors and succession planning. Tool developed to invite interested advisors to apply for consideration for Board committees.

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

Recruitment plan in development to support PFACs in cancer and renal programs for enhanced participation and succession planning. PFAC leaders engaged about how to best support them in their work. PFCC Lead continuing to meet with leaders to understand current and future opportunities for patient partnership. Patient advisor identified to serve on OHT Steering Committee

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

Initiatives on track. No concerns at this point.

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

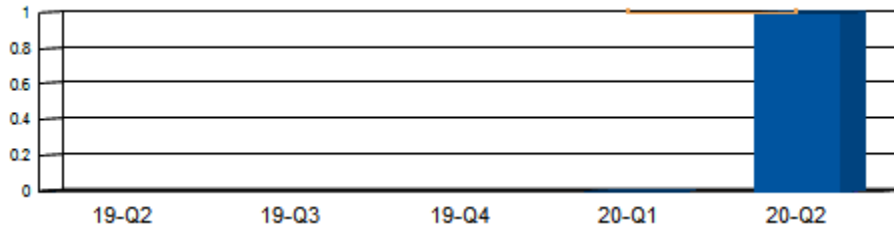
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Create the space for better care

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



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

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

The Q2 milestone was to co-sponsor procurement of the Planning, Design & Compliance (PDC) consultants with Infrastructure Ontario. The RFP was posted on September 26th, which satisfies the quarterly milestone. The MOU, which was the focus of Q1 work, has also been finalized and will be signed by the end of October.

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

On target.

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

Yes, however the Q3 milestone to begin the development of Project Specific output Specifications (PSOS) will not be met due to the timing of posting the PDC RFP quite late in Q2. PSOS work will commence in Q4, instead of Q3, and will continue into F21 as planned. The date to complete the PSOS work and post the Design Build Finance RFP is subject to the outcome of the PDC procurement process and ongoing schedule discussions with Infrastructure Ontario.

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

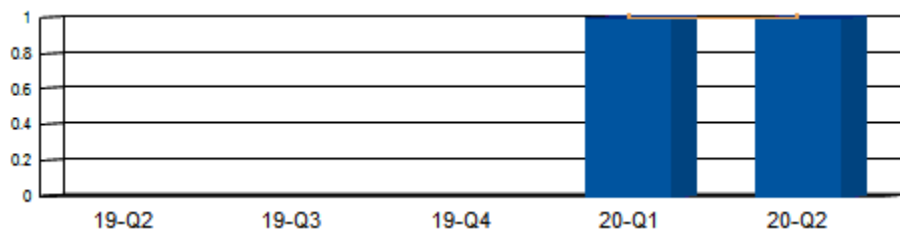
Target: Target 19/20: 100% , Red < 65%, Yellow 65 - 89%, Green >= 90%

Q2 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

Indicator: Percent of Engagement plans completed



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

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

In alignment with the tactic plan quarter 2 focussed on the roll out of results across the organization.

Roll out of results: This started with leadership discussions individually, in meetings and forums, then moved to cascade team results. Over 90% of the team results have been shared and conversations have been had. The corporate results were posted on the intranet.

Physicians and Volunteers: Survey results were also posted as part of their roll out plans, discussions were initiated within departments and some actions occurred for volunteers in response to items identified on the survey.

Team Action Plan: The template was introduced and communication within teams began including initiating work on their Team Action Plans. The key question for action is 'What matters to you?' to ensure the specific team priority issues are addressed.

Leadership Communication Training: Planning for people leader training on engagement, mission and communication was completed and dates were set for upcoming Leadership Days which will occur in Q3 and Q4.

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

Engagement is a key driver of organizational performance. Research tells us that 72% of the employees who understood the rationale behind most of the business decisions made by senior management were engaged as an example. Having good communication and plans at the team level will improve the employee experience. Given the amount of change experienced post integration, healthcare challenges with volumes, increasing complexity, limitations and rising expectations, having engaged staff is critical to improving patient experience, productivity and outcomes. Results from the recent employee Experience Survey demonstrated that we are not where we want to be as an organization and there are specific areas for improvement to be addressed.

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

Yes we are track.

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

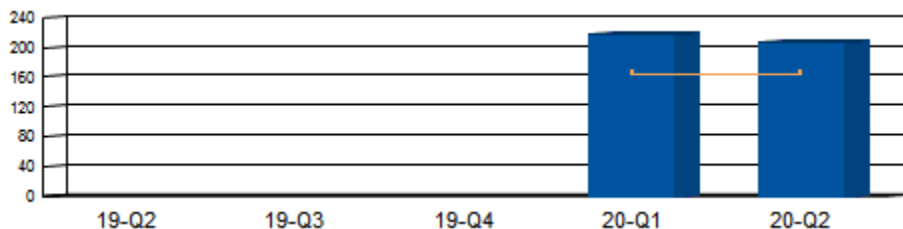
Target: Target 19/20: 80%, Red < 55%, Yellow 55 - 79%, Green >= 80%

Q2 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

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



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

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

In Q2, the Risk Reduction Plan required for patients with an active Behavioural Crisis Alert (BCA) flag was revised and went to Forms Committee for approval. The plan is to trial it in Q3 on Connell 3 and Burr 4 however resources to support the roll out and staff training have not yet been identified/approved. Additionally, a communication plan was put together in Q2 for our Workplace Violence internal awareness campaign that is set to launch in November.

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 met our goal of a 10% increase in reporting with 207 workers reporting the 157 incidents of violence which involved 176 employees and 31 affiliates. Of the 207 workers, 2 required health care treatment and 7 first aid. There were no lost time incidents due to workplace violence this quarter.

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

Two deliverables on our QIP violence work plan are delayed; one is the trial of the revised risk reduction plan which is awaiting resource(s) to support it and the second is the development of a consistent flagging process for KHSC outpatient areas however clinic stakeholders will be meeting to discuss in late October.

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

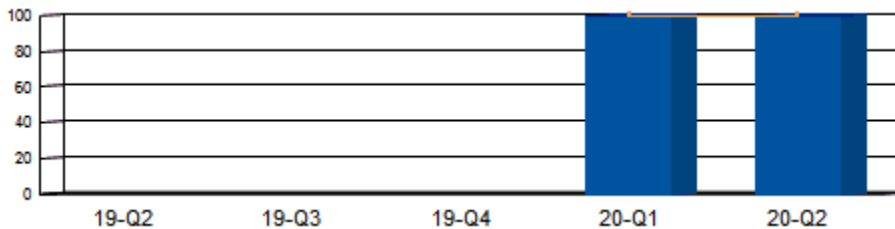
Target: Target 19/20: 165 incidents, Red < 107 incidents, Yellow 107 - 148 incidents, Green >= 149 incidents

Q2 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

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



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

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

The third stage of the HIS RFP evaluation is complete and vendors will be evaluated on the fourth and final stage throughout October. Results of the evaluation will be presented to the project steering committee and CEOs in Q3 with board approvals scheduled for Q4.

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

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

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

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

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

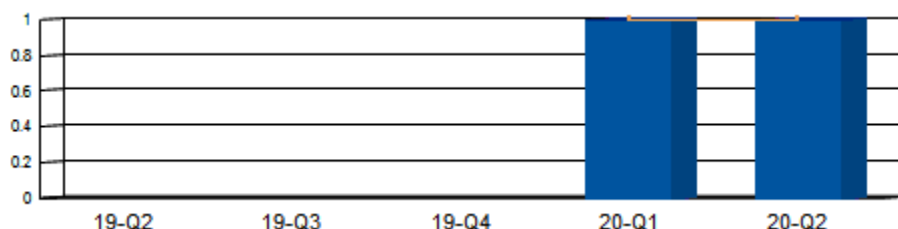
Target: Target 19/20: 100%, Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

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



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

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

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

In Q1, Kingston Health Sciences Centre participated in an Ontario Health Team self-assessment that involved over 60 health care partners throughout southeastern Ontario (SE-OHT). The application was submitted in partnership with organizations in the area that provide hospital care, home and community care, social services, mental health and addiction services, and primary care, among other services. Following that submission, our OHT was assessed by the Ministry as being "In Development". The Ministry defines these teams as ones that have partners who represent a continuum of care, are committed to the model, and with a bit more work will be well positioned to complete the full application. In Q2 the Ministry of Health encouraged the South East & Rural Frontenac, Lennox & Addington (RFLA)-OHT groups to come together in respect of their data, which indicates that the central zone of the proposed SE-OHT has a shared attributable population with RFLA. Since then, there has been positive dialogue between the leads of both OHT groups and their respective steering committees. Both groups have endorsed bringing the central zone of the SE-OHT together with RFLA and reconstituting a steering committee that will oversee the development of one Frontenac, Lennox & Addington (FL&A)-OHT full application. This is exciting news and we are looking forward to working together. This work builds on existing partnerships in the region, and we look forward to building on our collaborations so that our patients will be the beneficiaries of a stronger, more connected health care system as soon as possible.

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

Our Q2 milestone for the OHT development was to formalize a steering committee and begin to identify working groups to support the development of our full application to create an Ontario Health Team. With the creation of the FL&A-OHT Steering Committee, we have accomplished this milestone. As this group begins to meet, it will put in place operational and working groups to undertake the work of engaging stakeholders and completing our FL&A-OHT full application. These groups could include patient engagement and leadership, primary care engagement and leadership, digital strategies, priority populations care pathways, and collaborative governance, to name a few.

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

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

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

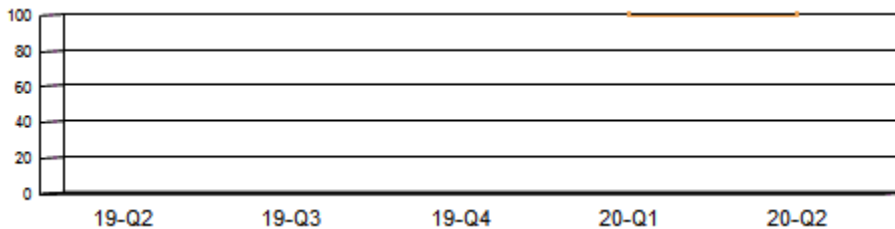
Target: Target 19/20: 100%, Red < 65%, Yellow 65 - 89%, Green >= 90%

Q2 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Joint venture tactics meet quarterly milestones



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

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

Tactic planning and quarterly reporting for research indicator on temporary hold until the partners have an opportunity to discuss and agree on appropriate tactics, milestones and deliverables.

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

Not available at this time.

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

Tactic planning and quarterly reporting for research indicator on temporary hold until the partners have an opportunity to discuss and agree on appropriate tactics, milestones and deliverables. May be able to define some tactics, milestones and deliverables in Q3/Q4.

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

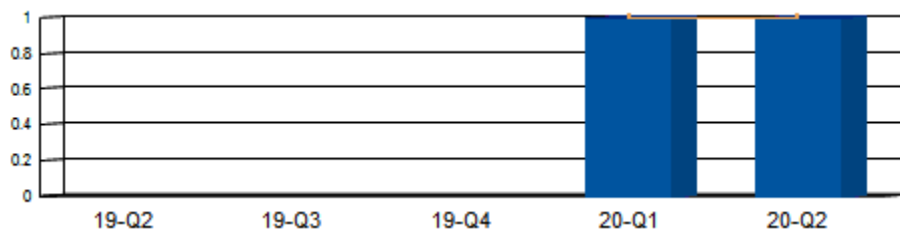
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q2 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

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



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

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

Each year, Kingston Health Sciences Centre welcomes more than 2,000 health-care learners which includes medical student, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers.

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

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

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

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

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

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

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

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

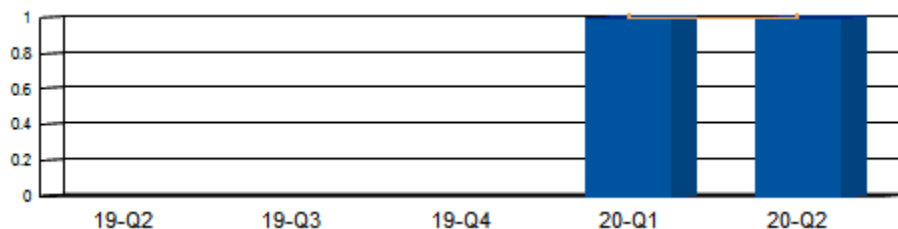
Target: Target 19/20: 100%, Red TBD, Yellow TBD, Green TBD

Q2 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Advisory committee development meets quarterly milestones



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

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

In Q2, the Physician Advisory Committee met in September and continued to develop an updated Terms of Reference for the committee as well as discuss items of interest to the committee. There is a next meeting scheduled in November.

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

Current performance is on track.

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

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

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

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

Q2 FY2020 Strategy Performance Indicators Report

Status:

N/A

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching