

fiscal  
2020-2021 **Q2**  
2nd quarter ended September 30, 2020

# KHSC this quarter



## Service Accountability Agreement Report

**Q2 FY2021 Strategy Performance Indicators Report**

| Strategic Direction   | 2020 Goal  | Indicator   | 21-Q1                                       | 21-Q2  | 21-Q3 | 21-Q4 | 22-Q1 |     |
|---|--|---|---|--|-------|-------|-------|-----|
| 1. Ensure quality in every patient experience                               | a. Make quality the foundation of everything we do   | Virtual Health service design is in place   | N/A   | Y  | N/A   | N/A   | N/A   |     |
|   |  | Diagnostic, cancer & elective activity volumes meet monthly target                                | N/A   | Y  | N/A   | N/A   | N/A   |     |
|   |  | ROP Assessment completed & action plans completed for all ROPs with identified gaps               | N/A   | Y  | N/A   | N/A   | N/A   |     |
|   |  | Rate of hospital-acquired pressure injuries   | N/A   | R  | N/A   | N/A   | N/A   |     |
|   |  | COVID Incremental Cost Recovery   | N/A   | R  | N/A   | N/A   | N/A   |     |
|   |  | Achieve pre-COVID position by March 31  | N/A   | Y  | N/A   | N/A   | N/A   |     |
|   |  | HSAA/MSSA conditions met  | N/A   | Y  | N/A   | N/A   | N/A   |     |
|   |  | b. Lead evolution of patient- and family- centred care  | IACP work teams include patient advisor(s)  | N/A  | G     | N/A   | N/A   | N/A |
|   |  |   | c. Create the space for a better experience | Begin PSOS Development; Issue request for qualifications | N/A   | G     | N/A   | N/A |
| 2. Nurture our passion for caring, leading and learning                     | a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC | Communication & education plans developed for top 3 sources of stress identified from survey data |   | N/A  | G     | N/A   | N/A   | N/A |
|   |  | Executive team members participate in the Leads competency-based framework retreat/ education day | N/A   | G  | N/A   | N/A   | N/A   |     |
|   |  | Workplace violence Incidents reported per quarter   | G   | R  | N/A   | N/A   | N/A   |     |
| 3. Improve the health of our communities through partnership and innovation | a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most                    | HIS contract signed   | G   | G  | N/A   | N/A   | N/A   |     |

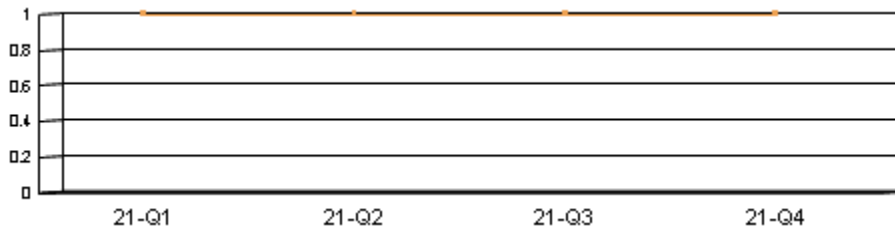
|   |   | Indicator  | 21-Q1 | 21-Q2 | 21-Q3 | 21-Q4 | 22-Q1 |
|---|---|--|-------|-------|-------|-------|-------|
| 4. Launch KHSC as a leading centre for research and education | a. Foster a culture of teaching, learning, research and scholarship | OHT application submitted  | N/A   | G     | N/A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

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: Virtual Health service design is in place



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

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

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

#### Q3 (October – Dec):

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

#### Q4 (Jan – Mar):

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

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

There were no planned deliverables in the tactical plan for Q2 however with the establishment of the Virtual Health Steering Committee, this has led to the draft of the tactical plan, creation of the virtual health project team with dedicated project resources and identified key knowledge stakeholders to support the deliverables. The project team is currently on track with completing Q3 planned actions.

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

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

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

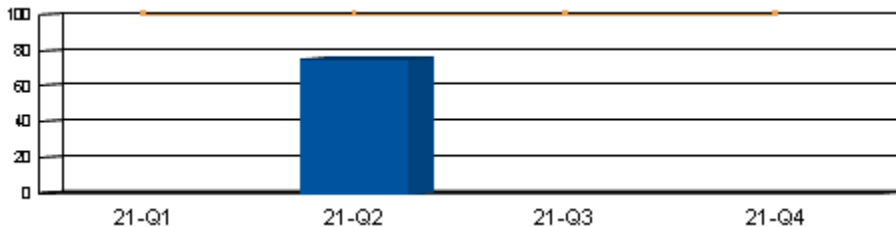
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

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



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

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

Improve access to surgical care by advancing HDH surgi-centre

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

All procedure-based activities affected by Covid shutdown in 1st quarter and now working on backlog management. Diagnostic Imaging well ahead of monthly target and working on backlog. Most cancer surgery around 90% of monthly targets. Non-QBP procedures at ~70% of monthly targets. Pediatric surgery, cataracts and joint bundles still far behind (~65% monthly, <50% YTD). Wait times effects most significant in elective, non-cancer procedures

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

Assuming no new Covid surge in Kingston, we expect to be close to target on many QBP's, at target on Cancer, and ahead of target in cardiac. New beds in HDH opening this week with limited capacity (testing operations). This will help with bundle joints but unlikely to achieve full year target. We are exploring community options for cataract surgery...which remain biggest concern in terms of overall target achievement. Also continuing discussions with partner hospitals on any available capacity.

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

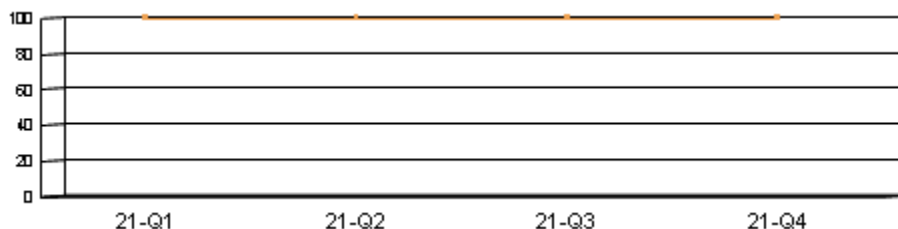
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: < 60%  
YELLOW: 60 - 79%  
GREEN: >= 80%

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

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



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

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

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

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

In Q2 a meeting was held with Accreditation Canada to discuss potential changes to the 2020 ROPs. With no significant changes expected the decision was made to conduct a baseline assessment of current ROP compliance. An assessment plan was created and coordinated with risk management to concurrently assess the HIROC Risk Assessment Checklists or our corporate risks where there is alignment with an ROP. The assessment plan is being carried out in Q3.

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

This project is on track to meet identified milestones.

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

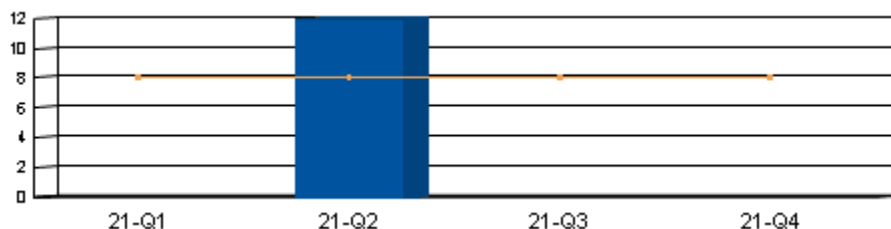
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: < 65%  
YELLOW: 65 - 89%  
GREEN: >= 90%

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: Rate of hospital-acquired pressure injuries



|       | Actual | Target |
|-------|--------|--------|
| 21-Q1 |        | 8      |
| 21-Q2 | 12     | 8      |
| 21-Q3 |        | 8      |
| 21-Q4 |        | 8      |

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

Pressure injuries are largely a preventative harm that our patients may experience; preventative strategies can reduce the number of hospital acquired pressure injuries.

Pressure ulcer spot prevalence studies are conducted in February and September annually. The target has been applied to the February 2021 audit. The provincial average was 9.1%. Our goal is to better the Ontario average to 8%. Our performance in February was 9.7%.

Patients at KHSC have numerous factors that put them at risk for pressure injury; decreased mobility, decreased nutrition, critical illness and using preventative strategies we may be able to mitigate some of these factors.

This indicator measures the percentage of hospital acquired pressure injuries (stage 1-4) over the total number of inpatients consenting to a bi-annual prevalence study. Through preventative strategies we will reduce the number of pressure injuries in our organization.

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

Implementation of Assess and Restore Nurse to coach unit to develop consistent care plans that are consistent with risk assessments of skin, falls, and mobility on C10 (first of 3 units). This role is reinforcing best practice in relation to skin and pressure injury prevention. Daily touchpoints with staff, weekly touch points with Management. Audit and feedback being completed to inform progress.

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

Coaching will be implemented on all three units (C10, C9, K4) by year end. Prevalence audits will be completed Q3 on these three units as well as Q4 corporately. Education underway to meet milestones. Expect to meet target by year end with risks due to Covid surge and insufficient staffing causing some concerns. Staffing is critical to success.

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

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

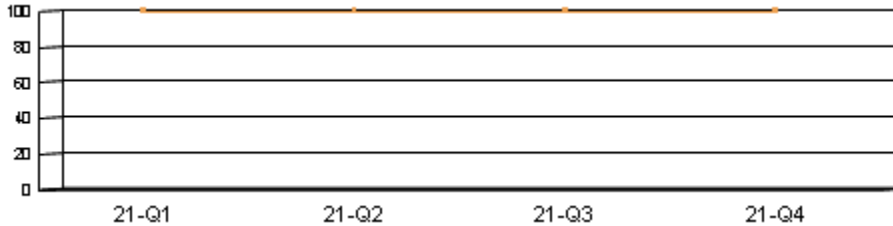
**Target:** Fiscal 2021 target: <=8% at the Feb. 2021 Audit  
Corridors:  
RED: >10%  
YELLOW: >8% and <10%  
GREEN: <=8%

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: COVID Incremental Cost Recovery



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

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

Finance developed a COVID incremental and capital cost tracking process. Monthly basis finance team submits the information to the MOH/LHIN. At the end of Q2, \$10M COVID related expenses were submitted to the LHIN/MOH.

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

MOH reimbursed 100% for March and April. MOH also assures hospitals to continue reimbursing COVID expenses on time.

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

Yes, we are on track and the strategy we have put in place generating positive results for the hospital.

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

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: <60%  
YELLOW: >60% and <75%  
GREEN: >75%

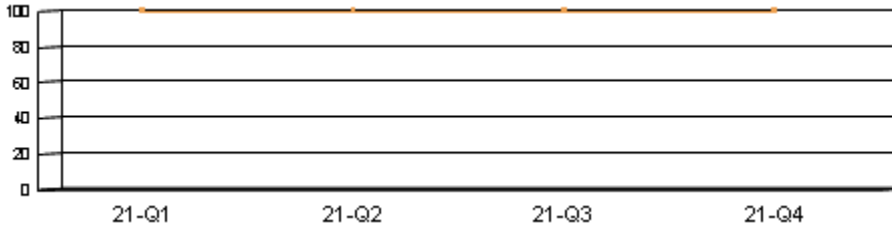


## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

#### Indicator: Achieve pre-COVID position by March 31



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

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

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

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

At the end of Q2 funded volumes are behind budget by 15%

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

It depended on a number of factors, including wave 2 and flu season. But at this stage, we look on track, and we will keep tracking it.

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

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

REPORTING COMMITTEE: People, Finance & Audit Committee

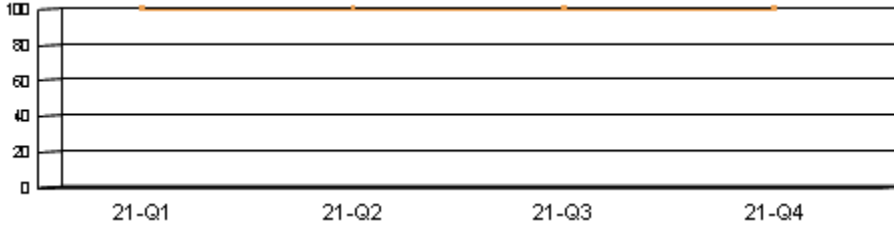
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: <60%  
YELLOW: >60% and <70%  
GREEN: >70%

**Q2 FY2021 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: HSAA/MSSA conditions met**



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

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

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

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

At the end of Q2, KHSC in deficit.

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

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

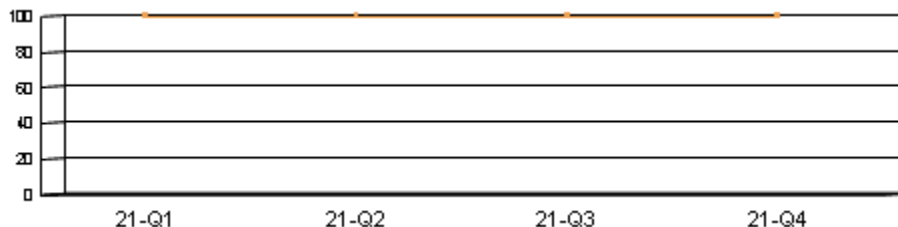
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: <60%  
YELLOW: >60% and <70%  
GREEN: >70%

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

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

#### Indicator: IACP work teams include patient advisor(s)



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

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

Background: KHSC is committed to a model of Patient and Family-Centred Care wherein we partner with and engage patients in all work that impacts patients and families. The patient voice contributes to decision-making and ensures that we have the patient lens on issues of importance. We are committed to engaging patients and families via our advisors in activities that advance the organization's strategy and integrated annual corporate plan.

Problem Statement: Failure to include patient/family voice in initiatives within the Integrated Annual Corporate Plan that impact the patient experience compromises our commitment to partner with patients, could result in sub-optimal results, and could erode trust.

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

Q2: Completed tactics plan and began to identify all initiatives that require advisors

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

We are on track to engage patient and family partners in all F21 integrated annual corporate plan initiatives that impact the patient experience.

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

TACTICS: As per work plans

REPORTING COMMITTEE: Patient Care & Quality Committee

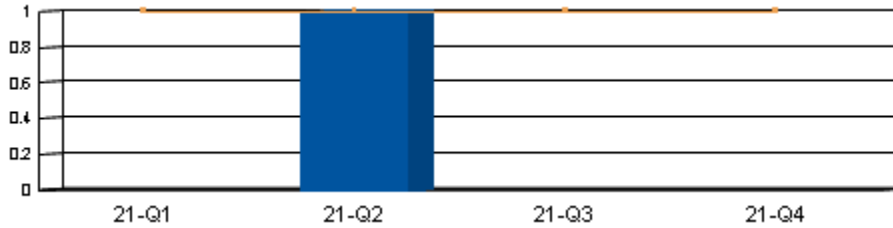
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: < 65%  
YELLOW: 65 - 89%  
GREEN: >= 90%

## Q2 FY2021 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### c. Create the space for a better experience

#### Indicator: Begin PSOS Development; Issue request for qualifications



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

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

PSOS development began in August

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

We have completed the first of 4 rounds of PSOS development and are on schedule

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

Yes

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

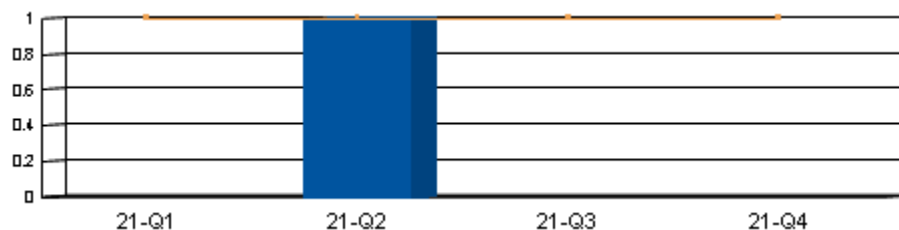
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

## Q2 FY2021 Strategy Performance Indicators Report

### 2. Nurture our passion for caring, leading and learning

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

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



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

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

Healthcare workers are in often stressful situations and environments in the course of their jobs. Some of the risks to psychological health and safety in the workplace include factors such as workload, engagement, balance, protection of physical safety, recognition, clear expectations, civility and respect, and psychological and social support which have been challenging since the COVID 19 pandemic. As there are greater strains to our healthcare system and other systems more broadly such as schools, we need to protect our people resources to handle the additional burdens that the pandemic environment creates. The strain on our health care workers can in turn can compromise care delivery if not available, supported or effective so organizational strategies are needed to protect the health and wellness of our healthcare workforce.

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

The survey information was compiled and reviewed to better understand the data points. Other additional information and research was gathered which assisted in creating targets. Survey highlights include stressors being felt across the board regardless of resiliency. Staff are feeling the effects of isolation, children home from school, concerns over transmitting to others and financial stressors also outside the workplace. A workplace wellness support and advisory group was formed regarding staff health & wellness issues. Some targeted workplace risk factors to support mental health such as recognition, communication, and personal protective equipment garnered some specific response tactics. The 'Sprinkle Some Joy' recognition program continued, the improved, timely communication throughout the organization continued including the opportunity for virtual forums, and a segment in staff updates on resources for health and wellness. Strategies to support safe and available PPE were undertaken through significant efforts to source, communicate and deploy effective PPE despite ongoing supply chain disruptions. Consultations also began to assess working remotely experiences, which may lead to a longer term policy.

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

Yes we are on track. To further support staff to live KHSC's mission of caring for patients, families and each other by responding to factors that contribute to stress in this time of pandemic, we will be formalizing the plan and initiating additional tactics. The working remotely policy will be finalized, further leadership guidance and direction for themselves and staff interactions, a spotlight on wellness supports through an Open forum will take plan and roving Care carts will be developed to support focussed conversations about specific resources. To strengthen the feedback loop, the engagement survey workplan and communication plan will be developed.

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

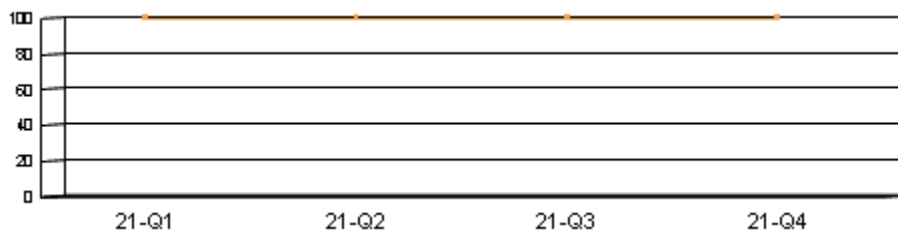
**Target:** Fiscal 2021 target: 100%  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

## Q2 FY2021 Strategy Performance Indicators Report

### 2. Nurture our passion for caring, leading and learning

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

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



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

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

Many health systems across Canada have adopted LEADS in a Caring Environment (LEADS) as their leadership capabilities framework which was designed for leadership development. It is a comprehensive set of aspirational capabilities that leaders could use to improve their practice. The framework was not designed to measure effectiveness of leadership. The LEADS capabilities are not competencies and therefore do not clearly state the knowledge, skills and attitudes required of leaders. In many clinical professions, competencies are used to designate minimum entry to practice (and maintenance of practice) requirements. As a capability framework, LEADS offers reference points for leaders to reflect on their current practice, and to look forward, to adapt to change and to continuously improve their future performance. Positional leaders within an organization play a vital role in the healthy function of our organization. Given this, it is crucial that we ensure accountability across the spectrum of the KHSC leadership team. Doing so will be an enabler to achieving not only current managerial responsibilities as well as to enable teams to achieve results against our strategic directions, even during difficult times.

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

The design of the pathways as part of the leadership development framework was completed. Due to the increased restrictions due to the pandemic and leadership pressures, some activities were placed on pause and planning was undertaken for virtual leadership development. Implementation of Performance Agreement closeouts/start-ups for leaders was initiated as well as implementation of the merit based pay progression assessment/framework.

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

Yes, on track. Further development of the leadership program will continue for introduction to the larger leadership team. The design and development of the retreat/education day will occur alongside further monitoring of performance agreements, development plans and talent review. While these are planned activities, challenges of the second wave may alter these areas of focus.

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

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

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Fiscal 2021 target: 100%

Corridors:

RED: < 65%

YELLOW: 65 - 89%

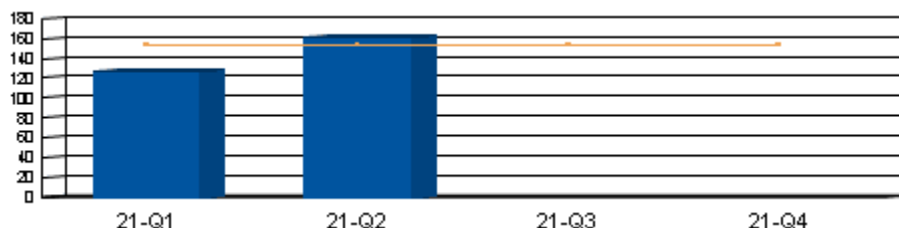
GREEN: >= 90%

## Q2 FY2021 Strategy Performance Indicators Report

### 2. Nurture our passion for caring, leading and learning

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

##### Indicator: Workplace violence Incidents reported per quarter



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

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

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

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

While the incidents of violence in Q1 (n=127) were significantly below our goal of <153 per quarter, increased volumes of patients in hospital in Q2 has resulted in increased incidents. Out of the YTD 289 incidents reports, we've had a total of 3 incidents that have resulted in WSIB health care claims but no lost time injuries. The units with the highest reported incidents of violence include the Mental Health Program, Connell 9 (medicine) and the Emergency department. The workplace violence tactic plan is not scheduled to commence until Q3, however the Mental Health Program Violence Risk working Group as well as the KHSC Corporate Violence Committee resumed meetings in Q2.

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

We are tracking to achieve our annual goal of < 616 incidents. In Q3 we will be initiating our evaluation of the revised Risk Reduction Plan (RRP) that was trialed on Burr 4 early in 2020, developing and implementing strategies for improving compliance and value of the tool, and begin our work on the proposed violence training for staff working in the Mental Health Program, Emergency Department, and Urgent Care Centre.

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

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: People, Finance & Audit Committee

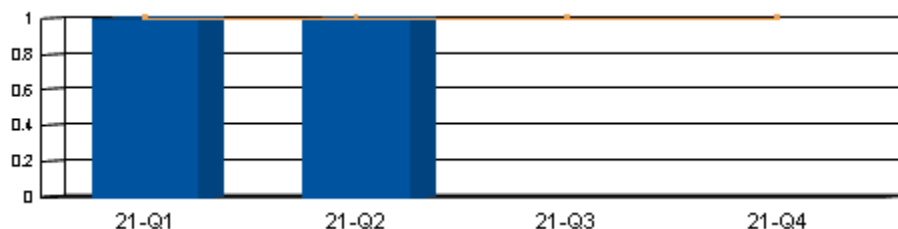
**Target:** Fiscal 2021 target: 153/ Qtr  
Corridors:  
RED: >161  
YELLOW: 153-161  
GREEN: <153

## Q2 FY2021 Strategy Performance Indicators Report

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

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

#### Indicator: HIS contract signed



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

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

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

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

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

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

We are on track to meet the target of signing a contract with the Preferred Proponent by year end.

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

TACTICS: As per HIS project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

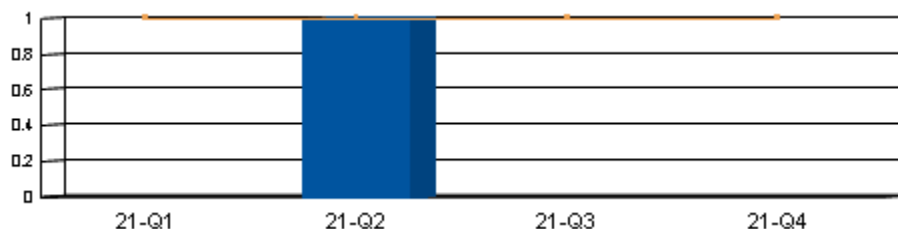


## Q2 FY2021 Strategy Performance Indicators Report

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

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

#### Indicator: OHT application submitted



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

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

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

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

In Q2, we submitted a full application to become the FLA-OHT, together with our partners across the system. Our application demonstrates that we have the right partners and plans in place to create a fully integrated health care system for the attributed population in FLA, and that we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, which will continue to be a focus in the coming year.

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

Having submitted our full application to the ministry, we have achieved the target for this fiscal year. In Q3 and Q4, we will continue to provide leadership to the FLA-OHT by contributing to the development of the year-1 organization structure, Collaborative Decision-Making Arrangements and the FLA-OHT working groups.

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

TACTICS: OHT application development

REPORTING COMMITTEE: Governance

**Target:** Fiscal 2021, target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

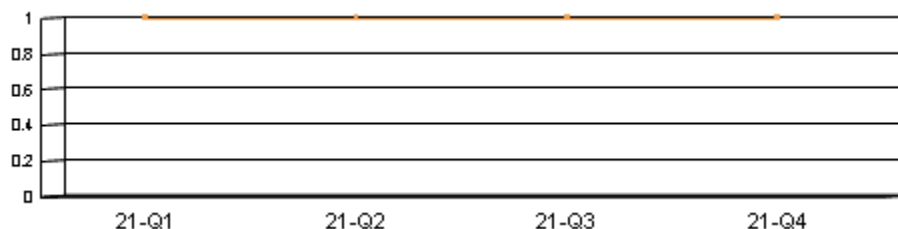
GREEN: Yes = 1

## Q2 FY2021 Strategy Performance Indicators Report

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

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

#### Indicator: Recommendations from learner experience survey delivered to executive team



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

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

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. As a fully accredited teaching hospital, KHSC has an accountability and responsibility to provide a safe, engaging and educational learning environment.

KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to create the capacity to provide highly specialized services for our community and region.

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

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

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

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios we will be developing a survey for distribution to our learners that will assist in developing an Education Strategy at KHSC. (Nursing & Allied Health)

We met with UGME office to review medical student 2020 survey results and finalized the PGME residents survey for distribution.

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

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

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

TACTICS: Implement learner experience survey & act on recommendations

REPORTING COMMITTEE: Patient Care & Quality Committee

**Target:** Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

## Q2 FY2021 Strategy Performance Indicators Report

**Status:**

N/A

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching