

fiscal
2022-2023

Q4

4th quarter ended March 31, 2023

KHSC this
quarter



Strategy Performance Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2023

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

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

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

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

PSOS complete and RFP issued	10
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Strategic Direction 2

Nurture our passion for caring, leading, and learning

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

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

Strategic Direction 3

Improve the health of our communities through partnership and innovation

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

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

Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

Research Institute: Meet with all clinical departments Y/N	16
Coordinated learner experience strategy in place Y/N	17

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Q4 FY2023 Strategy Performance Indicators Report

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

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

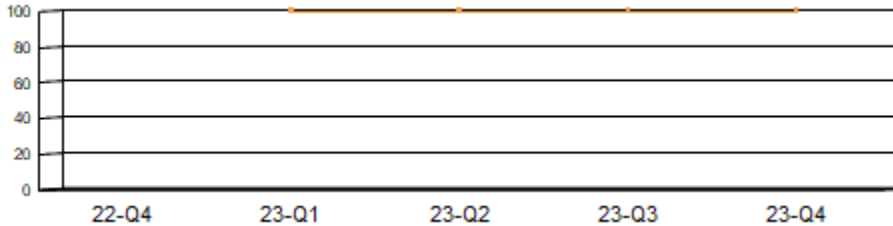
	SPR					SAA				
	F21					F21				
	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #
R	14%	14%	7%	14%	2	41%	46%	49%	51%	35
G Y	86%	86%	93%	86%	12	34%	31%	34%	25%	17
N/A	0%	0%	0%	0%	0	25%	24%	18%	24%	16
					14					68

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of the accreditation Canada Telehealth standards are met



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

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

With results of the needs assessment collated and analyzed, the focus of the work moving forward is:

1. Convert current REACTS users (n=35 physicians, allied staff and admin staff) to Teams. Licenses paid until Spring 2025.
2. Updating virtual care resources for providers and patients on intranet and website.
3. Adding virtual health best practices to relevant administrative policies.

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 relevant Telehealth Canada standards are met.

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, all standards are met. Work in progress as described above will be completed prior to Lumeo implementation, or integrated with Lumeo.

Definition: EVP - Gilles/Gamache O'leary
MRP - Abbott-McNeil

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

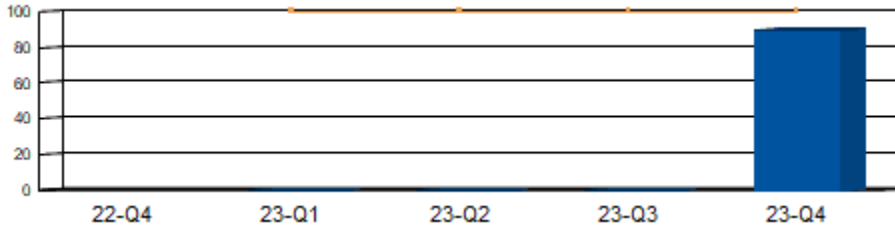
Target: Fiscal 2023 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

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



	Actual	Target
22-Q4		
23-Q1	0	100
23-Q2	0	100
23-Q3	0	100
23-Q4	90	100

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

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

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

All inpatient programs have access to an electronic portal inclusive of 5 of the 7 critical to quality standards. A revised portal inclusive of the remaining two indicators is complete and being released in May.

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 measurement and monitoring strategy has been created and the revised digital portal is built with final roll-out occurring in May 2023.

Definition: EVP - Carter
MRP - G. Miller

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

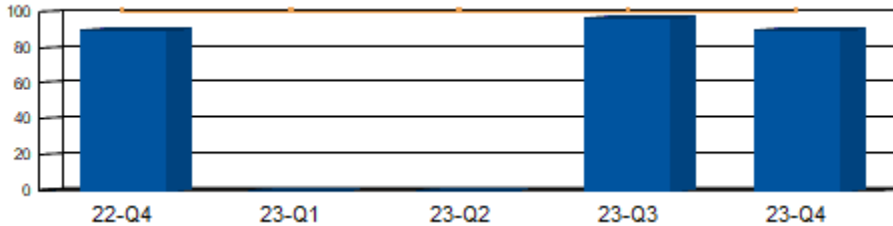
GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: COVID Incremental Cost Recovery



	Actual	Target
22-Q4	90	100
23-Q1	0	100
23-Q2	0	100
23-Q3	96	100
23-Q4	90	100

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

OH/MOH has reimbursed more than 90% of the COVID expenses.

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

Yes we are on track

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

On track

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: <60%

YELLOW: >60% and <75%

GREEN: >75%

Prior Targets:

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

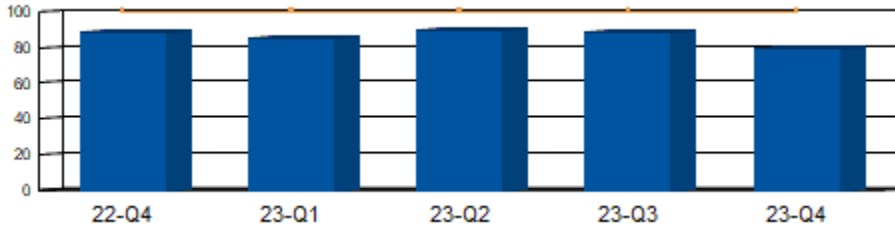
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Achieve pre-COVID position by March 31



	Actual	Target
22-Q4	89	100
23-Q1	85	100
23-Q2	90	100
23-Q3	89	100
23-Q4	80	100

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

Activity based revenue volumes are more than 80% of budgeted volumes.

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

On target

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

Definition: EVP - Amit Bansal
MRP - Amit Bansal

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

REPORTING COMMITTEE: People, Finance & Audit Committee

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

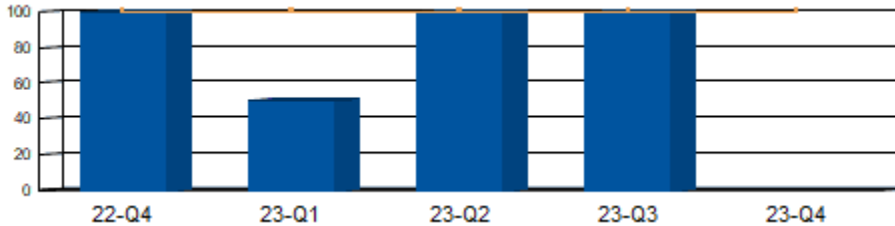
Prior Targets:
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: HSAA/MSSA conditions met



	Actual	Target
22-Q4	100	100
23-Q1	50	100
23-Q2	100	100
23-Q3	100	100
23-Q4		100

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

We are in the middle of the year-end process and cannot share the final numbers at this stage. But due to the Bill 124 impact hospital operations will be in deficit.

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

Due to the bill 124 impact KHSC operations will be in deficit. KHSC is not alone in this, Bill 124 has a system level impact.

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: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

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

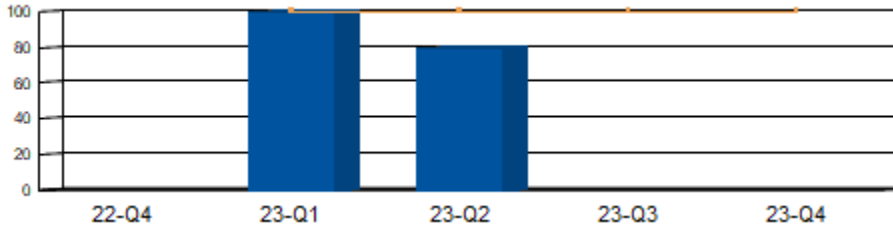
Prior Targets:
Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <70% GREEN: >70%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

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



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

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

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

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

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

- High Inflation
- Supply Chain Challenges
- Resource Challenges

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 adopted a new strategy to achieve similar results.

Definition: EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

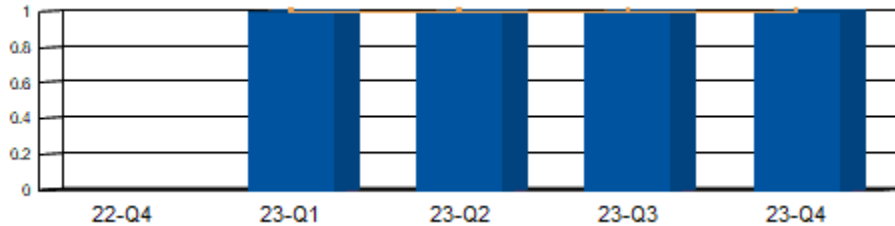
GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

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



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

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

Advance understanding of KHSC's commitment to implementing the principles of patient-and family-centred care by sharing patient experience stories at all levels of the organization. 12 Patient stories completed in units/programs and at board patient care committee meetings

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

Patient stories shared at the two PCQC meetings in Q4 and recording completed of story for April PCQC meeting. Three patient stories recorded or presented virtually, and one live feedback forum prepared for presentation first week of April F24. Stories touch on a number of programs including Mental Health, Spiritual Health, Renal, Labour and Delivery. Patient stories presented at 6 New Employee Welcome sessions. Captured feedback on storytelling, developed process and resources to support patient centred story telling in recorded format. Connected with AMHS and Street Health managers to plan meetings with individuals experiencing drug addiction and homelessness to hear how best to share their stories. Building a foundation for bringing more diverse perspective to patient story telling in F24.

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

Met target objective of completing 12 patient stories including a story at all PCQC meetings.

Definition: EVP - Carter
MRP - Angela Morin

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

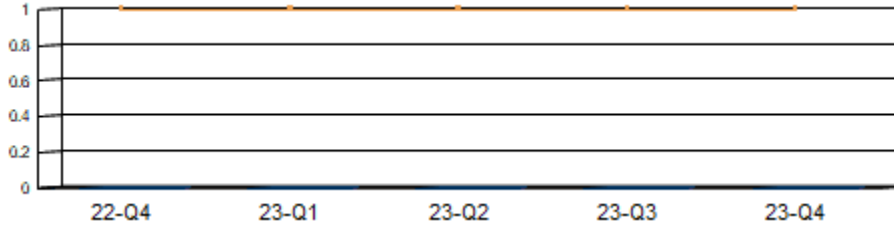
Target: Fiscal 2023 target: 12
Corridors:
RED: Q1: <1; Q2: 0; Q3: <=1; Q4: <=1
YELLOW: Q1: <1; Q2: 1; Q3: 2; Q4: 2
GREEN: Q1:1; Q2: >=2; Q3: >=3; Q4: >=3

Q4 FY2023 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: PSOS complete and RFP issued



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

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

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

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

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

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Prior Targets:

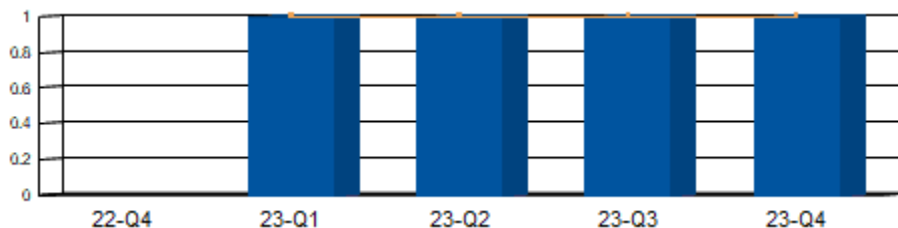
Fiscal 2022 target:100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

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

Indicator: Inclusion council in place Y/N



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

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

The Inclusion Steering Council (ISC) met several times throughout the quarter and revisited priorities and the plan targets. The documents and workplan structure were finalized to track and guide the upcoming activities. A new Black Staff Community Group was started and invited members during Black History and Futures month. The external facing statement and Indigenous Acknowledgement was finalized and approved for a spring roll out. Based on feedback the policy working group began looking at the recruitment and selection policy from an inclusion lens. The role of Inclusion Advisor was advertised to assist in focusing, supporting and accelerating the inclusion journey for KHSC. Consultation with Queens regarding potential leadership education kicked off and self-directed learning for leaders was curated to be released. Several members of the ISC also began the San'yas indigenous cultural safety online training offered. A year end summary report was prepared and will be released in the next quarter to summarize activities. Additional feedback will be gained from the Staff and Physician Experience Survey which had several questions embedded relating to diversity, equity and inclusion.

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

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

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

Yes, we achieved our goal.

Definition: ACCOUNTABILITY:

EVP - Carlton
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

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

Indicator: Succession plans completed for management roles



	Actual	Target
22-Q4		
23-Q1	1	1
23-Q2		1
23-Q3		1
23-Q4	84	80

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

Talent review check-ins continued in Q4. Succession Plans continued to be completed and updated for management roles. At the end of the quarter, 84% were completed. Performance development plans continued trending upward, with 35% now complete which represents more than 1700 in total. This increase was influenced by the process improvement in the performance development process this year. Training and development under RISE saw additional leader development through another offering of Financial Stewardship and influencing Change. Leadership onboarding remained critical with a total of 36 new leaders onboarded in the past year. The new RISE catalogue was finalized although will be dynamic to account for staffing shortages, and Lumeo implementation ramp up. A report was generated with recommendations as the assessment of leader skills gaps, selection practices and onboarding processes came to a close and the building a sustainable cadre of managers project closed another phase.

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

To ensure there is a pipeline of talented staff aspiring to leadership there also needs to be a pathway and process to keep the organization learning and growing to meet the needs of the future alongside today. This area of focus also aligns with our risk reduction strategy, Accreditation leadership standards and engagement drivers. Given the crucial role positional leaders have within the organization and the risk of not having capable people to lead and achieve our operational accountabilities as well as our strategic directions, it is imperative we need nurture and safeguard our talent including developing our aspiring leaders. With the impacts and demands highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to performance.

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

The target was exceeded at year end (84%).

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

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

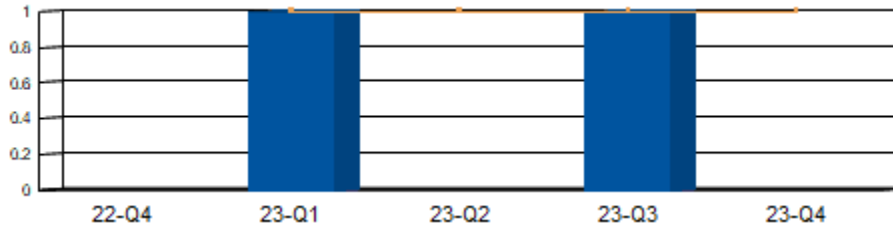
Target: Fiscal 2023 target: 80%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q4 FY2023 Strategy Performance Indicators Report

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

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

Indicator: HIS project design/build/validation phase is complete Y/N



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

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

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

Significant progress was made in Q4 with re-aligning hospital organizations on a regional vision, a governance review and the approval of an operating model. A re-baselined project schedule was developed and approved with the goal of completing all outstanding work from Q3. The project team successfully completed all data collection deliverables ensuring the final two workshops could proceed to finalize workflow design. A recruitment firm continues to find a Digital Health Executive Lead based on previous recommendations.

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

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

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

TACTICS: TBD

REPORTING COMMITTEE: Governance

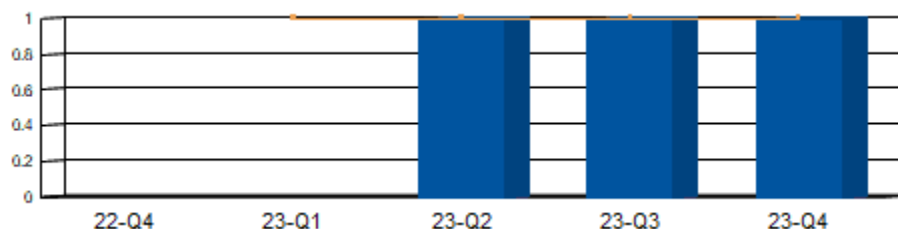
Target: Fiscal 2023 target:
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

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

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

Indicator: KHSC participates in priority projects Y/N



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

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

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in the counties of Frontenac, Lennox and Addington. With the right partners and plans in place, and more than one year of successful OHT project implementation behind us, we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic as they relate the power of partnership, collaboration, and a whole system response to promoting the health and wellness of everyone in our community. Since becoming an approved OHT in the fall of 2020, we have conducted extensive stakeholder engagement with all sectors represented in our OHT, as well as with community members, to socialize our model and structure, seek input into our inaugural strategic plan and solicit provider and community member participants for our priority working groups and supporting structures. These include priority project groups focused on: aging-well-at-home, palliative care partnerships, addictions and mental health integration, coordinated discharge, access to primary care and digital health. Since developing the organization structure for the OHT, members have signed onto a Collaborative Decision-Making Arrangement and provided leadership to these key FLA-OHT working groups, which have completed their first year of work. This work is building on existing collaborations in our region with the aim that our patients and citizens will be the beneficiaries of a stronger, more connected health-care system as soon as possible.

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

To support all these elements of the FLA OHT's development, a KHSC resource has provided leadership to the creation of FLA OHTs inaugural strategic plan, which provides the context and direction for our efforts over the next five years towards Achieving our best health, as people, as providers, and as a system. This resource has also led the OHT's Communications and Engagement Support Structure to ensure we keep our partners and community informed and engaged with our progress towards realizing our vision of a healthier community where we all have equitable access to high quality care, services and supports that empower us toward achieving our best health.

In Q4 KHSC also contributed leadership to:

- Engaging and collaborating with our Ministry of Health and Ontario Health partners on issues related to future accountable, value-based models for OHTs, possible pilot projects that may be awarded to FLA OHT.
- Collaborating with OHT partners, including Queen's University Faculty of Health Sciences, on the proposal to the Ministry of Health to create a new team-based Health Home which, once approved, will provide access to integrated, person-centred primary care for people in Frontenac, Lennox and Addington counties who do not currently have a primary care provider.
- Working with OHT partners on key initiatives to improve wait times for specialty health-care services.
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support strategy discussions.
- Providing professional consulting to the OHT priority project groups on communication, engagement and strategic planning to support their work.
- Continuing to provide leadership to the Regional Health Information System project, now known as Lumeo; a key foundation for connecting hospitals, and eventually other providers in the system, on a common patient record and a platform for digital health.

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

- Yes, we have achieved the year-end objective.

Q4 FY2023 Strategy Performance Indicators Report

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

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

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

TACTICS: TBD

REPORTING COMMITTEE: Governance

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

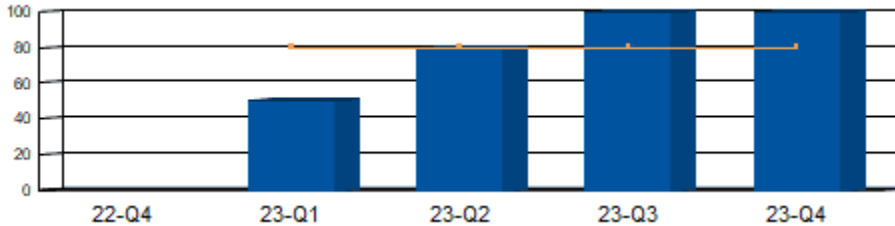
GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

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

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

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



	Actual	Target
22-Q4		
23-Q1	50	80
23-Q2	80	80
23-Q3	100	80
23-Q4	100	80

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

Interacted with clinical department heads and research directors to discuss research activities, opportunities in their respective units, including HIS and enhanced clinical trial activity

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 continually engage all 14 clinical departments undertaking research activities in KHSC. Much of the research involving clinical trials that have direct impact on patient care (e.g., oncology).

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

Yes, we are on track to meet the objective by year end.

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

TACTICS: TBD

REPORTING COMMITTEE: Research

Target: Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

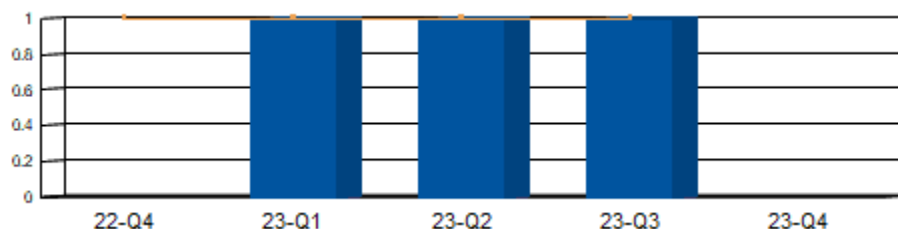
GREEN: Yes = 1

Q4 FY2023 Strategy Performance Indicators Report

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

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

Indicator: Coordinated learner experience strategy in place Y/N



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

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

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

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

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

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

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

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios have developed a survey for distribution to our learners that will assist in developing a coordinated Education Strategy at KHSC. Historically, the education portfolios and deliverables were siloed amongst Residents, Medical Students, nursing and Allied Health; however, going forward we want to create a coordinated approach to all learners.

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

Our goal is to optimize the learner experience at KHSC by responding to learner experiences survey recommendations. We have completed the medical Student and Residents surveys and started the engagement process with Faculty of Health Sciences. The overall strategy work was put on hold last year due to competing priorities with KHSC and our educational partners, however we are now on track to move forward with an integrated plan. We have embarked on the revisions/updating the Affiliation Agreement with Queen's University and completed the agreements with other affiliations. KHSC has prepared, and is ready, for UGME Medical School Accreditation in March/April 2023. KHSC is also the co-chair of the Provincial OHA Education Committee and has aligned our KHSC education strategy to the Provincial Strategy around HHR/Clinical Placements, Funding and Wellness. This indicator is on track and completed.

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

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2023 target:100%

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

Prior Targets:

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

Q4 FY2023 Strategy Performance Indicators Report

Status:

N/A

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching