

fiscal
2019-2020 **Q4**
4th quarter ended March 31, 2020

KHSC this
quarter



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

Strategy Performance Indicator Status Summary

1

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 |
| ED wait time for inpatient bed per quarter (QIP based) | |
| Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based) | 4 |
| Mobilization strategy project meets quarterly milestones (QIP based) | 5 |
| Generate surplus to support capital requirements | |
| Expenses not to exceed revenue | 6 |

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

| | |
|--|---|
| Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones | 7 |
|--|---|

Outcome: Create the space for better care

| | |
|---|---|
| Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones | 8 |
|---|---|

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 | 9 |
| Number of workplace violence incidents reported per twelve month period | 10 |

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

| | |
|--|----|
| Health Information System (HIS) project meets quarterly milestones | 11 |
| Integrated Care Delivery System (ICDS) tactics meet quarterly milestones | 12 |

Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

| | |
|--|----|
| Joint venture tactics meet quarterly milestones | 13 |
| Monitoring feedback from undergrad/ postgrad students about their placements at KHSC | 14 |
| Advisory committee development meets quarterly milestones | 15 |

Indicator Status Legend

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Q4 FY2020 Strategy Performance Indicators Report

| Strategic Direction | 2020 Goal | Indicator | 19-Q4 | 20-Q1 | 20-Q2 | 20-Q3 | 20-Q4 |
|--|--|---|-------|-------|-------|-------|-------|
| Ensure quality in every patient experience | Make quality the foundation of everything we do | Data infrastructure project meets quarterly milestones | N/A | G | G | G | G |
| | | ED wait time for inpatient bed per quarter (QIP Based) | N/A | R | R | G | R |
| | | Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based) | G | G | G | G | G |
| | | Mobilization strategy project meets quarterly milestones (QIP Based) | N/A | G | G | G | Y |
| | | Generate surplus to support capital requirements | N/A | G | G | 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 | G | G | G | G |
| Nurture our passion for caring, leading, and learning | Create the space for better care | Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones | N/A | R | G | Y | Y |
| | 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 | N/A | G | G | Y | Y |
| 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 | Number of workplace violence incidents reported per twelve month period | N/A | G | G | G | G |
| | | Health Information System (HIS) project meets quarterly milestones | N/A | G | G | G | G |
| Launch KHSC as a leading centre for research and education | Foster a culture of teaching, learning, research and scholarship | Integrated Care Delivery System (ICDS) tactics meet quarterly milestones | N/A | G | G | G | G |
| | | Joint venture tactics meet quarterly milestones | N/A | Y | Y | Y | Y |

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

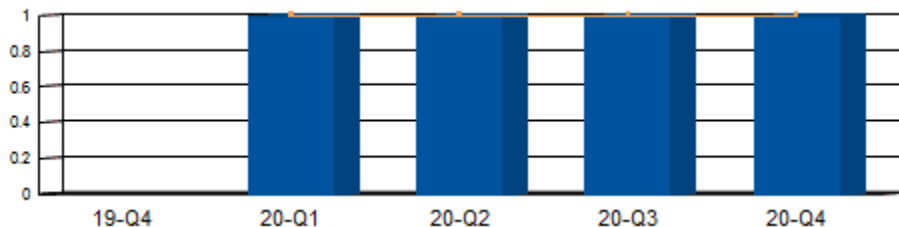
| | | SPR | | | | | SAA | | | | | | |
|------------|----------|------|------|------|------|------|------|------|------|------|------|--|----|
| | | F20 | | | | | F20 | | | | | | |
| | | Q1 % | Q2 % | Q3 % | Q4 % | Q4 # | Q1 % | Q2 % | Q3 % | Q4 % | Q4 # | | |
| R | | 13% | 7% | 0% | 7% | 1 | 42% | 30% | 23% | 48% | 33 | | |
| G | Y | 87% | 93% | 100% | 93% | 14 | 51% | 61% | 70% | 46% | 32 | | |
| N/A | | 0% | 0% | 0% | 0% | 0 | 7% | 9% | 7% | 6% | 4 | | |
| | | | | | | | 15 | | | | | | 69 |

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 1 | 1 |

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

Roadmap is ready; 3 year strategy plan is ready, working on total cost of operation (TCO) with consulting partner.

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

Working on understanding the TCO.

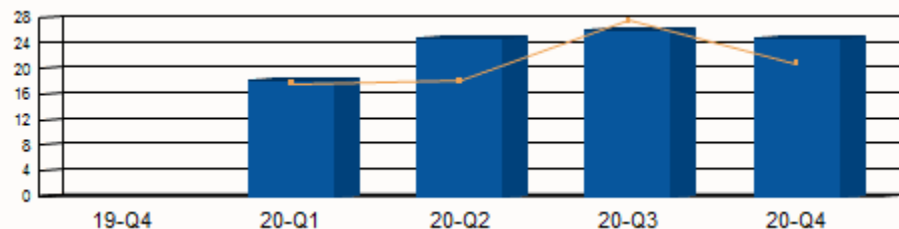
Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Project is on hold due to COVID-19

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

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



| | Actual | Target |
|-------|--------|--------|
| 19-Q4 | | |
| 20-Q1 | 18.3 | 17.6 |
| 20-Q2 | 24.7 | 18.1 |
| 20-Q3 | 26.1 | 27.5 |
| 20-Q4 | 24.7 | 20.8 |

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

We are 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 and the use of non-traditional spaces when appropriate.

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 and the time the Patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room. 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 inpatient bed is 24.7 hours. This result is 1.4 hours shorter than the last 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?

We did not meet our target last quarter. We will continue to work on flow by increasing turn over time with-in the department and working with in-patient units on processes.

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

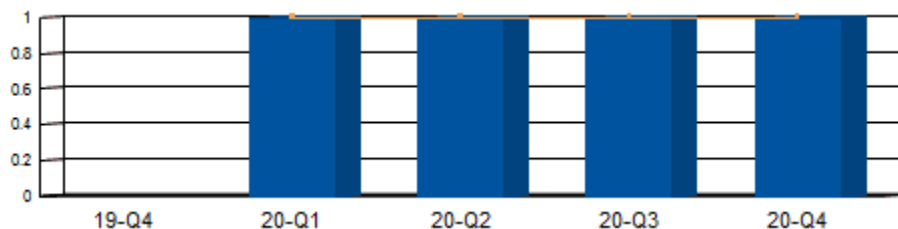
Target: Target 19/20: Q1: (17.6, Q2: 18.1, Q3: 27.5, Q4: 20.8) , Red (Q1: > 17.9, Q2: > 18.4, Q3: > 28, Q4: > 21.2), Yellow (Q1: 17.7 - 17.9, Q2: 18.2 - 18.4, Q3: 27.6 - 28 , Q4: 20.9 - 21.2), Green (Q1: <= 17.7, Q2: <= 18.2, Q3: <= 27.6, Q4: <= 20.9)

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 1 | 1 |

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

In Q4, with the help of IT, we were able to successfully implement the mHOMR algorithm through a secure online tool accessed through the KHSC intranet. Using mHOMR scores calculated from previous admissions to KHSC, we were able to analyze and better understand the weekly IMUC/IMUD physician workload for high-risk/flagged admissions that would be expected once the mHOMR algorithm goes live. From this, we determined the mHOMR threshold that would identify a sufficient, yet manageable, number of individuals to receive the care protocol.

In terms of the care protocol (intervention), in conjunction with Patient Experience Advisors, the QIP team:

- Finalized the standard care protocol that will be triggered when a patient reaches the mHOMR threshold
- Determined the most responsible person(s) to carry out each step of the protocol
- Developed and finalized all research and chart documentation that will be used
- Processed forms through the KHSC Forms Committee where applicable
- Sourced and prepared all of the supplies required to carry out the protocol live
- Determined the education and training schedule for the care protocol, with an emphasis on having Serious Illness Conversations
- Finalized planning for implementation of the first PDSA of the mHOMR-triggered protocol
- Developed and vetted through our PEA's the patient information sheet related to Serious Illness Conversations
- Met one-on-one with key players in the process (Internal Medicine and Connell 9 & 10 Leadership - Directors, Managers, and Care Navigators) to discuss the care protocol and answer questions

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

Over this past fiscal year, we introduced a validated tool within an automated electronic platform to enable real-time identification of patients who, at the time of admission, are determined to have an elevated risk of dying within the next twelve months following admission. We monitored baseline data to inform an appropriate risk threshold to ensure a reasonable volume for the clinical team to be able to manage when the care protocol is introduced. We developed a prototype for the care protocol to ensure a consistent approach to care once patient identified. Lastly, we determined an education and training plan to enable care providers (physicians, nurses, and allied health as required) to confidently care out the care protocol once the protocol is live.

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

The QIP palliative care team successfully met all stated goals and objectives planned for Fiscal 2020.

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

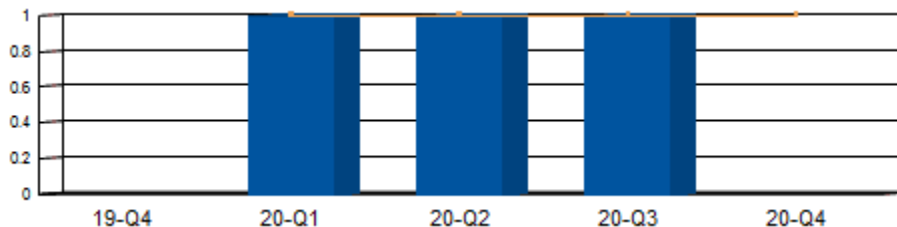
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | | 1 |

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

There was plan to hire a person to coach mobilization at the point of care funded through the LHIN Assess and restore funding, but unfortunately due to Covid-19 this plan had to be put on hold and the personnel deployed in alternate way.

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

There was a plan put in place to transition ALC patients to the community and PCH. This was tremendously successful with ALC patients in the hospital reaching historic low numbers.

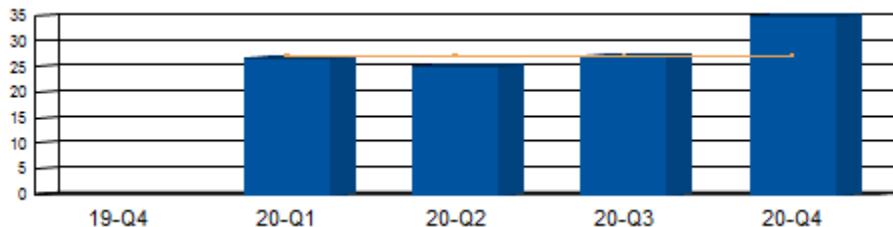
Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

While our ALC numbers look much better, and conversion was reduced, this was not for reasons associated with the QIP plan. This will need to be re-evaluated as we move forward into the new normal.

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

Indicator: Generate surplus to support capital requirements



| | Actual | Target |
|-------|--------|--------|
| 19-Q4 | | |
| 20-Q1 | 26.6 | 27 |
| 20-Q2 | 25.0 | 27 |
| 20-Q3 | 27.0 | 27 |
| 20-Q4 | 35.0 | 27 |

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

We are on target to successfully achieve the goal. Please note these numbers are subjected to change- KHSC finance team is still working on year-end process.

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

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

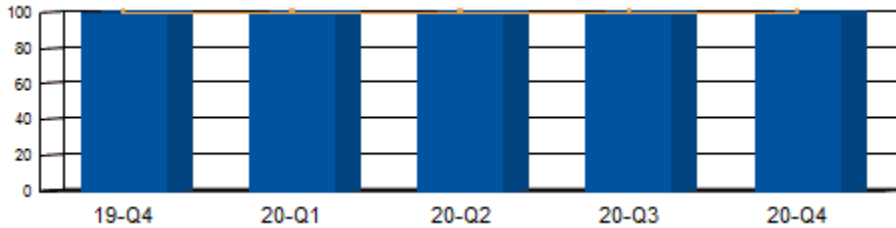
Target: Target 19/20: 25M , Red < \$ 15M, Yellow \$15 - 20M, Green \$20 - 25M

Q4 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-Q4 | 100 | 100 |
| 20-Q1 | 100 | 100 |
| 20-Q2 | 100 | 100 |
| 20-Q3 | 100 | 100 |
| 20-Q4 | 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:

Both HSAA and MSAA are balanced. Patient revenue from other payers favourable to budget and assisting to balance the 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?

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:

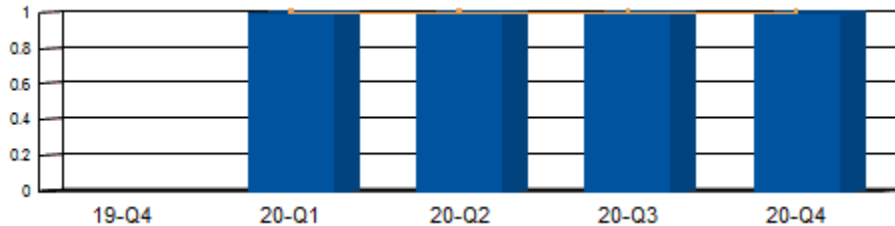
Target 18/19: 100% Red <90% Yellow 90% - 99% Green 100%

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 1 | 1 |

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

Work continued on current bundles of hips, knees, shoulders. Bundle-related Quality and Experience Committee continues to meet. The CABG group met in Q4 and started mapping out patient journeys related to current state, but both Stroke and CABG start dates have been delayed by the province. Work was also undertaken to formalize the patient journey mapping process for bundles that was used last year. KHSC has been asked by government to share this work with other hospitals. With respect to OHT's, an engagement lead convened numerous patient and community engagement sessions in the year-1 priority population area of rural Frontenac, Lennox and Addington. Our steering committee lead in RFLA also convened two targeted health care and social service provider engagement sessions aimed at identifying priorities for action. Planning for several working groups focused on integrated primary care, integrated mental health care, Indigenous Peoples' wellbeing, digital health and value-based care took place.

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

Tracking well on Bundled Care work until COVID preparation arose in March. OHT work was similarly paused due to COVID emergence in Ontario.

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. In January, our OHT steering committee submitted its Progress Report to the ministry. In March, we received notification that the ministry was pausing its OHT intake, assessments, supports and implementation to reflect the current environment and the resource needs of providers given the rapidly evolving situation related to COVID-19 in Ontario.

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

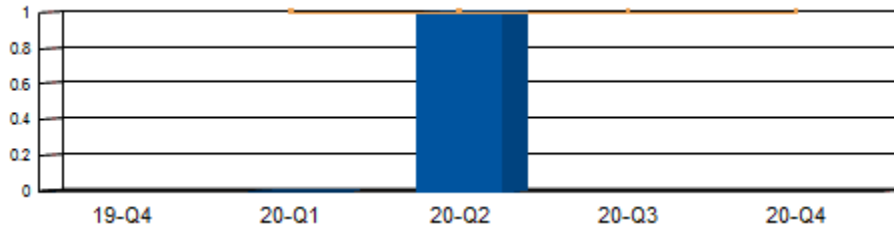
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q4 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-Q4 | | |
| 20-Q1 | 0 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | | 1 |
| 20-Q4 | | 1 |

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

The targeted Q3 process to procure services of the PDC team was completed and development of Project Specific Output Specifications began in late February.

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

Performance is classified as yellow given that development of the PSOS did not commence in Q3 as planned, and as such activity lagged behind target in Q4.

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

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

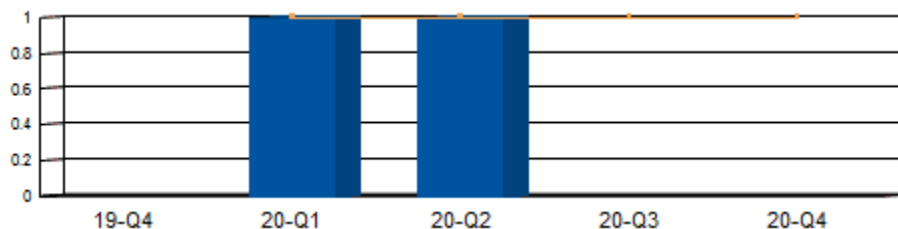
Target: Target 19/20: 100% , Red < 65%, Yellow 65 - 89%, Green >= 90%

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | | 1 |
| 20-Q4 | | 1 |

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

Tactics for the fourth quarter included the completion of the team action plans and leadership communication training. The team plans completed and submitted increased by over 20% in the quarter equalling 84, or about 61%. While this was a dynamic number that depended on how leaders defined and combined their teams, it was designed to fit the natural pairing or separation of groups who were cohorted or had common challenges. The communication training for leaders rolled out through Leadership Days which saw 82% of leaders attend. Training focussed on improving engagement, communication, and understanding the current and legacy missions of KHSC.

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 the top 10% of employers with engaged workforces had higher ratings for employees understanding the rationale behind most of the business decisions made by senior management, feeling more recognized, empowered and are more aligned to the culture and believe the mission is aligned to client needs. 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 that can be facilitated via better communication.

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

Ordinarily there would have been additional time in the quarter to focus and finish the plans that did not occur in this year. Operational efficiency and COVID-19 work significantly impacted the fourth quarter. These challenges shifted the focus of work particularly for leadership. Although all elements of the tactic plan were completed part of the goal did not meet the target (team plans=yellow). Given the focus on communication from an engagement standpoint, and the approaches employed for COVID-19 such as daily updates and virtual town halls from senior leaders, going forward these may be an additional pathways to further improve those sentiments.

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

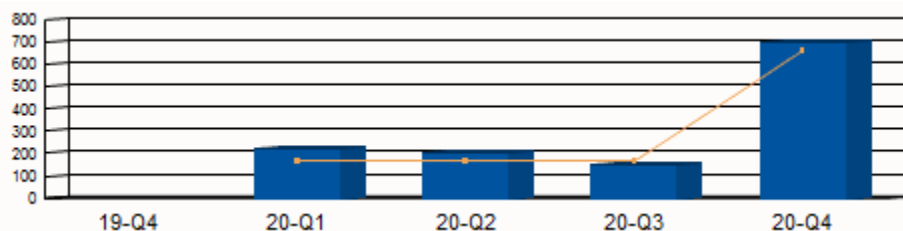
Target: Target 19/20: 80%, Red < 55%, Yellow 55 - 79%, Green >= 80%

Q4 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-Q4 | | |
| 20-Q1 | 219 | 165 |
| 20-Q2 | 207 | 165 |
| 20-Q3 | 153 | 165 |
| 20-Q4 | 703 | 660 |

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

The trial of the revised Risk Reduction Plan (RRP) was rolled out on Connell 3 and in the Mental Health Program in Q4 aligned with the QIP Workplace Violence Prevention Workplan. However the evaluation and spread of the RRP hospital wide was put on hold due to the focus on COVID-19 pandemic.

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

Total of 703 incident outcomes for the year with significantly less in Q4 (124). This year saw a continued decline in reported incidents in the Mental Health Program each quarter from 81 in Q1 to 38 in Q4. ER had consistent reporting throughout the year, as did the Medicine Program until Q4 when they too had fewer reported incidents. An sudden incident of violence by a patient in the ED in March did result in 2 staff being injured, with lost time from work (6 days in total).

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

Annual target achieved.

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

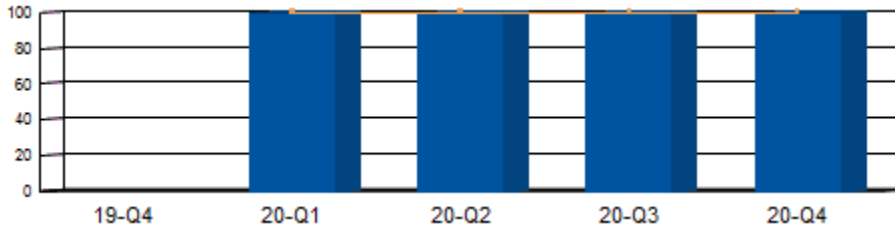
Target: Target 19/20: 165 incidents, Red < 107 incidents, Yellow 107 - 148 incidents, Green >= 149 incidents

Q4 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-Q4 | | |
| 20-Q1 | 100 | 100 |
| 20-Q2 | 100 | 100 |
| 20-Q3 | 100 | 100 |
| 20-Q4 | 100 | 100 |

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

Board packages were shared with hospital boards for approval to proceed with vendor negotiations. Awaiting final board decisions in April to understand which hospitals are moving forward with the Regional HIS project. Anticipating a delay with negotiations due to COVID-19 pandemic planning.

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

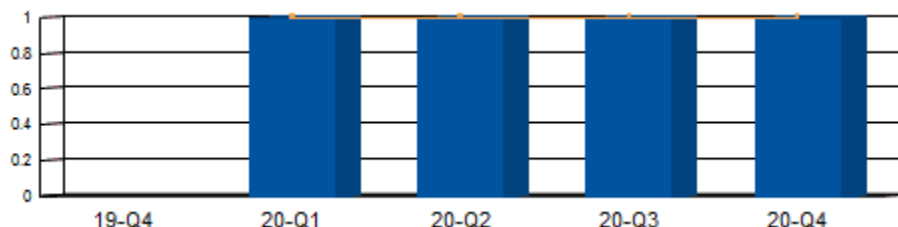
Target: Target 19/20: 100%, Red No, Yellow In progress, Green Yes

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 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 encouraged the South East & Rural Frontenac, Lennox & Addington (RFLA)-OHT groups to join together in respect of our shared attributed population. Both groups agreed to proceed with this as a logical next step and our two groups have become one Frontenac, Lennox & Addington OHT (FL&A-OHT). Our newly unified OHT group submitted a Progress Report to the Ministry in January. Working together towards the creation of an Ontario Health Team has created a unique opportunity to engage patients and families, primary care and other providers across the FL&A region to focus attention on the critical needs of our population. Our goal is to create functional, integrated primary care and community support services with a high degree of coordination across all sectors of health care and social services to improve our Quadruple Aim outcomes, including significant improvements in timely access to primary care, avoidable emergency department visits, hospital readmission rates and hospitalizations for ambulatory-sensitive conditions. In Q3, a FL&A-OHT Application Steering Committee was formed to oversee the process of developing our full application to become an OHT. This committee includes two patient experience advisors, one who is a member of the KHSC Patient and Family Advisory Council.

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

In Q4, under the guidance of steering committee members, an engagement lead convened numerous patient and community engagement sessions in the year-1 priority population area of rural Frontenac, Lennox and Addington. Our steering committee lead in RFLA also convened two targeted health care and social service provider engagement sessions aimed at identifying priorities for action. Planning for several working groups focused on integrated primary care, integrated mental health care, Indigenous Peoples' wellbeing, digital health and value-based care took place. Their future work to crystalize aims and change ideas, will be an important input to our eventual OHT full application. In January, our steering committee submitted its Progress Report to the ministry. In March, we received notification that the ministry was pausing its OHT intake, assessments, supports and implementation to reflect the current environment and the resource needs of providers given the rapidly evolving situation related to COVID-19 in Ontario. While we await further direction on the ministry's decision as to whether our OHT can move forward with the next wave of full applications, our steering committee is continuing to meet and discuss how to consider the rapid transformation that is taking place as a result of COVID-19 in the context of our OHT development.

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 with numerous engagement activities already completed and many more underway, we are on track to meet the target by year end.

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

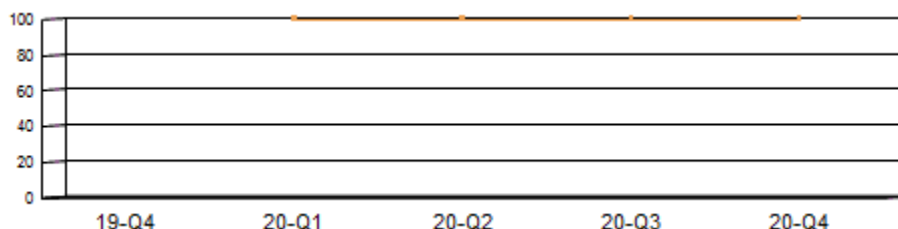
Target: Target 19/20: 100%, Red < 65%, Yellow 65 - 89%, Green >= 90%

Q4 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-Q4 | | |
| 20-Q1 | | 100 |
| 20-Q2 | | 100 |
| 20-Q3 | | 100 |
| 20-Q4 | | 100 |

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

With the decision to suspend activities in developing the Queen's Health Partners Research Institute (QHPR) as a new separate legal entity, discussions among the Founding Partners (Queen's University, Kingston Health Sciences Centre, Providence Care) shifted towards reimagining a research partnership between them, as a non-incorporated joint venture. The Founding Partners have met on two occasions in F2020 Q3 to further establish a willingness to move forward towards a non-incorporated joint venture. This includes establishing a Memorandum of Understanding/Operating Agreement), compiling a list of common research areas that could be promoted internally and externally, and identifying common research program-focused fundraising opportunities to be pursued jointly by UHKF and Queen's Advancement. With regards to the latter point, brain and mental health were identified as one potential fundraising directive. Discussions among the Partners continue. They have been influenced somewhat by transitioning of individuals at various executive positions across the Founding Partners (Queen's decanal team: new Principal, incoming Provost, interim Vice Principal, Research; Queen's Faculty of Health Sciences: new Vice-Dean, Research and incoming new Dean in summer 2020; KHSC: new Vice-President, Health Sciences Research/President & CEO of Kingston General Health Research Institute). Thus, tactic planning and quarterly reporting for this research indicator is currently on temporary hold until the Founding Partners have had a fulsome opportunity determine appropriate tactics, milestones, and deliverables associated with the joint venture. It is not anticipated that the momentum will truly pick up until Summer 2021.

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

As discussions among the Founding Partners about a non-incorporated joint venture have only commenced, the pre-requested performance data is not currently available.

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

As outlined above, tactic planning and quarterly reporting for this research indicator is on hold until the Founding Partners have established agreed upon tactics, milestones, and deliverables. Given the preliminary nature of the discussions during F2020, the impending arrival of the incoming Dean of the Faculty of Health Sciences at Queen's this July, and the unanticipated impact of COVID-19 on the operations of the three Founding Partners, development and implementation of tactics, milestones and deliverables likely won't be determined until F2021.

Definition: DATA: Steven Smith COMMENTS: Steven Smith EVP: Steve Smith REPORT: Strategy Performance Report

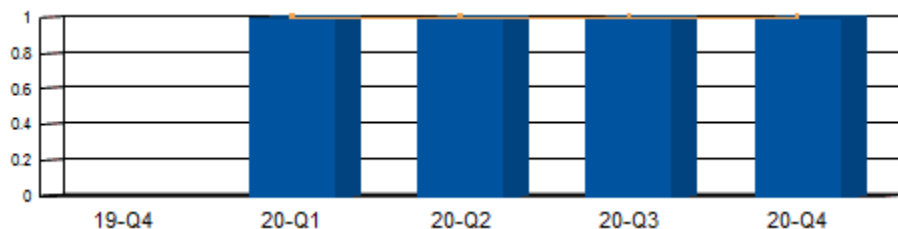
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 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 survey 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 surveying our learners, focusing on obtaining feedback in order to develop recommendation on enhancing the learning environment. Although, there is a delay on some of the allied health and nursing surveys due to COVID pandemic. Residents and Medical Students obtained

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

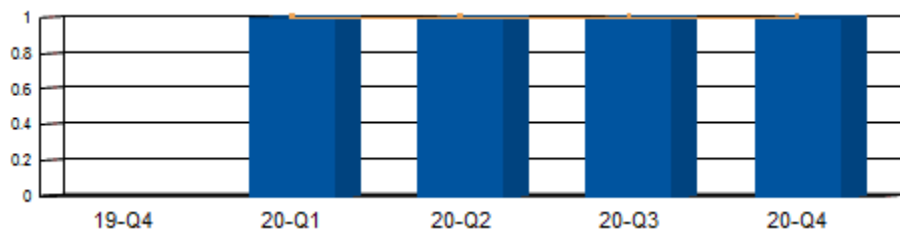
Target: Target 19/20: 100%, Red TBD, Yellow TBD, Green TBD

Q4 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-Q4 | | |
| 20-Q1 | 1 | 1 |
| 20-Q2 | 1 | 1 |
| 20-Q3 | 1 | 1 |
| 20-Q4 | 1 | 1 |

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

The Physician Advancement Council has been established and its terms of reference approved by the membership. The terms have established that the Council will meet four times per year on the last Friday of the months of September, November, March and May. The purpose of the UHKF Physician Advancement Council is to foster a committed, collaborative and transparent relationship amongst physicians, hospital/healthcare staff and administration, related stakeholders, and the University Hospitals Kingston Foundation, to support advancement of patient care, teaching and research in Kingston's academic health centres.

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

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

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

Q4 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