

fiscal
2021-2022 **Q1**
1st quarter ended June 30, 2021

KHSC this quarter



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

% of HSO accreditation standards met in Virtual Care	3
Diagnostic, cancer & elective activity volumes meet monthly targets	4
% of compliance for accreditation	5
Rate of hospital-acquired pressure injuries	6
COVID Incremental Cost Recovery	7
Achieve pre-COVID position by March 31	8
HSAA/MSAA conditions met	9
Board endorses RFP for managed equipment services	10

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

Guiding Principles of Patient Engagement created and PFCC Portal launched	11
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Outcome: Create the space for better care

Issue RFQ, complete PSOS, issue RFP	12
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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

Engagement action plans & EDI strategy in place	13
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Strategic Direction 3

Improve the health of our communities through partnership and innovation

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

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Launch KHSC as a leading centre for research and education

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

Coordinated learner experience strategy in place	18
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Q1 FY2022 Strategy Performance Indicators Report

Strategic Direction	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	% of HSO accreditation standards met in Virtual Care	N/A	N/A	N/A	N/A	G	
		Diagnostic, cancer & elective activity volumes meet monthly target	N/A	Y	G	G	Y	
		% of compliance for accreditation	N/A	N/A	N/A	N/A	R	
		Rate of hospital-acquired pressure injuries	N/A	R	Y	G	G	
		COVID Incremental Cost Recovery	N/A	R	Y	G	Y	
		Achieve pre-COVID position by March 31	N/A	Y	G	G	Y	
		HSAA/MSSA conditions met	N/A	Y	G	G	Y	
		Board endorses RFP for managed equipment services Y/N	N/A	N/A	N/A	N/A	G	
		b. Lead evolution of patient- and family- centred care	Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.	N/A	N/A	N/A	N/A	G
			c. Create the space for a better experience	Issue RFQ, complete PSOS, issue RFP Y/N	N/A	N/A	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	Engagement action plans & EDI strategy in place Y/N		N/A	N/A	N/A	N/A	G
		Talent management & succession plan in place Y/N	N/A	N/A	N/A	N/A	G	
		Workplace violence Incidents reported per quarter	G	R	Y	Y	Y	

		21-Q1	21-Q2	21-Q3	21-Q4	22-Q1	
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Governance structure and resourcing plan in place Y/N	N/A	N/A	N/A	N/A	G
		Year-1 project participation Y/N	N/A	N/A	N/A	N/A	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Coordinated learner experience strategy in place Y/N	N/A	N/A	N/A	N/A	Y

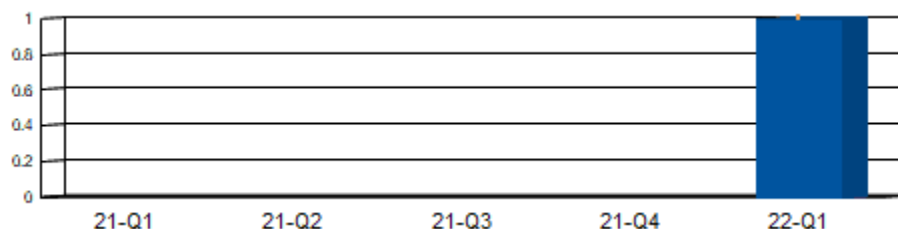
	SPR		SAA	
	F21		F21	
	Q1 %	Q1 #	Q1 %	Q1 #
R	6%	1	48%	33
G Y	94%	15	35%	24
N/A	0%	0	17%	12
		16		69

Q1 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of HSO accreditation standards met in Virtual Care



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

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

FY22 Priorities based on the planning work that took place in FY21.

The recommendations were presented and reviewed with the steering committee and, after a comprehensive discussion, there was acclaim for the work completed by the task force and strong support for all 17 recommendations. The committee felt confident that these recommendations would lead KHSC to a comprehensive virtual care service. Mindful of important competing priorities soon, the committee distilled the priorities to 6 themes that should be prioritized in this fiscal year 2021-2022:

1. Governance
2. Consent
3. Metrics
4. Space changes and templates
5. Encouraging MS Teams
6. Education for patients and clinicians

From this review, it was determined that 11 of the priority recommendations that were deemed High Priority Accreditation Standards and were aligned to the themes above and were endorsed as the focus for 21/22 year.

Therefore, the metric for this IACP is now the 100% recommendations that are implemented as endorsed by the Virtual Health Steering Committee.

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

Q1 focused on 1) approval of VH recommendations 2) determining plan & implementation timelines and 3) stakeholder engagement to ensure recommendations are achievable this year

All goals for Q1 were achieved.

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

Quarter 2 will focus on:

- 1) Drafting a Corporate Virtual Health Service Design policy
- 2) Beginning the development of staff/clinician and patient orientation to Virtual Care using TEAMS
- 3) Creating a website presence on the KHSC internet summarizing general information on Virtual Care for patients and families
- 4) Begin to update the consent policy and process in order to streamline all aspects of VH for the hospital

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick and Brenda Carter
MRP - Kardi Kennedy

TACTICS:

REPORTING COMMITTEE: Patient Care & Quality Committee

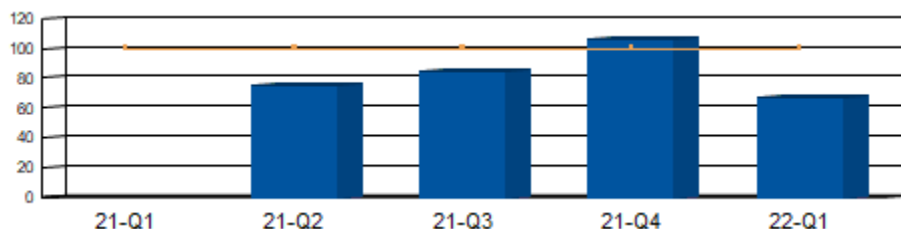
Target: Fiscal 2022 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q1 FY2022 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	84	100
21-Q4	106	100
22-Q1	67	100

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

Improve access to care by meeting monthly elective activity volume targets

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

Ontario was in lockdown with a moratorium on non-urgent surgery for most of the first quarter. As a result, we were not able to achieve target volume in elective categories. Cancer surgery met (24% of annual) target over the full quarter. Imaging was able to take advantage of the slowdown in the rest of the hospital and complete extra volume, exceeding targets for all months in the quarter and collectively is around 20% ahead of expectations. This has led to a substantial backlog of planned surgery.

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

When the government lifted the order on surgery, we implemented a comprehensive backlog management plan, including ad hoc days wherever possible. Achieved volume continues to improve, however province-wide health human resources are limiting KHSC ability to add back capacity. Mitigation activities include:

- Transfer of some cataract, arthroscopy and non-instrumented spine to PSFDH (no net financial impact to KHSC)
- Application for innovation funding to implement novel strategies
- Partnership with SLC on fast track training for OR nurses

At this point it is difficult to forecast year-end position. HHR predictions are grim and all organizations are struggling to meet quotas. We expect to be close to target on cardiac and cancer surgery, to exceed target in imaging but to have difficulty with non-cancer QBP. Collectively we expect to meet target threshold by year end, however a fourth wave will materially affect probability of success as many surgical nurses may need to support critical care.

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 2022 target: 100%
Corridors:
RED: < 60%
YELLOW: 60 - 79%
GREEN: >= 80%

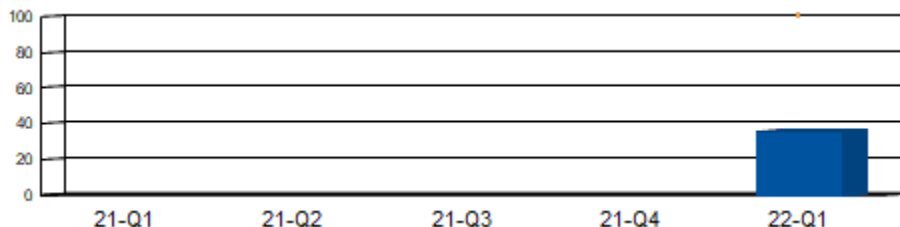
Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: < 60%, YELLOW: 60 - 79%, GREEN: >= 80%

Q1 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of compliance for accreditation



	Actual	Target
21-Q1		
21-Q2		
21-Q3		
21-Q4		
22-Q1	35.5	100

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

In FY 20-21 Q3 a baseline assessment of the Accreditation Canada ROP tests for compliance was undertaken as per the IACP. This assessment identified that 20 of the 31 ROPs had tests of compliance that were not fully met. This quarter leads and sponsors were identified for all ROPs and workplans were generated to identify tactics for the upcoming fiscal 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

In Q1 the MRPs for all 31 required organizational practices lead the development of workplans to address the ROP tests for compliance that were identified as not fully implemented during the self-assessment process.

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: TBD based on Accreditation readiness plan

REPORTING COMMITTEE: Patient Care & Quality Committee

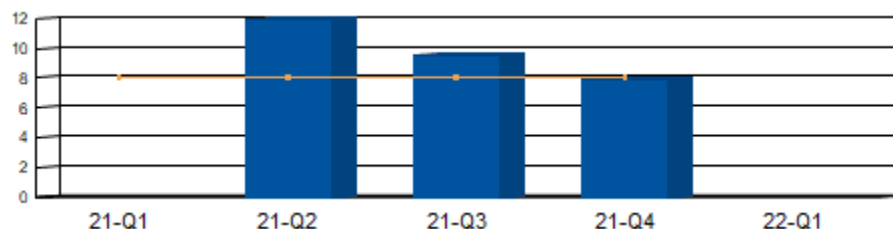
Target: Fiscal 2022 target:100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q1 FY2022 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	12.0	8
21-Q3	9.5	8
21-Q4	7.9	8
22-Q1		

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

Pressure Injury Prevalence Study from late March results were analyzed with all results going to POD and manager. Managers with unfavorable results met with a Professional Practice lead to discuss strategies based on the results that could improve performance. Process audits completed for quarter with results sent to Managers. Group met to discuss best practices for documentation and strategies to improve. We continue to do a deeper dive into harmful stage 3 and 4 pressure injuries and root cause.

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 are currently at target with 8% of our patients experiencing a pressure injury acquired in hospital. This could be a pressure injury of any stage, but most commonly stage 1. We continue to stress the importance of prevention of pressure injury as opposed to treatment being the focus and best practice. While we continue to strive for a reduction in pressure injury, sustainment of current rate is our target for this 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

We are on target to meet objective by year end

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

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: <=8% at the Feb. 2022 Audit
Corridors:
RED: >10%
YELLOW: >8% and <10%
GREEN: <=8%

Prior Targets:

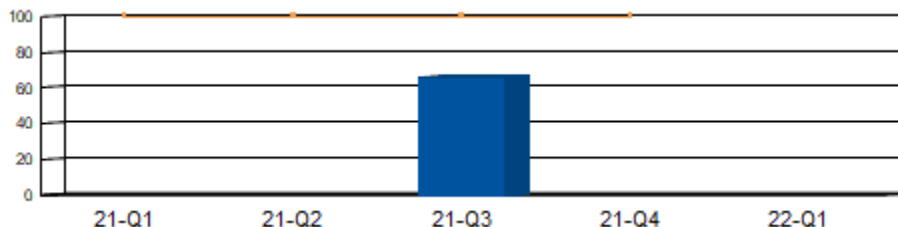
Fiscal 2021 target: <=8% at the Feb. 2021 Audit, Corridors: RED: >10%, YELLOW: >8% and <10%, GREEN: <=8%

Q1 FY2022 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	66	100
21-Q4		100
22-Q1		

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

KHSC continues to submit monthly COVID incremental costs to the Ministry. The Ministry has committed to funding these costs April 1 to June 30, 2021 (subject to audit). Hospitals must continue to submit reports through to August 31, 2021 although reimbursement plans have not been disclosed at the time of this report.

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

YTD June COVID submissions incremental operating expenses = \$3.6M and capital = \$3.1M.

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

Cashflow has not been received for these submissions and no revenue has been recorded in the YTD financial statements. However, the Ministry has committed to funding expenditures up to June 30, 2021, and revenue will be recorded when confirmation of funding is received.

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

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

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

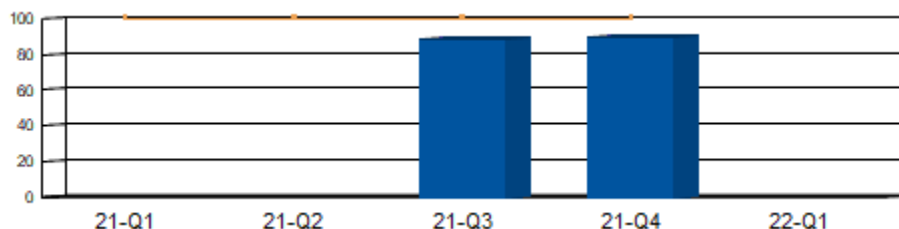
Prior Targets:
Fiscal 2021 target: 100%, Corridors:, RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

Q1 FY2022 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	89	100
21-Q4	90	100
22-Q1		

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

Volume-based funding was significantly behind target YTD June due to Wave 3 ramp down, 65% of MOH and 98% of Cancer Activity funding was achieved.

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

Work is underway to catch up with cancelled surgeries from Q1, with some transfers of funded volumes to Perth Smiths Falls to reduce patient wait-times.

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

Given the lost surgical and clinical time in Q1 it is not expected that full volumes for MOH activity will be achieved, however, work is underway to maximize the revenue either through completion of volumes or based on Ministry direction regarding the ability to access unearned funds to offset cost pressures.

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

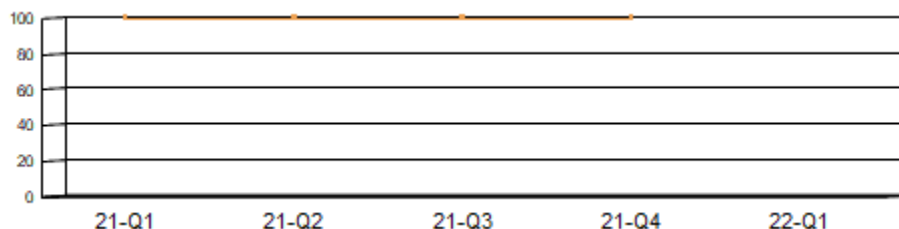
Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q1 FY2022 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
22-Q1		

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

YTD June 30, 2021 deficit was \$7M, which is \$7.5M behind target. COVID incremental expense submissions of \$3.6M were not accrued in the Q1 results.

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

Recovery of COVID incremental operating expenses will improve the YTD June results. Many cost pressures continue into F21-22, including lost revenues and unearned Ministry activity-based funding. Hospitals continue to complete lost revenue surveys to support the OHA's advocacy on Hospital's behalf.

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

A balanced budget will be impacted by the Ministry's commitment to fund COVID incremental expenses and lost/unearned revenues.

Definition:

ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

Target:

Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Prior Targets:

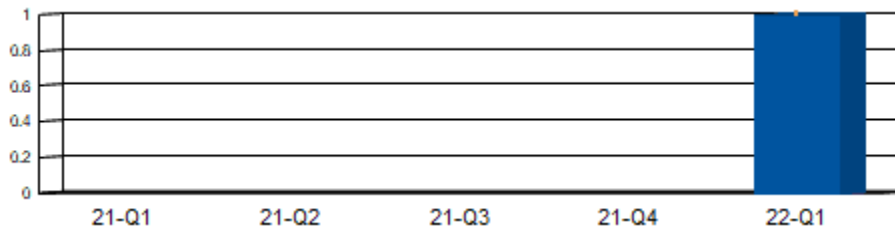
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q1 FY2022 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 Y/N



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

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

Initial meetings with three MES providers have been held to understand the experience at other Ontario hospitals, the services best addressed through an MES agreement along with the resources and timelines associated with the RFP process. The initial meetings provided KHSC with an understanding of how an MES agreement could meet our patient and capital needs especially in the context of pending redevelopment and existing vendor contracts. Further meetings are scheduled in Q3.

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

On track, subsequent meetings should allow reporting back in late Q3 or Q4.

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

TACTICS: Review medical equipment market strategy to secure best value

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

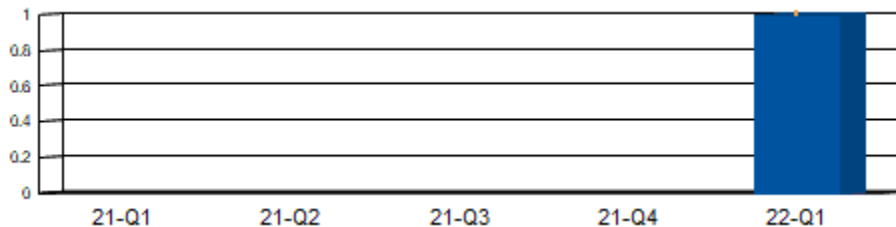
GREEN: Yes = 1

Q1 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.



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

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

Work has begun and is on track

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

Work has begun on education plan for patient advisors. Advisors also participate in new staff orientation to support the welcome for new hires and set the stage for understanding the principles of PFCC. Background research completed on options to facilitate more inclusive virtual participation by advisors; engaged IT team and prepared recommendations for moving forward.

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. Good progress to date with ongoing engagement of advisors.

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

TACTICS: Co-develop, with patients and staff, patient engagement guiding principles and an online PFCC portal to support consistent, purposeful patient partnership in alignment with principles.

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target:100%

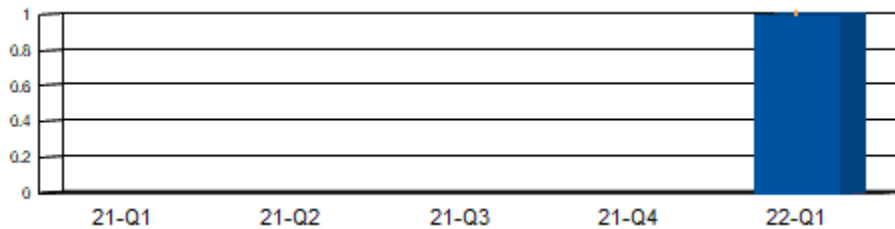
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q1 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Issue RFQ, complete PSOS, issue RFP Y/N



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

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

RFQ and PSOS development continue with the new Planning, Design & Conformance team HDR Architecture.

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

RFQ release is estimated for mid Q2. Additional planning resources have been retained to support specific project elements within the accelerated project 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, we are on track to achieve the objectives and are carefully monitoring progress against the accelerated schedule.

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

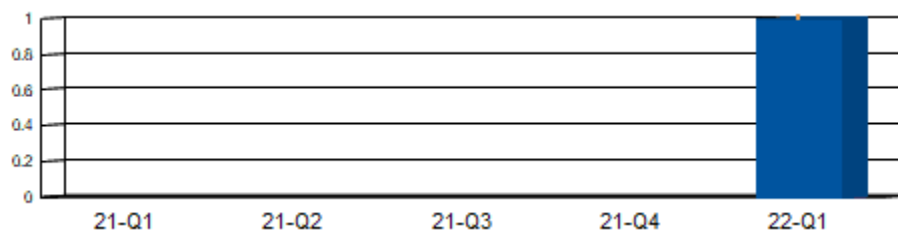
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Q1 FY2022 Strategy Performance Indicators Report

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: Engagement action plans & EDI strategy in place Y/N



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

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

Despite the challenges to prepare communications for the survey during COVID times i.e. redeployment of staff, mapping etc. to obtain critical feedback, the Employee and Physician Experience survey was launched. Survey response rates were 44% for employees and 29% for physicians. New survey questions related to our COVID response were added to get a pulse check on how we are doing which will allow us to assess if a pivot is required. In addition, questions related directly to inclusion, equity, belonging and access were included to gain foundational data and an understanding of current state. A student was hired with partial federal funding to have a focus on inclusion, diversity, equity, access. Q1 also saw a greater solidification of the direction for inclusion, diversity, equity, access work in the future alongside the path to get there.

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

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, safety, recognition, civility and respect, and psychological and social support. A little over a year ago, a more connected movement was ignited with people demanding to see demonstrable action concerning equity for people who have been marginalized, and more specifically, racialized persons who are Black, Indigenous and People of Colour (BIPOC). The organization began over the past year listening, learning and improving with the assistance of an advisory group to move to greater action and create a plan to remove barriers, decrease disparities and build trust related to inclusion, diversity, equity, access in our workforce. In addition, the sense of inclusion and belonging are critical to maintaining and growing our healthcare workforce and delivering on excellence. As there are greater strains to our healthcare system and increased demand for resources which outstrips supply, we need to protect our people resources 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 and ensure a welcoming and inclusive environment where everyone feels they can participate and contribute.

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.

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

TACTICS: Engagement Survey and action planning, Access, Diversity, Equity & Inclusion strategy and action plan

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

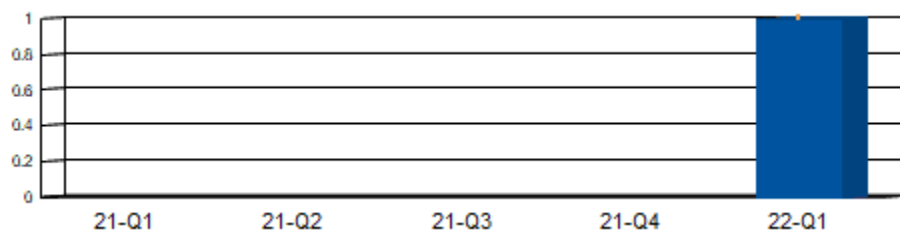
GREEN: Yes = 1

Q1 FY2022 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: Talent management & succession plan in place Y/N



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

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

Since the Executive performance workshop, areas of focus were identified to enhance performance. Educational assets for the leadership development framework (RISE) were developed alongside building the initial template for talent pool identification. The non-union merit based pay progression education sessions occurred, better practices using tools such as Performance Agreements and Performance Development Plans were communication to assist in assessing performance. Practices for hiring leaders and leader onboarding were improved and the approach for talent reviews and succession planning was more solidified.

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 LEADS capabilities provide a framework for leadership development and practice improvement it was not designed to measure effectiveness of leadership. This requires a further cascade to ensure knowledge, skills and attitudes are developed to continuously improve performance. In addition, to ensure there is a pipeline of talent 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. 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

Yes we are on track.

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

TACTICS: Talent management/succession plan/ leadership development re: cascading LEADS training from exec to other leaders

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%

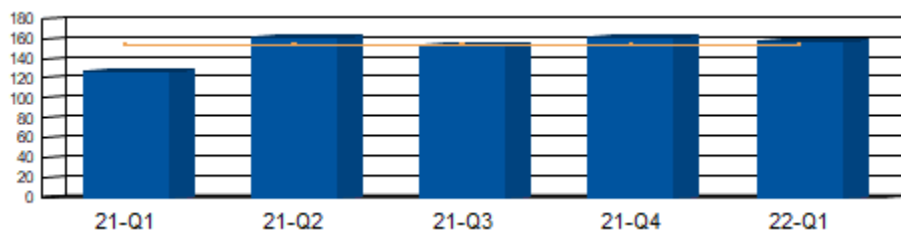
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q1 FY2022 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	154	153
21-Q4	161	153
22-Q1	157	153

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

In Q1, departmental workplace violence risk assessments were sent out for completion by July 15. While many were received back from leaders, the timeline was extended to mid-August due to the COVID-19 outbreak. Violence policy #02-141 was reviewed/revise to be a KHSC policy. The development of the customized KHSC specific workplace violence prevention training began in Q1 with the stakeholder group (Professional Practice, OHSW, Protection Services, Leadership/Talent Development, Leadership in ED, MH, UCC) monitoring progress. Finally, the Risk Reduction Plan improvements implemented on Burr 4 in F2021 are being trialed on Connell 9 to ensure crossover for other inpatient units. Trial to be completed by August 30 with intention to spread to the other inpatient units after this.

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

Of the 157 reported incidents in Q1, 4 required first aid and 6 resulted in WSIB claims (4 health care claims and 2 lost time injury claims). Of the 6 claims, 3 occurred in security staff while managing an escalated situation.

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 - Sandra Carlton
MRP - Joanna Noonan

TACTICS: As per F22 QIP work plan.

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 153/ Qtr
Corridors:
RED: <141
YELLOW: 142-152
GREEN: >153

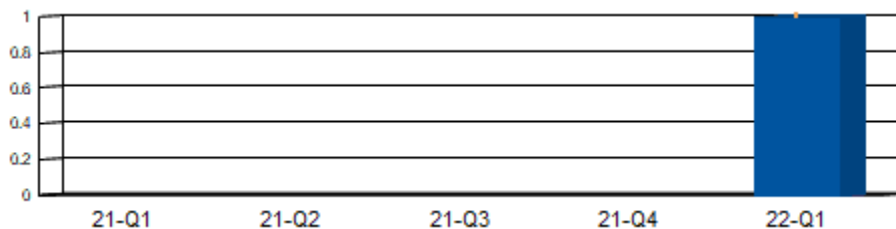
Prior Targets:
Fiscal 2021 target: 153/ Qtr
Corridors:
RED: >161
YELLOW: 153-161
GREEN: <153

Q1 FY2022 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: Governance structure and resourcing plan in place Y/N



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

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

Enable clinical transformation through digital care by setting up the appropriate governance structure and resource plan to support the regional HIS project and the local implementation 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

The Regional Health Information System (HIS) Advisory Committee formally concluded contract negotiations with the Preferred Proponent. With a final contract completed, all six of the participating Partner Organizations Boards reviewed and approved moving forward with the HIS project. A media release was distributed identifying Cerner Corporation as the Preferred Proponent with whom the Partners will work with to implement a shared health information system. The Regional HIS Project Team is currently preparing plans to launch the project at the end of 2021.

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 project is on track to deliver this tactic by year end.

Definition: ACCOUNTABILITY:
EVP - Valerie Gamache-O'Leary
MRP - Dino Loricchio

TACTICS: Begin design phase, complete governance structure and resourcing plan.

REPORTING COMMITTEE: Governance

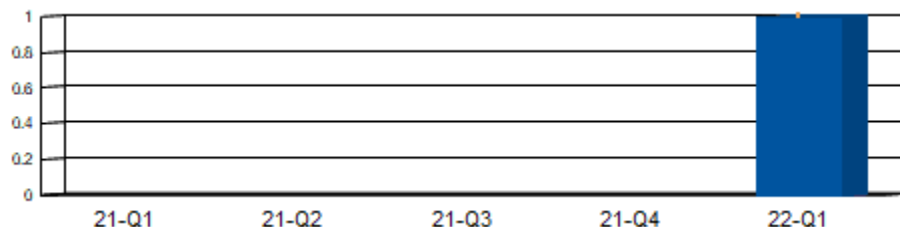
Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q1 FY2022 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: Year-1 project participation Y/N



	Actual	Target
21-Q1		
21-Q2		
21-Q3		
21-Q4		
22-Q1	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, 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, together with over 60 other health care partners throughout this region, submitted an OHT application which demonstrated that we have the right partners and plans in place to create a fully integrated health-care system for the attributed population in Frontenac, Lennox & Addington, 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. Since becoming an approved OHT in the fall of 2020, we conducted extensive stakeholder engagement with all sectors represented in our OHT to socialize our model and structure, while soliciting participants for our year-1 working groups and supporting structures. We provided leadership to the development of the year-1 organization structure for the OHT, signed onto the Collaborative Decision-Making Arrangement and provided leadership and structure to key FLA-OHT working groups, which are now fully operational. 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

KHSC 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. To support the development of the OHT now that it has been approved by the Ministry, we have operationalized four year-1 project groups focused on: aging well at home, palliative care partnerships, addictions and mental health integration, and coordinated discharge. A KHSC resource is supporting strategy development across the project groups, as well as communications and engagement to ensure we keep our partners and community informed and engaged with our progress.

In Q4/Q1 KHSC contributed leadership to:

- Operationalizing OHT structure and working groups
- Finalizing and submit OHT Collaborative Decision Making Agreement to Ministry
- Establishing the OHT communications and engagement (CE) working group and a best-practice framework for community engagement
- Aligning regional communication and engagement experts from CE working group to each of the four year-1 project groups to provide professional consulting to the groups as they form communication and engagement plans to support their work
- Implementing communication and engagement infrastructure (communication & engagement plans & templates for working groups, website, newsletter, reporting templates)
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support emerging strategy discussions

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 achieve the objective by year end.

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

TACTICS: Participate in FLA-OHT year-1 projects

REPORTING COMMITTEE: Governance

Target: Fiscal 2022 target:100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

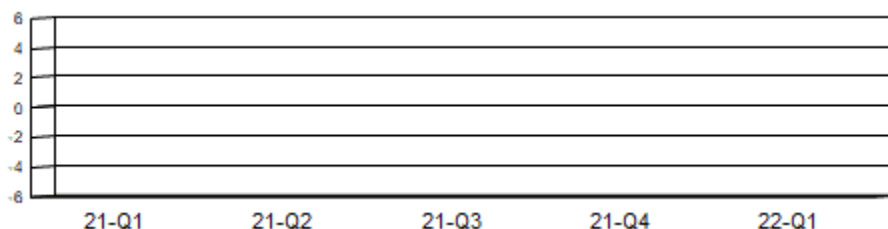
GREEN: Yes = 1

Q1 FY2022 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
21-Q1		
21-Q2		
21-Q3		
21-Q4		
22-Q1		

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 have developed a survey for distribution to our learners that will assist in developing an Education Strategy at KHSC.

UGME (Medical Students) 2020 Survey is complete. PGME (Medical Resident), Nursing and Allied Health survey is planned to be distributed in Q1 of 2021 as they approach the end of the academic year. However, we are having to re-evaluate with our educational partners on delaying the timelines, in light of the third wave of the pandemic and the impact it has had on our learners; and a number of residents were redeployed and taking on extra work to support other areas of in the hospital that have seen an increase demand.

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, although will be delayed by a few month in light of the pandemic, 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: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

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

Q1 FY2022 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