

2011-12

# KGH this year



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Status	Meaning
Green	On target
Yellow	Approaching target. Requires attention
Red	At risk. Focused review and action planning underway





## Chair & President's message

Welcome *KGH This Year*, our annual report against our long-term strategy and annual corporate performance goals. Our fourth quarter ended March 31, 2012, and we're pleased to report that 80 per cent of our strategy performance targets were met.

This fiscal year marks not only the end of a positive and productive year for KGH, but also the end of a very challenging three-year performance improvement plan. As many people will remember, KGH took a fairly public fall in 2008, which was hard for the people inside our organization and out in the community. However, people and organizations are not defined by whether they fall, because we all will. Rather, we are defined by how we pick ourselves up and carry on. The past three years have been about picking ourselves up, moving forward and creating a future where KGH is standing out as a top performer and making Outstanding Care, Always a reality for every patient, every day. Today, we are on a strong, healthy path toward that aim, a path that has been shaped by many, many people.

We have the privilege of presenting some impressive results in this report, and we ask that you imagine there are over 7,000 people standing with us – staff, physicians, volunteers and students – who have made these achievements possible.

Together with their input, and advice from over 2,000 members of our community, we designed a strategy for achieving Outstanding Care, Always. We set priorities based on what people told us they are counting on KGH for, and moved into action as a community of people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership.

As a result our collective efforts, KGH is different today. It is clear to patients and families that we have organized our work and our care teams in innovative ways to meet their needs for better communication, coordination and collaboration as active participants in their own care. Research is a defining piece of who we are and we have strengthened our ability to support it by creating the KGH Research Institute and recruiting new clinician scientists to our organization. We are working as partners in the regional health care system to focus on the role people are counting on us to fulfill as their complex-acute and specialty care, research and teaching hospital. We are also working with our partners across the region to ensure the care we provide is connected and seamless.

One of the most visible changes to our organization is the new high-quality facilities and modern equipment we have as a result of the tremendous support of government and our community. Our \$196 million redevelopment project is complete, on time and on budget, and our patients and staff are benefiting from the results.

Every one of the initiatives we have put in place to strengthen KGH has been the result of tough choices about how to deliver leading edge, patient-centred care in a rapidly changing health care landscape, while improving the financial health of the organization. We are proud to report that over the past three years, we eliminated our long standing operating deficit and tripled our investment in capital equipment, technology and infrastructure, which is vital to providing safe, high-quality care.

Our accomplishments are proof that when you have a group of committed people who are passionate about what they do, anything is possible.

Thanks for your interest in KGH. Stay tuned, KGH is on the move!


Sincerely,

Leslee Thompson

*President and Chief Executive Officer*

Chris Cunningham

*Chair, KGH Board of Directors*



## Transforming the patient experience through a relentless focus on quality, safety and service

### Engaging patients

As part of our commitment to transforming the patient experience, we are engaging patients and families in all initiatives that can influence their care and service. Our Patient and Family Advisory Council is a vehicle for delivering on this commitment by engaging patients and families in key planning and decision making activities across the organization. While we planned on 15 Patient Experience Advisors this year, the momentum of the program exceeded our expectations. As of Q4, we have 43 advisors who provide a steady source of ideas and advice as we make improvements and navigate through change within the hospital. Patient advisors participate on our program councils, project steering committees, task forces, working groups and in international presentations on patient- and family-centred care. We also have Patient Experience Advisors involved in the selection of new staff members by participating in interviews. The active involvement of patients and families has profoundly changed the conversations that are taking place, and the perspective from which we are making decisions. It has simply become part of the “KGH way” to involve patients and families in all discussions about issues that affect the patient experience.

The Patient Experience Advisory Council and partnering with patients and families are not the only ways we are putting patient feedback into action. Like all Ontario hospitals, we actively measure patient satisfaction and use those results to drive improvements at all levels of our organization. This year, we aimed to achieve an overall patient satisfaction score that was at, or better than, the provincial teaching hospital average. As of Q4, we exceeded the provincial average by 1.2 per cent with a score of 95.2 per cent. We made significant gains in seven out of the eight dimensions of patient satisfaction, with consistent increases in the dimension of emotional support. In our emergency department, our satisfaction scores were higher than the provincial teaching hospital average with positive gains in the categories of information and education, access and coordination and respect for patient preferences. While there are many factors that contribute to patient satisfaction, the implementation of our new Interprofessional Collaborative Practice Model has had a profound impact on patient care by supporting our efforts to work as care teams, collaborate and partner with patients and families in the delivery of patient-centred care. We expect to see further improvements to patient satisfaction scores as we realize the benefits of our Patient Experience Advisor program and many of the corporate changes that were implemented this year, such as our new food service system and removal of carpets from patient areas.

## Eliminating preventable harm

People expect to feel safe and be free of harm during their hospital stay. However, given the complexity of the care and service we provide 24 hours a day, seven days a week, adverse events can and do occur. At KGH we are committed to eliminating all preventable harm to patients. Our main areas of focus in this regard include strengthening our patient safety culture, promoting hand hygiene and environmental cleanliness and reducing hospital acquired infections.

Each year, we do “pulse” surveys of staff about patient safety at the hospital. In Q4, we had a significantly improved response rate to the survey at 39 per cent, or 1,201 staff members, who completed the survey compared to 17 per cent in Q1. We also saw a three per cent increase in staff rating KGH as “very good or excellent” at fostering a patient safety culture, but we are far from satisfied with our results which sit at only 28%. We have heard from staff that some of these results may reflect the fact that we have not communicated well enough about what actions have taken place throughout the year to improve patient safety, so there is an awareness gap that needs to be fixed. On the positive side, we saw greater satisfaction in almost every survey question when comparing the past two survey results. While we are pleased with this improvement, we know we still have a long way to go. To this end, we put several important patient safety initiatives in place this year, which we expect to have a positive impact on staff perceptions of safety in our hospital. We implemented patient safety awareness campaigns such as *Just Clean Your Hands* and safety walks to heighten awareness of safety at the frontlines. We have improved use of the safe reporting tool that standardizes the way we report and monitor safety incidents. We received funding from the Ministry of Health and Long Term Care under the Quality Nursing Environments program to institute four safety projects: A nursing mentorship program to support the development of leadership capacity in our nursing teams; a patient safety champion program, which saw 30 frontline nurses actively support engagement and understanding of safety issues among their nursing colleagues; interprofessional care planning rounds, or “bullet rounds,” which support improved communication and discharge planning by involving all members of the care team; and a program designed for safely managing patient behaviour issues in the Mental Health Unit by promoting awareness and understanding of specific behaviours associated with this patient population. We are also recruiting for a Director of Patient Safety and Quality to oversee the safety agenda at all levels of the organization.

Clean hands are the first line of defense in the fight against hospital acquired infections. That’s why we are aiming to achieve 100 per cent hand hygiene compliance across our organization, and we have seen remarkable progress toward this goal. Three years ago, KGH had one of the worst hand hygiene compliance rates in the province at 34 per cent. Flash forward to Q4 of fiscal 2012 and our compliance rate is at 94 per cent. This is thanks to the efforts of everyone in our organization, as well as our continued focus on promoting hand hygiene awareness. We are posting compliance rates on hospital wards and we introduced the Handy Audit tool, which provides robust data collection and analysis of hand hygiene behaviour. We will continue our relentless pursuit of 100 per cent hand hygiene compliance in the coming year.

Infection outbreaks are a reality for all hospitals and KGH is no exception. This year, we aimed to reduce the number of new patients who acquire infections in our hospital by ten per cent. Our ability to control outbreaks of *C. difficile* is the primary determinant of our ability to achieve this milestone. We did not reach our target in Q4. While we experienced several *C. difficile* outbreaks this year, we were able to detect and deal with them much more quickly and efficiently thanks to strict adherence to infection control practices and the advanced detection techniques now in use at KGH. Given our success with hand hygiene, we are shifting our focus to the appropriate use of antibiotics in our hospital to slow the spread of antibiotic resistance. We also expect that the continued carpet removal from patient areas of the hospital will have a positive impact on our infection rates.



## Eliminating preventable delays

A significant part of the patient and family experience at any hospital is the amount of time it takes for patients to receive the care they need at each step in their health care journey. As a key partner in our regional health system, KGH is doing its part to ensure processes within and beyond our hospital are well connected and coordinated so that patients flow seamlessly through the various steps and transitions in their journey. We continue to make improvements to patient flow, focusing on discharging patients at their expected lengths of stay and reducing wait times for emergency department admitted patients and patients waiting for elective surgeries.

For each patient population that we see, there is an expected length of stay related to the nature and complexity of their condition. Discharging patients at their expected length of stay (ELOS) for that population influences the rate at which we are able to admit patients who are waiting for a bed in our hospital. In Q4, our overall average length of stay was below our expected length of stay by 0.5 of a day. Eleven out of 18, or 61 per cent of clinical services, are meeting the targeted ELOS or are better than the target. For those above their ELOS, this translates into only 853 patient days, or 2.3 beds per day. There were also fewer patients waiting in our hospital for alternate levels of care (ALC). The average number of ALC patients per day has remained at 23 through Q3 and Q4. This is a reduction by six from Q2. Our success in this area is thanks to numerous process improvement initiatives underway as well as work with our partners through initiatives such as the Home First program, which support the efficient movement of ALC patients.

We continue to make progress with our emergency department wait times which are the lowest they have been in three years as of Q4. This year we developed “Code Gridlock,” an overhead page used to alert staff that we are over capacity in the emergency department and with admissions to the critical care and inpatient units. We did experience a small setback in ED wait times in Q4 due to the impact of an extended *C. difficile* outbreak and a surge in clinical activity resulting in two Code Gridlocks in Q4. In Q4, we admitted 2,608 patients from our emergency department. Ninety-three per cent, or 2,428, of these patients were admitted within or better than the SE LHIN / HSAA target of 25 hours, a significant improvement from last quarter. Ninety-six per cent, or 2,493, patients were admitted within or better than the provincial 90th percentile wait time of 31 hours. We did not meet our stretch target of 100 per cent of patients being admitted within 8 hours, however, we are pleased that our efforts are having a positive impact on the overall progress on ED wait times.

We are also closely monitoring our surgical wait times. While we did not meet our target this year as of Q4, 32 out of 44, or 73 per cent, of our publicly reported surgical wait times met or exceeded the 90th percentile provincial wait time target. Our target for this milestone was 90 per cent. We are implementing improved techniques in wait list management, aided by our sophisticated wait list management technology. We are shifting and reinforcing accountability for wait time management at the clinical level. Our wait-times strategy committee, with assistance from the decision support team, will continue to support the surgical program leadership in monitoring progress and identifying opportunities to improve access.

KGH 2015 Outcome	2011/12 Milestones	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	15 patient experience advisors are integrated into KGH committees	Green
	Overall patient satisfaction is at or better than the provincial teaching hospital average	Green
All preventable harm to patients is eliminated	70% of our people who are surveyed rate us as “excellent” in fostering a patient safety culture	Red
	We achieve 100% hand hygiene compliance across all units and categories of staff	Green
	The number of new patients who acquire infections in our hospital is reduced by 10%	Red
All preventable delays in the patient journey to, within and from KGH are eliminated	100% of our clinical services discharge patients at their expected length of stay	Red
	The emergency department wait time for admitted patients is less than 8 hours for 100% of patients	Red
	90% of patients receive their elective surgery within or faster than the provincially targeted wait time	Red





## Bringing to life new models of interprofessional care and education

### Implementing our Interprofessional Collaborative Practice Model

Our Interprofessional Collaborative Practice Model (ICPM) is characterized by collaborative practice among teams of health care professionals who are working together to deliver patient-centred care. Teams are comprised of physicians, nurses, nutritionists, physical therapists, social workers and other allied health professionals. As of Q4, ICPM is implemented on all clinical units of the hospital, and we are seeing steady improvements to patient satisfaction, quality and efficiency measures.

Building upon the implementation of ICPM in all inpatient units last year, the model of care was rolled out in all ambulatory areas of the hospital in a staged fashion in each quarter of the past year, including the numerous busy, complex and interrelated clinics that comprise cancer care at KGH, the ventilator equipment pool, laboratories and our emergency department. Clinical care teams have been overwhelmingly receptive to adopting the new model after seeing the benefits of improved processes, team work, communication, collaboration and patient satisfaction on the inpatient units. More than 850 staff from ambulatory care areas across the hospital participated in ICPM education sessions, bringing the total number of ICPM-trained staff to 2,053. In addition to providing valuable education, the sessions have provided a forum for interaction and collaboration between different members of the care team who are working together in new ways to identify opportunities to improve systems and processes for the benefit of patients and families. In the coming fiscal year, our focus will shift from implementation to sustainability and continuous improvement of the model to anchor the changes arising from this approach within our organization. This will include work on interprofessional electronic patient documentation.

## Embedding interprofessional education

As a teaching hospital, education is at the forefront of our mandate at KGH. We have declared that by 2015, KGH will be a nationally recognized centre of excellence for interprofessional care and education. Interprofessional education (IPE) is the process by which two or more health professions learn with, from and about each other to increase collaboration, enhance practice and improve the overall quality of patient and family-centred care. Our partners in the Faculty of Health Sciences at Queen's University and St. Lawrence College have embraced interprofessional education so that together we can shape the next generation of health care leaders in a way that delivers more value to patients and families.

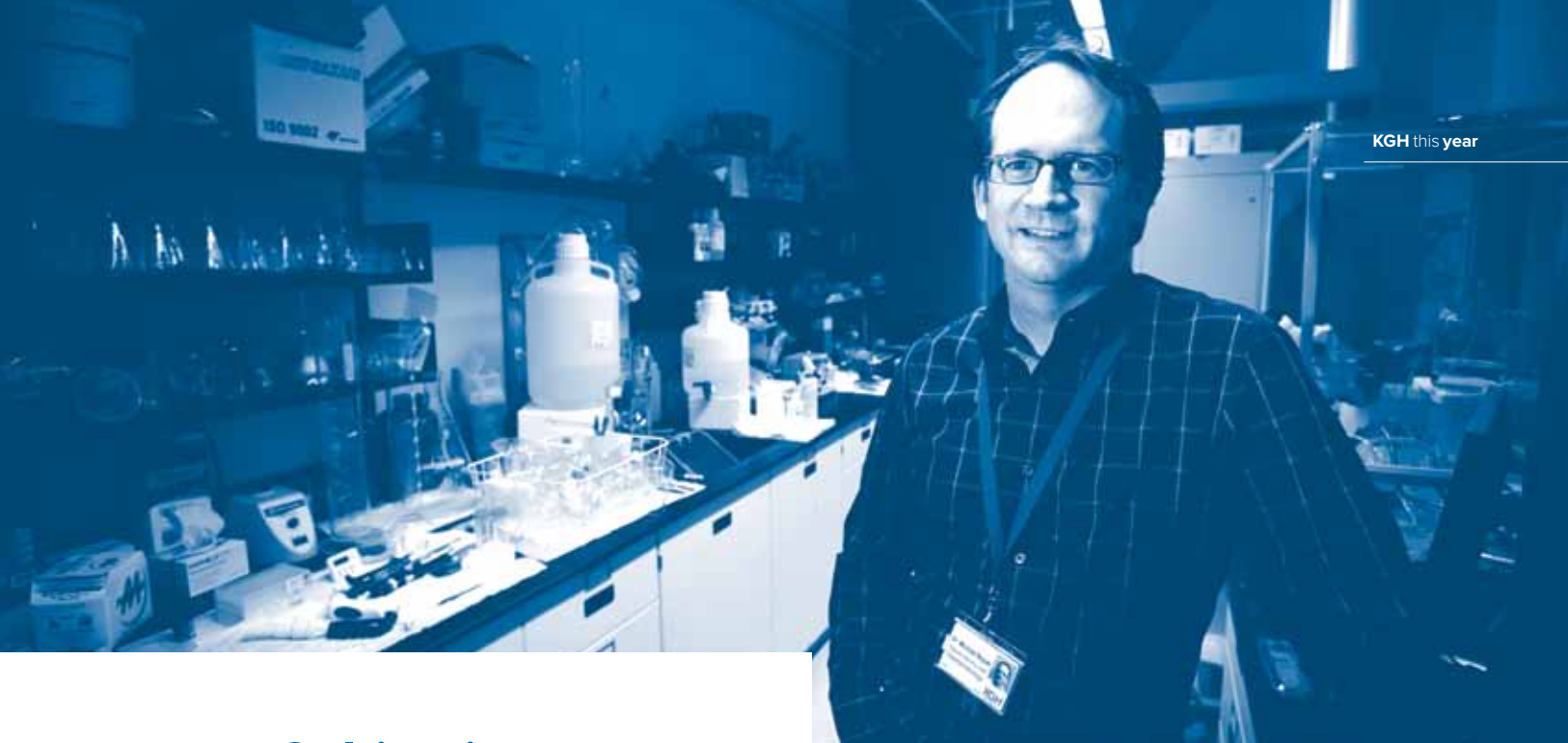
In 2011-12 our interprofessional education steering committee, which is comprised of representatives from a variety of health care disciplines, members of the KGH Patient and Family Advisory Council and our academic partner institutions, finalized a work plan to guide their activities as well as those of the key support teams including the Accreditation Alignment, Environmental Factors and Support, Interprofessional Events Planning and Evaluation and Communication teams.

A series of interprofessional education events are scheduled for the coming fiscal year including a Simulation Olympics, patient- and family-centred care presentations and an IPE poster presentation at the Scholarship in Health Sciences Education event in June 2012. Action planning is also underway to help build awareness and organizational competencies to support interprofessional learning across the hospital in our quest to ensure that by 2015 all education activities at the hospital will be interprofessional by design.



KGH 2015 Outcome	2011/12 Milestones	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	100% of our clinical areas have implemented ICPM	Green
KGH is recognized as a centre of excellence in interprofessional education	The KGH Interprofessional Education Steering Committee and workplan is in place	Green





# Cultivating patient-oriented research

## Strengthening clinical research

Patient-oriented research focuses on improving patient outcomes. In collaboration with Queen’s University and other academic partners we are advancing research at KGH in very deliberate ways, and steadily growing our clinical research capacity to foster a strong research culture in our hospital. In fiscal 2011-12, we recruited four new clinician scientists as part of the first ever clinician scientist recruitment program in partnership with the Faculty of Health Science at Queen’s University and the Southeastern Ontario Academic Medical Association (SEAMO). The new investigators will have 50 to 75 per cent protected time for research to lead research programs in the areas of emergency medicine, respiratory, neurosurgery, and pathology and molecular medicine.

Externally funded research revenue is measured on an annual basis. This past fiscal year, we aimed to achieve a 10 per cent increase in externally funded research. As of Q4, there was a 38 per cent increase in research funding in comparison to our baseline set two years previously. This year we also had the distinction of being named as one of Canada’s Top 40 Research Hospitals by Research Infosource.

## Growing the KGH Research Institute

In Canada, about 80 per cent of health care research is conducted in hospitals and their research institutes. Research discoveries have changed the face of health care and major advances are progressing at a faster pace than ever before. Last year we created the KGH Research Institute as a platform for channeling the growth and development of a strong health research enterprise. We are increasing research personnel, creating a strategic plan for research areas of focus and expanding space for clinical research by creating a new Clinical Investigation Unit in our hospital.

In 2011, the KGH Research Institute held its first annual Research Showcase, providing a unique opportunity for everyone in our region to learn how patients benefit from groundbreaking discoveries that turn into life-saving innovations. The three-day event featured presentations from leading KGH researchers, research facility tours and a research open house with poster presentations. The event was an excellent forum for networking and sparking new collaborations, drawing participants from throughout the hospital, Queen’s University, members of the local media and regional community members.

In the coming fiscal year, we will continue to position ourselves and our academic partners for success in national research funding competitions and build our research capacity so that the infrastructure and support is in place to enable our clinical scientists to be globally competitive.

KGH 2015 Outcome	2011/12 Milestones	Status
Externally funded research at KGH has increased by 50%	Externally funded research at KGH has increased by 10% and our clinician scientist program expands	Green



## Increasing our focus on complex-acute and specialty care

### Aligning and integrating health system services

KGH's ability to fulfill its role as South Eastern Ontario's complex-acute and specialty care hospital requires an integrated, strategic approach to health care in the South East Local Health Integration Network (SE LHIN). The SE LHIN, together with the regional hospitals and the Community Care Access Centre, has embarked upon a critical examination of current hospital services within seven clinical areas to create a Clinical Services Roadmap. Working groups with representation from all regional partners have focused on cardiovascular disease, emergency department wait times, health care acquired infections, maternal/high-risk newborn, mental health and addiction services and restorative care and surgery. The goal is to improve service provision, reduce program duplication and improve access, efficiency and effectiveness.

KGH has been a leading participant in this initiative as our clinical and administrative leaders continue to actively participate in the development of the roadmap. The prioritization team has identified initiatives that are already underway or able to be implemented with current resources. These will commence as the first wave of roadmap initiatives in the coming fiscal year while planning gets underway on a number of other initiatives.



KGH 2015 Outcome	2011/12 Milestones	Status
KGH services are well aligned and integrated with the broader health-care system	KGH services align with our role as the region's complex-acute and specialty care provider and the Cancer Care at KGH strategic plan is in place	Green
	100% of target service volumes are met	Yellow
Best evidence used to guide practice	KGH clinical staff adopt evidence-based guidelines in 6 clinical areas	Green



## Shaping the future of cancer care at KGH

The Cancer Care at KGH strategic plan was delivered in Q4, ending an extensive engagement process with participation from individuals from across the cancer care domain whose input helped to shape the future of Cancer Care at KGH. Cancer care is a team effort and we work with many partners across the region in order to provide seamless, high-quality cancer care to the patients and families we serve. In recognition of this fact, the Cancer Care at KGH strategy aligns directly to the KGH 2015 strategy, the South East Regional Cancer Plan and the Ontario Cancer Plan. It defines our specific role and the contributions KGH will make to strengthen the overall system of cancer care. The plan is driven by our commitment to putting patients and families at the centre of all that we do; providing leadership in bringing to life new models of interprofessional cancer care and education and fulfilling our role as the region's provider of complex-acute and specialty cancer care, research and teaching.

### Focusing on complex-acute and specialty care

As the region's complex-acute and specialty care provider, KGH is accountable for delivering specific volumes of services as well as achieving wait time targets. Managing the delivery of service volumes is a complex task as each service comes with its own set of challenges from the availability of qualified personnel for program areas, to fluctuating regional demand for services. As of Q4, seven out of 10, or 70 per cent, of our volume contracts met their target. In areas where we were not able to meet the volume target, we were able to anticipate and actively work with the SE LHIN to shift those volumes to other organizations in the region so our patients could continue to receive care close to home.

The wait list strategy committee and the surgical program continue to monitor all contracted volumes and resource utilization issues in areas of concern with respect to meeting our targets. This process is actively and effectively managed by the leadership in the surgical, perioperative and anesthesiology program.

In Q4, our performance related to the delivery of MRI services was the best it has been in the last three years thanks to diligent process management and the stabilization of staffing resources. With respect to overall performance for the year, MRI hours were within 1.4 per cent of our target of 56 hours, which means we met the the high demand for this limited resource.

Emergency department visits have been steadily increasing over the last three years. In 2011 we welcomed a new patient population to KGH with the transfer of the acute inpatient mental health service from Hotel Dieu hospital, which resulted in increases to our patient activity volumes, including visits to the emergency department. Tremendous improvements in ED patient flow have enabled us to deal effectively with the increased demand for emergency services. We achieved new volumes related to our Post Construction Operating Plan (PCOP) funding. This revenue provided funds for additional intensive care beds, three direct observation beds in the new acute inpatient mental health service and incremental ambulatory care volume in our cancer centre of approximately 14,000 visits.



### Using best evidence to guide practice

Evidence-based guidelines, or order sets, are comprehensive, best-practice guidelines used to assist health care professionals in managing common health issues and interventions in a variety of patient populations. Using evidence-based guidelines to ensure appropriate tests, treatments and medications are prescribed enhances patient safety and overall quality of care while helping to reduce length of stay and readmission rates.

As of Q4, we have achieved our target to implement the use of evidence-based guidelines in six clinical areas. A total of 12 guidelines are now in place: five in critical care, three in cardiovascular surgery and one each in obstetrics and gynecology, emergency department, sleep lab and general surgery. A number of other programs are now working with the Order Set Committee, which oversees the implementation and successful adoption of evidence-based guidelines.



## Enabling high performance

### Reducing sick time

Sick leave levels at KGH were identified three years ago as a major problem that needed to be addressed. While many organizations struggle with this, our rates have been high compared to our peers. Sick days are there to be used by those who need them but we have been working with staff, unions and managers to address underlying organizational issues that may also be contributing to people calling in sick. Increasing attendance at work has been a major priority at KGH. As of Q4, our rolling average sick days per employee was 11.42 against our target of 10.5. Although the rolling average is holding steady over the last several quarters, we have made progress over each of the past three years with a reduction in average incidents overall. In Q3, we introduced a rigorous review process to target areas with continued high sick time and to address systemic issues. We are also expanding our Attendance Management Program to include part-time staff. In March 2012 we launched a project to develop a staff scheduling system, which we expect will help improve work-life balance, improve staff satisfaction with the scheduling process and reduce payroll errors. Other activities that are having a positive impact on quality of work life include the introduction of day care for our staff with young children, on site stop smoking and weight watcher programs, on site dry cleaning and many opportunities for staff to come together and be recognized, such as our staff thank you breakfast, the KGH Team Awards and our strawberry social.

### Reducing workplace injury

Safe staff equals safe patients, so workplace safety is a high priority at KGH. One of the ways we measure safety in the workplace is through lost time injury claims (LTI). These claims occur when workplace injuries result in an employee not being able to report to work, even in a modified capacity. These types of injuries account for the majority of our Workplace Safety Insurance Board (WSIB) claim costs. While we did not meet our target, the number of injury claims is down and we are seeing a shift in the types of injuries that are occurring in our workplace. Forty per cent of musculoskeletal injuries (MSIs) were due to patient care handling, down from 60 per cent last year and there has been an increase in injuries in our support service areas, such as environmental services, which accounted for 23 per cent of MSIs. The Management Inspection Program, which was introduced in 2011 and reinforced in Q4, is a key injury prevention strategy that aims to reduce the incidence of lost time injuries. MSI coaches and safety champions continue to promote safety at the front lines of care. We held special leadership sessions in Q4 to support departments in providing immediate modified work to avoid lost time injury claims. We expect these and other safety awareness initiatives to have a positive impact on staff safety in the coming year.



## Updating knowledge and skills

All KGH staff are required to update their training in five key areas including Freedom of Information and Protection of Privacy Act and E-Mail, Workplace Violence and Harassment, Workplace Hazardous Materials Information System, MSI for both clinical and non-clinical staff and Accessibility for Ontarians with Disabilities Act. In 2011, we launched a new e-learning platform that makes training more accessible and easier to track. As of Q4, 94.9 per cent of staff, or 3,800 KGH employees, completed mandatory online training, up from 91 per cent in Q3. Our new Learning Management System, which sends alerts to individuals who require training refreshers, has contributed to our success with training compliance. We also provide regular reporting to managers on their areas' compliance rates as well as targeted support through Leadership Exchange sessions and e-bulletins emphasizing the requirement for staff to complete mandatory training.

In Q4, we ran a pilot of our mandatory process improvement training for KGH managers to support the creation of a continuous improvement environment with consistent use of Lean principles. This exciting initiative will support leaders to identify opportunities for improvement and create tactical plans in their programs and departments that support the achievement of our *KGH 2015* strategy. By the end of fiscal 2012-13, all managers will have completed process improvement training.







## Completing our redevelopment project

Phase one of our \$196 million redevelopment project was completed on time and on budget in Q4. This multi-year project was one of the largest and most complex hospital redevelopment projects in Ontario, which has created an additional 170,000 square feet of new space and the renovation of another 143,000 square feet at KGH. We are grateful for the efforts of our staff, contractors and consultants. Working together, they managed over a thousand system shutdowns and hundreds of moves and disruptions during the redevelopment without compromising patient care. In Q4, our new retail and food services opened, including a new On-the-Go Café featuring Tim Hortons and a Lovell Drugs in the Abramsky Lobby. Cafeteria renovations were completed and the new Steamplicity™ inpatient food services rolled out to positive reviews from patients and families.

Planning for phase two redevelopment is well underway under the guidance of the redevelopment steering committee. Phase two includes plans for a brand new neo-natal intensive care unit, new labour and delivery facilities, new labs and new operating rooms.

## Getting rid of carpets

Carpets are difficult to maintain in a hospital environment. They are hard to clean and harbour dirt and germs that can contribute to the spread of infection. Three years ago, we committed to getting rid of carpets in our hospital. The carpets are now disappearing from all patient areas and being replaced with bright, shiny floors to the delight of staff and patients. Our new carpet-free floors are contributing to a safer, cleaner environment at KGH. In Q2, we refined our overall schedule for carpet removal to accommodate the safe movement of patients during the construction and taking into account our limited capacity to relocate clinical units during the transition. This work is difficult and disruptive, however, all our clinical and support staff have worked together to make the moves and renovations go smoothly. At Q4, 40 per cent of patient areas are now carpet free. In Q4, carpets were removed from Connell 3. This brings us to a total of six carpet-free floors, five of which are inpatient units.



## Automating systems and processes

Automated medication dispensing cabinets improve patient safety, workflow efficiency and cost analysis, while offering secure storage of medicines. In Q4, a request for proposals from vendors of the medication dispensing cabinets was completed and we expect to commence implementation of the project in the first quarter of fiscal 2012-13. Our new order management system, which automates order processing in our laboratories, was rolled out in Q4 as scheduled, and we are already seeing improvements in the turnaround time for test results, a reduction in errors and cost savings. Successful implementation of this project is thanks to the significant efforts of our clinical staff and skillful project management by our information management team.

As part of a regional system of health care, we are working with our community partners and family physicians to strengthen the continuity of care for our patients. One of the specific areas of investment we have made is in our electronic communications with family physicians using patient e-discharge summaries. Today, 95 per cent of people who leave our hospital leave with a discharge summary detailing all the information about what happened during their stay at KGH including medications, tests, procedures and diagnoses. As of Q4, 43 per cent of e-discharge summaries are distributed to family physicians within 72 hours against our target of 80 per cent. We are confident this milestone will be achieved in the coming fiscal year due to new policies, procedures and systems that support progress.





## Improving our finances

March 31, 2012 marked the completion of the Performance Improvement Plan (PIP), which the hospital embarked upon after the Investigators' Report was issued in June, 2008. Thanks to the efforts of management, staff, physicians and volunteers, KGH has delivered its first balanced operating and positive working capital position in 16 years. In addition to the \$24 million in savings that were achieved through the PIP, we knew we needed money to invest in the future of KGH. As of Q4, we have generated the capacity to invest \$12 million in capital equipment, technology and infrastructure such as new interventional radiology, new equipment for our cardiac catheter lab, a new heart-lung machine and new blood glucose monitors on the units. Our ultimate goal is to increase our annual capital investment capacity to \$20 million by 2015 to keep our facilities modern, and equipment and technology up-to-date. Continued emphasis on accountability and appropriate allocation of fiscal resources entrusted to our management will allow the organization to deliver leading edge patient-centred care in the rapidly shifting health care landscape.

## Evolving the ways we engage with our stakeholders

Keeping the almost 500,000 people who are part of the KGH community up-to-date with what's happening in our 24-hour-7-day a week organization is a big challenge. This year, we harnessed the power of social media to help us deliver on that challenge. KGHConnect.ca was launched as a dynamic online portal for news and community engagement. Our presence on Facebook and Twitter, which have 86 and 418 fans and followers respectively, allows us to disseminate news and information in a timely manner. We turned on KGH Media, our YouTube channel, featuring presentations and educational videos from KGH leaders and health care experts. We also held the first *KGH Connect* community engagement event, as a way to bring our leaders and experts into the community to talk about the health care and health system issues that matter most to them. For our staff, physicians, learners and volunteers, we launched KGH This Week, a weekly print newsletter that informs them on all aspects of life at KGH. A new quarterly reporting tool, *KGH This Quarter*, was developed to translate complex hospital performance data into an easy-to-read, plain language report that keeps our stakeholders abreast of our progress. If you haven't already, join us online at [www.kghconnect.ca](http://www.kghconnect.ca) to become part of the conversation.

Enabler	KGH 2015 Outcome	2011/12 Milestones	Status
People	KGH is designated as one of the best places to work	Average sick days per KGH employee are reduced to 10.5	Yellow
	All preventable harm to staff is eliminated	Lost time injury claims are reduced by 10%	Red
	Staff are engaged in all aspects of our quality, safety and service improvement initiatives	100% of our staff complete mandatory online training	Yellow
Processes	Continuous improvement environment created with consistent use of lean principles	100% of KGH managers complete mandatory process improvement training	n/a
Facilities	Phase 1 redevelopment is complete, Phase 2 construction is underway and KGH has sufficient parking	96% of our Phase 1 redevelopment is complete on time, on budget and new retail and nutrition facilities are in place	Green
	KGH is clean, green and carpet-free	Our new solar farm is established and 50% of carpets are removed from inpatient areas	Green
Technology	Rapid transmission of information improves care and operational efficiency	50% of our automated medication dispensing system is in place	Green
		Our lab and diagnostic imaging order management systems are in place	Green
		Timely e-discharge summaries are completed for every patient	Red
Finances	Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Our operating deficit is eliminated and our capital spend reaches \$12 million	Green
Communication	We continue to engage and report openly and regularly on our progress	Patient, staff and stakeholder engagement takes place through improved website and social media tools	Green

# Hospital statistics 2011-12

 = 1,000

**83,000** unique people visited our hospital

There were **152,920** visits to our ambulatory clinics

We admitted **20,927** patients

There were **73,505** visits to our cancer centre

**51,922** people visited our emergency department

We performed **9,116** surgeries

We delivered **2,027** babies

Admitted patients stayed with us for an average of **6.82** days



## Three-year performance highlights

Three years ago, KGH embarked upon a Performance Improvement Plan. At the same time, we set our sights on the future and launched the *KGH 2015 strategy for achieving Outstanding Care, Always*. Here are just a few highlights of what we've accomplished in the three short years while delivering leading-edge care to the 156,000 people who visited our hospital:

- We began with a vision of being a leading patient- and family-centred hospital. Today, we have a Patient and Family Advisory Council and 43 patient experience advisors working together with us throughout the organization.
- When we started out, we had one of the worst hand hygiene compliance rates in the province at 34 per cent. Today, our compliance rate is 94 per cent across every unit and category of staff.
- March 31, 2012 marked the completion of our three-year Performance Improvement Plan (PIP). In fiscal 2011-12, KGH delivered its first balanced operating and positive working capital position in 16 years.
- Three years ago, we had just \$3 million a year to purchase equipment and technology. Today, we have generated the capacity to invest \$12 million in the future of KGH.
- KGH employed a total of 3,520 individuals this year. This represents a four per cent increase from fiscal 2009.
- The number of patients who acquire *C. difficile* in our hospital each year has decreased from 35 to 27 patients.
- The number of emergency department patients who waited less than 24 hours to be admitted increased by 40 per cent. This means 2,700 more patients were admitted within 24 hours.
- Thirty-five per cent of people are waiting less than eight hours if they require admission to our hospital.
- We used to have 60 patients on any given day who were waiting in our hospital beds to be transferred to a more appropriate setting for their care. Today we have 22.
- Ninety-five per cent of people who leave our hospital leave with a discharge summary detailing what happened during their stay, keeping family physicians informed so they can provide the best care to their patients.
- When you come to KGH today, you are cared for by a team of professionals as part of our new Interprofessional Collaborative Practice Model, which is in place on all inpatient units of our hospital.
- Families and friends are able to visit patients in our hospital at any time of the day or night because we have eliminated visiting hours.
- Cancer patients, patients requiring dialysis, intensive care, mental health and pediatric services have brand new, state-of-the-art facilities in which to receive their care.
- Carpets are rapidly disappearing from patient areas of our hospital. Today, five of our units are carpet free and a year from now, there will be no more carpets at KGH.
- We have brand new food systems to better serve patients, families and staff.
- We have 120 more people working at KGH than we did three years ago, even after eliminating 157 full time equivalent positions as part of our performance improvement plan. All 120 people are front-line care workers.

We hope you enjoyed your read of *KGH This Year*. Please send us any questions or comments you have. For more detailed information, you can access the *KGH Master Performance Report* on our website at [www.kgh.on.ca](http://www.kgh.on.ca) where you can see how each of our indicators have trended over the past five quarters and what actions are being taken to improve our performance.



listening to patients  
listening and respect  
**teamwork**  
use technology  
compassion respect safe

**Patient-centred  
innovation  
Doctors**

within budget  
delivering on promises  
listening and respect



empower patients  
and families  
communication  
**collaboration**  
quality

Staff  
**efficient**  
Leadership



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