

fiscal
2016-2017 **Q2**

2nd quarter ended September 30, 2016

KG+this
quarter



Strategy Performance Report



Kingston
General
Hospital

Outstanding care, always

KGH Strategy Performance Report Fiscal 2017

	<u>Page</u>
Strategy Performance Indicators Status Summaries	1
Strategic Direction 1	
Transform the patient experience through a relentless focus on quality, safety and service	
Outcome 1:	
KGH is a top performer on the essentials of quality, safety, & service	
Strategic Performance Indicators	
7 of the 9 QIP indicators meet or exceed their targets	2
Strategic Direction 2	
Transform the workplace experience through a focus on work-life quality	
Outcome 2:	
Our people are inspired and proud to work at KGH	
Strategic Performance Indicators	
Tactic plans for all 3 opportunities for improvement meet quarterly targets*	3
Strategic Direction 3	
Drive clinical innovation in complex-acute & specialty care	
Outcome 3:	
KGH is positioned as a leading centre for complex_acute & specialty care	
Strategic Performance Indicators	
Tactic plan meets quarterly targets	5
Strategic Direction 4	
Create seamless transitions in care for patients across our regional health-care system	
Outcome 4:	
Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations	
Strategic Performance Indicators	
Tactic plans for all 3 pathways meet quarterly targets	6

KGH Strategy Performance Report Fiscal 2017

Strategic Direction 5

Page

Maximize our research & academic health sciences potential

Outcome 5:

The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada

Strategic Performance Indicators

Tactic plan to create an integrated research institute meets quarterly targets 8

Strategic Direction 6

Create a high performing health-care system with our partners

Outcome 6:

KGH is part of an integrated and sustainable regional health-care system

Strategic Performance Indicators

Tactic plans for deliverables meet quarterly targets 10

Enabling High Performance

People

Outcome 7:

Empower our people to transform the patient experience

Strategic Performance Indicators

1 staff round with senior leadership every month 11

Enabling High Performance

Technology

Outcome 8:

Rapid transmission of information improves care & operational efficiency

Strategic Performance Indicators

Strategic technology projects are implemented on schedule and on budget** 12

Enabling High Performance

Facilities

Outcome 9:

Phase 2 functional planning is complete

Strategic Performance Indicators

Stage 2 Approval Status 13

KGH Strategy Performance Report Fiscal 2017

Enabling High Performance

Page

Finance

Outcome 10:

KGH is a top operational performer amongst Ontario teaching hospitals

Strategic Performance Indicators

19 of 19 QBPs have a completed process analysis with recommendations for change

14

Q2 FY2017 Strategy Performance Indicators Report

Strategic Direction	2016 Outcome	Indicator	16-Q2	16-Q3	16-Q4	17-Q1	17-Q2
Transform the patient experience through a relentless focus on quality, safety and service	KGH is a top performer on the essentials of quality, safety, & service	7 of the 9 QIP indicators meet or exceed their targets	N/A	N/A	N/A	Y	Y
Transform the workplace experience through a focus on work-life quality	Our people are inspired and proud to work at KGH	Tactic plans for all 3 opportunities for improvement meet quarterly targets*	N/A	N/A	N/A	Y	G
Drive clinical innovation in complex-acute & specialty care	KGH is positioned as a leading centre for complex-acute & specialty care	Tactic plan meets quarterly targets	N/A	N/A	N/A	Y	Y
Create seamless transitions in care for patients across our regional health-care system	Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations	Tactic plans for all 3 pathways meet quarterly targets	N/A	N/A	N/A	G	G
Maximize our research & academic health sciences potential	The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada	Tactic plan to create an integrated research institute meets quarterly targets	N/A	N/A	N/A	G	G
Create a high performing regional health-care system with our partners	KGH is part of an integrated and sustainable regional health-care system	Tactic plans for deliverables meet quarterly targets	N/A	N/A	N/A	G	Y
People	Empower our people to transform the patient experience	1 staff round with senior leadership every month	N/A	N/A	N/A	G	G
Technology	Rapid transmission of information improves care & operational efficiency	Strategic technology projects are implemented on schedule and on budget**	N/A	N/A	N/A	G	G
Facilities	Phase 2 functional planning is complete	Stage 2 Approval Status	Y	Y	Y	G	G
Finance	KGH is a top operational performer amongst Ontario teaching hospitals	19 of 19 QBPs have a completed process analysis with recommendations for change	N/A	N/A	N/A	G	G

Indicates improving performance to target over the past 5 quarters



Indicates worsening performance to target over the past 5 quarters



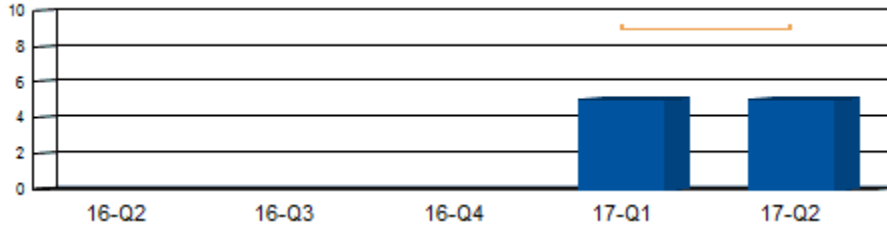
	Strategy					QIP					Supporting				
	F16		F17			F16		F17			F16		F17		
	Q3 %	Q4 %	Q1 %	Q2 %	Q2 #	Q3 %	Q4 %	Q1 %	Q2 %	Q2 #	Q3 %	Q4 %	Q1 %	Q2 %	Q2 #
R	22%	33%	0%	0%	0	25%	42%	33%	33%	4	28%	37%	32%	39%	44
G Y	78%	67%	100%	100%	10	75%	58%	67%	67%	5	72%	63%	68%	61%	69
N/A	0%	0%	0%	0%	0	0%	0%	0%	0%	0	0%	0%	0%	0%	0
					10					9					113

Q2 FY2017 Strategy Performance Indicators Report

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

KGH is a top performer on the essentials of quality, safety, & service

Indicator: 7 of the 9 QIP indicators meet or exceed their targets



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	5	9
17-Q2	5	9

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

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centeredness, safety and timeliness. In this year's QIP, we have specified tactics to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times. This year, we are aiming to achieve or exceed eighty percent of quality improvement plan targets. In Q2, we achieved 5 of 9, or 55 percent of our QIP targets.

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

At Q2 the cumulative QIP target remains at 5 of 9 indicators at Green or Yellow. Three of the four red indicators have been unchanged over 3 to 4 quarters. Both ED patient experience questions and ED wait times are red reflective of the many organizational challenges with patient flow. Focused work by Pharmacy and Infection, Prevention and Control have seen significant gains in Medication reconciliation and Hand hygiene compliance (2nd straight green quarter!). Falls reduction initiatives have paid off with the lowest rate in five quarters.

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

There are a number of patient flow related initiatives internally and regionally focused on ALC, ED wait times and improving the patient experience in the ED. Without a turn in these challenging metrics, we will not reach target.

Definition: DATA: Decision Support - Alex Ungar COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centredness, safety and timeliness. In this year's QIP, we are aiming to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times.

By 2018 KGH will be a top performer on the essentials of quality, safety and service and will have achieved or exceeded eighty percent of quality improvement plan targets.

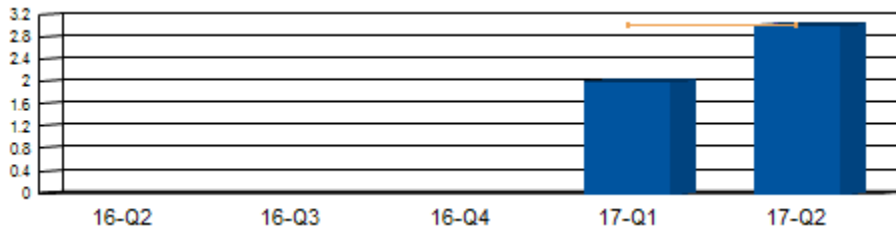
Target: Target 16/17: 80% Perf. Corridor: Red 0 to 4 indicators, Yellow 5 - 6 indicators, Green 7 - 9 Indicators

Q2 FY2017 Strategy Performance Indicators Report

Transform the workplace experience through a focus on work-life quality

Our people are inspired and proud to work at KGH

Indicator: Tactic plans for all 3 opportunities for improvement meet quarterly targets*



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	2	3
17-Q2	3	3

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

PHYSICIAN ENGAGEMENT: This year we are aiming to improve trust by opening up the lines of communication between senior leadership, fostering mutual understanding of issues and concerns in the organization and acting on feedback. In Q2, we presented the findings from our discussions about physician engagement with the clinical departments to senior leadership, the Medical Advisory Committee and the Patient Care and People Committee of the Board. We refreshed our physician engagement strategy that involves continuing with our Physician Leadership Forum, enhancing communication processes, regular attendance by the Chief of Staff and Director of Medical Affairs at departmental meetings, and clinical engagement in the KGH HDH integration process as a foundation for developing the eventual clinical strategy for the new organization. As an organization, we also made targeted investments in areas to address patient flow issues that physicians have raised as concerns such as the development of a new medical-surgical assessment clinic that relieves pressure on our ED and prevents unnecessary hospital admissions.

VOLUNTEER ENGAGEMENT: This year we are aiming to improve volunteer engagement specifically within patient care teams across the hospital. In Q1, we presented the volunteer engagement survey results to volunteers and program managers in areas where there is opportunity for improvement and developed a plan for evaluating our volunteer program within individual KGH clinical programs and services. In Q2, we launched a clinical program-based volunteer evaluation model, including a survey to help us learn what we can do to improve engagement within specific clinical programs. The results of this evaluation are intended to be used to help us optimize the effectiveness of volunteer roles and how volunteers are integrated and managed within each clinical program and service; however, we are concerned by a low response rate to the survey from our staff. We also held meetings between volunteers and clinical program representatives to talk about issues and opportunities for improvement within each area. Some of the issues that have been discussed include program-specific education for volunteers, and the opportunity to share program updates with volunteers more frequently. Ultimately this will all help us to transform the patient, staff and volunteer experience.

EMPLOYEE ENGAGEMENT: This year we aiming to re-examine our approach to building employee engagement by addressing the systemic issues identified in our 2015 employee engagement survey and improving individual and team relationships across the hospital. In Q1 we completed a tactic plan for rolling out engagement results across the organization and developing corporate and team-level plans to address the issues identified in the survey. We shared the engagement survey results with leaders and teams across the hospital and 26 per cent of teams created action plans for addressing the specific issues that are important to their teams. As of Q2, 90 per cent of teams have created engagement action plans and we have analyzed each of them to ensure alignment with corporate engagement priorities. Where there are gaps, we have had targeted conversations to ensure plans are completed and aligned with our priorities. In Q2 we also rolled out a respectful workplace training program on our learning management system to bring to a higher level of awareness the things we can all be doing to promote a safe, trusting workplace.

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

PHYSICIAN ENGAGEMENT: As of Q2, we are on track with the planned physician engagement strategy milestones. In Q3 we will continue to implement the priority action items in the strategy.

VOLUNTEER ENGAGEMENT: As of Q2, we are on track with the planned volunteer engagement milestones, however we will be looking at how to improve the staff response rate to our survey. In Q3, our focus will be to educate staff about how volunteers support patients and families in their program areas and re-deliver the volunteer evaluation survey. We will also continue clinical program meetings to keep volunteers connected to life within their programs and support their role on the teams.

EMPLOYEE ENGAGEMENT: As of Q1, we are on track with the planned employee engagement milestones with the exception of the completion of all team engagement plans. In Q2, as we have analyzed the team engagement plans across the organization, we are seeing a continued focus on education and development, which aligns with our priority at the corporate level. Recognition, while a significant corporate priority, has not emerged as a theme in the team engagement plans so we are looking at an initiative to equip leaders to better address the need for recognition at the team level. Trust is another opportunity for improvement for the organization. Our focus in this regard is to ensure we follow through with the active execution of the engagement plans at the corporate and team levels. To this end, we are diligently following up with leaders across the organization to ensure this remains a focus and provide support where required. In Q3, we will turn our focus to developing a director-level engagement plan. We will be hosting leadership development days to address some of the skill gaps our leaders have identified. We will be working with targeted teams to help with team level issues through the creation of team charters that help bring teams together through shared goals and commitments to how they work together as a team.

Q2 FY2017 Strategy Performance Indicators Report

Transform the workplace experience through a focus on work-life quality

Our people are inspired and proud to work at KGH

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

PHYSICIAN ENGAGEMENT: Yes we are on track to meet the planned physician engagement strategy milestones by the end of Q4.

VOLUNTEER ENGAGEMENT: Yes we are on track to meet the planned volunteer engagement milestones by the end of Q4.

EMPLOYEE ENGAGEMENT: Yes we are on track to meet the planned employee engagement strategy milestones by the end of Q4.

Definition: DATA: M. Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: STRATEGY REPORT

The top three opportunities for improvement in employee engagement are addressed (trust, recognition, training & development)

More than 65 per cent of employees and 37 per cent of physicians completed engagement surveys in 2015, identifying opportunities for both team-based and organization-wide improvements. This year, teams will continue to implement engagement action plans that address specific issues that are important to them. At a corporate level, we are focused on strengthening trust and recognition and will conduct a follow up engagement survey in the fall of 2017 to gauge our progress.

By 2018 our people are inspired and proud to work at KGH. We will have addressed the top three opportunities for improvement in engagement.

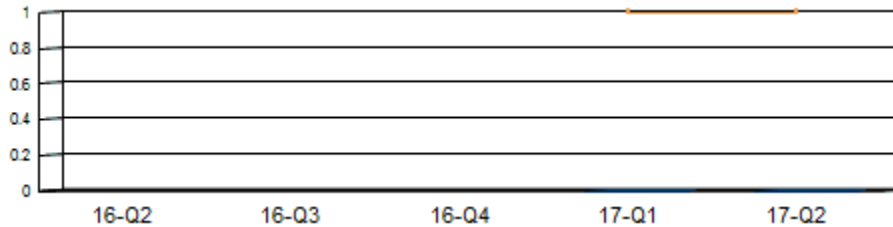
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q2 FY2017 Strategy Performance Indicators Report

Drive clinical innovation in complex-acute & specialty care

KGH is positioned as a leading centre for complex-acute & specialty care

Indicator: Tactic plan meets quarterly targets



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	0	1
17-Q2	0	1

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

In our first quarter (Q1), April to June, we created an accountability structure to oversee the strategy development process, we created individual strategy templates for each of our clinical programs and services and began the work of populating them with data that will inform strategic decisions at the program level. We had planned to assign program and department-level MRPs to create clinical program strategies but with the recent KGH-HDH integration announcement, we have deferred this deliverable while the transition structures are being created so that we can move forward in an integrated fashion. As of Q2, our focus continues to be clinical engagement in the KGH-HDH integration process as a foundation for developing the eventual clinical strategy for the new integrated hospital organization.

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 are on track with our plans to develop a structure to develop an institutional clinical strategy. Engagement of clinical leadership into the process will expand beyond the Physician Forum (Department Heads and Program Medical Directors) to include the Program structure. It will then be synthesized into an integrated KGH-HDH clinical innovation strategy that will guide clinical priorities over the next several years.

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 a result of our decision to integrate with Hotel Dieu Hospital, we have placed the plan to develop a clinical innovation strategy on hold until the new integrated organization is in place. We anticipate the new organization will be formed by April 1, 2016 and at that point, the process to develop a new strategy can begin.

Definition:

DATA: Dr. David Zelt COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Our clinical innovation strategy will help us transform complex-acute and specialty care services in response to changes in our health-care system and current and projected population health demographics. It will help us align our resources where they are needed most to meet the needs of patients and families today and into the future. It will also help us prioritize and invest in the cutting edge tools, approaches, partnerships and services that deliver efficient, effective, high quality care. This year, we will develop and implement a clinical innovation strategy for KGH that aligns and integrates with all parts of our regional health-care system to ensure we are delivering comprehensive, high quality care to the residents of southeastern Ontario.

By 2018 KGH will be positioned as a leading centre for complex-acute and specialty care and we will have implemented a clinical innovation strategy that aligns and integrates with our health-care system.

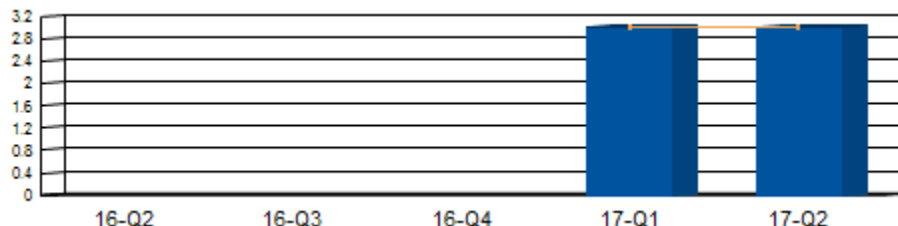
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q2 FY2017 Strategy Performance Indicators Report

Create seamless transitions in care for patients across our regional health-care system

Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations

Indicator: Tactic plans for all 3 pathways meet quarterly targets



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	3	3
17-Q2	3	3

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

COPD: This year we are aiming to develop a regional best practice patient journey for patients presenting with COPD. In Q1, together with patients and families, staff and physicians, we mapped the COPD patient journey from the time a patient presents to our emergency department or HDH's urgent care centre to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHEF and we are awaiting approval of our recommendations to proceed with region-wide implementation. In the meantime, in Q2 we implemented the KGH elements of the overall pathway so that we are prepared to proceed with regional implementation once SECHEF provides approval.

HIP FRACTURES: This year we are aiming to develop a regional best practice patient journey for patients presenting with hip fractures. In Q1, together with patients and families, staff and physicians, we mapped the hip fracture patient journey from the time a patient presents to our emergency department or are directly admitted to KGH from another facility to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHEF and we are awaiting approval. In the meantime, in Q2 we implemented the KGH elements of the overall pathway and the accompanying order sets so that we are prepared to proceed with regional implementation once SECHEF provides approval.

PALLIATIVE: Patients with life-limiting illness who receive appropriate and early palliative care not only have improved quality of life, their family members cope better, they have less need for hospital care and they are more likely to die in their place of choice. This year, we are aiming to create a comprehensive, well-coordinated palliative care program for patients, families and care providers. In Q1, we consulted stakeholders and developed a plan and performance management framework for an enhanced palliative care program at KGH. In Q2, we worked with stakeholders in the oncology, renal, respiratory and cardiology programs to begin mapping out draft palliative care pathways for their patient populations. Each of these programs has been tasked with engaging their own teams to review and further develop their pathways in Q3, facilitated by the palliative care project lead.

HEALTH LITERACY: Health literacy refers to a broad set of skills that help patients and their families understand health information, participate in self-management and navigate the complex health care system. This year we are aiming to implement the 'teach-back' system, which provides members of the care team with the tools to improve health literacy through patient-centred communication. In Q1, we developed a work plan and communication plan to support the roll out of the teach-back system with the chronic kidney disease (CKD) patient population. In Q2, we developed an education plan that introduces the concept of health literacy and the 'teach-back' method that can be specialized to individual programs in the hospital based on the unique needs of different patient populations.

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

COPD: As of Q2, we have implemented all the milestones we planned to achieve with the exception of the regional components, which require SECHEF approval. In Q3, we expect to receive approval to proceed from SECHEF. At that point, we will re-engage stakeholders to review the proposed care pathways, as well as the accompanying order sets and discharge checklists.

HIP FRACTURES: As of Q2, we have implemented all the milestones we planned to achieve with the exception of the regional components, which require SECHEF approval. In Q3, we expect to receive approval to proceed from SECHEF. At that point, we will re-engage stakeholders to review the proposed care pathways, as well as the accompanying order sets and discharge checklists.

PALLIATIVE: As of Q2, we have implemented the planned milestones for this tactic. In Q3, each of the program areas will review and further develop the draft palliative care pathways for their patient populations, with an eye to finalizing the pathways by the end of the fiscal year and identifying opportunities to test-pilot the pathways for implementation in Q4. We will also begin to develop a performance management framework in Q3 with clinical process and outcome indicators that we will monitor and report in fiscal 2018.

HEALTH LITERACY: As of Q1, we have implemented the planned milestones for this tactic. In Q2, we will begin to work with leaders in the CKD program to introduce the teach-back concept. We will also be conducting pre-surveys with members of the CKD care teams to establish a baseline measure of knowledge of the teach-back method. As of Q2, we are on track with our planned milestones. In Q3, we will start engaging care providers in the chronic kidney disease program to introduce health literacy and the teach-back method. Our education plan will be customized for CKD care providers. It will equip them with the tools to ensure their patients understand their care plans and are empowered to participate in shared decision making about their current and future care. We will also begin developing a plain language dictionary to translate complex medical terms into language that is easily understood by patients.

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

Q2 FY2017 Strategy Performance Indicators Report

Create seamless transitions in care for patients across our regional health-care system

Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations

COPD: Yes, we are on track to deliver on all our planned milestones by the end of Q4 if we receive SECHEF approval in November.

HIP FRACTURES: Yes, we are on track to deliver on all our planned milestones by the end of Q4 if we receive SECHEF approval in November.

PALLIATIVE: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

HEALTH LITERACY: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

Definition: DATA: Silvie Crawford COMMENTS: Silvie Crawford EVP: Silvie Crawford REPORT: STRATEGY REPORT

The care patients receive while in hospital is typically excellent. However, patients who require different levels of care over an extended period of time in multiple settings often have trouble receiving care across different parts of the health system and at transition points. Communication can be difficult, wait times can be long and patients and families can feel like they are 'falling through cracks' in the system. This year, we will work with our regional partners to implement clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and patients with life-limiting illnesses who require palliative care.

By 2018 patient navigation pathways and partnerships will be established for complex-acute and chronic patient populations and we will have implemented a continuum of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

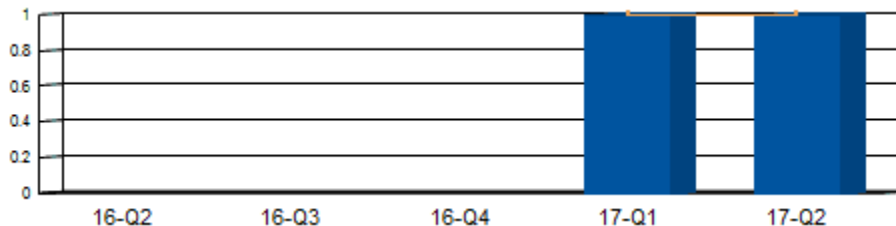
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q2 FY2017 Strategy Performance Indicators Report

Maximize our research & academic health sciences potential

The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada

Indicator: Tactic plan to create an integrated research institute meets quarterly targets



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	1	1
17-Q2	1	1

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

In Q1, an operating plan for creating the new Integrated Kingston Health Research Institute (IRI) was finalized, presented and approved by all three hospital Boards in Kingston including KGH, Hotel Dieu Hospital and Providence Care, and we are now focused on obtaining approval from Queen's University. This formal partnership between the Kingston hospitals and the university will be the first of its kind in Canada. Research collaborations like the Human Mobility Research Centre, which combines researchers from health sciences, engineering and computing, which typically take years to establish and develop, will be supported and accelerated through the presence and resources of an integrated health research institute. In Q2, we conducted stakeholder engagement sessions with Queen's University's Executive team and Faculty members within the Faculty of Health Sciences. We also presented to the Queen's Board of Trustees where there was extensive discussion. While the response there was overall positive, we were asked for more details about the governance, operating agreement and costs. We will provide this information in advance of a follow up meeting with this group, which is planned for December. The University's approval is critical to our success in building a world-class academic research enterprise that is well positioned to compete for scarce research dollars, while attracting leading researchers, students and trainees.

In Q2 we also worked with Queen's and Hotel Dieu Hospital to revise the sections of our existing Affiliation Agreement that deal with research. This brings our agreement up-to-date with our current practices and positions us well for our accreditation within the Queen's Faculty of Health Sciences. Once this revised agreement has been approved by all our hospital and university stakeholders, it will be used as a template for similar agreements with all three Kingston hospitals as we work towards the creation of our integrated research institute.

The William J. Henderson Centre for Patient-Oriented Research, once complete, will be a game-changer for research in the Kingston region and will also help to enhance research space for the new integrated research institute. When complete, the approximately 10,000 square-foot facility will offer clinicians, for the first time, the facilities and capabilities to conduct clinical trials at the beginning stage allowing for the development of new treatments. In Q1, the Ministry of Health and Long-Term Care (MOHLTC) granted approval to commence construction, which began in Q2. While we initially anticipated that the new Centre would be completed and occupied by April 2017, we have adjusted the pace of the construction in order to minimize the impact on patient care at the hospital and are now anticipating a July 2017 completion date. In another area of the hospital in our Gastrointestinal Diseases Research Unit we commenced construction in Q1 of Dr. Elaine Petrof's new RE-POOPULATE lab, which will be fully operational by the end of Q3.

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 Queen's University's approval for the new Integrated Kingston Health Research Institute is critical to our success and sustainability as a research enterprise. The Kingston hospitals and Queen's University have been collaborating for decades but as the current state of the research landscape intensifies the need for strategic partnerships that go beyond the traditional funding of research projects, is required. To continue to produce world-class, collaborative research there is a need for academic health sciences centres to evolve and come together as one entity to ensure competitiveness and sustainability, advance innovation, transform and intensify research prominence, and have an impact on health systems.

The William J. Henderson Centre for Patient-Oriented Research, once complete, will be the cornerstone of evidence-informed health care. The new facility will be state-of-the-art and will offer clinicians and basic sciences, nursing, and allied health researchers the ability to bring innovative diagnostic and therapeutic approaches to the point of care. CAHO's new framework for "Patient, Family & Public Engagement, Information Exchange and Participation in Health Research (PER)" aligns with CIHR's "Strategy for Patient-Oriented Research (SPOR)" and is about ensuring that the right patient received the right intervention at the right time and that research engages patients as partners, focusses on patient-identified priorities and improves patient outcomes.

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, we are on track. However, the health research landscape is increasingly complex and competitive and the University's approval to join the hospitals to create an integrated health research institute is critical to our success and sustainability as a research enterprise. Approval this fiscal year by the Queen's Central and Board of Trustees will determine if the new entity will move forward.

Q2 FY2017 Strategy Performance Indicators Report

Maximize our research & academic health sciences potential

The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada

Definition: DATA: Veronica Harris-McAllister COMMENTS: Veronica Harris-McAllister EVP: Roger Deeley REPORT: STRATEGY REPORT

The KGH Research Institute is dedicated to building innovative partnerships, building innovative partnerships and pursuing research excellence through a collaborative approach that leverages the combined strengths of our Kingston hospital and Queen's University partners. This year, KGHRI is leading an initiative to establish a unified Kingston-wide research institute in which we can all work together to generate and translate new knowledge into effective therapies, treatments and best practices that benefit patients everywhere.

By 2018 the Kingston-wide health research enterprise will be among the "Top 10" health research institutes in Canada and we will establish a Kingston-wide health research enterprise agreement.

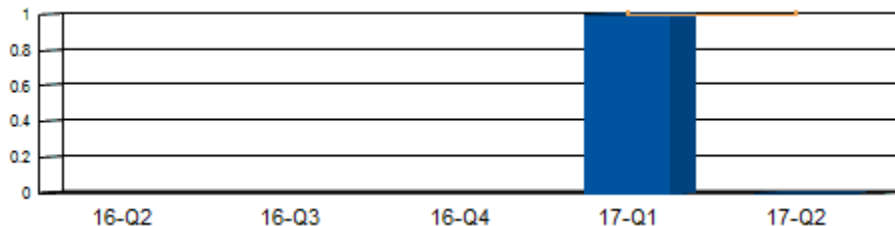
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q2 FY2017 Strategy Performance Indicators Report

Create a high performing regional health-care system with our partners

KGH is part of an integrated and sustainable regional health-care system

Indicator: **Tactic plans for deliverables meet quarterly targets**



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	1	1
17-Q2	0	1

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

As of Q2, KGH contributed to the delivery of three 'wave 1' business proposals for sharing services and expanding on existing collaborations within Laboratory Services, Information Services and Decision Support Services. The hospital and SE LHIN boards all gave their support to continue implementation planning on these three initiatives. This means that work teams will continue to refine and develop their proposals.

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 hospital and SE LHIN boards all gave their support to continue implementation planning on these three initiatives. This means that work teams will continue to refine and develop their proposals.

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

Several developments have occurred over the last several months that will influence how Health Care Tomorrow moves forward. Chief among them, KGH and HDH announced their plans to integrate to form a new Kingston Academic Health Sciences Centre. This development is in keeping with the spirit of Health Care Tomorrow. Work continues on developing the HCT-specific milestones for the remainder of this year and these are expected to be confirmed over the winter months.

Definition: DATA: Jim Flett COMMENTS: Jim Flett EVP: Jim Flett REPORT: STRATEGY REPORT

The Health Care Tomorrow – Hospital Services initiative began in 2014 as a collaboration between our region's seven hospital organizations, the Community Care Access Centre, the Queen's University Faculty of Health Sciences and the South East LHIN. Together, we are aiming to meet the needs of today's patients and families by making it easier for them to get care, when they need it, here in our region, while creating a great place to work for our staff and responding to the financial challenges facing our health care system. This year, our leaders are actively participating in the development of business cases that explore the potential to share services and build on existing collaborations with our regional partners in key areas such as information technology, financial services, human resources, facilities management, diagnostic imaging, laboratory and pharmacy services.

By 2018 KGH will be part of an integrated and sustainable regional health-care system. We will have advanced Health Care Tomorrow deliverables.

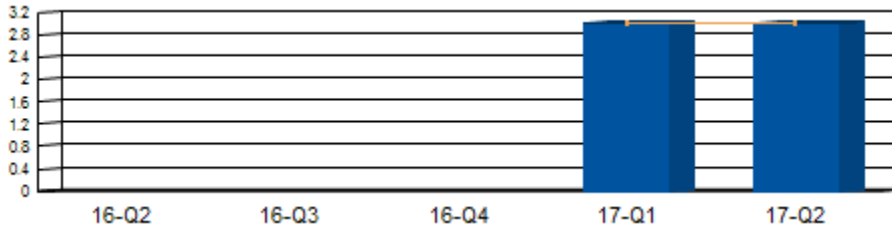
Target: Target 16/17: Perf. Corridor: Red "No", Yellow "inprogress", Green "Yes"

Q2 FY2017 Strategy Performance Indicators Report

People

Empower our people to transform the patient experience

Indicator: 1 staff round with senior leadership every month



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	3	3
17-Q2	3	3

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

Our recent engagement survey suggests that by increasing visibility and interaction with members of the senior executive team, we can improve KGH staff and physician engagement. This year we are aiming to improve trust by opening up the lines of communication between staff and executives and fostering mutual understanding of issues and concerns in the organization. In our first quarter (Q1), April to June, we created a plan for executive rounds, as well as a master schedule and shared calendar to help us track bi-weekly executive rounds. As of Q2, our executive team members have been conducting rounds throughout the hospital consistently as scheduled and the feedback from staff has been overwhelmingly positive. Staff members are noticing the presence of the executive team and are appreciating the opportunity to speak with executives, share their ideas, questions and concerns and build relationships with executives.

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 completed the Q2 milestones for this tactic. A master schedule is now in place and is used to assist with the coordination and documentation of the rounds. Feedback to date as been very positive from both a staff and the senior executive perspective. Senior executive members believe there has been an increase in visibility and communications / conversations across portfolios as a result of new learnings.

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, we are on track to meet the target of every senior executive conducting bi-weekly rounds.

Definition: DATA: Sandra Carlton COMMENTS: Jim Flett EVP: Jim Flett REPORT: STRATEGY REPORT

It takes people to deliver Outstanding Care, Always. Patients and families at KGH are served by thousands of highly-educated health-care professionals and providing them with a positive, dynamic, healthy workplace is a top priority. One of the ways we will achieve is by creating regular opportunities for front-line staff to interact with our senior executive team to strengthen their connections, improve their mutual understanding of front-line care issues and big-picture organization and system issues so that we can all make the best decisions and improvements for patients, families, the hospital and our regional health system. This year, our senior executive team is committed to doing rounds with staff throughout the hospital each month.

By 2018 senior leadership will conduct monthly staff rounds and we will be positioned to empower our people to transform the patient experience.

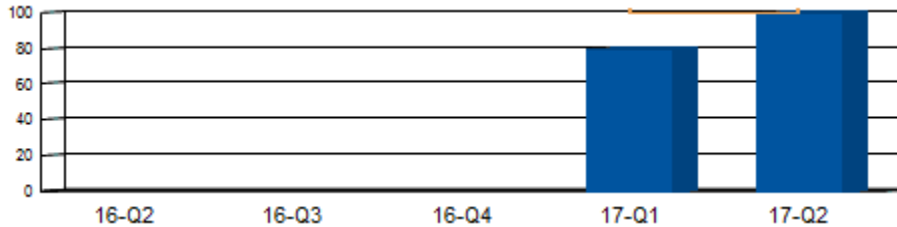
Target: Target 16/17: 100% Perf. Corridor: Red 1 or 0 rounds, Yellow 2 rounds, Green 3 rounds

Q2 FY2017 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Indicator: Strategic technology projects are implemented on schedule and on budget**



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	80	100
17-Q2	100	100

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

Keeping pace with emerging technology is essential in the business of health care. This year, we are working with partners to explore a regional Health Information System; participating in Connecting Ontario by sharing clinical data across the continuum of care providers in the Province; introducing electronic workflow and communications with community care partners; creating a new staff intranet and exploring opportunities to improve supply management within KGH. As of Q2, each of these projects is on track as follows:

1. Our review has confirmed that the approach contemplated for a regional HIS project is well aligned to provincial directives. It also validates that the next step is to complete a 'Total Cost of Ownership'. The regional hospitals supported this approach and provided funding to begin the work in Q3.
2. Connecting Ontario Stage 2 technical development is underway for KGH, HDH and Brockville General Hospital. Three additional hospitals signed Memoranda of Understanding in Q2 (Lennox & Addington County General Hospital, Perth-Smiths Falls General Hospital and Quinte Health Care). As previously reported, the change management phase continues to build awareness throughout all of the SE LHIN hospitals.
3. A project charter was approved in Q2 and work is well underway on a live prototype of our new corporate intranet, which will improve internal communication throughout KGH. The go-live date for this new tool is currently estimated to take place at the end of Q3.
4. A project charter, defining the scope, objectives and solution for the automation and optimization of the CCAC referral process, is awaiting approval. The project's execution phase is scheduled to begin in Q3.
5. A project for the implementation of an Inventory Control and Management Solution for the OR has been kicked off. The definition of a technical solution and project scope are pending the conclusion of the discovery phase.

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 of Q2, we are on track with the expected performance of this target with five of the five strategic technology projects hitting planned milestones.

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

Five of the five projects are green, indicating that overall progress is on schedule and within budget.

NOTE: The HIS RFP and Connecting Ontario projects will continue into Fiscal 2018 as planned.

Definition: DATA: Troy Jones COMMENTS: Troy Jones EVP: Jim Flett REPORT: STRATEGY REPORT

Keeping pace with emerging technology is essential in the business of health care. This year, we are focusing on several strategic technology projects that will help us to work smarter and more efficiently. We are working with our partners through the Health Care Tomorrow process to explore a regional Health Information System that will improve communication and collaboration across the seven hospitals in our LHIN, while enabling a more seamless patient experience. The Connecting Northern and Eastern Ontario (cNEO) project will connect silos of information and result in a more coordinated approach to health care in the province. We are also exploring opportunities to introduce electronic workflow and communications with our community care partners. We are creating a new staff intranet to create a powerful platform for information sharing and engagement for everyone who works, learns and volunteers at our hospital. And, we're exploring opportunities to improve supply management in our hospital by automating processes and creating efficiency.

By 2018 we will achieve rapid transmission of information to improve care and operational efficiency. We will have implemented strategic technology projects on schedule and on budget.

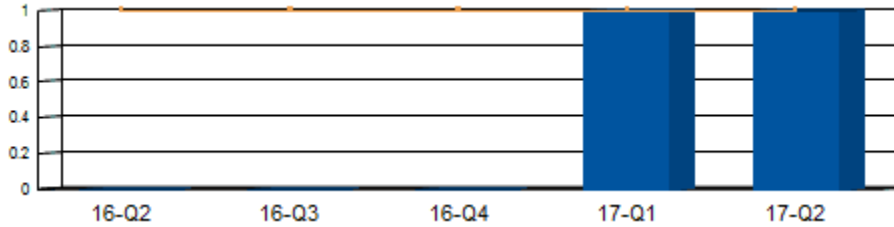
Target: Target 16/17: 100% Perf. Corridor: Red <60%, Yellow 60% to 79%, Green >= 80%

Q2 FY2017 Strategy Performance Indicators Report

Facilities

Phase 2 functional planning is complete

Indicator: Stage 2 Approval Status



	Actual	Target
16-Q2	0	1
16-Q3	0	1
16-Q4	0	1
17-Q1	1	1
17-Q2	1	1

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

In Q2, the Minister of Health and Long-Term care delivered a letter confirming \$2.5 million in funding to support the planning for our phase 2 redevelopment project.

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 part of the province's \$51.8 billion investment in health care for 2016-17, the Ministry of Health and Long-Term Care announced on August 3 an investment of over \$13 million in the Kingston area. As part of this investment, Kingston General Hospital will receive a total of \$9.2 million in funding. Of this amount, \$2.5 million will support early planning for our Phase 2 redevelopment project. The balance of \$6.7 million represents an increase in our operating budget. In continuing to support the evolving care needs of our community, modern facilities are essential for supporting leading-edge acute care, research and teaching hospitals. Phase 2 redevelopment plans at KGH include new equipment, building new facilities and adding modern technology in key areas of the hospital, including Clinical Laboratories, Neonatal Intensive Care, Labour and Delivery, Operating Rooms, the Emergency Department and our data centre.

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 of Q2, we are on track with our planned milestones to proceed with functional programming for our Phase 2 redevelopment project. In Q3, we will begin preparations for functional programming of our redevelopment spaces. This includes data submissions to update our projected patient volumes and related activity, as well as engaging a consultant to manage the functional programming process.

Definition: DATA: Allan McLuskie COMMENTS: Allan McLuskie EVP: Jim Flett REPORT: STRATEGY REPORT

Safe, modern facilities are essential for leading-edge acute care, research and teaching hospitals. In Phase 1 of our hospital redevelopment project, we added 170,000 square feet of new space and renovated an additional 143 square feet at KGH. This year, we're focused on obtaining approval for our Phase 2 redevelopment project, which includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms.

By 2018 phase 2 functional planning will be complete. Approval will be obtained to proceed with phase 2 redevelopment.

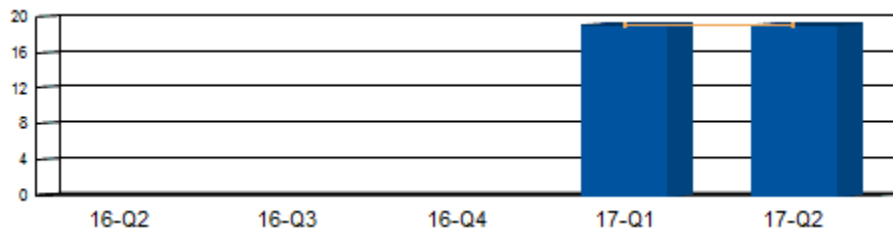
Target: Target 13/14 (1/0 = Yes/No) Perf. Corridor: Red No Yellow N/A Green Yes, Target 14/15 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No), Target 15/16 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No), Target 16/17 = 100% Perf. Corridor: Red "No", Yellow "In progress", Green "Yes".

Q2 FY2017 Strategy Performance Indicators Report

Finance

KGH is a top operational performer amongst Ontario teaching hospitals

Indicator: 19 of 19 QBPs have a completed process analysis with recommendations for change



	Actual	Target
16-Q2		
16-Q3		
16-Q4		
17-Q1	19	19
17-Q2	19	19

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

This year, KGH is responsible for achieving volume targets for 19 QBPs. Where our costs are higher than funded rates for those procedures, we must find ways to maintain quality and improve cost efficiency. In Q1, we conducted a detailed efficiency analysis for each QBP, focusing on those with costs higher than funded rates, and prioritized the top three opportunities for cost efficiency. In Q2 we identified three priority areas including supply management, ICU length of stay, unit clerk role standardization. We have completed a cost analysis within each of these areas.

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 of Q2, the QBP Steering Committee has overseen the efficiency analysis and recommended priority areas to be addressed by program-based QBP teams. In Q2, a project was created to automate the supply management process, starting with the OR. A deeper analysis focused on issues related to ICU length of stay included comparisons to our peer hospitals that are helping us define specific interventions to optimize our length of stay and related costs. We are beginning to standardize unit clerk workflows to improve the consistency of our registration processes across the hospital, which will improve the accuracy of our case costing.

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, we are on track to meet our planned QBP efficiency milestones by Q4.

Definition: DATA: Decision Support - Michelle Howland & Alex Ungar COMMENTS: J. Lott EVP: Dr. David Zelt REPORT: STRATEGY REPORT

As part of our commitment to sustaining the financial health of our organization and be a top operational performer amongst our teaching hospital peers, we are aiming to ensure that Quality Based Procedures (QBPs) are effectively delivered in our hospital. QBPs are a key feature of the Ministry of Health and Long-Term Care's health system funding reform and have been introduced in clinical areas that demonstrate significant opportunity to introduce evidence into clinical pathways, reduce practice variation, attain cost efficiencies, and being to align quality with funding. This year, KGH is responsible for delivering a set volume of QBPs within set cost parameters in 19 of our clinical areas. To help us perform within the expected costs of our QBPs, we will conduct a detailed analysis of the cost elements for each QBP, identify and act on efficiency opportunities.

By 2018 KGH will be a top operational performer amongst Ontario teaching hospitals and we will have identified the top three efficiency opportunities for all Quality Based Procedures.

Target: Target 16/17: 100% Perf. Corridor: Red 0 - 11 QBPs, Yellow 12-14 QBPs, Green 15-19 QBPs

Q2 FY2017 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