

fiscal
2023-2024

Q3

3rd quarter ended December 31, 2023

KHSC this
quarter



Strategy Performance Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2024

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Q3 FY2024 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	23-Q3	23-Q4	24-Q1	24-Q2	24-Q3
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Number of prioritized critical to quality standards with established corporate targets on program scorecards	N/A	N/A	R	R	R
		Compass contract signed	N/A	N/A	G	G	G
		Achieve pre-COVID position by March 31	G	G	G	G	G
		KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals	N/A	N/A	G	Y	G
		Build a capital strategy to support the increase in Lumeo cost	N/A	N/A	Y	G	G
		Update LUMEO local Total Cost of Ownership	N/A	N/A	Y	Y	Y
2. Nurture our passion for caring, leading and learning	b. Lead evolution of patient- and family- centred care	Presentations at 12 programs, board committees (4 to reflect DEI)	N/A	N/A	G	G	G
		c. Create the space for a better experience	Updated Stage One Proposal Complete Y/N	N/A	N/A	G	G
3. Improve the health of our communities through partnership and innovation	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Percentage of leaders completed inclusion training	N/A	N/A	G	G	G
		Number of leadership roles filled with internal candidates	N/A	N/A	G	G	G
4. Launch KHSC as a leading centre for research and education	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Lumeo ready for KHSC May 2024 Go-Live	N/A	N/A	R	R	R
		KHSC participates in Ministry-directed OHT initiatives Y/N	N/A	N/A	G	G	G
		Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group	N/A	N/A	R	Y	G

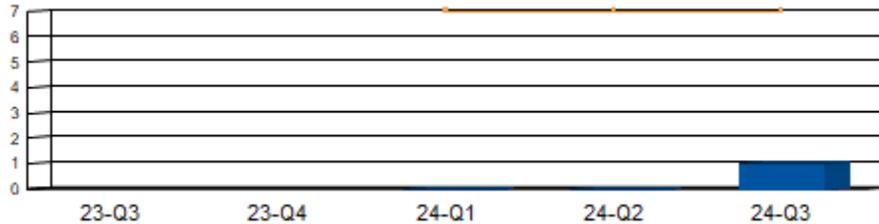
		Indicator	23-Q3	23-Q4	24-Q1	24-Q2	24-Q3
		Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	N/A	G	G	G	G

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Number of prioritized critical to quality standards with established corporate targets on program scorecards



	Actual	Target
23-Q3		
23-Q4		
24-Q1	0	7
24-Q2	0	7
24-Q3	1	7

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

Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

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

Corporate Hand Hygiene target of 80% set in 2022. Target for fall prevention has been proposed for the FY 25.

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

Yes.

Definition: EVP - Brenda Carter
MRP - Gina Miller

TACTICS: Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

REPORTING COMMITTEE: Patient Care & Quality Committee

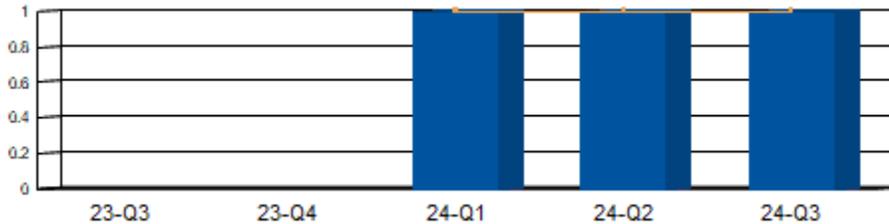
Target: Target 23/24: 100% (7) Perf. Corridor: Red: 0-2 standards , Yellow: 3-4 standards , Green: 5-7 standards

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Compass contract signed



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

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

Q3: Executive and Operational Committees are actively meeting and reviewing existing KPIs. Additional KPIs are being reviewed during those committee meetings.

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

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

Definition: EVP - May Lou Toop
MRP - May Lou Toop

TACTICS: Work with Compass to extend existing contract for a reasonable period to ensure stability in operations of nutrition, environmental services and other support services as longer term options to provide and improve the service are explored.

REPORTING COMMITTEE: People, Finance & Audit Committee

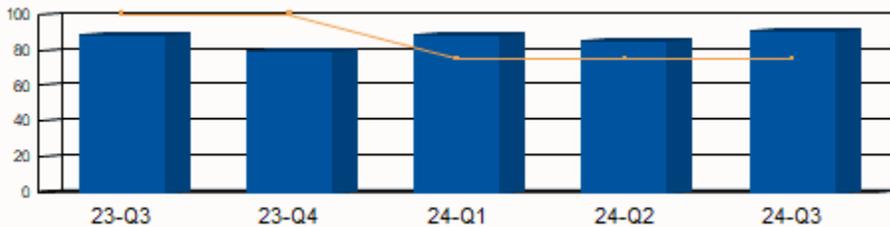
Target: Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Achieve pre-COVID position by March 31



	Actual	Target
23-Q3	89	100
23-Q4	80	100
24-Q1	89	75
24-Q2	85	75
24-Q3	91	75

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

In Q3 94.5% of Activity Based Funding patient volume exceeded the goal of 75% of expected volume. This metric is based on the dollars earned for a basket of procedures compared to the amount that is potentially available.

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

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

Definition: EVP - May Lou Toop
MRP - May Lou Toop

TACTICS: During COVID activity-based volumes were reduced. It is critical to financial stability that the funded volumes be achieved to continue to receive the associated revenue.

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2024 target: 75%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

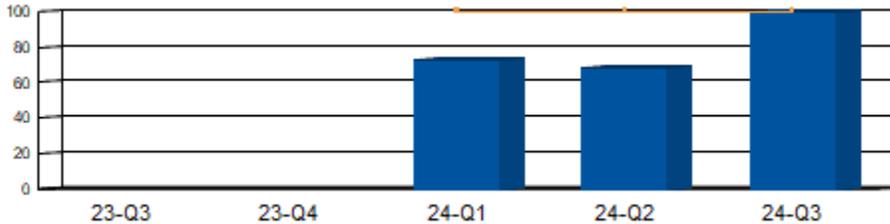
Prior Targets:
Fiscal 2023 target: 100% Corridors: RED <60% YELLOW >60% and <75% GREEN >75%
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals



	Actual	Target
23-Q3		
23-Q4		
24-Q1	73.0	100
24-Q2	68.5	100
24-Q3	100.0	100

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

In Q3 the hospital deficit for MOH reporting was \$19.3M which is a -3.79% deficit and is lower than the year-end target. Although KHSC is still waiting to receive additional confirmed MOH funding for the Bill 124 salary impacts, hospital revenue has exceeded budgeted levels which has helped maintain total margin within the target for the year.

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

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

Definition: EVP - May Lou Toop
MRP - May Lou Toop

TACTICS: With the reopening of previously capped salary rates for all staff, union and non-union, the impact on the salary and benefits budget which accounts for 65.5 percentage of the overall operating budget increased significantly. The union contract reopening was based on union challenges to Bill 124, and labour arbitrations that were awarded early in F2324, with a retroactive component. The date of the arbitration awards made it impossible to create and assess operational savings options to offset the salary increases. In addition, because this is a province-wide issue for all hospitals, it is expected that the Provincial Government would provide funding relief for these additional financial pressures. Moving more quickly to consider operational savings options than other hospitals in the province, and especially our peer hospitals, would not be of benefit to KHSC.

REPORTING COMMITTEE: People, Finance & Audit Committee

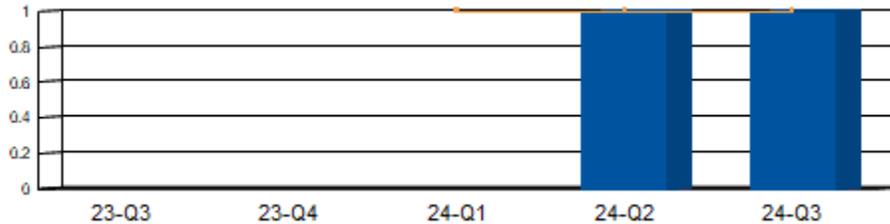
Target: Target 23/24: 100 Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Build a capital strategy to support the increase in Lumeo cost



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

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

Have been reviewing options to consider for financing the capital component of the Lumeo project which will include own funds, and external financing. Have had discussions with several parties on potential options. Further in-depth review will happen in Q4. The need to have financing in place has been deferred into next fiscal year due to the delay in the projected Go-Live date for the Cerner systems.

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

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

Definition: EVP - May Lou Toop
MRP - May Lou Toop

TACTICS: As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

REPORTING COMMITTEE: People, Finance & Audit Committee

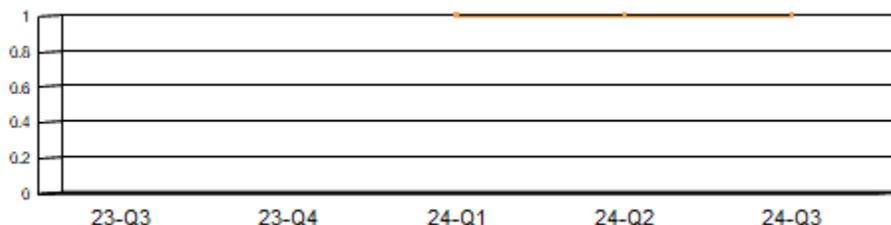
Target: Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Update LUMEO local Total Cost of Ownership



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

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

Drafts of the re-baseline local TCO were completed in Q2 with the expectation of a May 2024 Go-Live date. That date was subsequently delayed. The projected local costs are being monitored, but will be fully updated when the next gateway testing has been successfully completed (scheduled for Q4) and the currently projected December 2024 Go-Live date is confirmed.

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

KHSC Finance is investigating the overall local Lumeo financial picture projecting to complete this in January 2024.

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

Yes.

Definition: EVP - May Lou Toop
MRP - May Lou Toop

TACTICS: As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

REPORTING COMMITTEE: People, Finance & Audit Committee

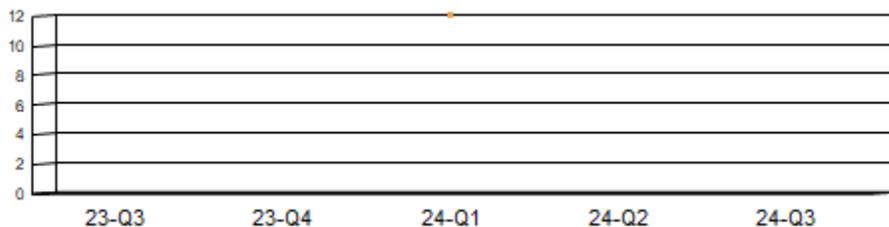
Target: Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: Presentations at 12 programs, board committees (4 to reflect DEI)



	Actual	Target
23-Q3		
23-Q4		
24-Q1		12
24-Q2		
24-Q3		

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

Advance KHSC's commitment to embedding the principles of PFCC by sharing patient experience stories that reflect the diversity of the community we serve at all levels of the organization. Presentations at 12 programs, Board committees (4 to reflect DEI)

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

Patient story presented and discussion facilitated at November PCQC.
 Patient story shared with Mental Health program.
 Preparing/planning two patient stories with patients/families.
 Connected with Réseau des services de santé en français de l'Est de l'Ontario. Invited to attend Comité local de Kingston of the Réseau de soutien à l'immigration francophone de l'Est de l'Ontario in January (Francophone Immigration Support Network of Eastern Ontario) to extend invitation to share patient stories.
 Patient stories presented at six New Employee Welcome PFCC sessions.

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

On track to meet the objective.

Definition: EVP - Brenda Carter
 MRP - Angela Morin

TACTICS: Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

REPORTING COMMITTEE: Patient Care & Quality Committee

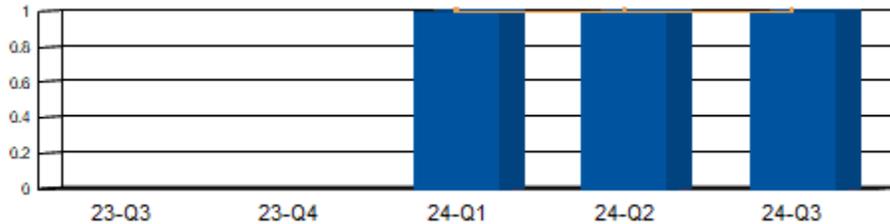
Target: Target 23/24: 12 Perf. Corridor: Red Q1: <1Q2: <1 Q3: <=1Q4: <=1, Yellow Q1: <1Q2: 1Q3: 2Q4: 2, Green Q1:1Q2: >=2Q3: >=3Q4: >=3

Q3 FY2024 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Updated Stage One Proposal Complete Y/N



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

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

Based on both short term and long term needs to ensure continued patient care, the redevelopment project approach has been revised to be executed in two phases. The first phase involves execution of critical urgent need projects (termed as bridging projects), which will help address the short-term needs. The second phase involves the construction of a new green field hospital to address the long-term needs of the area, region, and the province.

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

The updated Pre-Cap Submission for the bridging projects have been submitted to the MoH (Jan 31, 2024), with the intent to leverage the previously approved funding envelope for the redevelopment project.

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

Pending Ministry approvals, currently on track for starting submission of updated Stage 1 proposals for selected bridging projects.

Definition: EVP - Nick Anand
MRP - Nick Anand

TACTICS: An updated vision for short-term and long-term vision for KHSCs services and facilities needs to be developed in order to advance redevelopment investments.

REPORTING COMMITTEE: People, Finance & Audit Committee

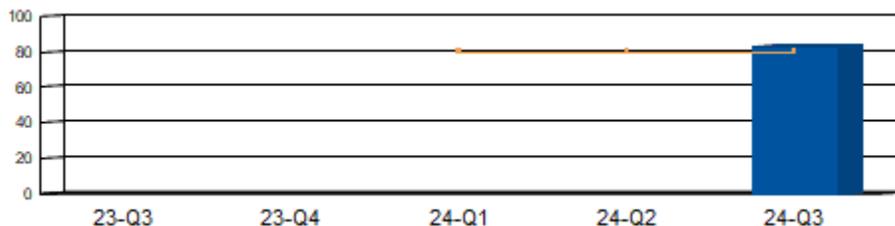
Target: Target 23/24: 100 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Q3 FY2024 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

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

Indicator: Percentage of leaders completed inclusion training



	Actual	Target
23-Q3		
23-Q4		
24-Q1		80
24-Q2		80
24-Q3	83	80

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

The live event to further learning for leadership was held alongside a debrief session (Phase 2 and 3) in October. 82.9% of KHSC leadership participated in addition to board members. After training, 86% of leaders felt they acquired new knowledge or skills from the educational offering. The structure of independent pre-work on demand learning then active learning and reflection with a debrief session was supported by 89% of survey respondents. The Staff Education Working Group met regularly to work toward a goal to develop and release education in 2024. The Inclusion Steering Council (ISC) planning meeting outcomes and priorities were reviewed and solidified. Some ideas emerged such as targeting a specific initiative for improvement/change i.e. gender inclusive washrooms, having a multi dimensional event that incorporates art, culture, food and a communication strategy. Furthering the TRC Calls to Action and areas related to indigenous people, were also high on the list. A new Indigenous Staff Community Group started and the Black Staff Community Group began discussing an opportunity to mark Black History and Futures month in February. The recruitment and selection policy review continued to ensure completion by the end of the fiscal year.

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

Healthcare workers are in often stressful situations and environments with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes, and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

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

Yes, we have hit the overall target and will continue with other elements of the tactic plan through Q4.

Definition: EVP - Sandra Carlton
MRP - Miki Mulima

TACTICS: Healthcare workers are in often stressful situations and environments with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

REPORTING COMMITTEE: People, Finance & Audit Committee

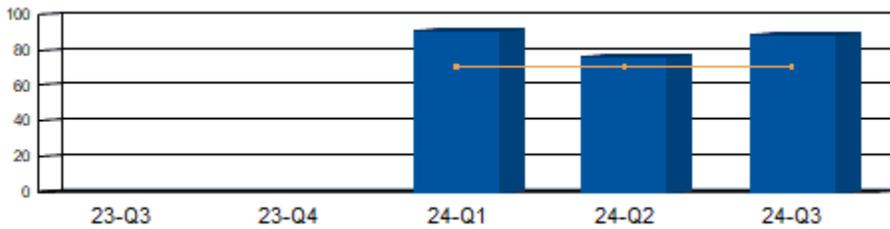
Target: Target 23/24: 80% Perf. Corridor: Red <70% , Yellow >70% and <75% , Green >76%

Q3 FY2024 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

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

Indicator: Number of leadership roles filled with internal candidates



	Actual	Target
23-Q3		
23-Q4		
24-Q1	91	70
24-Q2	76	70
24-Q3	88	70

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

88% of our KHSC leadership hired in the third quarter were internal promotions or transfers. We also had 1 rehire in the quarter reinforcing not only the recruitment and retention of talent, but also the entire employee lifecycle which would include our alumni as a potential source of future talent. Several of these staff were stepping up into leadership roles for the first time continuing to emphasize our leader onboarding to help support our setting our new leaders up for success. In line with our aim to support internal staff with the hiring and promotional process, we launched a 'Preparing for Interviews' course on demand and on target. Training for leaders on the hiring process and conducting interviews was completed and will be rolled out in Q4. The nonunion merit-based pay progression education and assessments took place. Although delayed, further feedback on the policy related to our recruitment and selection practices with an inclusivity lens occurred and a refresh of succession plans as changes occur over time. In addition, more inclusive messaging was incorporated into statements for our job postings alongside the new employer brand in social media postings. New hire and exit surveys data was reviewed and shared which continued to have some positive trending with Manager scores as the primary reasoning on exit surveys.

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

With the continued healthcare worker shortfall post-pandemic that is expected to continue for years to come, it is imperative that our focus is on retention and equipping our internal talent with the capabilities to progress in the organization. Leaders are critical in carrying out KHSC's mandate and delivering on its accountabilities as well as a key enabler of performance. They are tasked with nurturing and safeguarding our talent including developing our aspiring leaders, which makes it vital that we have a cadre of strong leaders as a key to strong execution. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

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

We are on track for the third quarter at 88%.

Definition: EVP - Sandra Carlton
MRP - Miki Mulima

TACTICS: Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

REPORTING COMMITTEE: People, Finance & Audit Committee

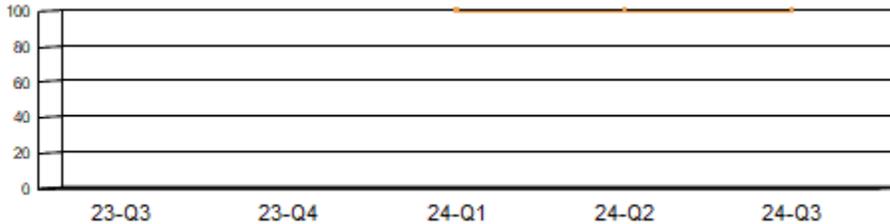
Target: Target 23/24: 70% Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

Q3 FY2024 Strategy Performance Indicators Report

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

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

Indicator: Lumeo ready for KHSC May 2024 Go-Live



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

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

Implement Lumeo (Regional Health Information System) for KHSC

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

The Lumeo project team and Oracle Health are focused on completing the system build for the rerun of the gateway now slated for February 16, 2024. If the gateway is missed the December 6, 2024 Go Live is at serious risk. Workflow teams were given clear targets for submitting final design changes. Items not submitted on time have been deferred to post Go Live optimization. KHSC will escalate any serious misses to Steering Committee for consideration after the gateway. Change management, training and Go Live conversion activities will ramp up as per the Integrated Project Plan (IPP) once the gateway is complete. KHSC Finance, under Mary Lou Toop and Carolina Reid's leadership, is investigating the overall financial picture projecting to complete this in January. As of January 2024, KHSC CIO, Val Gamache-O'Leary has joined the Lumeo leadership team and Steering Committee. With the increasing timeline & delays, the Lumeo project team has identified continuing risk with overall capacity & focus in some organizations

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

No (see current performance commentary)

Definition: EVP - Valeria Gamache-O'Leary
MRP - Dino Loricchio

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

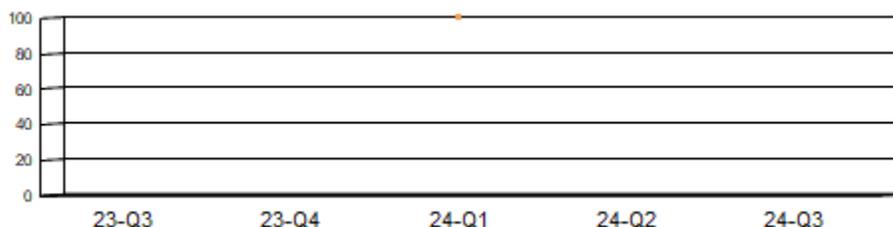
Target: Target 23/24:100% Perf. Corridor: Red <60% , Yellow >60% & <79% , Green >80%

Q3 FY2024 Strategy Performance Indicators Report

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

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

Indicator: KHSC participates in Ministry-directed OHT initiatives Y/N



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

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

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in the counties of Frontenac, Lennox and Addington.

Through OHTs, Ontarians can expect to receive comprehensive and coordinated care wherever they interact with the health system that is suited to their needs. Patients will experience easier transformations from one provider to another, with one patient record and one care plan, right in their own communities.

OHTs are continuing to build the capacity to deliver on the promise. They have selected target populations based on local needs and are focusing their efforts on where they know they can make a difference by working better together. While maintaining this focus remains key to OHTs' local success, there is untapped potential to accelerate the impact that teams can have on patient outcomes and experiences at the provincial level.

This will be accomplished through the phased introduction of integrated clinical pathways for OHTs, which will help teams deliver proactive, evidence-based care for patients with specific conditions.

Over time, OHTs will implement integrated clinical pathways for people living with the following chronic conditions:

- congestive heart failure (CHF),
- diabetes (focused on avoiding amputations),
- chronic obstructive pulmonary disease (COPD), and
- stroke.

Implementation of this initial set of pathways for chronic conditions will be grounded in primary and community care with a strong focus on prevention and disease management. When patients need to be seen in hospital, pathways will identify what is required for their successful transition back to the community and into a supportive primary care environment. As patients move through the system, virtual and clinical tools will support care in the most appropriate setting. Patient-reported outcomes and experience measures will be incorporated to improve care for continuous quality improvement.

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

To support the FLA OHT's development of priority clinical pathways, we have engaged specialists to work with the FLA-OHT leadership in order to develop pathways of care for each of the four Ministry-directed current foci. In Q3, we commenced work on the clinical pathways for COPD and CHF using the newly released Ontario Health templates for this work. We are working with FLA OHT stakeholders, including the Primary Care Council and the Community Council to discuss these first two priority pathways and to develop an efficient community-based plan to improve the health-care quality provided to these patients so that they can live healthier lives at home and avoid emergency room visits and hospital admissions.

In Q3 KHSC also continued to contribute leadership to:

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

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

- Yes, we are on track to achieve the year-end objective.

Q3 FY2024 Strategy Performance Indicators Report

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

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

Definition: EVP - David Pichora/ Brenda Carter
MRP - Michael Fitzpatrick

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

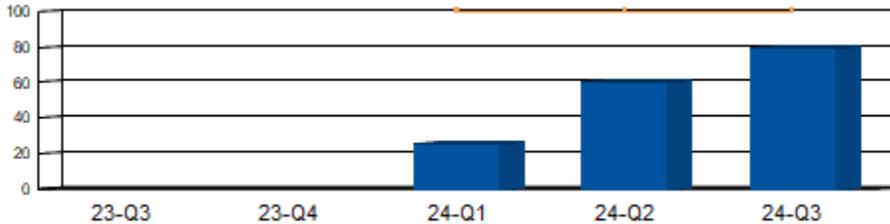
Target: Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

Q3 FY2024 Strategy Performance Indicators Report

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

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

Indicator: Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group



	Actual	Target
23-Q3		
23-Q4		
24-Q1	25	100
24-Q2	60	100
24-Q3	80	100

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

To enhance awareness and visibility of health sciences research with KHSC we are actively engaging with clinical units, and various nursing groups

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

We have engaged with 11 clinical units, ambulatory nursing, and the nurse practitioner groups.

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

Yes

Definition: EVP - Steven Smith
MRP - Steven Smith

TACTICS: TBD

REPORTING COMMITTEE: Research

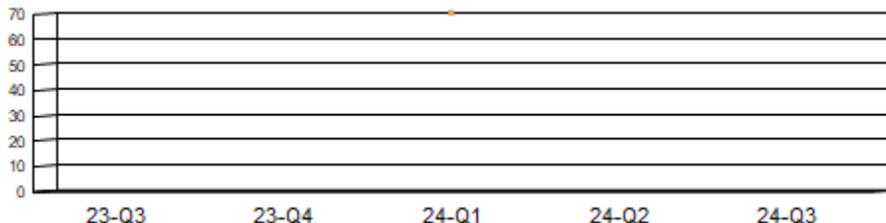
Target: Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

Q3 FY2024 Strategy Performance Indicators Report

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

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

Indicator: Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education



	Actual	Target
23-Q3		
23-Q4		
24-Q1		70
24-Q2		
24-Q3		

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

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers.

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

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

The implementation of Lumeo will impact the learners, as they will now have to undertake training and education in order to provide patient care and use the new Oracle Cerner system.

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

The Lumeo Education committee has completed a draft schedule for a training implementation, based on direction from Oracle Cerner and Lumeo. KHSC has been meeting with educational partners to provide regular updates and plan schedules/timelines for the Fall of 2024.

Definition: EVP - Michael Fitzpatrick
MRP - Chris Gillies

TACTICS: Each year, Kingston Health Sciences Centre welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers.

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

With the planning and implementation of Lumeo, we have to be cognisant of that impact this will have on the learning environment. Therefore, KHSC will be developing a plan with our educational partners to ensure we are meeting the education objectives and deliverables, while also preparing/training them for the new HIS system.

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

Q3 FY2024 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