

fiscal
2016-2017 **Q3**

3rd quarter ended December 31, 2016

KG+ this
quarter



Strategy Performance Report



Kingston
General
Hospital

Outstanding care, always

KGH Strategy Performance Report Fiscal 2017

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Strategic Direction 5

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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

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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

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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 12

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** 13

Enabling High Performance

Facilities

Outcome 9:

Phase 2 functional planning is complete

Strategic Performance Indicators

Stage 2 Approval Status 15

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Enabling High Performance

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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

16

Q3 FY2017 Strategy Performance Indicators Report

| Strategic Direction | 2016 Outcome | Indicator | Performance | | | | | |
|--|--|---|-------------|-------|-------|-------|-------|---|
| | | | 16-Q3 | 16-Q4 | 17-Q1 | 17-Q2 | 17-Q3 | |
| 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 | Y | 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 | Y | G | 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 | Y | 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 | G | 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 | G | G | Y | ↑ |
| 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 | G | Y | Y | ↑ |
| People | Empower our people to transform the patient experience | 1 staff round with senior leadership every month | N/A | N/A | G | 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 | G | G | G | ↑ |
| Facilities | Phase 2 functional planning is complete | Stage 2 Approval Status | Y | Y | G | 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 | G | G | G | ↑ |

Indicates improving performance to target over the past 5 quarters



Indicates worsening performance to target over the past 5 quarters



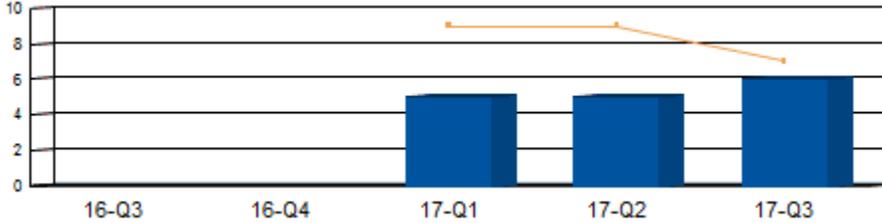
| | Strategy | | | | | QIP | | | | | Supporting | | | | |
|-----|----------|------|------|------|------|------|------|------|------|------|------------|------|------|------|------|
| | F16 | | F17 | | | F16 | | F17 | | | F16 | | F17 | | |
| | Q4 % | Q1 % | Q2 % | Q3 % | Q3 # | Q4 % | Q1 % | Q2 % | Q3 % | Q3 # | Q4 % | Q1 % | Q2 % | Q3 % | Q3 # |
| R | 33% | 0% | 0% | 0% | 0 | 42% | 44% | 33% | 44% | 4 | 37% | 32% | 39% | 44% | 50 |
| G | 67% | 100% | 100% | 100% | 10 | 58% | 56% | 67% | 56% | 5 | 63% | 68% | 61% | 56% | 63 |
| N/A | 0% | 0% | 0% | 0% | 0 | 0% | 0% | 0% | 0% | 0 | 0% | 0% | 0% | 0% | 0 |
| | 10 | | | | | 9 | | | | | 113 | | | | |

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 5 | 9 |
| 17-Q2 | 5 | 9 |
| 17-Q3 | 6 | 7 |

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 Q3, we achieved 6 of 9, or 67% 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 Q3 the cumulative QIP target has seen an improvement to 6 of 9 indicators at Green or Yellow. Surprisingly the ED patient experience questions has improved red to yellow. This is despite the red indicator ED wait times. One could assume the Initiatives and staff interactions with patients in the ED has been positively recognized. 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 continue to demonstrate favourably.

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

We are on track to meet the objective 7 of 9 QIP indicators meeting target. However, the two indicators ED wait time for all admitted patients and ALC will remain red. Many specific tactics internally and at a regional level are underway to address these indicators.

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.

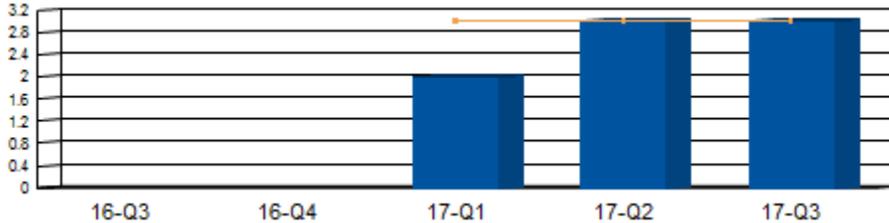
Target: Target 16/17: 7 Perf. Corridor: Red 0 - 4 Green or Yellow indicators, Yellow 5 - 6 Green or Yellow indicators, Green 7 - 9 Green or Yellow Indicators

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 2 | 3 |
| 17-Q2 | 3 | 3 |
| 17-Q3 | 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. In Q3, we educated our allied health care staff members about how volunteers support patients and families in their program areas. We changed our new staff orientation presentation to specifically highlight the value that volunteers deliver in the clinical programs and how they can support our care teams. We continued clinical program meetings to keep volunteers connected to life within their programs and support their role on the teams.

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. In Q3, we developed a program to address two of the biggest opportunities for improvement as identified in our employee engagement survey results -- build recognition and creating a culture of appreciation. As part of this program, we held two leadership days in Q3 and are planning two more in Q4. At the same time, we engaged an external consultant to help us design and facilitate a director-level engagement program that will roll out in Q4. We also completed planning for a touchstone engagement survey that we will deliver in Q4 in order to take pulse on our efforts at improving engagement this year.

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

Q3 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

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 Q3, we are adjusting the planned volunteer engagement milestones in light of our upcoming integration with Hotel Dieu Hospital to take a more holistic approach to volunteer engagement at each hospital site. In Q4, we plan to host a focus group with volunteers to understand how we can best communicate with them.

EMPLOYEE ENGAGEMENT: As of Q3, we are on track with the planned employee engagement milestones with the exception of the completion of all team engagement plans. Currently, 92 per cent of leaders have completed their plans and we are following up with those that are outstanding so that we are able to address all our team-level engagement issues. In Q3, we completed the analysis of the team engagement plans that we do have, which led us to the development of the recognition and leadership development programs we are rolling out over the remainder of the year to help us build a culture of appreciation.

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: As of Q3, we are revising the planned volunteer engagement milestones to create a more holistic approach to volunteer engagement across both KGH and Hotel Dieu Hospital.

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.

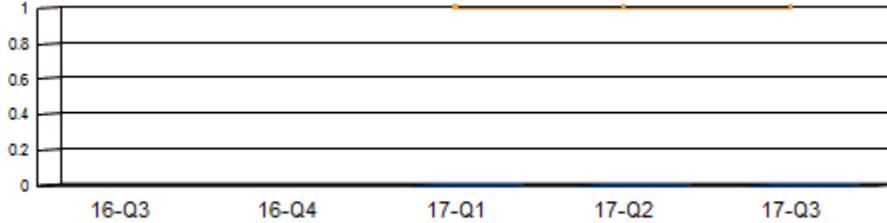
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 0 | 1 |
| 17-Q2 | 0 | 1 |
| 17-Q3 | 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 Q3, 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. In Q4, this continues to be the case.

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 work to develop an integrated KGH-HDH clinical innovation strategy is on hold until the long-term strategy for the new integrated entity is developed.

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, 2017 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.

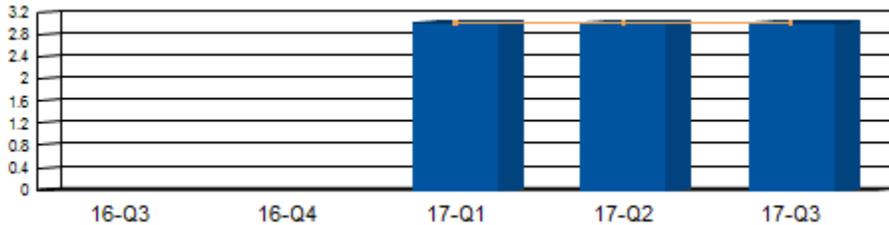
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 3 | 3 |
| 17-Q2 | 3 | 3 |
| 17-Q3 | 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. In Q3, we focused on how to build relationships to manage and support COPD patients in the community across the SE LHIN with the objective of decreasing admissions.

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. In Q3, we selected the top three priorities to focus on in the coming months. The priorities are: time to surgery, rehabilitation alignment and hip fracture navigation.

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, respirology and cardiology programs to begin mapping out draft palliative care pathways for their patient populations. In Q3 we developed draft pathways for the four areas. We met in December with clinical leads from the four clinical areas and palliative medicine to review the pathways and determine next steps and action items. In Q4, we will meet again to begin the implementation planning process.

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. In Q3, we introduced the topic of health literacy in the CKD program and discussed how to introduce the concept in the pre-dialysis clinic. At the same time, KGH was accepted as a partner site with University Health Network to implement an ARTIC-funded Patient-Oriented Discharge Summary (PODS). As a result, we have shifted the focus of this tactic to incorporate the entire medicine program in the rollout of PODS. This is a innovative discharge communication tool that meets the health literacy needs of patients and their families and includes our teach-back method as a component. While this shifts the timeline of our Health Literacy tactic plan, it actually strengthens KGH's position as a health-literate organization by reaching a wider audience, more quickly with an important health literacy tool.

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

Q3 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: 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. In Q3, we received approval to proceed with the regional care pathways. We revised our original proposal to incorporate the Inspire Program as it is a community-based program. This will ensure supports are in place for the patients once discharged. A revised proposal was submitted and we have moved forward with the revised plan. In Q4, we will identify gaps in resources across the region and determine how to address them. We will work with our community partners to create an inventory of resources.

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 received approval to proceed and regional stakeholders met to establish an approach to move forward with the top three priorities, deliberate on the feasibility of the approach, and identify possible barriers to delivering on the strategy.

PALLIATIVE: As of Q3, we have implemented the planned milestones for this tactic with draft pathways in place. In Q4, we will begin implementation planning while continuing to engage with clinical stakeholders to refine the pathways. As part of the implementation, we will also develop a measurement plan with clinical process and outcome indicators that we will monitor and report in fiscal 2018.

HEALTH LITERACY: As of Q3, we have implemented the planned milestones for this tactic. In Q4, we will begin to work with UHN on the implementation of the Patient Oriented Discharge Summary and associated staff education about the teach-back method. While this taking place, occupational health students will continue the work in the pre-dialysis clinic to obtain baseline data on the state of health-literacy awareness amongst health care providers and health literacy in the CKD patient and family population.

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

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

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

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

HEALTH LITERACY: We are on track with the delivery of our planned milestones as of Q3. We plan to revise our tactic plans for Q4 to take advantage of the ARTIC-funded project opportunity.

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.

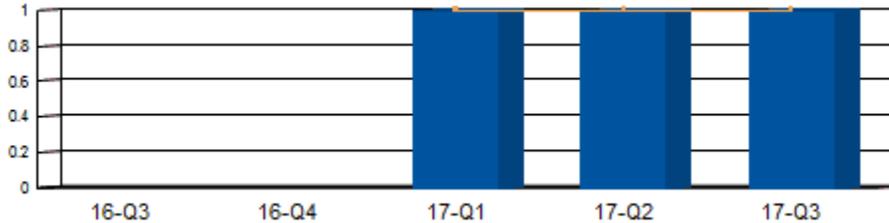
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 1 | 1 |
| 17-Q2 | 1 | 1 |
| 17-Q3 | 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 (HDH) 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. It was agreed by the Queen's Board of Trustees that the IRI proposal would be revisited at their March 2017 meeting and that in the interim, additional information would be provided to one of their Board Committees (Capital Assets and Finance) with the necessary discussion taking place prior to presentation to the full Board of Trustees in March 2017. In Q3, these discussions occurred with the Capital Assets and Finance Committee who have now endorsed the IRI proposal moving forward to full presentation to the Board of Trustees in March 2017. Subsequent to presumed approval by the Board of Trustees in March 2017, early steps will involve creation of a CRA approved research institute as a non-share capital trust with charitable status. It is anticipated that this will now occur in F2018 (summer and fall 2017). 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. The new IRI will be able to leverage economies of scale, combine resources and develop priorities that should lead to greater optimization of financial resources, stronger research outcomes and greater visibility for health research in Kingston.

In Q2 and Q3 we also worked with Queen's and HDH 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. It is anticipated that a new fully executed Affiliation Agreement for HDH and KGH will be finalized by the end of Q4. In Q3 we also worked with PARTEQ Research and Development Innovations (PARTEQ) and HDH to revise sections of our existing Management and License Agreement with PARTEQ related to innovation disclosures and commercialization of intellectual property. Once this revised agreement has been approved by all stakeholders, it will be used as a template for similar agreements with all three Kingston hospitals.

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 had to adjust the pace of the construction several times in order to minimize the impact on patient care at the hospital and are now anticipating the new Centre would be completed and occupied by September 2017. The majority of the demolition is completed and the walls are going up for the new Centre. 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. Construction is complete and the new lab is now fully operational as of Q3. Dr. Petrof, and a multi-institutional team, was awarded earlier this year major funding from the U.S. National Institutes of Health. The new lab will enable Dr. Petrof to further develop RE-POOPULATE, a synthetically derived alternative to fecal transplants used to treat recurrent C. difficile infection. Dr. Petrof is working with colleagues at the University of Guelph and Western University on the synthetic stool product. The group's goal is to develop a more effective fecal transplant treatment for recurrent C. difficile.

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

Q3 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

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 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.

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?

We have made significant progress this fiscal however due to factors beyond our control, we will not meet our target by year end. We now anticipate receiving approval by the Queen's Board of Trustees by year end. Therefore, the new IRI will not be incorporated and operational until later next fiscal year, putting us nine to 12 months beyond our original timeline. The William J. Henderson Centre for Patient-Oriented Research, which was originally slated to be completed by Q4 this fiscal year, will not be open until Q3 of next fiscal.

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.

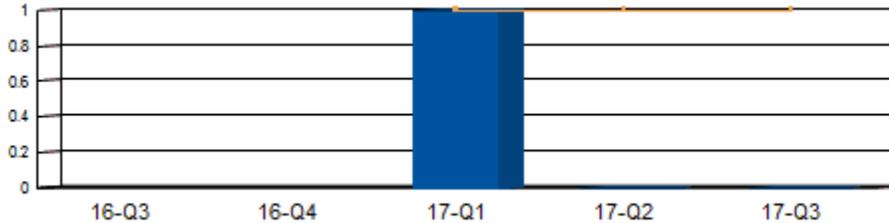
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 1 | 1 |
| 17-Q2 | 0 | 1 |
| 17-Q3 | 0 | 1 |

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

Since June 2016 when we engaged with staff, unions and physicians throughout the region, there has been a lot of change underway within the hospitals from one end of the South East Local Health Integration Network (SE LHIN) to the other. KGH and Hotel Dieu Hospital announced our integration and are in the midst of our work to bring together the two organizations by April 1, Providence Care is about to open their new facility and Brockville General Hospital was put under provincial supervision. These are just some of the examples of how quickly the health care landscape can evolve.

What hasn't changed is that all seven hospitals in the region, along with the Community Care Access Centre (CCAC) and the SE LHIN remain committed to ensuring that our health system is effective and sustainable now and in the future. That thinking has led to a lot of innovation over the past year. As a result of many people coming together to work as Health Care Tomorrow teams, partnerships and communities of practice have been developed at many levels across the region. This has resulted in greater communication and problem-solving between organizations.

Through this important regional initiative, our organizations are working together to create a more seamless and sustainable health care system for patients and families. We will also explore opportunities to share hospital services and expand on existing collaborations in three main areas: business functions, diagnostics and therapeutics, and clinical services.

Over the past few months the Health Care Tomorrow – Hospital Services teams have made some significant progress.

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

Information Services, Lab Services, and Decision Support update

In June, the hospital and LHIN Boards agreed to prioritize three areas of focus for continued work under the Health Care Tomorrow – Hospital Services umbrella: Information Services (IS), Decision Support and Laboratory Services. The CEOs have committed to these areas of focus, while also recognizing that emerging priorities in the region will require us to focus on manageable and prioritized elements within these areas. Highlights of the work include:

Moving forward with a value analysis to determine the best value alternatives for a regional Health Information System as the first Information Services priority;

Agreeing that the Laboratory at KGH serves as a regional lab and provides an opportunity for other interested hospitals to join at their choice under a "lead agency model;"

Exploring whether a regional service model for Decision Support makes sense through the creation of a community of interest.

Clinical services

The clinical services teams have been focused on creating regional care pathways for patients with Chronic Obstructive Pulmonary Disease (COPD) and hip fractures. These two patient populations often require different levels of care over an extended period of time in multiple settings. As a result, wait times can be long and patients and families can sometimes feel like they have fallen through the cracks in the system. Our aim is to change this by implementing clear pathways across the entire continuum of care for these patient groups.

So far, the project teams have finished mapping the patient journey for COPD and hip fractures from the time the patient first presents to hospital to the time they are discharged. The teams also surveyed key stakeholders and as a result have identified some achievable goals and related recommendations for how to design and implement new pathways that will help transform the experience for these patients. These recommendations are now ready to be presented at the South East Community and Executive Forum (SECHEF) and once they are approved, work will begin on putting the pathways in place with accompanying order sets and discharge checklists. Then the project teams will be reaching out to physicians and care providers across the region to get their feedback so that implementation plans can be refined.

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

Q3 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

The clinical service working groups and leads for Information Services, Decision Support and Lab Services are aiming to create a series of milestones in the coming weeks to present for consideration at SECHEP. Those milestones will reflect the fact that we need to continue at a different pace that respects the priorities and all of the change now underway in our region.

The SE LHIN hospital partners all remain committed to redesigning our regional hospital system to better meet the needs of our patients and families while responding to the financial challenges facing our health care system.

For more information, visit www.healthcaretomorrow.ca for an overview of the initiatives underway and to track the latest news.

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

The Health Care Tomorrow – Hospital Services initiative began in 2014 as 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, and 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.

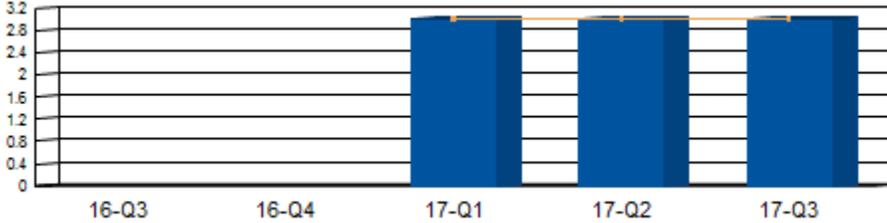
Target: Target 16/17: Perf. Corridor: Red "No", Yellow "inprogress", Green "Yes"

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 3 | 3 |
| 17-Q2 | 3 | 3 |
| 17-Q3 | 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 Q3, our executive team members have been conducting rounds throughout the hospital consistently as scheduled and the feedback from staff continues to be 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 Q3 milestones for this tactic. A master schedule is in place and is used to assist with the coordination and documentation of the rounds. Feedback to date has 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.

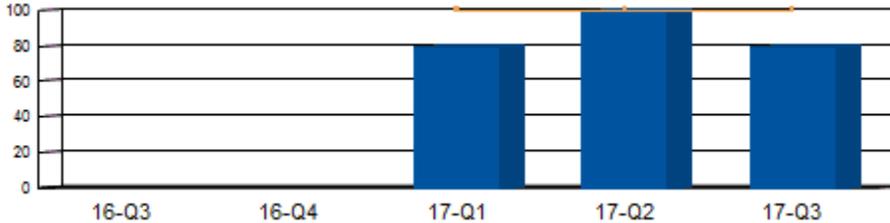
Target: Target 16/17: 100% Perf. Corridor: Red 1 or 0 rounds, Yellow 2 rounds, Green 3 rounds

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 80 | 100 |
| 17-Q2 | 100 | 100 |
| 17-Q3 | 80 | 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 Q3, the status of our technology projects is as follows:

1. The Health Information System project is undergoing a 16-week financial analysis that will provide costing for two key scenarios: a regional vendor model with one system shared across the region and a two-hub model where two systems will be shared regionally. The analysis is on track at this point in time with a final report expected in Q1 of fiscal 2018.
2. The Connecting Ontario provincial project continues to progress with six of seven regional hospitals signing agreements to move forward with stage 2 of the project. We expect the seventh agreement will be signed by Providence Care in Q4. Schedule delays are expected in Q4 due to slower than anticipated turn-around times by eHealth Ontario resources. These delays are likely to produce significant schedule variances of three to four months impacting all seven hospitals. The project management team completed a schedule analysis and has escalated to The Ottawa Hospital Program Delivery Partner and eHealth Ontario.
3. Project planning is underway for the development of an automated CCAC referral process involving teams from KGH and our CCAC partner. The planning phase is expected to be completed in February 2017, with technical development to commence in March. This project will continue into fiscal 2018.
4. The corporate intranet project go-live was postponed in December due to quality concerns discovered during the testing phase. The project team plans to re-test the entire site and resolve issues before launching. The intent is to produce a final timeline for completion once the testing phase is completed.
5. A project for the implementation of an inventory control and management solution for our Operating Room and Laboratory was kicked off in Q2. This project is reporting a yellow status due to schedule delays. The laboratory inventory solution was installed however management is working with the vendor to resolve the technical issues by March 31. Based on best practice, a decision to initiate a process improvement/workflow review with the Operating Room and 3SO was recommended before implementing the technical integration with our financial system. Direction was provided to both departments to submit project requests to the Project Management Office in fiscal 2018 for technical integration with the SAP system.

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 Q3 four of the five strategic technology projects are on track with their planned milestones for the year. The Inventory project was delayed in Q3. Vendor issues with the lab inventory application have delayed the schedule for the lab inventory phase of the project. A process improvement initiative is required in the OR before the technology solution can be deployed. Therefore both areas will need to complete the required work before the technology projects can be initiated.

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

Four of the five projects are green, indicating that overall progress is rated as Green.

Q3 FY2017 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

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.

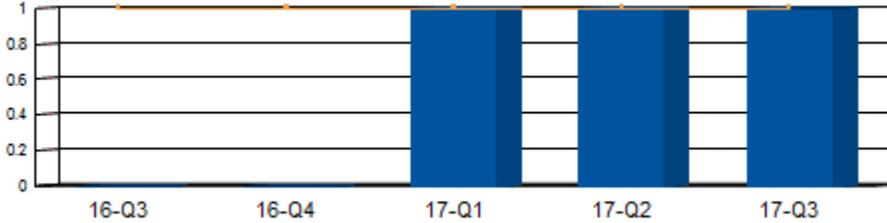
Target: Target 16/17: 100% Perf. Corridor: Red <60%, Yellow 60% to 79%, Green >= 80%

Q3 FY2017 Strategy Performance Indicators Report

Facilities

Phase 2 functional planning is complete

Indicator: Stage 2 Approval Status



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

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

Over the past few years, KGH has been busy making the case for another big redevelopment project. 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. 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. In Q3, KGH formally executed the Planning Agreement with the MOHLTC. We have approved our governance structure for creating the Stage 2 Functional Program. Agnew Peckham has been retained to guide the process and create the final documentation.

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. Working Groups for the five areas to be redeveloped, including Operating Rooms, Perinatal Services, Emergency, Clinical Labs and Data Center, have begun their work to contribute to the functional program for each area. Our goal is to submit our functional program to the Ministry by September.

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 Q3, we are on track with our planned milestones to proceed with functional programming for our Phase 2 redevelopment project.

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.

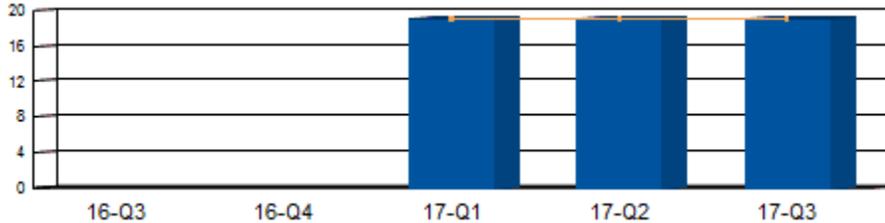
Target: Target 13/14 (1/0 = Yes/No) Perf. Corridor: Red No Yellow N/A Green Yes, Target 14/15 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1 (1 = Yes 0 = No), Target 15/16 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1 (1 = Yes 0 = No), Target 16/17 = 100% Perf. Corridor: Red "No",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

Q3 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-Q3 | | |
| 16-Q4 | | |
| 17-Q1 | 19 | 19 |
| 17-Q2 | 19 | 19 |
| 17-Q3 | 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. In Q3 work was undertaken to improve supply management in the ORs. Detailed analysis is ongoing on ICU length of stay, which is proving to be challenging because peer data is not readily accessible as a comparator. We explored the opportunity to be involved in a province-wide implementation of digital QBP order sets that will guide us to implementing best practice with real time feedback on our progress.

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 is planned in order to help 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. As of Q3, we have completed process analysis on all 19 QBS and are working to address the top recommendations for change as described above. The possible implementation of digital order sets would ensure quality and efficiency across all QBPs.

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

Q3 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