fiscal 2025-2026 Q3

3rd quarter ended December 31, 2025

KHSCthis

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 2026

KHSC Strategy Performance Report Fiscal 2026

Strategic Direction 4

Launch KHSC as a leading centre for research and education

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q3 FY2026 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	25-Q3	25-Q4	26-Q1	26-Q2	26-Q3
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target	Y	Y	G	G	G
		Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target	G	G	G	G	G
		Be compliant with the ROPs and high priority standards by meeting the quarterly targets as identified in KHSC QIP FY 2026 (Y/N)	N/A	N/A	G	G	G
		Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N	G	G	G	G	G
	b. Ensure smooth transitions in care for patients and families across our regional health care system	Percentage of eligible patients from the existing roster and the OHaH successfully transitioned into LP model, and new home care patients accepted into the LP	N/A	N/A	G	G	G
		Urgent home care cases addressed within 24 hours for Loyalist FHT patients	N/A	N/A	G	G	G
		At least 2 clinics for both CHF and COPD offered monthly in Kingston or Napanee (24 clinics per year)	N/A	N/A	G	G	G
	c. Lead the evolution of people-centred care	12 patient stories which highlight the patient experience including, where appropriate, KHSC's response to their unique equity considerations	N/A	N/A	G	G	G
	d. Create the space for better care	Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N	G	G	G	G	G
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	Percentage of team-level Psychological Health and Safety risk assessments completed (inclusive of workplace violence-related risks)	N/A	N/A	Y	Y	G
	b. Empower and develop our people	Number of cross-training events that take place	G	G	G	G	G
	c. Develop confident, caring and capable leaders	Launch leadership readiness program (Y/N)	N/A	N/A	G	G	G
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	KHSC participates in Ministry-directed OHT initiatives Y/N	G	G	G	G	G

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			25-Q3	25-Q4	26-Q1	26-Q2	26-Q3
		Evidence of effective identification, submission, and advocacy for critical break/fix and optimization needs at the regional level, and evidence of execution of agreed-upon plans	N/A	N/A	G	G	G
		KHSC informatics team and Lumeo operational governance structure in place	N/A	N/A	G	G	G
	b. Discover and apply innovations that improve patient outcomes and make our communities healthy	Approved plan for CAR T-cell therapy is in place (Y/N)	N/A	N/A	G	G	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	KHSC achieves 80% of total placement requests (Y/N)	N/A	N/A	G	G	G
		Implementation project meets quarterly milestones (Y/N)	N/A	N/A	G	G	G
5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families,	a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC	Percentage of current KHSC employees who have completed foundational inclusion training	N/A	N/A	G	G	G

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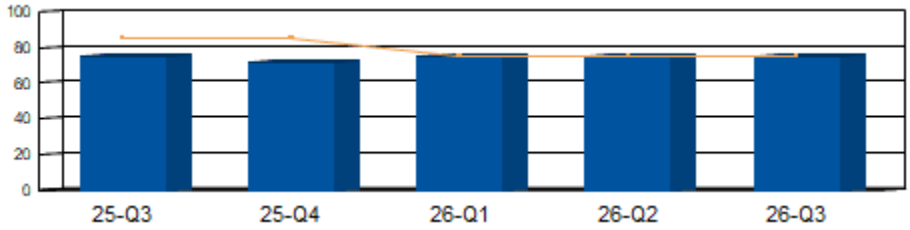
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target



	Actual	Target
25-Q3	75	**85**
25-Q4	72	**85**
26-Q1	75	**75**
26-Q2	75	**75**
26-Q3	75	**75**

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

Monitoring of adoption continues on new BCMA workflows. More targeted interventions at the unit and/or user level is being orchestrated as data can be drilled down to these levels to troubleshoot low compliance with approved workflows. KHSC clinical leadership have access to this KPI data and are able to see their unit's performance in comparison to other areas. Clinical Informatics team, particularly the training team, is able to support unit leadership in developing re-education and remediation initiatives based on unit BCMA rates.

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

Q3 data showed an average of 75.3% conformance with BCMA, trending slightly up from last quarter. Troubleshooting of clinical workflow or technical related issues that can impact this KPI continues across the organization. Factors influencing Q3 results include: technical issues with handheld devices and wired/wireless barcode scanners, unplanned downtimes, discrepancies or missing medications from the drug formulary, functional limitations of the handhelds devices (awaiting Oracle Health application fixes) and user error.

This quarter, in November, remediation training occurred in the ED, where it was identified an area with low medication scanning compliance – this multi-department initiative between the ED, Clinical Informatics, and Professional Practice teams was well received with training now complete across the relevant staff in the ED department.

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, moving into the fourth quarter, we will monitor and look for improvement among scanning rates in the ED setting now remediation training has been completed. Continued monitoring across all units continues with more involvement of clinical leaders by unit becoming increasingly more involved in unit-level auditing.

Definition: EVP - Hann
MRP - Achim
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 75% Perf. Corridor: Red BCMA : < 55%, Yellow BCMA: 55 - 74 %, Green BCMA : 75% or above

Prior Targets:
Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

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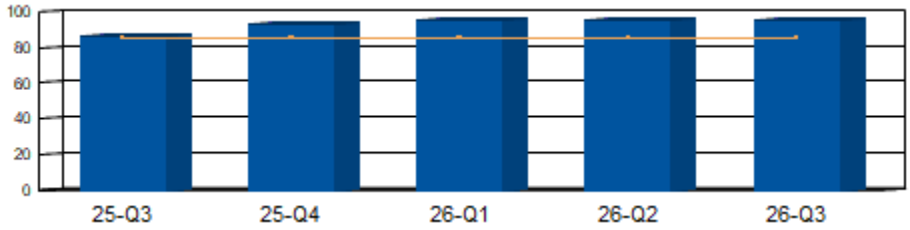
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target



	Actual	Target
25-Q3	86	**85**
25-Q4	93	**85**
26-Q1	95	**85**
26-Q2	95	**85**
26-Q3	95	**85**

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

Monitoring of adoption continues for CPOE workflows. Targeted interventions at the user level is orchestrated as data can be drilled down to this level to troubleshoot low compliance with approved workflows. With the assistance of the CMIO, Clinical Informatics team, particularly the training team, targeted remediation initiatives are conducted.

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

Q3 data showed an average of 95.6% conformance with CPOE, trending slightly up from last quarter. KHSC continues to perform strongly on this indicator since go-live. Targeted troubleshooting when workflow challenges arise are undertaken to ensure continued adoption of the RHIS and electronic order entry workflows.

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, moving into the fourth quarter we will continue to monitor users with lower compliance and targeted remediation initiatives will be implemented.

Definition: EVP - Hann
MRP - Achim
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

Prior Targets:
Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

Kingston Health Sciences Centre

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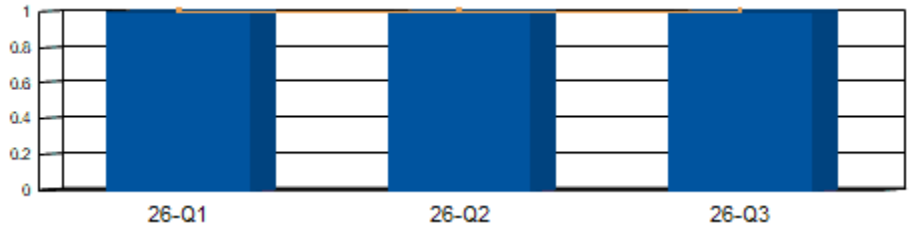
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Be compliant with the ROPs and high priority standards by meeting the quarterly targets as identified in KHSC QIP FY 2026 (Y/N)



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

Progress is underway to meet the ROPs and HPs. Unmet ROPs are related to ensuring there is sufficient alignment between TCU and KHSC practices to meet the requirement for Tests of compliance.

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

ROP - 50% and HP - 75%

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 anticipate meeting the target in Q4

Definition: EVP - Fitzpatrick
MRP - Dave
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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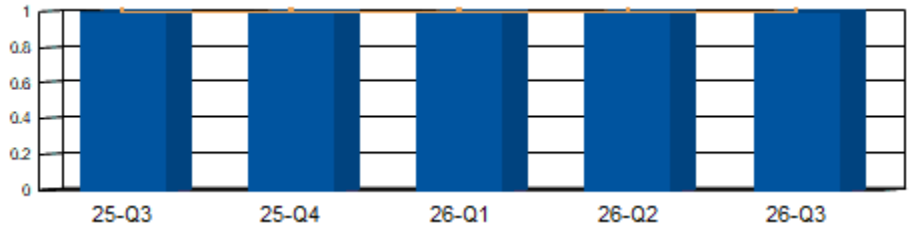
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N



	Actual	Target
25-Q3	1	**1**
25-Q4	1	**1**
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

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 December 2025 forecast, while still a deficit at $40.8 million for hospital operations, that is compared to a budgeted deficit of $48M.

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 - Toop
MRP - Toop
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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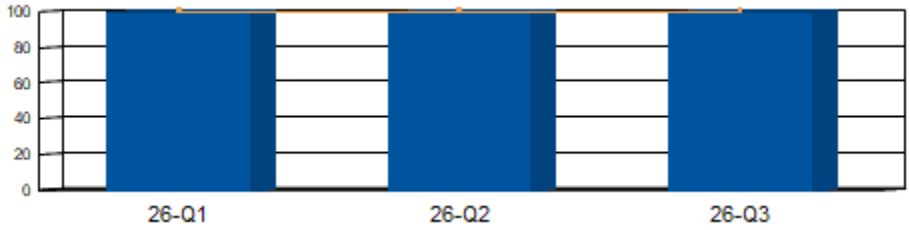
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care system

Indicator: Percentage of eligible patients from the existing roster and the OHaH successfully transitioned into LP model, and new home care patients accepted into the LP



	Actual	Target
26-Q1	100	**100**
26-Q2	100	**100**
26-Q3	100	**100**

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

100% of eligible patients from the existing roster / old model approached to transition to LP

26% of eligible patients from the existing roster / old model provided consent to transition to the LP. This metric is not expected to change unless a change is made in Provincial direction.

100% of new home care patients were accepted into the LP.

All new home care patients eligible to participate were enrolled into the FLA LP.

No provincial update or direction on strategy to re-approach patients who did not provide consent to transition (e.g. implied consent process).

Cumulatively 172 patients have been admitted to the FLA LP from go-live to end of Q3, 57 were admitted in Q1 and 27 admitted in Q2, 49 admitted in Q3 .

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

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

Definition: EVP - Hann
MRP - Hart
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 100% Perf. Corridor: Red <75% , Yellow 75% - 94% , Green 95% or above

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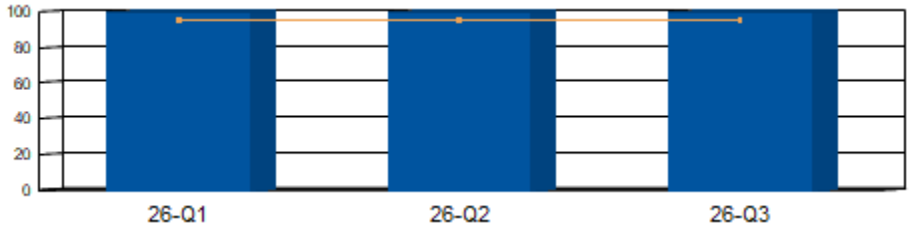
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care system

Indicator: Urgent home care cases addressed within 24 hours for Loyalist FHT patients



	Actual	Target
26-Q1	100	**95**
26-Q2	100	**95**
26-Q3	100	**95**

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

There were no reported urgent home care cases in Q1 or Q2. In Q3 there were 20 urgent referrals with 100% of referrals addressed within 24 hours.

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 - Hann
MRP - Hart
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 95% Perf. Corridor: Red <75% , Yellow 70% - 94% , Green 95% or above

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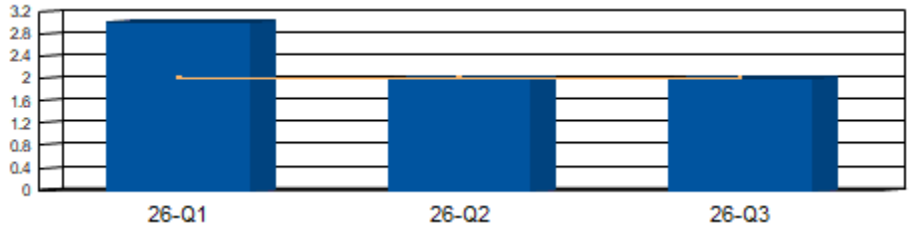
Indicator: At least 2 clinics for both CHF and COPD offered monthly in Kingston or Napanee (24 clinics per year)



	Actual	Target
26-Q1	3	**2**
26-Q2	2	**2**
26-Q3	2	**2**

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

Provide Rapid Access Clinics for unstable patients with COPD or CHF.

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

Rapid Access Clinics for unstable patients with COPD and CHD have now been added weekly in both Kingston and Napanee.

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 have already exceeded the performance objective for this metric.

Definition: EVP - Fitzpatrick
MRP - Dave
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 75% Perf. Corridor: Red <50% , Yellow 50%-74% , Green 75% - 100%

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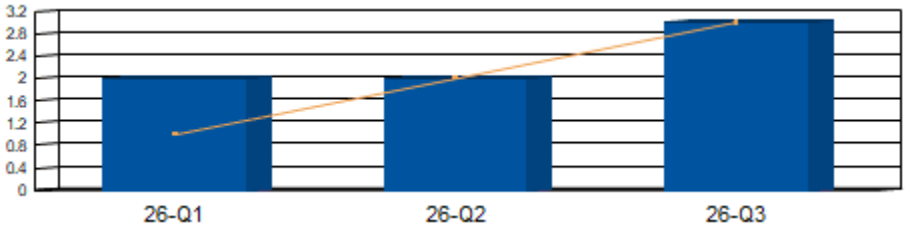
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Lead the evolution of people-centred care

Indicator: 12 patient stories which highlight the patient experience including, where appropriate, KHSC's response to their unique equity considerations



	Actual	Target
26-Q1	2	**1**
26-Q2	2	**2**
26-Q3	3	**3**

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

12 Patient Stories shared which highlight the patient experience, including where appropriate, KHSC's response to their unique equity considerations.

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 stories were shared at the October and November PCQC meetings that provided a patient perspective on their experiences with the cardiac program and peri-operative services. The Ambulatory Care strategic planning day included a presentation by and participation of two patients. Patient stories continue to be shared at all New Employee Welcome 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

Yes we are on track.

Definition: EVP - Fitzpatrick
MRP - Morin
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 100% Perf. Corridor: Red (Q1 = <0, Q2 = 0, Q3 = 1, Q4 = 2) , Yellow (Q1 = 0, Q2 = 1, Q3 = 2, Q4 = 3) , Green (Q1 = 1, Q2 = 2, Q3 = 3, Q4 = 4)

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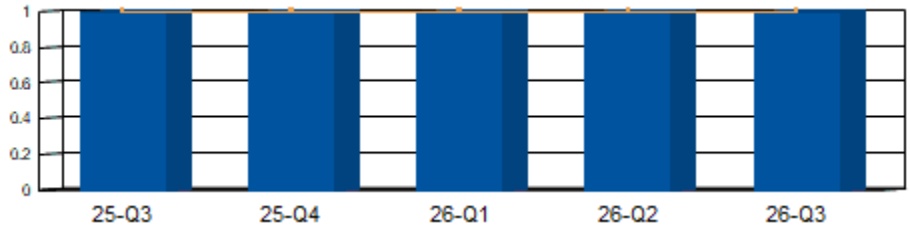
Q3 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

d. Create the space for better care

Indicator: Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N



	Actual	Target
25-Q3	1	**1**
25-Q4	1	**1**
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

The redevelopment strategic plan was submitted to the Ministry on schedule and has been accepted. Submissions for the priority Bridging Projects, including the Fire Alarm System and Emergency Power, have been completed, with approvals anticipated shortly.
In parallel, work on the new hospital site in collaboration with the City is progressing well, and the portfolio remains on track to meet year-end objectives. Optimization initiatives for the Emergency Department and other clinical areas have also commenced with clinical teams, and planning activities for the Bridging Projects continue as scheduled.
Overall, the targeted objectives for the portfolio remain on track for completion for the end of 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 - Anand
MRP - Anand
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets
Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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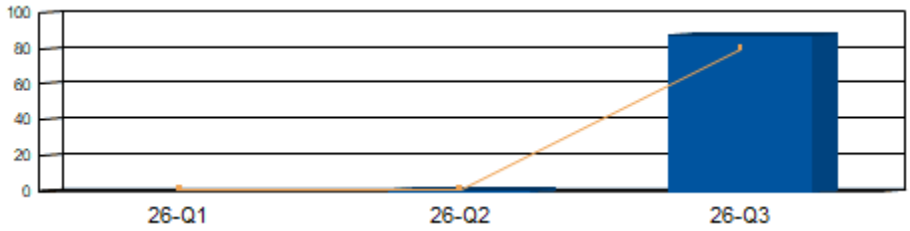
Q3 FY2026 Strategy Performance Indicators Report

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 team-level Psychological Health and Safety risk assessments completed (inclusive of workplace violence-related risks)



	Actual	Target
26-Q1		**1**
26-Q2	1	**1**
26-Q3	87	**80**

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

As part of the organization's 2025-26 Psychological H&S (PHS) Action Plan, and to respond to the most recent GWS results, we are initiating team-level PHS Risk Assessments to proactively identify and address psychosocial risks in the workplace. These assessments will be facilitated by individual team leaders and are designed to explore key factors affecting psychological health and safety within each team. The goal is to collaboratively identify areas for improvement and implement targeted solutions that reduce stressors and foster a healthier, more engaged workforce.

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

In Q3, we launched the PHS Team Assessment Tool and corresponding Team Action Plan for leaders to complete and submit. Awareness sessions were delivered to outline the requirements. Leaders collaborated with their teams to complete the assessment and submit their Team Action Plans by the December 1, 2025 deadline. By the end of Q3, 87% of leaders had submitted their plans.

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

Although we have surpassed the 80% submission target, we continue to follow up with leaders who have not yet submitted their Team Action Plans to ensure full participation. In parallel, OHSW is completing a qualitative review of all submitted plans and requesting additional detail or clarification where the proposed strategies require strengthening. This work ensures that each plan contains clear, actionable steps aligned with the PHS framework and supports consistent implementation across all teams.

Definition: EVP - Naraine
MRP - Noonan
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

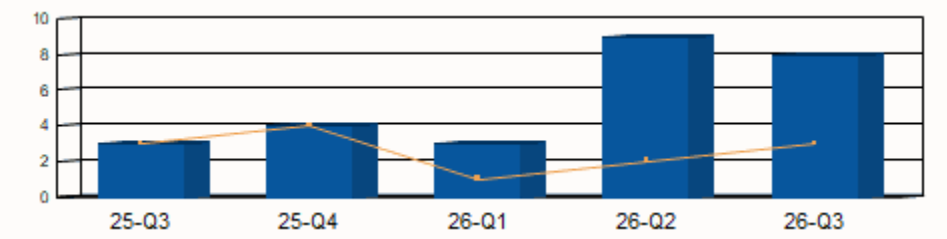
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

b. Empower and develop our people

Indicator: Number of cross-training events that take place



	Actual	Target
25-Q3	3	**3**
25-Q4	4	**4**
26-Q1	3	**1**
26-Q2	9	**2**
26-Q3	8	**3**

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

No change from tactics used in Q1 and Q2.

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

Courses and participant listed below.

28 staff were captured for ACLS certification
10 staff were captured for PALS training
48 staff were captured for BLS
5 staff were captured for TNCC
24 staff for the Charge Nurse Workshop
0 Staff for the GPA training
30 Staff for Recognize and Respond workshop
53 staff were captured for Mentor Education Program
12 staff were captured for Emergency Nursing Pediatric Course (ENPC)

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, on track. Consistently exceeding target

Definition: EVP - Hann
MRP - Mitchell
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 100% Perf. Corridor: Red (Q1 = <0, Q2 = 0, Q3 = 1, Q4 = 2) , Yellow (Q1 = 0, Q2 = 1, Q3 = 2, Q4 = 3) , Green (Q1 = 1, Q2 = 2, Q3 = 3, Q4 = 4)

Prior Targets:
Target 24/25: 100% (4 events) Perf. Corridor: Red Q1: <0, Q2: 0, Q3: 1, Q4., Yellow Q1: 0, Q2: 1, Q3: 2, Q4: 3. Green Q1:1, Q2: 2, Q3: 3, Q4: 4.

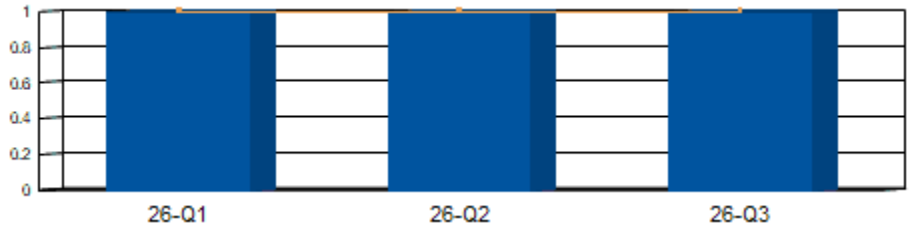
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

c. Develop confident, caring and capable leaders

Indicator: Launch leadership readiness program (Y/N)



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

Establishing a resilient and prepared workforce requires providing employees with defined opportunities for professional growth and advancement, with leaders serving a pivotal function in this process. Effectively engaging, supporting, and developing talent enhances our ability to fulfill organizational objectives and strategic priorities, underscoring the importance of cultivating and supporting capable leaders to ensure successful execution. Outlined third quarter initiatives included:

- Reviewing Peer Navigator Program including onboarding
- Design program for Connections Program (group mentoring)
- Assess new program redesigns and impacts
- Launch 4 OnDemand offerings, including expansion of This is How We …. Tools
- Launch Manager Forum sessions
- Expand Internal Career Development internal web page
- Move business case forward
- Design and Implement a Level of your Leadership session for newer People Leaders to attend
- Design another Certificate Program
- Create Quality Poster for Elevate and Inspire program
- Explore possibilities of digital transformation and AI and how it might impact the learning of new and emerging leaders
- Attend to elements that support psychological health & safety for new and emerging leaders
- Determine updates to the PA/PDP documents for the next 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

Four new courses were added in the quarter and the expansion of the leadership This is How We… tools continue to be assessed. As part of evaluating new programs a Quality Poster was created for the Elevate and Inspire program incorporating feedback. The SPARK leadership program for managers grew and is now incorporated into onboarding and is part of connections with other leaders for peer support and discussions. Goals for psychological health and safety were incorporated into the Global Workforce Survey team action planning and launched to leadership. The review of performance development processes occurred with a significant increase in compliance with their completion now over 50% in alignment with the OHA average. In addition to continuing to assess opportunities for enhancing digital tools, the updated supports have augmented experience for new leaders and staff exploring leadership.

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.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

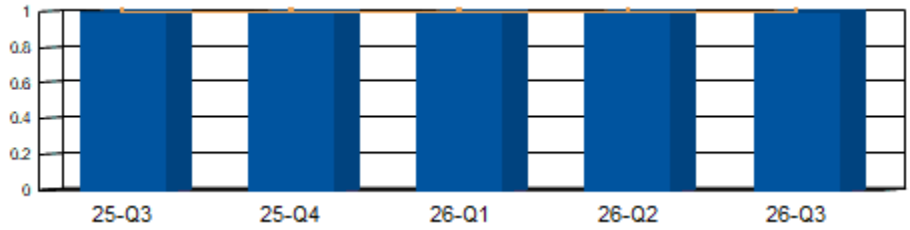
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 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
25-Q3	1	**1**
25-Q4	1	**1**
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

Complete. The FLA OHT works closely with several KHSC departments to achieve its objectives, including: Project Management Office, Decision Support, Emergency Department, Clinical Information Services, Technology Services, the Heart Function Clinic, the Pulmonary Function Laboratory, Division of Respirology, Division of Cardiology, and Ambulatory Care Clinics.

Staff across these departments and clinics remain engaged with the FLA OHT work this year, participating in working groups and contributing to OHT initiatives. The Project Management Office now provides oversight and training for two Project Managers who are fully allocated to OHT projects (Integrated Care Pathways and Primary Care Attachment, funded by the OHT). KHSC continues as the implementation site for CHF and COPD PROM and PREM collection and offers Rapid Access Clinics for urgent/high-risk individuals admitted for COPD/CHF. KHSC is the HIC for the Leading Project in Home Care, and for Integrated Care Pathways Enrolment reporting. KHSC's Heart Function Clinic continues their collaboration with the Frontenac County Community Paramedics to build their Hospital at Home program. KHSC stands ready to support FY25-26 priorities as directed by the Ministry of Health/Ontario Health.

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

Staff across these departments remain engaged with the FLA OHT work this year, participating in working groups and contributing to FLA OHT initiatives. KHSC continues as the implementation site for CHF and COPD PROM collection, offers Rapid Access Clinics for urgent/high-risk individuals admitted for COPD/CHF, and is the HIC for the Leading Project in Home Care. KHSC's Heart Function Clinic continues their collaboration with the Frontenac County Community Paramedics to build out their Hospital at Home program. KHSC stands ready to support FY25-26 priorities as directed by the Ministry of Health/Ontario 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. KHSC remains a strong participant in Ministry-directed OHT initiatives.

Definition: EVP - Fitzpatrick
MRP - Fitzpatrick
REPORTING COMMITTEE - Governance

Target: Target 25/26: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Prior Targets:
Target 24/25: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1
Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

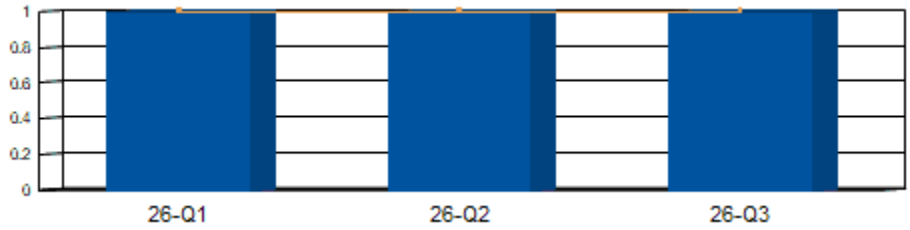
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 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: Evidence of effective identification, submission, and advocacy for critical break/fix and optimization needs at the regional level, and evidence of execution of agreed-upon plans



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

Within the local Lumeo operations governance structure, the use of our established intake and triage process for issue escalation processes and workflows continues ensuring that issues that can be managed locally are investigated and resolved, and break/fixes and patient safety concerns that require the Regional Lumeo Operations team oversight and involvement are escalated in a timely manner.

The CCIO and CMIO continue to represent KHSC at regional clinical advisory committees/councils and weekly check-ins with the Regional Lumeo Operations team advocating KHSC's priorities and needs. This advocacy is further supported by our leadership-level representatives who sit on the many specialty or discipline-specific Lumeo regional working 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

Through our local Lumeo governance structure, the organization continues to identify, locally prioritize, and escalate critical break/fix and patient safety concerns to the Regional Lumeo Operations team for further investigation and resolution.

The turnaround time by the Regional Lumeo Operations team on high priority issue resolution continues to be slow and impacted by regional resource capacity and competing demands. KHSC continues to voice concerns around prioritization of work, regional team resource capacity, attrition of skilled resources, and the effectiveness of the regional working 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, KHSC continues to collaborate with the Regional Lumeo Operations team on stabilizing the RHIS, identifying, advocating for, and escalating priority issues through established local and regional processes to support clinical operations. The Regional Lumeo Operations team's approach to prioritization of all work at hand (stabilization, optimization and projects) continues to be of top concern to KHSC.

Definition: EVP - Gamache-O'leary
MRP - Gamache-O'leary
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

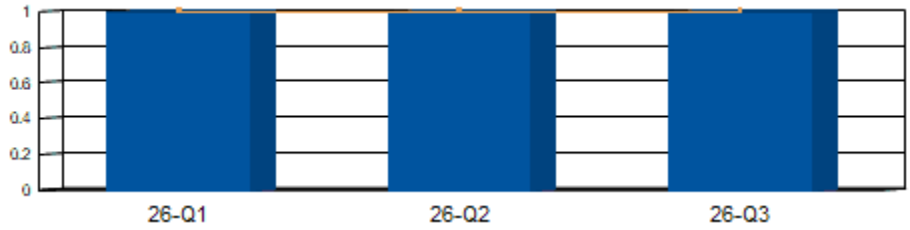
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 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 informatics team and Lumeo operational governance structure in place



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

KHSC's Clinical Informatics (CI) team continues to fill approved positions, working towards a fully staffed team in this first full year of operation.

Additional to establishing the CI team, using and honing the developed local Lumeo operations governance structure continues. This governance shapes how decisions are made, risks are managed, and accountability is maintained for Lumeo-related work across the organization, and in collaboration with the Regional Lumeo Operations team.

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

In this third quarter, October saw the onboarding of two new Clinical Informatics Leads – both incumbents external to KHSC bringing with them strong backgrounds in informatics and previous EMR implementations.

Additionally, the local Lumeo operations governance structure is now in place and being used and honed across the organization, committees/councils that make up the governance model are in place and the processes and workflows that would support decision making, issue escalation and risk management are being executed. The Medical Informatics Council and Local Lumeo Director's Council have bought been well attended and have shown good engagement of medical and clinical leadership across the organization.

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. For the CI team establishment, work for the fourth quarter will involve finalizing the Training Lead position and recruiting to the remaining vacant Trainer positions.

For the local Lumeo governance structure, the fourth quarter will focus on monitoring that the local governance model is functioning as intended and issues and escalations continue to flow from the organization to the Regional Lumeo Operations team in a timely manner for resolution.

Definition: EVP - Gamache-O'leary
MRP - Gamache-O'leary
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Kingston Health Sciences Centre

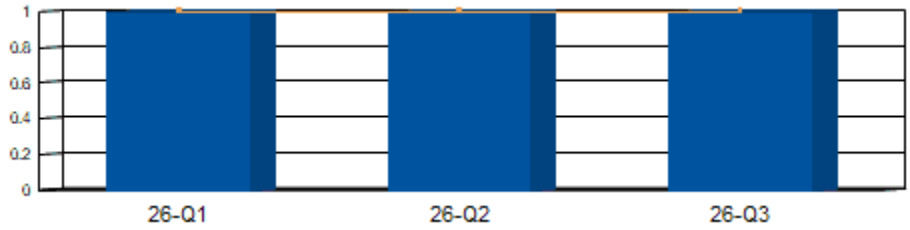
Centre des sciences de la santé de Kingston

Q3 FY2026 Strategy Performance Indicators Report

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

b. Discover and apply innovations that improve patient outcomes and make our communities healthy

Indicator: Approved plan for CAR T-cell therapy is in place (Y/N)



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

We have submitted a capital expansion project to the ministry to renovate K9 to increase CART capacity. Pending ministry approval.
We are onboarding a new CART product (Breyanzi) by end of this fiscal to expand the indications that we can treat.
Target achieved for this fiscal.

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

We have already achieved our projected volumes for CART for this fiscal (12).

Definition: EVP - Fitzpatrick
MRP - Fitzpatrick
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Kingston Health Sciences Centre

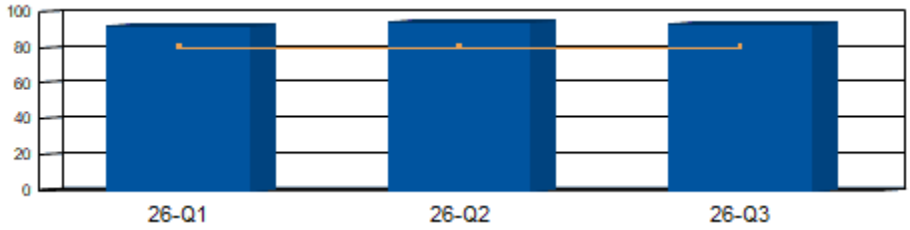
Centre des sciences de la santé de Kingston

Q3 FY2026 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: KHSC achieves 80% of total placement requests (Y/N)



	Actual	Target
26-Q1	92.00	**80**
26-Q2	94.00	**80**
26-Q3	93.52	**80**

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

KHSC views learning and education as an ongoing practice that we embrace and foster among our students, residents, staff, physicians and leaders. It is also our pipeline for recruitment.
With over 2,000 students/learners a year, placed at either the Kingston General Hospital or Hotel Dieu Hospital sites, we strive to be a leader in interprofessional education and work with our educational partners to plan and deliver a high quality learning experience for all members of our earning community. By nurturing this culture for the pursuit of knowledge, KHSC will remain on the leading edge of care and become a place where our people are constantly inspired to learn, discover and want to work.
It is imperative that we create the capacity for as many students placement opportunities at KHSC.

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

We aim to accept and accommodate at least 80% of our total requests for student placements. While some students come to us from nearby schools such as Queen's University and St. Lawrence College, we also place students from across the country. KHSC will accept students from Canadian accredited colleges and universities, independent accredited business schools/colleges, and other health care centres and agencies. We have over 70 affiliation agreements and growing.

There are serval factors that contribute to us declining placement requests, such as clinal workload/demands on staff, aligning resources with staffing and matching students with the appropriate preceptors. However, KHSC has made new efforts to strategically plan and accommodate to meet our educational mandate and support our educational partnerships.

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. In Q3 KHSC received a total of 432 Requests for student placements. We approved 404 (93.52%) and declined 28 (6.48%). We surpassed our 80% target.

Definition: EVP - Gillies
MRP - Gillies
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: 80% Perf. Corridor: Red <55% , Yellow 56% - 79% , Green 80% - 100%

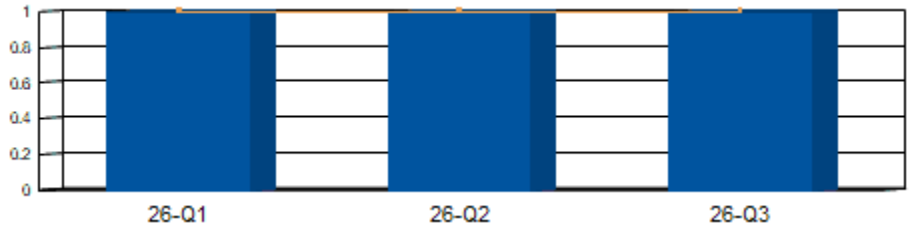
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q3 FY2026 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: Implementation project meets quarterly milestones (Y/N)



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**

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

Collaboration to review and finalize the strategic plan is underway. Review of tag lines, signage, branding templates and web redesign is ongoing.

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 team is targeting end of fiscal year to have the strategic plan completed, templates completed and available for use and ongoing work to update and revitalize the website with new material and new logo.

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 - Smith
MRP - Smith
REPORTING COMMITTEE - Research

Target: Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Kingston Health Sciences Centre

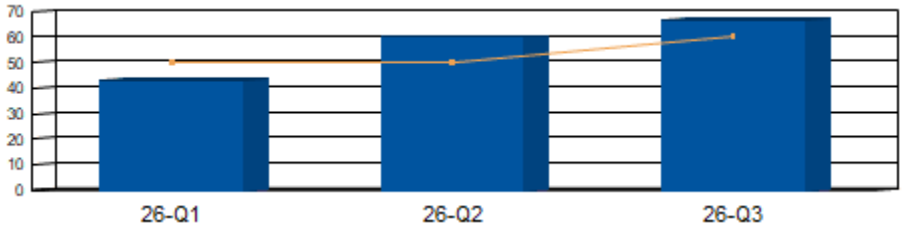
Centre des sciences de la santé de Kingston

Q3 FY2026 Strategy Performance Indicators Report

5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families, providers and staff

a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC

Indicator: Percentage of current KHSC employees who have completed foundational inclusion training



	Actual	Target
26-Q1	42.75	**50**
26-Q2	60.00	**50**
26-Q3	67.00	**60**

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

The Integrated Inclusion Framework (IIF) was created to expand our efforts in diversity, equity, and inclusion, placing renewed emphasis on patients, families, and the community. By taking a more unified approach, we can address key gaps affecting both staff and patients. This framework guides inclusion work throughout KHSC, making it easier to measure progress, focus initiatives, evaluate results, coordinate actions, and foster a welcoming, supportive environment for everyone who visits or works with us. Q3 tactics included:

- Update bilingual signage
- Support French speaking SCG
- Policy finalization of FLS, inclusion.
- Review and monitor completion rates of Foundations course assignment
- Data review and analysis
- Engage interest holders in data collection discussions
- Participate in community activities to promote communication of framework
- Update website with information and improvements
- Promote activities as it relates to framework
- Review opportunity for Indigenous Elder support
- Grow education and training with focus on leaders
- Look for opportunities to integrate into other corporate priorities i.e. Psychological H&S Framework, Patient stories

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 IIF Actions included the completion of a mandatory Foundations for Inclusion course for all employees to level-set knowledge and understanding. At the end of Q3 we were close to the 70% target at a 67% completion rate which translates into 3,965 people. A bilingual HDH map was created, and bilingual signage went up including ones that signal the availability of interpreter services. These signs also were communicating other languages and dialects that represent our community that comes to KHSC such as Cree. An educational pamphlet for patients and families was created by a working group relating to the question asked at registration if a person identifies as Indigenous. The Indigenous Cultural Safety foundations course was finalized and set for roll out in the next fiscal year. Access to Indigenous Elders was secured from Spiritual Health and investigation for possible funding sources to support an Indigenous corporate position. Participation by KHSC in the francophone community fair, Franco-Foire occurred for the first time and had a member of the Francophone and French speaking Staff Community Group in attendance.

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

Yes, we are on track.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 25/26: (Q1 >= 30%, Q2 >= 40%, Q3 >= 60%, Q4) Perf. Corridor: Red (Q1 <10%, Q2 <20%, Q3 <30%, Q4 <40%) , Yellow (Q1 >=10% to <20%, Q2 >=20% to <30%, Q3 >-30% to <40%, Q4 >=40% to <50%) , Green (Q1 >= 30%, Q2 >=40%, Q3 >=50%, Q4 >=60%)

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q3 FY2026 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