fiscal 2025-2026 **Q2**

2nd quarter ended September 30, 2025

KHSC this quarter

Strategy Performance Report

Hôpital Hotel Dieu Hospital

Hôpital Général de Kingston General Hospital

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

KHSC Strategy Performance Report Fiscal 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

Q2 FY2026 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	25-Q2	25-Q3	25-Q4	26-Q1	26-Q2
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	G	Y	Y	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	N/A	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	N/A	G	G
		Urgent home care cases addressed within 24 hours for Loyalist FHT patients	N/A	N/A	N/A	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	N/A	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	N/A	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	N/A	Y	Y
	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	N/A	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-Q2	25-Q3	25-Q4	26-Q1	26-Q2
		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	N/A	G	G
		KHSC informatics team and Lumeo operational governance structure in place	N/A	N/A	N/A	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	N/A	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	N/A	G	G
		Implementation project meets quarterly milestones (Y/N)	N/A	N/A	N/A	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	N/A	G	G

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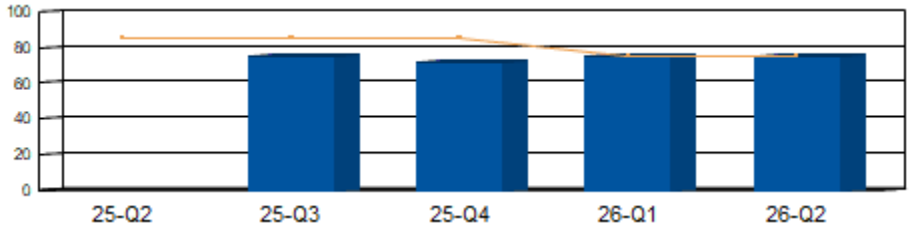
Q2 FY2026 Strategy Performance Indicators Report

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

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

Monitoring and socialization continue on new BCMA workflows. More targeted interventions at the unit and/or user level can be 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 can see their unit's performance in comparison to other areas. Clinical Informatics team, particularly the training team, can 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

Q2 data showed an average of 75.2% conformance with BCMA, trending slightly up from last quarter. Troubleshooting of clinical workflow or technical related issues that can impact this KPI continue across the organization. Factors influencing Q2 results include technical issues with handheld devices and wired/wireless barcode scanners, a few unplanned downtimes, discrepancies or missing medications from the drug formulary, functional limitations of the handhelds devices (awaiting Oracle Health application fixes) and user error.

More targeted interventions at the unit and/or user level are becoming apparent as data is being drilled down to these levels to troubleshoot low compliance with approved workflows. ED has been identified as an area with low compliance - remediation training sessions and system break/fixes have been identified to improve handheld usage to support BCMA workflows in this area and planning is underway to carry out these activities with the ED leadership, CI, and Professional Practice teams.

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 third quarter, an ED targeted remediation initiative will be conducted.

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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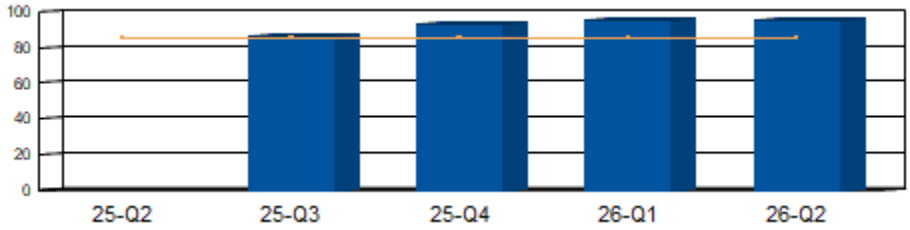
Q2 FY2026 Strategy Performance Indicators Report

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

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

Monitoring and socialization continue for CPOE workflows. Targeted interventions at the user level can be 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

Q2 data showed an average of 95.3% conformance with CPOE. 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 third 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

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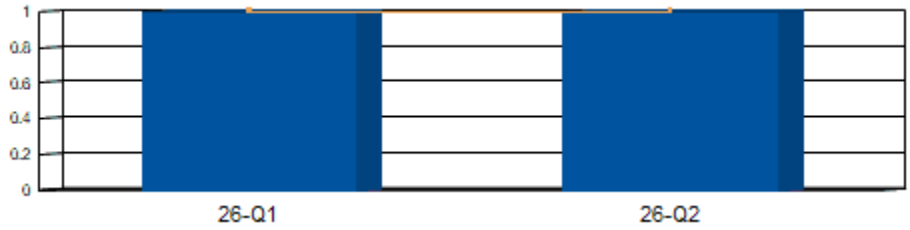
Q2 FY2026 Strategy Performance Indicators Report

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**

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

40% ROP Compliance - performance as expected. 100% compliance expected in Q4. Being conservative in compliance standards to ensure we are meeting the required standards.
76% HP compliance - performance as expected. Ongoing work to make sure we meet the HPP standards before accreditation

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 - 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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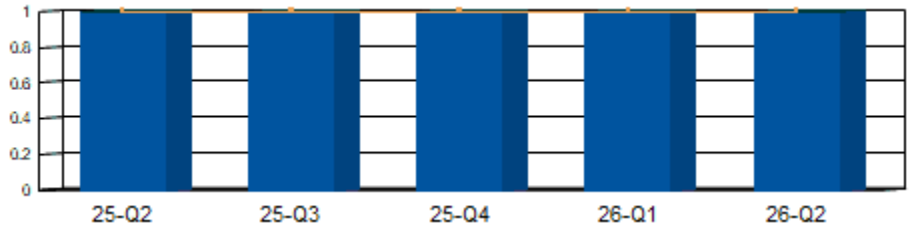
Q2 FY2026 Strategy Performance Indicators Report

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

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

The hospital is actively working on an internal financial sustainability project that is looking at opportunities for financial savings that don't have a negative impact on the delivery of patient care. Benchmarking data has been prepared for every area and is with leadership for review but there have been some early opportunities identified in the areas of reduction of overtime and use of agency staff.

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

Yes, plans are in place to improve deficit towards a break-even operating position.

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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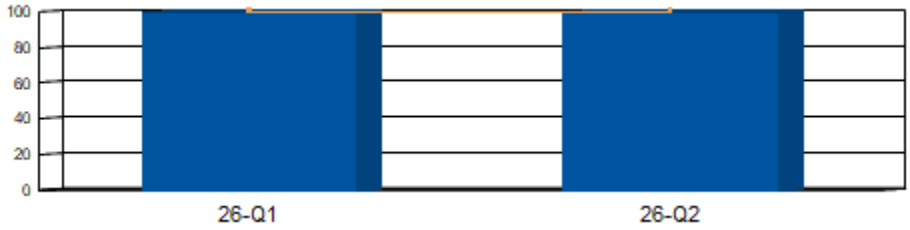
Q2 FY2026 Strategy Performance Indicators Report

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**

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

- 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
- 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.
- All LPs working with central OHatH and MOH on provincial strategy to re-approach patients who did not provide consent to transition (e.g. implied consent process).
- FLA LP met with Anna Greenberg on Oct 14th for a project update. Included discussion on the project and central approach to existing/ old model patients who did not transition. No change in provincial direction at this time.
- Cumulatively 125 patients have been admitted to the FLA LP from go-live to end of Q2, 57 were admitted in Q1 and 27 admitted in Q2 .

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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Q2 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**

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

There were no reported urgent home care cases in Q1 or Q2.

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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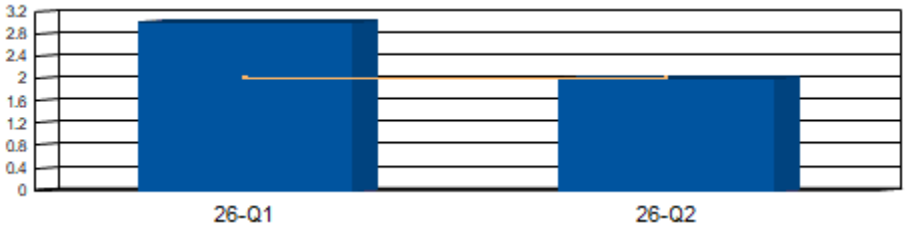
Q2 FY2026 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: 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**

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

COPD Clinic time is set aside (At least 1 day / month) in both Napanee and Kingston for rapid referrals from ED, or escalations from primary care.

56% of all referred CHF patients were seen by HF specialist. 34% have appt date pending and 9% cancelled the appt.

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 - 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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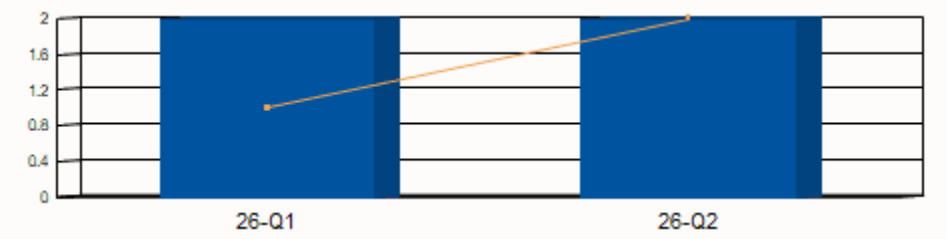
Q2 FY2026 Strategy Performance Indicators Report

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**

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 advisor led grand round completed in the cancer program. A caregiver shared her powerful story and insights providing a patient and family perspective on trauma informed cancer care. The CMAJ article she wrote on this topic was shared broadly across the organization and region.
Patient story of an individual who is blind and has hearing loss was shared at KHSC Patient and Family Advisory Council. Terry Shi, Inclusion Advisor, attended the meeting and is interested in exploring ways to partner with the patient for educational purposes. The patient has been invited to join the KHSC Accessibility Committee.
Recording for two programs and October PCQC completed and will be shared in Q3.
Patient advisor stories shared at six 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 to meet the objective.

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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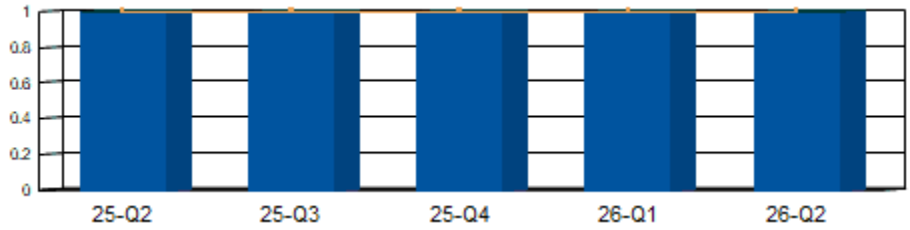
Q2 FY2026 Strategy Performance Indicators Report

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

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

We continue to work closely with the Ministry to advance our approvals through Treasury Board and to highlight the critical infrastructure risks currently facing KHSC. As part of our proactive approach, advanced planning for key enabling and bridging projects is already underway. In parallel, long-term planning for the new site, including the comprehensive Redevelopment Strategic Plan, has been submitted to the Ministry, aligning with the overall objectives of this initiative.

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

For the current quarter, significant progress has been achieved toward our capital planning objectives. Stage 2.3 and 3.1 submissions for both the Emergency Power and Fire Alarm System projects have been completed, and the Fire Alarm System tendering process has successfully closed. In addition, Stage 1.2 for the Emergency Department Expansion has been finalized. We are now working with the City to complete geotechnical locates and other initial site surveys to support overall site readiness. Additionally, the workflow optimization process for the Emergency Department upgrades has been initiated in collaboration with Stantec Consulting. Clinical teams are actively engaged in this process to develop the most efficient functional flow and layout for the future Emergency 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

On track to meet the objective by year end.

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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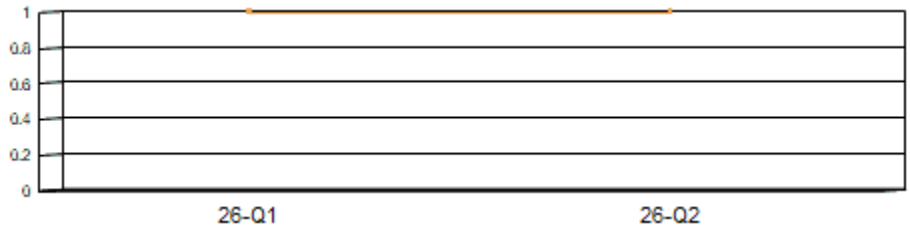
Q2 FY2026 Strategy Performance Indicators Report

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

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

As part of the organization's 2025–26 Psychological Health & Safety (PHS) Action Plan, 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 Q2, the PHS risk assessment questions were finalized and the Team Action Plan developed. Leadership sessions to introduce the PHS risk assessment and identify requirements for a Team Action plan were organized for early Q3.

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, deadline for Leaders to complete their PHS risk assessments and develop their Team Action Plans is Dec 1st, 2025.

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

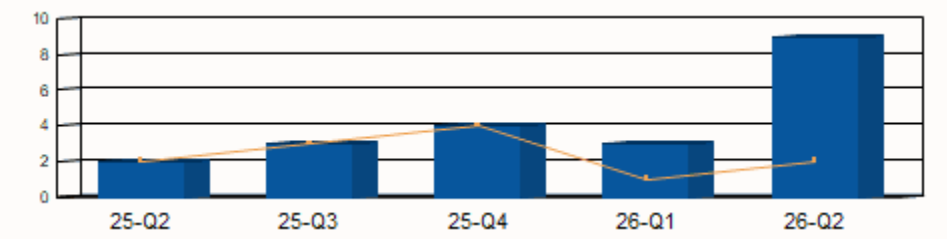
Centre des sciences de la santé de Kingston

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

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

Held cost-free ACLS and PALS programming to nursing and respiratory therapy staff to build skills and competencies in caring
Held Charge Nurse education to train novice nurses to the Charge Nurse role.
GPA was multidisciplinary and the remainder were nursing. We added GPA and our new workshop recognizing and responding: managing clinical deterioration workshop.

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

13 staff were captured for ACLS certification
6 staff were captured for PALS training
20 staff for the Charge Nurse Workshop
23 Staff for the GPA training
11 Staff for Recognize and Respond workshop

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. New training opportunities will be rolled out in the fall including cross-training of MHAP nurses to Medicine, Perinatal Nurses to Pediatrics and Skills Day for Critical Care nurses.

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.

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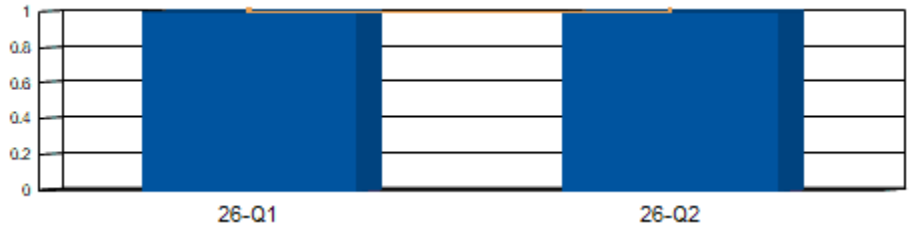
Centre des sciences de la santé de Kingston

Q2 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**

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

To build a resilient, prepared workforce, we must equip staff with clear pathways for development and advancement, and leaders play a vital role. Engaging, supporting, and growing talent directly impacts our capacity to deliver on our mandate and strategic goals which reinforces the need for developing and supporting a strong cadre of leaders as a key to strong execution. Outlined first quarter initiatives included:

- Launch 4 OnDemand offerings, including expansion of This is How We …. Tools
- Expand Internal Career Development internal web page (additional career paths and addition of qualifications and education requirements)
- Formalize Peer Navigator Program including onboarding
- Design program for Connections Program (group mentoring) and do a pilot session
- Build draft business case for new LMS, Performance & Goals, and/or Succession Planning
- Determine updates to the PA/PDP documents for the 2026/27 fiscal year
- Create communication plan for leadership and professional development assets
- Attend to elements of the operational plan that support psychological health & safety for new and emerging leaders
- Assess new program redesigns and impacts

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 and programs for learning and development were completed and launched. This included the further expansion of the leadership This is How We… tools. Further feedback and communication enhanced on the new certificate programs, Exploring Leadership. Greater promotion occurred with the launch of the Career Development, Professional Development and Onboarding internal web pages. The digital tools to support performance development processes were reviewed and assessed alongside the current documents with an eye to further augmenting the leader and staff experience.

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

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

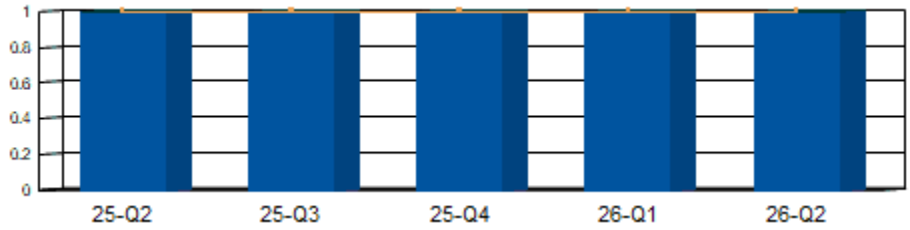
Centre des sciences de la santé de Kingston

Q2 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-Q2	1	**1**
25-Q3	1	**1**
25-Q4	1	**1**
26-Q1	1	**1**
26-Q2	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, Strategy Management and Communications, Performance Management (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.

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, we are on track to meet this objective.

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%

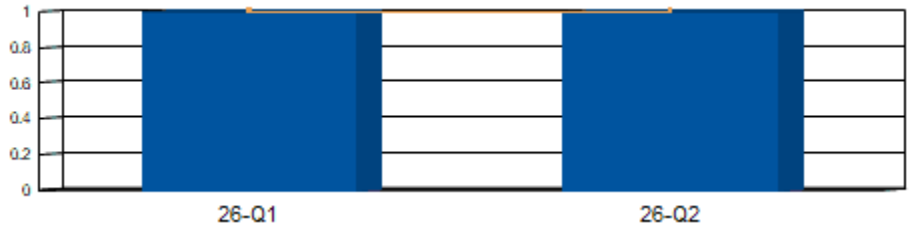
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q2 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**

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 specialties 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 has been able to successfully identify, 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 has been slow. 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 work 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

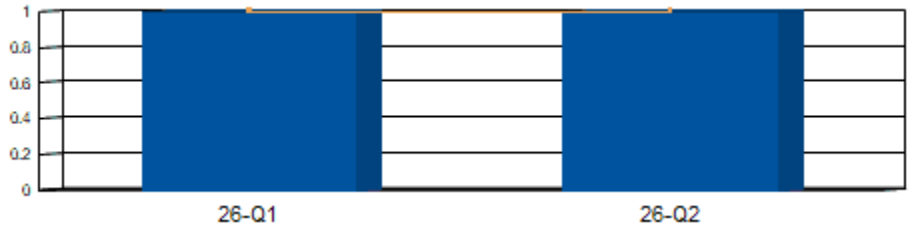
Centre des sciences de la santé de Kingston

Q2 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**

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

KHSC's Clinical Informatics (CI) team continues to hire staff into identified positions since approval to stand up this inaugural team was received at the onset of the fiscal year. Focus this quarter was on the creation of the Clinical Informatics Lead role including the development of the job description, a classification exercise with the Total Rewards team, recruiting for the position, and identifying successful incumbents.

Additional to establishing the CI team, designing and forming a local Lumeo operations governance structure has been undertaken. This governance will shape 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 second quarter, positions/roles recruited included: Clinical Informatics Leads. Work is also in progress to recruit Medical Informatics Leads, representing each department/division across medical specialties, to support provider RHIS needs.

Additionally, work continued on the design of the local Lumeo operations governance structure, finalizing committees/councils required and the processes and workflows that would support decision making, issue escalation and risk management. The Medical Informatics Council conducted it's first meeting as a council in September.

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 third quarter will involve creation of the Trainer role which will include the development of the job description, a classification exercise with the Total Rewards team, recruiting for the position, and identifying successful incumbents for these 3 new roles.

For the local Lumeo governance structure, the third quarter will ensure the governance is fully functional 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

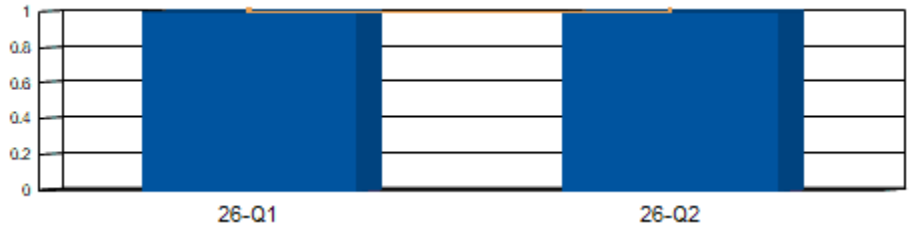
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q2 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**

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

Working group meeting bi-weekly and a strong quality management plan remains in place.

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

8/12 CARTs approved.
One of two CAR-T products that we were exploring was not provincially funded. We continue to explore potential use of the other product.

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 to meet the objective by year end and anticipate that we will exceed our objective for this fiscal year.

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

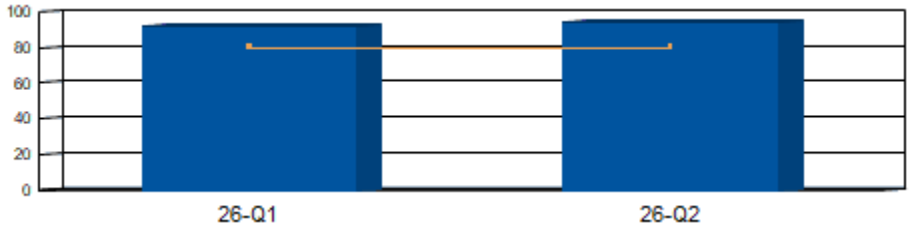
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q2 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	**80**
26-Q2	94	**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 student 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 Q2 KHSC received a total of 418 Requests for student placements. We approved 392 (94%) and declined 26 (6%). 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%

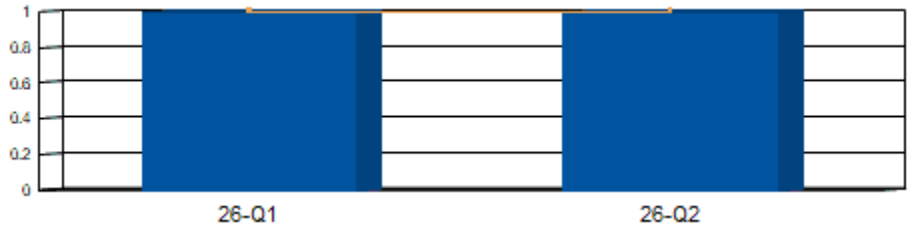
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q2 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**

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

engagement sessions, working sessions and team engagement sessions have occurred. The draft strategic plan is scheduled to be presented to the board November 2025. The new KHSC RI logo was approved by the board October 2025.

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

Rebranding was initiated in spring 2025. The legal name change to KHSC - RI has occurred, the new Logo has been approved and the teams are working to update the website with new content and update forms with the 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

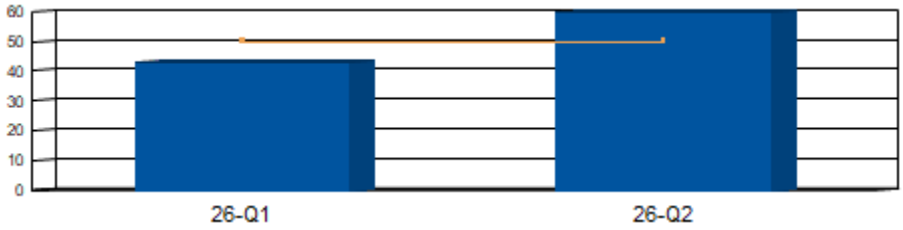
Centre des sciences de la santé de Kingston

Q2 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**

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

Development of the Integrated Inclusion Framework (IIF) was to better broaden the scope of our diversity, equity, and inclusion efforts outward with a renewed focus on our patients, families, and our community. This more integrated approach reflects more cohesive efforts to address identified priority gaps that crossover between staff and patients. This anchor for inclusion work across the organization also enables us to better measure progress, target initiatives, assess outcomes, align effort, and ensure a welcoming, supportive, and inclusive environment for all who come to KHSC. Q2 tactics included:

- Website improvements including translation
- Communication of FLS obligations and supports
- Augment website to broaden inclusion scope and initiatives communicated externally
- Review and pursue VOYCE improvements or upgrades
- Review and monitor completion rates of Foundations course assignment
- Data review and analysis
- Indigenous art installations and increase awareness
- Completion of Indigenous cultural safety course
- Engage regional partners in data collection discussions
- Update bilingual signage
- Lay the groundwork for potential French speaking SCG
- Participate in community activities to promote communication of framework
- Policy finalization of FLS, inclusion.
- Improve language collection
- Launch SAFE/Leader conduct training including racism data call out

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 rollout and communication of the IIF continued internally and externally with a focus on the 2025-26 Actions. These Framework Actions demonstrate a crossover in improvement between several bundles with the focus on inclusion education as a mandatory training which also supports the Quality Improvement Plan, greater knowledge and understanding of Indigenous cultural practices, improving French Language Services, and focusing on data collection. At the end of Q2, 60% of all staff completed the Foundations of inclusion course with 100% of new hires being assigned the course during onboarding. The Indigenous cultural safety course development had consultation with more partners (Queens) and the commissioned Indigenous Art was unveiled. Communication and education regarding the Indigenous Cultural Practices policy coincided with National Day for Truth and Reconciliation. The Global Workforce Survey results were rolled out which included collection of demographic data for staff and Further exploration of patient demographic questions in Lumeo was a focal point throughout the quarter. A Francophone student assisted in providing education on units and through leaders for awareness and learning related to French Language Services active offer and a new Francophone and French speaking Staff Community Group was launched alongside promotion of Franco-Ontarian Day in September. In addition, the FLS signage project was completed with improved directional, interpreter services signs and a bilingual map at the HDH site.

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

Q2 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