fiscal 2024-2025 **Q4**

4th quarter ended March 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 2025

KHSC Strategy Performance Report Fiscal 2025

Strategic Direction 4

Launch KHSC as a leading centre for research and education

Outcome: Foster a culture of teaching, learning, research and scholarship

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

Corporate Strategy Performance Report:

Indicator Quarterly Status Summary

Fiscal Year

Multiple selecti...

	Fiscal Year	23/24		24/25			
Strategic Direction	Indicator	Q3	Q4	Q1	Q2	Q3	Q4
1. Ensure quality in every patient experience	12 Patient stories shared with programs (4 through EDI lens)			G	G	G	G
	Adoption KPI 1: Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target			G	G	Y	Y
	Adoption KPI 2: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target			G	G	G	G
	Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)			G	G	G	G
	Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N			G	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
	Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs)			Y	Y	Y	G
2. Nurture our passion for caring, leading and learning	Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)			G	Y	G	G
	Number of cross-training events that take place			G	G	G	G
	Number of new learning activities implemented			G	G	G	G
3. Improve the health of our communities through partnership and innovation	Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N			G	G	G	G
	KHSC participates in Ministry-directed OHT initiatives Y/N	G	G	G	G	G	G
	Lumeo project quarterly milestones specific to KHSC are met Y/N			Y	Y	Y	G
4. Launch KHSC as a leading centre for research and education	Plan to create structure for continuing education meets quarterly milestones Y/N			G	G	G	G
	Research strategy development project meets quarterly milestones Y/N			G	G	G	G
5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families, providers and staff	Plan to create an integrated inclusion framework meets quarterly milestones Y/N			G	G	G	G

Kingston Health Sciences Centre

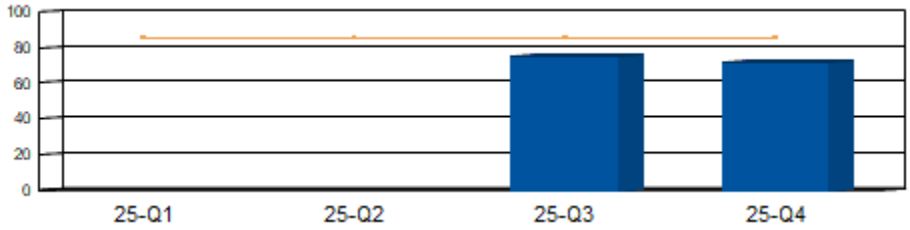
Centre des sciences de la santé de Kingston

Q4 FY2025 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-Q1		**85**
25-Q2		**85**
25-Q3	75	**85**
25-Q4	72	**85**

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

BCMA target measure/formula is as follows: percentage of administered medications that had received validation by barcode scan. This measure/formula includes all medications that are reflected on the Medication Administration Record (MAR) including those with a known exemption; however, it does not include areas/clinical units with known exemption to BCMA.

Q4:
• At time of go-live, daily huddles by command centre stakeholders and key organizational leaders to monitor trends and provide guidance as to which operational leaders/teams should be informed and follow up on areas of concern with respect to adherence to workflows.
• Determine need for additional training or support for areas of concern, to boost uptake and compliance.
• Troubleshoot device, network, and application issues that may contribute to inability to barcode scan medications and follow approved workflows.

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

Monitoring and socialization continued new BCMA workflows upon go-live. Q4 data showed an average of 72% conformance with BCMA. This early data is subject to review and removal of facility units that are not appropriate to be included in this indicator monitoring. Preliminary, informal removal of units/locations not appropriate, show indicator performance higher. Other factors influencing Q4 results include technical issues with handheld devices and wired/wireless barcode scanners, system network latency issues shortly after go-live, a few unplanned downtimes, discrepancies or missing medications from the drug formulary, patient armband readability issues, and user error.

Q4 was the first full quarter since go-live and clinical activity ramped up to represent closer to normal patient volumes and staff volumes. More users were in the system and working with this new workflow, contributing more heavily to this indicator's performance than in the previous quarter.

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

Q4 adoption KPI data is the first full quarter since go-live showing good uptake of this new workflow. There is further refinement needed going into next year to formally remove units/locations from this data pull for units that are an exception to BCMA. Early adoption data was used cautiously to guide focused intervention and remediation for units/location showing lower scan rates compared to peer units/locations. Early technical issues (devices, network and applications) have been largely resolved. Next year, with a cleaner data pull, technical issues resolved and end-users comfortability with the system and new workflows increasing - we anticipate continual improvement in this indicator. We will continue to monitor this indicator, focus in on high and low performing areas to understand what's working well and what may still pose challenges, and work with clinical leaders, clinical learning specialists and the professional practice team, and super users within the clinical areas to increase conformance to this gold-standard workflow.

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

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

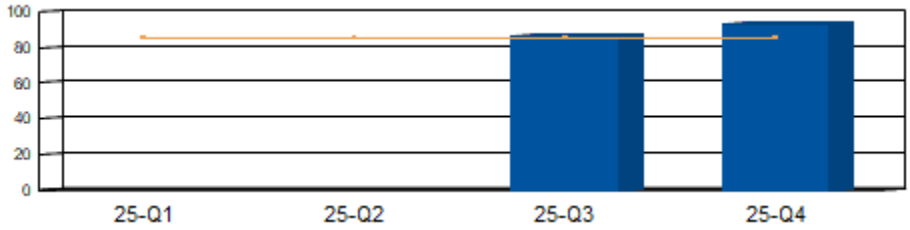
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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-Q1		**85**
25-Q2		**85**
25-Q3	86	**85**
25-Q4	93	**85**

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

CPOE target measure/formula is as follows: percentage of all provider-driven orders that are placed by the provider. The numerator being all orders placed by the provider or which do not require provider signature (i.e., medical directives) and the denominator being all orders.

Q4:
• At time of go-live, daily huddles by command centre stakeholders and key organizational leaders to monitor trends and provide guidance as to which operational leaders/teams should be informed and follow up on areas of concern with respect to adherence to workflows.
• Determine need for additional training or support for areas of concern, to boost uptake and compliance.
• Troubleshoot device, network, and application issues that may contribute to inability to barcode scan medications and follow approved workflows.

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

Monitoring and socialization continued new CPOE workflows upon go-live. Conformance was monitored and discussed during daily command centre huddles, physician advisory council meetings, and leader rounding. Q4 data showed an average of 93% conformance with CPOE. This early data is subject to review and removal of facility units that are not appropriate to be included in this indicator monitoring. Other factors influencing Q4 results include: system network latency issues shortly after go-live, a few unplanned downtimes, and user error.

Q4 was the first full quarter since go-live and clinical activity ramped up to represent closer to normal patient volumes and staff volumes. More users were in the system and working with these new workflows, contributing more heavily to this indicator's performance than in the previous quarter.

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

Q4 adoption KPI data is the first full quarter since go-live showing very good uptake with CPOE. Early adoption data has helped guide focused intervention and remediation for clinicians who are showing lower order entry compliance compared to peers. Next year, with end-users comfortability with the system and new workflows increasing - we anticipate this indicator performance to continue strong. We will continue to monitor this indicator, focus in on high and low performing clinicians to understand what's working well and what may still pose challenges, and work with clinical and medical leadership, and super users within the clinical areas to increase conformance to CPOE.

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

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

Kingston Health Sciences Centre

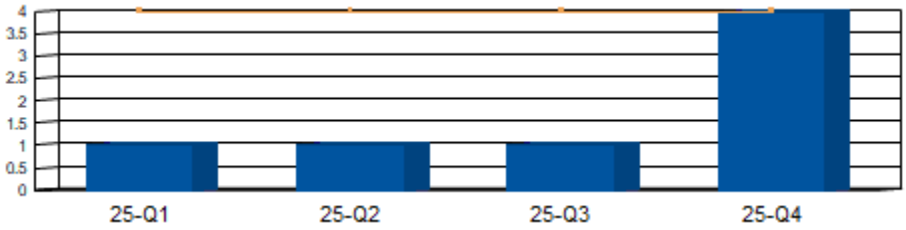
Centre des sciences de la santé de Kingston

Q4 FY2025 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Self-assessment completed on four accreditation standards (Leadership, Governance, Emergency & Disaster Management Standards and all ROPs)



	Actual	Target
25-Q1	1	**4**
25-Q2	1	**4**
25-Q3	1	**4**
25-Q4	4	**4**

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

The self-assessments were completed this quarter - Q4. Given the demands of the Lumeo implementation, we were mindful of leadership bandwidth and priorities, and intentionally planned to roll out the Accreditation self-assessments after the Lumeo launch at the end of January and were completed this quarter

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 met the target this quarter as all four self assessments were completed

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

Yes, we have met the objective

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

Target: Target 24/25: 100% Perf. Corridor: Red: 0 standards assessed, Yellow: 1-3 standards assessed, Green: 4 standards assessed

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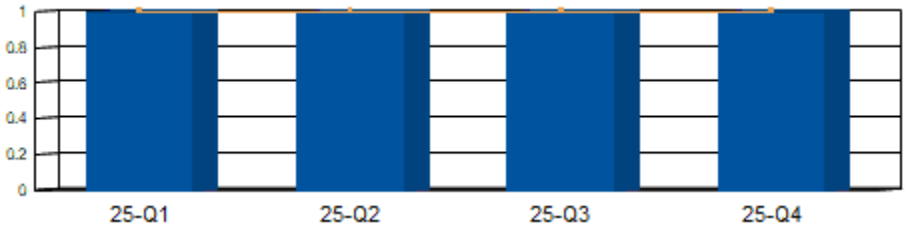
Indicator: Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N



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

As the result of base funding adjustments for the ongoing impact of the repeal of Bill 124, and the impact of prior year reconciliations for volume and COVID funding there was a positive impact to the bottom line for fiscal 2025/26.

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

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

Kingston Health Sciences Centre

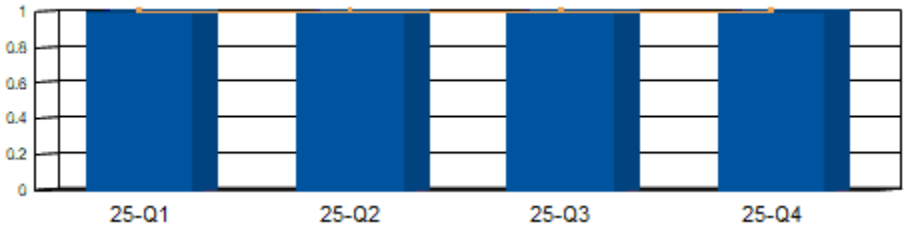
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Integrated clinical pathways development project meets quarterly milestones for COPD and CHF (Y/N)



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

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

Complete. The Integrated Clinical Pathways for COPD and CHF met all milestones for 2024-2025, with very encouraging data emerging from local implementation sites and the Ontario Health ICP Dashboard (system KPI tracking). Ontario Health Q1-3 data for both pathways indicate significant reductions in ED visits, admissions and readmissions, with Q4 data pending.

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

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

Kingston Health Sciences Centre

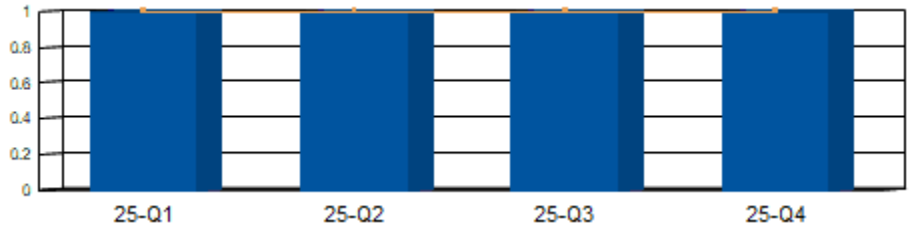
Centre des sciences de la santé de Kingston

Q4 FY2025 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Lead the evolution of people-centred care

Indicator: 12 Patient stories shared with programs (4 through EDI lens)



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

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

12 Patient Stories shared with programs (4 to reflect EDI)

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

Shared patient stories at two Patient Care Quality Committee meetings which aligned with the programs presenting - Ininew Patient Services and Patient Relations. Both stories shared perspectives through diversity, equity and inclusion lens. One indigenous individual and her family member's lens from remote community shared experience with Ininew Patient Services. Also shared the story of a mom of an autistic child's experience in the ED. Recorded two new patient experience stories for sharing in Q1 of next fiscal year.
Patient stories shared at six new employee welcome sessions emphasizing the importance of every new employee's role in the patient experience and sharing gratitude for their future contributions to our culture of Patient and Family Centred Care.

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. Objective was met for this year.

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

Target: Target 24/25: 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

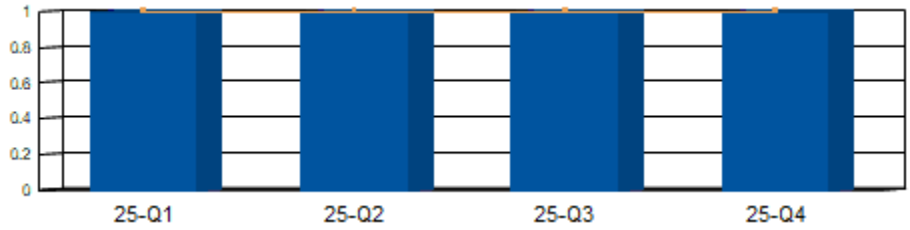
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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-Q1	1	**1**
25-Q2	1	**1**
25-Q3	1	**1**
25-Q4	1	**1**

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

In alignment with Ontario's health system priorities and fiscal strategy, Kingston Health Sciences Centre (KHSC) is advancing a two-phase hospital redevelopment program designed to meet immediate service demands while building a foundation for long-term transformation. Phase One focuses on a series of strategically scoped bridging projects that will ensure continuity of care, uphold patient safety, and support ongoing clinical operations. These projects also set the stage for Phase Two—a full-scale new hospital redevelopment that will modernize infrastructure and expand care capacity for the future. KHSC has submitted all required documentation to the Ministry of Health (MOH), including the Preliminary Capital (Pre-Cap) submission for the bridging projects. The redevelopment plan received formal endorsement from Ontario Health on April 7, 2025. Planning activities for selected bridging projects are underway. KHSC is now awaiting final approval and funding direction from the Ministry of Health to proceed with implementation.

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

KHSC is now awaiting final approval and funding direction from the Ministry of Health to proceed with implementation of the Phase 1 redevelopment program.

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 this objective, pending MoH funding approval. In the event of a delay from MoH, alternate plans to advance critical bridging projects are also being developed.

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

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

Kingston Health Sciences Centre

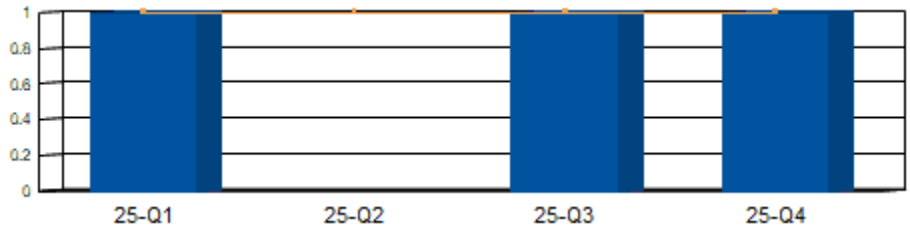
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Development of a Psychological Health & Safety framework and strategy meets quarterly milestones (Y/N)



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

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

Q4 goals were to develop a Psychological Health & Safety (PHS) strategic framework to guide our advancement of PHS at KHSC and a corresponding Action plan for implementation 2025-26.

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 PHS strategic framework was developed with 4 strategic directions and desired outcomes with a corresponding PHS Action Plan identifying 15 specific deliverables to advance PHS in the 2025-26 year.

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- complete

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

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

Kingston Health Sciences Centre

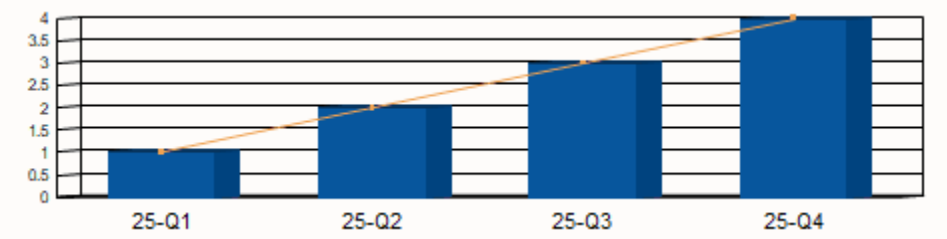
Centre des sciences de la santé de Kingston

Q4 FY2025 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-Q1	1	**1**
25-Q2	2	**2**
25-Q3	3	**3**
25-Q4	4	**4**

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

A number of education events were held to support upskilling of staff. The following sessions were offered 1) Advanced Cardiac Life Support, 2) Pediatric Advanced Life Support, 3) Gentle Persuasive Approaches and 4) Charge Nurse 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

In quarter 4, 22 nursing staff were captured for ACLS education/certification, 6 staff were captured for PALS education, 35 staff received training and certification in gentle persuasive approaches and 19 nursing staff received Charge Nurse training through the Charge Nurse 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.

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

Target: 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.

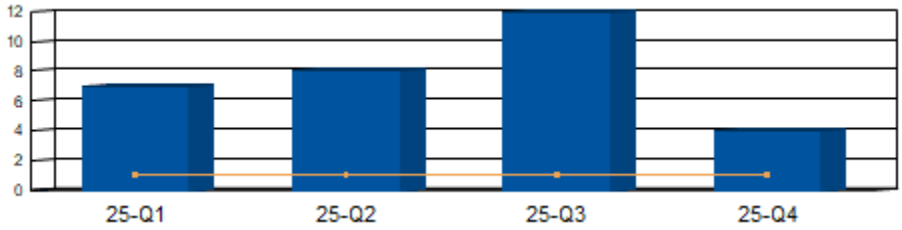
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

c. Develop confident, caring and capable leaders

Indicator: Number of new learning activities implemented



	Actual	Target
25-Q1	7	**1**
25-Q2	8	**1**
25-Q3	12	**1**
25-Q4	4	**1**

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

Retention remains an area of focus so we continued to support our internal talent by preparing them for future roles and increasing access to opportunities. Fourth quarter (Q4) tactics involved much of this preparation including:

Launching several prepared programs and tools
Create internal “career fairs” for awareness
Designing education successions for leaders around performance development

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 on-demand program designed for new people leaders under the banner ‘This is How People Leaders…’ continued to grow (more than 15 courses). Giving Effective Feedback, Effective Feedback Strategies for Leaders, Receiving and Seeking Feedback were courses released to support the performance development and assessment processes. Emotional Intelligence was also updated. In addition to retention, succession planning was supported such as the updated design of the frontline leadership program which was completed and launched, now known as Explore and Inspire: Developing Frontline Leaders and a redesign was similarly completed for aspiring leaders (Exploring Leadership: So you want to be a leader?) to be launched in May. An internal career fair was conducted in Critical Care. The career pathway development webpage was designed and completed for launch in the new fiscal year. Communication and discussion have occurred at leader meetings and one on ones.

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 achieved the objective.

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

Target: 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.

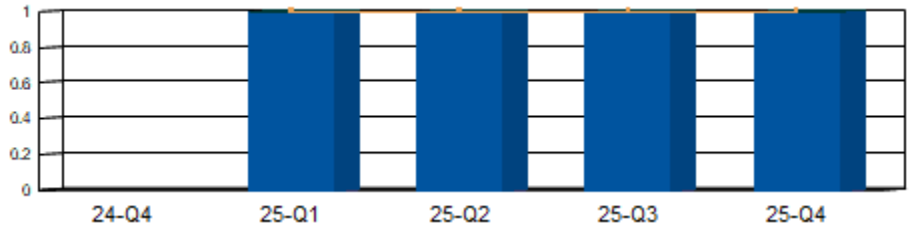
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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
24-Q4		
25-Q1	1	**1**
25-Q2	1	**1**
25-Q3	1	**1**
25-Q4	1	**1**

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

Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the Frontenac, Lennox and Addington Ontario Health Team (FLA OHT) that would provide fully integrated health care to the attributed population in its counties. Through OHTs, Ontarians can expect to receive comprehensive and coordinated care wherever they interact with the health system that is suited to their needs. Patients will experience easier transformations from one provider to another, with one patient record and one care plan, right in their own communities.
KHSC is a key partner contributing to the implementation of the Ministry-directed OHT initiatives, including the Integrated Clinical Pathways projects, System Navigation, Palliative Care, Integrated Mental Health and Substance Abuse Health, Home Care Readiness, Primary Care Networks, and the OHT Digital Plan. The FLA OHT works closely with several KHSC departments to achieve its objectives, including: Pulmonary Function Laboratory, Division of Respirology, Project Management Office, Division of Cardiology, Heart Function Clinic, Ambulatory Care Clinics, Strategy Management and Communications, Performance Management (Decision Support). KHSC also participates on the OHT leadership council and specialist network, is involved as lead Health Service Provider for the homecare modernization leading project, participates with the OHT on coordinated virtual care expansions, works closely on the implementation of the Integrated Clinical Pathways for heart failure and COPD. KHSC completes equity training assessments and offerings aligned with the OHT as a Ministry Directed partner. Additionally, KHSC acts as the OHT connection to the East of the East Local Delivery Group for cybersecurity updates.

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 FLA OHT is leading the way in transforming health care delivery through a collaborative governance model that prioritizes engagement with community, Indigenous populations, primary care and networks of OHT partners from all sectors of health and wellness providers. For fiscal year 2026 (2025-2026), the FLA OHT is committed to advancing key provincial priorities as one of 12 OHTs identified to accelerate towards designation. This includes, preparing to take on home care responsibilities, strengthening their primary care network, and leveraging work started on the integrated clinical pathways to build a comprehensive chronic disease prevention model. The digital plan is focused on reducing provider administrative burden and improving provider and person experience through the implementation of innovative digital solutions that improve system navigation, care coordination, and information sharing. In addition to advancing provincial priorities, the FLA OHT is deeply focused on our vision of a people-centred Health Home for everyone. In 2024, Health Homes in the FLA region attached 13,000 new people to primary care. The FLA OHT submitted their 24-25 Operational Plan, where key metrics aligned with these provincial priorities were outlined, and KHSC was identified as a key partner for the ICPs, system navigation, palliative care, integrated mental health and substance use health, home care readiness, and the digital plan.

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 engaged with the FLA OHT work, with very positive early results. KHSC will engage in additional Ministry directives related to Ontario Health Teams, as those opportunities arise.

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

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

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

Kingston Health Sciences Centre

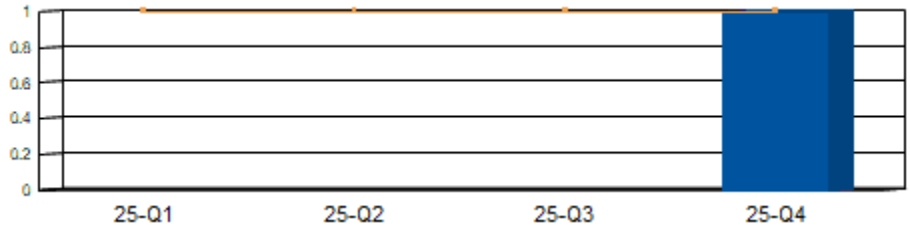
Centre des sciences de la santé de Kingston

Q4 FY2025 Strategy Performance Indicators Report

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

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

Indicator: Lumeo project quarterly milestones specific to KHSC are met Y/N



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

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

In Q4, KHSC met 100% of its Lumeo quarterly milestones, most notably standing up its Clinical Informatics structure with the appointment of a CCIO and Interim CMIO, and securing organizational backing and budget approval to establish a permanent team for ongoing clinical informatics leadership. KHSC continued to lead resolution efforts for complex, high-impact issues through its local SWAT structure, working closely with the regional team and escalating concerns where broader action was required. The hospital also resumed local ownership of Oncology PowerPlans and advanced governance through active participation in regional planning and escalation processes.

These achievements are the latest in a consistent pattern of milestone delivery by KHSC. While previous quarterly indicators were reported as yellow, that status reflected the overall progress and risk profile of the regional Lumeo project rather than KHSC-specific milestones. In fact, KHSC met 100% of its Lumeo milestones in each of the previous quarters.

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 the early stages of the project (Q1–Q2), KHSC completed all required design, validation, and technical readiness activities on schedule. The hospital met all change management and training targets, including achieving over 90% staff and provider completion before go-live. Readiness efforts—such as workflow walkthroughs, log-in fairs, and cutover planning—ensured operational preparedness. All technical components were delivered as required, including end-user devices, interface validation, command centre operations, and a full replacement of the hospital's wireless network to support the new system. KHSC was also approached by several partner organizations to share its approach and lessons learned, and provided support where possible to assist others in adapting similar activities. During Q3, KHSC's Command Centre served as an effective hub for managing Go-Live in partnership with operational leaders, physician champions, and support teams. The hospital deployed Super Users and at-the-elbow resources to address real-time issues and contributed actively to regional stabilization efforts.

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 - Gamache-O'Leary
MRP - Gamache-O'Leary
REPORTING COMMITTEE - People, Finance & Audit Committee

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

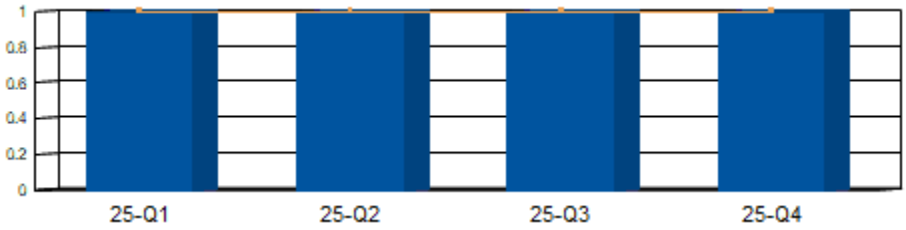
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Integrated clinical pathways development project meets quarterly milestones for COPD and CHF Y/N



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

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

Complete. The Integrated Clinical Pathways for COPD and CHF met all milestones for 2024-2025, with very encouraging data emerging from local implementation sites and the Ontario Health ICP Dashboard (system KPI tracking). Ontario Health Q1-3 data for both pathways indicate significant reductions in ED visits, admissions and readmissions, with Q4 data pending.

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

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

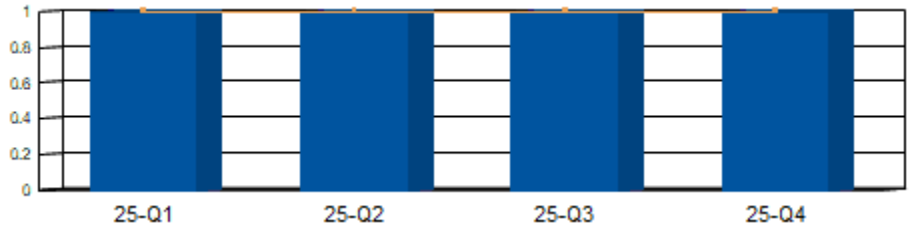
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Plan to create structure for continuing education meets quarterly milestones Y/N



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

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

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to enhance our specialized services for our community and region. Education is evolving and we updated our educational strategic plan with to enhancing our learning environment with innovative teaching that creates outstanding compassionate care to our region and to ensure we meet our clinical placement capacity.

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

Education at KHSC spans across the entire organization. As an academic teaching centre, we are all committed to continued education and life long learning. Working with our partners at Queen's University, we created a collaborative Education Committee to provide oversight and strategic direction, with all our educational partners, to ensure we are meeting the needs of the future and aligning our limited educational resources. We are also in the final phase of completing the revised affiliation agreement with Queen's University for Board approval in early 2025.

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

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

Kingston Health Sciences Centre

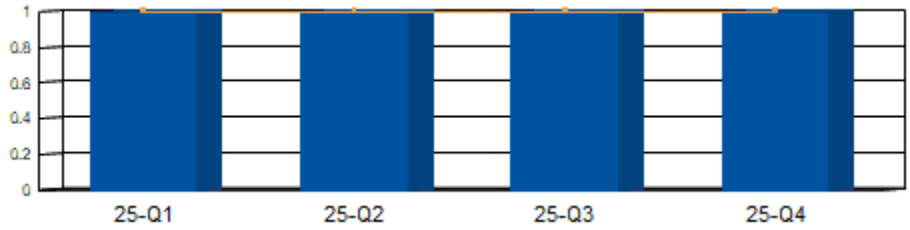
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Research strategy development project meets quarterly milestones Y/N



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

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

The strategic plan is well under way. Engagement sessions with stakeholders have taken place, team working days have occurred, both have provided an opportunity for team engagement and content contribution.

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 currently working to finalize the draft strategic plan to be shared with leadership teams at both KHSC and KHSC - RI in the coming weeks.

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

The content of the strategic plan has been drafted and will be shared with KHSC Communications team for review and support. The team is on track to celebrate new legal name, strategic plan and logo early fall.

Definition: EVP - Smith
MRP - Smith
REPORTING COMMITTEE - Research

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

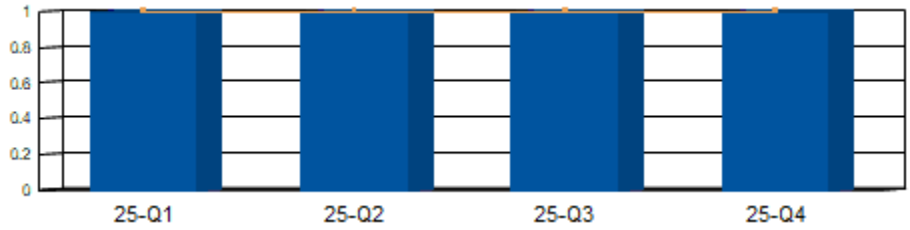
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2025 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: Plan to create an integrated inclusion framework meets quarterly milestones Y/N



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

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

As we work toward improving equity in healthcare, we needed to develop an overarching integrated framework so bring greater cohesion to the patchwork of initiatives across KHSC and anchor our inclusion work. This also will help us focus on addressing the identified gaps. The fourth quarter tactics continued that path by further:

Interest holder reviews
Consultation with SLT members
Creation of assets to support the framework and rollout plan
Framework iteration and adjustments based on feedback
Finalizing design graphic and branding

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

Continued interest holder feedback occurred in the fourth quarter (Q4) to ensure we had clarity and reflected the ongoing needs of staff, patients and families. The integrated framework design and assets were finalized as well as the movement toward an external web micro site planning for implementation. Communications consultations occurred to solidify roll out plan, timing and opportunities. The Indigenous Cultural Practices policy was approved and implemented. An agreement to offer an Indigenous learning circle to leaders and work to accept art from the Indigenous Spaces and Places project with FLAOHT partnership was initiated which will be happening in the next fiscal year. An application for French Language signage improvements was submitted and planning for demographics data collection improvements occurred including the staff survey which will launch in April.

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 completed the integrated inclusion framework which will roll out in the next fiscal year.

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

Target: Target 24/25: 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

Q4 FY2025 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