fiscal 2025-2026 Q1

1st quarter ended June 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

Q1 FY2026 Strategy Performance Indicators Report

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

Kingston Health Sciences Centre

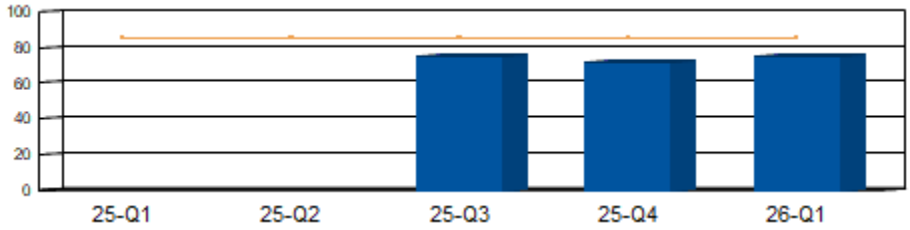
Centre des sciences de la santé de Kingston

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

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 are able to see their unit's performance in comparison to other areas. Clinical Informatics team, particularly the training team, is able to support unit leadership in developing re-education and remediation initiatives based on unit BCMA rates.

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

Q1 data showed an average of 75% conformance with BCMA. A data validation exercise was undertaken to review and remove units and user positions not appropriate to be included in this indicator monitoring. Other factors influencing Q1 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.

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 second quarter we have identified low performing units and users in which targeted remediation initiatives will be implemented.

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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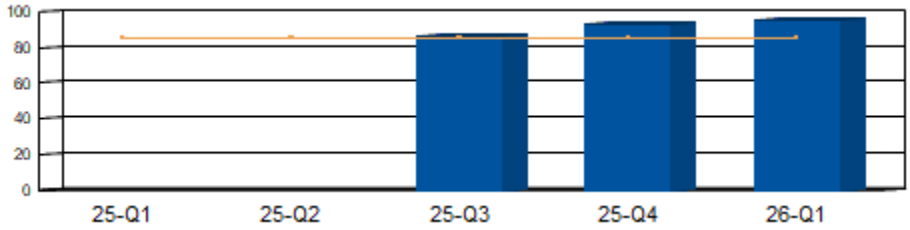
Q1 FY2026 Strategy Performance Indicators Report

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

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

Monitoring and socialization continue on new 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

Q1 data showed an average of 95% conformance with CPOE and KHSC continues to improve on this indicator since go-live. A data validation exercise was undertaken to review and ensure proper facility and user positions are being used to measure this indicator.

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 second quarter we will continue to monitor users which lower compliance and targeted remediation initiatives will be implemented.

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

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

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

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q1 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**

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

ROP and standard leads began self-assessment with their teams. Once completed will develop action plans for each test of compliance.
Leaders lunch and learn sessions being planned
Walk abouts to begin in September.

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

All ROP leads and Standard leads have began their self assessment and we expect to see progress on this by Q3 - Q4.

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, this is ongoing work. Once the self-assessments are completed, the leads will know gaps in meeting current standards. The next two quarters will include engaging leaders and front-line staff in preparation for Accreditation

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

Kingston Health Sciences Centre

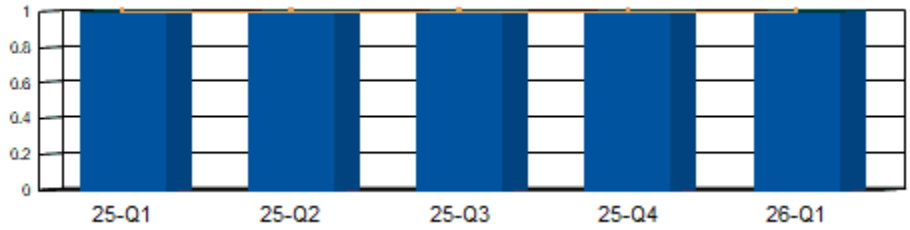
Centre des sciences de la santé de Kingston

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

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

Q1 – Monitor activity and costs – waiting for MOH confirmation on funding
Q2 – MOH initial funding received; submission of Hospital Sector Accountability Plan for internal and regional/provincial opportunities
Internal roll-out of a KHSC specific sustainability plan process at Policy & Performance Committee
Q3 – Reviewing benchmarking and historic performance to identify areas of highest opportunity for significant savings
Creating workstreams with an MRP to drive action towards concrete plans and targets to achieve financial savings
Q4 - Continue with work begun in Q3 and set up monitoring key performance indicators to ensure that the practice changes are maintained.

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

Q1 results – MOH funding was not announced on the timelines expected but the introduction of a provincial approach to balancing the Ontario hospital sector in three fiscal years was rolled out with aggressive times to request and receive hospital specific options to balance. Actual financial results were better than budgeted for the first three months of the 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

We are on track to meet the objectives by year end.

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

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

Q1 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**

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 approached to transition to LP
- 26% of eligible patients from the existing roster 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). Cumulatively 90 patients have been admitted to the FLA LP from go-live to end of Q1, 57 were admitted in Q1.

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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Q1 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**

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.

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

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q1 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

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

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

59% of all eligible patients with CHF were followed up by HF physician assistant until they are seen by a specialist provider

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

COPD:

36 confirmed referrals to RAC (team member is away so unable to report on denominator).

Referral pathways from ED in both Napanee and Kingston are not well established. Team is scheduled to present to ED Grand Rounds in November to increase referrals.
CHF:
56% of people hospitalized for heart failure who are referred to specialist after discharge (target 50%)
68% of referred patients seen by a specialist provider after discharge (target 50%)
Over 90% of patients admitted with heart failure under internal medicine service who are seen and optimized by physician assistant.
59 % of ALL eligible patients receiving follow up care by HF PA (target >50%)
86% of ALL eligible patients that are fast tracked and seen by HF specialist in 14 days (Target >50%

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 - Fitzpatrick
MRP - Dave
REPORTING COMMITTEE - Patient Care & Quality Committee

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

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

Q1 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

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

Recorded and presented a patient story at both the April and June PCQC meetings for reflection and generative discussion. The two stories highlighted the geographic reach of KCACC, importance of clear communication and empathy in times of crisis and the importance of respect and dignity in building trust and a sense of safety for both patients and families.
Patient stories were shared with the leadership of the Transitional Care Unit and Kingston Central Ambulance Communications Centre to be shared with frontline staff as appropriate for recognition, education and/or to inform quality improvement planning.
Patient advisor stories shared at six New Employee Welcome sessions. Patient advisors welcome new staff, express gratitude for the work they do, share their own story/perspective to reinforce the importance of the principles of people-centred care and partnering with patients and families.

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)

Kingston Health Sciences Centre
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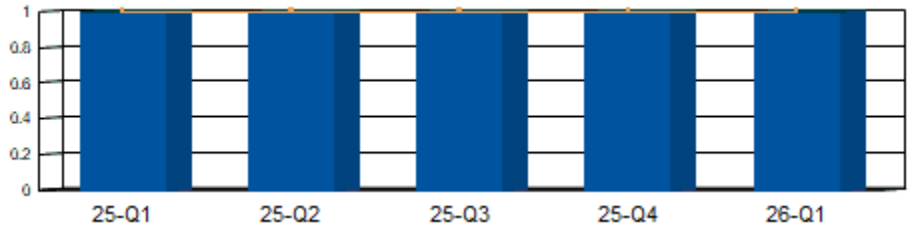
Q1 FY2026 Strategy Performance Indicators Report

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

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

Kingston Health Sciences Centre (KHSC), in keeping with Ontario's health system priorities and fiscal strategy, is moving forward with a two-phase hospital redevelopment program that meets today's service demands and builds the groundwork for future growth. KHSC has submitted its Strategic Redevelopment Plan to the Ministry of Health, and advanced planning activities are underway for critical bridging-site projects that will ensure continuity of care, uphold patient safety, and support ongoing clinical operations. These strategically scoped bridging 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. The City of Kingston has allocated land at Clogg's Road to support this initiative, and early site-work activities are also progressing in preparation for the future build. The redevelopment plan received formal endorsement from Ontario Health on April 7, 2025, and 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

The objectives for this quarter have been successfully met.
• The Strategic Redevelopment Plan, together with an updated Master Program, was submitted to the Ministry of Health as required.
• Formal endorsement was secured from the City of Kingston for the allocation of land at Clogg's Road, confirming municipal support for the project.
• The team has also made substantial progress on detailed planning activities for the Emergency Power upgrade, Fire Alarm System replacement, and Emergency Department projects, ensuring these critical bridging initiatives remain on schedule and aligned with provincial priorities.

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 remain on track to achieve our year-end objectives. KHSC is aligned with all Ministry submission requirements, and the team has worked aggressively to deliver the updated Master Program ahead of the Ministry's expected timeline. Planning activities for the on-site bridging projects are progressing as scheduled, with the goal of ensuring that all key projects are fully prepared for execution.

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

Kingston Health Sciences Centre

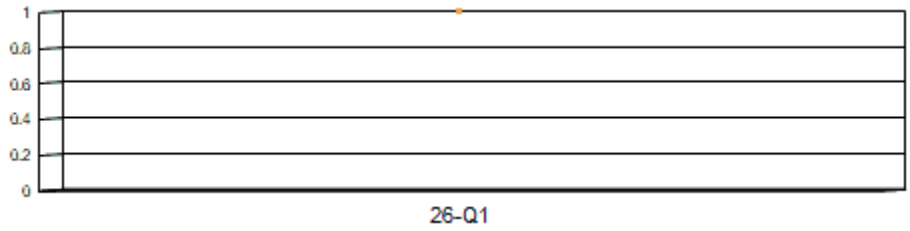
Centre des sciences de la santé de Kingston

Q1 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

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 preparation for the rollout, we are reviewing a curated set of questions aligned with PHS risk factors. This process is informed by insights from the recent Global Workforce Survey (GWS), allowing us to tailor the PHS risk assessments and subsequent action planning to focus on the most impactful areas for each team.

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. In Q2, we will finalize the PHS Risk Assessment tool and work with key partners to develop a Team Action Plan template. Additionally, we will launch information sessions for leaders later in Q2 to outline expectations and timelines for implementation.

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

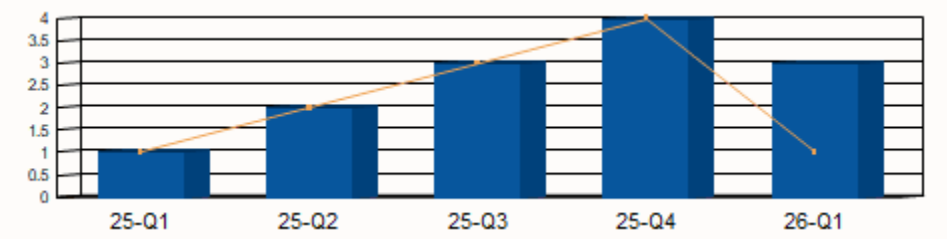
Centre des sciences de la santé de Kingston

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

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

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

21 staff were captured for ACLS certification
8 staff were captured for PALS training
38 staff for 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. 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.

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

Q1 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**

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:
Create the tactic plan
Launch 4 OnDemand offerings, including expansion of This is How We …. Tools
Launch two certificate programs (Change Management & Project Management)
Solidify leadership competencies for KHSC
Hold focus groups with leader segments to gather feedback on PA process/document
Do environmental scan of PA/PDP process at other acute centres
Launch Exploring Leadership: Are you Ready to be a Leader? Program
Launch of Career Development internal web page
Complete Phase 1 Talent Review process
Review PA/PDP processes
Explore a business case for new LMS and Performance & Goals, and Succession modules

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 tactic plan was developed that included many new courses and programs for learning and development. Alongside the further expansion of the leadership This is How We… tools, 4 new on demand learning offerings with a focus on feedback as well as the launch of two new certificate programs for in demand skills; Change Management and Project Management. These are accessible to all staff. Another program targeting aspiring leaders was launched with the first cohort under the Exploring Leadership umbrella-Are you Ready to be a Leader? With positive feedback. The much-anticipated creation of a new Career Development internal web page went live in the first phase to promote retention, engagement and leadership. Talent and performance development processes were reviewed as well as digital tools to further augment the 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

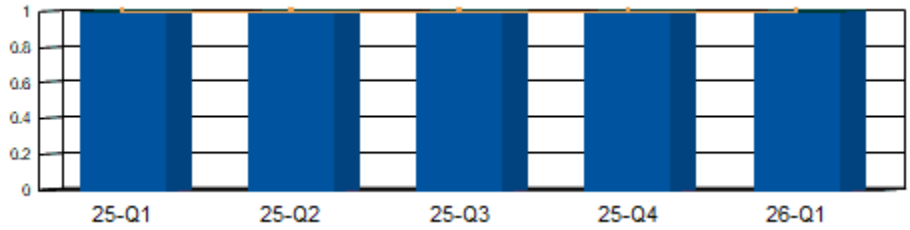
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

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

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 - 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%

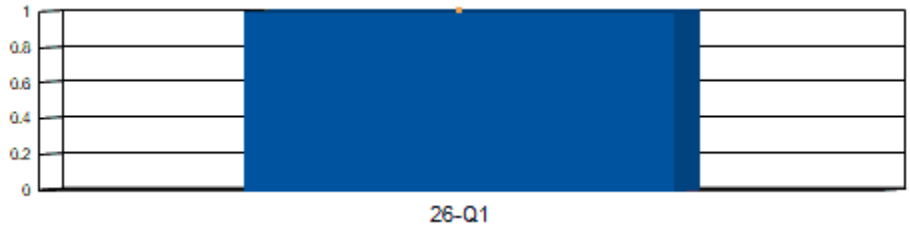
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q1 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**

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

Within the local Lumeo operations governance structure, a robust intake and triage process has been established and execution of issue escalation processes and workflows, supported by the Clinical Informatics, Clinical Systems, HelpDesk, and Clinical Leadership teams have ensured 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. Program/specialty specific optimization lists have been maintained and tracked by administrative and medical leadership to produce when the optimization phase of implementation is ready to kick off.

The CCIO and CMIO act as the primary advocates for KHSC at regional clinical advisory committees/councils and weekly check-ins with the Regional Lumeo Operations team. Advocacy for KHSC's priorities and needs is further supported by our leadership-level representatives who sit on the many specialty or discipline-specific Lumeo regional working groups.

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

Led by the Clinical Informatics team, utilizing the maturing 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

Q1 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**

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

KHSC's inaugural Clinical Informatics (CI) team received approved from SLT at the onset of this fiscal year. The initial positions filled were that of the Chief Clinical Informatics Officer (CCIO) and the Interim Chief Medical Information Officer (CMIO) in April 2025. In this first quarter, budget was approved for this new team and required positions/roles were identified. A transitionary team made up of members of the Lumeo implementation project team were retained to keep the momentum of Lumeo work moving forward while the permanent CI team was recruited.

Additional to establishing the CI team, designing and forming a local Lumeo operations governance structure was 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 first quarter, positions/roles recruited included: the CCIO, the CMIO, a Change Management Advisor-Communications, a Training Lead (transitionary until role finalized), and an Administrative Assistant. Two project managers from KHSC's PMO continue to support Lumeo work while the remainder of the CI team is recruited. Work to recruit physician subject matter experts is also underway.

In this first quarter, work began on the design of the local Lumeo operations governance structure beginning with determining the purpose and objectives of the governance, the roles and committees/councils required to form its structure, and the processes and workflows that would support decision making, issue escalation and risk management.

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 second quarter involves creation of the Clinical Informatics Lead role which will include the development of the job description, a classification exercise with the Total Rewards team, recruiting for the position for recruitment, and identifying successful incumbents for these 4 new roles.

For the local Lumeo governance structure design and formation, the second quarter will involve involving internal interested parties in the review of the draft structure, further defining the role and responsibilities of each committee/council or role within the structure and implementing early processes and workflows to ensure 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

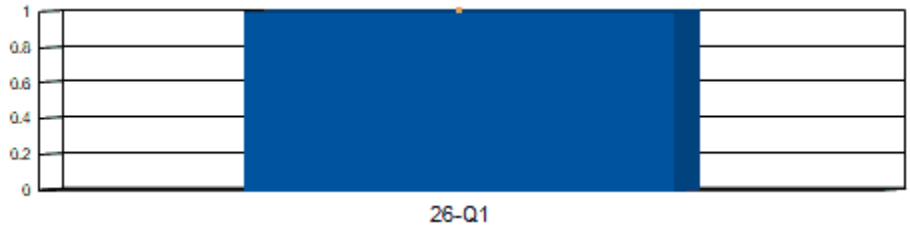
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q1 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**

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

Working group meeting bi-weekly and a strong quality management plan is 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

5/12 CARTs completed.
2.8M revenue generated and expensed.
2 new CART product contracts are in development.

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.

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

Q1 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**

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

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

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

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

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

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

Yes. In Q1 KHSC received a total of 305 Requests for student placements. We approved 280 (92%) and declined 25 (8%). 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

Q1 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**

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 this fall, to be celebrated and shared early calendar 2026.

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, new logo will be presented to the board this fall and the website rebrand and launch is planned to occur fall 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 - 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

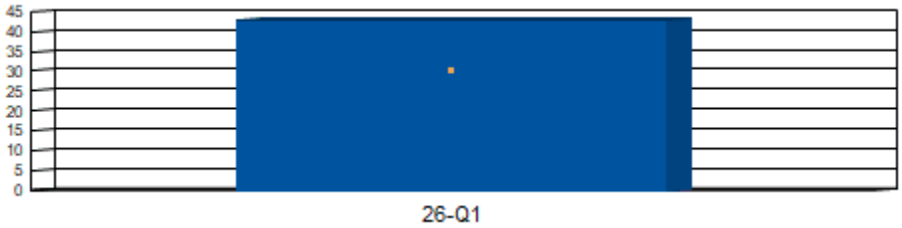
Centre des sciences de la santé de Kingston

Q1 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	**30**

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

Progress has been made related to focusing on diversity, equity and inclusion particularly with the staff inward focus. There is a need to further broaden the scope outward with a renewed focus on our patients, families and our community to have a more integrated approach reflected in more cohesive efforts to address identified priority gaps. This anchor for inclusion work across the organization will enable 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. Q1 tactics included:
Development of the tactic, roll out and communication plan for the framework
Finalizing assets, translation and website leading to release of the Integrated Inclusion Framework and communication to interest holders internal and external
Framework Action plan initiation:
Assign Foundations of Inclusion @ KHSC course to all employees and new hires
Environmental scan of courses for Indigenous cultural safety and explore partnerships
Hosting an Indigenous Learning Circle to Leaders, Senior leaders and Board members
Solidifying locations for the Indigenous Art
Participate and explore working group related to patient demographic questions asked
Gather and understand data collected on demographics
Launch Global Workforce Survey with staff demographic questions and receive results
Conduct Board inclusion Education session
Investigate options for collecting language data on employees
Continue assessment of French Language Services (FLS) improvements including signage and options for interpreter services
Hire student for FLS active offer improvement
Policy review of FLS, inclusion

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 tactic plan was created outlining the activities for the year to prioritize the greatest areas of focus which were vocalized by internal and external interest holders and recognizing the interconnectedness of several initiatives and activities. The communicated Integrated Inclusion 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 Q1, 42.75% of all staff completed the Foundations of inclusion course and education occurred through a Leadership Indigenous Learning Circle, a session for Board members and review of Indigenous cultural safety courses. The collection of data for staff and patients was a focal point through the completion of the Global Workforce Survey, exploring language requirements and possibilities and a working group related to questions being asked regarding Indigenous identity. A student was hired to improve FLS active offer, and a new French language signage project was approved. Several initiatives will be further brought to life 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

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

Q1 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