

| Our Annual Corporate Plan Transforming care, together 2025-26               |                                                                                                                 |                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                    | Performance Targets & Corridors |                      |                                   |                                  |                                 |                 | Accountability                    |                 |
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| STRATEGIC DIRECTIONS                                                        | GOALS                                                                                                           | 2027 OUTCOMES                                                                                                                                                                           | MRP             | F26 OBJECTIVES                                                                                                                                                                                                                                            | F26 INDICATORS                                                                                                                                                                     | TARGET                          | Target Justification | RED                               | YELLOW                           | GREEN                           | Exec            | Board Reporting Committee         | MRP Commentary  |
| 1. Ensure quality in every patient experience                               | Make quality the foundation of everything we do                                                                 | KHSC has a robust culture of quality where adherence to standards and evidence-based practice drives decision making in every program and service                                       | Hann            | Successfully adopt new Lumeo processes across KHSC*                                                                                                                                                                                                       | KPI: Barcode Medication Administration (BCMA) is adopted successfully, in applicable clinical areas, and adheres to defined target                                                 | 75%                             | Internally set       | BCMA : < 55%                      | BCMA: 55 - 74 %                  | BCMA : 75% or above             | Hann            | Patient Care & Quality Committee  | Achim           |
|                                                                             |                                                                                                                 |                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                           | KPI: Computer Provider Order Entry (CPOE) is adopted successfully and adheres to defined target*                                                                                   | 85%                             | Internally set       | CPOE: <65%                        | CPOE: 65 - 84%                   | CPOE: 85% or above              | Hann            | Patient Care & Quality Committee  | Achim           |
|                                                                             |                                                                                                                 |                                                                                                                                                                                         | Fitzpatrick     | Be accreditation-ready for April 2026 site survey                                                                                                                                                                                                         | Be compliant with the ROPs and high priority standards by meeting the quarterly targets as identified in KHSC QIP FY 26 (Y/N)                                                      | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Fitzpatrick     | Patient Care & Quality Committee  | Dave            |
|                                                                             |                                                                                                                 | KHSC benchmarks as a high performer amongst Ontario teaching hospitals, delivering outcomes that matter to patients and families at the best cost                                       | Toop            | Develop and implement plans to manage approved budget and improve deficit towards a break-even operating position                                                                                                                                         | Plans to manage approved budget and improve deficit towards a break-even operating position are in place Y/N                                                                       | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Toop            | People, Finance & Audit Committee | Toop            |
|                                                                             | Ensure smooth transitions in care for patients and families across our regional health care system.             | KHSC works with community partners to deliver integrated, team-based, people-centred care                                                                                               | Fitzpatrick     | KHSC, as the lead agency and health service provider, will continue partnering with FLA OHT and Ontario Health at Home to implement the FLA Home Care Modernization Leading Project, enhancing care coordination, and expanding in-home services          | Percentage of eligible patients from the existing roster and OHaH successfully transitioned into LP model, and new home care patients accepted into the LP                         | 100%                            | LP set               | <75%                              | 75%-94%                          | 95% or above                    | Hann            | Patient Care & Quality Committee  | Hart            |
|                                                                             |                                                                                                                 |                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                           | Urgent home care cases addressed within 24 hours for Loyalist FHT patients                                                                                                         | 95%                             | LP set               | <70%                              | 70%-94%                          | 95% or above                    | Hann            | Patient Care & Quality Committee  | Hart            |
|                                                                             |                                                                                                                 | People receive timely access to specialist care for chronic conditions                                                                                                                  |                 | Patients discharged from the ED with suspected exacerbations of chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) are prioritized for rapid access to receive evidence-based specialist care within a clinic closest to home | At least 2 clinics for both CHF and COPD offered monthly in Kingston or Napanee. (24 clinics per year)                                                                             | 75%                             | Internally set       | <50%                              | 50%-74%                          | 75%-100%                        | Fitzpatrick     | Patient Care & Quality Committee  | Dave            |
|                                                                             | Lead the evolution of people-centred care                                                                       | People and communities are partners in designing people-centred models of care, research and teaching                                                                                   | Fitzpatrick     | Advance the principles of people-centred care by sharing peoples' care experiences at all levels of the organization                                                                                                                                      | 12 patient stories which highlight the patient experience including, where appropriate, KHSC's response to their unique equity considerations                                      | 100%                            | Internally set       | Q1: <0<br>Q2: 0<br>Q3: 1<br>Q4: 2 | Q1: 0<br>Q2: 1<br>Q3: 2<br>Q4: 3 | Q1:1<br>Q2: 2<br>Q3: 3<br>Q4: 4 | Fitzpatrick     | Patient Care & Quality Committee  | Morin           |
|                                                                             | Create the space for better care                                                                                | Our communities are inspired to provide philanthropic support for hospital modernization                                                                                                | Anand           | Finalize and launch plans for addressing short-term urgent patient-care facility needs within and outside of existing hospital buildings (Bridging Projects)*                                                                                             | Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N*                                                                          | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Anand           | People, Finance & Audit Committee | Anand           |
|                                                                             | 2. Nurture our passion for caring, leading and learning                                                         | Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC                                                     | Naraine         | Implement a framework and strategy for enhancing Psychological Health & Safety in the workplace                                                                                                                                                           | Percentage of team-level Psychological Health and Safety risk assessments completed (inclusive of workplace violence-related risks)                                                | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Naraine         | People, Finance & Audit Committee | Noonan          |
|                                                                             |                                                                                                                 | Our people report improved wellness at work                                                                                                                                             |                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                 |                      |                                   |                                  |                                 |                 |                                   |                 |
|                                                                             |                                                                                                                 | KHSC has a strong culture of safety                                                                                                                                                     |                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                 |                      |                                   |                                  |                                 |                 |                                   |                 |
| 3. Improve the health of our communities through partnership and innovation | Empower and develop our people                                                                                  | Our people are equipped to do their best work                                                                                                                                           | Hann            | Continue to cross-train staff across clinical areas                                                                                                                                                                                                       | Number of cross-training events that take place                                                                                                                                    | 100% (4 events)                 | Internally set       | Q1: <0<br>Q2: 0<br>Q3: 1<br>Q4: 2 | Q1: 0<br>Q2: 1<br>Q3: 2<br>Q4: 3 | Q1:1<br>Q2: 2<br>Q3: 3<br>Q4: 4 | Hann            | Patient Care & Quality Committee  | Mitchell        |
|                                                                             | Develop confident, caring and capable leaders                                                                   | Our leaders are highly engaged                                                                                                                                                          | Naraine         | Enhance learning for new and emerging leaders                                                                                                                                                                                                             | Launch leadership readiness program (Y/N)                                                                                                                                          | 100%                            | Internally set       | No = 0                            | In Progress = blank              | Yes = 1                         | Naraine         | People, Finance & Audit Committee | Mulima          |
|                                                                             | Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most | Together with FLA OHT partners, KHSC delivers proactive, evidence-based care for patients with chronic conditions                                                                       | Fitzpatrick     | Contribute to the development of the FLA OHT by participating in Ministry-directed initiatives*                                                                                                                                                           | KHSC participates in Ministry-directed OHT initiatives Y/N*                                                                                                                        | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Fitzpatrick     | Governance                        | Fitzpatrick     |
|                                                                             |                                                                                                                 | KHSC staff and physicians will benefit from more efficient, integrated workflows, data-driven decision-making, and access to regional information as Lumeo is stabilized and optimized. | Gamache-O'Leary | Stabilize and optimize Lumeo at KHSC by proactively identifying, advocating for, and escalating priority issues through regional processes to support clinical operations                                                                                 | 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 | 100%                            | Internally set       | N=0                               | Blank = in progress              | Yes=1                           | Gamache-O'Leary | People, Finance & Audit Committee | Gamache-O'Leary |
|                                                                             |                                                                                                                 |                                                                                                                                                                                         |                 | Establish a KHSC clinical informatics team and local Lumeo operations governance structure to work with local stakeholders and the regional Lumeo team to stabilize, optimize, and evolve the system                                                      | KHSC informatics team and Lumeo operational governance structure in place                                                                                                          | 100%                            | Internally set       | N=0                               | Blank = in progress              | Yes=1                           |                 |                                   |                 |
|                                                                             | Discover and apply innovations that improve patient outcomes and make our communities healthy                   | KHSC identifies several key areas of excellence that align with regional population health needs                                                                                        | Fitzpatrick     | Solidify plans for a new area of excellence for CAR T-cell therapy                                                                                                                                                                                        | Approved plan for CAR T-cell therapy is in place (Y/N)                                                                                                                             | 100%                            | Internally set       | No = 0                            | Blank = in progress              | Yes = 1                         | Fitzpatrick     | Patient Care & Quality Committee  | Fitzpatrick     |
|                                                                             |                                                                                                                 | KHSC has a coordinated plan to ensure clinical learners, including nursing, allied health and medical students and residents have allocated placements                                  | Gillies         | Work with education partners to create capacity for all requested nursing, allied, medical and post-grad student placements                                                                                                                               | KHSC achieves 80% of total placement requests Y/N                                                                                                                                  | 80%                             | Internally set       | <55%                              | 56-79%                           | 80-100%                         | Gillies         | People, Finance & Audit Committee | Gillies         |

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| 4. Launch KHSC as a leading centre for research and education | Foster a culture of teaching, learning, research and scholarship                                                                     | Enhanced research activities lead to novel discoveries that transform clinical care for our patient population<br><br>KHSC and its research institute become nationally recognized for people-centred research and innovation excellence | Smith   | Implement a strategic plan that enhances research activities and visibility at KHSC | Implementation project meets quarterly milestones Y/N                                   | 100%                                         | Internally set       | No = 0                                       | Blank = in progress                                                          | Yes = 1     | Smith   | Research                          | Smith          |
|                                                               | 5. Advance equity, inclusion and diversity and address racism to achieve better outcomes for patients, families, providers and staff | Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC<br><br>KHSC offers a culturally safe care environment that values and respects diversity*                                   | Naraine | Implement an integrated inclusion framework *                                       | Percentage of current KHSC employees who have completed foundational Inclusion training | Q1:>=30%<br>Q2:>=40%<br>Q3:>=60%<br>Q4:>=70% | Internally set       | Q1: <10%<br>Q2: <20%<br>Q3: <30%<br>Q4: <40% | Q1: >=10% - <20%<br>Q2: >=20% - <30%<br>Q3: >=30% - <40%<br>Q4: >=40% - <50% | 0%Q3: >=50% | Naraine | People, Finance & Audit Committee | Mulima         |