

Board of Directors Meeting Agenda

Date: Thursday, January 30, 2025
 Time: 9:00 - 12:00
 Location: Boardroom / Microsoft Teams

| Time | Agenda Item | Attachment |
|--------------|--|------------|
| 9:00 | 1. Call to Order (Dr. S. Robertson) | |
| (1 min) | 1.1 Confirmation of Quorum | |
| (1 min) | 1.2 Land Acknowledgment | |
| (1 min) | 1.3 Adoption of the agenda | P. 1 |
| (1 min) | 1.4 Declaration of Conflict of Interest | |
| 9:04 | 2. Minutes (Dr. S. Robertson) | |
| (1 min) | 2.1 Approval of previous meeting minutes - November 28, 2024 | P. 2-6 |
| (1 min) | 2.2 Business arising from minutes | |
| 9:06 | 3. Education Session | |
| (10 min) | 3.1 Patient Story (R. Romany) | |
| 9:16 | 4. Equity, Diversity & Inclusion | |
| (5 min) | 4.1 Truth and Reconciliation (Dr. S. Robertson) | |
| 9:21 | 5. Matters for Discussion/Decision | |
| (15 min) | 5.1 Atlas Alliance Finance Discussion (C. Nagy/R. Alldred-Hughes - Guest Speakers) <i>THAT the Board of Directors approve the borrowing of \$7M using the RBC Interest Rate Swap as the preferred method to finance the Atlas Alliance Epic install at HGMH as presented.</i> | P. 7-15 |
| (5 min) | 5.2 Report of the Board Chair (Dr. S. Robertson) | P. 16 |
| (5 min) | 5.3 Report of the President & CEO (R. Alldred-Hughes) | P. 17-19 |
| (5 min) | 5.4 Report of the VP Corporate Services and CFO (L. Ramsay) | P. 20-21 |
| (5 min) | 5.5 Report of the Chief of Staff (Dr. L. MacKinnon) | P. 22 |
| (5 min) | 5.6 Report of the Patient and Family Advisory Committee (J. Shackleton) | |
| (5 min) | 5.7 Rules of Order Change (L. Boyling/R. Alldred-Hughes) <i>THAT the Board of Directors approve the replacement of Nathan's Rules of Order with Robert's Rules of Order as the official rules of order for Board meetings.</i> | P. 23-24 |
| (5 min) | 5.8 Financial Statements - October and November 2024 (C. Nagy/L. Ramsay) <i>THAT the Board of Directors review and receive the financial statements for October and November 2024 as presented.</i> | P. 25-33 |
| (5 min) | 5.9 Strategic HR Plan Action Updates (C. Nagy/K. MacGillivray) <i>THAT the Board of Directors review and receive the Strategic HR Plan Action Updates as presented.</i> | P. 34-47 |
| (10 min) | 5.10 Capital Redevelopment Planning Update (C. Nagy/R. Alldred-Hughes) | P. 48-49 |
| 10:26 | 6. Consent Agenda (a formal request is to be made with the Board Chair to move an item out of the consent agenda for it to be discussed) | |
| | 6.1 Draft Governance and Nominating Committee Report | P. 50-52 |
| | 6.2 OHA Board Survey Results | P. 53-61 |
| | 6.3 Board Attendance | P. 62-65 |
| | 6.4 Code of Conduct Policy | P. 66-71 |
| | 6.5 Board of Directors Nomination and Election Policy | P. 72-76 |
| | 6.6 Signing Authority and Approval Policy | P. 77-79 |
| | 6.7 Draft Finance, HR, and Audit Committee Report | P. 80-81 |
| | <i>THAT the Board of Directors approve and receive all documents as presented in the consent agenda.</i> | |
| 10:27 | 7. Correspondence (Dr. S. Robertson) | P. 82-84 |
| | 8. Date of Next Meeting - February 27, 2025, 9:00am | |
| 10:28 | 9. Closing Remarks & Adjournment (Dr. S. Robertson) | |

Meeting moves to In Camera

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

| | | | |
|----------|-----------------------------|------------------------|----------------------|
| Date | Thursday, November 28, 2024 | | |
| Time | 9:00-12:00 | | |
| Location | Microsoft Teams | | |
| Present: | Dr. S. Robertson, Chair | L. Boyling, Vice-Chair | Dr. R. Cardinal |
| | F. Wetering | G. McDonald | G. Peters |
| | H. Salib | F. Desjardins | R. Romany, CNE |
| | R. Alldred-Hughes, CEO | K. MacGillivray, CHRO | L. Ramsay, CFO |
| Regrets: | Dr. L. MacKinnon | C. Nagy | W. Rozon |
| | C. Larocque | Dr. G. Raby | J. Shackleton (PFAC) |

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 9:00.

1.1 Quorum

A quorum was present.

1.2 Land Acknowledgment

Dr. S. Robertson read the land acknowledgment.

1.3 Adoption of the Agenda

The agenda was reviewed.

Moved By: F. Desjardins

Seconded By: G. Peters

THAT the agenda be adopted as presented.

CARRIED

1.4 Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2. Minutes

2.3 Approval of the Minutes

The minutes of the last meetings held on October 24, 2024, were presented.

Moved By: L. Boyling

Seconded By: F. Desjardins

THAT the minutes of the October 24, 2024, meeting be approved as presented.

CARRIED

2.2 Business Arising from the Minutes

There was no business arising from the minutes.

3. Education Session

L. Quenneville presented on Accessibility for Ontarians with Disabilities Act including the history, how this looks at the hospital, recent audit results, and the committee plans.

4. Equity, Diversity & Inclusion

The second mini training for EDI was assigned, titled Anti-Sexuality Harassment. Those who have yet to complete the training were asked to do so.

5 Strategic Actions Review

The strategic actions for Q2 were reviewed.

Moved By: G. McDonald

Seconded By: F. Desjardins

THAT the Board of Directors review and receive the Q2 Strategic Actions Report.

R. Alldred-Hughes highlighted that things are coming well with the strategic actions.
CARRIED

6 Matters for Discussion/Decision

6.1 Report of the Board Chair (Dr. S. Robertson)

Dr. S. Robertson mentioned that the OHA released their latest newsletter which contained some good articles to read.

It was reminded that there is a Mentorship program for all new Directors of the Board. Any issues are to be brought to Dr. S. Robertson.

The Baby Please Come Home event is taking place this evening with a fundraiser for the Foundation. Participation is encouraged.

5.2 Report of the President & CEO (R. Alldred-Hughes)

R. Alldred-Hughes highlighted some areas of focus from the CEO report. The Surgical business plan is being worked on with the report to be finalized in the coming weeks. It was noted that no major updates to this space is anticipated.

The hospital is now participating in the Trillium Gift of Life Network which coordinates organ and tissue donations across Ontario. This reporting is not mandatory for small hospitals but believe it is the right thing to do for our patient's final wishes. K. Duval, Manager of Emergency and Ambulatory Services was congratulated for her leadership in supporting this partnership and ensuring necessary protocols are met.

R. Alldred-Hughes was invited to the OHA office in Toronto which he will be attending December 2nd, 2024, to talk about the impact of understanding small hospitals and help clarify why the Ministry needs to focus on these hospitals.

6.3 Report of the Chief Human Resources Officer (K. MacGillivray)

K. MacGillivray updated on the work being done on recruitment and retention which now includes a gift service for those working milestone years of 10 years and up. This was well received by staff. 1-year pins are now also being added to the years of service pins and will be recognized at the staff bbq.

The hospital currently has a co-op student who is getting to experience different departments of the hospital and get a better understanding of the different roles above the obvious nursing and physician roles.

6.4 Report of the Chief of Staff (Dr. L. MacKinnon)

The new recredentialing system has been rolled out. Physician recruitment is currently being done for the Emergency Department.

6.5 Report of the Patient and Family Advisory Committee (J. Shackleton)
Deferred

6.6 Board Retreat Survey Results (L. Boyling)

L. Boyling gave a summary of the results from the Board Retreat survey which indicates that Directors would like more time to discuss capital redevelopment and more time to socialize, however, overall, everyone is satisfied with the retreat.

6.7 Board Committee Terms of Reference (L. Boyling)

The Board Committee Terms of Reference were reviewed.

Moved By: Dr. R. Cardinal

Seconded By: G. Peters

THAT the Board of Directors approve the Board Committee Terms of Reference as presented.

CARRIED

6.8 Communications Plan (L. Boyling/R. Alldred-Hughes)

The Communications Plan was reviewed by the Governance and Nominating Committee with minor revisions made. The plan was shared with the Board.

Moved By: F. Desjardins

Seconded By: G. McDonald

THAT the Board of Directors review and receive the Communications Plan as presented.

6.9 Handout for Board of Directors (L. Boyling)

A handout was created to use for future recruitment to the Board.

Moved By: G. McDonald

Seconded By: F. Desjardins

THAT the Board of Directors approve the Handout for Potential New Board Directors as presented.

CARRIED

6.10 Financial Statements - August and September 2024 (C. Nagy/L. Ramsay)

The financial statements for August and September 2024 were reviewed.

Moved By: L. Boyling

Seconded By: G. McDonald

THAT the Board of Directors review and receive the financial statements for August and September 2024 as presented.

L. Ramsay explained the hospitals projected year end deficit of \$221,000.

CARRIED

6.11 CHAMP Value Analysis (C. Nagy/R. Alldred-Hughes)

Following a value analysis that was done with the CHAMP group where three options were reviewed by the group to determine how to move forward. Several hospitals have made the announcement that they are moving to Epic. The hospital was given a deadline of mid December by The Ottawa Hospital to decide whether we will be making the changeover in order to be included in the next implementation wave, otherwise the implementation date

would be in 2027 which could have quality and safety impacts on the hospital as CHAMP would no longer exist and we wouldn't have the IT resources. The cost for this is around 12.3M over a 10-year horizon with the bulk of the cost being paid out in the upfront three years.

It was agreed that a motion be sent out electronically for vote.

6.12 Q2 Quality Improvement Plan Results 2024/2025 (C. Larocque/R. Romany)

R. Romany presented the results of the Quality improvement Plan for Q2 in which results are trending positively.

Moved By: Dr. R. Cardinal

Seconded By: G. Peters

THAT the Board of Directors review and receive the Quality Improvement Plan results for Q2 2024/2025 as presented.

Work is being done on narcotic diversion which is the metric we are currently scoring the lowest on.

CARRIED

6.13 Q2 Quality & Safety Scorecard Results (C. Larocque/R. Romany)

R. Romany presented the results of the Quality & Safety Scorecard for Q2.

Moved By: L. Boyling

Seconded By: G. Peters

THAT the Board of Directors review and receive the Quality & Safety Scorecard results as presented.

CARRIED

7 Consent Agenda

The following were included in the meeting package under consent agenda and reviewed by members prior to the meeting:

7.1 Draft Governance and Nominating Committee Report

7.2 Skills Matrix

7.3 Confidentiality for Board and Committee Members Policy

7.4 Ongoing Education, Conferences, and Conventions Policy

7.5 Draft Finance, HR, and Audit Committee Report

7.6 Executive Expense Report Q2

7.7 Q2 HR Metrics Report

7.8 Draft Quality and Patient Safety Committee Report

7.9 Q2 Patient Satisfaction Survey Results

7.10 Q2 Violent Incident Report

7.11 Q2 Complaints and Compliments Report

Moved By: G. Peters

Seconded By: L. Boyling

THAT the Board of Directors approve and receive all documents as presented in the consent agenda.

CARRIED

8 Correspondence

Correspondence was shared.

9 Date of Next Meeting

Thursday, January 30, 2025, at 9:00am

10 Closing Remarks & Adjournment

The meeting adjourned at 10:39.

K-L. Massia, Recording Secretary

DRAFT

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: October 25, 2024 November 13, 2024 Finance, HR, and Audit Committee
January 21, 2025 (Updated) November 28, 2024 – Board
 Meeting Date Prepared for: January 30, 2025 - Board
 Subject: Health Information Systems Value Analysis
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- The Champlain Association of Meditech Partners (CHAMP) were engaged in a Health Information System (HIS) Value Analysis to determine future opportunities which addresses feedback received related to the current partnership and Meditech system. This briefing outlines the findings of this report, current status, and support documentation related to the financing decision to be made at this meeting.

RECCOMENDATION

THAT the Board of Directors approve the borrowing of \$7M using the RBC Interest Rate Swap as the preferred method to finance the Atlas Alliance EPIC install at HGMH, as presented.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees?

- No
 Yes, please specify: Quality Committee

SITUATION & BACKGROUND

A brief description of the background to the issue.

- In 2022 the Champlain Association of Meditech Partners (CHAMP) engaged HealthTech to create a digital strategy for the partnership.
- Through this work significant feedback was received related to the current health record not fully meeting the needs of providers.
- Queensway Carlton Hospital is the host of the partnership, and also included: Montfort, Bruyere, Arnprior, Carlton Place and ourselves.
- In June 2023, Carleton Place provided notification of their intention to exit the partnership and join Cerner (Oracle) platform on the Grey Bruce Information Network (GBIN). Carlton Place’s partner hospital, Almonte, is in the GBIN Cerner instance, therefore this decision was made to have both hospitals using the same system on the same instance.
- In June 2024, the CEO of Bruyere provided an e-mail to partner hospital CEO’s that their Board had approved of moving to Atlas Alliance (EPIC) hosted by The Ottawa Hospital, pending ability to finance the project.
- On October 16, 2024 Montfort provided notification that they were moving to the Atlas Alliance instance of Epic, with a goal of transitioning in March of 2026.
- On December 11th, 2024 the HGMH Board approved in principal to move forward with joining the Atlas Alliance to implement the EPIC Health Information System, pending an approved financing plan.

OPTIONS CONSIDERED & ANALYSIS

Outline alternatives that were contemplated in coming to a recommendation. If no viable alternatives exist, include that information as well.

- Throughout the late spring and summer, CHAMP engaged Deloitte to conduct a value analysis of the current system and partnership, and evaluate the following options for the partnership:
 - Fully optimize Meditech and detailed as CHAMP 2.0. Redefine CHAMP partnership with new governance and support structure, and a major investment in upgrading the system for a unified patient chart.
 - Join ONE Meditech Instance, hosted in Northeastern Ontario. It is the first Canadian Meditech site to be on the latest platform (Expanse 2.2).
 - Join Atlas Alliance Epic Instance, and EPIC partnership hosted by The Ottawa Hospital. Established partnership option that is local to our region.
- When conducting this analysis for each option there were three pillars: Product, Partnership and Price. The analysis was performed between April and August of 2024, with significant involvement from the HGMH team.
- Below is a summary of the work Deloitte and the CHAMP teams completed, and the analysis framework.

Executive Summary | Overview

CHAMP's member hospitals recently developed a 3-year strategic plan that began with a critical member-by-member decision to either reaffirm their commitment to the CHAMP partnership and Meditech instance or to explore other potential partnerships with alternative HIS options. This Value Analysis was conducted to help the current CHAMP members determine the HIS path forward that best satisfies their organizations' future state needs. The following pages summarize the findings.

| Scope & Objectives | HIS Value Analysis Approach |
|--|---|
| <p>CHAMP engaged Deloitte to assess three HIS options – (1) renew CHAMP 2.0 partnership with Meditech, (2) join ONE HITS' partnership with Meditech, or (3) join Atlas Alliance with Epic. The objectives were:</p> <ol style="list-style-type: none"> Understand the priorities of all CHAMP members to ensure that the analysis evaluates each path forward relative to the future state needs and vision of each member hospital. Identify the key considerations and differentiators to be aware of when comparing the options between forming a CHAMP 2.0, joining ONE HITS, or joining the Atlas Alliance. Evaluate the 3 HIS options based on an objective scoring framework to determine relative scores for each path forward for all 5 CHAMP member hospitals. | <p>Deloitte's methodology used extensive research and stakeholder engagements:</p>  |
| Value Analysis Framework | |
| <p>The Value Analysis Framework has served as the foundation for the analysis detailed in this report. The three HIS options were evaluated based on their alignment with the future state needs of CHAMP members across three Pillars: Product, Price, and Partnership. Category and weightings were co-developed with CHAMP members and are provided below. The definition of each category is described in Appendix A.</p> | |
| <p>Product (33%) Functionality and capabilities of the HIS, and alignment with the needs of CHAMP, as well as its' patients & providers.</p> | <p>Price (33%) Project and operational cost categories including vendor costs, internal resource costs, and cost offsets (\$CAD).</p> |
| <p>Partnership (33%) Governance and service model considerations of the partnership options, and alignment with CHAMP's needs.</p> | |

- The evaluation has been completed, and the outcome for HGMH points to Atlas Alliance (EPIC) as the recommended selection when evaluated against Product, Price, and Partnership. Below is the rolled-up scoring for each option:

| Timeline | CHAMP 2.0 (Meditech) | | | ONE (Meditech) | | | Atlas Alliance (Epic) | | |
|--|--------------------------------|-----------------------------|-------------|---------------------------------|-----------------------------|-------------|---------------------------------|-----------------------------|-------------|
| | Pre-Implementation 8 months | Implementation 16 months | Oper-ations | Pre-Implementation 12 months | Implementation 24 months | Oper-ations | Pre-Implementation 12 months | Implementation 14 months | Oper-ations |
| Product Out of 33 points | | 23.3 | | | 21.5 | | | 29.4 | |
| Price Out of 33 points | | 32.0 | | | 30.5 | | | 26.1 | |
| Partnership Out of 33 points | | 25.6 | | | 21.4 | | | 30.0 | |
| Total | 80.9 / 100 | | | 73.4 / 100 | | | 85.5 / 100 | | |

- Additional details on the Product, Price and Partnership that are being considered when determining the scores for each option is outlined below:

| | CHAMP 2.0, ONE (Meditech) | Atlas Alliance (Epic) | |
|-------------|--|---|--|
| PRODUCT | <ul style="list-style-type: none"> Meditech is the preferred vendor for small hospitals (<150 beds), as per KLAS. Meditech is a configurable (less modular) system, allowing for configuration out-of-the-box (e.g., specialties able to configure the system to meet their own specialized workflows). Meditech is an integrated system offering some back-office functionalities (Payroll, HR, Accounting), though not a robust ERP. Meditech is ranked third in quality of service and support (across phone/web support, executive involvement and proactive service categories), due to "deployment and production" challenges (KLAS). Meditech is also ranked third in quality of implementation and training (KLAS). Per KLAS, Meditech currently holds the largest market share in Canada but has experienced a decrease in market share due to recent migrations to other HIS. | <ul style="list-style-type: none"> Epic is the preferred vendor for mid/large sized acute care hospitals (>200 beds) globally, as per KLAS. Epic is a modular system, offering pre-built functionality for specialties out-of-the-box (e.g., specialty modules with tailored Canadianized workflows/ layouts). Epic offers a secure messaging feature for care teams that has high uptake by Atlas Alliance providers. Epic is ranked first in quality of service and support (across phone/web support, executive involvement and proactive service categories) (KLAS). Epic was also ranked first in its ability to "Keep All Promises" and first in quality of implementation and training (KLAS). Per KLAS, Epic has the second highest market share in Canada and has been growing with several recent procurement wins. | |
| PRICE | <p>CHAMP 2.0 (Meditech)</p> <p>Total 10 Year costs = \$9.8M – \$10.3M Total Implementation = \$4.5M - \$4.8M Total Operation = \$5.3M - \$5.5M</p> <ul style="list-style-type: none"> CHAMP 2.0 includes additional partnership costs to improve the current state of CHAMP through increased resourcing and deploying additional modules. | <p>ONE (Meditech)</p> <p>Total 10 Year costs = \$10.4M – \$10.9M Total Implementation = \$6.7M - \$7.0M Total Operation = \$3.7M - \$3.9M</p> <ul style="list-style-type: none"> ONE includes a buy in fee of \$5M (without contingency applied) across all 5 CHAMP partners. ONE costs include annual membership fees for regional support from the ONE group related to the HIS, data centre, and required 3rd parties. | <p>Atlas Alliance (Epic)</p> <p>Total 10 Year costs = \$11.8M - \$12.3M Total Implementation = \$6.7M - \$7.0M Total Operation = \$5.2M - \$5.3M</p> <ul style="list-style-type: none"> Atlas Alliance costs includes a buy-in fee of \$17M (without contingency applied) across 4 CHAMP partners excluding BCC. Atlas Alliance costs are provided at the enterprise level. Since the hospital's will be transitioning from Meditech to Epic, Atlas Alliance has the highest one-time implementation and licensing fees. |
| PARTNERSHIP | <p>CHAMP 2.0 (Meditech)</p> <ul style="list-style-type: none"> QCH is the service provider for CHAMP 2.0. CHAMP 2.0 has not yet fully been defined. CHAMP members will have the opportunity to further define and formalize CHAMP 2.0 if they decide to move forward with this option. Participation in governance is mandatory. The structure is regional, where committees consist of representatives from each member organization. Each member holds one equal vote. CHAMP is in the process of rolling out Traverse Exchange Canada (TEC), and once fully operational CHAMP will be one of the few organizations in Canada that deploys TEC. Through this, Meditech hospitals can exchange information with other Meditech, Cerner and Epic hospitals in the future, demonstrating their experience and commitment to information sharing. There is expected to be long-term plans for CHAMP 2.0 to move to a cloud-hosted model, however there are not immediate plans to transition to cloud. CHAMP 2.0 includes virtual care capabilities that enhances access to healthcare services through alleviating barriers such as transportation difficulties. | <p>ONE (Meditech)</p> <ul style="list-style-type: none"> ONE is a non-profit shared service organization (SSO), formed by North Bay Regional Health Centre (NBRHC), Sault Area Hospital (SAH), and West Perry Sound Health Centre (WPSHC). ONE Board of Directors is comprised of one representative from each of the founding members and four representatives for the remaining 18 member organizations. While not every member is granted a seat at the board, they can participate through governance committees and advisory groups. As one of the largest joint HIS instances in Ontario, ONE may be able to achieve substantial economies of scale and purchasing power for its members. Currently, ONE does not offer a unified patient portal for its' members. ONE leadership is awaiting further provincial direction regarding this topic before implementing a unified patient portal. | <p>Atlas Alliance (Epic)</p> <ul style="list-style-type: none"> TOH is the service provider for Atlas Alliance. Participation in governance is voluntary. The structure is regional, with committees consisting of representatives from each member organization. Each member holds one equal vote. TOH supports cyber security for 29 Eastern Ontario healthcare organizations. This initiative is funded by Ontario Health and aims to strengthen the region's collective defense against cyber threats and enhance patient data protection systems. Current basic AI capabilities outside the HIS include Lumenix AI, a monitoring system for Hand Hygiene Compliance; and DAX Copilot, a Microsoft solution that uses AI to create draft clinical notes for physicians during patient appointments. There are plans to move the solution from on-premise to a cloud-managed platform (first Epic hospital to do so in Canada). |

IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

Outline both the positive and negative consequences of the recommendations in terms of *financial, mission, quality, risk and other*.

- As we evaluate the options, there has also been guidance received by Ontario Health when renewing or upgrading HIS', this guidance has a tiered approach to the renewal or upgrade that can be characterized as follows:

Provincial Guidance - Default Position

HIS Procurement
 Hospitals within an OHT/LDG adopt the same HIS vendor and instance (or their nearest tertiary or quaternary site)

- If a common instance is not feasible, then a common vendor with different instance
- If a common vendor is not feasible, then hospitals should adequately budget for any additional data integrations that maybe required (e.g., HIE) to integrate with other partners in their patient flow patterns (i.e., across their DHT)

HIS Operations
 Hospitals renewing their HIS should shift operations and support capabilities to a shared service-type structure in tandem and aligned with other provincial initiatives (e.g., Cyber).

- To support hospitals to align with this renewal guidance, we are provided with procurement exemptions when partnering with another hospital and leveraging and existing HIS. Ontario Financing Authority (OFA) loans can be requested for projects related to capital development and major IT Systems including, HIS.

- The provincial guidance aims to accelerate adoption towards regionalization of HISs, leading to benefits across the healthcare system including patient impact, provider experience, cost savings and provincial data interoperability. (Ontario Health)

Update

- **Engagement:** HGMH held a series of EPIC demonstrations for all staff and physicians. We sought feedback and by in large the feedback was positive, and significant excitement for the change. There were some comments related to the cost of the project, however, nothing related to the functionality. Overall, there is a positive energy with respect to the change from Meditech to EPIC among our health care providers.
- **Financing:** HGMH has worked closely with our bank, RBC and the Municipalities, University, School Boards, & Hospital (MUSH) to provide financing options for this large project following the approval of our Board of Directors motion in December 2024. Attached is the prepared documents and recommended option to be considered by the HGMH Board of Directors.
- **Decision-Making process for HIS selection:** All remaining CHAMP hospitals have made the decision to join the Atlas Alliance (QCH, Arnprior, Monfort, Bruyere)

CONSULTED WITH:

Indicate those bodies and individuals who have been consulted with in the development of this decision support document

- Linda Ramsay, Vice President of Corporate Services & Chief Financial Officer
- Rachel Romany, Vice President of Clinical Services & Chief Nursing Executive
- David Lorimer, Manager of Information Technology
- Jennifer Mattice, Manager of Projects, Emergency Preparedness & Security
- Deloitte Canada
- Finance, HR, and Audit Committee – November 13, 2024

ATTACHMENTS:

- RBC Capital Markets report/options overview



Royal Bank

Royal Bank of Canada

Jordan Bress

Regional Director Public Sector

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Glengarry Memorial Hospital

20260 County Road 43, Alexandria ON K0C 1A0

Robert Alldred Hughes and Linda Ramsay

Re: Financing Request

Dear Robert and Linda

RBC is honored and privileged to put together financing options for your review, which is contained in a separate document.

The financing options as you will see have varying amortizations to help meet your cashflow needs. The dollar value used for this discussion paper was \$7,000,000 but can always be amended prior to funding. The funding option that is being provided is a SWAP arrangement which is outlined in our second document. We can arrange to have a call with our Capital Markets Team and your board should you wish to on January 30th to review further.

Should any questions present themselves please feel free to reach out to me directly.

Jordan Bress

Regional Director- Public Sector Markets

Ontario North and East

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RBC Capital Markets

Fixed Rate Flexible Financing

Using Interest Rate Hedging Strategies to
Manage Financing Risk

January 2025

STRICTLY PRIVATE AND CONFIDENTIAL



Capital
Markets

Interest Rate Risk Management

Interest Rate Swap Overview

Fixed Rate Flexible Financing

- RBC, via its partners in RBC Capital Markets (“RBC CM”), would be pleased to explore a fixed rate flexible solution that is comprised of a **CORRA Loan facility, hedged with an Interest Rate Swap** that will fix the underlying interest rate (cost of funds) on the financing requirements of the anticipated facility
- The advantages of an Interest Rate Swap compared to a Fixed Rate Term Loan (“FRTL”):
 - Ability to forward fix the cost of funds today for a date in the future
 - Ability to fix the cost of funds for up to the full amortization of the loan
 - More favorable breakage terms with two-way breakage cost calculation (FRTL one way breakage)
 - Competitive rates, and no extra fees to consider a swap

Notes on Swap Rate Pricing

- Swap rates are fixed for the entire term selected, while the Credit Spread on the CORRA Loan facility is re-evaluated upon the maturity of the selected CORRA Loan facility term
- All-in rates assume no change in Credit Spread upon the renewal of the selected CORRA Loan facility term
- A forward starting swap can also be considered; to fix the swap rate ahead of the expected financing need

Indicative Interest Rate Swap Pricing

- **Daily CORRA Rate** : 3.28% + 0.95% Credit Spread = **4.23%**

| Effective Date | Swap Term | Amortization | Indicative Swap Rate ⁽¹⁾ | 1-year CORRA Credit Spread | All-In Rate |
|----------------|-----------|--------------|-------------------------------------|----------------------------|--------------|
| 01-Mar-2025 | 5-years | 18-years | 3.17% | 0.95% | 4.12% |
| | 10-years | | 3.39% | | 4.34% |
| | 15-years | | 3.50% | | 4.45% |
| | 18-years | | 3.51% | | 4.46% |

Required Swap Documentation & Process Overview ⁽²⁾

| ISDA | Regulatory/KYC | Post-Trade Swap Confirmation |
|--|--|---|
| <ul style="list-style-type: none"> ▪ The International Swaps and Derivatives Association (“ISDA”) is a globally recognized organization dedicated to promoting and developing sound and efficient business practices and standards in the over-the-counter derivatives industry worldwide ▪ All entities looking to enter into an OTC derivative transaction are required to negotiate and sign an ISDA Agreement, which sets out provisions governing the parties’ overall relationship | <p>Specific Regulatory and KYC requirements differ by Counterparty & jurisdiction – includes but not limited to:</p> <ul style="list-style-type: none"> ▪ Legal Entity Identifier (LEI) ▪ CAD Rep /Cross-Border Rep Letter ▪ Certificate of Incumbency ▪ ID Verifications ▪ List of Directors ▪ Organizational Structure Chart | <ul style="list-style-type: none"> ▪ A legally binding document signed by participating Counterparties to a transaction, lays out specific parameters of the trade ▪ The swap confirmation also references the ISDA executed between Counterparties |

(1) Indicative pricing as of January 9th, 2025 and subject to change

(2) ISDA & Regulatory/KYC documentation are all required to be completed pre-trade

Appendix: Interest Rate Risk Management Strategies

Understanding and Summary

- Glengarry Memorial Hospital (“*Glengarry*”) is seeking C\$7MM in financing for an IT project
- Glengarry Memorial Hospital has two possible solutions to manage interest rate risk on the loan
 1. Fixed Rate Term Loan
 2. Interest Rate Swap (***Recommended***)

| | ① Fixed Rate Term Loan | ② Interest Rate Swap |
|------------------------------|---|--|
| Mechanics | <ul style="list-style-type: none"> ▪ Closer to the funding date, Glengarry Memorial Hospital can lock in a fixed rate via a Fixed Rate Term Loan ▪ Comparable to a fixed mortgage rate ▪ The take-out date is fixed and not flexible, ex: cannot adjust take-out date & keep the same rate | <ul style="list-style-type: none"> ▪ Ahead of financing requirement, Glengarry Memorial Hospital can utilize a forward-starting interest rate swap to obtain a fixed cost of borrowing for the future take-out date ▪ A Flexible Window Feature can be added to fix the interest rate and accommodate any changes on the takeout date, without any penalty or rate adjustment after the fact |
| Credit Spread | <ul style="list-style-type: none"> ▪ The Credit Spread is embedded within the all-in rate for the term chosen; ex: a 5y mortgage rate includes a 5y credit spread | <ul style="list-style-type: none"> ▪ Can select a 1 to 10-year Credit Spread term. Selecting a shorter term will provide a lower Credit Spread, thereby reducing the interest expense ▪ The Credit Spread will be re-evaluated at the end of each term |
| Forward Locking Rates | <ul style="list-style-type: none"> ▪ Limitations forward fixing, capped at 1-year forward and requires fees ▪ No flexibility with take-out date | <ul style="list-style-type: none"> ▪ Ability to forward fix a rate for financing up to 2-years in the future, without additional fees ▪ Flexible window can accommodate changing take-out date in the event of delay |
| Benefits | <ul style="list-style-type: none"> ▪ Interest rate certainty up to 10 years ▪ Prepayment options; up to 10%/year ▪ Credit spread typically matching fixed rate term | <ul style="list-style-type: none"> ▪ Long-term interest rate certainty, up to the full loan amortization ▪ Two-way breakage cost calculations ▪ No dollar or frequency limits on repayment, flexibility with extensions and restructuring, subject to two-way adjustment calculations ▪ No upfront fees ▪ Ability to obtain rate certainty now for future financing needs via forward starting swap |
| Considerations | <ul style="list-style-type: none"> ▪ One-way interest rate breakage cost & credit spread penalty ▪ Can typically only lock in up to 10-years ▪ Less flexibility on pre-payments and restructuring ▪ Potential fees for forward fixing, only up to 1-year in advance | <ul style="list-style-type: none"> ▪ Additional documentation needed (ISDA) ▪ Additional administration as it involves the combination of two products ▪ Credit spread term may be shorter than fixed rate term |

The rate risk mitigation decision is not “all or none”; Glengarry could consider partial fixes and/or laddering into the fixed rates over time to “average” into an all-in rate

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Report of the Board Chair

January 2025 Board Meeting

OHA Newsletter Health Systems News

Once again the monthly OHA newsletter is full of positive news on the healthcare front. I was particularly interested in a YouTube sensation, Dr Andrea Furlan. Her common sense and simplified language to discuss issues within her Rehab clinic has gained a huge following. I passed this info to our Rehab team who plan to incorporate some of these videos into their educational program.

Vibrant Community Meeting

I did attend a meeting in Nov of the Vibrant Communities organization of SDG, Cornwall and Akwesasne. While primarily a social services agency with that focus, there was some useful sharing of information within the group.

Quarterly meeting with COS

Louise and I had our quarterly meeting with the COS. Another useful exchange of information. The medical community is evolving. But overall things seem stable.

MAID Survey

Health Canada is looking for public input on amendments to MAID proposed amendments. This is your opportunity to be involved.

<https://surveys.hkperspectives.com/s3/7a646ae06450EN>

Board Meeting Time

Discussion about day/time of Board meetings ie. daytime or evening

Dr Stuart Robertson
Chair, Board of Directors
Hôpital Glengarry Mémorial Hospital

Report of the President & CEO

January 30, 2025 Board Meeting

Meeting with Deputy Minister of Health Deb Richardson - Update

As you are aware, I recently attended a meeting with a group of small hospital CEOs from across the province, the Deputy Minister of Health, Deb Richardson, her staff, the Ontario Health CEO and staff, and representatives from the Ontario Hospital Association. The discussion was both constructive and forward-looking, with the Deputy Minister demonstrating openness and responsiveness to the concerns raised by the leaders of small hospitals. She expressed a strong commitment to stabilizing the healthcare sector while collaboratively envisioning its future. Her appreciation for the dialogue and contributions from health system leaders was evident, fostering a sense of shared purpose as we navigate the challenges and opportunities ahead for healthcare in Ontario.

Meeting with MPP Nolan Quinn

I had a productive meeting with MPP, Nolan Quinn, where we focused on two critical financial priorities for Hôpital Glengarry Memorial Hospital: Bill 124 relief and addressing our working capital deficit. While we are pleased that Bill 124 relief has now been fully funded, providing much-needed financial support, the working capital deficit remains a pressing issue. We discussed the importance of securing a plan for working funds relief and the ongoing efforts required to ensure financial stability for the hospital. MPP Quinn was engaged in the conversation, and I look forward to continued collaboration on these important matters. A meeting with MPP Stéphane Sarrazin will take place in the near future.

Community Living Award - Employer of the Year



I am proud to share that Hôpital Glengarry Memorial Hospital was recognized by Community Living Glengarry as the Employer of the Year, reflecting our strong commitment to equity and inclusion. This meaningful award, presented at their Wine and Cheese function on Thursday, December 12, at the Sports Palace, acknowledges our efforts to create an environment where everyone can thrive. Community Living Glengarry highlighted the quality of our onboarding process and the exceptional integration of Michelle Valade into our Dietary team as key reasons for this recognition. This honor underscores our dedication to fostering an equitable workplace where diversity is celebrated and supported.

The Passing of Lorraine Rozon (September 11, 1958 to December 11, 2024)

It is with great sadness that I share the passing of Lorraine Rozon, a dedicated volunteer who gave so much of her time and energy to Hôpital Glengarry Memorial Hospital. Lorraine's kindness, generosity, and unwavering commitment to supporting our hospital and community left a lasting impact on all who had the privilege of knowing her. I had the honor of attending her funeral on behalf of HGMH. Lorraine will be deeply missed, and her legacy of service and compassion will always be remembered. ([Obituary](#))





Pre-Budget Advocacy

Pre-budget advocacy plays a vital role in ensuring the voices of Ontario hospitals, including Hôpital Glengarry Memorial Hospital, are heard as the government sets its financial priorities. This is an opportunity to highlight the critical needs of our healthcare system, advocate for sustainable funding, and address key challenges such as workforce stability, infrastructure & technology investment, and access to care. Effective advocacy during this time can have a significant impact on shaping the future of healthcare in our province and ensuring our hospital has the resources needed to provide high-quality care to our community.

This important work is already underway, and I have included key messages prepared by the Ontario Hospital Association for the Board of Directors to support our collective advocacy efforts (*Attached*). If you find yourself in the company of MPPs or other influential individuals, I encourage you to reference these messages. They are designed to deliver clear and compelling points about our priorities and the critical issues facing hospitals today. By using these messages, we can ensure a consistent and unified voice in our advocacy, increasing the likelihood of meaningful outcomes for the sector.

Community Engagement Session – March 4, 2025

As part of our ongoing commitment to engaging with our community, I am proposing that Board of Directors and Senior Leadership Team hold a community engagement session to strengthen our connection with those we serve. This event will provide an opportunity for the hospital to present updates on our current initiatives, address pre-submitted questions from the community, and showcase the range of services we offer through informational booths. Additionally, with the important work of capital redevelopment beginning, this forum will serve as a platform to both hear from the community and share details about this critical project. Engaging the community in this process is essential to ensure their voices are heard and to build support for the future growth and modernization of our hospital.

HGMH Celebrating 60 years of caring for our communities

2025 is a milestone year for Hôpital Glengarry Memorial Hospital, marking 60 years since we first opened our doors to the community. This is a significant achievement that reflects the dedication, hard work, and collaboration of our staff, volunteers, physicians, and community partners. To celebrate this occasion, we are planning a community celebration in May, which will be an inclusive event open to all. Tickets will be sold, and the event will bring together community members, staff, physicians, volunteers, political leaders, and others to reflect on our history, celebrate our achievements, and look forward to the future. This celebration will be a wonderful opportunity to strengthen our connections, acknowledge the contributions of all who have been part of our journey, and celebrate the continued growth of HGMH.

Healthcare Collaborative Board of Directors Appointment

I am pleased to share that I have been elected to the Board of Directors of Healthcare Benefits Collaborative, or, "Co" a not-for-profit organization dedicated to supporting healthcare organizations across Ontario in the management and delivery of employee health benefits. Co grew out of the need to address the rising costs associated with hospital benefits, and its formation was made possible through a collaboration between the Ontario Hospital Association (OHA) and the Healthcare Insurance Reciprocal of Canada (HIROC). These partnerships played a key role in the development of Co, which was established to help healthcare providers,



including hospitals and long-term care facilities, manage their benefits programs in a more cost-effective and sustainable way.

As a member of the Board, I look forward to working alongside fellow board members to help guide the organization in its mission to provide innovative and efficient healthcare benefit solutions. Co's work is vital in ensuring that healthcare employees across Ontario have access to comprehensive healthcare coverage while helping organizations better manage the financial challenges of providing these benefits. I am excited to contribute to Co's ongoing success and to collaborate on initiatives that will benefit both healthcare organizations and their employees.

Upcoming Events/Special Dates

- February 17th – Family Day
- February 22nd – National Caregiver Day
- February 26th – Pink Shirt Day

Report of the VP of Corporate Services and CFO

January 30, 2025 Board Meeting

Health Information Services

Data Quality Initiatives and NRS (National Rehabilitation Standards) enhancement

The Health Information Services department has upgraded to Winrecs 3.0 with a more user-friendly interface. It is equipped with the Edit Management Tool and all information is encoded so that is up to par with the submission requirements of the Ministry of Health

To minimize Registration errors, a second monitor for patients has been installed in the ER so patients can double check and verify their information at the initial point of contact and minimize additional man-hours needed to correct demographic errors.

With the adoption of the new Winrecs 3.0 system, we are now capable of having all allied healthcare professionals' in the Rehabilitation unit input directly into Winrecs.

Going Paperless Initiative

The previous process of uploading endoscopy images involved printing a high-resolution image and then scanning them into the system, a wasteful and inefficient process. With the help of IT, the department will be able to upload the images directly from the machine into the EMR. The projected go-live is in the next few weeks.

Dietary

Holiday celebration meals

On December 13th, Dietary served all staff for to our Christmas lunch, totaling approximately 83 lunches across all shifts. Tourtières and the turkey gravy were made in-house.

In addition to staff meals, we provided a Christmas meal to patients, and on New Year's day, we switched the menu to include glazed ham, scalloped potatoes, baked beans, and a garden salad instead of the usual spaghetti. For dessert, we served a white cake covered with a mixed berry sauce.

Patient menus

The patient menu continues to undergo slight changes as we make improvements.

We are hopeful to implement the SOHFI initiative in the near future, which will further improve patient meal service. SOHFI stands for (Simply Outstanding Hospital Food Initiative) taking our menus one step further. Whereby volunteers assist with the opening of containers for patients when the meal trays are being distributed. If this were to get implemented, it would reduce waste, assisting patients with those difficult-to-open jam and butter containers as well as the milk containers and those tightly screwed-on water bottle tops.

Our challenge is volunteer recruitment.

The manager of the Dietary, Housekeeping and Laundry departments, Louise Quenneville, will be retiring as of May 1, 2025. Recruitment efforts will begin shortly.

Maintenance and Capital projects

Bulkhead installation

Now that we are 100% fully sprinklered, the next phase is to install bulk heads to enclose the exposed pipes in the new year, and new cubicle curtains are being reviewed to ensure we meet the OFC.

Interior signage and wayfinding – Phase 2 and 3

New signage and wayfinding signs are being created and installed by Significo. This will refresh our signs to be in line with our new branding.

O.R – Renovations to meet CSA standards

The new ergonomic sink has been installed as well as a new stainless-steel counter. We now are reviewing the rest of the standards to ensure we are compliant prior to our accreditation visit.

Emergency lighting

During a power outage it was identified that there was not enough emergency lighting. Phase 1 has been installed and we will be reviewing the balance of the hospital to assess the need for additional lighting.

Parking lot resurfacing

First phase is now complete. Completion date of all three phases to be in spring of 2025



Report of the Chief of Staff January 2025

Recredentialing Process and Implementation of New Electronic System (CMARS):

Recredentialing packages for all medical staff for the 2025 HGMH credentialing period have been received and reviewed by the Medical Advisory Committee (MAC). Recommendations for approval have been submitted to the Board.

Dr. Poole has announced his decision to retire from the Emergency Department after 33 years of dedicated service to HGMH. A celebration to honor his many years of contribution to the organization is being planned, likely for February.

Physician Roster Stability

External Postings:

- Two part-time or locum positions for the inpatient unit have been posted, with a couple of candidates expressing interest thus far.
- One part-time position in the Emergency Department has also been posted.

Chief of Emergency

We have received letters of interest from two internal candidates for the position of Chief of Emergency. Interviews are scheduled for January 23, 2025. The interview panel will consist of representatives from Human Resources, the Vice President of Clinical Services, Quality & CNE, the Clinical Manager of the Emergency Department & Ambulatory Care, the Chief of Staff, and the Chief of Inpatient and Inpatient & Ambulatory Care.

ED P4R

We are actively tracking the "**Left Without Being Seen by a Physician**" metric, and in response, have implemented a targeted 4-hour shift, three days per week, during high-volume periods identified by our Health Records Department. This initiative is showing positive results, with the metric continuing to trend downward.

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------------------|------|-------|-------|------|------|------|------|------|------|
| Total ED Visits | 1453 | 1642 | 1486 | 1620 | 1633 | 1679 | 1748 | 1679 | 1622 |
| Total Left Without Being Seen | 142 | 203 | 149 | 150 | 111 | 125 | 136 | 128 | 93 |
| % Left Without Being Seen | 9.8% | 12.4% | 10.0% | 9.3% | 6.8% | 7.4% | 7.8% | 7.6% | 5.7% |

Another key focus is the "**Time to PIA**" (90th percentile, in hours), which measures the time from triage or registration (whichever occurs first) to initial physician assessment. In Q3, we observed a slight increase in this metric, primarily due to higher patient acuity and several transfers to the Heart Institute. For context, the provincial average for this measure is 4.4 hours.

| P4R Ranking Metrics | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Time to PIA - 90th %tile (hrs) | 4.8 | 5.8 | 5.0 | 5.4 | 4.4 | 4.3 | 4.4 | 4.8 | 4.8 |

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee -
 Senior Leadership Team
 Other (please specify):

Date Prepared: December 16, 2024 Meeting Date Prepared for: January 15, 2025 – Governance
January 30, 2025 – Board of
Directors

Subject: Rules of Order Review

Prepared by: R. Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- The purpose of this briefing note is to outline considerations to changing the current rules of order adopted for Board meeting from Nathan’s Rules of Order to Robert’s Rules of Order for improved accessibility, affordability, and convenience.

RECOMMENDATION

THAT the Board of Directors approve the replacement of *Nathan's Rules of Order* with *Robert's Rules of Order* as the official rules of order for Board meetings.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees? No Yes, please specify:

SITUATION & BACKGROUND

A brief description of the background to the issue.

- As part of the work undertaken last year to update the Corporate Bylaws, in collaboration with Borden Ladner Gervais LLP (BLG), the Board adopted Nathan's Rules of Order as the official parliamentary authority for conducting meetings. While Nathan's Rules of Order are recognized as a credible resource for meeting procedures, they present the following challenges:
 - Lack of Accessibility: Nathan's Rules of Order are not available electronically, making it difficult for Board Directors to access the resource conveniently.
 - High Cost: The purchase of hard copies for all Board Directors is expensive, limiting its availability to individual members.
- It is proposed that the Board Governance Committee recommend changing the adopted rules of order to *Robert's Rules of Order* for the following reasons:
 - Cost-Effective:** *Robert's Rules of Order* are available in electronic formats at a significantly lower cost compared to *Nathan's Rules of Order*.
 - Accessibility:** Electronic versions can be easily shared with all Board Directors, ensuring everyone has equal access to the resource.
 - Recognized Standard:** *Robert's Rules of Order* is widely accepted and used by organizations and boards across Canada and internationally, providing a consistent and familiar framework for meeting procedures.
 - Ease of Use:** The resource is user-friendly, with supporting guides and tools readily available to assist with parliamentary procedures.



IMPLEMENTATION & COMMUNICATION PLAN

Consider how the recommendation will be rolled-out and communicated to all key stakeholders.

- Governance Committee Discussion and Decision – January 15, 2025

If approved at Governance:

- Recommendation to Board of Directors – January 30, 2025
- Obtain electronic copy for all Board of Directors to review on Board Portal – February 3, 2025

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: Decmeber 23, 2024 Meeting Date Prepared for: January 15, 2025 – Finance
 Subject: October and November 2024 Financial Statements
 Meeting Date Prepared for: January 30, 2025 - Board
 Prepared by: Linda S. Ramsay – VP Corporate Services and Chief Financial Officer

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Financial Statement explanations of variances between Actual and Budgeted amounts for the months of October and November 2024. Note: Budget figures presented are based on the annual amount divided by 12 months.

RECOMMENDATION

THAT the Board of Directors review and receive the financial statements for October and November 2024 as presented.

ANALYSIS OF FINANCIAL INFORMATION

November/December

- Ministry Base Funding: the funding for the last 6 months of the fiscal year for Bill 124 had not been determined, thus explaining the decrease of base funding by \$ 60 K for both months of October and November
- Parking resurfacing area fall phases were completed in late October. Parking revenues are back to normal.
- November was a month that had 3 pay periods. The system calculates an accrual for the unpaid wages at the end of every month. However, it does not calculate the related accrued benefits (ie: employer portions of CPP, EI, EHT etc...) Meaning that for November we have an additional cost related to wages. Additionally, the occupancy levels on both units warranted additional staff.
- Medical staff remuneration includes the \$ 50 K of summer locum, that has been extended to March 2025. The matching income is in the AEF payments. Both P4R payment to physicians and ER back up were unbudgeted when the budget was drafted. However, matching income is split between Ministry one time funding and physician payments Income.
- Managers are very diligent and managing their individual department expenses very closely.

ANALYSIS OF STATISTICAL INFORMATION

- Out of province ER volumes for both October and November were up helping with our out of province income.
- November occupancy on both units was the highest we have seen since the start of the year.

FUTURE ITEMS TO CONSIDER

- Funding for the last 6 months of Bill 124 was received in the amount of \$ 329,900 and in early December, funding notification of \$ 563,800 was received concerning Bill 124. This brings 100 % coverage of the impact of Bill 124 on fiscal year 2024-2025.
- Adding all of the various funding announcements, \$ 1,261,100 will be added to our base funding on a go forward basis for the Bill 124.
- Having received full funding for Bill 124, anticipating a small surplus of about \$ 150 K at year end.

SUPPORTING DOCUMENTS/ATTACHMENTS

- Financial Statements October and November 2024
- Statistical Information

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING OCTOBER 31, 2024**

| ACTUAL Sep-24 | BUDGET Sep-24 | VARIANCE Sep-24 | ACTUAL Oct-24 | BUDGET Oct-24 | VARIANCE Oct-24 |
|------------------|------------------|--------------------|------------------|------------------|--------------------|
| 1,468,326 | 1,353,682 | 114,644 | 1,406,426 | 1,353,683 | 52,743 |
| 12,500 | 0 | 12,500 | 12,500 | 0 | 12,500 |
| 82,948 | 0 | 82,948 | 0 | 0 | 0 |
| 219,169 | 152,083 | 67,086 | 219,501 | 152,083 | 67,418 |
| 32,483 | 16,667 | 15,816 | 32,483 | 16,667 | 15,816 |
| 215,978 | 199,271 | 16,707 | 252,034 | 199,269 | 52,765 |
| 12,090 | 16,666 | (4,576) | 17,990 | 16,666 | 1,324 |
| (3,333) | (3,333) | 0 | (3,333) | (3,333) | 0 |
| 117,546 | 118,004 | (458) | 33,057 | 40,076 | (7,019) |
| 14,167 | 17,917 | (3,750) | 14,167 | 17,917 | (3,750) |
| 2,171,874 | 1,870,957 | 300,917 | 1,984,825 | 1,793,028 | 191,797 |
| 1,069,055 | 1,011,567 | 57,488 | 1,037,722 | 1,011,573 | 26,149 |
| 236,068 | 274,815 | (38,747) | 231,470 | 274,827 | (43,357) |
| 293,985 | 197,210 | 96,775 | 308,562 | 197,210 | 111,352 |
| 22,938 | 32,841 | (9,903) | 30,167 | 32,851 | (2,684) |
| 24,360 | 21,680 | 2,680 | 21,024 | 21,683 | (659) |
| 423,908 | 424,904 | (996) | 324,281 | 347,002 | (22,721) |
| 18,167 | 18,167 | 0 | 18,167 | 18,167 | 0 |
| 32,291 | 32,293 | (2) | 32,291 | 32,293 | (2) |
| 2,120,772 | 2,013,477 | 107,295 | 2,003,684 | 1,935,606 | 68,078 |
| 51,102 | (142,520) | 193,622 | (18,859) | (142,578) | 123,719 |

Revenue:
MOHLTC Base Allocation
MOHLTC Base Allocation - one time funding
MOHLTC Special HHR programs
Alternate Emergency Funding Payments
Physician Payments
Patient revenues from other Payers
Differential and Co-Payment
Bad Debts
Recoveries and Miscellaneous
Amortization Grants/Donations - Equipment

Total Revenues

Expenses
Compensation - Salary and Wages
Employee Benefits
Medical Staff Remuneration
Medical and Surgical Supplies
Drugs and Medical Gases
Other Expenses
Amortization of Software License and Fees
Amortization of Equipment

Total Expenses

Surplus/(Deficit) From Operations

| ACTUAL YTD - OCT 2024 | BUDGET YTD - OCT 2024 | VARIANCE YTD - OCT 2024 |
|--------------------------|--------------------------|----------------------------|
| 10,220,536 | 9,475,779 | 744,757 |
| 87,500 | 0 | 87,500 |
| 82,948 | 0 | 82,948 |
| 1,462,086 | 1,064,583 | 397,503 |
| 227,377 | 116,667 | 110,710 |
| 1,539,621 | 1,394,879 | 144,742 |
| 91,530 | 116,666 | (25,136) |
| (23,326) | (23,333) | 7 |
| 397,865 | 358,454 | 39,411 |
| 99,169 | 125,417 | (26,248) |
| 14,185,306 | 12,629,112 | 1,556,194 |
| 7,165,473 | 7,080,999 | 84,474 |
| 1,809,404 | 1,923,825 | (114,421) |
| 1,948,661 | 1,380,460 | 568,201 |
| 173,089 | 229,933 | (56,844) |
| 174,260 | 151,777 | 22,483 |
| 2,550,853 | 2,506,906 | 43,947 |
| 127,169 | 127,167 | 2 |
| 226,037 | 226,043 | (6) |
| 14,174,946 | 13,627,110 | 547,836 |
| 10,360 | (997,998) | 1,008,358 |

| ACTUAL Sep-24 | BUDGET Sep-24 | VARIANCE Sep-24 | ACTUAL Oct-24 | BUDGET Oct-24 | VARIANCE Oct-24 |
|------------------|------------------|--------------------|------------------|------------------|--------------------|
|------------------|------------------|--------------------|------------------|------------------|--------------------|

| ACTUAL YTD - OCT 2024 | BUDGET YTD - OCT 2024 | VARIANCE YTD - OCT 2024 |
|--------------------------|--------------------------|----------------------------|
|--------------------------|--------------------------|----------------------------|

Loss of Revenues compared to Budget

| | | | | | | | |
|--------------------------|---------|---------|---------|---------|---------|---------|----------|
| Out of province | 136,956 | 139,217 | 145,195 | 139,217 | 931,981 | 973,083 | (41,102) |
| In Patient O/P | 6,570 | 6,250 | 26,280 | 6,250 | 77,526 | 43,750 | 33,776 |
| Rental Income | 8,387 | 4,667 | 5,491 | 4,667 | 33,509 | 32,665 | 844 |
| Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest - income | 0 | 0 | 0 | 0 | 7,076 | 0 | 7,076 |
| Parking | 17,265 | 19,167 | 7,018 | 19,167 | 136,579 | 134,165 | 2,414 |

Details of Other Expenses

| | | | | | | | |
|---|---------|---------|---------|---------|-----------|-----------|---------|
| Supplies (4000) | 85,131 | 90,262 | 92,655 | 90,276 | 635,053 | 631,901 | 3,152 |
| Services (6000) | 136,866 | 136,515 | 58,286 | 58,593 | 490,987 | 488,053 | 2,934 |
| Equipment, R & M and software support (7100) | 109,767 | 95,479 | 70,752 | 95,484 | 659,161 | 668,382 | (9,221) |
| Contracted Out services (8000) | 98,391 | 95,795 | 100,436 | 95,795 | 699,255 | 670,570 | 28,685 |
| Building and grounds (9000) | (6,247) | 6,853 | 2,152 | 6,854 | 66,395 | 47,979 | 18,416 |
| | 423,908 | 424,904 | 324,281 | 347,002 | 2,550,851 | 2,506,885 | 43,966 |

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT OCTOBER 31, 2024**

| | OCTOBER 31, 2024 |
|---|--------------------------|
| Current Assets | |
| Cash and Investments | 1,610,345 |
| Accounts receivable | 721,590 |
| Inventory | 178,262 |
| Prepaid Expenses | 190,215 |
| | <u>2,700,412</u> |
| Capital assets minus accumulated depreciation | <u>9,913,597</u> |
| Total Assets | <u>12,614,009</u> |
| Current Liabilities | |
| Accounts payables and accrual liabilities | 2,388,618 |
| Employee future benefits | 1,147,868 |
| Deferred income | 74,500 |
| | <u>3,610,986</u> |
| Deferred contributions | <u>6,486,837</u> |
| Net assets | |
| Restricted | 832,868 |
| Unrestricted | 583,652 |
| Capital Fund reserves | 1,099,665 |
| | <u>2,516,185</u> |
| Total Liabilities, Deferred contributions and Net assets | <u>12,614,009</u> |

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING NOVEMBER 30, 2024**

| ACTUAL Oct-24 | BUDGET Oct-24 | VARIANCE Oct-24 | ACTUAL Nov-24 | BUDGET Nov-24 | VARIANCE Nov-24 |
|------------------|------------------|--------------------|------------------|------------------|--------------------|
| 1,406,426 | 1,353,683 | 52,743 | 1,406,426 | 1,353,683 | 52,743 |
| 12,500 | 0 | 12,500 | 14,224 | 0 | 14,224 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 219,501 | 152,083 | 67,418 | 208,198 | 152,084 | 56,114 |
| 32,483 | 16,667 | 15,816 | 32,483 | 16,666 | 15,817 |
| 252,034 | 199,269 | 52,765 | 223,168 | 199,264 | 23,904 |
| 17,990 | 16,666 | 1,324 | 34,528 | 16,668 | 17,860 |
| (3,333) | (3,333) | 0 | (3,333) | (3,334) | 1 |
| 33,057 | 40,076 | (7,019) | 74,710 | 40,073 | 34,637 |
| 14,167 | 17,917 | (3,750) | 14,167 | 17,916 | (3,749) |
| <u>1,984,825</u> | <u>1,793,028</u> | <u>191,797</u> | <u>2,004,571</u> | <u>1,793,020</u> | <u>211,551</u> |
| 1,037,722 | 1,011,573 | 26,149 | 1,082,839 | 1,011,561 | 71,278 |
| 231,470 | 274,827 | (43,357) | 329,902 | 274,813 | 55,089 |
| 308,562 | 197,210 | 111,352 | 300,201 | 197,205 | 102,996 |
| 30,167 | 32,851 | (2,684) | 32,840 | 32,841 | (1) |
| 21,024 | 21,683 | (659) | 24,389 | 21,679 | 2,710 |
| 324,281 | 347,002 | (22,721) | 337,018 | 346,985 | (9,967) |
| 18,167 | 18,167 | 0 | 18,167 | 18,166 | 1 |
| 32,291 | 32,293 | (2) | 32,291 | 32,289 | 2 |
| <u>2,003,684</u> | <u>1,935,606</u> | <u>68,078</u> | <u>2,157,647</u> | <u>1,935,539</u> | <u>222,108</u> |
| <u>(18,859)</u> | <u>(142,578)</u> | <u>123,719</u> | <u>(153,076)</u> | <u>(142,519)</u> | <u>(10,557)</u> |

Revenue:
MOHLTC Base Allocation
MOHLTC Base Allocation - one time funding
MOHLTC Special HHR programs
Alternate Emergency Funding Payments
Physician Payments
Patient revenues from other Payers
Differential and Co-Payment
Bad Debts
Recoveries and Miscellaneous
Amortization Grants/Donations - Equipment

Total Revenues

Expenses

Compensation - Salary and Wages
Employee Benefits
Medical Staff Remuneration
Medical and Surgical Supplies
Drugs and Medical Gases
Other Expenses
Amortization of Software License and Fees
Amortization of Equipment

Total Expenses

Surplus/(Deficit) From Operations

| ACTUAL YTD - NOV 2024 | BUDGET YTD - NOV 2024 | VARIANCE YTD - NOV 2024 |
|--------------------------|--------------------------|----------------------------|
| 11,626,962 | 10,829,462 | 797,500 |
| 101,724 | 0 | 101,724 |
| 82,948 | 0 | 82,948 |
| 1,670,284 | 1,216,667 | 453,617 |
| 259,860 | 133,333 | 126,527 |
| 1,762,789 | 1,594,143 | 168,646 |
| 126,058 | 133,334 | (7,276) |
| (26,659) | (26,667) | 8 |
| 472,575 | 398,527 | 74,048 |
| 113,336 | 143,333 | (29,997) |
| <u>16,189,877</u> | <u>14,422,132</u> | <u>1,767,745</u> |
| 8,248,312 | 8,092,560 | 155,752 |
| 2,139,306 | 2,198,638 | (59,332) |
| 2,248,862 | 1,577,665 | 671,197 |
| 205,929 | 262,774 | (56,845) |
| 198,649 | 173,456 | 25,193 |
| 2,887,871 | 2,853,891 | 33,980 |
| 145,336 | 145,333 | 3 |
| 258,328 | 258,332 | (4) |
| <u>16,332,593</u> | <u>15,562,649</u> | <u>769,944</u> |
| <u>(142,716)</u> | <u>(1,140,517)</u> | <u>997,801</u> |

| ACTUAL Oct-24 | BUDGET Oct-24 | VARIANCE Oct-24 | ACTUAL Nov-24 | BUDGET Nov-24 | VARIANCE Nov-24 |
|------------------|------------------|--------------------|------------------|------------------|--------------------|
|------------------|------------------|--------------------|------------------|------------------|--------------------|

| ACTUAL YTD - NOV 2024 | BUDGET YTD - NOV 2024 | VARIANCE YTD - NOV 2024 |
|--------------------------|--------------------------|----------------------------|
|--------------------------|--------------------------|----------------------------|

Loss of Revenues compared to Budget

| | | | | | | | |
|--------------------------|---------|---------|---------|---------|-----------|-----------|----------|
| Out of province | 145,195 | 139,217 | 149,463 | 139,217 | 1,081,444 | 1,112,300 | (30,856) |
| In Patient O/P | 26,280 | 6,250 | 0 | 6,250 | 77,526 | 50,000 | 27,526 |
| Rental Income | 5,491 | 4,667 | 4,854 | 4,666 | 38,363 | 37,331 | 1,032 |
| Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest - income | 0 | 0 | 0 | 0 | 7,076 | 0 | 7,076 |
| Parking | 7,018 | 19,167 | 24,908 | 19,166 | 161,487 | 153,331 | 8,156 |

Details of Other Expenses

| | | | | | | | |
|---|----------------|----------------|----------------|----------------|------------------|------------------|---------------|
| Supplies (4000) | 92,655 | 90,276 | 106,343 | 90,267 | 741,396 | 722,168 | 19,228 |
| Services (6000) | 58,286 | 58,593 | 40,097 | 58,582 | 531,084 | 546,635 | (15,551) |
| Equipment, R & M and software support (7100) | 70,752 | 95,484 | 89,221 | 95,483 | 748,382 | 763,865 | (15,483) |
| Contracted Out services (8000) | 100,436 | 95,795 | 98,210 | 95,798 | 797,465 | 766,368 | 31,097 |
| Building and grounds (9000) | 2,152 | 6,854 | 3,645 | 6,855 | 70,040 | 54,834 | 15,206 |
| | <u>324,281</u> | <u>347,002</u> | <u>337,516</u> | <u>346,985</u> | <u>2,888,367</u> | <u>2,853,870</u> | <u>34,497</u> |

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT NVOEMBER 30, 2024**

| | NOVEMBER 30, 2024 |
|---|--------------------------|
| Current Assets | |
| Cash and Investments | 1,401,276 |
| Accounts receivable | 768,189 |
| Inventory | 173,420 |
| Prepaid Expenses | 218,665 |
| | <u>2,561,550</u> |
| Capital assets minus accumulated depreciation | <u>10,139,993</u> |
| Total Assets | <u>12,701,543</u> |
| Current Liabilities | |
| Accounts payables and accrual liabilities | 2,492,572 |
| Employee future benefits | 1,155,368 |
| Deferred income | 74,500 |
| | <u>3,722,440</u> |
| Deferred contributions | <u>6,596,221</u> |
| Net assets | |
| Restricted | 850,477 |
| Unrestricted | 430,574 |
| Capital Fund reserves | 1,101,831 |
| | <u>2,382,882</u> |
| Total Liabilities, Deferred contributions and Net assets | <u>12,701,543</u> |

**GLENGARRY MEMORIAL HOSPITAL
STATISTICAL INFORMATION
November 2024**

| | April | May | June | July | August | September | October | November | Actual Total 2024/25 | % as per Benchmark | BENCHMARKS 2024/25 | Actual Total 2023/24 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------------|--------------------------|-----------------------|----------------------------|
| <u>INPATIENTS</u> | | | | | | | | | | | | |
| <u>OCCUPANCY RATE in %</u> | | | | | | | | | | | | |
| ACTIVE UNIT - 22 beds (2023-2024) | 69.09% 96.82% | 59.09% 65.98% | 47.27% 66.82% | 43.11% 71.85% | 67.16% 65.25% | 69.70% 81.21% | 70.23% 85.34% | 75.30% 77.88% | 62.57% | | 82.00% | 76.32% |
| REHABILITATION - 15 beds (2023-2024) | 89.11% 61.11% | 85.81% 54.41% | 76.44% 74.67% | 77.63% 72.04% | 79.35% 66.24% | 72.22% 74.67% | 84.95% 54.41% | 91.56% 68.00% | 82.13% | | 80.00% | 65.63% |
| OVERALL OCCUPANCY - 37 beds (2023-2024) | 77.21% 82.34% | 69.92% 61.29% | 59.10% 70.00% | 57.11% 71.93% | 72.10% 65.65% | 70.72% 78.56% | 76.20% 72.80% | 81.89% 73.87% | 70.50% | | 81.00% | 71.99% |
| <u>OUTPATIENTS</u> | | | | | | | | | | | | |
| EMERGENCY/OUTPATIENT | | | | | | | | | | | | |
| # OF VISITS - Res. | 1,214 | 1,333 | 1,234 | 1,317 | 1,285 | 1,375 | 1,423 | 1,347 | 11,183 | | 6,300 | 10,278 |
| Out of province | 239 16% | 309 19% | 253 17% | 303 19% | 349 21% | 304 18% | 325 19% | 331 20% | 1,758 14% | | 2,250 | 2,433 19% |
| (2022-2023) | 1,453 | 1,642 | 1,487 | 1,620 | 1,634 | 1,679 | 1,748 | 1,678 | 12,941 | | 8,550 | 12,711 |
| | 1,473 | 1,650 | 1,664 | 1,767 | 1,551 | 1,545 | 1,627 | 1,434 | 12,711 | | | |
| SPECIALTY CLINICS | | | | | | | | | | | | |
| # OF VISITS - Res. | 250 | 248 | 227 | 190 | 201 | 224 | 268 | 184 | 1,794 | | 1,483 | 1,828 |
| Out of prov./country | 0 0% | 0 0% | 0 0% | 1 1% | 1 0% | 1 0% | 2 1% | 0 0% | 3 0% | | 18 | 2 0% |
| (2022-2023) | 250 | 248 | 227 | 191 | 202 | 225 | 270 | 184 | 1,797 | | 1,500 | 1,830 |
| | 202 | 325 | 234 | 183 | 202 | 227 | 236 | 221 | 1,830 | | | |
| RADIOLOGY | | | | | | | | | | | | |
| # OF STUDIES | 1,117 | 1,119 | 932 | 947 | 973 | 1,048 | 1,228 | 1,222 | 8,586 | | | 7,916 |
| (2022-2023) | 949 | 1,016 | 985 | 972 | 982 | 989 | 983 | 1,040 | 7,916 | | | |
| ULTRASOUND | | | | | | | | | | | | |
| # OF STUDIES | 192 | 205 | 166 | 185 | 166 | 160 | 217 | 148 | 1,439 | | | 1,494 |
| (2022-2023) | 174 | 192 | 198 | 208 | 183 | 175 | 178 | 186 | 1,494 | | | |
| BONEDENSITOMETRY | | | | | | | | | | | | |
| # OF STUDIES | 39 | 39 | 39 | 51 | 39 | 53 | 48 | 20 | 328 | | | 379 |
| (2022-2023) | 49 | 13 | 77 | 63 | 62 | 13 | 38 | 64 | 379 | | | |

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: January 7, 2025 Meeting Date Prepared for: January 15, 2025 – Fiannce
 Subject: HR Strategic Plan 2024 Recap
 Prepared by: Kayla MacGillivray, Chief Human Resources Officer

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Provide an overview of the 2023-2028 HR Strategic Plan's progress in 2024.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- Seven goals under three umbrellas (Quality, Financial and Strategic) were identified as key priorities for completion in 2024-2025.
- Three have been completed.
- Three are on track.
- One goal is at risk due to the dependency on another department. A meeting is set with the provider of the new system and our IT department on January 10, 2025 to confirm the dates/project timeline.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- HR Plan 2024 Review
- HR Plan

HUMAN RESOURCES STRATEGIC PLAN UPDATE - JANUARY 2025

| | GOAL | 2024-25 TARGET | PROGRESS |
|-----------|--|---------------------------------------|------------------------------|
| QUALITY | Implement at least two actions from the Inclusion, Diversity, Equity, and Anti-Racism framework that support equitable access and/or culturally safe care. | Two actions | COMPLETE |
| | Provide leadership training related to Diversity, Equity, Inclusion & Anti-Racism. | 100% of Leaders Trained | ON TRACK (83.3%) |
| FINANCIAL | Reduce costs and increase efficiency in the Scheduling Department. | Reduce costs by \$70,000 | ON TRACK (\$69,646.39) |
| | Find cost savings in Recruitment functions to re-invest in recruitment branding strategies. | Find and re-invest savings of \$5,000 | AT RISK (Dependent on IT) |
| STRATEGIC | Develop a creative recruitment brand that markets the hospital to prospective talent in a meaningful way. | Completion | COMPLETE |
| | Redesign and validate adjustments to the onboarding process for new hires, to ensure the new employee experience is seamless and positive. | Completion | ON TRACK |
| | Develop and implement a standardized retirement recognition program that celebrates staff members who are retiring from the hospital in a meaningful way. | Completion | COMPLETE |



HÔPITAL
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Strategic Human Resources Plan

2023-2028



HGMH at a Glance

Our Mission

Delivering outstanding care for our communities.

Our Vision

Providing your care, your way, with seamless integration, innovation, and equitable access for our communities.

Our Values

Our 'PACT' is our promise to have Passion, Accountability, Compassion & Teamwork at the heart of all we do, everyday.

Passion for what we do

Accountability for our role

Compassion for those we serve

Teamwork for each other

Our Strategic Priorities





People
& Culture

“Improve engagement by investing in the organization’s people and empower a caring and positive culture for all.”

-HGMH 2023-2028 Strategic Plan



About Our People



Number of Employees

186



Breakdown by Classification

Administration
Allied Health
Nursing
Support Staff



Unions

ONA
CUPE



Average Age of Employees

43



Strategic Priorities



1

Recruitment & Retention

2

Diversity, Equity, Inclusion & Accessibility

3

Safety & Wellness

4

Professional & Leadership Development

5

Rewards & Recognition

Recruitment & Retention

Develop and implement recruitment and retention initiatives to attract and retain high-performing employees that present the values of HGMH.

Here's how we'll make that happen:

- Develop Recruitment Branding
- Redesign Onboarding Process
- Explore Onsite Daycare
- Develop Student Relations

Measurements:

- Turnover rate
- Turnover first 90 days of employment
- Vacancy rate
- Time of application to time of offer



Diversity, Equity, Inclusion & Accessibility

Develop and implement an IDEA framework that aligns with the mission, vision and values of the organization and demonstrates that HGMH is an equitable provider of healthcare and employment.

Here's how we'll make that happen:

- Develop HGMH-IDEA Branding
- Create IDEA Committee
- Develop IDEA Framework
- Engage Community and Related Hospital Committees

Measurements:

- Targeted Engagement Questions
- Cultural Safety Training Completion %



Safety & Wellness

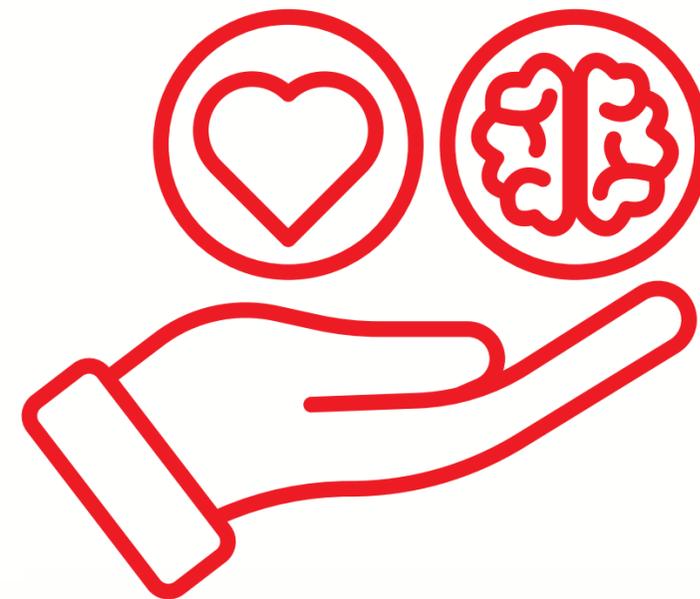
Develop and implement an updated Safety & Wellness program.

Here's how we'll make that happen:

- Implement Bi-Annual Fitness Challenges
- Explore Gym Membership Options
- Develop Workplace Inspections Platform
- Provide Regular Health & Safety Training to Leaders

Measurements:

- Employee Engagement Survey Results
- Safety Incidents
- Sick Time



Professional & Leadership Development

Cultivate a skilled and empowered workforce through continuous learning and leadership development.

Here's how we'll make that happen:

- Implement Leadership Development Programs
- Promote Professional Development for Staff
- Redesign Performance Evaluations

Measurements:

- Employee Engagement Survey Results
- Completion % of Performance Evaluations
- Training Hours



Rewards & Recognition

Reward and recognize the people of HGMH and celebrate their achievements.

Here's how we'll make that happen:

- Implement Standardized Recognition Weeks/Months
- Implement Standardized Retirement Recognition
- Develop & Implement Recognition for Quality & Service Excellence

Measurements:

- Employee Engagement Survey Results



Human Resources

By implementing this Human Resources strategic plan, HGMH aims to create a workplace that attracts, retains, and develops top talent while fostering a culture of diversity, equity, inclusion, safety, wellness and recognition.





HÔPITAL
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Memorial**
HOSPITAL

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 **info@hgmh.on.ca**

 **www.hgmh.on.ca**



DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: December 23, 2024 Meeting Date Prepared for: January 15, 2025 – Finance
January 30, 2025 - Board
 Subject: Pre-Capital Submission
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

The purpose of this update is to provide the Finance, HR and Audit Committee with the current status of the Request for Proposal (RFP) for developing a Pre-Capital Submission for Hôpital Glengarry Memorial Hospital (HGMH). This process is a critical step to ensure the hospital’s strategic direction aligns with future healthcare needs, supports growth, and enhances high-quality care delivery in accordance with provincial guidelines.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees? No Yes, please specify:

CURRENT STATUS

The RFP was issued and has received significant interest from potential consultancy firms. The original deadline for submissions has been extended to January 10th, 2025, to allow for a more comprehensive response from vendors and to ensure a competitive selection process. Overall, the project is progressing well, and we remain on track to meet our planning milestones.

SITUATION & BACKGROUND

A brief description of the background to the issue.

HGMH is at a critical juncture requiring long-term strategic planning to address evolving healthcare demands, technological advancements, and demographic changes. The Pre-Capital Submission (Stage 0) is an essential component of Ontario’s capital planning process, setting the foundation for subsequent stages, including the Master Program and Master Plan.

Completing a Pre-Capital Submission aligns with HGMH’s strategic priorities: Quality & Safety, People & Culture, Integration & Standardization, and Future Planning. This step ensures alignment with provincial guidelines and enhances the likelihood of securing Ministry support and funding for this infrastructure projects.

The estimated cost of completing this stage is \$200,000, a prudent investment to position the hospital for long-term growth and improved service delivery. However, until the bids are received, we will not have a known dollar figure.

Once the firm is selected, HGMH will have a roadmap to share with timelines for completion and an established process for stakeholder engagement.

IMPLEMENTATION & COMMUNICATION PLAN

Consider how the recommendation will be rolled-out and communicated to all key stakeholders.

- Develop and Issue an RFP by November 2024
- Submit Pre-Capital Submission by Summer 2025 – *Estimated timeline adjusted*

REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

January 15, 2025 at 5:00PM MS Teams

Present: L. Boyling, Chair
G. McDonald
G. Peters
C. Larocque
Dr. S. Robertson
R. Alldred-Hughes, CEO

Regrets: None

Summary of Discussion

Approval of the Agenda

The agenda was reviewed.

Moved By: C. Larocque

Seconded By: Dr. S. Robertson

THAT the agenda be approved as presented.

CARRIED

Declaration of Conflict of Interest

There were no conflicts declared.

Approval of Previous Meeting Report

The meeting report from November 13, 2024, was shared.

Moved By: G. Peters

Seconded By: G. McDonald

THAT the meeting report be approved as presented.

CARRIED

Business Arising from Report

There was no business arising from the report.

Committee Workplan Review

There were no changes to the committee workplan, and things are on track.

Matters for Discussion/Decision

OHA Board Survey Results

The results from the OHA Board Survey were shared. It was noted that the HGMH Board is scoring well against peer Boards.

Rules of Order

With the revisions made to the Corporate Bylaws last Board Cycle, Nathan's Rules of Order were adopted for Board meetings, however, electronic copies are not available, and it is costly to purchase copies for all Directors.

Moved By: Dr. S. Robertson

Seconded By: C. Larocque

THAT the Governance and Nominating Committee recommend to the Board of Directors the replacement of *Nathan's Rules of Order* with *Robert's Rules of Order* as the official rules of order for Board meetings.

If approved by the Board, an electronic copy will be purchased and made available on the Board portal.

CARRIED

Review Corporate and Professional Staff Bylaws

Since the Corporate Bylaws underwent full revision during the last Board cycle in order to be AODA compliant, no revisions were noted this year. There were no revisions brought forward for the Professional Staff Bylaws.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the Governance and Nominating Committee review and receive this report and confirms that no revisions to the Corporate Bylaws and Professional Staff Bylaws are required at this time.

CARRIED

Review Board Attendance

The Board attendance was reviewed with no concerns at this time. Correction will be made to G. McDonald's name on the first table.

Governance Accreditation Standard Review

Accreditation standard 3.1.9 was discussed. A document is being developed for the Board with all of the Governance standards and the supporting evidence to better prepare Directors for Accreditation.

Equity, Diversity & Inclusion Update

It was noted that rather than EDI, the acronym should read IDEA to reflect the IDEA framework. An update on work being done was shared including the artwork that was commissioned by an indigenous artist from Akwesasne which will be installed within the hospital.

Review Performance Evaluation Questionnaire for CEO and COS

The questionnaires were shared and reviewed.

Moved By: C. Larocque

Seconded By: Dr. S. Robertson

THAT the Governance and Nominating Committee approve the Performance Evaluation Questionnaire for CEO and COS as presented.

The format of the evaluations was discussed whereas the results from the Board Evaluation and the 360 evaluations are compiled, and then the Chair and Vice Chair meet with the CEO and COS individually to go over the results. There were no suggested changes to the evaluations. It was discussed adding a second layer to the evaluation where the Board Chair and Vice Chair would meet with the Senior Team to allow them to provide any feedback they didn't wish to include in writing. This will be further discussed with the Executive team.

CARRIED

Review Committee Effectiveness Survey Questionnaires

The committee effectiveness surveys were reviewed with a suggested change.

Moved By: G. McDonald

Seconded By: C. Larocque

THAT the Governance and Nominating Committee approve the Committee Effectiveness Surveys as amended.

Discussion ensued around some of the wording in the Finance and HR committee survey whereas its currently stated that *The committee is working effectively by reviewing and recommending to the Board long-term financial goals, and revenue and expense projections.*

This will be reworded to state that *The committee is working effectively by reviewing and recommending to the Board long-term program and service goals.*

It was noted that the date of the survey for the French Language Services committee could change depending on when the committee meets as per deadlines to the Ministry for reporting.

CARRIED

Review Peer-to-Peer Survey Questionnaire

The Peer-to-Peer survey was reviewed.

Moved By: G. McDonald

Seconded By: C. Larocque

THAT the Governance and Nominating Committee approve the Peer-to-Peer survey questionnaire as amended.

It was agreed that N/A be changed to Unknown and the free text section will be reworded to say Please Explain Using Examples. Questions 6, 8, 10, and 12 will be removed. This will be revised and brought back to the next committee meeting for approval.

TABLED

Documents for Review

Code of Conduct Policy

The Code of Conduct Policy was revised and shared for review.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Code of Conduct Policy as presented.

CARRIED

Board of Directors Nomination and Election Policy

The Board of Directors Nomination and Election Policy was revised and shared for review.

Moved By: C. Larocque

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board of Directors Nomination and Election Policy as presented.

CARRIED

Signing Authority and Approval

The Signing Authority and Approval Policy was revised and shared for review.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Signing Authority and Approval Policy as presented.

CARRIED

Next meeting: Wednesday, March 12, 2025

K-L. Massia, Recorder

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee -
 Senior Leadership Team
 Other (please specify):

Date Prepared: December 16, 2024 Meeting Date Prepared for: January 15, 2025 – Governance
January 30, 2025 - Board

Subject: OHA Board Self-Assessment Tool Results

Prepared by: Robert Aلدred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- The purpose of this note is to provide an overview of the results of the OHA Board-Self Assessment that was completed in the Fall of 2024 by Directors who have been on the Board for more than one year.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees? No Yes, please specify:

- All Board Standing Committees

SITUATION & BACKGROUND

A brief description of the background to the issue.

- In the Fall of 2024, the Ontario Hospital Association (OHA) provided an opportunity for Hospital Boards to participate in a self-assessment.
- The assessment tool focuses on the following areas:
 - *Performing Board Roles*
 - *Board Role and Management Relationship*
 - *Board Quality*
 - *Board Structure*
 - *Meeting Processes*
 - *Overall Board Functioning*
 - *Individual Director’s Functioning*

- There were 751 individual responses from Board members across the province from 66 organizations.
- To support the interpretation of results, below is the legend:

“Org. Avg”: This is HGMH average of the responses provided by our hospital Board Directors.

“Total Avg”: This is the average of all 751 responses received by all participants

The average is taken from the responses to the sliding scale questions of strongly disagree (1) and strongly agree (5).

 This symbol represents the average of each specific individual hospital responses.

 This symbol represents the average of all responses received by the HGMH Board of Directors.

 This symbol represents where the average of all participant responses.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- East Region Board Self-Assessment Results Representing 15 Organizations

Board Self-Assessment Tool



Instructions

Hopital Glengarry Memorial Hospital | Peer organizations | Total Avg

Select Year
2024

Select Organization
Hopital Glengarry
Memorial Hospital

Organization Type
All

OH Region
East Region

No. of Organizations Represented: 15

No. of Respondents for Selected Organization: 14

| | | Org Avg | Trend | Total Avg | Peer Comparison | |
|------|---|---------|-------|-----------|-----------------|--|
| 1.1 | The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization. | 4.8 | | 4.5 | | |
| 1.2 | The board is adequately involved in the process of developing the Strategic Plan. | 4.7 | | 4.5 | | |
| 1.3 | The board encourages the identification and assessment of initiatives to create a more integrated local health services system. | 4.7 | | 4.4 | | |
| 1.4 | The board regularly monitors and evaluates progress towards strategic goals and directions. | 4.9 | | 4.5 | | |
| 1.5 | The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities | 4.6 | | 4.4 | | |
| 1.6 | The board effectively oversees the development of the annual budget and financial plans for the organization. | 4.6 | | 4.6 | | |
| 1.7 | The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards). | 4.7 | | 4.4 | | |
| 1.8 | The performance measures and other information received by the board permit directors to monitor results and identify areas of concern. | 4.6 | | 4.4 | | |
| 1.9 | When there are significant financial and/or quality performance variances, management provides the board with acceptable explanations and plans for dealing with those variances. | 4.7 | | 4.6 | | |
| 1.10 | The board is informed about significant risk issues in a timely manner. | 4.6 | | 4.5 | | |
| 1.11 | There is an effective process for establishing the CEO's annual goals. | 4.8 | | 4.5 | | |
| 1.12 | There is an effective process for measuring the CEO's performance. | 4.7 | | 4.5 | | |
| 1.13 | The board has a sound plan for the CEO's development and succession. | 4.6 | | 4.1 | | |
| 1.14 | There is an effective process for establishing the Chief of Staff's annual goals. | 4.8 | | 4.3 | | |
| 1.15 | There is an effective process for measuring the Chief of Staff's performance. | 4.6 | | 4.3 | | |
| 1.16 | The board has a sound plan for the Chief of Staff's development and succession. | 4.5 | | 4.0 | | |
| 1.17 | The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion. | 4.6 | | 4.2 | | |
| 1.18 | The board speaks with 'one voice' in all communications with stakeholders. | 4.6 | | 4.6 | | |
| 1.19 | The board ensures that the organization engages relevant stakeholders when considering strategic planning and services integration opportunities. | 4.8 | | 4.4 | | |

Board Self-Assessment Tool

Select Year
2024

Select Organization
Hopital Glengarry Memorial
Hospital

Organization Type
All

OH Region
East Region

Hopital Glengarry Memorial Hospital | Peers | Total Avg

2. Board Role and Management Relationship

| | Org Avg | Trend | Total Avg | Peer Comparison | | | | | | | | | |
|---|---------|-------|-----------|-----------------|--|--|--|--|--|--|--|--|--|
| 2.1 The board understands and performs its governance role and does not become overly involved in operational issues. | 4.9 | | 4.5 | | | | | | | | | | |
| 2.2 The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions. | 4.6 | | 4.5 | | | | | | | | | | |
| 2.3 The board's goals, expectations and concerns are openly communicated to the CEO and management. | 4.6 | | 4.5 | | | | | | | | | | |
| 2.4 The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO) | 4.9 | | 4.7 | | | | | | | | | | |

3. Board Quality

| | | | | |
|--|-----|--|-----|--|
| 3.1 The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload. | 4.6 | | 4.4 | |
| 3.2 The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance. | 4.4 | | 4.4 | |
| 3.3 The board membership is sufficiently independent to ensure good governance of the organization. | 4.7 | | 4.6 | |
| 3.4 New board members receive adequate orientation to prepare them to contribute effectively to the board. | 4.6 | | 4.3 | |
| 3.5 The board receives in-depth, ongoing continuing education. | 4.4 | | 4.3 | |

4. Board Structure

| | | | | |
|--|-----|--|-----|--|
| 4.1 The board has the appropriate committees to support the work of the board. | 4.6 | | 4.6 | |
| 4.2 Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues. | 4.6 | | 4.6 | |
| 4.3 The board respects the work of its committees and does not redo committee work. | 4.9 | | 4.6 | |
| 4.4 Committee reports are effective in providing the necessary information to the board. | 4.6 | | 4.5 | |
| 4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.6 | | 4.7 | |
| 4.6 The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.7 | | 4.7 | |
| 4.7 The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.8 | | 4.7 | |

Board Self-Assessment Tool

Select Year
2024

Select Organization
Hopital Glengarry Memorial Hospital

Organization Type
All

OH Region
East Region

Hopital Glengarry Memorial Hospital | Peers | Total Avg

| 5. Meeting Processes | | Org Avg | Trend | Total Avg | Peer Comparison |
|----------------------|---|---------|-------|-----------|-----------------|
| 5.1 | Meetings are structured to allow sufficient time for discussion of major issues. | 4.8 | | 4.3 | |
| 5.2 | Board discussions enable appropriate participation by all Directors | 4.8 | | 4.4 | |
| 5.3 | The board has a well-conceived and realistic annual work plan. | 4.8 | | 4.5 | |
| 5.4 | Board materials are sufficiently informative so that board members can participate in discussions and make decisions. | 4.9 | | 4.6 | |
| 5.5 | Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings. | 4.9 | | 4.5 | |
| 5.6 | The board uses in-camera sessions appropriately. | 4.5 | | 4.6 | |
| 5.7 | The board uses a consent agenda practice that conserves board time without compromising board oversight. | 4.8 | | 4.7 | |
| 5.8 | Minutes accurately reflect board discussions and decisions. | 4.8 | | 4.7 | |
| 5.9 | The board's 'meetings without management' focus on the governance process and support from management. | 4.7 | | 4.4 | |
| 5.10 | The board can perform its functions effectively using virtual meetings. | 4.7 | | 4.4 | |
| 5.11 | Virtual meetings allow directors to contribute as effectively as in-person meetings to decision making. | 4.5 | | 4.0 | |
| 5.12 | The board has adopted clear expectations for virtual and in-person attendance at meetings. | 4.8 | | 4.3 | |
| 5.13 | I feel good about my level of contribution in virtual meetings. | 4.6 | | 4.4 | |
| 5.14 | I have the technology I need to participate in virtual meetings. | 4.7 | | 4.6 | |
| 5.15 | I would prefer the board expected all Directors to attend meetings in-person. | 2.8 | | 2.9 | |
| 5.16 | I would be comfortable with a long-term hybrid approach to board meetings in which some people attend in-person and some people attend virtually. | 4.6 | | 4.1 | |

Board Self-Assessment Tool

Select Year
2024

Select Organization
Hopital Glengarry Memorial Hospital

Organization Type
All

OH Region
East Region

Hopital Glengarry Memorial Hospital | Peers | Total Avg

6. Overall Board Functioning

| | Org Avg | Trend | Total Avg | Peer Comparison |
|---|---------|-------|-----------|-----------------|
| 6.1 Directors work well together, seeking consensus, and treat each other with respect and courtesy. | 4.9 | | 4.6 | |
| 6.2 Directors ask constructive questions and express their views in a respectful manner. | 4.7 | | 4.6 | |
| 6.3 Once decisions are taken by the board, all members support the position. | 4.9 | | 4.7 | |
| 6.4 Directors respect the confidentiality of board in-camera discussions. | 4.7 | | 4.7 | |
| 6.5 Directors declare conflicts of interest, where appropriate. | 4.6 | | 4.7 | |
| 6.6 The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings). | 4.4 | | 4.2 | |
| 6.7 The board has effective evaluation tools to help it make modifications in its governance processes. | 4.7 | | 4.3 | |
| 6.8 The board balances its time well between considering future issues and dealing with current governance matters. | 4.6 | | 4.2 | |
| 6.9 The board addresses important issues and decisions at a sufficiently early stage. | 4.8 | | 4.3 | |
| 6.10 On balance, the board allocates its time effectively between important issues and those of lesser importance. | 4.7 | | 4.4 | |

7. Individual Director's Functioning

| | | | | |
|---|-----|--|-----|--|
| 7.1 I have a good understanding of the difference between the board's governance role and the role of the CEO and management. | 4.8 | | 4.7 | |
| 7.2 I have a good understanding of the organization's strategic plans, activities and operations. | 4.7 | | 4.6 | |
| 7.3 I have a good understanding of the challenges in the external environment affecting the organization. | 4.7 | | 4.6 | |
| 7.4 I feel good about my level of contribution to the board's deliberations. | 4.6 | | 4.5 | |
| 7.5 I received adequate orientation that prepared me to contribute effectively to the board. | 4.5 | | 4.4 | |
| 7.6 I receive ongoing continuing education as a member of the board. | 4.6 | | 4.3 | |
| 7.7 I respect confidentiality of board discussions. | 4.9 | | 4.9 | |
| 7.8 I declare a conflict of interest when necessary. | 4.8 | | 4.8 | |
| 7.9 I support decisions of the Board, even if I spoke against them at the meeting. | 4.8 | | 4.8 | |

Board Self-Assessment Tool

Measure
Average

Select Year
2024

Select Organization
Hopital Glengarry Memorial Hospital

Section
Section 1

Organization Type
Multiple values

OH Region
East Region

| *Total Average includes East Region participating hospitals with CCC and Rehab, Community, Small org types | | Org Board Average | Total Average | 5- Strongly Agree | 4- Agree | 3- Neutral | 2- Disagree | 1- Strongly Disagree | N/A- Not Applicable/ Don't know |
|--|---|-------------------|---------------|-------------------|----------|------------|-------------|----------------------|---------------------------------|
| Assessment Criteria | | | | | | | | | |
| 1.1 | The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization. | 4.8 | 4.5 | 11 | 3 | 0 | 0 | 0 | 0 |
| 1.2 | The board is adequately involved in the process of developing the Strategic Plan. | 4.7 | 4.5 | 10 | 4 | 0 | 0 | 0 | 0 |
| 1.3 | The board encourages the identification and assessment of initiatives to create a more integrated local health services system. | 4.7 | 4.4 | 10 | 4 | 0 | 0 | 0 | 0 |
| 1.4 | The board regularly monitors and evaluates progress towards strategic goals and directions. | 4.9 | 4.5 | 12 | 2 | 0 | 0 | 0 | 0 |
| 1.5 | The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities | 4.6 | 4.4 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.6 | The board effectively oversees the development of the annual budget and financial plans for the organization. | 4.6 | 4.5 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.7 | The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards). | 4.7 | 4.5 | 10 | 4 | 0 | 0 | 0 | 0 |
| 1.8 | The performance measures and other information received by the board permit directors to monitor results and identify areas of concern. | 4.6 | 4.4 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.9 | When there are significant financial and/or quality performance variances, management provides the board with acceptable explanations and plans for dealing with those variances. | 4.7 | 4.6 | 10 | 4 | 0 | 0 | 0 | 0 |
| 1.10 | The board is informed about significant risk issues in a timely manner. | 4.6 | 4.5 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.11 | There is an effective process for establishing the CEO's annual goals. | 4.8 | 4.5 | 10 | 3 | 0 | 0 | 0 | 1 |
| 1.12 | There is an effective process for measuring the CEO's performance. | 4.7 | 4.5 | 9 | 4 | 0 | 0 | 0 | 1 |
| 1.13 | The board has a sound plan for the CEO's development and succession. | 4.6 | 4.1 | 8 | 5 | 0 | 0 | 0 | 1 |
| 1.14 | There is an effective process for establishing the Chief of Staff's annual goals. | 4.8 | 4.3 | 10 | 3 | 0 | 0 | 0 | 1 |
| 1.15 | There is an effective process for measuring the Chief of Staff's performance. | 4.6 | 4.3 | 8 | 5 | 0 | 0 | 0 | 1 |
| 1.16 | The board has a sound plan for the Chief of Staff's development and succession. | 4.5 | 3.9 | 6 | 7 | 0 | 0 | 0 | 1 |
| 1.17 | The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion. | 4.6 | 4.3 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.18 | The board speaks with 'one voice' in all communications with stakeholders. | 4.6 | 4.6 | 9 | 5 | 0 | 0 | 0 | 0 |
| 1.19 | The board ensures that the organization engages relevant stakeholders when considering strategic planning and services integration opportunities. | 4.8 | 4.4 | 11 | 3 | 0 | 0 | 0 | 0 |

Board Self-Assessment Tool

Measure
Average

Select Year
2024

Select Organization
Hospital Glengarry Memorial Hospital

Section
Section 2, 3, & 4

Organization Type
Multiple values

OH Region
East Region

| Assessment Criteria | | Org Board Average | Total Average | 5- Strongly Agree | 4- Agree | 3- Neutral | 2- Disagree | 1- Strongly Disagree | N/A- Not Applicable/ Don't know |
|--|--|-------------------|---------------|-------------------|----------|------------|-------------|----------------------|---------------------------------|
| *Total Average includes East Region participating hospitals with CCC and Rehab, Community, Small org types | | | | | | | | | |
| 2.1 | The board understands and performs its governance role and does not become overly involved in operational issues. | 4.9 | 4.5 | 12 | 2 | 0 | 0 | 0 | 0 |
| 2.2 | The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions. | 4.6 | 4.5 | 9 | 5 | 0 | 0 | 0 | 0 |
| 2.3 | The board's goals, expectations and concerns are openly communicated to the CEO and management. | 4.6 | 4.5 | 8 | 6 | 0 | 0 | 0 | 0 |
| 2.4 | The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO) | 4.9 | 4.7 | 12 | 2 | 0 | 0 | 0 | 0 |
| 3.1 | The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload. | 4.6 | 4.5 | 8 | 6 | 0 | 0 | 0 | 0 |
| 3.2 | The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance. | 4.4 | 4.4 | 5 | 9 | 0 | 0 | 0 | 0 |
| 3.3 | The board membership is sufficiently independent to ensure good governance of the organization. | 4.7 | 4.6 | 10 | 4 | 0 | 0 | 0 | 0 |
| 3.4 | New board members receive adequate orientation to prepare them to contribute effectively to the board. | 4.6 | 4.3 | 8 | 6 | 0 | 0 | 0 | 0 |
| 3.5 | The board receives in-depth, ongoing continuing education. | 4.4 | 4.3 | 6 | 8 | 0 | 0 | 0 | 0 |
| 4.1 | The board has the appropriate committees to support the work of the board. | 4.6 | 4.6 | 9 | 5 | 0 | 0 | 0 | 0 |
| 4.2 | Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues. | 4.6 | 4.6 | 9 | 4 | 1 | 0 | 0 | 0 |
| 4.3 | The board respects the work of its committees and does not redo committee work. | 4.9 | 4.6 | 12 | 2 | 0 | 0 | 0 | 0 |
| 4.4 | Committee reports are effective in providing the necessary information to the board. | 4.6 | 4.5 | 9 | 5 | 0 | 0 | 0 | 0 |
| 4.5 | The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.6 | 4.7 | 8 | 6 | 0 | 0 | 0 | 0 |
| 4.6 | The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.7 | 4.7 | 10 | 4 | 0 | 0 | 0 | 0 |
| 4.7 | The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference. | 4.8 | 4.7 | 11 | 3 | 0 | 0 | 0 | 0 |

Board Self-Assessment Tool

Measure
Average

Select Year
2024

Select Organization
Hospital Glengarry Memorial Hospital

Section
Section 5

Organization Type
Multiple values

OH Region
East Region

| Assessment Criteria | | Org Board Average | Total Average | 5- Strongly Agree | 4- Agree | 3- Neutral | 2- Disagree | 1- Strongly Disagree | N/A- Not Applicable/ Don't know |
|---------------------|---|-------------------|---------------|-------------------|----------|------------|-------------|----------------------|---------------------------------|
| | | | | | | | | | |
| 5.1 | Meetings are structured to allow sufficient time for discussion of major issues. | 4.8 | 4.3 | 11 | 3 | 0 | 0 | 0 | 0 |
| 5.2 | Board discussions enable appropriate participation by all Directors | 4.8 | 4.4 | 11 | 3 | 0 | 0 | 0 | 0 |
| 5.3 | The board has a well-conceived and realistic annual work plan. | 4.8 | 4.5 | 11 | 3 | 0 | 0 | 0 | 0 |
| 5.4 | Board materials are sufficiently informative so that board members can participate in discussions and make decisions. | 4.9 | 4.6 | 12 | 2 | 0 | 0 | 0 | 0 |
| 5.5 | Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings. | 4.9 | 4.6 | 12 | 2 | 0 | 0 | 0 | 0 |
| 5.6 | The board uses in-camera sessions appropriately. | 4.5 | 4.6 | 9 | 4 | 0 | 1 | 0 | 0 |
| 5.7 | The board uses a consent agenda practice that conserves board time without compromising board oversight. | 4.8 | 4.7 | 10 | 3 | 0 | 0 | 0 | 1 |
| 5.8 | Minutes accurately reflect board discussions and decisions. | 4.8 | 4.7 | 11 | 3 | 0 | 0 | 0 | 0 |
| 5.9 | The board's 'meetings without management' focus on the governance process and support from management. | 4.7 | 4.3 | 8 | 3 | 0 | 0 | 0 | 3 |
| 5.10 | The board can perform its functions effectively using virtual meetings. | 4.7 | 4.4 | 10 | 4 | 0 | 0 | 0 | 0 |
| 5.11 | Virtual meetings allow directors to contribute as effectively as in-person meetings to decision making. | 4.5 | 3.9 | 7 | 7 | 0 | 0 | 0 | 0 |
| 5.12 | The board has adopted clear expectations for virtual and in-person attendance at meetings. | 4.8 | 4.3 | 11 | 2 | 0 | 0 | 0 | 1 |
| 5.13 | I feel good about my level of contribution in virtual meetings. | 4.6 | 4.3 | 9 | 5 | 0 | 0 | 0 | 0 |
| 5.14 | I have the technology I need to participate in virtual meetings. | 4.7 | 4.6 | 10 | 4 | 0 | 0 | 0 | 0 |
| 5.15 | I would prefer the board expected all Directors to attend meetings in-person. | 2.8 | 2.9 | 2 | 4 | 1 | 3 | 4 | 0 |
| 5.16 | I would be comfortable with a long-term hybrid approach to board meetings in which some people attend in-person and some people attend virtually. | 4.6 | 4.1 | 8 | 6 | 0 | 0 | 0 | 0 |

Board Self-Assessment Tool

Measure
Average

Select Year
2024

Select Organization
Hospital Glengarry Memorial Hospital

Section
Section 6 & 7

Organization Type
Multiple values

OH Region
East Region

*Total Average includes East Region participating hospitals with CCC and Rehab, Community, Small org types

| Assessment Criteria | Org Board Average | Total Average | 5- Strongly Agree | 4- Agree | 3- Neutral | 2- Disagree | 1- Strongly Disagree | N/A- Not Applicable/ Don't know |
|---|-------------------|---------------|-------------------|----------|------------|-------------|----------------------|---------------------------------|
| 6.1 Directors work well together, seeking consensus, and treat each other with respect and courtesy. | 4.9 | 4.6 | 12 | 2 | 0 | 0 | 0 | 0 |
| 6.2 Directors ask constructive questions and express their views in a respectful manner. | 4.7 | 4.6 | 10 | 4 | 0 | 0 | 0 | 0 |
| 6.3 Once decisions are taken by the board, all members support the position. | 4.9 | 4.6 | 12 | 2 | 0 | 0 | 0 | 0 |
| 6.4 Directors respect the confidentiality of board in-camera discussions. | 4.7 | 4.7 | 9 | 4 | 0 | 0 | 0 | 1 |
| 6.5 Directors declare conflicts of interest, where appropriate. | 4.6 | 4.7 | 8 | 5 | 0 | 0 | 0 | 1 |
| 6.6 The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings). | 4.4 | 4.2 | 7 | 6 | 1 | 0 | 0 | 0 |
| 6.7 The board has effective evaluation tools to help it make modifications in its governance processes. | 4.7 | 4.3 | 10 | 4 | 0 | 0 | 0 | 0 |
| 6.8 The board balances its time well between considering future issues and dealing with current governance matters. | 4.6 | 4.2 | 9 | 5 | 0 | 0 | 0 | 0 |
| 6.9 The board addresses important issues and decisions at a sufficiently early stage. | 4.8 | 4.3 | 11 | 3 | 0 | 0 | 0 | 0 |
| 6.10 On balance, the board allocates its time effectively between important issues and those of lesser importance. | 4.7 | 4.4 | 10 | 4 | 0 | 0 | 0 | 0 |
| 7.1 I have a good understanding of the difference between the board's governance role and the role of the CEO and management. | 4.8 | 4.8 | 11 | 3 | 0 | 0 | 0 | 0 |
| 7.2 I have a good understanding of the organization's strategic plans, activities and operations. | 4.7 | 4.6 | 10 | 4 | 0 | 0 | 0 | 0 |
| 7.3 I have a good understanding of the challenges in the external environment affecting the organization. | 4.7 | 4.5 | 10 | 4 | 0 | 0 | 0 | 0 |
| 7.4 I feel good about my level of contribution to the board's deliberations. | 4.6 | 4.4 | 9 | 4 | 1 | 0 | 0 | 0 |
| 7.5 I received adequate orientation that prepared me to contribute effectively to the board. | 4.5 | 4.4 | 8 | 4 | 1 | 0 | 0 | 1 |
| 7.6 I receive ongoing continuing education as a member of the board. | 4.6 | 4.4 | 9 | 5 | 0 | 0 | 0 | 0 |
| 7.7 I respect confidentiality of board discussions. | 4.9 | 4.9 | 12 | 2 | 0 | 0 | 0 | 0 |
| 7.8 I declare a conflict of interest when necessary. | 4.8 | 4.8 | 11 | 3 | 0 | 0 | 0 | 0 |
| 7.9 I support decisions of the Board, even if I spoke against them at the meeting. | 4.8 | 4.8 | 11 | 3 | 0 | 0 | 0 | 0 |

2024-2025 Board of Directors Attendance



| Name | 2024 | | | | 2025 | | | | | | Total | % |
|-----------------------------|------|------|-----|-----|------|-----|-----|-----|-----|-----|-------|------|
| | *Jun | Sept | Oct | Nov | Jan | Feb | Mar | Apr | May | Jun | | |
| Dr. Stuart Robertson, Chair | P | P | P | P | | | | | | | 4 | 100% |
| Louise Boyling, Vice Chair | P | P | P | P | | | | | | | 4 | 100% |
| Charlotte Nagy, Treasurer | P | P | P | A | | | | | | | 3 | 75% |
| Carole Larocque | P | P | P | A | | | | | | | 3 | 75% |
| Francois Desjardins | A | P | P | P | | | | | | | 3 | 75% |
| Dr. Genevieve Raby | P | P | P | A | | | | | | | 3 | 75% |
| Gerard McDonald | P | P | P | P | | | | | | | 4 | 100% |
| Gordon Peters | P | P | P | P | | | | | | | 4 | 100% |
| Heidi Salib | P | P | P | P | | | | | | | 4 | 100% |
| Dr. Raynald Cardinal | P | P | P | P | | | | | | | 4 | 100% |
| Wendy Rozon | P | P | P | A | | | | | | | 3 | 75% |
| Total | 10 | 11 | 11 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 89% |

*Special Meeting

2024-2025 Governance Attendance



| Name | 2024 | | 2025 | | | | Total | % |
|----------------------|------|-----|------|-----|-----|-----|-------|------|
| | Sep | Nov | Jan | Mar | Apr | May | | |
| Louise Boyling | P | P | | | | | 2 | 100% |
| Carole Larocque | A | P | | | | | 1 | 50% |
| Gerard McDonald | P | P | | | | | 2 | 100% |
| Gordon Peters | P | P | | | | | 2 | 100% |
| Dr. Stuart Robertson | P | P | | | | | 2 | 100% |
| Total | 4 | 5 | 0 | 0 | 0 | 0 | 9 | 90% |

2024-2025 Finance Attendance



| Name | 2024 | | | 2025 | | | | | Total | % |
|----------------------|------|-----|-----|------|-----|-----|-----|-----|-------|------|
| | Sep | Oct | Nov | Jan | Feb | Mar | May | Jun | | |
| Charlotte Nagy | P | P | P | | | | | | 3 | 100% |
| Francois Desjardins | P | A | P | | | | | | 2 | 67% |
| Dr. Genevieve Raby | P | P | P | | | | | | 3 | 100% |
| Louise Boyling | P | P | P | | | | | | 3 | 100% |
| Dr. Stuart Robertson | P | P | P | | | | | | 3 | 100% |
| Total | 5 | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 14 | 93% |

2024-2025 Quality Attendance



| Name | 2024 | | 2025 | | Total | % |
|----------------------|------|-----|------|-----|-------|------|
| | Sep | Nov | Feb | May | | |
| Carole Larocque | P | P | | | 2 | 100% |
| Gordon Peters | P | P | | | 2 | 100% |
| Heidi Salib | P | P | | | 2 | 100% |
| Dr. Raynald Cardinal | P | P | | | 2 | 100% |
| Wendy Rozon | P | P | | | 2 | 100% |
| Total | 5 | 4 | 0 | 0 | 8 | 100% |

*Special Committee Meeting

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: December 23, 2024 Meeting Date Prepared for: January 15, 2025 – Governance
January 30, 2025 - Board
 Subject: Policy Reviews
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

The purpose of this briefing note is to provide an overview of the three policies up for review and highlight any material changes to each policy.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees? No Yes, please specify:

SITUATION & BACKGROUND

A brief description of the background to the issue.

Summary of amendments:

Code of Conduct

- The review of the code of conduct brought forward four main amendments for consideration, which includes language amending the time commitment to be the required time to attend and prepare for meetings and events. And standardizes the attendance language with the Board policy.
- Language around a Directors role in preparing for meetings and events has been added as it was not addressed in any other section.
- A new section for ‘teamwork’ was added to speak to the importance of establishing and maintaining effective relationships among Directors.
- An important aspect of a Directors code of conduct is related to the element of continuous self-improvement as a Board Director, therefore new language was established to reflect the current process of evaluation and improvement.
- Some general re-formatting completed as not all paragraphs in the code of conduct were numbered, therefore, removed number from multiple sections.

Nomination and Election Policy

- Alignment of the ex-officio members of the Board with the By-laws.

Signing Authority and Approval

- No suggested amendments made to this policy.

IMPLEMENTATION & COMMUNICATION PLAN

Consider how the recommendation will be rolled-out and communicated to all key stakeholders.

- Obtain Board Approval – January 30, 2025
- Update Board Policy Online
- Include updates in Board Orientation Material

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Code of Conduct
- Board of Directors' Nomination and Election Policy
- Signing Authority and Approval Policy

| | | | |
|-------------------------|---|--|--|
| Document Name: | Code of Conduct | | |
| Document Number: | BOD.01.017.0.25 | | |
| Review Period: | <input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year | Manual: Board Orientation | |
| Classification: | Board of Directors | Section: Governance | |
| Owner: | President & CEO | Signing Authority: Board of Directors | |

POLICY STATEMENT:

The hospital is committed to ensuring that it achieves standards of excellence in the quality of its governance and has adopted this policy describing the duties and expectations of directors.

A director who wishes to serve on the board must confirm in writing that he or she will abide by this policy and must accept to have a criminal reference check.

This Code of Conduct applies to all directors, including *ex-officio* directors and non board members of board committees. Directors are also required to comply with the hospital's policy on Ethics and Standards of Business Conduct, which applies to employees and professional staff.

PROCEDURE:

The Hospital is committed to ensuring that, in all aspects of its affairs, it maintains the highest standards of public trust and integrity.

Directors' Duties

All directors of the hospital stand in a fiduciary relationship to the hospital corporation. As fiduciaries, directors must act honestly, in good faith, and in the best interests of the hospital corporation.

Directors will be held to strict standards of honesty, integrity, and loyalty. A director shall not put personal interests ahead of the best interests of the corporation.

Directors must avoid situations where their personal interests will conflict with their duties to the corporation. Directors must also avoid situations where their duties to the corporation may conflict with duties owed elsewhere.

In addition, all directors must respect the confidentiality of information about the corporation.

| | | |
|---------------------|--------------------------------|-----------------------|
| Effective: May 2010 | Last review/revision: Jan 2025 | Next review: Jan 2028 |
|---------------------|--------------------------------|-----------------------|

Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

Time and Commitment

A director is expected to commit the time required to perform board and committee duties including preparation for an attendance at Board meetings, assigned committee meetings and events.

The board meets approximately nine times a year and a director is expected to adhere to the board's attendance policy that requires attending at least 75 percent of board meetings.

A director is expected to serve on at least one standing committee.

Participation

A Director expects to receive relevant information in advance of the meetings and reviews pre-circulated material and comes prepared to Board and committee meetings and educational events, asks informed questions, and makes constructive contribution to discussions.

Education

A director shall be knowledgeable about:

- The operations of the hospital;
- The health care needs of the community served;
- The health care environment generally;
- The duties and expectations of a director;
- The board's governance role;
- Board's governance structure and processes;
- Board adopted governance policies; and,
- Hospital policies applicable to board members.

A director will participate in a board orientation session, orientation to committees, board retreats and board education sessions. A director should attend additional appropriate educational conferences in accordance with board approved policies.

Best Interests of the Corporation

Directors must act solely in the best interests of the corporation. All directors, including *ex-officio* directors, are held to the same duties and standard of care. Directors who are appointed by a particular group must act in the best interests of the corporation, even if this conflicts with the interests of the nominating party.

Teamwork

A Director maintains effective relationships with Directors, management, and stakeholders by working positively, cooperatively, and respectfully with others in the performance of their duties while exercising independence in decision making.

Confidentiality

Directors and committee members owe a duty to the corporation to respect the confidentiality of information about the corporation whether that information is received in a meeting of the Board or of a committee or is otherwise provided to or obtained by the director or committee member. Directors and committee members shall not disclose or use for their own purpose confidential information concerning the business and affairs of the corporation unless otherwise authorized by the Board.

It is recognized that the role of director may include representing the hospital in the community. However, such representations must be respectful of and consistent with the director's duty of confidentiality. In addition, the chair is the only official spokesperson for the board. Every director, officer and employee of the corporation shall respect the confidentiality of information about the hospital whether that information is received in a meeting of the board or of a committee or is otherwise provided to or obtained by the director.

A director is in breach of his or her duties with respect to confidentiality when information is used or disclosed for other than the purposes of the hospital corporation.

Board Spokesperson

The board has adopted a policy with respect to designating a spokesperson on behalf of the board. Only the chair or designate may speak on behalf of the board. The CEO, or the Chief of Staff or their designates may speak on behalf of the organization.

No director shall speak or make representations on behalf of the board unless authorized by the chair or the board. When so authorized, the board member's representations must be consistent with accepted positions and policies of the board.

Media Contact and Public Discussion

News media contact and responses and public discussion of the hospital corporation's affairs should only be made through the board's authorized spokespersons. Any director who is questioned by news reporters or other media representatives should refer such individuals to the appropriate representatives of the corporation.

Respectful Conduct

It is recognized that directors bring to the board diverse background, skills and experience. Directors will not always agree with one another on all issues. All debates shall take place in an atmosphere of mutual respect and courtesy.

The authority of the chair must be respected by all directors.

Community Representation and Support

A director shall represent the board and the hospital in the community when asked to do so by the board chair.

Board members shall support the hospital and the foundation through attendance at hospital and foundation sponsored events.

Corporate Obedience – Board Solidarity

Directors acknowledge that properly authorized board actions must be supported by all directors. The board speaks with one voice. Those directors who have abstained or voted against a motion must adhere to and support the decision of a majority of the directors.

Obtaining Advice of Counsel

Request to obtain outside opinions or advice regarding matters before the board may be made through the chair.

Evaluation and Continuous Improvement

A Director is committed to a process of continuous self-improvement as a Director. All Directors participate in the evaluation of the Board, and elected Directors participate in individual Director peer assessment and act upon results in a positive and constructive manner.

ASSOCIATED FORMS:

| Form Number | Form Name |
|--------------------|--|
| 51-A-172-24 | Board Member Pledge of Confidentiality |
| | |

REFERENCES:

1. Guide to Good Governance

| | | | |
|-------------------------|---|--|--|
| Document Name: | Nomination and Election | | |
| Document Number: | BOD.01.016.0.25 | | |
| Review Period: | <input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year | Manual: Board Orientation | |
| Classification: | Board of Directors | Section: Governance | |
| Owner: | President & CEO | Signing Authority: Board of Directors | |

POLICY STATEMENT:

Hôpital Glengarry Memorial Hospital is committed to a fair and equitable process for nominating and electing members to the Board of Directors such that the Board will continue to comprise members' representative of the diversity of the community we serve.

The purpose of this policy is to ensure that the Board is comprised of individuals who possess the skills, qualities, and experience to collectively contribute to effective Board governance and to assist the Board in identifying qualified individuals to become Board members.

PROCEDURE:

Composition of the Board

The composition of the Board will consist of up to 15 directors, 11 elected, and have up to five *ex-officio* non-voting directors. The *ex-officio* directors shall be the President and CEO, Chief of Staff, VP of Clinical Services & CNE, and the President of the Medical Staff (if one exists).

Term of Office

An elected director is elected to the Board in accordance with the terms described in the HGMH Corporate By-Laws.

Ex-officio directors are members of the Board by virtue of their position within the organization and will serve on the Board according to the applicable terms of the particular office.

In order to adhere to the requirements of the *Public Hospitals Act*, in which four directors must retire (subject to re-election) each year, appointments to the Board will be staggered and any mid-term vacancy will be filled by the Board until the next annual general meeting.

Process for Nominations

a) *Nominations Committee*

The Board shall establish a Nominations Committee which shall be charged with the responsibility of identifying and recommending individuals to become Board members.

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|---------------------|--------------------------------|-----------------------|
| Effective: Nov 2011 | Last review/revision: Jan 2025 | Next review: Jan 2028 |
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The size and composition of the Nominations Committee shall be determined by the Board from time to time and may include non-board members. The Board shall appoint the Chair of the Nominations Committee, who shall be a member of the Board.

The Nominations Committee will follow the Guidelines for Director Selection (see Appendix A).

b) Nomination Process

The *Public Hospitals Act* requires that four Board members retire each year. This means that four positions on the Board must be up for election or re-election each year. If a director has not yet completed his/her maximum number of terms, he or she may stand for re-election.

The Board shall identify qualified candidates through the following process:

- The number of vacancies will be determined each year and the necessary criteria to fill those vacancies will be identified by conducting a skill-set analysis. Directors will be evaluated based on their performance and renewal will not be automatic;
- A call for nominations will be made and interested parties will be encouraged to submit applications
- Vacancies will be advertised in the local newspapers, as well as on the hospital website;
- Applications will be submitted to the Chair of the Nominations Committee and reviewed by the Nominations Committee;
- A short-list of candidates will be developed by the Nominations Committee of those individuals who meet all of the criteria identified by the Board;
- Reference checks will be initiated before the annual general meeting at the call of the Chair of the Nominations Committee.

c) Election Process

The voting members of the corporation have the ultimate responsibility of approving the recommendation of the Nominations Committee; however only nominees approved by the Nominations Committee through the nomination process set out in this policy shall be eligible for election.

Election of Board members is completed each year as part of the annual general meeting.

The Nominations Committee shall identify candidates to be brought forward to the voting membership for consideration.

Candidates recommended by the Nominations Committee will be presented to the voting members for election and approval.

The Nominations Committee may recommend more candidates than vacancies.

In the event that the number of candidates equals the number of vacancies, the voting members may be asked to vote for or against the slate and, if such a vote does not carry, the vote shall take place for or against each nominee individually.

In the event that one or more recommended candidates are not elected, the Board shall determine an appropriate process to bring new candidates forward for election.

In the event of a tie, the deciding vote will be cast by the Chair of the Board.

ASSOCIATED FORMS:

| Form Number | Form Name |
|--------------------|---------------------|
| 51-A-175-XX | Board Skills Matrix |
| | |

REFERENCES:

1. Public Hospitals Act
2. Guide to Good Governance

Appendix A: Guidelines for Director Selection

Through the nomination and election process, the board selects directors according to their skills, experience, and personal qualities.

The board should seek a balance within the board concerning the skills and experience of directors, while considering any unique or special requirements of the corporation at the current time.

The board should ensure all directors possess the personal qualities necessary to perform their role as board members. The board should have the capacity to understand the diversity of the community served, including demographic, linguistic, cultural, economic, geographic, gender, ethnic and social characteristics of the communities served by the organization.

The skills, experience, knowledge, and personal qualities that the board will use to select potential directors are set out below.

Skills, Experience and Knowledge

The board is to reflect a complementary mixture of skills, experience and knowledge. The skills, experience and knowledge the board will consider in selecting members include the following:

- Accounting designation/financial expertise;
- Board and governance expertise;
- Business management;
- Clinical experience;
- Construction and project management;
- Education;
- Ethics;
- Government and government relations;
- Health care administration and policy and health system needs, issues and trends;
- Human resources management and labour relations;
- Information technology;
- Knowledge and experience in research;
- Legal expertise;
- Patient and health care advocacy;
- Performance management;
- Political acumen;
- Public affairs and communications;
- Quality and patient safety;
- Risk management;
- Diversity, Equity, & Inclusion
- Strategic planning; and

- Understanding of community/catchment area.

Personal Qualities

The board requires all of its board members to:

- Commit to adhere to the mission, vision and core values of the organization;
- Act with honesty and integrity;
- Understand a director's role and fiduciary duties, and the role of the board;
- Think strategically;
- Work as part of a team;
- Communicate effectively;
- Have, or commit to acquire, financial literacy appropriate for the organization's scope of activities;
- Be willing to devote the time and effort required to be an effective board member, including attendance at board orientation, board retreats, board meetings, committee meetings, and organization events;
- Be free of conflicts that would impede a director's ability to fulfill his or her fiduciary duties; and
- Demonstrate ability to recognize and manage specific conflicts of interest that arise from time to time.

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|-------------------------------|---|-------------------------|--|
| Document Name: | Signing Authority and Approval | | |
| Document Number: | BOD.02.008.0.25 | | |
| Review Period: | <input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year | Manual: N/A | |
| Classification: | Board of Directors | Section: Finance | |
| Owner: President & CEO | Signing Authority: Board of Directors | | |

POLICY STATEMENT:

The President and Chief Executive Officer shall ensure that the Corporation has in place policies and rules for the approval, purchasing, contracting, leasing, acquisition, or disposal of goods and services, capital, and real property. These policies will include identification of authorizations as required by legislation, accountability agreements, and/or service agreements with the Ministry of Health and Ontario Health. Such authorizations will be monitored for compliance and reviewed as recommended by the Finance Committee.

PROCEDURE:

APPROVAL

The Board authorizes the President and Chief Executive Officer to make commitments contained within an approved operating plan or capital budget or as otherwise approved by the Board, including any and all: contracts, requisitions, purchase orders, travel authorizations, and any other agreement, financial or otherwise. If emergency expenditures or commitments are necessary, they must be subsequently submitted for approval at the next appropriate meeting.

Prior approval by Board resolution is required for any of the following:

- all contracts, agreements, and costs not included in the approved operating plan and capital budget involving liability on the part of the Corporation in excess of an unbudgeted amount of \$100,000;
- the sale or transfer of any assets of the Corporation not included in the approved operating plan or capital budget, which individually or cumulatively exceeds \$100,000;
- in the case of an acting President and Chief Executive Officer, any expense or cost not included in the approved operating plan or capital budget over \$50,000;
- the taking or instituting of proceedings for the winding-up, reorganization or dissolution of the Corporation;
- the enactment, ratification, or amendment of any by-laws of the Corporation;
- the sale, lease, exchange or other disposition of all or substantially all of the assets or undertakings of the Corporation;
- the provision of financial assistance, whether by loan, guarantee, or otherwise to any person whatsoever;

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|---------------------|--------------------------------|-----------------------|
| Effective: Sep 1996 | Last review/revision: Jan 2025 | Next review: Jan 2028 |
|---------------------|--------------------------------|-----------------------|

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- the mortgaging, pledging, charging or otherwise encumbering of any of the assets of the Corporation;
- all real estate purchases and sales; and
- all capital equipment, capital renovations, and capital projects not included in the approved operating plan and capital equipment budget.

SIGNING AUTHORITY

In accordance with the Corporate By-Law, any of the Chair, a Vice-Chair, or the Treasurer, together with either the President and Chief Executive Officer or their delegate may sign any deeds, transfers, assignments, contracts, mortgages, conveyances, obligations, certificates or any other instruments or documents requiring the signature of the Corporation, and all instruments or documents so signed shall be binding upon the Corporation without any further authorization or formality.

In addition, the Board may from time to time direct the manner in which and the person or persons by whom any particular document or class of documents may or shall be signed. Any signing officer may affix the seal of the Corporation to any instrument or document and may certify a copy of any document, resolution, by-law or other document of the Corporation to be a true copy.

In conjunction with the President and Chief Executive Officer, the Board will identify the designated signing officers of the Corporation and their authority and will review the designated signing officers at least annually and at the time of turnover of such designated Directors and staff.

The President and Chief Executive Officer shall ensure that adequate internal controls and processes are in place. Consistent with administrative policies and internal budgeting policies developed as part of the Corporation's system of internal control and which provide direction to staff for developing and managing the Corporation's budgets. Employees are not authorized to bind the Corporation to contracts or incur expenditures unless they have been delegated that authority. Where the President and Chief Executive Officer is appointed on an acting basis, the President and Chief Executive Officer's signing authority related to unbudgeted expenses shall not be delegated.

BANKING ARRANGEMENTS

Cheque Signing Authority is approved by the Board and generally includes, without limitation, the holders of the following positions:

- President & Chief Executive Officer
- Chief Financial Officer
- Board Chair
- Vice-chair
- Treasurer

All expenditures must be approved by any two of the above positions.

USE OF ELECTRONIC APPROVALS

This authority may not be delegated. All contracts, agreements and pre-approved payments may be signed by electronic signature.

Each electronic signature must be traceable to allow for the individuals signature to be authenticated.

Written authorization must be obtained to use the e-signature by someone else or the inclusion of an e-signature by the individual themselves in order to have a date stamped document.

REPORTING REQUIREMENTS

The Board will satisfy itself, through reporting from the President and Chief Executive Officer or their designate, that the Corporation is acting in accordance with rules as established. The reporting will be at least annually.

REFERENCES:

1. HGMH Corporate By-Law

REPORT OF THE MEETING OF THE FINANCE, HR, AND AUDIT COMMITTEE

January 15, 2025 at 6:00PM via MS Teams

Present: C. Nagy, Chair L. Boyling Dr. S. Robertson
 Dr. G. Raby R. Alldred-Hughes, CEO K. MacGillivray, CHRO

Regrets: L. Ramsay

Summary of Discussion

1.0 Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: L. Boyling

Seconded By: F. Desjardins

THAT the agenda be approved as amended.

Item 5.2 will be deferred as the survey results have not yet been received from Accreditation Canada. **CARRIED**

Declaration of Conflict of Interest: there were no conflicts declared.

2.0 Minutes

Report from the Previous Meeting: The report of the meeting of November 13, 2024, was shared.

Moved By: Dr. S. Robertson

Seconded By: Dr. G. Raby

THAT the report of the meeting of November 13, 2024, be approved as amended.

The minutes will be amended to include the motion that was passed electronically by the Board to move to the Epic Health Information System pending financing.

CARRIED

Business Arising:

There was no business arising from the minutes.

3.0 Matters for Discussion/Decisions

3.1 Atlas Alliance Finance Discussion

Since the last meeting and with motion approved by the Board to move to Epic, a meeting took place with Deloitte who had offered to potentially help with financing however, also recommended to speak to a bank based on the amount needed. After meeting with the bank, options were shared in which rates can still try to be negotiated. A presentation will be given by RBC at the next Board meeting for more details on this financing.

Moved By: Dr. S. Robertson

Seconded By: F. Desjardins

THAT the Finance Committee recommend to the Board of Directors the approval of the RBC financing option as presented.

CARRIED

3.2 Financial Statements - October and November 2024

The financial statements ending November 2024 were reviewed.

Moved By: Dr. G. Raby

Seconded By: L. Boyling

THAT the Finance, HR, and Audit Committee review and receive the financial statements for October and November 2024 as presented.

R. Alldred-Hughes explained the statements ending November 30th, 2024 which show a year to date deficit of \$142,716.

CARRIED

3.3 Review Draft Budget 2025-2026

Work is being done on the draft budget however, Ontario Health has not yet defined the process for the budget. This will eventually come to the committee for recommendation to the Board.

4.0 Matters for Information

4.1 Declaration of Compliance - October and November 2024

The declaration of compliance for October and November 2024 were included in the package.

5.0 Matters for Information - People/Partnerships

5.1 Strategic HR Plan Action Updates

K. MacGillivray gave an overview of where things are at with the actions from the Strategic HR Plan in which it was noted that things are on track with the exception of cost savings in recruitment functions to re-invest in recruitment branding strategies which is at risk due to extra financial costs incurred from a new system in place.

5.2 Employee Engagement Survey Results

Deferred

6.0 Matters for Information - Building/Property/Infrastructure

6.1 Capital Redevelopment Planning Update

The RFP went out in November and the deadline was extended to January 10th, 2025.

Proposals that have come in are being reviewed and oral presentations are setup for next week following which the contract will be awarded to the successful proponent.

7.0 Date of Next Meeting

Next meeting: February 12, 2025

K-L. Massia, Recorder

Correspondence

November 27, 2024 – Seaway News: [COVID-19 Outbreak at Glengarry Hospital](#)

December 2, 2024 – CBC News – [2024 worst year for Ontario ER closures, CBC analysis finds](#)

December 11, 2024 – Standard Freeholder - [North Glengarry firefighters honoured by plane crash survivor](#)

December 13, 2024 – Seaway News – [Outbreak Over](#)

December 29, 2024 – CBC Life – [Plane crash survivor returns to Canada to thank ‘heroes’ who save his life](#)

January 7, 2025 – The Standard Freeholder – [Funding announcement for staffing at Cornwall Community Hospital](#)

January 8, 2025 – Seaway News – [Covid-19 outbreak at HGMH](#)

Le 2 décembre 2024

Linda Ramsay
VP, Services de soutien et directrice des finances
Hôpital Glengarry Memorial Hospital
Transmission courriel : lramsay@hgmh.on.ca

Linda Ramsay,

Objet : Évaluation des organismes désignés en vertu de la *Loi sur les services en français*

L'évaluation de votre plan de désignation a été complétée le 26 août 2024 et nous vous remercions de votre conformité aux exigences de désignation telles que définies par le processus d'évaluation établi par le ministère des Affaires francophones.

Nous sommes ravis de noter que l'hôpital Glengarry Memorial Hospital, désigné en vertu de la *Loi sur les services en français*, continue à offrir des services en français au public conformément aux normes du gouvernement provincial.

Nous vous remercions de votre engagement soutenu visant à offrir de façon proactive des services en français de qualité aux francophones de l'Ontario et à répondre à leurs besoins culturels et linguistiques uniques.

Je vous prie de bien vouloir agréer l'expression de mes sentiments les meilleurs.



Nicolas Piperno (il/lui)
Chef de l'équité en matière de santé, services en français
Direction des services aux Autochtones, aux Francophones et aux groupes prioritaires

- c. Scott Ovenden, directeur régional, Santé Ontario, Toronto et Est
Normand Glaude, directeur général, Réseau des services de santé en français de l'est de l'Ontario
Joelle Plourde, directrice de planification, Réseau des services de santé en français de l'est de l'Ontario
Pascal M. Lumbala, Responsable, Équité en santé et populations prioritaires-Services en français, Stratégie, planification, conception et mise en oeuvre du système, Santé Ontario Est

**Ministry of Health
Ministry of Long-Term
Care**

Strategic Policy, Planning & French
Language Services Division

Indigenous, French Language &
Priority Populations

French Language Services
438 University Avenue, 10th Floor
Toronto ON M5G 2K8

Telephone: (437) 551-8079

**Ministère de la Santé
Ministère des Soins de longue
durée**

Division des politiques et de la planification
stratégiques, et des services en français

Services aux Autochtones, aux Francophones et
aux groupes prioritaires

Services en français
438, avenue University, 10^e étage
Toronto ON M5G 2K8

Téléphone: (437) 551-8079



December 2, 2024

Linda Ramsay
VP, Support services and Chief Financial Officer
Hôpital Glengarry Memorial Hospital
Email : lramsay@hgmh.on.ca

Linda Ramsay:

RE: Evaluation of designated agencies under the *French Language Services Act*

The evaluation of your designation plan has been completed on August 26, 2024, and we would like to thank you for remaining compliant with the designation requirements as per the evaluation process established by the Ministry of Francophone Affairs.

We are pleased to note that the Hôpital Glengarry Memorial Hospital, designated under the *French Language Services Act*, continues to provide services to the public in French in accordance with the provincial government standards.

We thank you for your continued commitment to proactively offer quality French language services to Francophones in Ontario and for meeting their unique cultural and language needs.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Piperno".

Nicolas Piperno (he/him)
Manager, Health Equity French Language Services
Indigenous, French Language and Priority Populations Branch

- c. Scott Ovenden, Chief Regional Officer, Ontario Health, Toronto and East
Normand Glaude, Executive Director, Réseau des services de santé en français de l'est de
l'Ontario
Joelle Plourde, Director of Planning, Réseau des services de santé en français de l'est de
l'Ontario
Pascal M. Lumbala, Lead, Health Equity and Priority Populations, French Language Services,
System Strategy, Planning, Design and Implementation, Ontario Health East