



## Executive Committee Meeting Agenda

Date: Wednesday, April 9, 2025  
Time: 6:00 pm - 7:00 pm  
Location: Boardroom/MS Teams

Agenda Item	Attachment
<b>1. Call to Order</b>	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1
1.3 Declaration of Conflict of Interest	
<b>2. Report from the Last Meeting</b>	
2.1 Approval of Previous Meeting Report - October 9, 2024	P. 2-3
<b>3. Matters for Discussion/Decision</b>	
3.1 Review Personal Business Commitments Results 2024-2025 (Dr. S. Robertson)	
3.1.1 Personal Business Commitments of the CEO	P. 4-7
3.1.2 Personal Business Commitments of the COS	P. 8-9
3.2 Personal Business Commitments of the CEO and COS 2025-2026	
3.2.1 Personal Business Commitments of the CEO <b>THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the CEO for 2025-2026 as presented.</b>	P. 10-12
3.2.2 Personal Business Commitments of the COS <b>THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the COS for 2025-2026 as presented.</b>	P. 13-14
<b>4. Date of Next Meeting</b>	
October 2025	
<b>5. Adjournment</b>	

## MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Wednesday, October 9, 2024  
Time 5:00PM  
Location Boardroom / Microsoft Teams  
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy  
R. Alldred-Hughes, CEO Dr. L. MacKinnon, COS

Regrets: None

### 1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 17:27.

#### 1.1. Quorum

1.2. A quorum was present.

#### 1.3. Adoption of the Agenda

The agenda was reviewed.

Moved By: L. Boyling

Seconded By: C. Nagy

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

#### 2.1. Approval of the Minutes

The minutes from the meeting held on April 10, 2024, were reviewed.

Moved By: C. Nagy

Seconded By: L. Boyling

THAT the minutes of the meeting of April 10, 2024, be approved as presented.

CARRIED

### 3. Matters for Discussion/Decision

#### 3.1 Review Terms of Reference

The committee terms of reference were reviewed. Discussion ensued around the definition of Francophone to which it was agreed that the wording should be changed to bilingual (English and French).

Moved By: L. Boyling

Seconded By: C. Nagy

THAT the Executive Committee recommend to the Governance and Nominating Committee the Terms of Reference as amended.

**CARRIED**

**3.2 Review Progress on Personal Business Commitments of the CEO and COS**

**3.2.1 Personal Business Commitments of the CEO**

The personal business commitments of the CEO were reviewed. There were no concerns with the progress being made and everything is on track.

**CARRIED**

**3.2.2 Personal Business Commitments of the COS**

The personal business commitments of the COS were reviewed. There were no concerns with the progress being made.

**4. Date of Next Meeting**

Wednesday, April 9, 2025

DRAFT



## **Year End Update** **Personal Business Commitments** **(2024 - 2025)**

**Robert Alldred-Hughes, President & Chief Executive Officer**

### **Introduction**

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMG Board Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2024-2025 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting

Financial: 30% weighting

Strategic: 20% weighting

Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

Finally, my Personal Business Commitments serve as the framework and the priorities for all leaders within HGMH. Each senior leader is expected to develop their Personal Business Commitments to align with the Chief Executive Officer's, support the Strategic Plan, the Quality Improvement Plan as well as align with corporate metrics/balanced scorecard.

	Goal	2023/2024 Performance	2024/25 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Implement a virtual care model to support reduced wait times and enhance physician initial assessment times in the emergency department during peak periods.	N/A	Virtual Care model in ED Implemented	<b>Complete</b> Implemented 3 Physician shifts during peak periods beginning July 1, 2024. <b>LWBS (pre-post action):</b> From: 10.7% To: 7.3% <b>ED Wait (Pre-post action):</b> From 7.3 To: 6.8		✓	✓	✓
	Provide leadership training related to Diversity, Equity, Inclusion & Anti-Racism.	0% of leaders currently trained.	100% of Leaders Trained	<b>Complete and ongoing</b> Rolled out comprehensive EDI training for leaders, this training included 8 individual learning modules. 100% of leaders at HGMH have completed all 8 modules.	✓	✓	✓	✓
	Develop a business case for Surgical Services at HGMH to support care close to home and wait time reduction in the region.	N/A	Business Case Developed	<b>Complete.</b> Options Analysis has been completed, with short-, medium- and long-term plan. This work will move forward next fiscal year given the implantation of EPIC, which will have the surgical services module. Overview to be presented to Quality in May.		✓		✓
	Support the Patient & Family Advisory Committee to develop and implement two initiatives that continue advancing person and family centred care.	Committee has not been tasked with this in the past.	Two initiatives implemented	<b>Complete</b> Library program set to launch October 2024, led by PFAC. PFAC provided feedback for the training of ECPs.		✓	✓	

FINANCIAL	Develop an operational efficiencies plan that that reduces cost and does not impact the quality & safety of the programs and services currently offered.	<i>Implemented efficiencies that reduced cost by \$200K in 2023/2024</i>	Develop a plan	<b>Complete</b> Leadership developed opportunities to reduce operating costs by \$400K. Currently being implemented with full savings being realized in 2025/2026.				✓
	Advocate with Ontario Health & Ministry of Health to support funding to support Bill 124 pressures and other operating pressures.	<i>Projected deficit of \$1.7 Million</i>	Balanced Budget	<b>Complete</b> Worked with OHA, MOH, and OH in multiple sessions. Met with local MPP's to describe impacts regularly. Invited to attend meeting with Deputy minister to represent small hospitals. Full based funding received for Bill 124. Budget projects a small surplus.				✓

STRATEGIC	Explore the viability of a Health Hub in Alexandria in collaboration with the Great River Ontario Health Team, to support Primary Care, Emergency Department diversion, and sustainable physician recruitment and retention.	N/A	Develop a collaborative plan with GROHT and Physicians	<b>Complete</b> 2 meetings occurred with GROHT, CMHA, Alexandria FHO, EOHU. This concept will be explored in our capital redevelopment planning, and ongoing.		✓	✓	✓
	Develop a creative recruitment brand that markets the hospital to prospective talent in a meaningful way.	N/A	Recruitment brand completed to reduce vacancy rate.	<b>Complete</b> Recruitment brand developed, and currently in use.		✓		
	Begin the capital redevelopment planning process that supports the development of a plan that meets the needs of the communities we serve.	N/A	Have initiated to work to develop a capital redevelopment plan.	<b>Complete and ongoing.</b> Work has begun for a pre-capital submission early summer 2025. Senior leadership, and Board involvement. In addition to meetings with external partner stakeholders to update on hospital planning and discuss opportunities for future partnerships.		✓	✓	✓

	Continue to work collaboratively the Ministry of Health and the HGMH Foundation to bring Computerized Tomography (CT) to HGMH, with the goal of obtaining approval for implementation.	Business case submitted.	Obtain approval for CT from MOH	<b>Complete</b> Approval received in May of 2024. HGMH Foundation motion to fund \$3.2M cost of CT/Renos. And HGMH Foundation rebranding and reorganizing to meet enhance fundraising targets.		✓		✓
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## **Personal Business Commitments (2024 - 2025)**

**Dr. Lisa MacKinnon, Chief of Staff**

### **Introduction**

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

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In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting  
Financial: 30% weighting  
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Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

	Goal	2023/2024 Performance	2024/25 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	90 <sup>th</sup> percentile emergency department wait time to inpatient bed	6.63 hours	6 hours	<b>Complete &amp; on-going</b> 3.4 ( <i>missing March data</i> )	✓	✓	✓	
FINANCIAL	Ensure <del>at least 50</del> 40 chart reviews are completed annually from the Emergency Department to maintain Emergency Department pay For Results (ED P4R) funding levels	N/A	50 annually	<b>Complete &amp; On-going</b> 8 chart reviews completed <i>*The ED P4R-chart review requirement for funding is effective April 2025. We will be provided lists of return visits to audit from.</i> There is a plan in place to meet the new requirement of 40 chart reviews for 2025-26.	✓	✓		
STRATEGIC	Explore the viability of a Health Hub in Alexandria in collaboration with the Great River Ontario Health Team, to support Primary Care, Emergency Department diversion, and sustainable physician recruitment and retention.	N/A	Develop a collaborative plan with GROHT and Physicians	<b>Complete and ongoing</b> This concept will be explored in our capital redevelopment planning, and ongoing.		✓	✓	✓



**DRAFT**

## **Personal Business Commitments (2025 - 2026)**

**Robert Alldred-Hughes, President & Chief Executive Officer**

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	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Accreditation standards will be embedded into daily operations through enhanced staff training, policy improvements, and readiness initiatives, driving measurable gains in quality and patient care.	2022 Accreditation – Accredited with Commendation	Accreditation with Exemplary Status		✓		✓	
	Patient involvement in care decisions will be strengthened through Leader and PFAC patient rounding, ensuring real-time feedback is gathered and acted upon to enhance communication, patient satisfaction, and person- and family-centered care.	<i>Percent positive score on the question – related involvement in care: 87%</i>	89% positive score		✓	✓	✓	✓
	Strengthen relationships with the Mohawk Nation of Akwesasne to advance equitable access to care and foster collaboration in meeting community healthcare needs.	-	Implement one partnership action			✓		✓
FINANCIAL	Ensure financial stability by proactively engaging with Ontario Health and government stakeholders to secure funding, advocate for sustainable reimbursement models, and align resources with HGMH's strategic priorities to support high-quality, sustainable care.	\$150K Surplus	Balanced Budget					✓
	Assess and explore feasible revenue generation opportunities within the constraints of Ontario's hospital funding model, identifying sustainable strategies to enhance HGMH's financial resilience while maintaining alignment with our mission and regulatory requirements.	-	Increase non-ministry revenue growth					✓

<b>STRATEGIC</b>	Drive the pre-capital submission and visioning process for HGMH's redevelopment, ensuring that our hospital's infrastructure aligns with evolving healthcare needs and supports the delivery of innovative, high-quality, and accessible rural healthcare.	-	Submit Pre-Capital Proposal to MOH		✓	✓	✓
	Healthcare capacity will be strengthened through a Medical Student and Resident Program, leveraging partnerships with ROMP and academic institutions to provide hands-on learning, enhance recruitment, and promote rural healthcare careers.	-	Participate in Discovery Week. Bring at least one Medical Resident to Learn at HGMH		✓		
	Cultural safety will be advanced through organization-wide DEI training, equipping staff with the knowledge and tools to provide equitable, patient-centered care and foster an inclusive, respectful workplace.	100% of Leaders Trained	25% of Staff Trained		✓	✓	✓
	Lead the launch of the EPIC EMR system by ensuring staff readiness, optimizing clinical workflows, and strengthening regional collaboration to enhance patient care and interoperability, maintaining key milestones.	-	100% of project milestones completed on schedule that are within HGMH's control		✓		✓



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	Goal	2023/2024 Performance	2024/25 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	% of patients who left without being seen (LWBS)  *Regional Provincial Avg = 8.2% *Provincial Avg = 5%	7.6%	7.4%		✓	✓	✓	
FINANCIAL	Ensure 40 return visit chart reviews are completed annually from the Emergency Department to maintain Emergency Department pay For Results (ED P4R) funding levels.	N/A	40 annually		✓	✓		
STRATEGIC	Expand medical professional staff recruitment efforts by developing relationships with ROMP and other educational institutions, while also motivating our current physician group to embrace mentoring more students.	-	Participate in Rural Week. Bring at least one Medical Resident to Learn at HGMH			✓		