



Board of Directors In Camera Meeting Agenda

Date: Thursday, September 25, 2025
Time: Following the Board meeting
Location: Boardroom / Microsoft Teams

Agenda Item	Attachment
1. Call to Order (Dr. S. Robertson)	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1-2
1.3 Declaration of Conflict of Interest	
2. Minutes (Dr. S. Robertson)	
2.1 Approval of previous meeting minutes - June 19, 2025 and September 11, 2025	P. 3-6
2.2 Business arising from minutes	
3. Matters for Discussion/Decision	
3.1 Foundation Update (L. Boyling)	
3.2 Privacy Breach (R. Alldred-Hughes)	
3.3 Interim Chief of Emergency Department (Dr. L. MacKinnon)	
3.4 Credentialing (Dr. L. MacKinnon)	
3.4.1 Dr. Wael Badawy THAT the Board of Directors approve the appointment of Dr. W. Badawy to the Professional Staff with Courtesy privileges in Emergency Medicine.	P. 7
3.4.2 Dr. Jacqueline Cochrane THAT the Board of Directors approve the appointment of Dr. J. Cochrane to the Professional Staff with Courtesy privileges in Physiatry.	P. 8
4. Consent Agenda	
4.1 Draft MAC Report	P. 9-15
THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
5. Adjournment (Dr. S. Robertson)	

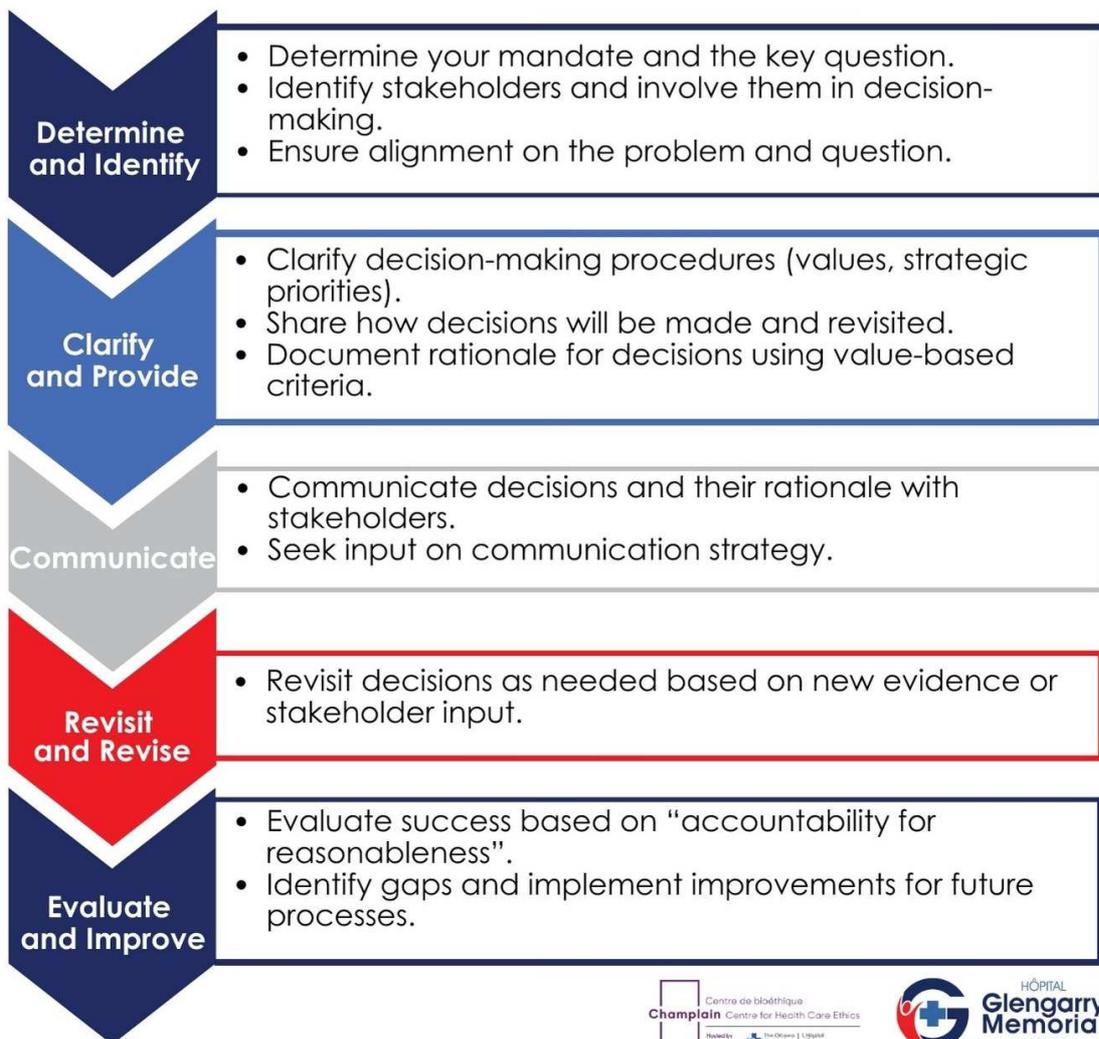


Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making



A4R Action Steps



MINUTES OF THE IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date	Thursday, June 19, 2025		
Time	9:00-12:00		
Location	Boardroom / Microsoft Teams		
Present:	Dr. S. Robertson, Chair	L. Boyling, Vice-Chair	Dr. R. Cardinal
	F. Wetering	W. Rozon	G. Peters
	H. Salib	F. Desjardins	Dr. G. Raby
	C. Nagy	C. Larocque	G. McDonald
	R. Alldred-Hughes, CEO	K. MacGillivray, CHRO	Dr. L. MacKinnon, COS
	L. Ramsay, CFO	R. Romany, CNE	
Regrets:	None		

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 10:53AM.

1.1. Quorum

A quorum was present.

1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: G. McDonald

Seconded By: R. Cardinal

THAT the agenda be adopted as presented.

CARRIED

1.3. 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 of the last meeting held on May 22, 2025, were presented.

Moved By: C. Larocque

Seconded By: F. Desjardins

THAT the minutes of the meeting held on May 22, 2025, be approved as presented.

CARRIED

2.2 Business Arising from the Minutes

There was no business arising from the minutes.

3. Matters for Discussion/Decision

3.1 Foundation Updates (Dr. S. Robertson)

The event at Wood Brothers took place last week and was well attended.

The Foundation AGM is taking place next Friday at 4pm followed by a donor event at the Bonnie Glen from 5pm-7:30pm.

4. Consent Agenda

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

4.1 Draft MAC Report

Moved By: F. Wetering

Seconded By: L. Boyling

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

CARRIED

6. Closing Remarks & Adjournment

The meeting adjourned at 10:57 AM.

K-L. Massia, Recording Secretary

MINUTES OF THE IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date	Thursday, September 11, 2025		
Time	14:00-15:00		
Location	Boardroom / Microsoft Teams		
Present:	Dr. S. Robertson, Chair	L. Boyling, Vice-Chair	G. McDonald
	D. Elie	C. Larocque	G. Peters
	C. Nagy	F. Desjardins	R. Romany, CNE
	R. Alldred-Hughes, CEO	K. MacGillivray, CHRO	Dr. L. MacKinnon, COS
	L. Ramsay, CFO		
Regrets:	H. Salib	Dr. G. Raby	Dr. R. Cardinal

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 13:57.

1.1. Quorum

A quorum was present.

1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: F. Desjardins

Seconded By: C. Nagy

THAT the agenda be adopted as presented.

CARRIED

1.3. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

Matters for Discussion/Decision

2.1 Performance and Efficiency Process Balance Plan

Discussion ensued on the Planning and Performance process set out by the Ministry of Health and Ontario Health which require hospitals in a deficit position to submit multi-year planning scenarios to demonstrate a path to balance.

Moved By: F. Desjardins

Seconded By: G. McDonald

That the Board of Directors of Hôpital Glengarry Memorial Hospital (HGMH):

1. **Acknowledges** the requirement of the Ministry of Health (MOH) and Ontario Health (OH) for hospitals in a deficit position to submit a Planning and Performance / Hospital Sector Stabilization Plan (HSSP) sample outlining a path to balance.
2. **Authorizes** management to submit the required sample plan to MOH and OH by September 12, 2025, together with an appended letter clarifying the position of the Board of Directors.
3. **Notes** that HGMH has successfully operated in a balanced position for the past two fiscal years. The projected deficit for 2025/26, estimated at approximately \$527K, arises

solely from inflationary and non-discretionary cost pressures that exceed the base funding increase, not from discretionary spending or new program initiatives.

4. **Clarifies** that the submission is provided solely to comply with MOH/OH requirements as a **sample planning document**. It is **iterative, non-final, and non-binding**, and does not constitute approval by the Board for any service changes or reductions.
5. **States explicitly** that the Board does not support or endorse high-risk service reductions, such as closure of the Regional Rehabilitation Program, as these would compromise patient care, regional access, and the hospital's core mission.
6. **Recognizes** that the submission has been prepared on an accelerated timeline and without the full benefit of consultation with staff, physicians, patients, families, and the community, and therefore does not reflect the level of engagement normally required for substantive service planning.
7. **Reaffirms** the Board's fiduciary duty to act in the best interests of patients and the community. Any future decision on substantive service changes will require explicit Board approval, full stakeholder consultation, and adherence to collective agreement and labour relations processes.
8. **Directs** management to continue advocating for fair and appropriate funding, including base funding adjustments, one-time working capital relief, to ensure financial stability without compromising access to care.

Over the last two years, HGMH has been in a balanced position, the deficits that have now occurred are related to inflation not matched with government funding. The way this process has been laid out is to identify low risk measures that are to be implemented to reduce the deficit and to also identify high risk options that are not to be implemented, just outlined at this time.

The measures were discussed in which the team thought long and hard as to what could be done while maintaining core hospital services.

It was agreed that the motion is structured in a way that outlines that the Board does not approve implementation of these high-risk measures at this time.

CARRIED

4. Adjournment

The meeting adjourned at 14:23.

K-L. Massia, Recording Secretary

September 11, 2025

Privileges for New Physician

The Credentials Committee reviewed the application of **Dr. Wael Badawy** for **Associate** privileges and deemed that their file is complete and in good standing.

The recommendation was made at the Medical Advisory Committee meeting of September 10, 2025 that **Dr. Wael Badawy** be accepted under the **Associate, Emergency Medicine** category until the recredentialing period of December 31, 2026.

Moved by: Dr. A. Rosenbloom

Seconded by: Dr. D. Read

THAT the MAC Committee put forward the recommendation to the Board of Directors for Dr. Wael Badawy, Emergency Medicine, to receive Associate privileges.

The Medical Advisory Committee asks that the Board of Directors consider these privileges.

Regards,



Dr. Lisa MacKinnon,
Chief of Staff

September 11, 2025

Privileges for New Physician

The Credentials Committee reviewed the application of **Dr. Jacqueline Cochrane** for **Courtesy** privileges and deemed that their file is complete and in good standing.

The recommendation was made at the Medical Advisory Committee meeting of September 10, 2025 that **Dr. Jacqueline Cochrane** be accepted under the **Courtesy, Medicine-Physiatry** category until the recredentialing period of December 31, 2026.

Moved by: Dr. D. Read

Seconded by: A. Rosenbloom

THAT the MAC Committee put forward the recommendation to the Board of Directors for Dr. Jacqueline Cochrane, Medicine-Physiatry, to receive Courtesy privileges.

The Medical Advisory Committee asks that the Board of Directors consider these privileges.

Regards,



Dr. Lisa MacKinnon,
Chief of Staff

MAC Minutes

MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

September 4, 2025, at 12:00pm

MS TEAMS

Present: Dr. L. MacKinnon Dr. D. Read R. Alldred-Hughes, CEO
R. Romany, CNE Dr. C. McCudden
Dr. A. Rosenbloom

Absent: Dr. S. Farmer (L) Dr. D. Peffer

CALL TO ORDER

The meeting was called to order at 12:03 p.m.

1.1 Quorum

A quorum was attained.

1.2 Adoption of Agenda

The agenda was adopted as presented with the following additions.

ADD: 5.6 UpToDate

Motioned by: Dr. D. Read

Seconded by: Dr. A. Rosenbloom

THAT the Medical Advisory Committee approve the agenda as presented with additions.

CARRIED

1.3 Declaration of Conflict

No conflict of interest declared.

REPORT OF THE LAST MEETING

2.1 Approval of the Minutes

The minutes of the last meeting held on June 3, 2025, were included in the package and approved as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the previous meeting minutes as presented.

CARRIED

STANDING ITEMS

3.1 Attendance Summary

Persistent attendance challenges were noted. Potential strategies to improve participation were discussed, including exploring approaches used by other organizations. As incentives are not currently feasible, alternative methods to encourage engagement will need to be considered.

MAC Minutes

3.2 Physician HR Plan

- Dr. Wael Badawy is starting Saturday, September 13th in the ED.
- Dr. MacKinnon recently met with a family med doctor from Ottawa who is moving to the Williamstown area, looking for FHO work but apprehensive about inpatient coverage. The initial meeting went well; Dr. MacKinnon will follow up with Dr. Sloan this week.
- Dr. Peffer mentioned that he is looking to partnering with a colleague to share inpatient coverage weeks to help us out.
- Dr. Crevier will be back on the schedule in February which is helping the backup coverage.

3.3 ER P4R Patient Flow Update

Overall operations are going well, though some shifts remain unfilled. ED flow is notably improved when a second physician is present. Dr. Farmer will share a funding breakdown for the second MD shift upon returning from leave. Efforts are underway to staff this role 4hrs daily between 10 a.m. to 4 p.m. Backup physicians may access available funding if a second MD is not scheduled.

3.4 MAID update

Nothing new to report at this time. Status quo for now, with Dr. Rossbach taking all the referrals and Dr. Read and Dr. Farmer as backup.

3.5 Quality/Patient Experience (Quarterly)

The most recent survey results were attached in the package. The main items we should focus on are:

- Explaining the reason for the wait times to patients.
- The use of proper pronouns.

R. Alldred-Hughes shared that he receives the OHA regional benchmarking report that shows we ranked #3 of 24 hospitals on this recent survey. Kudos to the entire ED team!

3.6 ED Return Visit Quality Program (EDRVQP)

Dr. MacKinnon reports that K. Duval now has access online. Further updates to come next meeting.

BUSINESS ARISING

4.1 Rehab Coverage Update

Coverage for rehab remains a challenge. Consider bring in outside lens for inpatient physician coverage as a whole. Rob can reach out for more information on this process. Discussion had around different models. Do we do a review on what we know today or wait for OMA negotiations to be completed.

4.2 Physician Recruitment

This was discussed during the HR Plan above. We are also preparing to host a 3yrd year medical student from Queens University for a 14-week generalist placement September 15 to December 21, 2025.

MAC Minutes

4.3 Interim Physician Lead Epic

Dr. McCudden shared that he is currently participating in a committee with Atlas Alliance related to *Choosing Wisely*. If anyone is interested in joining this committee, please reach out to him directly.

Dr. MacKinnon confirmed that Dr. Farmer will remain the lead. R. Romany noted that the order set reviews are currently underway. She emphasized that while customization options are limited, there is an escalation pathway in place for any necessary modifications.

Dr. Read and Dr. MacKinnon are awaiting further clarification on the required time commitment before confirming whether they can take on the role of point person for STS training. Given Dr. Read's experience in both the ED and inpatient settings, she would be a strong fit for this role.

4.4 High Sensitivity Troponin Update

Dr. McCudden reported that things are generally going well, though there have been some issues with turnaround time. They are currently investigating why a few tests did not yield results, one possible cause being extreme humidity. Notably, no similar issues have been reported in the past eight weeks.

4.5 Process: ECG 2nd Readings

Defer.

4.6 MRP for patients awaiting transfer to OHI & ACLS certification requirements

There was discussion around whether inpatient physicians can assume the MRP role for patients awaiting transfer to OHI, with the understanding that the ED physician could step in if a patient becomes unstable.

It was recommended that this potential process change be brought forward to the upcoming Inpatient Physicians' meeting for broader discussion and possible implementation.

A discussion was had regarding any future meetings with the OHI, it was noted that the main concern is the follow-up care required for some patients who return from OHI, which may exceed our local capacity and necessitate re-transfer. Currently, it remains challenging to send patients to OHI unless they are STEMI cases.

As a side note regarding privacy concerns, some physicians are proactively asking patients for consent to review their OHI chart in order to follow up on outcomes, and are documenting this conversation in the patient record.

ITEMS FOR DISCUSSION/DECISION

5.1 Newsletter Discussion

It was recommended to move to a quarterly newsletter vs monthly and place hard copies in the physician lounge, inpatient office, apartment, as well as by email.

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5.2 Code Status

It was suggested that code status categories be revisited with the physician group to ensure consistency and shared understanding. An educational component was recommended so physicians have clear guidance and a reference tool moving forward.

5.3 Dr. Farmer Maternity Leave Update

Recommendation: to approve the updated leave request as presented.

Dr. Farmer will be returning to the Emergency Department earlier than anticipated in a limited capacity and will assist with covering shifts as she is able.

Motioned by: Dr. A. Rosenbloom

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee approve the updated leave request as presented.

CARRIED

5.4 Draft Handover Policy CL.05.024.4.21

Recommendation: to approve the Handover Policy CL.05.024.4.21 as presented.

The policy was approved as presented. There are ongoing differences in handover preferences. The Tuesday 7 a.m. admission handover process will be discussed at the upcoming inpatient meeting and may be revisited at MAC if needed.

5.5 Pharmacy & Therapeutics

5.5.1 Seasonal Influenza Vaccination policy COR.09.xxx.0.25 ~ standard revision

Recommendation: to approve the Seasonal Influenza Vaccination policy COR.09.xxx.0.25 as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve to approve the Seasonal Influenza Vaccination policy COR.09.xxx.0.25 as presented.

CARRIED

5.5.2 Reporting of Animal Bites & Post-Exposure Treatment of Rabies CLI.01.014.2.25 revision ~ Rabies Immune Globulin must be infiltrated by the physician

Recommendation: to approve the Reporting of Animal Bites & Post-Exposure Treatment of Rabies policy CLI.01.014.2.25 as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the Reporting of Animal Bites & Post-Exposure Treatment of Rabies policy CLI.01.014.2.25 as presented.

CARRIED

5.5.3 Formulary Change Request 463-61-22-L.E.T. Solution ~ addition to formulary, not a replacement.

Recommendation: to approve the Formulary Change Request 463-61-22-L.E.T. Solution as presented.

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Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve to approve the Formulary Change Request 463-61-22–L.E.T. Solution as presented.

CARRIED

5.5.4 MAC Feedback: P&T UpToDate access (*on report – no attachment)

Recommendation: to approve the P&T Committee's recommendation to Senior Leadership to include access for clinical teams in the institutional UpToDate subscription once it is obtained.

The hospital UpToDate subscription will be for physicians only at this time.

5.5.5 MAC Feedback: FirstLine subscription (*on report – no attachment)

Recommendation: to approve the P&T Committee's recommendation to Senior Leadership to assess the feasibility of a hospital-wide **FirstLine** subscription, including access to local antibiogram data, in support of antimicrobial stewardship efforts.

This will be addressed by pharmacy not MAC.

5.5.6 Crash Cart Review

Recommendation: to approve the recommended changes to the crash cart contents and configuration.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the recommended changes to the crash cart contents and configuration as presented.

CARRIED

5.5.7 ED Resuscitation Medication Quick Reference

Recommendation: to approve the recommended implementation of the quick reference document as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the recommended implementation of the quick reference document as presented.

CARRIED

ADD: 5.6 UpToDate

R. Romany provided the update on UpToDate, we are waiting on a new quote prior to finalization and our goal is to have this this program available to physicians only in the next 6 weeks.

CREDENTIALS

6.1 New Application

Dr. Jacqueline Cochrane (current temporary privileges)

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Recommendation: to the Board of Directors that full Courtesy privileges be granted to Dr. Jacqueline Cochrane.

Motioned by: Dr. D. Read

Seconded by: Dr. A. Rosenbloom

THAT the Medical Advisory Committee recommend to the Board of Directors that full Courtesy privileges be granted to Dr. Jacqueline Cochrane.

CARRIED

6.2 New Application

Dr. Wael Badawy (current temporary privileges)

Recommendation: to the Board of Directors that full Associate privileges be granted to Dr. Wael Badawy.

Motioned by: Dr. A. Rosenbloom

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee recommend to the Board of Directors that full Associate privileges be granted to Dr. Wael Badawy.

CARRIED

6.3 Evaluations

Dr. Valery Rossbach: 12-month evaluation due in April - Deferred.

Dr. Peter Kagoma: 12-month evaluation due in April – completed.

REPORTS

Lab Director

Dr. McCudden reports Anas is no longer with EORLA. Interviews have been completed for the new Lab Manager and they should have information coming on the replacement shortly.

Chief of Staff

Dr. MacKinnon shared that there is not much to report regionally at this time. She extended her thanks to all inpatient and ED physicians for their support with summer coverage, noting that it was particularly challenging to fill shifts across the region during that period.

Dr. Rosenbloom noted that he knows of a new grad that may be a good fit for our ED and asked if we had any incentives for new grads that he could share. S. Laframboise to check incentives and get back to him.

Chief of Emergency

Dr. Rosenbloom notes nothing further to report this month.

Chief of Inpatient and Ambulatory Care

Dr. Read has nothing further to report this month.

MAC Minutes

Professional Staff Association

Dr. MacKinnon shared that Dr. Dale Peffer and Dr. Melissa Rivest-Gaudreault will continue in the roles of President and Secretary/Treasurer respectively.

Chief Executive Officer

R. Alldred-Hughes provided a report to the group on the following key points.

- CT fundraising is progressing well and remains on track since its launch. With an 18-month lead time required before seeing the first patient, the plan is to proceed with a tender process for the RFP around January or February, aiming to treat the first patient by October 2027.
- A pre-capital submission was submitted at the beginning of July. Catherine Wang, Interim Associate Deputy Minister, Ministry of Health, visited the hospital as part of this process.
R. Alldred-Hughes attended the AMO conference earlier this week to present a delegation about transforming rural healthcare, Sylvia Jones was in attendance.
- Budget: The last fiscal year ended with a small surplus. However, the current fiscal year is expected to show a deficit. The hospital is actively working with the government to address this.

Chief Nursing Executive

R. Romany notes nothing further to report this month.

Consent Agenda

The reports included in the package were approved by consensus.

Date and Time of Next Meeting

The next meeting is scheduled for October 7, 2025, at 12:00 PM.

Adjournment

The meeting was adjourned at 13:30 pm.

S. Laframboise, Recorder