

Executive Committee Meeting Agenda

Date: Wednesday, October 8, 2025
 Time: 4:30 pm - 5:00 pm
 Location: Boardroom / MS Teams

Agenda Item	Attachment
1. Call to Order	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1
1.3 Declaration of Conflict of Interest	
2. Report from the Last Meeting	
2.1 Approval of Previous Meeting Report - April 9, 2025	P. 2-3
3. Matters for Discussion/Decision	
3.1 Review Terms of Reference (Dr. S. Robertson)	P. 5
3.2 Review Progress on Personal Business Commitments of the CEO and COS	
3.2.1 Personal Business Commitments of the CEO That the Executive Committee of the Board receive the CEO Personal Business Commitments for information, acknowledging the progress to date on the CEO's personal business commitments, and provide feedback or direction as appropriate.	P. 6-10
3.2.2 Personal Business Commitments of the COS That the Executive Committee of the Board receive the COS Personal Business Commitments for information, acknowledging the progress to date on the COS personal business commitments, and provide feedback or direction as appropriate.	P. 11-13
4. Date of Next Meeting	
Wednesday, April 8, 2025	
5. Adjournment	

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Wednesday, April 9, 2025
Time 6:00PM
Location Boardroom / Microsoft Teams
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy
R. Alldred-Hughes, CEO Dr. L. MacKinnon
Regrets: None

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 18:00.

1.1. Quorum

1.2. A quorum was present.

1.3. Adoption of the Agenda

The agenda was reviewed and approved.

Moved By: C. Nagy

Seconded By: L. Boyling

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 October 9, 2024, were reviewed.

Moved By: C. Nagy

Seconded By: L. Boyling

THAT the minutes of the meeting of October 9, 2024, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Review Personal Business Commitments Results 2024-2025 (Dr. S. Robertson)

3.1.1 Personal Business Commitments of the CEO

The results of the personal business commitments of the CEO were reviewed and discussed in which all items were completed. These results will be tied in with the evaluation which will be conducted in May.

3.1.2 Personal Business Commitments of the COS (Dr. S. Robertson)

3.1.3 The results of the personal business commitments of the COS were reviewed and discussed in which all items were completed. These results will be tied in with the evaluation which will be conducted in May.

3.2 Personal Business Commitments of the CEO and COS 2025-2026 (Dr. S. Robertson)

3.2.1 Personal Business Commitments of the CEO

R. Alldred-Hughes explained the personal business commitments he chose for 2025-2026. It was questioned if a balanced budget is attainable with the tariffs in place. This will remain a target to achieve and reviewed next year if it is an issue.

Moved By: C. Nagy

Seconded By: L. Boyling

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.

CARRIED

3.2.2 Personal Business Commitments of the COS

Dr. L. MacKinnon explained the personal business commitments she chose for 2025-2026.

Moved By: L. Boyling

Seconded By: C. Nagy

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.

CARRIED

4. Date of Next Meeting

October 2025

TERMS OF REFERENCE EXECUTIVE COMMITTEE OF THE BOARD



<p>ROLES AND RESPONSIBILITIES:</p>	<ul style="list-style-type: none"> ● Act as a body with delegated authority to make certain decisions binding on the Corporation on matters of administrative urgency where the board of directors of the Corporation (the “Board”) is unable to convene; provided that, in accordance with the <i>Not-for-Profit Corporations, 2010</i>, the Executive Committee may not exercise any of the following Board powers: <ul style="list-style-type: none"> ○ submitting to the members any question or matter requiring the approval of the members; ○ filling a vacancy among the directors or in the position of auditor; ○ appointing additional directors; ○ issuing debt obligations, except as authorized by the directors; ○ approving the financial statements of the Corporation; ○ adopting, amending, or repealing the by-laws of the Corporation; and ○ establishing contributions to be made, or dues to be paid, by the members.¹ ● Develop a process to oversee performance, compensation, and succession planning for the chief executive officer and chief of staff by: <ul style="list-style-type: none"> ○ developing a position description for the chief executive officer and chief of staff for Board approval; ○ overseeing and recommending to the Board the chief executive officer and chief of staff recruitment, selection, and succession planning; ○ reviewing and recommending to the Board the chief executive officer’s and chief of staff’s annual objectives; ○ developing and conducting a process to review the performance of the chief executive officer and chief of staff and reporting the results to the Board; and
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¹ ONCA, s. 36(2).

TERMS OF REFERENCE EXECUTIVE COMMITTEE OF THE BOARD



	<ul style="list-style-type: none"> o recommending chief executive officer and chief of staff compensation for Board approval. • Oversee the chief executive officer’s and chief of staff’s supervision of management and management succession plans. • Undertake such other activities as may be authorized by the Board, from time to time.
CHAIR:	<ul style="list-style-type: none"> • Chair of the Board
MEMBERSHIP:	<ul style="list-style-type: none"> • Chair • Vice-Chair • Treasurer • Chief of Staff, and • Chief Executive Officer • Invited guests may attend committee meetings at the invitation of the Chair but shall not have a vote. • One of the Board members sitting on this committee must be bilingual in English and French
VOTING :	<ul style="list-style-type: none"> • Only Members of the board may vote
FREQUENCY OF MEETINGS AND MANNER OF CALL:	<ul style="list-style-type: none"> • At the call of the Chair or direction of the Board
QUORUM:	<ul style="list-style-type: none"> • Shall be a majority of the members entitled to vote (2)
RESOURCES:	<ul style="list-style-type: none"> • The Chief Executive Officer shall provide the Executive Committee with appropriate resources to perform its mandate.
REPORTS TO:	<ul style="list-style-type: none"> • Board of Directors
DATE OF LAST REVIEW	<ul style="list-style-type: none"> • November 2024<u>October 2025</u>

DECISION SUPPORT DOCUMENT FOR

Board of Directors

Board Committee – Executive Committee

Senior Leadership Team

Other (please specify):

Date Prepared: September 24, 2025

Meeting Date Prepared for: October 8, 2025

Subject: Update – CEO Personal Business Commitments

Prepared by: Robert Aلدred-Hughes, President & CEO

DECISION SOUGHT*

FOR DISCUSSION/INPUT

FOR INFORMATION ONLY

PURPOSE

The purpose of this briefing is to provide the Executive Committee of the Board with an update on the CEO’s 2025–2026 Personal Business Commitments. This update outlines progress achieved to date across the three performance assessment categories: Quality, Financial, and Strategic/Significant Initiatives.

RECOMMENDATION / MOTION

That the Executive Committee of the Board receive the CEO Personal Business Commitments for information, acknowledging the progress to date on the CEO’s personal business commitments, and provide feedback or direction as appropriate.

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.

- In alignment with the Excellent Care for All Act (ECFAA), and the HGMH Board’s Executive Compensation Philosophy, the CEO’s commitments are tied to the hospital’s Quality Improvement Plan (QIP), Strategic Plan, Accreditation readiness, Ontario Health/Ministry directives, and environmental factors. These commitments also serve as the framework for senior leadership’s own business commitments and align with corporate metrics and the balanced scorecard.

Quality (50% weighting)

- **Accreditation Readiness:** Standards continue to be embedded into daily operations through training and policy improvements. Evidence submission monitoring suggests a promising outlook toward achieving
- **Patient & Family-Centered Care:** Leader rounding, launched in May 2025, has resulted in a 96.5% year-to-date positive score for patient involvement in care decisions (surpassing the 89% target).
- **Partnership with Mohawk Nation of Akwesasne:** Concrete progress achieved, including the Endoscopy and Hematology partnerships and the September unveiling of Indigenous art, reinforcing equitable access and cultural collaboration.

Financial (30% weighting)

- **Financial Stability:** Despite efforts, the hospital is projecting a \$500K deficit for 2025/26, compared to a target balanced budget. Ongoing engagement with Ontario Health and the Ministry of Health continues, with active participation in the HSSP process to secure sustainable funding.

- **Revenue Generation:** Initiatives implemented include increasing cafeteria prices and planning for higher parking rates. Discussions are underway with a business development professional to identify additional opportunities for non-ministry revenue growth.

Strategic / Significant Initiatives (20% weighting)

- **Capital Redevelopment:** The Pre-Capital Proposal was successfully submitted to the Ministry in July. Continued stakeholder engagement is underway to advance visioning for future redevelopment.
- **Healthcare Capacity & Training:** HGMH participated in Rural Week and Community Week, hosting 4 first-year students. A third-year medical student is currently completing a 14-week placement, with additional requests in progress—strengthening recruitment and rural healthcare exposure.
- **Equity, Diversity & Inclusion (EDI):** As of this update, 33.9% of staff have completed assigned EDI training, exceeding the 25% goal. Leadership training remains at 100%.
- **Epic EMR Implementation:** All milestones within HGMH’s control remain on track for October 2026 go-live. Staff readiness and regional collaboration continue to be key areas of focus.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- 2025/2026 Personal Business Commitment Mid-Year Update



Personal Business Commitments (2025 - 2026)

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 2025-2026 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	2024/2025 Performance	2025/26 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
Q u a l i t y	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	Team continues to ensure standards are met. Promising outlook based on self monitoring of evidence submission.	✓		✓	
	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	Leader rounding launched in May 2025. Current percent positive score on involvement in care is: 96.5% YTD	✓	✓	✓	✓
	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	Implemented Endoscopy Partnership, and Hematology. Art Installation occurred in September.		✓		✓
F I N A N C I A L	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.	<i>\$150K Surplus</i>	Balanced Budget	Currently projecting \$500K deficit. Meetings with OH, and MOH occur. Working through MOH HSSP Process.				✓
	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	Increased cafeteria prices. Propose to increase parking rates. Connecting with business development professional to discuss options.				✓

STRATEGIC	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	Pre-capital proposal submitted in July. Continued and ongoing engagement occurs with stakeholders.		✓	✓	✓
	Healthcare capacity will be strengthened through a Medical Student and Resident Program, leveraging partnerships with ROMP/ERMEP 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	Participated in Rural Week and Community week. 4 first year students came. Currently have a 3 rd year medical student for 14 week placement. Additional requests coming in to support.		✓		
	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	Current performance has 33.90% of staff having completed assigned EDI training.		✓	✓	✓
	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	Milestones currently on track for an October 2026 Go live.		✓		✓



Personal Business Commitments (2025 - 2026)

Dr. Lisa MacKinnon, Chief of Staff

Introduction

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	Goal	2024/2025 Performance	2025/26 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%	On Track ~ 6.3% moving closer to the provincial average.	✓	✓	✓	
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	On Track ~ K. Duval has now been granted access to the portal, and the case list has recently been released. I will be working with K. Duval to organize and initiate the review process to ensure we meet the annual target.	✓	✓		

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	On Track ~ We've initiated a new partnership with Queen's University/ER MEP, hosting our first 3rd-year medical student this fall. Discussions are underway to potentially add two more Queen's students and two 4th-year students from Quebec.		✓		
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