



CONFIDENTIAL

## Board of Directors In Camera Meeting Agenda

Date: Thursday, November 27, 2025  
 Time: Following the Board meeting  
 Location: Boardroom / Microsoft Teams

Agenda Item	Attachment
<b>1. Call to Order (Dr. S. Robertson)</b>	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1-2
1.3 Declaration of Conflict of Interest	
<b>2. Minutes (Dr. S. Robertson)</b>	
2.1 Approval of previous meeting minutes - October 23, 2025	P. 3-4
2.2 Business arising from minutes	
<b>3. Matters for Discussion/Decision</b>	
3.1 Foundation Updates (L. Boyling)	
3.2 CEO Report (R. Alldred-Hughes)	P. 5
<b>4. Consent Agenda</b>	
4.1 Draft MAC Report	P. 6-11
THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
<b>5. Adjournment (Dr. S. Robertson)</b>	

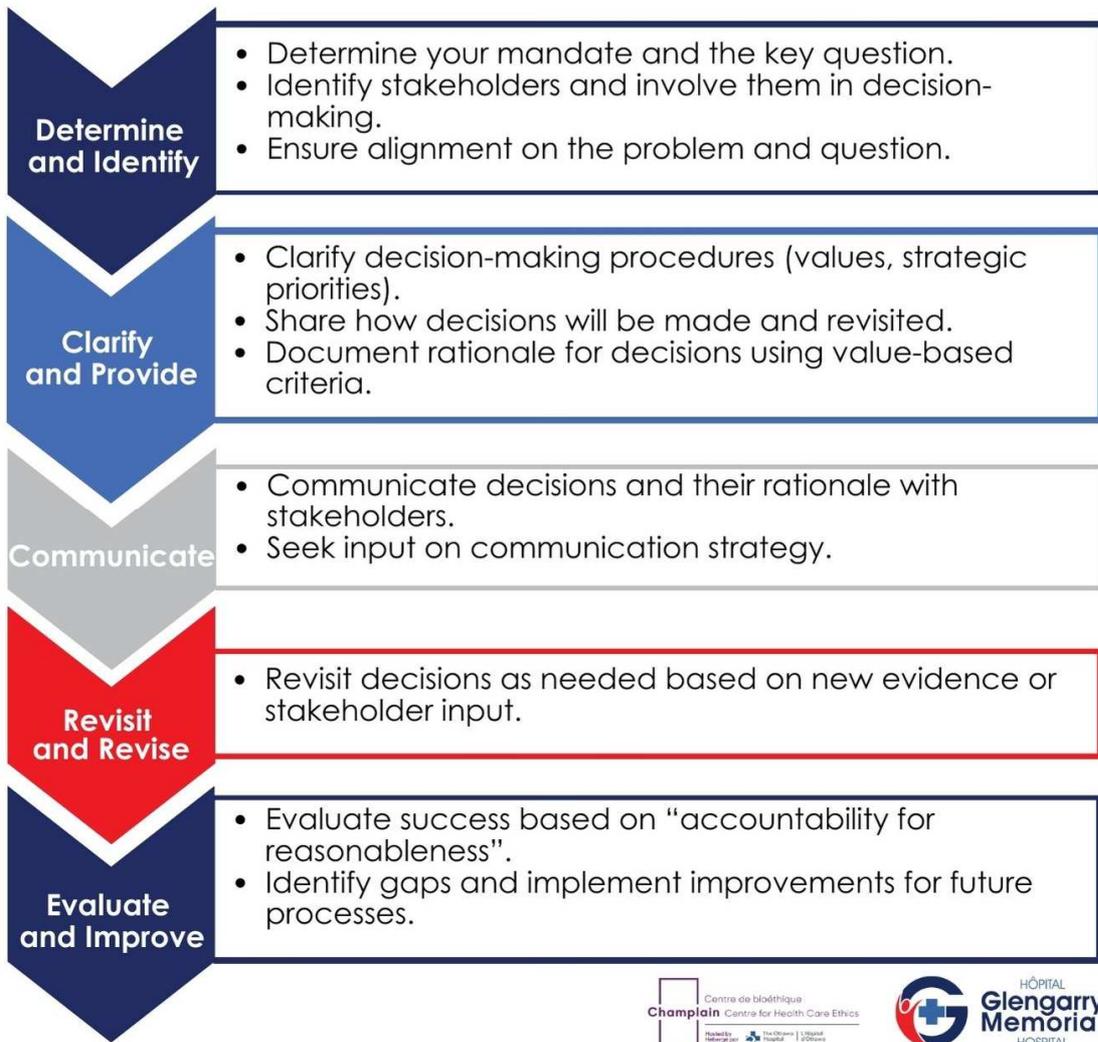


## Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

### 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, October 23, 2025  
 Time 5:00pm-8:00pm  
 Location Boardroom / Microsoft Teams  
 Present: Dr. S. Robertson, Chair L. Boyling, Vice-Chair Dr. R. Cardinal  
           D. Elie (v) H. Salib G. Peters  
           C. Larocque F. Desjardins Dr. G. Raby  
           C. Nagy R. Alldred-Hughes, CEO R. Romany, CNE  
           L. Ramsay, CFO K. MacGillivray, CHRO Dr. L. MacKinnon, COS (v)

Regrets: G. McDonald

### 1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 6:09pm.

#### 1.1. Quorum

A quorum was present.

#### 1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: Dr. R. Cardinal

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.

### 2. Minutes

#### 2.1 Approval of previous meeting minutes

The previous meeting minutes were reviewed.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the previous meeting minutes of September 25, 2025, be approved as presented.

**CARRIED**

### 3. Matters for Discussion/Decision

#### 3.1 Foundation Updates

L. Boyling provided updates on the Foundation in which they are applying for season 9 of Catch the Ace. A wine and cheese event is coming up on November 28<sup>th</sup> and a motorcycle is being raffled off.

On December 13<sup>th</sup>, the Holiday Gala is taking place at the Bonnie Glen where the dream vacation raffle will be drawn.

Subcommittees are being formed for the foundation.

The Foundation is on a positive trajectory with fundraising and the hope is to have the CT Scanner installed by early to mid fall in 2027.

The Executive Director of the Foundation will be taking parental leave as of January.

### 3.2 HSSP Updates

The first regional meeting took place with the CEOs and CFOs on September 26<sup>th</sup> where questions about the process were answered. Slides were then sent to hospitals for completion and 15 minutes are being given at the meetings taking place tomorrow and Monday to present the risk categories being proposed. R. Alldred-Hughes shared the financial accountability of Ontario.

Discussion ensued around what could be done by the community leaders to help change this narrative.

### 4. Adjournment

The meeting adjourned at 6:35.

K-L. Massia, Recording Secretary



## Report of the President & CEO – In Camera

*November 27, 2025 Board of Directors*

### Hospital Sector Stabilization Planning – Update

The Hospital Sector Stabilization Process is becoming more structured and standardized across the province, with hospitals expected to advance all low-risk and lower-risk initiatives through their usual governance and operational pathways. The process emphasizes consistent assumptions, forecasting, and a stronger reliance on benchmarking and cost-driver analysis to validate efficiency opportunities. The underlying expectation is clear: hospitals must fully exhaust administrative and operational efficiencies before considering any actions that could affect services, staffing, or access.

Looking ahead, the process is shifting into an iterative cycle of review and escalation. Higher-risk or more complex initiatives will move through regional discussions and, where needed, to the provincial Planning and Performance Action Team for additional guidance, with ultimate decision making resting with Boards of Directors. While advisory, this oversight reflects increasing provincial expectations for evidence-based planning and alignment with system priorities. The approach recognizes required lead times for any significant change and maintains the need to protect equity, access, and designated obligations such as Francophone Language Services. Overall, the outlook points to coordinated, data-informed planning and continued pressure to demonstrate sustainable pathways to balance.



## MAC Minutes

### MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

November 4, 2025, at 12:00pm

MS TEAMS

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

Absent: Dr. D. Peffer

#### **CALL TO ORDER**

The meeting was called to order at 12:08 p.m.

#### **1.1 Quorum**

A quorum was attained.

#### **1.2 Adoption of Agenda**

The agenda was adopted as presented.

Motioned by: Dr. S. Farmer

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee approve the agenda as presented.

**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 October 7, 2025, were included in the package and approved as presented.

Motioned by: Dr. S. Farmer

Seconded by: Dr. D. Read

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

**CARRIED**

#### **STANDING ITEMS**

##### **3.1 Attendance Summary**

The group agreed to continue monitoring attendance over the coming months and to revisit the discussion at a future date regarding whether attendance commitments should be connected to the recredentialing process.

##### **3.2 Physician HR Plan**

A discussion took place regarding Emergency Department staffing. Dr. Farmer agreed to proceed with recruiting 1–2 additional physicians to help cover vacant shifts and vacation



## MAC Minutes

periods, noting that the number of available shifts per month cannot be guaranteed, as it fluctuates based on scheduling needs.

For the Inpatient Unit, coverage for the January–June period has been easier to secure. Dr. Read agreed that recruitment for 1-2 inpatient physicians to support vacations should continue.

We currently have three third-year medical students from Queen's University on placement and have also received requests for future Resident electives from both the University of Ottawa and McGill University.

We continue to actively participate in the GROHT Workforce Attraction and Recruitment Group to support regional recruitment efforts.

It was also noted that five additional expressions of interest were received over the weekend, in addition to those reflected in the recruitment tracker included in the meeting package.

### 3.3 ER P4R Patient Flow Update

Dr. Farmer reports that the flow seems to be going much better with the 2<sup>nd</sup> MD shifts in place, and she will work with Kelsey and/or R.J. to obtain statistics to share at next meeting.

### 3.4 Quality/Patient Experience (Quarterly)

R. Romany led a discussion on the recent patient satisfaction survey included in the package. Overall, results are very positive. Key satisfaction indicators, areas for improvement, and proposed strategies were reviewed for the Emergency Department, Inpatient-Rehab Unit, and Outpatient Department.

In summary, the survey highlights high levels of patient satisfaction and inclusive care. Communication and patient engagement were identified as particular strengths, while access and completeness of data were noted as areas for improvement. K. Duval and L. Hume are currently developing strategies to reduce patient stress related to wait times and to improve transparency around delays.

### 3.5 Quality Updates: Critical Incidents & Quality of Care Review (May/Nov)

One critical incident was shared in the package.

### 3.6 ED Return Visit Quality Program (EDRVQP)

Dr. MacKinnon will arrange for K. Duval to provide an overview of her management process. The team is now utilizing the portal for documentation. Sentinel events are automatically recorded, while other events are reviewed once assigned. Return-for-results visits should be excluded unless the patient returns for the same clinical issue.

### 3.7 Epic Update

Dr. Farmer reports that progress is going well and is on track. Efforts are being made to involve additional physicians so they can become familiar with the process. She will share her knowledge with Dr. MacKinnon and Dr. Read; however, additional physicians may not be



## MAC Minutes

necessary given the small size of our site. Dr. MacKinnon requested that Dr. Farmer reach out if she feels unsupported by the physician group.

Dr. Farmer noted that order sets cannot be modified unless they pertain to items we do not currently have; updates can be made once we transition to Epic.

The training plan includes 2–3 sessions for ED physicians and 1–2 sessions for Inpatient staff, while training specialists will be more challenging. It was suggested that a guidance document be provided to support successful Epic use. Additionally, a buddy shift with current ED funding may be implemented for initial onboarding. Training will be delivered by the Chief of Staff and Chiefs of Departments to the group.

### **BUSINESS ARISING**

#### **4.1 UpToDate**

R. Romany reports she is still waiting on an official ETA for this program, she will follow up.

#### **4.2 M&M Rounds**

Defer.

#### **4.3 High Sensitivity Triage Troponin update**

Good news – the new cartridges have been working well with no reported issues so far. Please notify Dr. McCudden if any problems arise, so he can communicate them to the vendor.

#### **4.4 Onboarding Package**

Deferred, Dr. Farmer continues to work on this package.

### **ITEMS FOR DISCUSSION/DECISION**

#### **5.1 Portable x-ray**

Dr. Farmer noted that the ED medical staff have been discussing this topic intermittently for the past couple of years. With the current acuity in the ED, there have been instances where accurately treating patients and facilitating effective transfers has been challenging without it.

R. Alldred-Hughes shared that capital planning for next year will soon begin, and this item can be considered during that process if it rises in priority. K. Duval will ensure it is added to the ED capital planning meeting agenda.

Dr. Farmer suggested that a ring cutter would be a useful addition. As this is an operational item, it was proposed that the auxiliary might be interested in supporting fundraising for it.

#### **5.2 Patient Safety Results**

R. Romany led a discussion on the patient safety results included in the package. Key areas for improvement were highlighted, with strengthening a “just culture” identified as the primary opportunity. The team also reviewed specific Opportunities in Action.

#### **5.3 Safety Star Award Program**

A discussion was held regarding the recent Safety Star Award, noting that physicians are also eligible to receive it. The award is presented on a quarterly basis.



## MAC Minutes

### CREDENTIALS

Dr. MacKinnon shared we are working with CMARS on the upcoming reappointment cycle for 2026.

### REPORTS

#### Lab Director

Defer.

#### Chief of Staff

Dr. Colin Sentongo, Chief of Staff at Kemptville District Hospital has taken over as Chair of the Regional Chief of Staff Committee. Quarterly meetings will continue to move forward with a continued effort on a centralization model for Endoscopy, and Plastics for “urgent or emergent”.

We continue to encourage staff to get vaccinated for this year’s flu and covid season.

Continue with recruitment, and welcoming medical students.

Dr. MacKinnon is away Nov.12-Dec. 6<sup>th</sup>. Dr. Read is also away the first week in December but has agreed to cover Dr. MacKinnon in her absence. The Medical Advisory Committee has been moved to the 2<sup>nd</sup> Tuesday in December.

#### Chief of Emergency

Dr. Farmer will connect with K. Duval to review the defibrillator policy. The team discussed the possibility of allowing ED nurses, all of whom are ACLS-certified, to operate the defibrillator in AED mode. Further discussions will take place before any recommendations are finalized.

#### Chief of Inpatient and Ambulatory Care

Dr. Read brought forward 2 items discussed at Pharmacy & Therapeutics:

1. ED To Go Doses: Reminder to physicians that ED To Go Doses must be ordered in Meditech as a “Discharge Dispense Medication” so nursing can document the dispense and required auditability and traceability information. Two to-go doses were documented on paper and did not have an order entered in Meditech.
2. During a recent simulation day, it was recommended that Phenylephrine pre-filled syringes be added to the crash cart tray. This item was inadvertently omitted from the crash cart tray revisions approved in September 2025. The committee agreed to add this item to Tray 2.

**Motioned by: Dr. D. Read**

**Seconded by: Dr. S. Farmer**

THAT the Medical Advisory Committee approve the recommendation that Phenylephrine pre-filled syringes be added to the crash cart tray 2.

**CARRIED**

A discussion was had regarding the Inpatient physicians having accepting to be the MRP for ED patients awaiting transfer to OHI. Rachel suggested adding a section to the admission criteria



## MAC Minutes

for these patients (to include exclusion criteria) so inpatient physicians could refuse anything outside of this criteria.

Dr. Read will ask R.J. which physicians that are not completing the ALC status including the explanation of why they are ALC; and who is not putting diagnosis in the correct place on the discharge, or referral to another facility.

### Professional Staff Association

defer

### Chief Executive Officer

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

- Rachel and I hosted a visit from Rob Beanlands, and Erika MacPhee, from the Ottawa Heart Institute. It was a good meeting including discussions around repats without notice, and forward-looking at partnerships for outpatients & inpatients. We discussed their new strategic plan, "Closer to Home," including monitored beds on the Inpatient Unit, potential direct access to a cardiologist, and how beds might be allocated in future partnerships.
- The Central Intake and Command Centre at TOH will be looking into what smaller hospitals need. How they were structuring coverage for the command center is that our first call is to CCH and the command centre second.

Dr. Farmer shared that our issue is that we call them when CCH is on Life or Limb, but they just connect us back to CCH. The hardest patients to get out are the more complex medicine patients who need internal medicine. Connecting and getting a patient admitted to a specialty is fairly easy, but to an internist, it is a problem. These are cases that are too much for family medicine but no need for a specialist.

- We are now 230K deficit for the year, this is down from our preliminary expectations. R. Alldred-Hughes continues to work with Ontario Health on funding and hopes to come closer to balancing.

### Chief Nursing Executive

A discussion was had about the OHI Acute Cardiac Triage Unit that can be used by our ED physician to help triage some of our cardiac cases; and reminding our ED physicians about calling VCC.

### Consent Agenda

The reports included in the package were reviewed as presented.

### Date and Time of Next Meeting

The next meeting is scheduled for December 9, 2025, at 12:00 PM.



## MAC Minutes

### Adjournment

The meeting was adjourned at 13:24 pm.

S. Laframboise, Recorder

DRAFT