

## Governance and Nominating Committee Meeting Agenda

Date: Wednesday, January 14, 2026  
Time: 17H00 - 18H00  
Location: Boardroom / Microsoft Teams

Time	Agenda Item	Board Item	Attachment
<b>17:00</b>	<b>1. Call to Order</b>		
(1 min)	1.1 Confirmation of Quorum		
(1 min)	1.2 Adoption of the agenda		P. 1-2
(1 min)	1.3 Declaration of Conflict of Interest ( <a href="#">Policy BOD.05.003.X.XX</a> )		
<b>17:03</b>	<b>2. Report from the Last Meeting</b>		
(1 min)	2.1 Approval of Previous Meeting Report - November 12, 2025		P. 3-5
(1 min)	2.2 Business Arising from Report		
(1 min)	2.3 Committee Workplan Review		P. 6
<b>17:06</b>	<b>3. Matters for Discussion/Decision</b>		
(10 min)	3.1 Review and Revise Corporate and Professional Staff Bylaws (R. Alldred-Hughes) <b>THAT the Governance and Nominating Committee recommend to the Board of Directors an amendment to the corporate bylaws as presented.</b>	D	P. 7-8
(5 min)	3.2 Review Succession Planning Overview (R. Alldred-Hughes)	D	P. 9-18
(10 min)	3.3 Review Committee Effectiveness Survey Questions (L. Boyling) <b>THAT the Governance and Nominating Committee approve the Committee Effectiveness Surveys as presented.</b>	D	P. 19-35
(5 min)	3.4 Review Q3 Strategic Actions (R. Alldred-Hughes) <b>THAT the Governance and Nominating Committee review and receive the Q3 Strategic Actions for 2025-2026.</b>	D	P. 36-40
<b>17:36</b>	<b>4. Matters for Information</b>		
(2 min)	4.1 Review Board Member Attendance (L. Boyling)	C	P. 41-44
(10 min)	4.2 Governance Accreditation Standard Review (R. Alldred-Hughes)	C	P. 45-66
(5 min)	4.3 IDEA Update (R. Alldred-Hughes)	C	P. 67-69
	Board Personal Assessment Survey and Skills Matrix will be sent out February 2 <sup>nd</sup> - due February 23 <sup>rd</sup>		
<b>17:53</b>	<b>5. Date of Next Meeting</b>		
	Wednesday. March 11, 2026		
<b>17:54</b>	<b>6. Adjournment</b>		

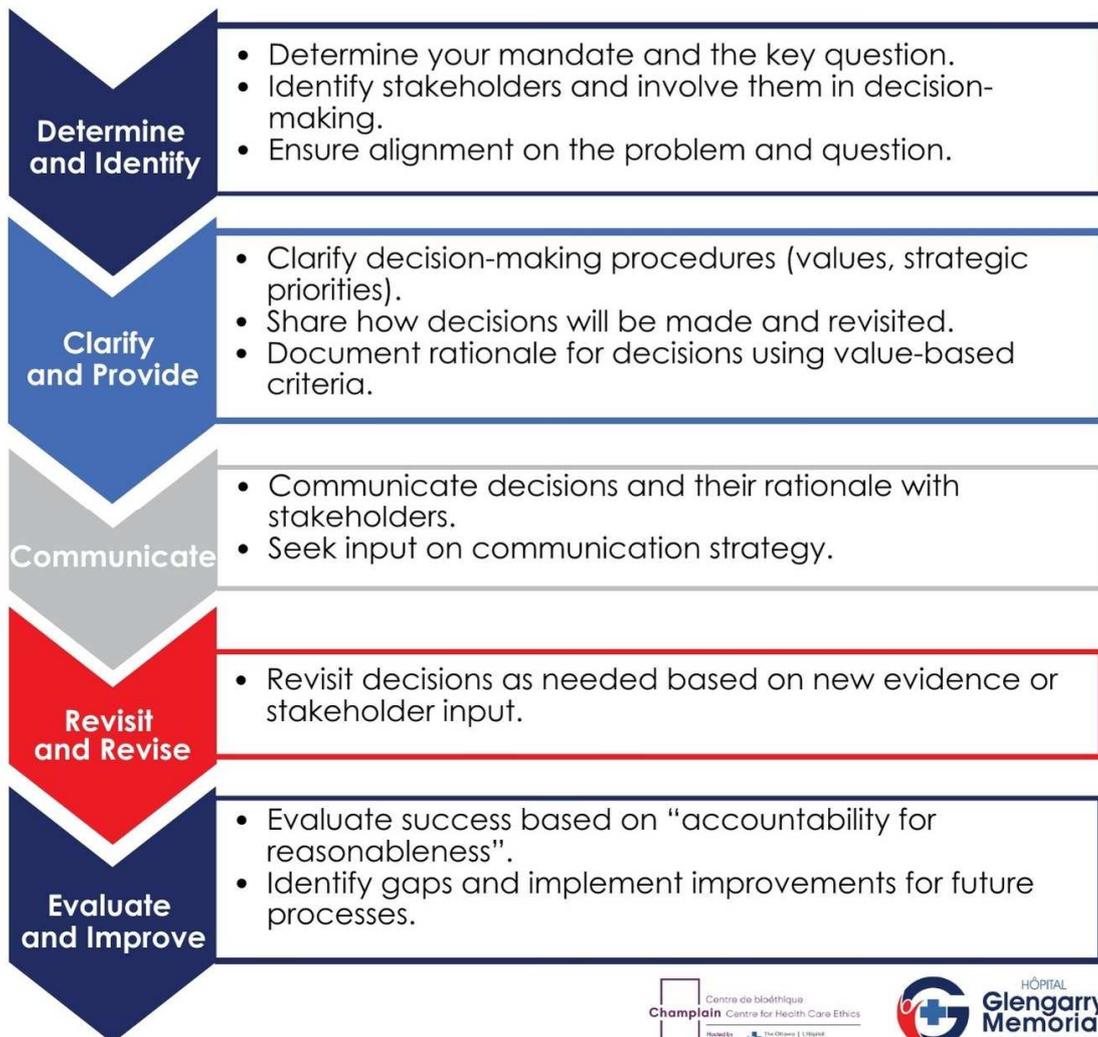
Board Item: Matters for Discussion/Decision (D) or Consent Agenda (C)

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

## Values that Optimize Fairness in the Process of Decision-Making



### A4R Action Steps



## REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

November 12, 2025 at 5:00PM MS Teams

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

Regrets: None

### Summary of Discussion

#### Approval of the Agenda

The agenda was reviewed.

Moved By: C. Larocque

Seconded By: G. McDonald

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 October 8, 2025, was shared.

Moved By: C. Larocque

Seconded By: Dr. S. Robertson

THAT the meeting report be approved as presented.

CARRIED

#### Business Arising from Report

There was no business arising from the report.

#### Committee Work Plan

The work plan was reviewed with no changes made.

#### Matters for Discussion/Decision

##### Review Skills Matrix

The skills matrix were updated to include diversity information.

Moved By: Dr. G. Raby

Seconded By: C. Larocque

That the Governance & Nominating Committee recommend to the Board of Directors the inclusion of diversity information within the Board Skills Matrix and implement an annual update process as part of the regular Board evaluation cycle.

The inclusion of diversity information was discussed in which it was agreed that this information should not be included on the skills matrix as it is not a skill. This should strictly be focused on skills to determine what skills are lacking on the board and what should be recruited for. It was noted that our recruitment ads already mention diversity and it was agreed that diversity could be added to the application as an optional component to complete.

This will be reviewed again at a later date to determine how to go about somehow including the diverse information to be gathered.

The motion was changed to reflect that the skills matrix will be completed annually by directors.

**That the Governance & Nominating Committee recommend to the Board of Directors the implementation of an annual update process as part of the regular Board evaluation cycle.**

**CARRIED**

**Review Performance Evaluation Questionnaire for CEO and COS**

The revised questionnaire was reviewed.

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 Performance Evaluation Questionnaire for CEO and COS as presented.

There were no suggested changes to the questionnaire.

**CARRIED**

**Review Q2 Strategic Actions**

The results of the strategic actions for Q2 were reviewed.

Moved By: C. Larocque

Seconded By: Dr. G. Raby

THAT the Governance and Nominating Committee review and receive the Q2 strategic actions report as presented.

Targets are on track for Q2..

Work is moving along for the CT Scanner including working with a consultant. Cornwall Community Hospital has an RFP in place for their new CT Scanner in which we are looking into.

**CARRIED**

**Documents for Review**

Patient and Family Engagement Policy

The new Patient and Family Engagement policy was reviewed.

Moved By: Dr. G. Raby

Seconded By: C. Larocque

THAT the Governance and Nominating Committee recommend to the Board of Directors the Patient and Family Engagement policy as presented.

This policy was created as part of Accreditation. There are currently 4 patient and families who sit on the PFAC committee. Recruitment will be done after Accreditation for up to two members. These members are truly embedded within the hospital, attending several meetings and leading projects within the hospital.

**CARRIED**

**Matters for Information**

**Governance Accreditation Standard Review**

The Accreditation Standard was reviewed and discussed.

### **Review Strategic Plan and Refresh**

Updates were provided on where we are at for the strategic plan. Opportunities for a refresh were discussed whereas if anything Directors think were missed, can be included. Work will begin on the next plan in 2027 for implementation in 2028. It was discussed that there is nothing included in the plan around what the board is doing for the strategic plan. This will be looked into as the Board has oversight on governance.

**Next meeting:** January 14, 2026

K-L. Massia, Recorder

DRAFT

# Governance and Nominating Committee Annual Work Plan 2025-2026



Deliverable	MRP	Occurrence	OCT	NOV	JAN	MAR	MAY	JUN
<b>STRUCTURE/PROCESSES</b>								
Review Committee Effectiveness Survey Results	Chair	Annually	✓					
Review/Recommend Governance Annual Committee Work Plan to BoD	Chair	Annually	✓					
Review/Recommend Committee Terms of Reference to BoD	Chair	Annually	✓					
Review Board Education Plan for following Board Cycle	Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)	Chair	Annually			X			
Review Board Member Attendance	Chair	Twice yearly			X			X
Plan AGM	Chair	Annually					X	
Review Board Orientation	Chair	Annually						X
Review CEO and COS Succession Plan	Chair	Annually			X			
<b>DIRECTOR RECRUITMENT AND SELECTION</b>								
Administer Board Personal Assessment Survey/Board Succession	Admin	Annually			X			
Review Board Succession Plan	Chair	Annually				X		
Review Skills Matrix	CEO	Annually		✓				
Complete Skills Matrix	Board	Annually			X			
Identification of number of new members required	Chair	Annually				X		
Identification of selection criteria based on skills matrix	Chair	Annually				X		
Start recruitment process (April)	Admin	Annually				X		
Recommendation of New Directors to the Board		Annually						X
Review Following Years Committee Schedule and Membership		Annually						X
<b>ACCREDITATION</b>								
Governance Standards Review	Chair	Every meeting	✓	✓	X	X	X	X
Inclusion, Diversity, Equity & Anti-Racism Update	Chair	Bi-Monthly	✓		X		X	
Review Communication Plan	Chair	Annually	✓					
<b>PERFORMANCE</b>								
Review Performance Evaluation Questionnaire for CEO and COS	Chair	Annually		✓				
Review Committee Effectiveness Survey Questions	Chair	Annually			X			
Administer Committee Effectiveness Survey	EA	Annually					X	
Review Peer to Peer Survey Questions	Chair	Annually				X		
Administer Peer to Peer Surveys	EA	Annually						X
<b>STRATEGIC PLAN AND STRATEGIC DIRECTIONS</b>								
Review Strategic Plan and Refresh	CEO	Annually		✓				
Review Progress on Strategic Actions	CEO	Quarterly	✓	✓	X		X	
<b>POLICY REVIEW</b>								
CEO and COS Performance Evaluation (New)	CEO		✓					
Meeting of Directors Without Management (New)	CEO		✓					
Acts, Legislations, and Compliance Reporting (New)	CEO		✓					
Patient and Family Engagement (New)	CEO			✓				
<del>Signing Authority and Approval (BOD.04.005)</del>	<del>CEO</del>				X			
Regular Meetings of the Board and Notice (BOD.05.013)	CEO					X		
Communication & Hospital Spokesperson (BOD.05.018)	CEO					X		
Minutes of Regular and In Camera Meetings (BOD.05.014)	CEO						X	
Board Award of Excellence (BOD.06.001)	CEO						X	
Board and Committee Expenses (BOD.04.001)	CEO							X
Board of Directors Orientation Program (BOD.05.015)	CEO							X
<b>ESTIMATED PREPARATION TIME FOR MEETING</b>			1H	1H	1H	1H	1H	1H

## Revisions since prior report:

- Removed the two finance policies (Borrowing and Financial Planning and Performance) which were scheduled for November as these will be approved through the Finance, HR and Audit committee as new policies and then added to the schedule for regular review by the Board.
- Signing Authority and Approval policy was reviewed in January 2025 for Accreditation and will be removed from this workplan

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: December 30, 2025                      Meeting Date Prepared for: January 14, 2026  
 Subject: Corporate Bylaw Review  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*                     
  FOR DISCUSSION/INPUT                     
  FOR INFORMATION ONLY

**PURPOSE**

- To conduct the annual review of HGMH’s corporate bylaws and seek input from the Governance Committee regarding any recommended amendments. As part of this year’s review, the Committee is asked to consider a proposed update to formally reflect the Patient and Family Advisory Committee (PFAC) Chair as a non-voting member of the Board of Directors.
- Committee members are encouraged to review the full bylaws in advance and come prepared to discuss this proposed update along with any other amendments they believe should be considered.

**RECOMMENDATION / MOTION**

**THAT the Governance and Nominating Committee recommend to the Board of Directors an amendment to the corporate bylaws as presented.**

**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.*

- The Board previously endorsed the integration of patient and family engagement into governance through the recruitment of a non-voting patient or family member with lived experience at HGMH, as approved in September 2023.
- This direction aligns with HGMH’s ongoing commitment to People-Centred Care and embedding patient voice at all levels of the organization, including governance.
- To ensure alignment between governance practice and our governing documents, the corporate bylaws should be updated to specifically identify the PFAC Chair as a non-voting member of the Board. This formalizes the Board’s intent, strengthens patient engagement structures, and enhances clarity around Board composition and expectations.
- As part of standard governance practice, the Governance Committee also completes an annual review of the corporate bylaws. This is an opportunity for members to identify any additional updates required to ensure compliance with legislation, alignment with governance best practices, and support for HGMH’s ongoing accreditation readiness.

**OPTIONS CONSIDERED & ANALYSIS**

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

- The bylaw section impacted by adding the PFAC Chair is found under Board composition in section 3.1 (**bold** indicates the proposed amendment):

### 3.1 Composition of Board

*Subject to the Articles, the Board shall consist of:*

- (a) Ten (10) to twelve (12) Directors, who satisfy the criteria set out in section 3.3 and who are elected by the Members in accordance with sections 3.7 and 3.8 or appointed in accordance with section 3.10;*
- (b) The Past Chair as an ex-officio voting Director; and*
- (c) The following four (4) ex-officio non-voting Directors:*
  - (i) Chief Executive Officer;*
  - (ii) Chief of Staff;*
  - (iii) President of the Medical Staff;*
  - (iv) Chief Nursing Executive; **and***
  - (v) Patient and Family Advisory Committee Chair***

*There shall be no less than four (4) Francophone members on the Board. The number of Francophones on the Board of Directors must reflect the proportion of the Francophone population in the community served.*

- Please find the Corporate Bylaws for your review on the [hospitals website](#) or within the [Board Portal](#).
- Any further recommended amendments to the corporate bylaws will be incorporated into the motion presented to the Board of Directors at the January meeting.
- The finalized corporate bylaws will be brought forward for approval at the June 2026 Annual Meeting.

### SUPPORTING DOCUMENTS/ATTACHMENTS

*List any supporting documents or attachments*

- Links to Corporate Bylaws: [hospitals website](#) or [Board Portal](#)



# Succession Plan Overview

## *Creating the Leadership Pipeline*

*Presented By:*

Robert Alldred-Hughes M.HRM, CHRL, CHE

President & CEO

January 14, 2026



HÔPITAL  
**Glengarry  
Memorial**  
HOSPITAL



# Individual Succession Plan Profiles



- To develop the leadership pipeline at HGMH, we have focused on a four-step process to identify “high potential” or “fully competent” individuals to assume key positions when immediately or as the need arises.
- The four step process to succession planning at HGMH is as follows:



# Identification of Key Positions



- All Senior Leadership and Middle Management Positions have been identified as key positions for the purposes of HGMH's Succession Plan.



# Leadership Profiles



- Each member of the leadership team is provided with high level demographic information outlined in the chart below. This provides the ability to review current education levels, clinical designations (if applicable) and age.
- While age is not a determinant of a person's abilities, it will provide insight into years to earliest possible retirement.

Position	Professional Designation	Highest Level of Education	Age
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# Required Education & Certifications



- For each position within the portfolio of the senior leader, an outline of the required professional certifications and minimum education requirements are detailed.
- This will form the basis for which selection criteria or future development needs for high potential employees.

Position	Professional Certification	Minimum Education Required
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# Required Leadership Competencies



*The Canadian College of Health Leaders LEADS Competency Framework will set the stage for leadership competency evaluation & development*

**L**

**E**

**A**

**D**

**S**

## Lead self

- are self aware
- manage themselves
- develop themselves
- demonstrate character

## Engage others

- foster development of others
- contribute to the creations of healthy organizations
- communicate effectively
- build teams

## Achieve results

- set direction
- strategically align decisions with vision, values and evidence
- take action to implement decisions
- assess and evaluate

## Develop coalitions

- purposefully build partnerships and networks to create results
- demonstrate a commitment to customers and service
- mobilize knowledge navigate socio-political environments

## Systems transformation

- demonstrate systems /critical thinking
- encourage and support innovation
- orient themselves strategically to the future
- champion and orchestrate change

# Development Plan



Top Position

Identified Employee (Either Formal or Informal Leader)



- High Potential/Ready now for larger role
- Ready for larger role in 1-3 years
- May be ready for larger role in 3 years or more
- Solid Contributor
- Performance Problems

# Individual Succession Plan Profiles



- Using “*Individual Succession Planning Profile*” the senior leader responsible for the position will evaluate current formal and informal leaders, using experience and historical data obtained through performance evaluations to complete the profile.
- This profile will form the basis of a development plan to ready a future candidate for the new role within HGMH.



# Individual & Bench-wide Plan



Role	Current Incumbent	Emergency Cover	Ready Now	Ready in 12-18 Months	Ready in 3-5 Years
CEO	Sarah	Fred	Gap	Gap	Fred

Upon identification of the High Potential and Ready candidates, the senior manager will prepare a development plan using some of the following methods:

1. Guiding Education & Professional Development
2. Providing experience in required areas of development (special projects/assignments)
3. Formalizing a mentorship arrangement
4. Continuous coaching

Where there are gaps – plans to recruit externally will be identified if no internal candidates will meet the requirements of the positions.





# Questions, comments, feedback?



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DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: December 18, 2025 Meeting Date Prepared for: January 14, 2026

Subject: Board Committee Effectiveness Surveys

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 Board Committee Effectiveness Surveys which are completed annually. The Governance Committee annually reviews these questions and recommend any changes to the Board of Directors.

**RECCOMENDATION**

**THAT the Governance and Nominating Committee approve the Committee Effectiveness Surveys as presented.**

**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.*

The Board Committee Effectiveness Surveys are an integral component of the Boards governing work, aimed at ensuring that Board committees are operating at their optimal level to fulfill their respective mandates and support strategic objectives of the hospital. Conducted annually, these surveys serve as a valuable tool for evaluating the strengths, weaknesses, and areas for improvement within each committee. The surveys are anonymous and completed by each committee member for the committee they sit on.

Key components of the surveys include:

1. **Terms of Reference and composition of the committees:** the surveys evaluate the clarity and relevance of the terms of reference for each committee, as well as the composition of the committee members in terms of number of members as well as skills and expertise on the committee. This helps ensure that the committees are well-equipped to fulfill their respective mandates.
2. **Committee management:** the surveys assess the effectiveness of the committees’ managements practices, including meeting time and frequency, and dissemination of materials and information. Efficient management ensures that committees can make informed decisions.
3. **Committee effectiveness:** this component evaluates the overall performance of each committee in fulfilling its objectives.
4. **Chair effectiveness:** the survey measures the effectiveness of committee chairs in facilitating discussions and fostering collaboration among members. Strong chair leadership is essential for driving committee effectiveness and ensuring productive meetings.

5. **Overall committee performance:** the survey measures overall satisfaction with the committees' performance and the contributions made to the Board.
6. **Comments and suggestions for improvement to committee processes:** committee members are invited to provide feedback on their overall satisfaction with the committee's functioning, as well as specific feedback on areas where improvements could be made.

Following completion of the surveys, the data is compiled and reviewed at each respective committee where key findings around trends, areas of strength, and opportunities for enhancement are discussed.

The Governance Committee oversees the review of survey questions annually to ensure their relevance and alignment with best practices in governance.

Please consider any feedback or adjustments to the questions being asked in the survey questions. An opportunity to share your thoughts will be provided at this Governance committee meeting.

#### **IMPLEMENTATION & COMMUNICATION PLAN**

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

- Review Survey Questions at Governance – January 14, 2026
- Email to be sent out for survey completion – May 15, 2026
- Surveys due June 12, 2026
- Survey results reviewed at first meeting of next Board cycle

#### **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Governance Committee Meeting Effectiveness Survey
- Finance & HR Committee Meeting Effectiveness Survey
- Quality & Risk Management Meeting Effectiveness Survey



2025-2026 Governance and Nominating Committee Meeting Effectiveness Survey

\* 1. Terms of Reference and Composition

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee has clear and appropriate Terms of Reference.	<input type="radio"/>	<input type="radio"/>				
The committee has the right number of members.	<input type="radio"/>	<input type="radio"/>				
The committee has members with the skills and expertise that are needed by the committee.	<input type="radio"/>	<input type="radio"/>				

2. For any answer above you marked as "needs improvement", please provide details below.

\* 3. Committee Management

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee meets at the appropriate time of day.	<input type="radio"/>	<input type="radio"/>				
I received orientation to the committee that was helpful to me as a member of the committee.	<input type="radio"/>	<input type="radio"/>				
The committee is receiving the support from hospital management that it requires.	<input type="radio"/>	<input type="radio"/>				
Information is received sufficiently in advance of the meeting.	<input type="radio"/>	<input type="radio"/>				
The committee meets the right number of times over the year.	<input type="radio"/>	<input type="radio"/>				

4. For any answer above you marked as "needs improvement", please provide details below.

\* 5. Committee Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee is working effectively.	<input type="radio"/>	<input type="radio"/>				
The committee performed its annual workplan.	<input type="radio"/>	<input type="radio"/>				
The committee is effectively performing by providing appropriate nominees for election to the Board of Directors.	<input type="radio"/>	<input type="radio"/>				
The committee is effectively performing by						

ensuring an appropriate orientation and education program for members.

The committee is effectively performing by organizing, with the input of the CEO and Board Chair, the Board retreats.

The committee is effectively performing by selecting and recommending nominees for Chair, Vice-Chair, and Treasurer of the Board.

The committee is effectively performing by ensuring succession planning for the office of the Board.

The committee is effectively performing by ensuring periodic review and evaluation of committee performance and Terms of Reference.

The committee is effectively performing by recommending to the Board with the input of the Chair, nominees for all Board committees and Committee Chairs.

The committee is effectively performing by establishing a program to evaluate the performance of the Board, Board Chair, Board members, and Board Committees.

The committee is effectively performing by considering the

results of Board evaluations in connection with renewal of terms of existing directors.

The committee is effectively performing by reviewing and making recommendations on Board composition, size, structure, policies and procedures, by-law amendments, and attendance.

The committee is effectively performing by developing a program to recruit, select, and appraise the CEO and, through annual reviews, to determine CEO compensation.

The committee is effectively performing by ensuring succession planning is in place for the CEO and senior management.

6. For any answer above you marked as "needs improvement", please provide details below.

\* 7. Chair Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The Chair is prepared for committee meetings.	<input type="radio"/>	<input type="radio"/>				
The Chair keeps the meetings on track.	<input type="radio"/>	<input type="radio"/>				
The Chair fairly reports the committee's work to the Board.	<input type="radio"/>	<input type="radio"/>				
The Chair encourages participation and manages discussion.	<input type="radio"/>	<input type="radio"/>				

8. For any answer above you marked as "needs improvement", please provide details below.

\* 9. Overall Committee Performance

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
Overall, I am satisfied with my contribution to the committee.	<input type="radio"/>	<input type="radio"/>				
Overall, I am satisfied with the committee's contribution to the Board.	<input type="radio"/>	<input type="radio"/>				

10. For any answer above you marked as "needs improvement", please provide details below.

11. Comments and suggestions for improvement to committee processes:



2025-2026 Finance, HR and Audit Committee Meeting Effectiveness Survey

\* 1. Terms of Reference and Composition

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee has clear and appropriate Terms of Reference.	<input type="radio"/>	<input type="radio"/>				
The committee has the right number of members.	<input type="radio"/>	<input type="radio"/>				
The committee has members with the skills and expertise that are needed by the committee.	<input type="radio"/>	<input type="radio"/>				

2. For any answer above you marked as "needs improvement", please provide details below.

\* 3. Committee Management

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee meets at the appropriate time of day.	<input type="radio"/>	<input type="radio"/>				
I received orientation to the committee that was helpful to me as a member of the committee.	<input type="radio"/>	<input type="radio"/>				
The committee is receiving the support from hospital management that it requires.	<input type="radio"/>	<input type="radio"/>				
Information is received sufficiently in advance of the meeting.	<input type="radio"/>	<input type="radio"/>				
The committee meets the right number of times over the year.	<input type="radio"/>	<input type="radio"/>				

4. For any answer above you marked as "needs improvement", please provide details below.

\* 5. Committee Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee is working effectively.	<input type="radio"/>	<input type="radio"/>				
The committee performed its annual workplan.	<input type="radio"/>	<input type="radio"/>				
The committee is effectively performing by ensuring processes are in place to prepare an annual operating and capital budget, reviewing it, and recommending it to the Board.	<input type="radio"/>	<input type="radio"/>				

The committee is effectively performing by reviewing and monitoring the hospital's monthly financial performance and reviewing and recommending to the Board any plans developed to address variances between budget and actual performance.

The committee is effectively performing by reviewing and recommending to the Board long-term financial goals, and revenue and expense projections.

The committee is effectively performing by reviewing with management health care developments and legislative changes that may have an impact on financial resources or performance and report to the Board.

The committee is effectively performing by ensuring there is a process in place to manage the hospital's assets.

The committee is effectively performing by reviewing and making recommendations concerning material asset acquisitions not contemplated in the annual operating plan.

The committee is effectively performing by reviewing and recommending to the Board banking arrangements,

including lines of credit and long-term debt.

The committee is effectively performing by advising the Board with respect to donations and the terms of any donor recognition agreements.

The committee is effectively performing by recommending an incentive-based compensation system for the CEO and COS that is compliant with the legislative environment.

The committee is effectively performing by reviewing with the CEO and COS existing staff and physician management resources and plans, including recruitment and learning programs.

The committee is effectively performing by reviewing on an annual basis the Human Resources Plan to ensure alignment with the strategic plan.

The committee is effectively performing by ensuring coordination and alignment with the Medical Advisory Committee for physician human resource planning.

The committee is effectively performing by receiving and reviewing on a period basis a report

on human resources performance indicators.

6. For any answer above you marked as "needs improvement", please provide details below.

\* 7. Chair Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The Chair is prepared for committee meetings.	<input type="radio"/>	<input type="radio"/>				
The Chair keeps the meetings on track.	<input type="radio"/>	<input type="radio"/>				
The Chair fairly reports the committee's work to the Board.	<input type="radio"/>	<input type="radio"/>				
The Chair encourages participation and manages discussion.	<input type="radio"/>	<input type="radio"/>				

8. For any answer above you marked as "needs improvement", please provide details below.

\* 9. Overall Committee Performance

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
Overall, I am satisfied with my contribution to the committee.	<input type="radio"/>	<input type="radio"/>				
Overall, I am satisfied with the committee's contribution to the Board.	<input type="radio"/>	<input type="radio"/>				

10. For any answer above you marked as "needs improvement", please provide details below.

11. Comments and suggestions for improvement to committee processes:



2025-2026 Quality and Patient Safety Committee Meeting Effectiveness Survey

\* 1. Terms of Reference and Composition

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee has clear and appropriate Terms of Reference.	<input type="radio"/>	<input type="radio"/>				
The committee has the right number of members.	<input type="radio"/>	<input type="radio"/>				
The committee has members with the skills and expertise that are needed by the committee.	<input type="radio"/>	<input type="radio"/>				

2. For any answer above you marked as "needs improvement", please provide details below.

\* 3. Committee Management

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee meets at the appropriate time of day.	<input type="radio"/>	<input type="radio"/>				
I received orientation to the committee that was helpful to me as a member of the committee.	<input type="radio"/>	<input type="radio"/>				
The committee is receiving the support from hospital management that it requires.	<input type="radio"/>	<input type="radio"/>				
Information is received sufficiently in advance of the meeting.	<input type="radio"/>	<input type="radio"/>				
The committee meets the right number of times over the year.	<input type="radio"/>	<input type="radio"/>				

4. For any answer above you marked as "needs improvement", please provide details below.

\* 5. Committee Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The committee is working effectively.	<input type="radio"/>	<input type="radio"/>				
The committee performed its annual workplan.	<input type="radio"/>	<input type="radio"/>				
The committee is effectively performing by developing components and indicators for its quality, patient safety, and risk management programs and monitoring the outcomes.	<input type="radio"/>	<input type="radio"/>				
The committee is effectively performing by making recommendations to attempt to eliminate gaps identified for overall improvement.	<input type="radio"/>	<input type="radio"/>				

6. For any answer above you marked as "needs improvement", please provide details below.

\* 7. Chair Effectiveness

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
The Chair is prepared for committee meetings.	<input type="radio"/>	<input type="radio"/>				
The Chair keeps the meetings on track.	<input type="radio"/>	<input type="radio"/>				
The Chair fairly reports the committee's work to the Board.	<input type="radio"/>	<input type="radio"/>				
The Chair encourages participation and manages discussion.	<input type="radio"/>	<input type="radio"/>				

8. For any answer above you marked as "needs improvement", please provide details below.

\* 9. Overall Committee Performance

	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	No Basis for Judgement (1)	Not Applicable (0)
Overall, I am satisfied with my contribution to the committee.	<input type="radio"/>	<input type="radio"/>				
Overall, I am satisfied with the committee's contribution to the Board.	<input type="radio"/>	<input type="radio"/>				

10. For any answer above you marked as "needs improvement", please provide details below.

11. Comments and suggestions for improvement to committee processes:

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: December 30, 2025 Meeting Date Prepared for: January 14, 2026  
 Subject: Q3 Strategic Actions Report  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing is to provide the Board of Directors with an update on the progress of the hospital’s Q3 Strategic Action Report (2025–2026). Strategic actions are derived directly from our 2023–2028 Strategic Plan and are developed through consultation with senior leadership, physician leaders, and staff committees. Each action is designed to operationalize our four strategic priorities: Quality & Safety, People & Culture, Integration & Standardization, and Future Planning, and provides tangible milestones to measure progress toward our longer-term goals.
- Monitoring and reporting progress quarterly is critical to ensuring accountability, identifying early risks, and implementing mitigation strategies where required.

**RECOMMENDATION / MOTION**

**THAT the Governance and Nominating Committee review and receive the Q3 Strategic Actions for 2025-2026.**

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- All strategic actions for Q3 were assessed against established milestones and categorized as: Complete, On Track, Not on Track (mitigation plans in place), or At Risk.

**Quality & Safety:**

- Actions to strengthen palliative care resources has been completed. A gap analysis of the *Best Practice Guideline: Palliative Approach to Care in the Last 12 Months of Life* was completed, with key recommendations to enhance access to cultural, spiritual, and religious supports. The *Spiritual and Cultural Care Room*—a co-designed initiative between the PFAC and IDEA Committee—was officially opened on October 8, 2025.
- Medical directives continue to be used effectively by nursing staff, improving patient flow and reducing diagnostic delays. Twenty-seven directives are currently active, and Epic workflow reviews are underway to ensure continued functionality post go live. This action is now complete.
- Leadership and PFAC patient rounding remain consistent, with feedback confirming that patients feel cared for and safe. Continued focus is being placed on consistent whiteboard use. PFAC members joined Senior Leadership Team rounds during Canadian Patient Safety Week (October 27–31), and will continue to do so regularly. This action is complete.

**People & Culture:**

- Four first-year medical students from the Universities of Ottawa and Toronto completed Discovery Week placements, and a third-year medical student from Queen’s University is completing a 14-week generalist placement (September 15 – December 19, 2025), we also have a medical resident who started with us in

December, and another third-year medical student beginning in January. We now have set up a busy and robust medical learner program, as such, this action is now complete.

- Work on the *Psychological Safety Program* is advancing, with leadership training scheduled for the March 5, 2026, retreat.
- The *performance evaluation redesign* is progressing—feedback surveys have been completed, and results are being analyzed to shape a more meaningful, development-focused process. Current work is to test the new format within one department before finalizing.

#### **Integration & Standardization:**

- The Epic EMR implementation through the Atlas Alliance officially launched April 2, 2025, with go-live targeted for October 24, 2026. Subject Matter Experts continue to participate in workflow design sessions.
- IT infrastructure improvements, including backup servers and a new uninterruptible power supply, are implemented. This action is now complete.

#### **Future Planning:**

- Stage 1.1 of the Ministry’s Capital Redevelopment Planning Process was completed and approved by the Board in June 2025, outlining plans for a new patient care tower, renovations to the existing facility, and a community health hub. Advocacy continues for progression to Stage 1.2 with Ministry of Health approval.
- The HGMH Foundation has raised \$1.5 million toward the CT Scanner campaign. CEO and leadership continue to engage donors and participate in fundraising events. The CT project is planned to begin in early 2026, targeting a late 2027 go-live.

#### **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.*

Ongoing monitoring of strategic actions ensures the hospital remains aligned with its long-term strategy and is responsive to operational and environmental risks. Key Q3 impacts include:

- **Enhanced Patient-Centred Care:** The completion of the Spiritual and Cultural Care Room and direct feedback through rounding reflect meaningful engagement with patients and families.
- **Workforce Development:** Expansion of medical student placements and continued emphasis on leadership and psychological safety training reinforce HGMH’s position as a teaching site and employer of choice.
- **System Integration:** Active engagement in the Epic EMR project and IT infrastructure readiness efforts will support regional standardization, quality, and safety.
- **Future Sustainability:** Progress in the capital redevelopment process and the Foundation’s CT campaign strengthen HGMH’s readiness for future growth and alignment with Ministry and community priorities.

#### **CONSULTED WITH:**

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

- HGMH Senior Leadership Team

#### **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Q3 Strategic Action Report

## Strategic Action Report Q3

Strategic Dimension	Strategic Direction	Executive Lead	Action	Progress	Status
Quality & Safety	<i>Enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.</i>	R. Romany	Implement Best Practice Guidelines to strengthen the tools and resources available to our palliative care team. This includes introducing assessment tools and reference sheets to support consistent, high-quality care across all touchpoints.	<ul style="list-style-type: none"> <li>Key focus for the team is to ensure that nurses and physicians facilitate access to appropriate resources, spaces, and services to support the cultural, spiritual, and/or religious needs of patients and families. The family guide for palliative care resources was developed and implemented.</li> <li>The Spiritual and Cultural Care Room is actively being used by families/patients as necessary. It was designed with PFAC, and IDEA Committee. Opened in Fall of 2025.</li> </ul>	Complete
		R. Romany	Increase the use of medical directives for nursing staff, allowing for faster initiation of diagnostic tests and treatments before physician assessment. Undertake facility enhancements to support patient care and operational efficiency.	<ul style="list-style-type: none"> <li>Use of the 27 medical directives by staff continues to help improve patient flow and reduce delays before physician assessment. The medical directives now form part of the standard workflow, and are consistently in use.</li> <li>Epic implementation activities also included completion of an order set review to ensure medical directives can be ordered effectively.</li> <li>A third Emergency Department treatment room was implemented to boost capacity, and an upgrade was completed to the Surgical Services decontamination room to improve infection prevention and control.</li> </ul>	Complete
		R. Romany	Enhance patient involvement in care decisions by implementing Leader and Patient and Family Advisory Committee (PFAC) patient rounding to	<ul style="list-style-type: none"> <li>Patient feedback consistently indicates that individuals feel cared for and safe.</li> </ul>	Complete

Fully complete

On track – no barriers for completion

Not on track – mitigation plans in place

Not on track – initiative at risk

			engage directly with patients and assess their level of involvement in their care before discharge.	<ul style="list-style-type: none"> <li>Strengthening consistency in patient whiteboard use remains an area of focus to enhance communication with patients and families regarding the plan of care.</li> <li>PFAC members partnered with Senior Leadership during Patient Safety Week patient rounds (Oct) and are scheduled to participate again in January 2026.</li> </ul>	
<b>People &amp; Culture</b>	<i>Improve engagement by investing in the organizations people and empower a caring and positive culture for all.</i>	Dr. L. MacKinnon	Initiate a Medical Student and Resident Program to provide hands-on learning experiences within our medical community. By collaborating with the Rural Ontario Medical Program (ROMP) and other academic partners, we will support initiatives such as Discovery Week for medical students and structured resident placements	<ul style="list-style-type: none"> <li>In the spring, we successfully welcomed four first-year medical students—two from the University of Ottawa and two from the University of Toronto.</li> <li>We are actively collaborating with ERMEP and ROMP to create our medical student and resident program.</li> <li>Additionally, we will be hosting a third-year medical student from Queen’s University for a 14-week generalist placement, scheduled from September 15 to December 19, 2025.</li> <li>We have a 2<sup>nd</sup> Year Resident completing an elective from December 16<sup>th</sup>-January 12<sup>th</sup> with one of our Family Practice Physicians who also works in the Emergency and Inpatient Department.</li> <li>We are set to host a third-year medical student from Queen’s University for a 14-week generalist placement, scheduled from January 5 to April 10, 2026.</li> </ul>	<b>Complete</b>
		K. MacGillivray	As part of our ongoing commitment to health and safety, we are enhancing leadership training with a dedicated focus on psychological safety in addition to management responsibilities.	<ul style="list-style-type: none"> <li>The development of the psychological safety program is underway.</li> <li>Training for the leadership team will be held at our annual Leadership retreat on March 5, 2026. Training with Dr. Dayna Lee-Briggs has been secured, specializing in Psychological Safety.</li> </ul>	<b>On Track</b>
		K. MacGillivray	Redesign our performance evaluation process to create a more meaningful,	<ul style="list-style-type: none"> <li>First draft of the new format has been developed and will be trialed on the Emergency Department staff.</li> </ul>	<b>On Track</b>

Fully complete

On track – no barriers for completion

Not on track – mitigation plans in place

Not on track – initiative at risk

			transparent, and development-focused experience for our employees.		
Integration & Standardization	<i>Deliver standardized quality care in a cost-effective way through collaboration &amp; integration opportunities.</i>	R. Romany	Continue the transition to a new Electronic Medical Record (EMR) system by joining the Atlas Alliance and implementing the EPIC EMR platform in the Fall of 2026.	<ul style="list-style-type: none"> <li>The implementation project officially launched on April 2, 2005. Go-live date is targeted for October 24, 2026.</li> <li>Workgroups actively reviewing clinical and operational workflows.</li> </ul>	On Track
		L. Ramsay	Invest in critical upgrades to our information technology infrastructure. This year, we are enhancing system reliability and security by purchasing backup servers and an uninterruptible power supply (UPS) for our server environment.	<ul style="list-style-type: none"> <li>Uninterruptible Power Supply (UPS) was implemented in summer 2025.</li> <li>Backup servers have been installed in December 2025.</li> </ul>	Complete
Future Planning	<i>Invest in the sustainability of our equipment &amp; infrastructure to support safe, quality care.</i>	R. Alldred-Hughes	Submit pre-capital submission to support the future redevelopment and revitalization of the hospital	<ul style="list-style-type: none"> <li>Board and Hospital Leadership completed Stage 1.1 of the Ministry Capital Redevelopment Planning Process, and received Board approval for submission in June 2025. The plan contains a new patient care tower, renovation of existing site, and a community health hub.</li> <li>Hospital will continue to advocate for the proposal to move to stage 1.2 with Ministry of Health approval.</li> </ul>	Complete
		R. Alldred-Hughes	Actively work with and support the HGMH Foundation in their efforts to fund our ability to bring CT to HGMH.	<ul style="list-style-type: none"> <li>Foundation has launched the their capital campaign, and continuous fundraising efforts. CEO has been meeting with donors as needed, providing hospital tours and context for our ask. In addition, the HGMH leadership team has been supporting fundraising events through volunteerism and attendance.</li> <li>Foundation has raised \$1.5M toward the CT Scanner at this time. Based on these results, initial planning underway for CT implementation.</li> </ul>	On Track

■ Fully complete

■ On track – no barriers for completion

■ Not on track – mitigation plans in place

■ Not on track – initiative at risk

## 2025-2026 Board of Directors Attendance



Name	2025				2026						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	A	P	P							3	75%
Carole Larocque	P	P	P	P							4	100%
Doug Elie	P	P	P	P							4	100%
Francois Desjardins	P	P	P	P							4	100%
Dr. Genevieve Raby	P	A	P	P							3	75%
Gerard McDonald	P	P	A	P							3	75%
Gordon Peters	P	A	P	P							3	75%
Heidi Salib	P	P	P	P							4	100%
Dr. Raynald Cardinal	P	P	P	A							3	75%
<b>Total</b>	11	8	10	10	0	0	0	0	0	0	35	89%

\*Special Meeting

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025				2026						Total	%
	*Jun	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P							4	100%
Dr. Lisa MacKinnon, COS	P	P	P	A							3	75%
Rachel Romany, CNE	P	P	P	P							4	100%
<b>Total</b>	3	3	3	2	0	0	0	0	0	0	44	92%

## 2025-2026 Governance Attendance



Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Louise Boyling	P	P					2	100%
Carole Larocque	P	P					2	100%
Dr. Genevieve Raby	A	P					1	50%
Gerard McDonald	A	P					1	50%
Dr. Stuart Robertson	P	P					2	100%
<b>Total</b>	3	5	0	0	0	0	8	80%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P					2	100%
<b>Total</b>	1	1	0	0	0	0	2	100%

## 2025-2026 Finance Attendance



Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Charlotte Nagy	P	P					2	100%
Francois Desjardins	P	P					2	100%
Gerard McDonald	P	P					2	100%
Gord Peters	P	P					2	100%
Dr. Stuart Robertson	P	P					2	100%
<b>Total</b>	5	5	0	0	0	0	10	100%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P					2	100%
<b>Total</b>	1	1	0	0	0	0	2	100%

## 2025-2026 Quality Attendance



Name	2025		2026				Total	%
	Sep	Nov	Jan	Feb	Apr	May		
Carole Larocque	P	P					2	100%
Doug Elie	P	P					2	100%
Gord Peters	P	P					2	100%
Heidi Salib	A	P					1	50%
Dr. Raynald Cardinal	A	P					1	50%
<b>Total</b>	3	4	0			0	7	88%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Sep	Nov	Jan	Feb	Apr	May		
Robert Alldred-Hughes, CEO	P	P					2	100%
Dr. Lisa MacKinnon, COS	A	A					0	0%
Rachel Romany, CNE	P	P					2	100%
<b>Total</b>	2	2	0			0	4	67%

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: December 30, 2025 Meeting Date Prepared for: January 14, 2026  
 Subject: Accreditation Standard Feature  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- As part of the hospital’s efforts to embrace the new continuous model for Accreditation and embed it into our daily work, committees will feature 1-2 criteria from an Accreditation standard that applies to their committee’s work at each meeting.
- These features will provide an opportunity for the committee to discuss the standard and how HGMH achieves compliance, identifies opportunities for improvement, while ensuring the committee is well-equipped to make informed decisions and recommendations related to quality.

**STANDARD / CRITERIA FEATURED**

*Include the standard name, number(s), statement(s), guideline text, and other information if applicable*

For this month, I chose not to highlight a single Accreditation Governance Standard. Instead, given the volume of work completed over the past several years, it felt more valuable to provide the Committee with a consolidated overview of how all Board and Committee activities align with the full set of governance standards.

The Accreditation Governance Standards Tracker (attached) provides a consolidated view of all the work the Board of Directors and its Committees undertake that aligns directly with Accreditation Canada’s governance requirements. Unlike our monthly focus on one standard, this summary brings everything together in a single resource, highlighting how each Board activity, policy, discussion, and decision supports our accreditation readiness. The document is available at any time on the Board Portal for ongoing reference.

This tracker is important because it demonstrates, in a clear and organized way, how the Board fulfills its responsibilities across areas such as strategic planning, quality and safety oversight, people-centred care, financial stewardship, risk management, and stakeholder engagement. It shows the breadth and depth of the Board’s contribution to good governance and provides a line of sight from Board actions to accreditation criteria. It is also an excellent tool for new Directors, supporting continuity, orientation, and confidence in fulfilling governance accountabilities.

It is worth acknowledging the tremendous amount of work the Governance Committee has accomplished over the last three years to build and strengthen the structures, policies, and practices that now underpin this document. Much of what is reflected here did not exist during our last accreditation cycle. Your leadership and commitment have directly advanced our readiness and our overall governance maturity.

**DISCUSSION QUESTIONS**

*Choose 1-2 questions from the list below to guide discussion at your meeting, or create your own question(s)*

- What opportunities are there for this team to do things differently?
- How would you respond to a surveyor asking you a question about this standard?
- What evidence (i.e.: documentation) can support the hospital’s compliance with this standard?

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
1.1.1	The governing body ensures that the organization regularly engages with stakeholders to assess the organization's mandate and performance expectations.	<p>The organization's mandate may be defined in law. Where it is not, the mandate may be determined through agreements with government, funders, and other stakeholders so there is a common understanding of what the organization is committed to or obligated to perform, provide, or fulfill.</p> <p>The governing body ensures that the outcomes of regular consultations and discussions with stakeholders about the organization's mandate are documented. This includes performance or accountability agreements between the organization and its stakeholders. Stakeholders include workforce, volunteers, clients, families, the diverse community groups including community leaders, partner organizations, governmental and non-governmental organizations.</p>	<ul style="list-style-type: none"> <li>• Political Leaders Forum</li> <li>• Annual General Meeting</li> <li>• HSAA Agreement</li> <li>• PFAC Report to the Committee as standing item</li> <li>• Community Engagement Forum</li> <li>• CEO Delegations at the Township</li> </ul>
1.1.2	The governing body works with the organization to develop or regularly review the organization's vision, mission, and values with the organization's stakeholders.	<p>The governing body, facilitated by the organization, co-design the organization's vision, mission, and values with stakeholders (e.g., workforce, volunteers, clients, families, the diverse community groups including community leaders, partner organizations, governmental and non-governmental organizations). For this process, the governing body and the organization strives to understand the role the organization plays within the larger health system, how its services interact with those of other organizations, and how it can best address the priorities of the community it serves to reduce health inequities and improve health outcomes. They use an equity, diversity, and inclusion (EDI) approach to meaningfully engage with stakeholders. The governing body reviews information about the organization and the jurisdiction (e.g., mandate; financial reports; current and long-term community needs assessments and competency requirements; relevant laws, regulations, and contractual obligations; health system goals and objectives) with stakeholders to make evidence-informed decisions regarding the organization's vision, mission, and values.</p> <p>The governing body and the organization work together to ensure that the vision, mission, and values:</p> <ul style="list-style-type: none"> <li>• Are consistent with providing safe, reliable, integrated, and people-centred care and protecting client rights</li> <li>• Are compliant with relevant laws, regulations, and contractual obligations</li> <li>• Are aligned with the jurisdictional health system vision, goals, and objectives to respond to community needs, promote positive and equitable health outcomes, provide care and ensure care continuity and coordination, and emphasize the benefits of cooperating with other organizations</li> </ul> <p>Reflect the organization's mandate and role in society, including to build healthier communities and create value, as defined by clients, families, and community groups, while considering organizational health and safety, and financial and environmental stewardship.</p> <p>The governing body ensures that the organization's vision, mission, and values are publicly visible and available (e.g., in the reception or lobby, on the organization's website). In some jurisdictions, developing and reviewing the vision, mission, and values may be the accountability of government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• Briefing Notes to the Board (September 8, 2022; February 8, 2023, April 12, 2023)</li> <li>• Picture of Posters in waiting rooms</li> <li>• Survey from strategic plan</li> <li>• Memo about strategic plan</li> </ul>
1.1.3	The governing body works with the organization to develop or regularly review its strategic plan, including goals, and objectives in alignment with the organization's vision, mission, and values.	<p>The governing body oversees and guides the organization's strategic planning process to identify the organization's medium-term vision and priorities and its strategy to achieve them. During the strategic planning process, the governing body works with the organization to engage stakeholders (e.g., workforce, volunteers, clients, families, diverse community groups including community leaders, partner organizations, and governmental and non-governmental organizations). The governing body also works with the organization to identify risks and opportunities using an integrated approach to managing risk in a cohesive, continuous, proactive, and systematic manner to integrate it into the organizational culture. The governing body ensures that the organization's strategic plan:</p> <ul style="list-style-type: none"> <li>• -Reflects stakeholder input</li> <li>• -Addresses identified risks and opportunities</li> <li>• -Prioritizes the short-, medium-, and long-term needs of the diverse community groups to maximize public good, reduces health and social disparities, identifies unmet social determinants of health, promotes preventive approaches, and contributes to building healthy communities</li> <li>• -Enables the achievement of the organization's vision, mission, and values</li> <li>• -Has measurable goals and objectives</li> </ul> <p>The governing body may also review the organization's operational plans to ensure they align with the strategic plan, goals, and objectives. In some jurisdictions, strategic planning may be the accountability of government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• Strategic Actions reviewed at the Board meeting (September 15, 2023, November 22, 2023, February 28, 2024, April 24, 2024, September 26, 2024, November 28, 2024, February 27, 2025, April 24, 2025, September 25, 2025)</li> <li>• Operating Plans</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
1.1.4	The governing body ensures that the organization engages in ongoing environmental scans to adjust the strategic plan as needed based on the results of the scans.	<p>The governing body ensures that the organization gathers information on an ongoing basis and remains aware of expected or unexpected events and changes in its internal and external environments that may have an impact on the organization in the short and long terms. Examples include changes or challenges in stakeholder needs, organizational health and safety, government policies, geopolitics, regulations and economics, climate change impacts, emergencies and disasters, costs of goods and services, population growth, population age, size and skills of the workforce, information technology security, availability of technology, automation of processes, and more. The governing body works with the organization in reviewing the results of the environmental scans to understand the potential short- and long-term impacts on the organization and guides the leaders to adjust the strategic plan in response, as needed.</p> <p>Not every change in the organization's environment results in a change to the organization's strategic plan, goals, and objectives. The governing body works with the organization to set criteria to determine the conditions under which the plan should be changed, based on the potential impact to the organization. In some jurisdictions, environmental scanning and/or strategic planning and related adjustments may be the accountability of government. In this case, the governing body and organization may draw information from government environmental scans and work with government to inform and contribute to adjusting the strategic plan, as needed.</p>	<ul style="list-style-type: none"> <li>Ontario Health Environmental Scan</li> <li>Letters to Great River Ontario Health Team for strategic planning</li> <li>Survey to community and partners for Strategic Plan</li> <li>CEO Vlog encouraging community to participate in the survey for strategic planning</li> <li>Current Health Landscape</li> </ul>
1.1.5	The governing body ensures that the organization has defined accountabilities to execute the strategic plan.	<p>The governing body ensures that the organization has clear accountabilities for the successful execution of its strategic plan and achievement of its strategic goals and objectives.</p> <p>In some jurisdictions, executing the strategic plan may be the accountability of government. In this case, the governing body and the organization work with government to inform and contribute to the process and participate to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>Annual Strategic Actions report with accountabilities</li> <li>Board Committee Terms of Reference which demonstrates accountabilities to execute the strategic plan</li> </ul>
1.1.6	The governing body works with the organization to embed a people-centred care approach throughout the organization and in its governance activities.	<p>Embedding a people-centred care approach, including culture and practices throughout the organization, requires creating an environment of equity, diversity, and inclusion where clients feel safe to engaged and participate as active partners in care and are co-producers of their health. Engaging clients and families as active partners in care improves client experience and is linked to improved individual and population health outcomes as a result of care being organized around the comprehensive needs of people.</p> <p>The governing body ensures that its members are educated about the people-centred care approach and the principles that the approach is based on. It models the organization's commitment to people-centred care by involving clients and families in governance activities and decisions. The governing body establishes a variety of mechanisms to engage with, hear from, and incorporate feedback from clients and families on an ongoing basis into its oversight activities (e.g., by establishing diverse client and family advisory committees or creating links with existing ones in the organization or health system and receiving regular feedback from them, by inviting community health boards to present to the governing body, by hearing directly from clients and families about their experiences with the organization).</p> <p>There are clear and two-way lines of communication and teamwork between the governing body and the organization's client and family committees, whereby the governing body receives direct feedback from and also reports back to the committees about the discussions and actions that resulted from their feedback.</p> <p>The governing body receives and reviews regular updates from the organization about the effectiveness and progress of people-centred care priorities and initiatives throughout the organization (e.g., co-design of quality and safety improvements, team-based care delivery, cultural safety and humility training for providers). These priorities and initiatives aim to improve care by identifying and reducing barriers and improving engagement between clients and families, providers, and other members of the team and organization. The updates summarize a variety of information (e.g., client experience results, the number of teams that have implemented a people-centred care approach and how they have done so, the number and diversity of client and family members participating on organizational committees and initiatives).</p>	<ul style="list-style-type: none"> <li>PFAC member on Board with monthly reports</li> <li>PFAC initiatives included in Strategic Plan</li> <li>PFAC members on core hospital committees</li> <li>PFAC involvement with Senior Leadership Team recruitment (CNE)</li> <li>Essential Care Partner Program (Brochure)</li> <li>Complaints and Compliments Report</li> <li>Patient Satisfaction Survey Results</li> <li>Patient and Family Engagement policy (NEW)</li> </ul>
1.1.7	The governing body ensures that the organization has effective mechanisms to address ethics in organizational decision making.	<p>The governing body supports the organization in the development of standardized mechanisms (e.g., an ethics framework) to define its ethics, to incorporate ethics into its values, processes, and decisions throughout the organization, and to manages its ethics issues. The governing body ensures that the organization is guided by its values and ethics in its decisions and manages its ethics issues in a manner that considers workforce, volunteer, client, and family perspectives, as well as providers' moral responsibilities. The governing body receives and reviews regular reports from the organization on ethical issues and trends faced by the organization. It guides the organization on analyzing and using this information to identify improvement opportunities.</p>	<ul style="list-style-type: none"> <li>Ethical Decision-Making Framework in Boardroom, Meeting Room, and on agendas</li> <li>Ethicist on retainer</li> <li>Ethics Committee Terms of Reference</li> <li>Briefing Note for Quality Committee on Ethics</li> <li>Education at Board Retreat on Ethics</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
1.2.1	The governing body works with the organization to ensure the organization has a comprehensive plan for stakeholder engagement that includes communication plans.	<p>The governing body ensures that the organization has a comprehensive plan for strengthening its engagement and communication with stakeholders. The plan includes the following:</p> <p>Purpose: Clear goals and objectives that the organization wants to achieve by working with and exchanging information with stakeholders.</p> <p>Target audiences: The stakeholders with whom the organization needs to engage to share and receive information (e.g., workforce, volunteers, clients, families, visitors, community members including community leaders, partner organizations, governmental and non-governmental organizations).</p> <p>Engagement strategies: The methods used to engage with stakeholders to understand what information they want to receive and provide, and how they want to receive and provide it.</p> <p>Communication strategies: How information is to be exchanged with stakeholders in accessible languages and formats (e.g., ensuring messages are clear and consistent and that there is open, two-way communication).</p> <p>Change management strategies: How engagement and communication methods are to be used to ensure stakeholders participate in organizational change.</p> <p>Key topics and messages: The topics and decisions that need to be informed by stakeholders, and information that needs to be shared with them (e.g., the strategic plan; organization goals and objectives; decisions that affect day-to-day operations or how services are delivered; changes in the external environment that impact the organization's services or create risks or opportunities; changes in the governing body's membership, structure, or operations).</p>	<ul style="list-style-type: none"> <li>• Clinical and Organizational Ethical Decision Making Policy (COR.03.007.0.24)</li> <li>• Communications and Community Engagement Plan</li> </ul>
1.2.2	The governing body works with the organization to be responsive to the diverse needs of its stakeholders including the community they serve.	<p>The governing body works with the organization to identify the organization's stakeholders (e.g., workforce, volunteers, clients, families, the diverse community groups, partner organizations, governments, other funding authorities, foundations, unions, shareholders, partner or similar organizations, interest or volunteer groups, professional bodies and associations, contractors or contracting agencies, referral organizations). Stakeholders will vary depending on whether the organization is private or public, and the organization's role in society.</p> <p>The governing body ensures the organization engages with and encourages feedback from all stakeholders, using an equity, diversity, and inclusion (EDI) approach to learn about their needs, including characteristics, priorities, interests, activities, and relationships with the organization.</p> <p>For example, to understand the needs of the community as a stakeholder, the governing body ensures the organization takes a population health approach to learn about diversity in the community and the community's health and social needs, the social determinants of health, and the inequities that prevent populations in the community from realizing their equal right to the highest standard of health. This includes identifying and engaging with underserved populations, Indigenous peoples, cultural groups, minority populations, and populations at greater risk for harmful health experiences and/or outcomes. Further, it includes identifying and engaging with populations in the community of all ages, abilities, genders and gender identities, races, colours, ethnicities, languages, cultures, beliefs, histories, colonial legacies, migration statuses, locations, income and social statuses, literacy levels, employment statuses, housing statuses, and health statuses.</p> <p>The governing body and the organization may seek input on new or changing services from stakeholders through public forums, consultations, or at annual general meetings. The governing body and the organization may combine information about stakeholder needs with population health data; information on service use, client experience, wait times, access, equity of care, and other available health care options and services; and other information from environmental scans. This can provide a fuller picture of stakeholder needs and help anticipate evolving and longer-term needs based on projected changes in the population, demographics, and other factors.</p> <p>Based on this information, the governing body ensures the organization will be well-positioned to respond to the diverse stakeholder needs in a timely manner by collaborating with stakeholders who share common objectives (e.g., to achieve health equity and reduce health disparities) and who provide supports and services to the same populations or client groups (e.g., other health and social service organizations, community leaders, alternative or traditional care providers). For example, the organization may work with partner organizations in the health system and other sectors to respond to needs related to sufficient care capacity, care coordination and integration, and the social determinants of health in the community.</p>	<ul style="list-style-type: none"> <li>• Patient Satisfaction Survey Demographics</li> <li>• Community Engagement Session</li> <li>• Capital Redevelopment Surveys</li> <li>• Enhanced Remote Care Monitoring</li> <li>• Transportation Community Survey Participation</li> <li>• Vibrant Community Meeting Reports</li> <li>• GR OHT IDEA Committee participation</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		The governing body has a mechanism to balance competing interests and priorities. This may include an explicit and transparent process for priority setting.	
1.2.3	The governing body ensures the long-term sustainability of the organization.	<p>The long-term sustainability of the organization is determined by its ability to be resilient, forward looking, adaptive, and responsive to changing needs. The governing body can ensure the long-term sustainability of the organization by:</p> <ul style="list-style-type: none"> <li>-Encouraging the organization to apply innovative approaches to understanding and addressing long-term needs and trends among the diverse community groups and in the health system.</li> <li>-Guiding the organization to sustain its long-term relevance by contributing to the health of the community</li> <li>-Monitoring the organization's long-term viability from a quality of service, safety, financial, human resource, and reputational perspective. - Helping the organization build and maintain its societal status as a valued employer and community partner</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic HR Plan</li> <li>• Capital Redevelopment</li> <li>• Leadership and Board Retreat</li> <li>• Pool Partnership</li> <li>• QIP and Quality Dashboard</li> <li>• HR Metrics Report</li> <li>• Patient Satisfaction Survey Results</li> <li>• Financial Reporting</li> </ul>
1.2.4	The governing body works with the organization to promote the value of the organization's services to all stakeholders.	<p>The governing body and the organization ensure that the community, government, partner organizations, and other stakeholders are aware of the organization's vision, mission, values, its services, its role in the community's health, and its role as an employer. The governing body and the organization promote the organization's value for clients, families, diverse community groups, and other stakeholders. The organization's communication, media relations, and public relations departments support the governing body's efforts to promote the organization's vision, mission, values, and services.</p> <p>By creating awareness for the organization's vision, mission, values, and services, the governing body and the organization can increase the profile of and bring recognition to the organization. This can increase the organization's ability to advocate and encourage greater support for the organization's services and the community's needs.</p> <p>In consultation with the organizational leaders, the governing body determines its level of involvement and the scope of its advocacy activities. These may include participating in community events (e.g., fundraisers, campaigns), supporting healthy public policy to address the determinants of health for the diverse community groups (e.g., smoking bans in public places, environmental health laws, policy initiatives to address harmful health effects of current and historical injustices, legal requirements for equitable, non-discriminatory, and timely access to health and social products, services, and supports to all people and populations who need them), communicating the results of quality improvement initiatives, demonstrating results in key areas, and raising community awareness about health issues and the value of healthy practices including cultural practices.</p>	<ul style="list-style-type: none"> <li>• Strategic Plan Collateral (plan, website, posters, info cards, CEO Vlog, Strategic Plan Launch)</li> <li>• Annual Reports</li> </ul>
1.2.5	The governing body works with the organization to regularly share information about the organization's services, quality of care, and performance with all stakeholders including clients, families, the community, and the workforce.	To facilitate transparency and trust with stakeholders and help them make informed decisions, the governing body and the organization share information about the organization's services; its quality of care; and indicators of current performance including progress toward organizational and health system goals and objectives, opportunities for improvement, and plans or initiatives to improve performance and quality, and the results of these initiatives. The methods of sharing information may vary depending on the organization (e.g., through annual publicly available progress reports, annual general meetings).	<ul style="list-style-type: none"> <li>• Annual General Meeting</li> <li>• Community Engagement Sessions</li> <li>• Website updates (QIP and services)</li> <li>• CEO Vlog</li> <li>• Social Media</li> <li>• Annual Report</li> </ul>
2.1.1	The governing body achieves its defined objectives regarding its composition.	<p>To define its objectives regarding its composition, the governing body considers factors such as its roles and responsibilities; its areas of decision making; the organization's strategic plan, goals, and objectives; and relevant laws, regulations, and contractual obligations. To establish its composition, the governing body defines: Its membership size will depend on several factors, including the size of the organization; its risks and opportunities; the services offered; the size of the population served; and relevant laws, regulations, and contractual obligations.</p> <p>The mix of competencies (which may be defined in a competency matrix) required to carry out its governance responsibilities and support the organization's vision, mission, and values. The competency matrix may evolve in response to changes in the organization's environment or its vision, mission, and values. Competencies can include:</p> <p>The attributes that members should possess, such as integrity, high ethical standards, sound judgment, empathy, effective interpersonal skills, cultural competency, and a strong commitment to the health of everyone in the community and to the success of the organization in serving</p>	<ul style="list-style-type: none"> <li>• Skills matrix (reviewed yearly)</li> <li>• Board Nomination and Election policy (BOD.05.006.X.XX)</li> <li>• Code of Conduct policy (BOD.05.007.X.XX)</li> <li>• Roles and Responsibilities of the Board policy (BOD.05.009.X.XX)</li> <li>• Corporate Bylaw Article 3</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		<p>the community's short- and long-term needs.</p> <p>Subject-specific skills, knowledge, and experience in areas related to governance activities (e.g., quality and safety, law, finance, risk, technology, human resources, sustainability, lived experience and more).</p> <p>The diverse perspectives it wishes to reflect, including those of the organization's stakeholders (e.g., diverse populations and groups in the community, clients and families who regularly use the organization's services, clinical service providers, and other workforce or volunteer members).</p> <p>The balance required between adding new members who bring fresh perspectives and retaining experienced members who have the past organizational knowledge to support continuity.</p> <p>Its governing structure, including its mechanism to create committees under its oversight to provide in-depth expertise and advice on specific complex or technical decisions that fall under its governance responsibilities.</p> <p>The governing body identifies strategies to achieve its composition objectives, even in challenging circumstances. For example, if the governing body membership is full before it achieves the required competencies and diversity, it identifies alternate ways to bring the missing perspectives and expertise to the discussions. This may include recruiting additional members in advisory positions, consulting with stakeholder advisory councils (e.g., one or more advisory councils of members or leaders from different community groups), or diversifying committee memberships.</p> <p>In some jurisdictions, the composition of the governing body may be determined by government. In this case, the governing body works with government to inform and contribute to the process (e.g., provides input into the required competencies, diversity, perspectives, and structure for governance) and participates to the fullest extent possible.</p>	
2.1.2	<p>The governing body follows transparent procedures based on an equity, diversity, and inclusion (EDI) approach to manage its membership, including the chair.</p>	<p>Membership management includes the selection, appointment, renewal, and/or removal of the governing body members.</p> <p>The governing body's procedures to select its members are shared openly with stakeholders. Stakeholders, including clients and families, are encouraged to seek membership on the governing body, including as the chair, in accordance with its composition objectives and membership size. This helps ensure the governing body's composition reflects diverse stakeholder perspectives and the diversity of the community (e.g., age, gender identity, race, ethnicity).</p> <p>The governing body follows transparent procedures to renew members' terms as per established minimum and maximum term lengths and ensures that memberships expire in an orderly manner.</p> <p>The governing body shares its selection and renewal procedures with stakeholders to maintain transparency and help ensure it is not taken over by special interest groups and is not biased in favor of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity).</p> <p>The governing body's selection and renewal procedures are aligned with the organization's vision, mission, and values and comply with relevant laws, regulations, and contractual obligations.</p> <p>In some jurisdictions, government may be accountable for the selection and renewal of the governing body membership. In this case, the governing body works with government to inform and contribute to the process, support transparency, and participate to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• Board Membership Application Process policy (BOD.05.010)</li> <li>• Briefing note on Terms of Reference yearly review</li> <li>• AGM minutes showing Director terms</li> <li>• Corporate Bylaw Article 3</li> <li>• Advertising for Board Directors</li> </ul>
2.1.3	<p>The governing body addresses conflicts of interest among its members.</p>	<p>A conflict of interest can arise when governing body and/or committee members have competing business or personal interests that make it difficult for them to fulfill their governance duties in an independent manner. There may however be cases where a real or perceived conflict of interest is unavoidable (e.g., if the governing body member is the owner, a client, a family member, a workforce member, a volunteer, or a member of a partner organization).</p> <p>In such cases, the governing body follows a transparent approach to identify, declare, and resolve or mitigate real and perceived conflicts of interest as needed and on an ongoing basis. The approach to managing conflicts of interest is aligned with the organization's code of conduct, ethics, and values. In this manner, the governing body safeguards against unbalanced interests and maintains its independence in carrying out its governance accountabilities.</p>	<ul style="list-style-type: none"> <li>• Conflict of Interest policy (BOD.05.003.X.XX)</li> <li>• Annual Declaration</li> <li>• Board and Committee meeting agendas with Conflict of Interest policy link</li> <li>• Corporate Bylaw Article 5</li> </ul>
2.1.4	<p>The governing body creates subject-specific committees as needed to fulfill its accountabilities.</p>	<p>When the governing body requires in-depth expertise and advice to make decisions on a specific, complex, or technical matter under its jurisdiction it may create a committee on that subject (e.g., quality, organizational health and safety, human resources, finance, audits, ethics, risk). This committee may be referred to as a subcommittee, advisory committee, task force, or working group.</p>	<ul style="list-style-type: none"> <li>• Board committee terms of reference</li> <li>• Briefing note on annual terms of reference review</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
		<p>The governing body determines the membership of each committee in line with its composition objectives (e.g., based on the committee's purpose and areas of decision making; relevant laws, regulations, and contractual obligations; the required mix of competencies and perspectives on the committee, including client and family perspectives). Governing body members may participate on a committee if they meet the committee's membership requirements; however, the governing body may also select committee members from outside the governing body to ensure their voice is heard in governance matters. The governing body varies the membership on its committees to ensure objectivity and that diverse perspectives are reflected in all governance activities.</p> <p>The governing body ensures that each committee has a clear purpose, terms of reference, and defined reporting requirements, including to the governing body, in compliance with relevant laws and regulations. The governing body monitors the work of each committee to hold it accountable. It also regularly reviews the purpose of each committee to prevent the existence of unnecessary or stagnant committees. Depending on their purpose, committees may be standing (i.e., used on a continual basis), or ad-hoc (i.e., created when needed for a limited time).</p> <p>In some jurisdictions, the committees of the governing body may be determined by government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>Corporate Bylaw Article 7</li> </ul>
2.2.1	<p>The governing body defines its accountabilities in compliance with its jurisdictional obligations.</p>	<p>The governing body ensures that its accountabilities, including its roles and responsibilities, are defined in compliance with its obligations under relevant laws, regulations, and contractual arrangements as per its jurisdiction. It ensures that its roles, responsibilities, and accountabilities are aligned with the organization's vision, mission, and values, and reflect the organization's role in society.</p> <p>The governing body's role includes guiding the organization to achieve its vision, mission, and values. The governing body is responsible and accountable for steering and overseeing the functions of the organization, including the quality, safety, legal, financial, technological, marketing, fundraising, and sustainability functions. The governing body must stay informed about the organization and represent the organization's interests. The governing body acts in the best interests of the organization and its stakeholders, including a commitment to financial and environmental stewardship, organizational health and safety, client outcomes, and the short- and long-term health of the community. The governing body is also responsible for ensuring that relevant information flows in a timely, transparent, and coordinated manner between the governing body, its committees, the organizational leaders, and other stakeholders.</p> <p>Additionally, the governing body is accountable to follow the organization's code of conduct; comply with the organization's confidentiality agreements; participate in orientation and ongoing education; participate in self-evaluation and evaluation of the governing body; and prepare for and attend meetings.</p> <p>The governing body ensures that it clearly outlines the division of roles, responsibilities, and accountabilities between the governing body and the organizational leaders. It ensures that the information on its roles, responsibilities, and accountabilities is understood by its members, its committees, the organizational leaders, and other stakeholders.</p> <p>In some jurisdictions, government may be accountable for defining and updating the roles, responsibilities, and accountabilities of the governing body. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>Roles and Responsibilities of the Board (BOD.01.005.X.XX)</li> <li>Responsibilities as a Director and Code of Conduct (BOD.01.017)</li> </ul>
2.2.2	<p>The governing body defines the accountabilities of each of its members, including the chair.</p>	<p>The roles, responsibilities, and accountabilities of each member of the governing body include attendance requirements, term lengths, and limits. Term lengths may be determined by regulations; if they are not, they should be established and included in the bylaws.</p> <p>Governing body members may or may not be financially compensated for their time. When compensation is provided, the governing body ensures it is done transparently and does not create real or perceived conflicts of interest or interfere with the independence of its members. Each member may fill a different position on the governing body (e.g., chair, vice-chair, secretary, treasurer, committee chair). The governing body documents each position or member's roles, responsibilities, and accountabilities in its operational documents (e.g., in its terms of reference or individual position descriptions). It ensures that the position information is written using neutral language that is not biased in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity).</p> <p>In some jurisdictions, government may be accountable for defining, updating the roles, responsibilities, and accountabilities of governing body members, including the chair. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>Corporate Bylaws – Article 3 Board, item 3.7 Election and Term</li> <li>Board Attendance Policy (BOD.01.014)</li> <li>Roles and Responsibilities of the Board Chair, Vice Chair and Treasurer Policy (BOD.01.018)</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
2.2.3	The governing body documents the required operational conditions by which it functions.	The governing body documents the operational conditions and requirements. These documents are often called the governing body bylaws, charter, or constitution. They include codes, policies, procedures, terms of reference, roles, responsibilities, and accountabilities, and other requirements that the governing body as a whole and individual members must follow to carry out its governance functions.	Corporate Bylaws
2.2.4	The governing body ensures that each member acknowledges their accountabilities.	The governing body requires its members to acknowledge their individual roles, responsibilities, and accountabilities, as well as those of the governing body overall. This acknowledgement may be in the form of a signed statement.	Annual Declaration and Consent Form
2.2.5	The governing body follows the organization's code of conduct that includes procedures to address breaches of the code.	The organization's code of conduct describes the minimum behaviour expectations of everyone working in or on behalf of the organization. The governing body holds itself accountable to the same behaviour expectations as the organization's workforce. It also follows the organization's policies and procedures on addressing breaches of the code by its members including reporting, investigating, and resolving them. The governing body ensures that the organization shares the code of conduct with stakeholders.	<ul style="list-style-type: none"> <li>• Code of Conduct policy (BOD.01.017)</li> <li>• Pledge Form</li> </ul>
2.2.6	The governing body follows its defined meeting schedule.	The governing body defines how often it will meet each year, including the annual general meeting. It may schedule special meetings as required. The governing body also has related meeting attendance requirements for quorum, virtual attendance via audio and/or video conferencing, conducting votes, and more. It shares its meeting schedule with the organization and stakeholders.	<ul style="list-style-type: none"> <li>• Regular Meetings of the Board policy (BOD.01.008)</li> <li>• Corporate Bylaws Article 2</li> <li>• Board Attendance Policy (BOD.05.004)</li> <li>• Website Meeting Calendar</li> <li>• Briefing Notes on Board Schedule</li> <li>• Committee TOR</li> <li>• Meetings on Board Portal</li> </ul>
2.2.7	The governing body ensures its members can access required information before meetings, with enough time for members to prepare for meetings and be ready to make informed decisions.	The governing body ensures that information required for meetings is written and distributed in a manner that is accessible to all members. This could include explaining abbreviations, making the information available in electronic and paper formats, and making it available in languages and at a literacy level that is accessible to all members. In its operational documents (e.g., terms of reference), the governing body outlines the amount of time that is required of members to review the information before meetings so they can be prepared. The governing body ensures that this time requirement is met.	<ul style="list-style-type: none"> <li>• Board Portal</li> <li>• Briefing Note Template</li> <li>• Committee Workplans</li> <li>• Regular Meetings of the Board and Notice Policy (BOD.01.008)</li> <li>• Abbreviations explanation and glossary of terms</li> </ul>
2.2.8	The governing body provides an up to date orientation for its new members.	In the orientation, the governing body includes information about the following: -The organization's type of governance, including how the governing body works with government and other stakeholders who may be responsible for one or more governance activities of the organization -Relevant laws, regulations, and contractual obligations with which the governing body and organization are required to comply -The governing body composition, the operational documents outlining its roles, responsibilities, accountabilities, terms of reference, bylaws, policies, and procedures, as well as meeting schedules and protocols (e.g., land acknowledgements, introductions) -The organization's vision, mission, values, ethics, and code of conduct -The organization's priorities, including those related to organizational health, safety; people-centred care; an equity, diversity, and inclusion approach; anti-racism and cultural safety; its strategic plan; and its current performance and progress toward achieving its strategic goals and objectives -The organizational leaders, workforce, volunteers, clients, families, the diverse groups in the community, partner organizations, and other stakeholders -The organization's internal and external operational environments	<ul style="list-style-type: none"> <li>• Orientation Slide deck</li> <li>• Orientation package</li> <li>• Board Orientation Program policy (BOD.01.010)</li> <li>• Orientation Feedback forms</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
2.2.9	The governing body provides its members with continuing education related to governance.	<p>The governing body provides ongoing education to help its members maintain or improve their competencies and increase their understanding of the organization, its sector, and its governance practices. This helps members fulfill their roles, responsibilities, and accountabilities on the governing body.</p> <p>Education may be targeted to individual members or the governing body as a whole. It may include education on topics such as;</p> <ul style="list-style-type: none"> <li>Overseeing quality and safety in clinical services</li> <li>Organizational health and safety (including the physical, psychological, and cultural safety of clients, workforce, volunteers, and others in the organization)</li> <li>Risk management</li> <li>Quality improvement</li> <li>Evidence-informed decision making</li> <li>The organization's vision, mission, values, and ethics</li> <li>The legal and financial responsibilities of the governing body</li> <li>People-centred care</li> <li>Anti-racism and cultural safety and humility</li> <li>Equity, diversity, and inclusion</li> <li>and other relevant topics</li> </ul> <p>Governing body members are provided with relevant education on an ongoing basis. Education may take place as part of regular meetings through speakers or presentations from the organizational leaders; as part of annual retreats and team-building activities; or in separate educational sessions such as through conferences, courses, or certifications.</p>	<ul style="list-style-type: none"> <li>• Board training through OHA</li> <li>• Briefing notes to the Board regarding education topics for the year</li> <li>• Education at Board Retreat</li> </ul>
2.2.10	The governing body implements its governance decision making framework.	<p>The governing body's decision-making framework specifies the standardized approach and mechanisms (e.g., criteria, guidelines, plans, procedures) that the governing body should use to make decisions related to its governance responsibilities. The framework aligns with the organization's vision, mission, and values and promotes organizational success and sustainability in the short and long terms. The framework may be developed by the governing body in collaboration with stakeholders or it may be adopted from existing frameworks. For example, in some jurisdictions, government may develop or recommend a governance decision-making framework that is specific to the local context and that complies with relevant laws, regulations, and contractual obligations. The governing body's decision-making framework should:</p> <ul style="list-style-type: none"> <li>Be informed by its operational requirements (e.g., bylaws)</li> <li>Include defined mechanisms for priority setting</li> <li>Aim to maximize value for clients, families, the community, and other stakeholders</li> <li>Consider a variety of factors (e.g., client experience and outcomes, population health outcomes and health equity, organizational health and safety, environmental stewardship, cost-effectiveness)</li> <li>Be informed by evidence (i.e., research, expert opinion, lived experience, cultural knowledge, best practice) and principles of reflective learning, continuous quality improvement, and innovation</li> <li>Include defined steps to transparently reach decisions (e.g., if a process is based on consensus, a clear definition of consensus is developed and shared with stakeholders)</li> <li>Be equitable, just, and aligned with the organization's ethics and values</li> <li>Promote balanced participation and open and respectful sharing and discussion of diverse perspectives</li> <li>Include defined mechanisms to ensure the governing body is independent from the organization (e.g., policies to resolve conflicts of interest related to the governing body's legal, fiduciary, and social responsibilities)</li> <li>Ensure that members can access the information they need to inform their discussions and decisions</li> <li>When making decisions collaboratively with stakeholders (e.g., government, funders, community groups, other health and social service organizations), the governing body ensures that everyone involved follows the ethical and transparent decision-making practices as per its governance decision making framework.</li> </ul>	<ul style="list-style-type: none"> <li>• A4R Decision Making poster in Boardroom and on agendas</li> <li>• Ethical decision making policy</li> <li>• A4R poster included on all meeting agendas for reference when making decisions</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
3.1.1	The governing body monitors the organizational functions it has identified as requiring its oversight.	<p>The governing body regularly evaluates the framework and updates it as needed.</p> <p>The governing body identifies and reviews which organizational functions require oversight from the governing body, based on its defined roles, responsibilities, and accountabilities, and relevant laws, regulations, and contractual obligations. The governing body may be required to oversee organizational functions such as quality and safety of care, which includes quality improvement; organizational health and safety; legal, regulatory, and contractual compliance; financial and risk management; information technology; human resource management; and sustainability of the organization.</p> <p>The governing body monitors these organizational functions by, for example, discussing these topics regularly at meetings, and receiving regular updates on the organization’s activities from the organizational leaders. These meetings also provide opportunities for the organization to seek guidance from the governing body, as needed.</p> <p>Depending on the size and structure of the governing body, each organizational function may be overseen by the governing body as a whole or by one of its committees.</p>	<ul style="list-style-type: none"> <li>Board Terms of Reference</li> </ul>
3.1.2	The governing body ensures that the organization has effective policies and procedures related to the functions and areas under the governing body's oversight.		<ul style="list-style-type: none"> <li>Board Policy Inventory List</li> </ul>
3.1.3	The governing body applies the organization's accountability framework to ensure the organization is well-managed and accountable to its stakeholders.	<p>An accountability framework specifies the evidence-informed approach and mechanisms (e.g., criteria, guidelines, plans, procedures) that the governing body can use to set expectations for strong organizational management practices and performance. The governing body uses the framework to oversee and guide the organization's achievement of its strategic goals and objectives and establish the organization's accountability to its stakeholders, including workforce, volunteers, clients, and families.</p> <p>The framework aligns with the organization's ethics and values. It may be developed in collaboration with stakeholders or may be adopted from existing frameworks.</p>	<ul style="list-style-type: none"> <li>Framework for Accountability &amp; Transparency Policy (BOD.06.002)</li> </ul>
3.1.4	The governing body ensures that the organization has effective policies and procedures related to conducting research, including policies that promote client-oriented research practices.	<p>If the organization conducts or facilitates research, the governing body ensures that the organization has policies and procedures for its research activities. The policies and procedures align with people-centred care principles, the organization's ethics and values, and research ethics and principles that respect the rights of the client and community and comply with relevant laws, regulations, and contractual obligations.</p> <p>Client-oriented research practices involve partnering with clients and families in research processes. The governing body ensures that the organization creates opportunities for clients and families to be involved in the continuum of research activities (e.g., designing research; determining research questions; developing surveys; deciding on data collection methods; and translating knowledge for the benefit of clients, families, and the community). The organization's research policies promote client-oriented research and provide guidance on how to achieve it. The governing body ensures that the organization considers the risks associated with conducting research.</p>	<ul style="list-style-type: none"> <li>Participation in Research Projects Policy (COR.03.013)</li> </ul>
3.1.5	The governing body ensures that the organization maximizes value for its stakeholders, including clients, families, the community, and the workforce.	<p>The governing body ensures that the organization works with clients and families, the community, and other stakeholders to define what value means in terms of benefits to client experience and population health outcomes, while also considering benefits to organizational health and safety, cost effectiveness, and environmental stewardship perspectives. The definition of value will vary between organizations.</p> <p>The governing body ensures that the organization maximizes value by monitoring indicators such as client-reported outcome measures; client-reported experience measures; client, volunteer, and workforce feedback and satisfaction measures; financial and human resource allocation measures; community health status measures including indicators specific to different groups in the community. This evidence enables the governing body to guide the organization in making decisions that maximize value for clients, families, the community, and other stakeholders.</p>	<ul style="list-style-type: none"> <li>Briefing note on patient experience survey results quarterly</li> <li>Briefing note on Employee Engagement survey results</li> <li>Briefing note on HR quarterly report</li> <li>Briefing note on Capital redevelopment</li> <li>Capital redevelopment slidedeck</li> </ul>
3.1.6	The governing body regularly reviews organizational performance indicators including those related to quality and safety.	<p>The governing body and the organizational leaders select process and outcome indicators to review the organization's performance. Together, they ensure the selected indicators are relevant, appropriate, and linked to its strategic goals and objectives, including quality and safety. They ensure that the indicators align with the organizational as well as health system priorities and requirements, including those related to quality and safety which is defined to include physical, psychological, and cultural safety. The governing body has a clear understanding of how the</p>	<ul style="list-style-type: none"> <li>Quality Improvement Plan</li> <li>Clinical Quality Dashboard</li> <li>HR Quarterly report with safety indicators</li> <li>Board quality committee workplan</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
		<p>selected indicators are developed, calculated, and used.</p> <p>The governing body determines which indicators it will regularly review, based on organizational and health system priorities and requirements. It ensures that the number of indicators it chooses to review is feasible for the organization to regularly report on and for the governing body to monitor. The governing body and the organizational leaders define how and how often the indicators will be reviewed. For instance, the governing body may set up a committee that meets quarterly to review the indicators. The committee may use tools such as report cards (e.g., balanced scorecard) that aligns organizational performance measures and quality improvement activities with strategic goals and objectives.</p> <p>The governing body reviews organizational reports on the indicators including current performance data, comparisons to the organization's baseline performance and other organizations in the system, progress toward achieving the strategic goals and objectives, and identified performance gaps. It ensures that the organization identifies opportunities, priorities, and initiatives for quality improvement to close the performance gaps.</p>	
3.1.7	The governing body ensures that the organization uses client feedback to improve the quality of its services.	<p>The governing body ensures that the organization collects feedback on client experience and satisfaction to use it for evaluation and improvement of its services.</p> <p>Client experience includes all the interactions a client and family have with the organization throughout the client journey, including the care provided and their interactions with service providers and as part of the care team. The governing body ensures that the organization seeks and encourages client and family feedback (that is diverse, and representative of the community served). Feedback is both positive and critical, about their experiences, to evaluate whether defined steps and processes occur at the right time and frequency. The organization also uses these data to set a baseline for future evaluations and identify strengths and opportunities for improvement.</p> <p>Client satisfaction data measures whether client expectations were met. These data vary from client to client based on each client's expectations of care. The governing body ensures that the organization collects and uses client satisfaction data to evaluate the effectiveness of the organization's communication with clients and families throughout the client journey. Understanding client experience and client satisfaction is an important component of making care more people-centred. The governing body ensures that the organization uses its findings to inform its quality improvement planning.</p>	<ul style="list-style-type: none"> <li>• Patient Experience survey results</li> <li>• Complaint and compliments report</li> <li>• HGMH Website submission form for complaints and compliments</li> </ul>
3.1.8	The governing body regularly reviews the organization's progress towards the targets in its integrated quality improvement plan.	<p>An integrated quality improvement plan incorporates risk management; resource utilization management; performance measurement, including monitoring of strategic goals and objectives; people-centred care; client safety; organizational health and safety; environmental stewardship; and quality improvement. It recognizes that these activities are interrelated and need to be coordinated.</p> <p>The governing body ensures that the organization engages with its workforce, volunteers, clients, and families to develop, implement, review, and update the integrated quality improvement plan and initiatives, and that the plan enables the implementation of innovative approaches to improve care and service delivery.</p> <p>The governing body reviews information provided by the organization about progress on quality improvement initiatives through tools such as balanced scorecards that align organizational performance measures and quality improvement activities with strategic goals and objectives. The organization may also provide the governing body with quality and performance data on specific programs, services, and teams; internal systems and processes; and client, family, workforce, and volunteer experience and feedback. The governing body can use these tools to monitor progress toward performance and quality improvement targets throughout the organization.</p>	<ul style="list-style-type: none"> <li>• Quality improvement Plan</li> <li>• Briefing notes on Quality Improvement Plan</li> <li>• Briefing Notes on Quality Dashboard</li> <li>• Strategic Actions Quarterly updates</li> <li>• Briefing note on Employee engagement survey results</li> <li>• Briefing note on patient experience results</li> </ul>
3.1.9	The governing body ensures it is kept informed of organizational risks in a timely manner.	<p>The governing body may have specific requirements for the organization's risk reporting, to ensure it is informed about risks in a timely manner, and about risk mitigation and response plans. For example, the governing body may have specific requirements for which risks should be escalated to them; as well as how and how quickly they should be escalated. The governing body may require the organization to promptly report on risks that have a high likelihood of occurrence and/or high severity of impact, to ensure the governing body has timely oversight over how those risks are managed.</p> <p>The governing body reviews organizational reports about real and potential risks facing the organization and guides the organization to apply an integrated approach in its risk management planning. The governing body ensures that the organization identifies and manages its operational and clinical risks from an organization-wide perspective and in a continuous, proactive, and systematic manner to minimize their impacts.</p>	<ul style="list-style-type: none"> <li>• Enterprise Risk Management policy (BOD.03.004)</li> <li>• Briefing note template which has risk integrated</li> <li>• Updates are done to the Board via email and during in camera sessions when risk occurs (outbreaks, etc)</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		Operational risks may be related to resources; finances; budget; capital planning; property and physical infrastructure; reputation; credentialing; competition; liability and insurance protection; corporate governance; organizational health and safety; human and other resource management; contracted services; research and innovation; compliance with standards, policies, or laws; the political environment; information systems and security; data privacy and access management; data retention and destruction; contract management; and emergency and disaster management including pandemics. Clinical risks may be related to the provision of safe and quality care (e.g., clinical safety, medication reconciliation, medical devices and equipment, infection prevention and control, laboratory services).	
3.1.10	The governing body ensures that the organization has a comprehensive strategy for business continuity to minimize service disruption.	<p>Business continuity is the organization's approach to prevention of and recovery from potentially disruptive circumstances to minimize service disruption and ensure the continuation of services. Business continuity planning is based on the results of evaluating the potential impact of interruptions on the organization's operations and services (which may be referred to as a business impact analysis). It identifies time-sensitive essential functions and applications, associated resource requirements, and interdependencies.</p> <p>The governing body ensures that the organization has a strategy that addresses business continuity in various circumstances, including business continuity planning for emergencies and disasters, for long-term sustainability, for changing needs in the community, and for other significant organizational risks identified in its risk management planning. The strategy includes planning for access to and continuation of essential systems and utilities (i.e., critical infrastructure including water, electricity, key technology, and equipment). It also includes developing and maintaining relationships with other organizations and services in the community and jurisdiction to be able to collaboratively respond during disruptive circumstances. The strategy for business continuity is reviewed and updated as part of continuous learning and improvement processes.</p> <p>Planning for how to keep its workforce and volunteers safe and able to work effectively in various circumstances is an important aspect of business continuity. Therefore, the governing body ensures that the organization's strategy for business continuity aligns with the organization's human resources strategy.</p>	<ul style="list-style-type: none"> <li>• Business Continuity Plan</li> </ul>
3.1.11	The governing body ensures that the organization has a comprehensive human resources strategy.	<p>The governing body ensures that the organization keeps it informed about human resource risks and opportunities facing the organization to ensure the risks and opportunities are well-managed for a safe and effective workforce.</p> <p>The governing body ensures that the organization develops and regularly (at least annually) reviews its human resources strategy with the workforce. The governing body ensures that the organization has a human resources strategy that:</p> <ul style="list-style-type: none"> <li>Addresses recruitment of its workforce and volunteers</li> <li>Includes health and safety programs to manage the physical, psychological, and cultural health and safety of its workforce and volunteers</li> <li>Includes talent management systems to manage and improve staff performance, support professional development and build staff competencies, encourage staff retention, and support succession planning</li> <li>Reflects input from clients and families about the people-centred characteristics, competencies, and values that should be reflected throughout the organization's workforce</li> <li>Reflects an equity, diversity, and inclusion (EDI) approach. For example, it has equitable and evidence-informed recruitment and selection procedures that include steps to avoid unconscious bias in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity) and to build an organizational workforce that reflects the diverse populations and groups that make up the organization's community</li> <li>Includes succession planning procedures to build capacity of diverse workforce members to fill critical and leadership roles through education, training, coaching, job rotation, and mentoring</li> <li>Ensures that the financial compensation model for its workforce, including senior leaders, is based on relevant laws, regulations, and contractual obligations. The compensation model is regularly reviewed and kept up to date, and takes into consideration job stresses and risks, pay equity, labour market, cost-of-living increases, bonuses, benefits, and allowances</li> <li>Includes continuous learning and improvement processes</li> </ul> <p>The governing body ensures that the organization has an organizational structure in place that supports its human resources strategy. It ensures that the organization aligns its human resources strategy with the organization's planning for business continuity, whether in times of disruption or as part of long-term planning. Effective talent management contributes to business continuity by, for example, minimizing the impact of the departure of a senior leader or key operational workforce member by preparing internal candidates to step into the role.</p>	<ul style="list-style-type: none"> <li>• HR Quarterly reports</li> <li>• Strategic HR Plan</li> <li>• Talent Management Policy and presentation</li> <li>• Succession Plan education document</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
3.1.12.1	The governing body applies a recognized framework for guiding the activities related to quality of care provided by the organization.	The framework is adopted from existing jurisdictional or international frameworks such as the Canadian Quality and Patient Safety Framework. It includes a standardized approach that the governing body uses to address quality. The framework is tailored to the individuals and communities receiving services from the organization.	<ul style="list-style-type: none"> <li>Quality &amp; Patient Safety Framework (BOD.03.005)</li> </ul>
3.1.12.2	The governing body provides its members with education and continuous learning on the topic of quality of care – quality frameworks, key quality principles, key quality indicators.	The education and continuous learning helps governing body members understand the need for quality to be embedded in their service delivery. There are different ways the education and continuous learning can be undertaken. The education and continuous learning approach can use a combination of didactic or online training, community engagement, and reflective practice to increase the knowledge and skills. The governing body leverages resources available to provide this education and continuous learning.	<ul style="list-style-type: none"> <li>Healthcare Excellence Canada Effective Governance for Quality &amp; Safety (8 modules)</li> <li>Quality initiatives presented at Board Quality</li> <li>Education session at Board Retreat</li> </ul>
3.1.12.3	The governing body ensures the organization's executive leader(s), who report directly to the governing body, have an accountability for quality of care in their performance objectives.	The governing body sets and evaluates performance objectives for the organization's executive leader(s), who report directly to it. By doing so, the governing body can hold the executive leader(s) accountable for achieving the established quality of care goals and associated quality indicators. Monitoring the executive leader(s) performance objectives will be an on-going activity of the governing body in addition to providing constructive and actionable feedback on the leader's performance.	<ul style="list-style-type: none"> <li>Personal Business Commitments template</li> <li>Executive Compensation Framework</li> <li>Yearly Performance Evaluation template</li> </ul>
3.1.12.4	The governing body ensures there is an organizational action plan to address quality of care.	The action plan is developed using a co-designed approach that includes recipients of care, community/system partners, the organization's workforce. The action plan identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved and how the organization will measure change. A governing body action plan should include elements highlighted in the selected recognized framework.	<ul style="list-style-type: none"> <li>Quality &amp; Patient Safety Plan</li> </ul>
3.1.12.5	The governing body has quality of care as a standing agenda item in its regular meetings where it monitors the organization's action plan.	The governing body demonstrates a clear commitment to quality of care by having it as a standing agenda item for each regular meeting and ensuring that sufficient time is allotted to review and discuss the organization's action plan to address quality of care. Discussions need to be supported with indicator data that includes feedback from multiple stakeholders, including clients, families, and communities. Key quality indicators that measure quality at the organization level (i.e., 'big-dot' indicators) will help answer the questions "what does quality of care look like and how do we know it is improving?". Examples of big-dot indicators can include: number of clients who were harmed number of complaints from clients timely access to care quality of worklife reported by the workforce, including measures of job engagement, retention and satisfaction that can influence the organization's clinical human resource capabilities client experience survey results	<ul style="list-style-type: none"> <li>Briefing Note on Committee Meeting Frequency</li> <li>Briefing note on Patient Experience</li> <li>Quality Committee Work Plan</li> <li>Briefing Note for QIP and Quality Dashboard</li> <li>Quality of Care Reviews</li> <li>Complaints and Compliments Reports</li> <li>Employee engagement survey results</li> </ul>
3.2.1	The governing body ensures the recruitment and selection of the executive leader aligns with the organization's vision, mission, and values.	The governing body recruits and selects or ensures that the recruitment and selection of the organization's executive leader aligns with the organization's vision, mission, and values and is consistent with the organization's human resources strategy including policies and procedures, as well as relevant laws, regulations, and contractual obligations. The governing body ensures that the recruitment and selection procedures are equitable, evidence-informed, and include procedures to avoid unconscious bias in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity) when evaluating candidates. The organization's human resources strategy, in alignment with its business continuity planning, may allow the governing body to appoint or ensure the appointment of an interim executive leader in emergencies, such as when the executive leader is taken ill. It may also include a longer-term plan to allow the governing body to prepare for a planned exit by the executive leader. The governing body and the executive leader should engage in regular (at least annually) formal discussions about continuity and succession planning for the executive leader role. In some jurisdictions, the executive leader may be appointed by government. In this case, the governing body participates to the fullest extent possible in identifying potential candidates and in the screening, nomination, and selection process.	<ul style="list-style-type: none"> <li>CEO and COS Succession Plan policy (BOD.02.001)</li> <li>Delegation of Authority to the President &amp; CEO policy (BOD.05.012)</li> <li>CEO and COS Position Description Policy (BOD.02.003)</li> <li>Staff Recruitment Policy (COR.08.004)</li> <li>Governance Committee Work Plan</li> <li>Governance agenda with succession plan discussion</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
3.2.2	The governing body ensures that the accountabilities of the executive leader are defined.	<p>The governing body ensures that the roles, responsibilities, and accountabilities of the executive leader are defined and kept up to date, in compliance with relevant laws, regulations, and contractual obligations. The governing body seeks input from the executive leader to inform the development and review of the roles, responsibilities, and accountabilities.</p> <p>The governing body ensures that the roles, responsibilities, and accountabilities are described in an executive leader position description. It ensures that the position description is written using neutral language that is not biased in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity).</p> <p>The position description clarifies the division of roles, responsibilities, and accountabilities between the executive leader and the governing body. It includes the executive leader's accountabilities to the governing body and the organization's stakeholders (e.g., clients, families, workforce, volunteers, community groups, partner organizations) for the quality and safety of services provided by the organization; for advancing people-centred care in the organization and the health system; and for leading the workforce to achieve the organization's vision, mission, and values.</p> <p>In some jurisdictions, the executive leader's roles, responsibilities, and accountabilities may be defined by government. In this case, the governing body provides input into defining, reviewing, and updating the roles, responsibilities, and accountabilities, and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• CEO and COS Position Description policy (BOD.02.003)</li> </ul>
3.2.3	The governing body regularly evaluates the executive leader's performance against set measurable performance objectives.	<p>To ensure that the executive leader carries out their defined roles and responsibilities, the governing body evaluates the executive leader's performance against the set performance objectives and holds the executive leader accountable for the organization's performance.</p> <p>The governing body ensures that the executive leader's performance objectives are related to the organization's strategic goals and objectives and reflect the organization's mandate and role in the health system and society, including advancing people-centred care. The objectives comply with relevant laws, regulations, and contractual obligations.</p> <p>The governing body sets the performance objectives in collaboration with the executive leader and reviews them regularly (e.g., annually). The governing body seeks input on the performance of the executive leader from the organizational leaders, including the executive leader, as well as from other stakeholders including clients, families, workforce members, volunteers, other senior leaders, community leaders, and partner organizations (e.g., through periodic 360-degree reviews).</p> <p>If there are concerns about the executive leader's performance, or if the governing body deems it appropriate, it may conduct evaluations more frequently.</p> <p>In some jurisdictions, the executive leader reports to government rather than the governing body. In this case, the governing body works closely with government officials to set the executive leader's performance objectives and conduct their performance evaluation.</p>	<ul style="list-style-type: none"> <li>• 360 Feedback Forms</li> <li>• Strategic ACTION Report</li> <li>• Personal Business Commitments</li> <li>• CEO and COS Performance Evaluation Policy (BOD.02.004)</li> </ul>
3.2.4	The governing body supports and regularly reviews the executive leader's ongoing professional development plan.	<p>The governing body supports the executive leader's professional development by supporting the executive leader to spend time on the activities outlined in their professional development plan and budgeting funds for this purpose. The governing body may make suggestions to the executive leader regarding professional development opportunities to address gaps in the executive leader's competencies (e.g., subject-specific knowledge, leadership competency, cultural competency) identified through performance evaluations.</p>	<ul style="list-style-type: none"> <li>• CEO and COS contracts</li> </ul>
3.3.1	The governing body ensures that the organization establishes procedures to credential members of its workforce.	<p>Credentialing is the assessment and verification that members of the workforce have the necessary credentials to fulfill their roles, in alignment with the human resources strategy. For example, with clinical service providers, credentials should include the required clinical training and competencies, as well as competencies related to client partnership, conflict management, anti-racism, and cultural safety and humility, and upholding client rights to provide safe, reliable, integrated, and people-centred care.</p> <p>In some jurisdictions, government may be accountable for credentialing. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• Professional Staff Bylaws</li> <li>• Professional Staff Application form</li> <li>• Credentialing checklist</li> </ul>
3.3.2	The governing body ensures that the organization establishes procedures to manage privileges for the clinical service providers who require them to provide client care.	<p>Some clinical service providers who are not employees of an organization require permissions, called privileges, to conduct a specific scope and content of client care.</p> <p>The governing body ensures that the organization defines and follows set procedures for managing privileges that includes granting, regularly reviewing, and renewal or removal of privileges.</p> <p>Depending on the organization and jurisdiction, privileges may be granted by a committee (e.g., Medical Advisory Committee) or an individual (e.g., chief medical officer) in the organization, or by a jurisdictional body or government.</p>	<ul style="list-style-type: none"> <li>• MAC Agendas and minutes for credentialing recommendation to the Board</li> <li>• Board In Camera Agendas and minutes for credentialing approvals</li> <li>• Annual reappointment letters</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
		<p>Regardless of where the authority to grant privileges lies, the governing body ensures that the organization follows its documented procedures to grant and manage privileges. These procedures outline the steps to be taken to assess the credentials of the clinical service provider and ensure that the privileges granted are appropriate, aligned with the organization's mandate and scope of services, and supported by the resources required to provide safe care. Privileges granted to clinical service providers may be generally applicable to their practice in the organization, specific to the service or procedure they offer, or specific to the context in which they provide services.</p> <p>The governing body ensures that the organization's procedures to manage privileges outline conditions under which clinical service providers may apply to be granted additional privileges, and conditions under which a clinical service provider's privileges may be cancelled or restricted (e.g., to maintain alignment with the organization's service delivery and resource allocation plans, or because of identified performance issues). The procedures include steps for the renewal, addition, or alteration of privileges, as required. The procedures also outline set timeframes for the review and renewal of privileges and are informed by the outcomes from performance reviews, as appropriate.</p>	<ul style="list-style-type: none"> <li>• Orientation manual</li> </ul>
3.3.3	The governing body ensures that the organization establishes procedures to regularly evaluate the performance of clinical service providers who have been granted privileges and address any performance issues identified.	<p>The governing body ensures that the organization's procedures to evaluate the performance of clinical service providers who have been granted privileges are focused on setting the provider's performance and professional development goals and targets and monitoring the provider's progress toward them.</p> <p>The performance evaluation procedures require clear performance targets to be set for each provider, so the provider is aware of what is expected of them and can make it part of their professional development goals.</p> <p>The governing body ensures that the performance evaluations include measures of skills, behaviours, performance, and outcomes. The performance evaluation procedures include steps to address identified performance issues (e.g., restriction, suspension, or removal of privileges, or cancellation of the appointment by the relevant authority).</p> <p>The performance evaluations play an important role in the organization's accountability to stakeholders and in advancing the organization towards its people-centred care and health and safety goals.</p>	<ul style="list-style-type: none"> <li>• Professional Staff Rules and Regulations</li> <li>• Performance evaluation for medical staff 6-months and 1 year</li> <li>• MAC agenda and minutes showing reviews</li> <li>• Board In Camera agenda and minutes showing probationary approval</li> <li>• Guidelines for Managing Physician Professional Behavior policy (CLI.04.007)</li> </ul>
3.3.4	The governing body ensures that the organization establishes procedures to appeal decisions regarding privileges.	The governing body ensures that the organization's procedures for appealing decisions related to privileges comply with jurisdictional laws, regulations, and contractual obligations.	<ul style="list-style-type: none"> <li>• Professional Staff Bylaws – sections outlining appeal process for denial, suspension, restriction, or revocation of privileges</li> <li>• Board and AGM agenda and minutes showing approval of Professional Staff Bylaws</li> <li>• Board education on governance responsibilities in privileges and appeals.</li> </ul>
3.4.1	The governing body monitors the workforce's experiences in the workplace.	<p>The social and psychological environment of the organization should reflect the organization's values. The organization's workforce should feel physically, psychologically, and culturally safe, comfortable, and generally satisfied with their worklife and work environment when performing their duties. They should feel supported by their leaders and be relatively free from work-related stress or fatigue. In addition, staff should feel motivated to perform their duties well and improve systems. They should feel able to ask questions and get advice.</p> <p>To monitor the workforce's experiences within the organization, the governing body may use mechanisms such as executive leader 360-degree evaluations, workforce satisfaction surveys, exit surveys, performance appraisals, complaints processes, and other similar tools that may identify opportunities to improve the experience of working within the organization.</p>	<ul style="list-style-type: none"> <li>• 360 Evaluations</li> <li>• Employee Engagement Survey</li> <li>• Exit Questionnaire</li> <li>• Quality Improvement Suggestions from staff</li> <li>• HR Metrics Reports</li> <li>• Employee Performance Appraisals</li> </ul>
3.4.2	The governing body ensures that the organization adopts a comprehensive approach to organizational health and safety.	<p>The governing body ensures that the organization defines health and safety more comprehensively than just the absence of disease or harm.</p> <p>The governing body ensures that the organization takes a comprehensive and equity, diversity, and inclusion (EDI) approach to develop a thorough understanding of the physical, psychological, and cultural safety and wellness risks and needs identified by clients, families, workforce, volunteers, and others associated with the organization when defining its organizational health and safety goals. The goals align with organizational priorities related to client experience and outcomes, population health, and financial and environmental stewardship. The goals also reflect the organization's commitment to anti-racism and non-discrimination.</p> <p>The governing body works with the organization to define comprehensive measures of organizational health and safety that include measures of client safety as well as workforce health and safety. The measures also look at the reliability of systems and processes to sustainably</p>	<ul style="list-style-type: none"> <li>• IDEA review of patient experience surveys</li> <li>• Health &amp; Safety Policy (COR.11.025)</li> <li>• Workplace Violence Policy (COR.11.003)</li> <li>• Developed plan based on employee engagement results</li> <li>• HR Metrics – lost time injuries</li> <li>• Quality Dashboard</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		<p>promote wellness and prevent errors and harm through continuous learning and improvement. The measures help to establish a baseline, understand current performance, identify areas for improvement, and track progress over time. It ensures that the organization dedicates resources toward activities to achieve its health and safety goals.</p> <p>Some organizational health and safety goals, measures, and activities may be mandatory under relevant laws, regulations, and contractual obligations.</p>	
3.4.3	<p>The governing body ensures that the organization facilitates the reporting of safety incidents or concerns.</p>	<p>The governing body ensures that the organization has safety reporting mechanisms (e.g., standardized, easy-to-use safety reporting systems) that comply with relevant laws and regulations and are designed to encourage reporting of safety risks, errors, and incidents, as well as contributing factors.</p> <p>Safety risk reporting is important to increase the proactive anticipation of problems before they occur. Safety incidents include near misses, no-harm incidents, and incidents resulting in harm. Harm includes harm resulting from racism and discrimination.</p> <p>The governing body ensures that the organization informs its workforce, volunteers, clients, and families about the safety reporting mechanisms and how to report without fear of negative consequences.</p> <p>The governing body ensures that the organizational leaders promote a just culture by creating an unbiased, fair, consistent, and supportive environment that encourages staff to learn from mistakes and safety incidents.</p>	<ul style="list-style-type: none"> <li>• Adverse Drug Reaction Reporting and Medical Device Incidents (COR.12.010)</li> <li>• Quality &amp; Patient Safety Framework (BOD.03.005)</li> <li>• Inclusion, Diversity, Equity &amp; Anti-Racism (BOD.01.001)</li> <li>• Risk Incident Management System (COR.01.012)</li> <li>• Whistleblowing (BOD.03.002)</li> </ul>
3.4.4	<p>The governing body ensures it is kept informed of the organization's progress towards organizational health and safety goals.</p>	<p>The governing body receives and reviews regular and timely reports from the organization about the organization's health and safety activities, challenges, and accomplishments related to its health and safety goals. It also receives current data on the organizational health and safety measures monitored by the governing body.</p> <p>For example, the governing body receives reports on safety incidents such as high-risk or severe incidents, adverse drug events, and medical device incidents, as per the governing body's requirements for reporting and issue escalation, and relevant laws and regulations. The reports summarize the actions taken to address the incidents and provide trend analyses and mitigation strategies to prevent future incidents. In determining its actions and mitigation strategies, the governing body encourages the organization to account for the clients' rights to self-determination and to make informed choices to live with risk in alignment with their holistic health and wellness needs and goals, and their cultures, beliefs, and traditions.</p> <p>The governing body ensures that it is kept informed by the organization about organizational health and safety activities, to address health and safety risks and needs. The activities include engaging with stakeholders to develop, implement, and evaluate policies, procedures, programs, and initiatives; providing training, equipment, and other supports; and ensuring compliance with relevant laws, regulations, and contractual obligations.</p> <p>The governing body ensures that the organizational health and safety activities adequately and effectively address:</p> <ul style="list-style-type: none"> <li>Public health risks</li> <li>Impairment and incapacity of anyone in the organization including workforce, volunteers, clients, families, and visitors</li> <li>Stigma, racism, and discrimination</li> <li>Client abuse and workplace violence, including all forms of harassment, bullying, intimidation, threats, assaults, robbery, and other similar behaviours originating from anyone in the organization</li> <li>Other key safety topics such as client identification, medication reconciliation, culturally safe care delivery, workforce stress, workload management, or other issues identified through trends in safety incident reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Safety Plan</li> <li>• Posters in Waiting Rooms</li> <li>• Patient Rights and Responsibilities</li> <li>• HR Report – lost time injuries</li> </ul>
3.4.5	<p>The governing body ensures that the organization has an effective policy and procedure for people to bring forward complaints or concerns without negative consequences.</p>	<p>The governing body ensures that the organization has a policy (which may be referred to as a whistleblower policy) that explicitly protects those who come forward to provide information, raise concerns, or participate in an investigation about unsafe or inappropriate activities in the organization, including activities that are physically, psychologically, or culturally unsafe, or that are illegal or unethical. The policy protects those who come forward from negative consequences and contributes to an organizational culture of open discussion and the ability to raise issues without fear. The policy also protects their confidentiality while ensuring fair and just procedures are followed for everyone involved.</p> <p>The governing body ensures that the organization informs its workforce, volunteers, clients, and families about the procedures they should follow to safely and confidentially file a complaint or raise a concern about unsafe or inappropriate activities that are related to the organization's delivery of services, their experience with the organization, or a violation of their rights.</p>	<ul style="list-style-type: none"> <li>• Whistleblowing Policy (BOD.03.002)</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
3.4.6	The governing body ensures that the organization has effective policies and procedures to manage complaints in a timely and transparent manner.	<p>The governing body ensures that the organization's complaints management policies and procedures require the organization to provide those involved in the complaint (i.e., the person(s) bringing forward the complaint, the person(s) against whom the complaint is made, witnesses, and other associated parties) with informal and formal steps and timelines to review, mediate, investigate, and resolve the complaint. Once the complaint is resolved the policies and procedures require the organization to inform those involved in the complaint about the resolution and the changes that will be made to mitigate further similar complaints. The policies and procedures include steps to escalate complaints as needed, including reporting them to the governing body as per the governing body's reporting requirements.</p> <p>The governing body ensures that the organization follows up with those involved in the complaints process about their experience, to review the effectiveness of the policies and procedures and identify areas for improvement. The governing body follows up when complaints have been escalated to it.</p> <p>The governing body ensures that the organization's policies and procedures require the organization to analyze trends in complaints to identify indicators of broader issues or areas for improvement in the organization or health system (e.g., identifying safety concerns that might lead to safety incidents). The governing body ensures that the organization shares information about trends identified from complaints, with the governing body and other stakeholders (e.g., workforce, volunteers clients, families, and partner organizations).</p>	<ul style="list-style-type: none"> <li>• Patient Relations Policy (COR.01.025)</li> </ul>
3.5.1	The governing body ensures that the organization complies with its legal, regulatory, and contractual obligations.	<p>The governing body stays informed about relevant laws, regulations, and contractual obligations with which the organization must comply, and regularly reviews up-to-date evidence of compliance (e.g., through semi-annual or annual reports from the organization).</p> <p>When laws or regulations are at odds with the organization's vision, mission, and values, the governing body applies its decision-making framework to determine whether the governing body should play an advocacy role in seeking exemptions from or changes to the laws and regulations.</p> <p>When there is a conflict of interest between the governing body's social responsibility and its legal and fiduciary responsibilities to the organization, the governing body has a responsibility to balance the two obligations, ensuring alignment with the organization's ethics and values while minimizing the organization's liability.</p>	<ul style="list-style-type: none"> <li>• Acts, Legislations and Compliance Reporting Policy (BOD.05.020) (quality dashboard, HSAA,etc)</li> <li>• Conflict of Interest – Board of Directors Policy (BOD.05.003)</li> <li>• Framework for Ethical Decision Making Policy (BOD.03.003)</li> <li>• Board letter (example of decision making)</li> </ul>
3.5.2	The governing body ensures that the organization allocates adequate resources to meet the forecasted level of demand for services.	<p>The governing body reviews the organization's resource allocation plans for the different populations and geographic regions and across the continuum of services to ensure that resources are allocated in a manner that meets the forecasted level of demand for services to meet community needs. The governing body ensures that it is kept informed by the organization when there are insufficient physical, human, information, or financial resources to meet the forecasted level of demand for the organization's services and to support partner organizations in the health system. The governing body guides organizational strategies to address resource gaps and advocates for additional funding as required.</p>	<ul style="list-style-type: none"> <li>• Pre-capital documents showing demographics</li> <li>• Financial Reporting to Board</li> <li>• HR Metrics quarterly</li> <li>• Capital Asset list reviewed yearly</li> </ul>
3.5.3	The governing body approves the organization's capital and operating budgets.	<p>The governing body reviews the organization's annual capital and operating budgets, including the budgets for technological and other investments.</p> <p>Before approving the budgets, the governing body considers the impact of its decision on the organization's sustainability and ability to fulfil its mandate; achieve its strategic goals and objectives; and provide safe, reliable, integrated, and people-centred care. The governing body considers whether the organization's budget-related decisions reflect input from the workforce, volunteers, clients, families, and the community. It also considers the impact of the budget on the organization's partnerships and collaborations, performance, quality, safety, and sustainability initiatives. The governing body ensures that budget-related decisions comply with relevant laws, regulations, and contractual obligations.</p> <p>Some degree of risk in an organization's budget is expected and even desirable. The governing body determines, with the organization, the level of risk tolerance to be built into the budget. In private, for-profit health and social service organizations, risks may also include potential market share and competition.</p>	<ul style="list-style-type: none"> <li>• Briefing Notes on operational and capital purchases</li> <li>• Operating Budget (COR.04.009)</li> <li>• FAC Meeting Minutes</li> <li>• Fixed Asset Capitalization policy (COR.04.006)</li> </ul>
3.5.4	The governing body defines the organization's approval procedures for capital investments including major asset purchases.	<p>The governing body defines the organization's procedures to review and approve capital investments and major purchases, including the organization's authority and the governing body's role in these procedures. The governing body's role will depend on relevant laws and regulations.</p> <p>The governing body defines what qualifies as a major purchase.</p>	<ul style="list-style-type: none"> <li>• Signing and Approval Authority policy (BOD.04.005)</li> <li>• Acceptance of Tenders Over Board Amount Policy (BOD.04.004)</li> <li>• Capital Budget Policy (COR.04.008)</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		<p>The governing body ensures that the approval procedures consider the organization's risk management approach, its strategic plan, and its role in providing safe, reliable, integrated, and people-centred care. Where feasible, the approval process is supportive of investments in innovative technologies and other solutions to improve service delivery and quality of care.</p> <p>The governing body reviews the approval process for capital investments and major asset purchases regularly (e.g., annually).</p>	
3.5.5	The governing body regularly reviews the organization's financial control system to ensure its integrity.	<p>The governing body reviews and approves the financial management policies and standards to which the organization must adhere. It ensures that the policies and standards are up to date and comply with relevant laws, regulations, and contractual obligations.</p> <p>The governing body ensures that the organization's financial control system and processes, including its financial resources, information management, and financial statements and reporting comply with the organization's financial management policies and standards and are reliable, appropriate, and complete.</p>	<ul style="list-style-type: none"> <li>• All Board Financial and Organizational Viability Policies</li> <li>• Annual Audit</li> </ul>
3.5.6	The governing body regularly reviews the organization's financial performance.	<p>The governing body reviews the organization's financial performance and potential risks in key areas against the strategic plan (e.g., resource use, operational efficiencies, quality of care, organizational health and safety).</p> <p>The governing body's review goes beyond only looking for a balanced budget. It also looks for cost optimization in a manner that maximizes client experience and outcomes, population health, organizational health and safety, and environmental stewardship.</p> <p>When reviewing the organization's financial performance, the governing body ensures that the organization's financial strategy considers the organization's future financial needs and potential risks (e.g., shifts or trends in human or financial resources, sudden changes in service needs, changes in insurance coverage needs), and ensures that the organization has strategies to address these in its risk management plans. Financial risk management strategies vary depending on whether the organization is publicly funded, not-for-profit, or private for-profit. The governing body ensures that the organization develops financial risk management strategies with input from stakeholders, including clients and families.</p> <p>The governing body may guide the organization to explore sharing resources with partner and other organizations, negotiating with the funding authority to obtain additional resources, identifying services that may be contracted or referred to other providers or organizations, approving plans to raise additional resources through fundraising or donors, or exploring the costs of the organization's services and the impact of changing those costs to generate additional revenue. The governing body complies with relevant laws, regulations, and contractual obligations when reviewing and approving recommendations in financial reports.</p>	<ul style="list-style-type: none"> <li>• Briefing Notes on Financial Statements</li> </ul>
3.5.7	The governing body ensures that the organization protects the privacy and confidentiality of all stakeholder information.	<p>The governing body ensures that the organization's policies, procedures, and other protections related to privacy and confidentiality of information comply with relevant laws, regulations, and contractual obligations, including those related to the collection, use, storage, access, and disclosure of client, workforce, volunteer, and other stakeholder information. It also includes policies restricting client, workforce volunteer, and other stakeholders' use of personal information technology, the internet, and social media.</p> <p>The policies, procedures, and other protections should address both normal operations and emergencies and disasters, and the management of privacy incidents including breaches.</p> <p>The governing body ensures that it is kept informed by the organization about high-risk privacy issues like privacy breaches. The governing body ensures that the organization has measures to monitor the effectiveness of its privacy and confidentiality protections.</p>	<ul style="list-style-type: none"> <li>• Confidentiality for Board and Committee Members Policy (BOD.05.005)</li> <li>• Board Member Pledge of Confidentiality (51-A-172)</li> <li>• Code of Conduct (COR.08.012)</li> <li>• Hospital Email Usage for Board Directors Policy (BOD.05.011)</li> <li>• Orientation slide deck which includes confidentiality</li> <li>• Privacy &amp; Confidentiality overview yearly at Board Quality</li> <li>• Hospital AI Usage Policy (COR.10.006)</li> </ul>
3.5.8	The governing body ensures that the organization has effective information management systems, including systems for information security.	<p>The governing body ensures that the organization has information systems, including information technology systems, to manage its paper and electronic information and data and keep it secure. The systems are based on the organization's current and evolving information needs, including respecting client rights as the owners of their health information, and individual privacy rights.</p> <p>The governing body ensures that the organization's information management systems, including information security, policies, procedures, infrastructure, and protections, are comprehensive and comply with relevant laws, regulations, and contractual obligations. The policies and procedures address securely acquiring, organizing, storing, retrieving, sharing, maintaining, and disposing of information. They also address education, training, and supports on using the information systems.</p> <p>The governing body ensures that the organization has measures to monitor the effectiveness of its information management policies, procedures, infrastructure, and protections in a reliable, secure, and user-friendly manner.</p>	<ul style="list-style-type: none"> <li>• Cyber Security presentation yearly in October</li> <li>• Finance, HR and Audit Committee Workplan</li> <li>• Records Retention and Access Policy (COR.06.005)</li> <li>• Updates on security breach should one occur</li> <li>• Meditech Downtime Plan (CO.01.061)</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
		<p>The governing body ensures that it is kept informed by the organization about high-risk information management issues such as information security breaches, including information technology security breaches (which may be referred to as cybersecurity breaches). It ensures that the organization has a thorough understanding of threats to information security and that there are policies and procedures to comprehensively address known threats.</p>	
3.5.9	<p>The governing body ensures that the organization manages information flow and access in a manner that maximizes the quality of care for the client.</p>	<p>Clients are the owners of their health information and are partners in the process of documenting and accessing information in their records. Therefore, the governing body ensures that the organization, in compliance with relevant laws, regulations, and contractual obligations, provides clients with the ability to easily access, provide input into, discuss, and ask questions about their health information. This facilitates a transparent and open relationship between clients and their care providers and helps improve client experience and satisfaction.</p> <p>The governing body ensures that the organization facilitates the seamless sharing of client information among members of the client's care team, to improve the quality of care. The governing body also ensures that the organization's management of information sharing is done in compliance with the client's informed consent for access to their information as well as in compliance with relevant privacy and other laws, regulations, and contractual obligations. It ensures information is shared in an as-needed manner that is secure, appropriate, relevant, and useful to each audience, and has protections in place against misuse of information.</p>	<ul style="list-style-type: none"> <li>• Briefing Notes on Patient Experience Survey results</li> <li>• SLT Rounding Document</li> <li>• April Briefing Note on Strategic Action to the Board</li> <li>• Access to and Release of Health Information (COR.06.001)</li> <li>• Confidentiality Agreement (51-A-67)</li> <li>• Privacy Policy: Confidentiality and Disclosure of Patient Health Information to Law Enforcement (COR.06.003)</li> <li>• Patient Handover Policy (CLI.04.010)</li> </ul>
3.5.10	<p>The governing body ensures that the organization promotes environmental stewardship in its operations.</p>	<p>The governing body ensures, for example, that the organization collaborates with stakeholders to implement initiatives to protect the natural environment, reduce its carbon footprint, and improve climate resilience (i.e., its ability to adapt to and better prepare for, as well as reduce the impact of climate change).</p> <p>The governing body encourages the organization to consider the environmental impact of decisions related to facility design and service delivery, along with safety, cost effectiveness, client experience and outcomes, and population health considerations.</p> <p>The governing body encourages the organization to understand and be aware of the links between climate change and health. It encourages the organization to build systems that are better prepared to adapt to the increased health needs resulting from climate change, and to reduce contributions to climate change to prevent further negative health impacts in the future.</p>	<ul style="list-style-type: none"> <li>• Energy Scorecard reviewed by Finance, HR and Audit Committee annually</li> <li>• HIRF Applications</li> <li>• Capital Redevelopment Proposal</li> </ul>
4.1.1	<p>The governing body implements a policy on its public disclosure of information.</p>	<p>The governing body's policy on public disclosure supports its accountability to the organization's stakeholders. While disclosure expectations continue to evolve, examples of the types of information that most governing bodies are expected to disclose include:</p> <ul style="list-style-type: none"> <li>Current membership and size of the governing body</li> <li>Procedures to select new members</li> <li>Scope of authority, roles, responsibilities, and accountabilities of the governing body and each of its members, including the chair</li> <li>The governing body committees, including terms of reference and membership</li> <li>The orientation and education process for governing body members</li> <li>The mechanisms to communicate with and engage clients and families in governance activities</li> <li>The procedures to assess members' performance, their attendance records, and compensation if applicable</li> <li>The roles and responsibilities of the executive leader of the organization and the procedures to evaluate the leader's performance</li> <li>The organization's ethics and values, and the procedures to disclose conflicts of interest</li> <li>The organization's communication plan for public disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Board Policies on website</li> <li>• Public Disclosure in Communications Plan</li> </ul>
4.1.2	<p>The governing body maintains records of its activities and decisions.</p>	<p>The governing body keeps records of its activities and decisions, to maintain continuity and build corporate memory. This includes records of private and confidential governing body meetings.</p> <p>The records may include a summary of discussions or minutes, rulings by the chair, motions, results of votes, and lists of documents referenced during meetings.</p> <p>In some jurisdictions, the activities and decisions a governing body is required to record, and archive are specified in relevant laws, regulations, and contractual obligations.</p>	<ul style="list-style-type: none"> <li>• Minutes of Regular and In Camera Meetings Policy (BOD.05.014)</li> <li>• Meeting Packages on Board Portal</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
4.1.3	The governing body ensures that information about its activities and decisions are available to the organization and the organization's stakeholders.	In the spirit of transparency and accountability, the governing body communicates with the organization and stakeholders through the senior leaders of the organization. The governing body shares information about its relevant activities and decisions that take place during scheduled and unscheduled governing body meetings.	<ul style="list-style-type: none"> <li>• Board updates in Bi-Weekly Newsletter</li> <li>• AGM Agendas</li> <li>• PFAC Agendas (Board Updates on agenda as standing item)</li> <li>• Town Hall agendas</li> <li>• Political Leaders Meeting Agendas</li> <li>• CEO Report outlining Stakeholder Activities</li> </ul>
4.2.1	The governing body regularly evaluates its effectiveness, to make improvements as needed.	<p>The governing body conducts regular (e.g., annual) evaluations of its effectiveness and that of its committees. The governing body may use Health Standards Organization's Governance Functioning Tool, along with other tools, to evaluate its effectiveness. Evaluations may include formal or informal self-evaluations and/or external evaluations of:</p> <p>The role, structure, and composition of the governing body and its committees, and how they contribute to the overall effectiveness of the governing body</p> <p>The overall working culture of the governing body and its committees (e.g., reviewing membership turnover, members' satisfaction with feeling heard and the use of their time and skills, members' confidence in presenting perspectives that are contrary to the majority to ensure open and honest discussions)</p> <p>The activities and procedures of the governing body and its committees (e.g., reviewing the governing body's use of valid, reliable, and relevant evidence to make decisions; reviewing its renewal and succession planning procedures to ensure the sustainability of the governing body)</p> <p>The performance of the governing body and its committees (e.g., reviewing outcomes of its activities and decisions)</p> <p>The mechanisms used by the governing body to promote an organizational culture of people-centred care and engage with clients and families in governance activities</p> <p>The governing body's evaluation practices should foster transparency. This may be done by using defined standards for evaluation that are shared with stakeholders, and by seeking feedback from governing body members and the executive leader. The governing body's evaluation practices may also include a review of research and leading practices in governance to compare its performance against a benchmark.</p> <p>The governing body members discuss the evaluation results and use the results to make improvements.</p> <p>In some jurisdictions, government may be accountable for evaluating the governing body's performance. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.</p>	<ul style="list-style-type: none"> <li>• Briefing Notes on Committee Effectiveness Surveys</li> <li>• Briefing Notes on OHA Governance Surveys</li> </ul>
4.2.2	The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.	The governing body regularly (e.g., annually) evaluates the performance of its chair using set evaluation criteria that include consideration of the chair's achievement of roles and responsibilities, adherence to the values and ethics of the organization and the governing body, attendance at and preparation for meetings; and follow through on leadership and other obligations during and between meetings. The evaluation may be formal or informal.	<ul style="list-style-type: none"> <li>• Board Peer Evaluations</li> </ul>
4.2.3	The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.	The governing body's review of its individual members includes consideration of the member's knowledge of the organization, its strategic direction, and its operational environment; adherence to the values and ethics framework of the organization and the governing body; attendance at, preparation for, and active participation in meetings; and follow through on obligations during and between meetings (e.g., participation in committee work). The review may be formal or informal.	<ul style="list-style-type: none"> <li>• Board Peer Evaluations</li> </ul>
4.2.4	The governing body shares an annual report of its achievements with stakeholders.	The governing body's annual report of its achievements is written in accessible language and is shared with the organizational leaders, workforce, volunteers, clients, families, the community, government, and other stakeholders. In sharing the report with stakeholders, the governing body welcomes the opportunity to receive input from and engage in dialogue with the stakeholders.	<ul style="list-style-type: none"> <li>• Annual Report on website, communicated via social media, and by email to stakeholders</li> <li>• Communications Plan</li> </ul>
5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	The framework begins with an acknowledgement of systemic racism and takes a standardized approach to addressing systemic racism. The framework is co-designed with community partners and can be adapted from existing jurisdictional or international frameworks. It is tailored to the culture and rights of the community served.	<ul style="list-style-type: none"> <li>• Briefing Notes on IDEA Framework</li> <li>• IDEA Framework</li> </ul>
5.1.2	The governing body implements an action plan, in partnership with	The action plan is developed using the co-designed framework. It identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved, and how the organization will measure change. The action plan should include	<ul style="list-style-type: none"> <li>• Unveiling of the Art</li> <li>• Truth and Reconciliation Event with NATC</li> </ul>

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#	Criterion Statement	Guideline Details	Evidence
	community partners, to address systemic racism in the organization.	recognizing health care rights of all people, addressing holistic approaches to care including recognition of healing practices, cultural safety and humility, and anti-racism education and continuous learning.	<ul style="list-style-type: none"> <li>• IDEA Framework</li> <li>• Strategic HR Plan</li> </ul>
5.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.	<p>The education and continuous learning helps the governing body members understand issues related to systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.</p> <p>The education and continuous learning can be undertaken in various ways. A combination of community-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through community resources, other health authorities and jurisdictions, international resources).</p> <p>Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:</p> <ul style="list-style-type: none"> <li>The communities that the organization works with.</li> <li>The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies.</li> <li>How racism in the health care system reflects the lack of respect and implementation of the basic human rights of communities.</li> <li>Structures and systems that produce and perpetuate health inequities.</li> <li>Trauma and violence informed care, harm reduction and lateral kindness.</li> <li>What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.</li> <li>Co-design with communities and organizations.</li> <li>The ways in which stereotyping, and discrimination manifest themselves in health care and strategies for interrupting discrimination.</li> <li>Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of racism and discrimination associated with the organization, without fear of negative consequences.</li> <li>Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals.</li> </ul>	<ul style="list-style-type: none"> <li>• CultureAlly Training</li> <li>• Board Agendas – CultureAlly training discussion as standing item</li> <li>• Whistleblowing policy (BOD.03.002)</li> <li>• 2024 Board Retreat (agenda and presentation)</li> </ul>
5.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the communities receiving services from the organization.	The policy should be co-designed, reviewed, and shared with communities to ensure the intent of the policy reflects their cultures and rights. If the organization's policies do not take racism into account in a meaningful way, racism can remain invisible or can be deemed nonexistent and therefore may persist and potentially increase.	<ul style="list-style-type: none"> <li>• Inclusion, Diversity, Equity and Anti-Racism Policy (BOD.01.001)</li> </ul>
5.1.5	The governing body monitors its action plan for addressing systemic racism.	The governing body monitors progress against the action plan for addressing systemic racism in the organization, and shares its learnings with the workforce, communities, and other partners that are also addressing systemic racism.	<ul style="list-style-type: none"> <li>• Briefing Notes on Patient Experience surveys</li> </ul>
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	<p>The framework begins with an acknowledgement of Indigenous-specific systemic racism.</p> <p>The framework is co-designed with Indigenous partners and can be adopted from existing jurisdictional or international frameworks. The framework is tailored to the culture and rights of the Indigenous communities receiving services from the organization.</p>	<ul style="list-style-type: none"> <li>• IDEA Framework reviewed annually at Finance, HR and Audit Committee (include work plan)</li> </ul>
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	The action plan is developed using the co-designed framework. It identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved and how the organization will measure change. The action plan should include elements highlighted in the Truth and Reconciliation Calls to Action (e.g., Indigenous led response, recognizing health care rights of Indigenous people, addressing holistic approaches to care including recognition of healing practices, cultural safety and humility, and anti-racism education and continuous learning). The action plan needs to incorporate a distinction-based approach for the participation of First Nations, Inuit, and Métis peoples.	<ul style="list-style-type: none"> <li>• IDEA Framework</li> <li>• Agenda for Truth and Reconciliation event 2024</li> <li>• Art unveiling</li> <li>• Agenda for training taking place on October 9<sup>th</sup></li> <li>• Free training from the National Centre for Truth and Reconciliation</li> <li>• Presentation on Endoscopy partnership with Akwesasne to Board Directors</li> <li>• Pay agreement with Mohawk Council</li> </ul>
6.1.3	The governing body provides its members with education and	The education and continuous learning helps the governing body members understand the related to Indigenous-specific systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.	<ul style="list-style-type: none"> <li>• Whistleblowing Policy (BOD.03.002)</li> <li>• CEO Report September 2025</li> </ul>

## ACCREDITATION – GOVERNANCE

#	Criterion Statement	Guideline Details	Evidence
	<p>continuous learning on cultural safety and humility and Indigenous-specific systemic racism.</p>	<p>The education and continuous learning can be undertaken in various ways. A combination of Indigenous-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through First Nations, Inuit, and Métis community resources, other health authorities and jurisdictions, international resources).</p> <p>Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:                      The Indigenous peoples and communities that the organization works with.                      The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies in Canada from an Indigenous perspective.                      How racism in the health care system reflects the lack of respect and implementation of the basic human rights of Indigenous peoples and communities.                      Joyce's Principle (aiming to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.) and Jordan's Principles (aiming to eliminate service inequities and delays for First Nations children).                      Structures and systems that produce and perpetuate Indigenous health inequities.                      Trauma and violence informed care, harm reduction and lateral kindness.                      What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.                      Co-design with Indigenous peoples and communities and organizations.                      The ways in which stereotyping, and discrimination manifest themselves in health care and strategies for interrupting discrimination.                      Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of Indigenous-specific racism and discrimination associated with the organization, without fear of negative consequences.                      Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals.                      Examples include: United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Truth and Reconciliation Committee's Calls to Action (TRC), National Inquiry into Missing and Murdered Indigenous Women and Girls report (MMIWG), In Plain Sight report, and other relevant jurisdictional documents such as BC Declaration on the Rights of Indigenous Peoples Act (DRIPA), BC's Métis history and the Indian Act (including its negative impacts) and others.</p>	<ul style="list-style-type: none"> <li>• CultureAlly Indigenous Training (Truth and Reconciliation)</li> </ul>
6.1.4	<p>The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.</p>	<p>The policy should be co-designed, reviewed, and shared with Indigenous partners and communities to ensure the intent of the policy reflects their culture and rights. If organization's policies do not take racism into account in a meaningful way, racism can remain invisible or can be deemed nonexistent and therefore may persist and potentially increase.</p> <p>The organization's distinction-based approach incorporates the participation of First Nations, Inuit, and Métis peoples.</p>	<ul style="list-style-type: none"> <li>• Land Acknowledgment Briefing Note and Policy (COR.03.009)</li> <li>• Inclusion, Diversity, Equity and Anti-Racism Policy (BOD.01.001)</li> <li>• IDEA Committee Terms of Reference</li> </ul>
6.1.5	<p>The governing body monitors its action plan for addressing Indigenous-specific systemic racism.</p>	<p>The governing body monitors the progress against the action plan for addressing Indigenous-specific systemic racism in the organization, and shares its learnings with the workforce, communities, and other partners that are also addressing Indigenous-specific systemic racism.</p>	<ul style="list-style-type: none"> <li>• IDEA Framework</li> <li>• Patient Experience feedback</li> </ul>

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: December 31, 2025 Meeting Date Prepared for: January 14, 2026  
 Subject: Inclusion, Diveristy, Equity, & Anti-Racism (IDEA) - Update  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to remind the Governance Committee of the requirements of Accreditation Canada Standards that are being overseen by this committee, in addition to provide an update on actions taken to date which support our policy on Inclusion, Diversity, Equity and Anti-Racism at HGMH.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

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

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

In the Fall of 2023 the Board of Directors approved the recommendation that the Governance Committee take on a proactive role in leading, coordinating, and monitoring Inclusion, Diversity, Equity, and Anti-Racism (IDEA) related activities within HGMH. This includes ensuring compliance with Accreditation Canada Standards for IDEA and fostering a culture of inclusion, diversity, equity, and anti-racism throughout the organization.

Since this recommendation was approved, there has been much work completed by the team at HGMH related to IDEA activities. HGMH, as a prominent organization and employer in our community, is committed to promoting an environment that is inclusive, diverse, and equitable, while actively combatting racism.

In the winter of 2024 an IDEA Framework was developed by HGMH, propelled by the Boards Policy related to IDEA, which focuses our efforts on achieving meaningful actions to increase inclusion and celebrate diversity, while creating an overall sense of belonging. The advent of this framework helped kick off significant work that has been completed over the last two years, whereby:

- An IDEA Committee has been formed consisting of leaders and staff with a passion for IDEA and lived experience.
- A policy related to Land Acknowledgement has been created along with an official Land Acknowledgement statement for our hospital. The Land Acknowledgement has been endorsed by the senior leadership team, and reviewed by the Native North American Travelling College.
- During September 30, 2024 National Truth and Reconciliation Day, HGMH held a series during the month of September to support Truth and Reconciliation, including a special on-site ceremony and social on September 17th from 1-3. Board Members were encouraged to attend, and invitations to MP's and MPP, including municipal officials have been issued.
- The IDEA Committee has selected cultural celebration days to be recognized through communication and special events.

- In October 2024 HGMH rolled out an education program for all leaders and Board Members at HGMH to complete through Culture Ally. There have been 13 education sessions delivered in this online format, with regular discussions about the learnings occurring at Monthly Leadership and Board Meetings.

In 2025, further work has built upon these foundations:

- HGMH updated its Job Description Template to include an IDEA values statement:  
*“We recognize the intrinsic value of every individual and the diversity they bring to our community. We are committed to fostering a sense of belonging and an environment that upholds principles of equity, diversity, inclusion and anti-racism in every facet of our operations. Our commitment is rooted in our belief that healthcare should be equitable, accessible and inclusive for all.”*
- The Committee is actively sharing information with respect to IDEA to all staff, physicians, PFAC, Auxiliary and Board in the bi-weekly blitz. Recently a historical learning feature highlighting the history of Indian Hospitals in Canada was shared with staff through the bi-weekly Blitz and displayed on the Wellness Board to promote greater understanding of historical harms and their lasting impacts.
- Staff education on IDEA fundamentals was launched, exceeding the targeted completion rate within the first few weeks. The introductory DEI training module is ongoing, with current staff uptake at approximately 70%. Additional supports and reminders are planned to help reach even greater participation rates.
- The IDEA Committee identified inclusive spiritual care contacts from the broader community who are willing to provide care for patients, and these have been included in the new Palliative and End of Life Care handbook.
- Patient satisfaction survey data is also being reviewed to better understand and respond to the experiences of patients who self-identify as Indigenous and gender-diverse.
- Ongoing review of policies is being completed through an IDEA lens. Recently reviewed policies include Pastoral Care, Unidentified Patients, Accessibility, and Use of the Spiritual and Cultural Care Room.
- An education day to strengthen point-of-care staff knowledge about cultural safety in care is being supported by the Traditional Medicine Team in Akwesasne. This ensures staff have the knowledge and support needed to provide culturally safe care for First Nations, Inuit, and Métis patients. It is occurring on October 9<sup>th</sup> 2025.
- In September 2025, HGMH unveiled the Indigenous Art Installation with a special ceremony attended by the artist, Dawn lehstoseranón:nha, the Department of Health Team from Akwesasne, and invited guests. Staff, physicians, and volunteers were also welcomed to take part in this meaningful event. The commissioned artwork now permanently displayed in the hospital stands as a symbol of our commitment to Indigenous patients and families, honoring the whole person and reinforcing our dedication to providing culturally safe and supportive care.
- On October 8, 2025, the new Spiritual and Cultural Care Room will open, designed in partnership with the Patient and Family Advisory Council (PFAC) and IDEA Committee, with sponsorship from the Auxiliary.
- Diwali was recognized in November with traditional Indian refreshments served in the cafeteria, offering staff an opportunity to learn about and celebrate the festival together.
- There are 10 new Governance related standards for IDEA and HGMH will be assessed against these standards in our next accreditation survey cycle of 2026. (*Attached*)

#### CONSULTED WITH:

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

- Kayla MacGillivray, Chief Human Resources Officer

## SUPPORTING DOCUMENTS/ATTACHMENTS

*List any supporting documents or attachments*

- Listing of Accreditation Canada Standards related to Governance
- IDEA Framework

### Accreditation Canada Standards Related to Inclusion, Diversity, Equity, and Anti-Racism

The governing body uses a recognized framework for acknowledging systemic racism.
The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.
The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.
The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the communities receiving services from the organization.
The governing body monitors its action plan for addressing systemic racism.
The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.
The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.
The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.
The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.
The governing body monitors its action plan for addressing Indigenous-specific systemic racism.