



Board of Directors In Camera Meeting Agenda

Date: Thursday, March 26, 2026
Time: Following the Board meeting
Location: Boardroom / Microsoft Teams

Agenda Item	Attachment
1. Call to Order (Dr. S. Robertson)	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1-2
1.3 Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)	
2. Minutes (Dr. S. Robertson)	
2.1 Approval of previous meeting minutes - February 26, 2026	P. 3-4
2.2 Business arising from minutes	
3. Matters for Discussion/Decision	
3.1 Foundation Updates (L. Boyling)	
3.2 Sentinel Event Summary (R. Romany)	P. 5
3.3 Credentials	
3.3.1 Reappointment of Dr. Paul DeYoung THAT the Board of Directors approve the reappointment of Dr. Paul DeYoung to the Professional Staff with Courtesy privileges in Medicine.	P. 6
3.3.2 Reappointment of Dr. Nadia Sant THAT the Board of Directors approve the reappointment of Dr. Nadia Sant to the Professional Staff with Courtesy privileges in Transfusion Medicine.	P. 7
3.3.3 Category Change - Dr. Julie Crevier THAT the Board of Directors approve the advancement from Associate Staff to Active Staff in General Medicine for Dr. Julie Crevier following the successful completion of probationary period.	P. 8
4. Consent Agenda	
4.1 Draft MAC Report THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	P. 9-16
5. Adjournment (Dr. S. Robertson)	

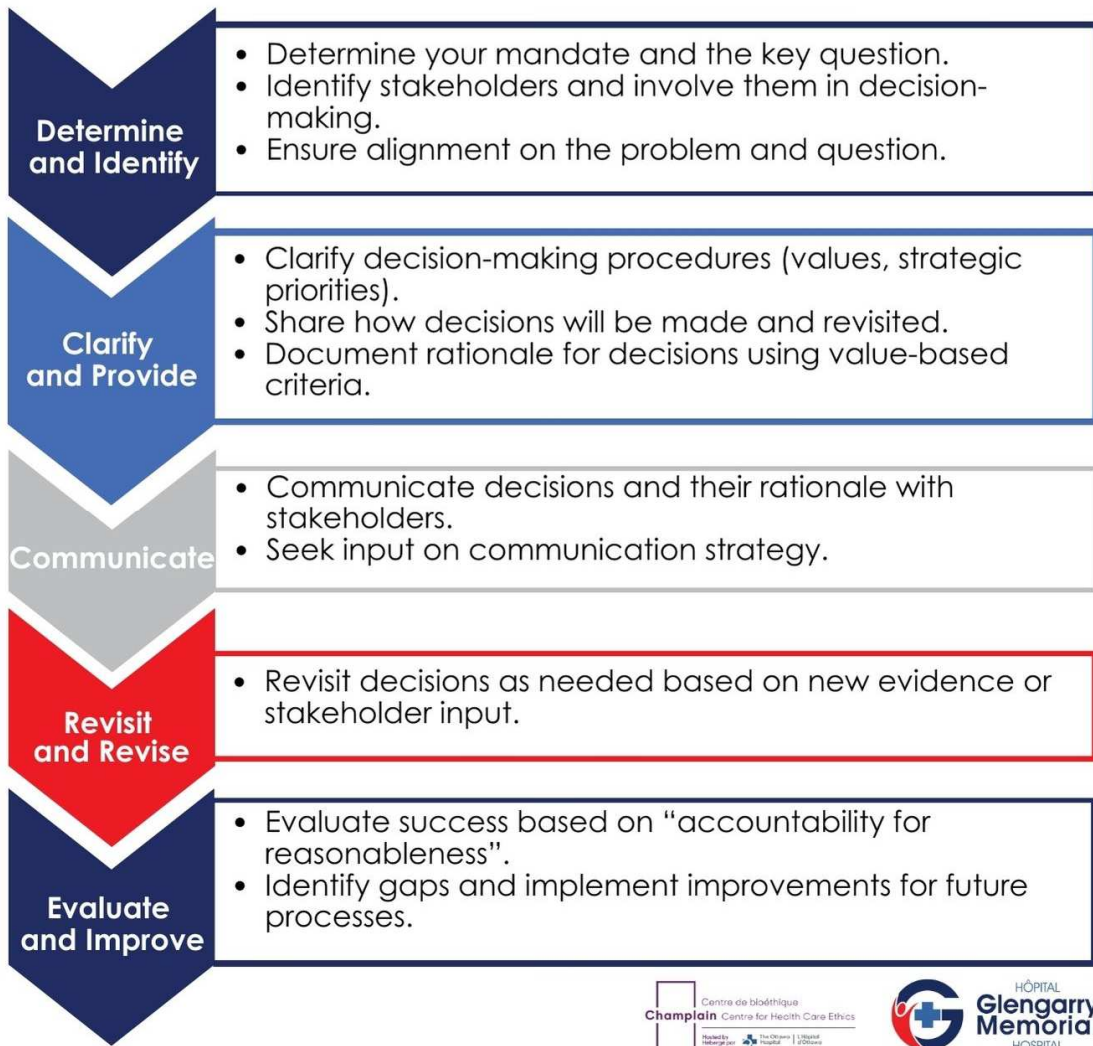


Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making



A4R Action Steps



MINUTES OF IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date Thursday, February 26, 2026
 Time Following the Board Meeting
 Location Boardroom/Microsoft Teams
 Present: Dr. S. Robertson, Chair L. Boyling, Vice-Chair C. Nagy, Treasurer
 D. Elie C. Larocque G. Peters (v)
 Dr. R. Cardinal H. Salib Dr. G. Raby
 G. McDonald R. Alldred-Hughes, CEO R. Romany, CNE
 K. MacGillivray, CHRO L. Ramsay, CFO Dr. L. MacKinnon, COS

Regrets: F. Desjardins

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 6:03pm.

1.1. Quorum

A quorum was present.

1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: Dr. G. Raby

Seconded By: G. McDonald

THAT the agenda be adopted as presented.

CARRIED

1.3. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2. Minutes

2.1 Approval of previous meeting minutes

The previous meeting minutes were reviewed.

Moved By: D. Elie

Seconded By: G. Peters

THAT the previous meeting minutes of January 29, 2026, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Foundation Updates

Fundraising continues to go well.

A motion was carried during the meeting to transfer \$125,000 to the hospital for the ADU. Last year, the Foundation transferred \$125,000, however this wasn't communicated therefore, when the communication goes out, it will be noted that \$250,000 was transferred.

The washer tournament is coming up on April 11th with a few spots remaining for those who want to join.

3.2 CEO Report

Report was shared by the CEO on the HSSP exercise that took place last year. An email was received from Ontario Health asking to remove the 15-rehab bed closure which is great news, however does result in a deficit projected for the end of the year.

Going forward, the briefing note should state that this was an unsupported plan that was submitted. The letter will also be appended to the report.

Adjournment

The meeting adjourned at 6:09pm.

K-L Massia, Recording Secretary



Sentinel Event Summary – Patient Fall

On February 5, 2026 an inpatient experienced a fall resulting in a head injury. Post-fall assessments were completed, and the patient’s family and Most Responsible Physician (MRP) were notified. The patient’s condition deteriorated and the patient died on February 6, 2026. The incident met the criteria for a sentinel event and was reviewed in accordance with organizational policy.

A review under the Quality-of-Care Information Protection Act (QCIPA) was completed on February 13, 2026. The patient’s family was contacted by the MRP on February 17 to disclose review findings as appropriate. The family expressed appreciation for the care provided and for the follow-up.

The event and review findings were reported through established governance processes to Senior Leadership, the Medical Advisory Committee, the Quality and Safety Advisory Committee, and the Board. Implementation of improvement actions and ongoing monitoring will continue through the Quality and Safety Advisory committee and Board Quality oversight process.

The review identified several recommendations to strengthen patient safety processes, as follows:

Action	Lead	Status	Target
Prioritize use of Stryker beds for high-risk fall patients	Inpatient Services	Implemented	March 2026
Inventory and gap analysis of portable alarm equipment	Inpatient Leadership	Pending	April 2026
Review and revise Head Injury and Neurological Assessment Policy	Medical Leadership	Pending	April 2026
Staff education on fall prevention and alarm use	Clinical Educators	Planned	March 2026
Staff communication regarding review outcomes	Inpatient Leadership	Completed	February 2026
Initiate topic of fall trends and compliance in regular safety huddles	Quality & Patient Safety	Implemented	February

March 11, 2026

Privileges for Reappointment Physician

The recommendation was made at the Medical Advisory Committee meeting of , that **Dr. Paul DeYoung** be accepted under the **Courtesy, Medicine – Internal Medicine** category until the recredentialing period of December 31, 2026.

Moved by: Dr. D. Read

Seconded by: Dr. D. L. MacKinnon

THAT the MAC Committee put forward the recommendation to the Board of Directors for **Dr. Paul DeYoung, Medicine – Internal Medicine**, to receive **Courtesy** privileges.

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

Regards,



Dr. Lisa MacKinnon,
Chief of Staff

March 11, 2026

Privileges for Reappointment Physician

The recommendation was made at the Medical Advisory Committee meeting of , that **Dr. Nadia Sant** be accepted under the **Courtesy, Medicine – Biochemistry-Transfusion Medicine** category until the recredentialing period of December 31, 2026.

Moved by: Dr. D. Read

Seconded by: Dr. D. L. MacKinnon

THAT the MAC Committee put forward the recommendation to the Board of Directors for **Dr. Nadia Sant, Medicine – Biochemistry-Transfusion Medicine**, to receive **Courtesy** privileges.

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

Regards,



Dr. Lisa MacKinnon,
Chief of Staff

March 11, 2026

Board of Directors
Hôpital Glengarry Memorial Hospital

Re: Recommendation for Change to Active Staff

Dear Board Members,

The Medical Advisory Committee has completed its review of Dr. Julie Crevier's 12-month evaluation.

Based on this review, the Medical Advisory Committee recommends that the Board of Directors approve Dr. Julie Crevier advancement from Associate Staff to Active Staff.

Active, General Medicine

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Dr. Lisa MacKinnon, Chief of Staff

MAC Minutes

MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

March 10, 2026, at 12:00pm

MS TEAMS

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

Absent: Dr. C. McCudden

CALL TO ORDER

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

1.1 Quorum

A quorum was attained.

1.2 Adoption of Agenda

The agenda was adopted as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. S. Farmer

THAT the Medical Advisory Committee approve the agenda as presented.

CARRIED

1.3 Declaration of Conflict

No declaration of conflict of interest noted.

REPORT OF THE LAST MEETING

2.1 Approval of the Minutes

The minutes of the last meeting held on February 3, 2026, were included in the package and approved as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

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

CARRIED

STANDING ITEMS

3.1 Attendance Summary

Deferred.

3.2 Physician HR Plan

HR Plan Discussion:

Dr. MacKinnon led the discussion on the HR plan included in the meeting package. She noted that Dr. Karine Benoit has submitted her application; however, it has not yet been finalized. Recruitment efforts will continue through postings on HFO Jobs, and positions will also be advertised on the CaSPR website now that membership has been obtained.

MAC Minutes

Physician Applications:

The group discussed two physicians from Quebec who have applied and inquired whether proof of CMPA coverage is required prior to confirming their start dates. As CMPA insurance costs are significantly higher than in Quebec, it was agreed that processing of their applications can be deferred until closer to their anticipated start dates (likely in the fall). If necessary at that time, temporary privileges may be granted upon receipt of proof of insurance coverage.

Medical Student Feedback:

Positive feedback continues to be received from medical students regarding their learning experiences and accommodations.

Rural and Remote Conference:

Dr. MacKinnon will attend the Rural and Remote Conference and assist with managing the exhibitor booth. S. Laframboise will also be present to manage the booth alongside a CCH representative.

Inpatient Physician Concerns:

Dr. Read reported ongoing frustration among inpatient physicians. Two physicians in particular have indicated they may step back from inpatient coverage, with one considering retirement, due to increasing patient acuity and the lack of additional support or compensation. The group discussed potential ways to provide support, including the possibility of asking Dr. Kucherepa to assist with ALC patients when the medicine census is high. Barriers to discharging ALC patients were also discussed, including whether challenges stem from Ontario Health processes or factors beyond the organization's control. R. Alldred-Hughes noted that a request for additional funding for a social worker is currently being pursued.

BOCC/HOCC Review Process:

R. Alldred-Hughes indicated he is willing to send an email to the MOH requesting an update on the BOCC/HOCC review process.

3.3 ED P4R Patient Flow Update

Dr. Farmer led the discussion regarding ED metrics, noting that performance has been strong recently. The second physician shift is now filled on most days, which has been beneficial. PIA and LWBS metrics will continue to be monitored. K. Duval has indicated that a portion of the P4R funding may be requested for nursing support, as several maternity leaves are anticipated this summer and may create staffing challenges in the ED.

3.4 Quality/Patient Experience (Quarterly)

Defer to May.

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

Defer to May.

MAC Minutes

3.6 ED Return Visit Quality Program (EDRVQP)

Dr. Farmer reported that there are no new updates at this time. She noted satisfaction with the completed chart reviews, indicating that many were planned return visits. Only one or two cases may have represented potential misses, and no sentinel events were identified. Dr. Mackinnon confirmed that the required number of case reviews for the current fiscal year has now been completed.

3.7 Epic Update

R. Romany noted that the main issues currently being addressed are order sets and conversion rates, with the current focus on supporting the trainers.

Dr. Farmer advised that the initial training sessions will also be recorded, allowing participants to review the material later if needed.

Dr. MacKinnon reported that at the recent regional meeting, there was discussion about increased flexibility in the third wave, following significant physician feedback. A large number of order sets have raised concerns, and some may not be ready in time for launch, potentially needing to be addressed post-launch.

The next Chief of Staff (COS) meeting is scheduled for March 27, 3–5 pm, and Dr. MacKinnon will attempt to join remotely while out of the country.

It was also noted that Choosing Wisely items will likely not be incorporated until after go-live. Some order sets are currently not workable as written and will need to be brought forward for urgent review.

The COS regional group was formed following an Atlas Alliance CEO–COS meeting, where order set concerns were raised. It was agreed that COS members would collaborate to develop a priority list of key order sets requiring attention. Order set committees are expected to submit their recommendations to their respective COS to inform this list.

BUSINESS ARISING

4.1 M&M Rounds

Deferred.

4.2 Onboarding Package

Deferred.

ITEMS FOR DISCUSSION/DECISION

5.1 FOBT - discussion

Recommendation: to approve the elimination of this test all together.

A discussion took place regarding the possibility of removing the FOBT test entirely, as it is often not performed or used correctly. The test has been validated for cancer screening purposes but not for other clinical uses. Some members present expressed interest in retaining

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the test, particularly for the inpatient unit. This item will be deferred until Dr. McCudden is present for further discussion.

5.2 Urinalysis Strips: 10pad vs 8pad ~ for information

Deferred.

5.3 Pharmacy & Therapeutics

5.1.1 Draft Policy Formulary Restriction – Paxlovid (Nirmatrelvir/Ritonavir)

Recommendation: to approve the Draft Policy Formulary Restriction – Paxlovid (Nirmatrelvir/Ritonavir) as presented.

A discussion was held regarding the rationale for the policy change. The change was not approved at this meeting. Follow-up with P&T is required to determine whether Pharmacy will assume responsibility for verifying eligibility, rather than physicians.

5.1.2 Approved Automatic Substitution (Novolin Humulin)

Recommendation: to approve the Automatic Substitution (Novolin →Humulin) as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the Automatic Substitution (Novolin →Humulin) as presented.

CARRIED

5.4 DRAFT CLI.04.006.0.21 Completion of Health Records

Recommendation: to approve the DRAFT CLI.04.006.0.21 Completion of Health Records as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. S. Farmer

THAT the Medical Advisory Committee approve the DRAFT CLI.04.006.0.21 Completion of Health Records as presented.

CARRIED

5.5 DRAFT CLI.04.002.0.24 Guidelines for Supervision of Nurse Practitioner Students, Residents, and Medical Students

Recommendation: to approve the DRAFT CLI.04.002.0.24 Guidelines for Supervision of Nurse Practitioner Students, Residents, and Medical Students policy as presented.

This policy was discussed and approved with the following changes: change point #1 to read: All trainees engaging in clinical medical educational activities must be “approved by HGMH Medical Affairs”.

Motioned by: Dr. D. Read

Seconded by: Dr. S. Farmer

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THAT the Medical Advisory Committee approve the DRAFT CLI.04.002.0.24 Guidelines for Supervision of Nurse Practitioner Students, Residents, and Medical Students policy as presented with changes.

CARRIED

5.6.1 CLI.01.015.0.19 Head Injury & Neurological Assessment ~ Feedback.

R. Romany led the discussion on the proposed changes, with particular focus on point #7. It was agreed that the wording for CT head imaging would be changed from “can” to “will be considered” based on the MRP’s clinical assessment. The document was agreed upon with this change. The signing authority will remain Clinical Services.

5.6.2 COR.12.009.0.25 Disclosure of Patient Harm ~ Information

R. Romany noted the addition of a newly created post disclosure debrief form.

5.7 HGMH Quality Improvement Plan (QIP) 2026-2027

Recommendation: to approve the 2026-27 QIP as presented.

The recommendation was to add: “≤” or “≥” to the numbers in the target columns for clarity.

Motioned by: Dr. S. Farmer

Seconded by: Dr. Dr. Read

THAT the Medical Advisory Committee approve the 2026-27 QIP as presented.

CARRIED

5.8 QIP Results –2026 Q3

R. Romany Led the discussion on the Q3 results, noting that we met our Q3 targets and are performing particularly well with LWBS metric.

5.9 HGMH Patient Safety Plan 2026-2027

Recommendation: to approve the Patient Safety Plan as presented.

R. Romany noted the 2026-2027 plan includes the addition of “Quality” and will now be referred to as the Patient Quality & Safety Plan.

Motioned by: Dr. D. Read

Seconded by: Dr. S. Farmer

THAT the Medical Advisory Committee approve the Patient Safety Plan as presented.

CARRIED

5.10 Hand Hygiene Compliance

Dr. MacKinnon notes that our Hand Hygiene audits are slowly improving and we will continue to focus on this.

5.11 BPSO Champions

Rachel asked MAC members to consider becoming BPSO champions. Training can be completed either through a one-day in-person session or an online self-paced course that can be started at any time. S. Laframboise will circulate the upcoming in-person training dates to MAC members in advance so they can plan their schedules.

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5.12 Initial Accreditation Report

R. Romany led a discussion about the recent accreditation survey, which appeared to have gone very well—thank you to everyone involved. None of the unmet items were related to direct patient care.

R. Alldred-Hughes also noted that during the survey, physicians were very engaged and spoke passionately with the surveyors about the work being done at our small hospital. Physicians commented that they felt more included in the preparation process this time. R. Alldred-Hughes added that this sense of engagement was shared across the rest of the organization as well.

6. CREDENTIALS

Reappointment Applications

6.1 Dr. Paul DeYoung – Courtesy | Medicine-Internal Medicine

Recommendation: to the Board of Directors that permanent privileges for the Dr. Paul DeYoung be approved as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee recommend to the Board of Directors that permanent privileges for Dr. Paul DeYoung be approved as presented.

CARRIED

6.1 Dr. Nadia Sant – Courtesy | Medicine-Biochemistry, Transfusion Medicine

Recommendation: to the Board of Directors that permanent privileges for Dr. Nadia Sant be approved as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee recommend to the Board of Directors that permanent privileges for Dr. Nadia Sant be approved as presented.

CARRIED

6.3 Evaluations

6.3.1 Dr. Julie Crevier 12-month evaluation

Recommendation: to the Board of Directors that Dr. J. Crevier advance from Associate status to Active status as presented.

Motioned by: Dr. S/ Farmer

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee recommend to the Board of Directors that Dr. J. Crevier advance from Associate status to Active status as presented.

CARRIED

Dr. W. Badawy is due for his 6-month and will be reviewed shortly.

7. REPORTS

7.1 Lab Director

Deferred.

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7.2 Chief of Staff

Dr. MacKinnon reported on the following key points:

- Dr. Sentongo met with each COS in this region individually and one thing that came out of those meetings was AI, and what we know about using it as a tool. More discussions to be had on this.
- Regionally, obstetrics is a concern with the spike in deliveries in Ottawa. They are overwhelmed and have concerns about how they will manage it. They are asking us to refer locally if possible, Cornwall, Hawkesbury, Winchester, etc. for normal full-term deliveries (lower risk patients).
- Paul Beaulieu is working towards having a central intake for ortho similar to plastics, trying to get into the same process at TOH. There was a request for a call schedule and OR space (we are not in this conversation as we do not have anesthesia). Currently, we usually call TOH for plastics and if you want a patient seen for plastics at TOH you must call, do not just send referral. Dr. Farmer will add this to the next ED department meeting for information.
- DR. V. Roth is sitting on an emergency department action team (EDAT) that is a municipally driven team. They will be going to each ED department in Ontario to look at patient flow, and efficiencies. Dr. MacKinnon will look into who specifically, is leading this initiative, she is expecting to hear more updates and will circle back with R. Alldred-Hughes and R. Romany when she learns more.
- Dr. MacKinnon is away on vacation from May 17 – April 8th and Dr. Farmer has agreed to cover as Chief of Staff during this time.

Chief of Emergency

Dr. Farmer will provide updates in the coming weeks and will meet with the Trauma Unit at TOH to clarify which patients should be directed to TOH versus CCH. She will also remind ED physicians that weekend ultrasound appointments are reserved for patients physically present in the department.

Chief of Inpatient and Ambulatory Care

Nothing additional to add today.

Professional Staff Association

Deferred.

Chief Executive Officer

R. Alldred-Hughes reported on the following key points:

- Thank you for everyone's patience and participation with the ED flooring replacement preparation noting the space will be painted as well.
- This year's budget is expected to close with a small surplus. RAME presented an overview of next year's budget, noting that without confirmation of any increase to our base funding, there is a potential for a deficit. He has scheduled meetings with ministry representatives to further discuss the financial outlook.
- Strategic action report was presented. R. Romany suggested changing the RNAO language to include pressure ulcer injury.

Chief Nursing Executive

Nothing additional to bring forward today.

MAC Minutes

Dr. Farmer questioned the status of approving the portable x-ray; R. Romany noted this is not in the plan for 2026, however it is in the plan for 2027.

Consent Agenda

The minutes and reports include in the package were received and acknowledged.

Date and Time of Next Meeting

The next meeting is scheduled for April 14, 2026, at 12:00 PM.

Adjournment

The meeting was adjourned at 13:51 pm.

S. Laframboise, Recorder

DRAFT