

## Executive Committee Meeting Agenda

Date: Thursday, April 16, 2026  
 Time: 3:00 pm - 4:00 pm  
 Location: Boardroom / MS Teams

Agenda Item	Attachment
<b>1. Call to Order</b>	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1
1.3 Declaration of Conflict of Interest	
<b>2. Report from the Last Meeting</b>	
2.1 Approval of Previous Meeting Report - October 8, 2025	P. 2-3
<b>3. Matters for Discussion/Decision</b>	
3.1 Review Personal Business Commitments Results 2025-2026 (Dr. S. Robertson)	
3.1.1 Personal Business Commitments of the CEO	P. 4-6
3.1.2 Personal Business Commitments of the COS	P. 7-8
3.2 Personal Business Commitments of the CEO and COS 2026-2027	
3.2.1 Personal Business Commitments of the CEO <b>THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the CEO for 2026-2027 as presented.</b>	P. 9-11
3.2.2 Personal Business Commitments of the COS <b>THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the COS for 2026-2027 as presented.</b>	P. 12-13
<b>4. Date of Next Meeting</b>	
October 2026	
<b>5. Adjournment</b>	

## MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Wednesday, October 8, 2025  
Time 4:30PM  
Location Boardroom / Microsoft Teams  
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy  
R. Alldred-Hughes, CEO  
Regrets: Dr. L. MacKinnon, COS

### 1. Call to Order

L. Boyling, Vice Chair, called the meeting to order at 4:30pm.

#### 1.1. Quorum

1.2. A quorum was present.

#### 1.3. Adoption of the Agenda

The agenda was reviewed and approved.

Moved By: C. Nagy

Seconded By: Dr. S. Robertson

THAT the agenda be adopted as presented.

**CARRIED**

#### 1.4. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

### 2. Minutes

#### 2.1. Approval of the Minutes

The minutes from the meeting held on April 9, 2025, were reviewed.

Moved By: Dr. S. Robertson

Seconded By: C. Nagy

THAT the minutes of the meeting of April 9, 2025, be approved as presented.

**CARRIED**

### 3. Matters for Discussion/Decision

#### 3.1 Review Terms of Reference

No revisions were made to the Terms of Reference.

Moved By: Dr. S. Robertson

Seconded By: C. Nagy

THAT the Executive Committee recommend to the Board of Directors the Terms of Reference as presented.

**CARRIED**

#### 3.2 Review Personal Business Commitments of the CEO and COS

3.2.1 Personal Business Commitments of the CEO

The personal business commitments of the CEO were reviewed and discussed in which all items are on track.

Moved By: Dr. S. Robertson

Seconded By: C. Nagy

THAT the Executive Committee of the Board receive the CEO Personal Business Commitments for information, acknowledging the progress to date on the CEO's Personal Business Commitments, and provide feedback or direction as appropriate.

The target around a balanced budget was discussed to which the committee finds it unrealistic to achieve a balanced budget when the hospital is projecting a deficit. This performance target was established 6-months ago and as such, would not be realistic to change now, however R. Alldred-Hughes is committed to finding efficiencies within the hospital and revenue generation ideas.

**CARRIED**

3.2.2 Personal Business Commitments of the COS

The personal business commitments of the COS were reviewed.

Moved By: Dr. S. Robertson

Seconded By: C. Nagy

THAT the Executive Committee of the Board receive the COS Personal Business Commitments for information, acknowledging the progress to date on the COS' Personal Business Commitments, and provide feedback or direction as appropriate.

With Dr. L. MacKinnon absent from the meeting, no discussion took place.

**CARRIED**

4. Date of Next Meeting

April 8, 2025



## **Personal Business Commitments (2025 - 2026)**

**Robert Alldred-Hughes, President & Chief Executive Officer**

### **Introduction**

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMG Board Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2025-2026 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting

Financial: 30% weighting

Strategic: 20% weighting

Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

Finally, my Personal Business Commitments serve as the framework and the priorities for all leaders within HGMH. Each senior leader is expected to develop their Personal Business Commitments to align with the Chief Executive Officer's, support the Strategic Plan, the Quality Improvement Plan as well as align with corporate metrics/balanced scorecard.

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Accreditation standards will be embedded into daily operations through enhanced staff training, policy improvements, and readiness initiatives, driving measurable gains in quality and patient care.	2022 Accreditation – Accredited with Commendation	Accreditation with Exemplary Status	Accredited with Exemplary Status	✓		✓	
	Patient involvement in care decisions will be strengthened through Leader and PFAC patient rounding, ensuring real-time feedback is gathered and acted upon to enhance communication, patient satisfaction, and person- and family-centered care.	<i>Percent positive score on the question – related involvement in care: 87%</i>	89% positive score	Leader rounding launched in May 2025. Percent positive score on involvement in care is: 96.9%	✓	✓	✓	✓
	Strengthen relationships with the Mohawk Nation of Akwesasne to advance equitable access to care and foster collaboration in meeting community healthcare needs.	-	Implement one partnership action	Implemented Endoscopy Partnership, and Hematology. Art Installation occurred in September 2025. Participated in site visits.		✓		✓
FINANCIAL	Ensure financial stability by proactively engaging with Ontario Health and government stakeholders to secure funding, advocate for sustainable reimbursement models, and align resources with HGMH's strategic priorities to support high-quality, sustainable care.	<i>\$150K Surplus</i>	Balanced Budget	Unaudited surplus of \$35K				✓
	Assess and explore feasible revenue generation opportunities within the constraints of Ontario's hospital funding model, identifying sustainable strategies to enhance HGMH's financial resilience while maintaining alignment with our mission and regulatory requirements.	-	Increase non-ministry revenue growth	Increased cafeteria prices. Parking rates increased, projected revenue growth of \$25K. Hired Business Development Officer to increase Out of Province Revenue.				✓

<b>STRATEGIC</b>	Drive the pre-capital submission and visioning process for HGMH's redevelopment, ensuring that our hospital's infrastructure aligns with evolving healthcare needs and supports the delivery of innovative, high-quality, and accessible rural healthcare.	-	Submit Pre-Capital Proposal to MOH	Pre-capital proposal submitted in July. Continued and ongoing engagement occurs with stakeholders.		✓	✓	✓
	Healthcare capacity will be strengthened through a Medical Student and Resident Program, leveraging partnerships with ROMP/ERMEP and academic institutions to provide hands-on learning, enhance recruitment, and promote rural healthcare careers.	-	Participate in Discovery Week. Bring at least one Medical Resident to learn at HGMH	14 medical learner placements, from first year med students to medical residents. 3 were medical residents.		✓		
	Cultural safety will be advanced through organization-wide DEI training, equipping staff with the knowledge and tools to provide equitable, patient-centered care and foster an inclusive, respectful workplace.	100% of Leaders Trained	25% of Staff Trained	Current performance has 86.1% of staff having completed assigned EDI training.		✓	✓	✓
	Lead the launch of the EPIC EMR system by ensuring staff readiness, optimizing clinical workflows, and strengthening regional collaboration to enhance patient care and interoperability, maintaining key milestones.	-	100% of project milestones completed on schedule that are within HGMH's control	Milestones are on track, and continue to target the October 2026 Go Live.		✓		✓



## **Personal Business Commitments (2025 - 2026)**

**Dr. Lisa MacKinnon, Chief of Staff**

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	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	% of patients who left without being seen (LWBS)  *Regional Provincial Avg = 8.2% *Provincial Avg = 5%	7.6%	7.4%	Q3=4.4% YTD=5.4%  <b>Completed.</b>	✓	✓	✓	
FINANCIAL	Ensure 40 return visit chart reviews are completed annually from the Emergency Department to maintain Emergency Department pay For Results (ED P4R) funding levels.	N/A	40 annually	Criteria changed to 30 annual for small sites.  <b>Completed.</b>	✓	✓		
STRATEGIC	Expand medical professional staff recruitment efforts by developing relationships with ROMP and other educational institutions, while also motivating our current physician group to embrace mentoring more students.	-	Participate in Rural Week. Bring at least one Medical Resident to Learn at HGMH	A total of 14 medical learners, from first-year students through to residency, were received from various universities during the 2025/26 period, including two residents..  <b>Completed.</b>		✓		



## Personal Business Commitments (2026 - 2027)

Robert Alldred-Hughes, President & Chief Executive Officer

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	Goal	2025/2026 Performance	2026/27 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Reduce the time to inpatient bed from the Emergency Department by 50%.	8.4 hours	4.2 hours		✓			✓
	Increase patient-reported care ratings related to being treated with courtesy and respect from those patients who identify as gender diverse.	7.4/10	7.7/10		✓	✓	✓	✓
	Reduce the number of medication incidents reaching the patient and resulting in harm (severity levels 2-5) by 5%	25	24		✓		✓	
FINANCIAL	Ensure financial stability by proactively engaging with Ontario Health and government stakeholders to secure funding, advocate for sustainable reimbursement models, and align resources with HGMH's strategic priorities to support high-quality, sustainable care.	\$35K Surplus	On Budget			✓	✓	✓
	Increase endoscopy service days to expand procedural volumes and generate additional revenue.	-	Increase Revenue by \$25,000 in year 1			✓		✓

<b>STRATEGIC</b>	Lead coordinated advocacy efforts with the Ministry of Health and Ontario Health, including scheduled engagement meetings, formal follow-ups, and documentation updates, to position HGMH for progression to Stage 1.2 of the Hospital Capital Planning Process.	-	All requested documentation submitted within established timelines and advocacy meetings held as opportunities arise, with quarterly progress tracking reported to the Board.			✓	✓	✓
	Establish project governance, finalize infrastructure requirements, and initiate operational and clinical readiness planning for CT implementation.	-	Project governance structure established, infrastructure requirements confirmed, and a documented CT readiness plan approved			✓		
	Advance comprehensive Non-violent crisis intervention training across patient-facing teams to enhance de-escalation capability and reduce workplace violence risk.		30 staff members receive NVCI training			✓	✓	✓
	Achieve successful EPIC EMR go live by executing required clinical, operational, and technical readiness activities across the organization.	-	EPIC EMR Launched on time and on budget			✓		✓



## **Personal Business Commitments (2026 - 2027)**

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<b>QUALITY</b>	Reduce the time to inpatient bed from the Emergency Department by 50%.	8.4 hours	4.2 hours		✓			✓
<b>FINANCIAL</b>	EDP4R Action & Goal - Access and Flow - Timely transitions – Reduce the 90 <sup>th</sup> percentile ED wait time to Physician Initial Assessment.	4.3 hours	4.2 hours			✓		
<b>STRATEGIC</b>	Advance comprehensive non-violent crisis intervention training across patient - facing teams to enhance de-escalation capability and reduce workplace violence risk	-	10 trained physician staff members			✓	✓	✓