

Board of Directors Meeting Agenda

Date: Thursday, April 23, 2026
Time: 5:00pm - 8:00pm
Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
5:00	1. Call to Order (Dr. S. Robertson)	
(1 min)	1.1 Confirmation of Quorum	
(1 min)	1.2 Land Acknowledgment	
(1 min)	1.3 Adoption of the agenda	P. 1-2
(1 min)	1.4 Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)	
5:04	2. Minutes (Dr. S. Robertson)	
(1 min)	2.1 Approval of previous meeting minutes - March 26, 2026	P. 3-8
(1 min)	2.2 Business arising from minutes	
5:06	3. Matters for Discussion/Decision	
(5 min)	3.1 Report of the Board Chair (Dr. S. Robertson)	
(5 min)	3.2 Report of the President & CEO (R. Alldred-Hughes)	P. 9-11
(5 min)	3.3 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 12
(5 min)	3.4 Report of the VP Clinical Services, Quality & CNE (R. Romany)	P. 13
(5 min)	3.5 Report of the Patient and Family Advisory Committee (J. Shackleton)	
(5 min)	3.6 Report of the Chair of Quality & Patient Safety Committee (H. Salib)	
(5 min)	3.7 Violent Incidents (H. Salib / K. MacGillivray) <i>That the Board of Directors review and receive the violent incidents as presented.</i>	P. 14-15
(5 min)	3.8 Emergency Preparedness Updates (H. Salib / K. MacGillivray) <i>THAT the Board of Directors review and receive the emergency preparedness updates as presented.</i>	P. 16-17
5:46	4. Consent Agenda (a formal request is to be made with the Board Chair to move an item out of the consent agenda for it to be discussed)	
	4.1 Draft Quality & Patient Safety Committee Report	P. 18-19
	4.2 PFAC Updates	P. 20
	4.3 Ethics Committee Updates	P. 21-23
	<i>THAT the Board of Directors approve and receive all documents as presented in the consent agenda.</i>	
5:47	5. Correspondence (Dr. S. Robertson)	P. 24
5:48	6. Date of Next Meeting - Thursday, May 28, 2026 5:00pm	
	7. Closing Remarks & Adjournment (Dr. S. Robertson)	

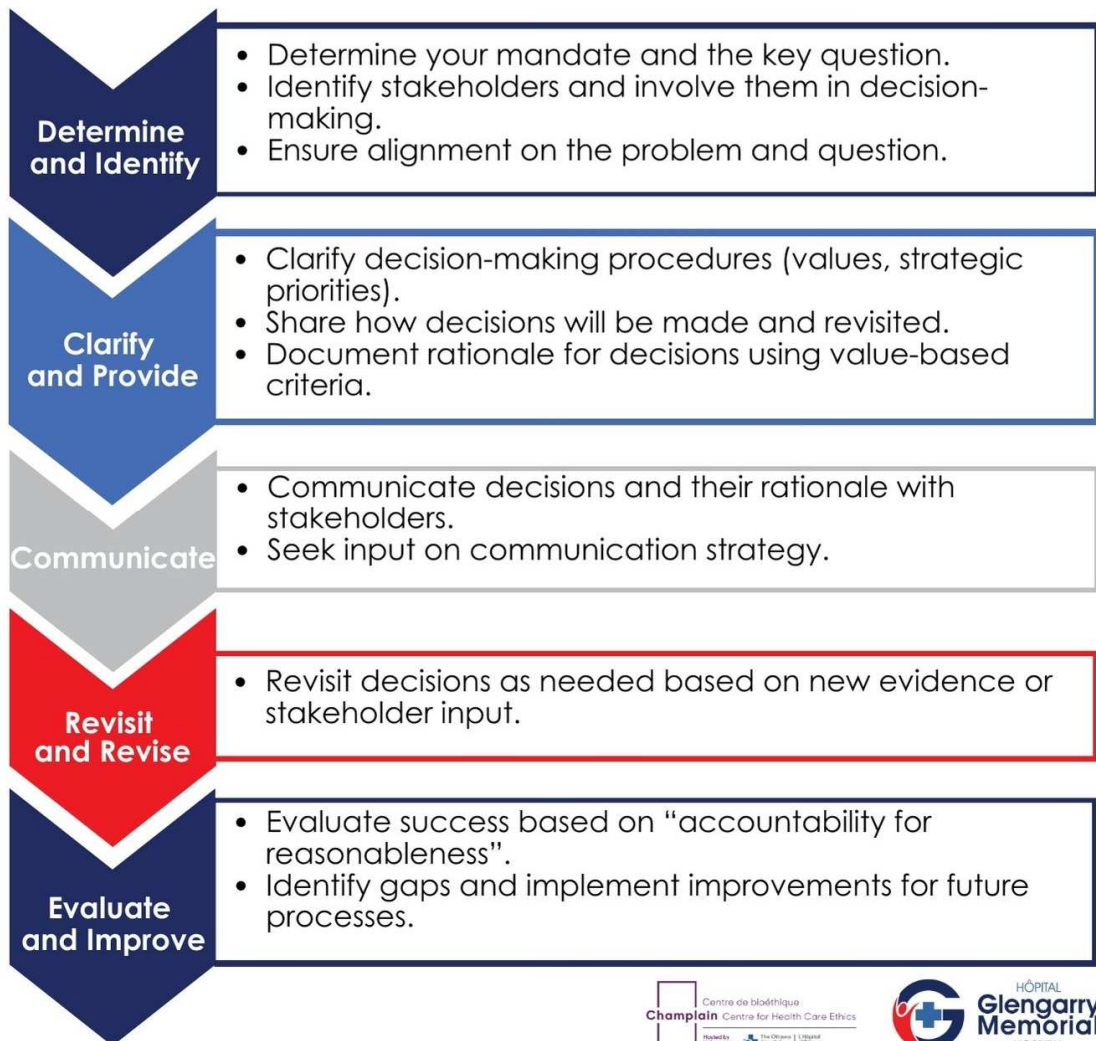
**Meeting Moves to In Camera*

Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making



A4R Action Steps



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

Date Thursday, March 26, 2026
Time 5:00pm-8:00pm
Location Boardroom / Microsoft Teams

Present:	Dr. S. Robertson, Chair D. Elie Dr. R. Cardinal G. McDonald (v) K. MacGillivray, CHRO J. Shackleton, PFAC	L. Boyling, Vice-Chair C. Larocque H. Salib Dr. G. Raby R. Alldred-Hughes, CEO	C. Nagy, Treasurer G. Peters (v) F. Desjardins R. Romany, CNE Dr. D. Peffer (PSA)
Regrets:	Dr. L. MacKinnon, COS		L. Ramsay, CFO

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 5:00.

1.1 Quorum

A quorum was present.

1.2 Land Acknowledgment

J. Shackleton read the land acknowledgment.

1.3 Adoption of the Agenda

The agenda was reviewed.

Moved By: F. Desjardins

Seconded By: C. Larocque

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

2.3 Approval of the Minutes

The minutes of the last meetings held on February 26, 2026, were shared.

Moved By: C. Nagy

Seconded By: H. Salib

THAT the minutes of the March 26, 2026 meeting be approved as presented.

CARRIED

2.2 Business Arising from the Minutes

Nothing to bring forward.

3. Education

3.1 The Care Behind Every Tray

J. Larose, Manager of Support Services, and A. Morrow, Food Services Supervisor, presented on the role of the dietary team and the training they receive, including

training on the International Dysphagia Diet Standardization Initiative (IDDSI).

4 Matters for Discussion/Decision

4.1 Report of the Board Chair

The Foundation Washer Toss is now sold out.

Discussion took place at a meeting without management about how we will proceed with strategic planning going forward in which it was agreed that strategic planning be part of the annual Board retreat.

Recruitment has begun for the next Board cycle in which directors were asked to help spread the word.

4.2 Report of the President & CEO

The success of Accreditation in which we received Exemplary Standing has been communicated internally. External communication is being worked on and a celebration will be held at the end of April.

A meeting took place individually with MPP Sarrazin and Minister Quinn as part of continuous advocacy for the hospital.

The emergency department flooring project resumes for phase 2 as of April 7th in which it will be all hands-on deck to move the department to its temporary location.

The Ontario government released its funding for the year today. For healthcare, the key changes are 15.4B however hospitals have not been named specifically.

4.3 Report of the Chief Human Resources Officer

The Leadership Retreat took place in February which was focused on psychological safety and a yoga-Nidra session also took place.

The employee appreciation breakfast took place in March which was once again well received by staff and a separate celebration took place to acknowledge the dietary team.

Birthday cards are now being sent out with handwritten messages to our staff which has also been very well received.

4.4 Report of the Patient and Family Advisory Committee

A PFAC meeting was held yesterday where several items were discussed including early discussions about tv's for patients and what options are possible for the future.

The committee met with a group from the Hawkesbury General Hospital to share how our Spiritual and Cultural Care Room came about.

The committee are working on other initiatives such as planning for patient experience week and coming up with an interview question and expected response.

Recruitment has begun for new committee members as well as patient advisors to help with different projects without the commitment of attending committee meetings annually.

4.5 Report of the Chair of Finance, HR and Audit Committee

During the committee meeting, the audit plan was presented by MNP. The new finance policy was discussed, and several updates were shared on financial matters. The callout for nominations for the Board Award of Excellence will be going out shortly where the award will be presented at the AGM.

4.6 Financial Statements - January 2026

The financial statements for January 2026 were reviewed.

Moved By: C. Larocque

Seconded By: F. Desjardins

That the Board of Directors review and receive the financial statements for January 2026 as presented.

We are forecasting a slight surplus at the end of the year.

CARRIED

4.7 Capital Plan 2026-2027

The capital plan for 2026-2027 was reviewed.

Moved By: D. Elie

Seconded By: G. Peters

THAT the Board of Directors approve the capital plan for 2026-2027 as presented.

AND

THAT the Board of Directors approve the transfer up to \$296,000 from the Endowment Fund to pay for Pulmonary Function Testing (PFT) box and the Automated Dispensing Unit (ADU).

The entire team gets together annually to review the capital needs and then prioritize the items to ensure we remain on budget. In order to pay for some of these items, use of the endowment fund is being requested which is donated in the event the funds are needed. These funds are from donations directly to the hospital.

CARRIED

4.8 HSAA Extending Letter

The HSAA extending letter was shared.

Moved By: F. Desjardins

Seconded By: D. Elie

That the Board of Directors approve the extension of the Hospital Service Accountability Agreement (HSAA) with Ontario Health East to March 31, 2027, as outlined in the March 2, 2026, letter from Ontario Health, and authorize the President & CEO and Board Chair to execute the Extending Letter on behalf of the Corporation.

If a deficit is projected, Ontario Health may advise to come up with a budget plan or may waive the deficit all together. This extending letter is due to the fact that funding is still unknown.

CARRIED

4.9 Q3 Projections

The Q3 projections were reviewed and discussed.

Moved By: F. Desjardins

Seconded By: G. McDonald

THAT the Board of Directors review and receive the Q3 projections as presented.

A small surplus is being projected after accruals are setup. The Ontario Health guidelines were included.

CARRIED

4.10 Employee Engagement Survey Results

The employee engagement survey results were reviewed and discussed.

Moved By: L. Boyling

Seconded By: C. Larocque

That the Board of Directors review and receive the employee engagement survey results as presented.

On the off years where we do not have an Accreditation survey, we complete the survey internally through survey monkey. This year we had 102 participants which was an increase from last year. Overall, satisfaction was pretty high with areas we are doing well being noted as clear job expectations, good teamwork, and a sense of security at work. There was a decrease in employees feeling they have the materials, equipment and supplies needed to do their work which will be an area of focus. Another area for improvement is around psychological safety in which will be addressed by having education provided to leadership to understand how to create psychologically safe work environments.

CARRIED

4.11 Report of the Chair of Governance and Nominating Committee

The committee discussed the succession plan and recruitment strategy in which it was agreed that a minimum of one director is needed and a maximum of three directors. The committee also agreed that the board open house was not a good use of time with no attendees last year and as such, will not take place this year. The board retreat in the fall will be focused on strategic planning.

4.12 Board Succession Plan and Recruitment Strategies

The board succession plan and recruitment strategies were shared and discussed.

Moved By: H. Salib

Seconded By: F. Desjardins

THAT the Board of Directors approve that recruitment commence as presented.

The deadline to apply is April 8th, however any candidate who applies after that date will still be presented for consideration.

CARRIED

C. Larocque left the meeting (6:15pm)

4.13 Board Application Review

The board application was shared and discussed whereas diversity information is now included.

Moved By: D. Elie

Seconded By: F. Desjardins

THAT the Board of Directors approve the addition of voluntary diversity-related demographic questions within the HGMH Board of Directors Application process as amended.

This was previously discussed but was to be paired with the skills matrix. It is now being proposed to be included on the board application. The committee will next discuss having the Board directors complete the diversity information as well. This information is voluntary disclosure.

The demographics were discussed in which it was felt that the categories were not inclusive because of the examples provided. The demographics were taken from the patient satisfaction survey which is done through Qualtrix. The examples will be taken out of the application, and the application will be reviewed again next year.

CARRIED

Dr. D. Peffer left the meeting (6:24pm)

4.14 2026-2027 Strategic Actions

The 2026-2027 strategic actions were reviewed and discussed.

Moved By: H. Salib

Seconded By: C. Nagy

THAT the Board of Directors approve the 2026-2027 strategic actions as presented.

Discussion ensued around the learning management system which is to be used to roll out a platform to track staff education and completion.

CARRIED

4.15 2026-2027 Quality Improvement Plan

The 2026-2027 quality improvement plan was shared and discussed.

Moved By: L. Boyling

Seconded By: H. Salib

THAT the Board of Directors approve the 2026-2027 Quality Improvement Plan as presented.

There were no issues with the proposed Quality Improvement Plan.

CARRIED

5 Consent Agenda

The following were included in the meeting package under consent agenda and reviewed by members prior to the meeting:

5.1 Draft Finance, HR and Audit Committee Report

5.2 New Financial Objectives, Planning and Performance Policy

- 5.3 Audit Plan
- 5.4 Draft Governance and Nominating Committee Report
- 5.5 Revised Peer Assessment Survey Questions
- 5.6 Regular Meetings of the Board and Notice Policy
- 5.7 Communications & Hospital Spokesperson Policy

Moved By: G. McDonald

Seconded By: F. Desjardins

THAT the Board of Directors approve and receive all documents as presented in the consent agenda.

CARRIED

6 **Correspondence**

Correspondence was included in the meeting package.

7 **Date of Next Meeting**

Thursday, April 26, 2026, at 5:00pm

Meeting adjourned at 6:51pm

K-L. Massia, Recording Secretary

Report of the President & CEO

April 23, 2026 Board of Directors

Government Relations – Capital Projects

I recently met with representatives from the Ministry of Health Capital Branch as part of our ongoing government relations efforts to advance HGMH's capital priorities.

The discussion focused on seeking support to progress our redevelopment planning to Stage 1.2, while reinforcing the importance of addressing critical enabling infrastructure, including our electrical capacity constraints. We highlighted the need for continued consideration under Exceptional Circumstances funding to support necessary upgrades that are foundational to future service expansion.

We also provided an update on our CT implementation work, recognizing recent changes within the Ministry's Capital Branch and ensuring continued alignment and awareness of our progress and timelines.

Overall, the meeting was positive and reflects continued engagement with Ministry partners to advance our strategic priorities. We will maintain this dialogue to support progress on capital planning and infrastructure investment for the hospital.

Ontario Health East – Regional Working Group Update

HGMH continues to participate in the Ontario Health East Regional Working Group (RWG), which is supporting implementation of the Hospital Sector Stabilization Plan (HSSP) and broader system planning efforts.

Current discussions remain focused on patient flow and bed capacity pressures across the region, with particular attention to reducing delays in care and improving length of stay through the use of standardized metrics, including conservable bed days. This work is intended to identify opportunities for improved efficiency and coordination across hospitals, although it remains at an early stage of development.

The group is also exploring a range of regional and provincial efficiency initiatives, including shared digital systems, back-office integration, and service coordination. These discussions are largely exploratory at this time, with further analysis and provincial direction required before any implementation decisions are made.

From a system perspective, there continues to be a strong emphasis on achieving financial stability through efficiencies, while maintaining access to care. Hospitals have been directed to prioritize low-risk initiatives, with more significant service changes subject to further review and oversight.

For HGMH, participation in the RWG provides visibility into emerging system expectations and potential future directions. While the work may inform regional approaches over time, there are no immediate changes required to our operations at this stage.

Emergency Department Relocation – Flooring Replacement Project

The Emergency Department (ED) relocation to support planned flooring replacement was completed successfully, with careful coordination to ensure continuity of patient care and minimize disruption to operations.



The move was well planned and executed, with teams working collaboratively across clinical and support services to safely transition operations to the temporary space. Patient care services remained uninterrupted throughout the relocation, and workflows were adjusted as needed to support safe and efficient care delivery during this period.

The transition has been smooth, and the staff adapted well to the temporary environment. Despite the reduced space, and changes to patient flow. The project reflects strong internal coordination and planning, particularly in maintaining patient safety and service continuity during a complex operational change.

The flooring replacement work is now underway, and the organization will continue to monitor operations closely during the temporary relocation. A return to the renovated space will occur once work is completed.

AI Adoption – Operational Direction from Ontario Health

The Ministry of Health and Ontario Health have issued new operational direction to accelerate the adoption of Artificial Intelligence (AI) across the provincial health system, recognizing its potential to improve patient care, system performance, and equitable access. A provincial expert table, chaired by Dr. Muhammad Mamdani, has been established to guide this work, including assessing current AI adoption, supporting the spread and scale of innovation, and advising on the use of shared provincial infrastructure. This reflects a broader shift toward more coordinated, system-wide implementation of AI, moving beyond isolated innovation across individual organizations.

As part of this direction, all Health Service Providers are now required to notify Ontario Health of any existing or planned AI-related investments exceeding \$10 million. This requirement is intended to promote alignment, integration, and shared system benefit, without delaying local initiatives. While this threshold is not expected to have an immediate impact on HGMH, it reinforces the importance of aligning future digital and clinical innovation efforts with provincial direction, particularly as we advance our Epic implementation and continue to explore opportunities to leverage technology to enhance care delivery within our rural and bilingual community.

Repatriation Direction for Acute Hospitals – Operational Direction from Ontario Health

Ontario Health has issued a new operational direction reinforcing expectations for timely repatriation and inter-facility transfers to improve patient flow and ensure care is delivered closer to home. The direction establishes standardized provincial processes, clear accountability for sending and receiving hospitals, and defined timelines, including expectations that repatriation decisions occur within 48 hours and transfers are completed within established timeframes. Hospitals are required to utilize CritiCall's Provincial Hospital Resource System (PHRS) Repatriation Tool to manage, track, and report all transfers, with an emphasis on consistent communication, physician-to-physician handover, and system-wide collaboration to support access and capacity across the continuum of care.

This direction reinforces shared system accountability and will require continued focus at HGMH on patient flow, discharge planning, and timely acceptance of repatriation requests. It also places increased emphasis on leadership oversight, data monitoring, and escalation processes where timelines are not met. While these expectations align with our current practices and commitment to providing care closer to home, they will require sustained operational discipline and collaboration with regional partners to ensure compliance and to mitigate capacity pressures across the system.

Stakeholder Engagement Activities

To strengthen relationships and foster collaboration, key meetings have been held with external partners and stakeholders. These engagements are essential for sharing information about our hospital's performance, discussing future plans, and aligning efforts to better support the needs of our patients and community. Building strong partnerships in this way helps ensure transparency, trust, and coordinated progress toward shared healthcare goals. This past month I had the opportunity to conduct the following stakeholder meetings/initiatives:

- *Maxville Manor CEO – Steven Golden*
- *Glengarry TV - Alain Lauzon*
- *Ministry of Health Capital Branch - David Reeder and Jill Shaw*
- *Sisters for Life – Potential Donor Meeting*
- *Heritage Heights and Suites Retirement Home – Site Visit*

Upcoming Events/Special Dates

- April 19-25 – National Volunteer Appreciation Week
- April 21 – HGMH Town Hall
- April 22 – Earth Day
- April 23 – Accreditation Celebration
- April 27-May 1 – Patient Experience Week
- April 28 – World Day for Health and Safety at Work
- May 1 – National Physicians Day
- May 3-9 – Emergency Preparedness Week and Occupational Health & Safety Week
- May 5 – Hand Hygiene Day
- May 11-17 National Nurses Week
- May 12 – PTA/OTA Day
- May 18 – National Speech Language Pathologist Day
- May 19 – Personal Support Worker Day

Report of the Chief of Staff April 2026

Scheduling Update

The *Emergency Department* schedule is covered through the end of July, with a few second-physician and back-up physician shifts remaining. These are often filled closer to the date as physician availability adjusts.

The *Inpatient Unit* remains fully covered through September 2026 with only 3 vacant weeks (1 in each June, August, and September)..

Medical Learners

- Sara Marshall, third-year medical student completed her 14-week placement with us on April 9th. She found this a valuable opportunity and reported she was well- supported by all!
- Bonnie Yang & Rahma Osman, two third-year medical students from Queen's (completing their family medicine placement with Dr. Horn in Akwesasne) were on-site for the month of March completing their Emergency medicine experience with us.
- We are expecting another third-year medical student from Queen's University from June 1- September 4, 2026.
- We are preparing for the Rural/Discovery Weeks, May 25-29 and June1-5. We are working with ERMEP and are expecting 2 first-year medical students each week from Ottawa and Queen's University combined.

Upcoming Events

- *Rural & Remote Conference April 16-18, 2026, in Québec City:* I will be attending this conference and there will be a booth funded by the Great River OHT (GROHT), with representatives from HGMH (Suzanne) and CCH who will staff the booth, and I will be providing support between conference sessions.
- *Canadian Society of Physician Recruitment (CaSPR) Conference May 3-5, 2026, in PEI:* This national conference is a forum for physician recruitment leaders across Canada and directly supports priorities related to workforce stability, recruitment efficiency, and physician retention. Suzanne will be attending this conference.

Education

I have enrolled in the OHA's *Foundations of Hospital Physician Leadership: Navigating Complexity with Confidence* program.

- The first session, *Exploring Hospital Legal Accountabilities*, is scheduled for Thursday, April 16.

Advancing People & Culture Through Workforce Investment

Strategic Plan Alignment – People & Culture

Ontario Health funding and regional education investments directly support our strategic commitment to an engaged, skilled, and resilient workforce. Investing in learning, certification, and role optimization strengthens staff confidence, supports retention, and enables teams to deliver safe, high-quality, patient-centred care. Our current nursing staff consists of 55 RNs and 37 RPNs.

Emergency Department Specialty Training Fund

- **20 nurses completed Advanced Cardiac Life Support (ACLS) certification.**
- **What This Enables:**
ACLS provides our nurses with advanced, evidence-based skills to manage life-threatening cardiac and respiratory emergencies through rapid assessment, standardized protocols, and high-performance team communication.
- **People & Culture Impact:**
 - Builds confidence and leadership when caring for very sick patients
 - Supports psychological safety and teamwork during critical events

Obstetrical Upskilling Program

- Targeted Ministry funding strengthened nursing capability across mother and newborn care.
- **Total Obstetrical Certifications: 17 staff**
- **Certifications Completed (This Fiscal Year):**
 - Neonatal Resuscitation Program (NRP): 5 RNs
 - Essential Skills Workshop (ESW): 12 staff (RNs and RPNs)
- **What This Enables:**
 - **NRP:** Skilled newborn resuscitation at birth
 - **ESW:** Strong foundational labour assessment and monitoring of the baby's wellbeing
- **People & Culture Impact:**
 - Empowers nurses to practice with confidence and to full scope with mother and newborn emergencies

Champlain Regional Stroke Network Funding – Supportive Conversation for Aphasia (SCA)

- Champlain Regional Stroke Network funding supported staff education in SCA to improve communication and patient experience for individuals recovering from stroke.
- Aphasia is a condition that affects a person's ability to speak, understand speech, read or write even though thinking and intelligence are unchanged.
- **Staff Trained:**
 - 26 Registered Practical Nurses (RPNs)
 - 8 Personal Support Workers (PSWs)
- **What This Enables:**
SCA training provides staff with practical strategies to acknowledge and appropriately care for patients with aphasia, enabling more meaningful participation in care discussions, decision-making, and daily interactions.
- **People & Culture Impact:**
 - Builds staff confidence in communicating with patients with communication impairments
 - Promotes dignity, inclusion, and patient-centred and compassionate care

These education investments strengthen our people, help them grow in their roles, and improve the care we provide to our patients. We are proud of our teams for achieving this while preparing for Accreditation and supporting the ongoing EPIC implementation work. We are thankful for the funding that makes learning possible.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: March 27, 2026 Meeting Date Prepared for: April 8, 2026 – Quality
April 23 - Board
 Subject: Violent Incidents 2025-2026
 Prepared by: Kayla MacGillivray – Chief Human Resources Officer

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Provide an update on violent incidents for 2025-2026 and the measures taken to mitigate and address these incidents.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

SITUATION & BACKGROUND

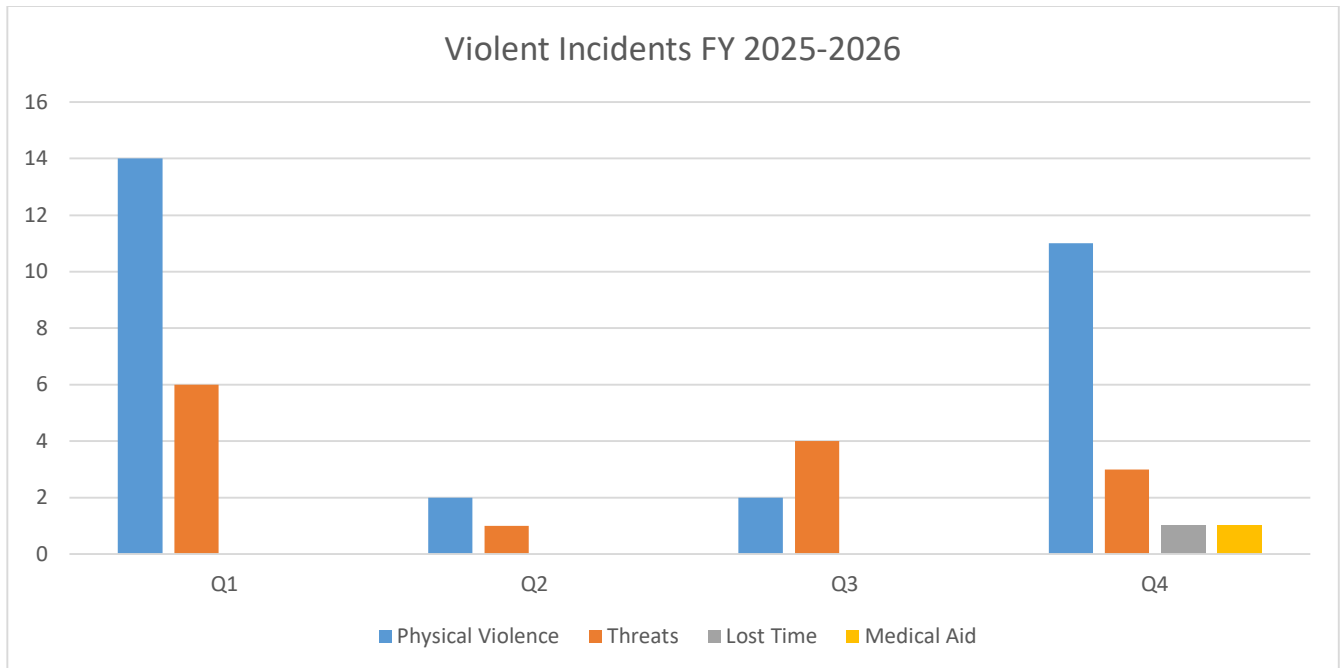
A brief description of the background to the issue.

- Healthcare environments can present complex and, at times, unpredictable situations that may pose risks to staff, patients, and visitors. To ensure a coordinated and timely response to emergencies, hospitals use standardized emergency codes that are activated when specific situations arise.
- Violent incidents, often categorized under workplace violence or aggressive behaviour, are taken seriously and are monitored through formal incident reporting processes. These reports support organizational learning, risk mitigation, and compliance with occupational health and safety requirements.
- Staff are trained to respond to various emergency situations through a standardized color-coded system. These codes allow for rapid, discreet communication across the organization.
- Understanding root causes of these incidents is crucial to implementing effective preventative measures.

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.

Violent Incidents FY 2025-2026				
	Q1	Q2	Q3	Q4
Physical Violence	14	2	2	11
Threats	6	1	4	3
Lost Time	0	0	0	1
Medical Aid	0	0	0	1




- There is no clear pattern that emerges from these numbers for the past year. Once we have a patient who shows aggressive behaviour, they will often have multiple incidents each before a care plan works. For example, the highest period was Q1 where there were 14 violent incidents. 9 of those were by 3 inpatients.



January

- Medicine
- Same patient
- 3 incidents** physical violence
- Cognitive Deficit



February

- Medicine
- 2 incidents** physical violence
- Reactive behaviour



March

- 2 from the public**- phone call and social media post
- 1 physical threat from an upset family member**
- Algorithm for Lock down procedure is currently under development

We remain committed to prioritizing proactive measures to address and mitigate violent incidents and ensure the safety and well-being of both our patients and staff.

Ongoing Strategies to Maintain Safety:

- Creating a clear lockdown plan to help staff respond quickly and safely in high-risk situations.
- Improving how we assess and manage patients who may act out due to cognitive or behavioral issues.
- Providing ongoing training for staff on how to safely de-escalate tense or potentially violent situations.



DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: March 25, 2026 Meeting Date Prepared for: April 8 – Quality
Subject: Emergency Preparedness Update April 23 - Board
Prepared by: J. Mattice - Manager of Projects, Emergency Preparedness, and Security

- DECISION SOUGHT* FOR DISCUSSION/INPUT FOR INFORMATION ONLY

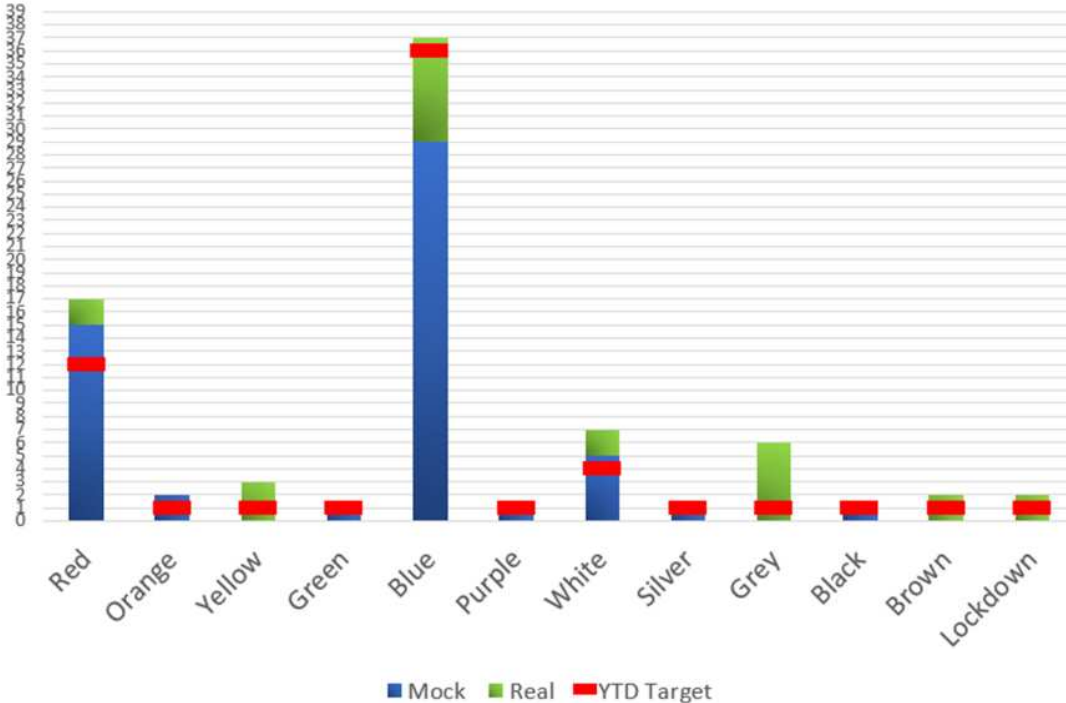
PURPOSE

- To provide an update on the hospital’s emergency and disaster response work, presenting the final dashboard for the 2025 calendar year

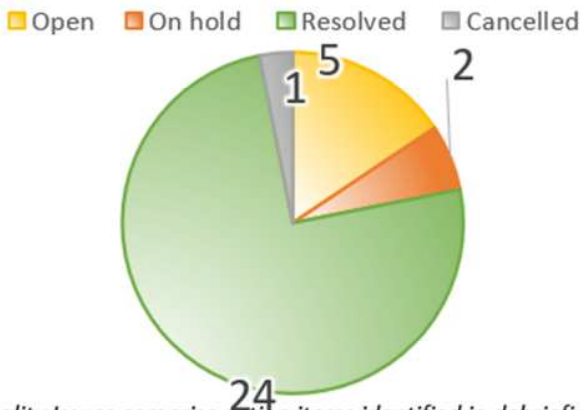
Final 2025 Dashboard

- All targets for 2025 were met with either actual activations or drills/exercises
- There were six actual Code Grey activations for 2025, down from 13 in 2024, primarily related to unplanned downtime of the electronic medical record.
- Seven pending quality issues have been carried forward to 2026’s dashboard
- Two policies not reviewed in 2025 have been carried forward to the 2026 list of policies pending review
- HGMH achieved 100% compliance in the Emergency & Disaster Management standard during the 2026 Accreditation survey. This was the first cycle in which this standard applied to our facility. Surveyor feedback highlighted several key strengths:
 - o A highly engaged and dedicated Emergency Preparedness Committee, with significant progress made over the past four years
 - o Regular mock code exercises and comprehensive updates to all emergency codes
 - o Effective use of the Emergency Preparedness Dashboard to monitor activations, exercises, and continuous improvement efforts
 - o Strong staff confidence in emergency response roles, supported by positive feedback on mock codes
 - o A well-established culture of continuous quality improvement, with consistent learning from activations and exercises
 - o Strong collaboration with community partners (e.g., Region, EMS), including participation in joint Code Orange exercises
 - o An innovative and creative approach to emergency and disaster risk management

Code Activations & Exercises



Status of Quality Issues



Quality Issues comprise action items identified in debriefings for real or mock code activations. These may be referred to other committees or departments and may be determined unfeasible to address.

Accreditation Standard Compliance



Debriefing Completion Rate



Policy Review Progress



Red line above indicates percentage of the calendar year that has elapsed and is intended as a gauge to monitor policy progression.

**REPORT OF THE BOARD QUALITY AND
PATIENT SAFETY COMMITTEE MEETING**

April 8, 2026 at 4:00PM Boardroom/MS Teams

Present: H. Salib G. Peters (v) D. Elie
C. Larocque R. Romany R. Alldred-Hughes
Dr. S. Robertson (v) RJ. Jarencio K. MacGillivray

Regrets: Dr. L. MacKinnon Dr. R. Cardinal

Summary of Discussion

Approval of the Agenda:

The agenda was reviewed.

Moved By: C. Larocque

Seconded By: D. Elie

THAT the agenda be approved as presented.

CARRIED

Declaration of Conflict of Interest:

There were no conflicts declared.

Report from the Previous Meeting:

The report from the meeting of February 18, 2026, was approved as presented.

Moved By: G. Peters

Seconded By: D. Elie

THAT the report of February 18, 2026, be approved as presented.

CARRIED

Business Arising from Report:

There was no business arising from the report.

Committee Work Plan

Things remain on track with the committee work plan.

Education - Quality Initiative

Education was done on pressure injuries and the boards role in monitoring these. One of our deliverables for our QIP is to build wound care capacity within the organisation to help support this initiative.

Matters for Discussion/Decision

Review Hospital Services

Deferred

Violent Incidents

The violent incidents were reviewed.

Moved By: C. Larocque

Seconded By: G. Peters

That the Quality & Patient Safety Committee review and receive the violent incidents report as presented.

After two reports of violent incidents from one patient, a care plan is put in place for that patient to determine what can be done to avoid any other incidents from happening. In Q4, the violent incidents that occurred were from the same patient, and that patient now has 24/7 security as per the patient care plan.

We are in the process of implementing nonviolent crisis intervention training, offered by the Canadian Patient Institute, to educate staff on how to address situations in a safe way for both the staff member and for the patient. This education will be starting with staff from the emergency department.

CARRIED

Emergency Preparedness

The emergency preparedness report was reviewed.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the Quality & Patient Safety Committee review and receive the Emergency Preparedness report as presented.

The emergency preparedness program has been completely revamped, and we are looking at submitting it as an Accreditation Canada spotlight.

It was asked that the code colors be included on the report going forward.

CARRIED

Matters for Information

PFAC Updates

Updates on the work done by the committee were shared including that members continue to sit on internal committees, such as the Board of Directors, Ethics, Quality & Safety Advisory, and Product Evaluation.

The committee was once again asked to come up with an initiative as part of our strategic actions and they are also working on coming up with a question for interviews.

The committee is helping with patient experience week which is taking place at the end of the month, and they will be helping co-design a palliative care space.

Ethics Committee Updates

An ethics day took place in January in which education was done which included a presentation at the Board of Directors meeting. We now have a dedicated ethics email for anyone who has ethical questions. The ethics committee is split in two, in which a portion is allocated to an ethics case review where all staff and physicians are welcome to join followed by the regular committee meeting.

A case study will be prepared by the ethicist for the Board.

Date of Next Meeting: Wednesday, May 13, 2026

K-L. Massia, Recorder

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: March 31, 2026 Meeting Date Prepared for: April 8, 2026 – Quality
April 23 - Board
 Subject: Patient and Family Advisory Committee (PFAC) Update
 Prepared by: Rachel Romany- Vice President Clinical Services, Quality, Chief Nursing Executive

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- To provide an update of the Patient and Family Advisory Committee (PFAC).

SITUATION & BACKGROUND.

- Benefits of PFAC presence in hospital committees:
 - help identify areas of improvement in care delivery processes
 - ensure that patient and family voices are heard and considered in decision-making processes
 - foster a culture of collaboration and partnership to promote patient-centered and inclusive healthcare practices

IMPLEMENTATION & COMMUNICATION

- PFAC members are currently attending four hospital committees: Board of Directors, Ethics, Product Evaluation, Quality and Safety Advisory.
- PFAC members participated in our Accreditation survey last Feb 9-12. Our gratitude and appreciation for our PFAC members for their valuable feedback and commitment to ongoing collaboration and promotion of safe, quality patient care.
- PFAC Impact to date:
 - Draft 2026-2027 Quality Improvement Plan- ensuring alignment with experience-based insights
 - Business Continuity Plan- input on patient and family communication, access and safety considerations during service disruptions.
 - 2026-2027 Strategic Actions- PFAC’s role to co-design and implement a priority improvement initiative that enhances the patient and family experience
 - Accreditation workforce indicator on required mix of skill levels and experience and PFAC is to develop a patient-centred interview question and desired response that will be added to all job interview templates.
 - Infection Prevention and Control Patient booklet that will provide clear, patient-friendly guidance on how to prevent the spread of infections within the hospital setting.
 - Patient Quality and Safety Plan
 - Smoke-Free Workplace and Property policy- ensuring policy reflect patient, family and community perspective
- What’s Next
 - PFAC members are planning activities to recognize upcoming Patient Experience Week April 27- May 1, with the theme “Building the foundations of patient experience”.
 - Co-design and launch a PFAC-led patient experience improvement initiative aligned with the 2026-2027 Strategic Actions
 - Expand PFAC membership and continue meaningful participation in initiatives, including engagement of patient advisors as appropriate.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: March 30, 2026 Meeting Date Prepared for: April 8, 2026 – Quality
April 23 - Board
 Subject: Clinical and Organizational Ethics Committee (COEC) update
 Prepared by: Rachel Romany- Vice President Clinical Services, Quality and Chief Nursing Executive

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Provide an update of the COEC activities and progress since the January 2026 meeting.

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.

- **Education & Awareness:** COEC delivered a Lunch & Learn on Consent and Capacity and facilitated Ethics Day (January 29, 2026), strengthening organizational understanding of ethical decision-making and patient rights.
- **Ethics Framework Integration:** The Accountability for Reasonableness (A4R) framework has been formalized for use in corporate agendas and Board discussions, reinforcing transparent and fair decision-making.
- **Access to Ethics Services:** A dedicated COEC email account and bilingual consultation service were launched to improve visibility, accessibility, and timely ethics support across the organization.
- **Clinical Ethics Education:** COEC case study on “Difficult Discharge” scenario, was presented to support learning and enhance staff capacity to manage complex ethical issues.
- **Consultation Oversight: A Case Study Tracker and Q3 (October–December) Consultation Summary Tracker** were implemented, enabling monitoring of ethics consultation trends, themes, and service utilization.
- **Accreditation & Compliance:** Ethics content was embedded as a standing item through Accreditation Standards features, supporting ongoing readiness and alignment with required practices.
- **Policy & Documentation Review:** Multiple ethics-related policies, forms, and tools including consent, resuscitation status, ethics consultation services, satisfaction survey, Code of Ethics, and MAiD were reviewed to ensure current content, compliance, and quality.
- **Website and online resources:** Updates to the hospital website were completed to enhance the COEC page, improving transparency and access to ethics resources for staff and stakeholders.

COEC Web page

HGMH RESOURCES

Clinical & Organizational Ethics Forms

Clinical & Organizational Ethics Policies

REFERENCES

Champlain Centre for Health Care Ethics

Canadian Bioethics Society

Power of Attorney Resources

Regional Ethics Rounds Recordings

MEETING DOCUMENTS

2019-09-28 Ethics Committee meeting package

2019-08-27 Ethics Committee meeting package

2019-11-26 Clinical & Organizational Ethics Committee Meeting Package

2019-01-29 Ethics Committee Meeting Package

2018-01-11 Ethics Committee Meeting Package

[View more](#)

CASE STUDIES

there are no items to show you

[View more](#)

Clinical & Organizational Ethics: Home

CLINICAL & ORGANIZATIONAL ETHICS CONSULTATION SERVICE

Every day, patients, families and staff face difficult decisions. There is support available.

We're Here to Help

The Clinical & Organizational Ethics Consultation Service helps patients, families, and health care teams reach common ground by assisting with:

- ✔ Identifying and clarifying ethical issues
- ✔ Exploring possible outcomes
- ✔ Considering alternatives

We may offer suggestions or guidance but final decisions always remain with the patients, families, and the care team.

FREE | CONFIDENTIAL | AVAILABLE TO EVERYONE

TO REQUEST AN ETHICS CONSULTATION:

☎ 613-525-2222 ext. 4332

✉ ETHICS@HGMH.ON.CA



COMMITTEE MEMBERS

 **Kathryn Dean**
Registered Nurse
Nursing

 **Kerley Dixon**
Clinical Manager, ED & Ambulatory Care
Administration

 **Laurie Hume**
Manager of Ambulatory Care & Rehabilitation Services
Administration

 **Melissa Brent-Gardner**
Family Practice MD
Physician

 **Suzanne Romano**
VP of Clinical Services, Quality & Chief Nursing Executive
Administration

 **Wendy MacLeod**
Manager, Interprofessional Practice & Diagnostic Imaging Services
Administration




Clinical & Organizational Ethics Consultation Service Brochure

Clinical & Organizational Ethics Consultation Service


What results can be expected?

All consultations are confidential and are bound by the same policies and procedures as other patient and organizational records. The final decision about a health related issue lies with the patient (or legal representative) and the doctor involved.

Clinical/Organizational Ethics Consultation provides a facilitated forum for thoughtful exploration of how to act well and make morally good choices based on beliefs and values about life, health, suffering and death.




Hôpital Glengarry Memorial Hospital (HGMH) is a compassionate provider of patient-centered health services. Our workplace values include: Passion, Accountability, Compassion, and Teamwork. Our Clinical & Organizational Ethics Consultation Service shares those values and pledges to uphold them.




HGMH is supported by the Champlain Centre for Health Care Ethics, which provides access to a regional ethicist at no cost. The ethicist works closely with our hospital and is a member of our Clinical and Organizational Ethics Committee. When needed, the ethicist may be consulted to help support patients, families, and care teams with complex ethical questions and decision-making.

20260 County Road 43
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Email: ethics@hgmh.on.ca



Clinical & Organizational Ethics Consultation Service

What is the Right Thing to Do?



810-01E-26

Clinical & Organizational Ethics Committee

HGMH offers the Clinical & Organizational Ethics Consultation Service on request, to help HGMH staff, physicians, patients, families, and volunteers explore options for their difficult ethical questions, dilemmas, and *"the right thing to do"* questions relate to healthcare.

What is "Clinical & Organizational Ethics" in healthcare?

Ethics in healthcare helps guide fair, respectful, and thoughtful decision-making when values, responsibilities, or priorities may be in tension. It supports both individual patient care and how organizations make decisions.

What is the Clinical & Organizational Ethics Committee ?

The Clinical & Organizational Ethics Committee (COEC) supports ethical decision-making and ethical practice across the hospital through consultation, education, and guidance.

The committee provides a structured forum for reflection, discussion, and learning when ethical questions or value-based concerns arise in patient care or organizational decision-making.

The Clinical & Organizational Ethics Consultation Service:

What you need to know...

How can the Clinical & Organizational Ethics Committee help in Ethics Consultation?

The Ethics Consultation Service helps patients, their families, health professionals, or other employees to identify, understand and resolve difficult ethical issues. Its purpose is to provide recommendations. Its role is therefore exclusively advisory. It does not make decisions about the care provided to a patient or the policies of the organization.

Who can refer for a consultation?

The Ethics Consultation Service responds to referrals from physicians, hospital staff, patients, families, caregivers and volunteers.

Why would someone be referred?

Generally, ethical questions arise when *"the right thing to do"* is not obvious or when people do not agree on what should be done for the person who requires care.

How are referrals made?

You can make a request for an ethics consultation by contacting the Chair of the HGMH Clinical & Organizational Ethics Committee. 613-525-2222, extension 4332 or by emailing ethics@hgmh.on.ca.

What information is needed?

In the case of a clinical ethics issue, for example, the Ethics Consultation Service will first want to collect information such as:

- Who is the person requesting the consultation?
- What are the health issues of the patient?
- What is the diagnosis? What is the prognosis?
- What is the care?
- What is the ethical problem?
- Does the patient have the ability to make their own medical decisions?
- If no, does the patient have a representative? Who is it?
- What are the patients preferences regarding the problematic situation?
- Is the problem urgent? Should decisions be made quickly?
- What is the position of each individual involved in relation to the problem (eg: patient, family, doctor)?

What does the Ethics Consultation Service consider?

Consultations in clinical ethics are guided primarily by the following principles:

- Respect for the autonomy of the patient
- Beneficence (doing well)
- Non-maleficence (do no harm)
- Justice

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Correspondence

March 27, 2026 – The Review – [Parking fees increase at HGMH](#)

April 9, 2026 – Standard Freeholder - [Hôpital Glengarry Memorial Hospital Foundation near the \\$2-million mark in fundraising for CT scanner](#)