



Board of Directors In Camera Meeting Agenda

Date: Thursday, April 23, 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 - March 26, 2026	P. 3-4
2.2 Business arising from minutes	
3. Matters for Discussion/Decision	
3.1 Foundation Updates (L. Boyling)	
3.2 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 5
3.3 Prior Board Applicant Discussion (L. Boyling)	
3.4 Personal Business Commitments Results for 2025-2026 (Dr. S. Robertson)	
3.4.1 CEO Personal Business Commitments Results	P. 6-8
3.4.2 COS Personal Business Commitments Results	P. 9-10
THAT the Board of Directors review and receive the results of Personal Business Commitments of the CEO and COS for 2025-2026 as presented.	
3.5 Personal Business Commitments 2026-2027 (Dr. S. Robertson)	
3.5.1 CEO Personal Business Commitments	P. 11-13
3.5.2 COS Personal Business Commitments	P. 14-15
THAT the Board of Directors approve the Personal Business Commitments of the CEO and COS for 2026-2027 as presented.	
4. Consent Agenda	
4.1 Draft Report of the Executive Committee Meeting	P. 16-17
THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
5. Adjournment (Dr. S. Robertson)	

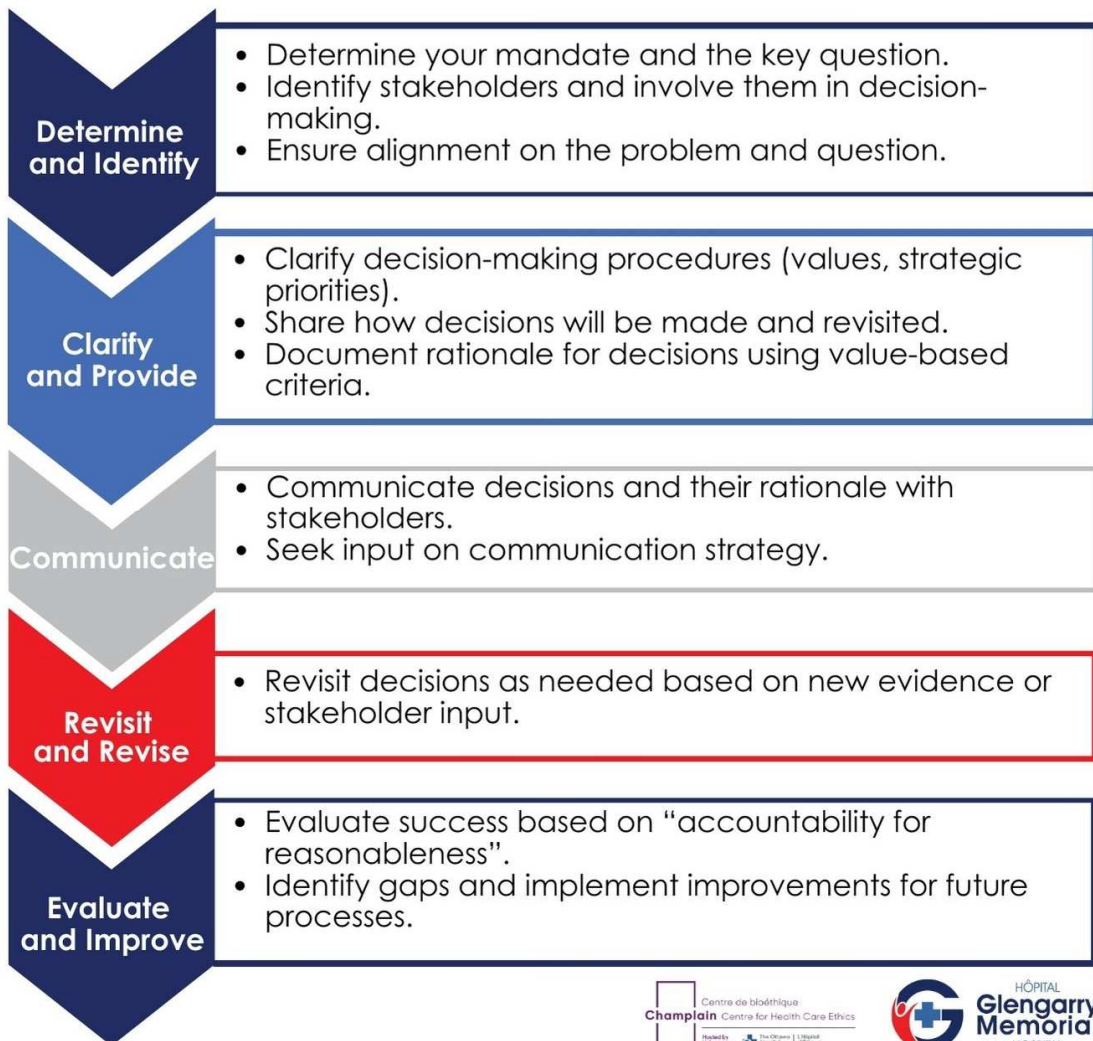


Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

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 F. Desjardins
 G. Peters (v) G. McDonald Dr. G. Raby
 H. Salib Dr. R. Cardinal R. Alldred-Hughes, CEO
 R. Romany, CNE K. MacGillivray, CHRO L. Ramsay, CFO

Regrets: Dr. L. MacKinnon, COS

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 6:53pm.

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.

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.

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 7:09pm.

K-L Massia, Recording Secretary

DRAFT

Report of the Chief of Staff April 2026

Physician Recruitment Update

Recruitment objectives remain unchanged:

- 1–2 part-time Emergency Department physicians to provide approximately 5–6 shifts per month, including vacation coverage.
- 1–2 part-time Inpatient physicians to ensure consistent coverage for Medicine and Rehabilitation services during vacation periods.

Expressions of Interest:

Three of the four distributed application packages have been returned, all from physicians based in Quebec. We will continue working with these physicians to ensure all required documentation is received before advancing their applications to the Medical Advisory Committee (MAC) and the Board for approval.

- Two Emergency Department locums with ED experience
- One Inpatient Department locum

The fourth application is anticipated in June/July, following completion of the Family Medicine certification exam.



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.				✓

STRATEGIC	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

Introduction

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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% Completed.	✓	✓	✓	
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. Completed.	✓	✓		
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.. Completed.		✓		



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			✓		✓

STRATEGIC	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 in 2026/2027 and on budget			✓		✓



Personal Business Commitments (2026 - 2027)

Dr. Lisa MacKinnon, Chief of Staff

Introduction

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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		✓			✓
	ED P4R Action & Goal - Access and Flow - Timely transitions – Reduce the 90 th percentile ED wait time to Physician Initial Assessment.	4.3 hours	4.2 hours			✓		
FINANCIAL	Increase endoscopy service days to expand procedural volumes and generate additional revenue.	-	Increase Revenue by \$25,000 in year 1			✓		✓
STRATEGIC	Advance comprehensive non-violent crisis intervention training across patient - facing teams to enhance de-escalation capability and reduce workplace violence risk	-	8 trained physician staff members			✓	✓	✓
	Create a comprehensive physician recruitment strategy		Completed by Q4			✓	✓	

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Thursday, April 16, 2026
Time 3:00PM
Location Microsoft Teams
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy
R. Alldred-Hughes, CEO Dr. L. MacKinnon, COS
Regrets: None

1. Call to Order

C. Nagy, called the meeting to order at 3:00pm.

1.1. Quorum

1.2. A quorum was present.

1.3. Adoption of the Agenda

The agenda was reviewed and approved.

Moved By: L. Boyling

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 October 8, 2025, were reviewed.

Moved By: L. Boyling

Seconded By: Dr. S. Robertson

THAT the minutes of the meeting of October 8, 2025, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Review Personal Business Commitments Results 2025-2026

3.1.1 Personal Business Commitments of the CEO

The final results of the personal business commitments of the CEO were reviewed.

3.1.2 Personal Business Commitments of the COS

The final results of the personal business commitments of the COS were reviewed.

3.2 Personal Business Commitments of the CEO and COS 2026-2027

3.2.1 Personal Business Commitments of the CEO

The draft personal business commitments of the CEO for 2026-2027 were reviewed and discussed.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the CEO for 2026-2027 as amended.

Wording will be changed for the goal around Epic to include a completion date.

CARRIED

3.2.2 Personal Business Commitments of the COS

The draft personal business commitments of the COS for 2026-2027 were reviewed.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the COS for 2026-2027 as amended.

The target was changed for advancing comprehensive non-violent crisis intervention training for physicians from 10 to 8.

It was agreed that physician recruitment should be added as a goal and as such, the target will be to create a physician recruitment strategy.

The goal around endoscopy in which is on the CEO personal business commitments will be added to the COS as well as there is physician involvement.

CARRIED

4. Date of Next Meeting

October 2026