

AGENDA

FINANCE, HR, AND AUDIT COMMITTEE MEETING

Wednesday, May 13, 2026 at 17:00-18:00
Boardroom/Microsoft Teams

Time	Agenda Item	Board Item	Attachment
17:00	1. Call to Order		
(1 min)	1.1. Quorum		
(1 min)	1.2. Approval of agenda		P. 1-2
(1 min)	1.3. Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)		
17:03	2. Minutes		
(1 min)	2.1. Approval of Previous Meeting's Minutes – March 11, 2026		P. 3-5
(1 min)	2.2. Business arising from the Minutes		
(1 min)	2.3. Committee Work Plan Review		P. 6
17:06	3. Matters for Discussion and/or Decision		
(5 min)	3.1 Review 2026-2027 Committee Workplan THAT the Finance, HR, and Audit Committee recommend the 2026-2027 Finance, HR and Audit Committee Workplan to the Governance & Nominating Committee as presented.		P. 7
(5 min)	3.2 Financial Statements and Statistical Information – February 2026 (L. Ramsay) THAT the Finance, HR, and Audit Committee review and receive the financial statements for February 2026 as presented.	D	P. 8-12
(5 min)	3.3 Q3/Q4 Investments (L. Ramsay) That the Finance, HR, and Audit Committee review and receive the investments for Q3 and Q4 as presented	D	P. 13-17
(5 min)	3.4 Water Main Entrance Replacement (L. Ramsay) That the Finance, HR and Audit Committee recommend to the Board of Directors that the capital plan item “Water Main Entrance Replacement” be replaced with “Electrical Upgrade Engineering Fees” in the amount of \$ 200,000.	D	P. 18-21
17:26	4. Matters for Information – Finance		
(1 min)	4.1 Declaration of Compliance – February 2026		P. 22
(1 min)	4.2 Q3/Q4 Executive Expense Report	C	P. 23-27
17:28	5. Matters for Information – People & Partnerships		
(5 min)	5.2 Review Talent Management Program (K. MacGillivray)	C	P. 28-38
(5 min)	5.3 Review Psychological Safety Program (K. MacGillivray)	D	P. 39-55
17:38	6. Matters for Information – Building/Property/Infrastructure		
(5 min)	6.1 Epic Implementation Update (R. Alldred-Hughes)	D	P. 56-57
17:43	7. Date of Next Meeting		
	Wednesday, June 3, 2026		
17:44	8. Adjournment		

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

*Refer to the Accountability for Reasonableness (A4R) framework for organizational ethical issues.

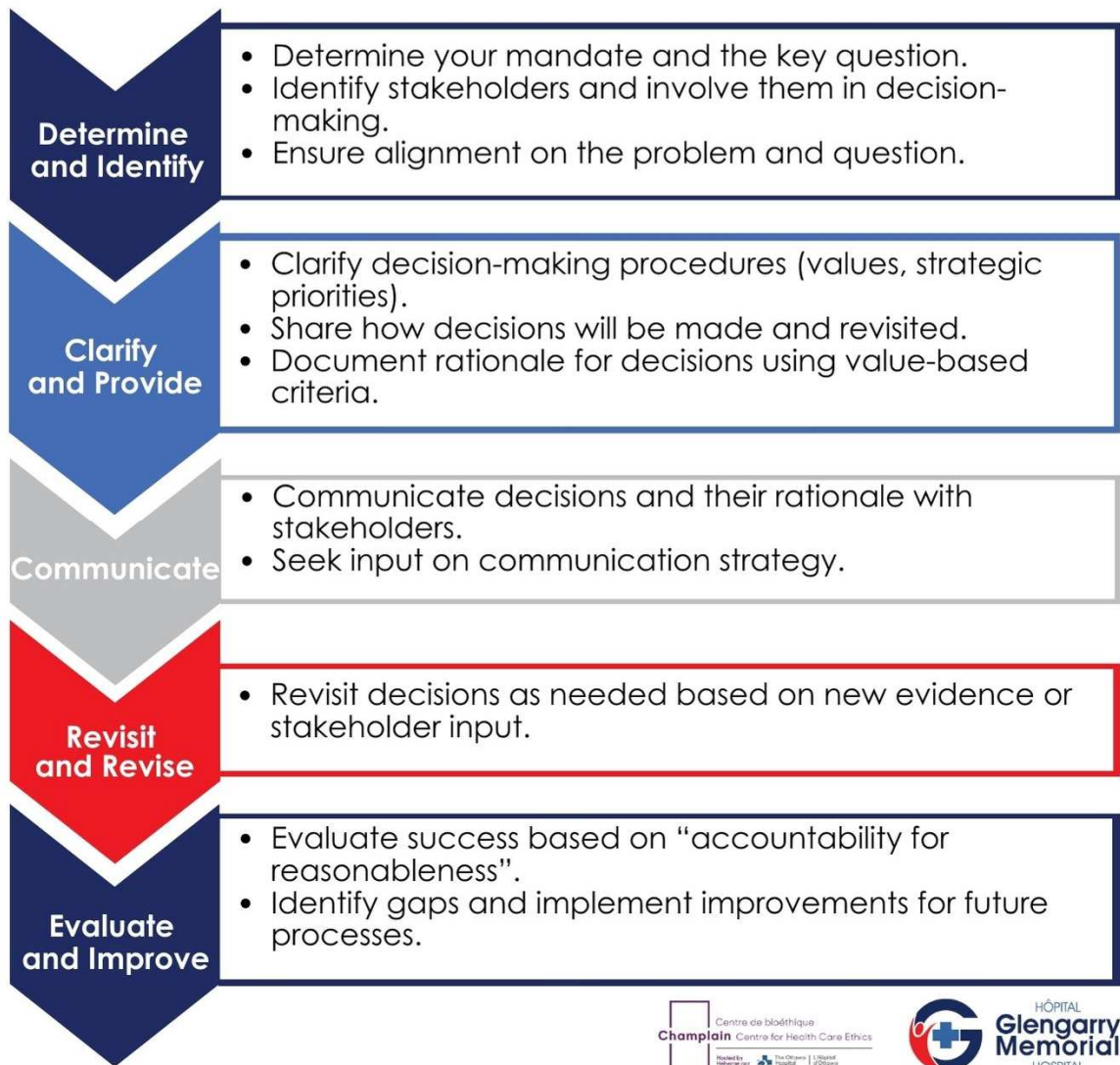
Meeting Moves to In Camera

Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making



A4R Action Steps



REPORT OF THE MEETING OF THE FINANCE, HR, AND AUDIT COMMITTEE

March 11, 2026 at 4:00PM in the Boardroom/MS Teams

Present: C. Nagy, Chair Dr. S. Robertson F. Desjardins
 G. McDonald G. Peters L. Ramsay, CFO
 K. MacGillivray, CHRO R. Alldred-Hughes, CEO M. Pharand (Guest)

Regrets: None

Summary of Discussion of the meeting

Quorum achieved

Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: G. McDonald
Seconded By: Dr. S. Robertson
THAT the agenda be approved as presented.

CARRIED

Declaration of Conflict of Interest: there were no conflicts declared.

Minutes

Report from the Previous Meeting: The report of the meeting of February 18, 2026, was shared.

Moved By: F. Desjardins
Seconded By: G. McDonald
THAT the report of the meeting of February 18, 2026, be approved as presented.

CARRIED

Committee Work Plan

The committee work plan was shared. The Epic Implementation Update is deferred for this meeting as nothing happened since the last meeting which occurred three weeks ago.

Business Arising:

New Finance Policy

A change was made to the language around the board approving a balanced annual operating budget when possible, as per discussion at the last meeting.

Discussion ensued around having a year end projection provided to outline whether there are any upcoming risk. This will be added to the policy under monitoring financial performance.

Moved By: F. Desjardins
Seconded By: G. McDonald
THAT the Finance, HR & Audit Committee recommend to the Board of Directors the approval of the Financial Objectives, Planning and Performance policy as amended.

CARRIED

Matters for Discussion/Decisions

Review Audit Plan

The audit plan was presented by M. Pharand of MNP.

Moved By: F. Desjardins

Seconded By: Dr. S. Robertson

THAT the Finance, HR, and Audit Committee recommend the Audit Plan to the Board of Directors as presented by MNP.

Discussion ensued on the increase in materialities to which it was explained is based on the increase in revenues. This does not change the risk for the Board in any way.

CARRIED

M. Pharand left the meeting.

Financial Statements - January 2026

The financial statements for January 2026 were reviewed.

Moved By: G. McDonald

Seconded By: G. Peters

THAT the Finance, HR, and Audit Committee review and receive the financial statements for January 2026 as presented.

The funding announced in December is reflected in the financial statements for January which is why there is a surplus of \$355,034 and year to date surplus of \$31,637. Occupancy has been higher over the past couple months with today's occupancy being the highest in the region however, our emergency department volume is lower.

A line was included on the statement with information around information technology. Loans are now also included.

CARRIED

Capital Plan 2026-2027

The capital plan for 2026-2027 was reviewed along with how this will all be funded.

Moved By: G. Peters

Seconded By: F. Desjardins

That the Finance, HR, and Audit Committee recommend to the Board of Directors the capital plan for 2026-2027 as presented.

The plan also includes items that are conditional on funding, some of which will not be moving forward with should the funding requested not be received. However, there are some items on the plan in which other options to fund the projects will need to be looked at should funding not be approved.

Discussion ensued around the use of the endowment fund, up to \$296,000, should the funds be needed to purchase Pulmonary Function Testing box and the Automated Dispensing Unit.

Moved By: G. Peters

Seconded By: F. Desjardins

That the Finance, HR, and Audit Committee recommend to the Board of Directors to transfer up to \$ 296,000 from the Endowment fund to pay for Pulmonary Function Testing (PFT) box and the Automated Dispensing Unit (ADU).

CARRIED

HSA Extending Letter

The HSA extending letter was reviewed.

Moved By: G. McDonald

Seconded By: F. Desjardins

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.

CARRIED

Q3 Projections

The projections for Q3 were reviewed.

Moved By: G. McDonald

Seconded By: F. Desjardins

That the Finance, HR, and Audit Committee review and receives the Q3 Projections as presented.

A small surplus is being projected should nothing drastically change. A clear picture of the hospital's needs for the next two years is being submitted to the Ministry and was shared with the committee.

CARRIED

Matters for Information - Finance

Declaration of Compliance - January 2026

The declaration of compliance for January 2026 was included in the package.

Matters for Information - People & Partnerships

Employee Engagement Survey Results

The employee engagement survey results for 2025 were reviewed in which there were 102 participants. This survey mirrors the Accreditation survey which is done every three years.

Areas we do well as well as areas for improvement were discussed. The overall job satisfaction has increased by 7%.

Board Award of Excellence

The annual call out for nominees will begin shortly with the timeline outlined for the committee. The call for nominations will go out end of March and will come back to this committee with the list of nominees.

Matters for Information - Building, Property & Infrastructure

Epic Implementation Updates

This item was deferred as there is no new development to discuss since the last meeting in February.

Date of Next Meeting

Next meeting: May 13, 2026

K-L. Massia, Recorder

Finance, HR & Audit Committee Work Plan 2025-2026



Deliverable	MRP	Occurrence	Sept	Nov	Feb	Mar	May	June
STRUCTURE/PROCESSES								
Review Committee Effectiveness Survey Results	Chair	Annually	✓					
Review/Recommend Annual Committee Work Plan to Governance for upcoming Board cycle	Chair	Annually					X	
Review/Recommend Committee TOR	Chair	Annually	✓					
Declaration of Compliance	CEO	Monthly	✓	✓	✓	✓	X	X
FINANCIAL OVERSIGHT								
Review Financial Statements and Statistical Information	Chair	Monthly	✓	✓	✓	✓	X	X
Review Projections		Semi-Annually		✓		✓		
Review/recommend Audit Plan	Chair	Annually				✓		
Review/recommend Audited Financial Statements	Chair	Annually						X
Recommendation of Auditor	Chair	Annually						X
Review/Recommend Draft Budget 2026-27	Chair	Annually			✓			
Review/recommend Capital Plan 2026-27	Chair	Annually				✓		
Review Investments	Chair	Bi-Annual		Q1/Q2			Q3/Q4	
Review Executive Expense Report	CFO	Bi-Annual		Q1/Q2			Q3/Q4	
Review Annual Borrowing Report					X			
PEOPLE/PARTNERSHIPS								
Review HR Metrics Report	CHRO	Quarterly	Q1	Q2	Q3			Q4
Review Strategic HR Plan	CHRO	Annually			✓			
Employee Engagement Survey Results	CHRO	Annually				✓		
Enterprise Risk Management Review	CEO	Annually		✓				
Board Award of Excellence Call for Nominations	Chair	Annually				✓		
Board Award of Excellence Selection	Chair	Annually					X	
Review Talent Management	CHRO	Annually					X	
Review IDEA Framework	CHRO	Annually		✓				
Review Whistleblowing Report	CEO	Annually		✓				
Review Psychological Safety Program	CHRO	Annually					X	
BUILDING/PROPERTY/INFRASTRUCTURE								
Ongoing Projects	CFO	As Occurs			✓			
Epic Implementation Update	CEO	Monthly	✓	✓	✓	X	X	X
Capital Redevelopment Planning	CEO	As Occurs		✓				
Cyber Security Report	CFO	Annually	✓					
Energy Scorecard Review	CFO	Annually		✓				
CT Scan Update	CEO	As Occurs						
REGULATORY COMPLIANCE								
Complete Related Parties' Transaction Email – due May 31	EA	Annually						X
HSA Declaration of Compliance	CFO	Annually						X
BPSAA Attestation	CFO	Annually						X
ESTIMATED PREPARATION TIME FOR MEETING			1H	1H	1H	1H	1H	1H

Revisions since prior report:

- Energy Scorecard Review added annually
- IDEA Framework Review added annually
- Whistleblowing Review added annually
- Annual projections added semi-annually
- Review Annual Borrowing Report added annually in February

Finance, HR & Audit Committee Work Plan 2026-2027



Deliverable	Legislation/ Accountability	MRP	Occurrence	Sep	Nov	Feb	Mar	May	Jun
STRUCTURE/PROCESSES									
Review Committee Effectiveness Survey Results		Chair	Annually	X					
Review/Recommend Annual Committee Work Plan to Governance for upcoming Board cycle		Chair	Annually					X	
Review/Recommend Committee TOR		Chair	Annually	X					
Declaration of Compliance		CEO	Monthly	X	X	X	X	X	X
FINANCIAL OVERSIGHT									
Review Financial Statements and Statistical Information	PHA; BPSAA	Chair	Monthly	X	X	X	X	X	X
Review Projections			Semi-Annually		X		X		
Review/recommend Audit Plan		Chair	Annually				X		
Review/recommend Audited Financial Statements	PHA	Chair	Annually						X
Recommendation of Auditor		Chair	Annually						X
Review/Recommend Draft Budget 2026-27	HSAA; PHA	Chair	Annually			X			
Review/recommend Capital Plan 2026-27	HSAA; PHA	Chair	Annually				X		
Review Investments	BPSAA	Chair	Bi-Annual		Q1/Q2			Q3/Q4	
Review Executive Expense Report		CFO	Bi-Annual		Q1/Q2			Q3/Q4	
Review Annual Borrowing Report	PHA					X			
PEOPLE/PARTNERSHIPS									
Review HR Metrics Report	Accreditation	CHRO	Quarterly	Q1	Q2	Q3		Q4	
Review Strategic HR Plan		CHRO	Annually			X			
Employee Engagement Survey Results	Accreditation	CHRO	Annually				X		
Enterprise Risk Management Review	Accreditation	CEO	Annually		X				
Board Award of Excellence Call for Nominations		Chair	Annually				X		
Board Award of Excellence Selection		Chair	Annually					X	
Review Talent Management	Accreditation	CHRO	Annually					X	
Review IDEA Framework		CHRO	Annually			X			
Review Whistleblowing Report	BPSAA	CEO	Annually		X				
Review Psychological Safety Program		CHRO	Annually						X
BUILDING/PROPERTY/INFRASTRUCTURE									
Ongoing Projects		CFO	As Occurs			X			
Epic Implementation Update		CEO	Monthly	X	X	X			
Capital Redevelopment Planning	MOH	CEO	As Occurs						
Cyber Security Report	PHIPA	CFO	Annually	X					
Update on Environmental Stewardship Program		CFO	Annually					X	
Energy Scorecard Review	Broader Public Sector Energy Reporting Regulation	CFO	Annually		X				
CT Scan Update		CEO	As Occurs						
REGULATORY COMPLIANCE									
Complete Related Parties' Transaction Email – due May 31	BPSAA	EA	Annually						X
HSAA Declaration of Compliance	HSAA	CFO	Annually						X
BPSAA Attestation	BPSAA	CFO	Annually						X
ESTIMATED PREPARATION TIME FOR MEETING				1H	1H	1H	1H	1H	1H

Revisions since prior report:

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DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 6, 2026 Meeting Date Prepared for: May 13, 2026 - Finance,
 Subject: February 2026 Financial Statements
 Prepared by: Linda S. Ramsay

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Financial Statement variance explanations between Actual and Budgeted amounts for the month of February 2026. Note: Budget figures presented are based on the annual amount divided by 12 months.

ANALYSIS OF FINANCIAL INFORMATION

- February reflects a shorter operating period (28 days), resulting in lower wages and benefits expenses due to two fewer working days compared to longer months.
- The net loss for the month is primarily driven by a decline in out of province revenues, which continues to fall significantly below budget expectations.

ANALYSIS OF STATISTICAL INFORMATION

- Occupancy levels stabilized during the month, reaching an average of 72.68 %.
- Total ER volumes remain above budget, indicating contributed strong demand for emergency services.
- However, out of province ER visits are still trending below expected levels, contributing to revenue shortfalls.
- Overall, Ultrasound exam volumes have increased compared to prior years. This growth is partly due to the introduction of additional operating days on weekends, implemented in the fall aimed at reducing patient wait times.

FUTURE ITEMS TO CONSIDER

SUPPORTING DOCUMENTS/ATTACHMENTS

- See financial statements in meeting package.

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING FEBRUARY 28, 2026**

ACTUAL Jan-26	BUDGET Jan-26	VARIANCE Jan-26	ACTUAL Feb-26	BUDGET Feb-26	VARIANCE Feb-26
2,010,162	1,572,330	437,832	1,623,529	1,572,330	51,199
		0			0
		0			0
217,361	155,417	61,944	292,508	155,416	137,092
35,205	32,500	2,705	35,205	32,500	2,705
219,572	205,476	14,096	155,534	205,478	(49,944)
11,497	13,333	(1,836)	5,577	13,334	(7,757)
(4,167)	(4,167)	0	(4,167)	(4,166)	(1)
47,672	40,217	7,455	41,227	40,216	1,011
9,875	9,875	0	9,875	9,875	0
<u>2,547,177</u>	<u>2,024,981</u>	<u>522,196</u>	<u>2,159,288</u>	<u>2,024,983</u>	<u>134,305</u>
1,186,806	1,062,548	124,258	977,455	1,062,565	(85,110)
266,855	302,237	(35,382)	287,319	302,237	(14,918)
295,780	217,699	78,081	368,798	217,696	151,102
35,400	33,546	1,854	37,502	33,560	3,942
30,330	24,857	5,473	34,186	24,860	9,326
327,718	379,870	(52,152)	422,937	379,919	43,018
25,383	25,383	0	25,383	25,383	0
23,871	23,870	1	23,871	23,873	(2)
<u>2,192,143</u>	<u>2,070,010</u>	<u>122,133</u>	<u>2,177,451</u>	<u>2,070,093</u>	<u>107,358</u>
<u>355,034</u>	<u>(45,029)</u>	<u>400,063</u>	<u>(18,163)</u>	<u>(45,110)</u>	<u>26,947</u>

Revenue:

MOHLTC Base Allocation	17,579,835	17,295,630	284,205
MOHLTC Base Allocation - one time funding	241,113	0	241,113
MOHLTC Special HHR programs	148,142	0	105,660
Alternate Emergency Funding Payments	2,815,138	1,709,583	1,105,555
Physician Payments	426,046	357,500	68,546
Patient revenues from other Payers	2,165,832	2,260,244	(94,412)
Differential and Co-Payment	181,847	146,667	35,180
Bad Debts	(48,311)	(45,833)	(2,478)
Recoveries and Miscellaneous	507,740	442,383	65,357
Amortization Grants/Donations - Equipment	108,625	108,625	0

Total Revenues

<u>24,126,007</u>	<u>22,274,799</u>	<u>1,808,726</u>
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Expenses

Compensation - Salary and Wages	11,980,336	11,696,016	284,320
Employee Benefits	3,205,919	3,350,113	(144,194)
Medical Staff Remuneration	3,686,668	2,394,673	1,291,995
Medical and Surgical Supplies	372,047	370,570	1,477
Drugs and Medical Gases	272,130	272,839	(709)
Other Expenses	4,053,639	4,178,964	(125,325)
Amortization of Software License and Fees	279,213	279,214	(1)
Amortization of Equipment	262,581	262,584	(3)

Total Expenses

<u>24,112,533</u>	<u>22,804,973</u>	<u>1,307,560</u>
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Surplus/(Deficit) From Operations

<u>13,474</u>	<u>(530,174)</u>	<u>501,166</u>
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ACTUAL Jan-26	BUDGET Jan-26	VARIANCE Jan-26	ACTUAL Feb-26	BUDGET Feb-26	VARIANCE Feb-26
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ACTUAL YTD - FEB 2026	BUDGET YTD - FEB 2026	VARIANCE YTD - FEB 2026
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Loss of Revenues compared to Budget

Out of province	108,951	139,510	100,658	139,509	1,258,569	1,534,592	(276,023)
In Patient O/P	15,890	6,250	0	6,250	91,935	68,750	23,185
Rental Income	4,770	4,809	4,196	4,809	50,022	52,893	(2,871)
Parking	23,237	19,166	22,751	19,166	222,186	210,831	11,355

Details of Other Expenses

Supplies (4000)	81,448	95,892	111,204	95,920	1,053,658	1,056,772	(3,114)
Services (6000)	41,868	65,963	64,432	65,972	731,623	721,776	9,847
Equipment, R & M and software support (7100)	91,077	100,792	115,180	100,798	988,177	1,110,938	(122,761)
Contracted Out services (8000)	94,011	107,974	112,176	107,977	1,148,236	1,187,727	(39,491)
Building and grounds (9000)	19,314	9,249	19,944	9,252	131,945	101,751	30,194
	<u>327,718</u>	<u>379,870</u>	<u>402,992</u>	<u>370,667</u>	<u>4,053,639</u>	<u>4,178,964</u>	<u>(125,325)</u>
Information technology (excluding Wages, Benefits and Depreciation)	59,288	65,040	67,280	65,041	605,218	715,442	(110,224)

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT FEBRUARY 28, 2026**

Linda S Ramsay, GLENGARRY MEMORIAL H
Report Creation Date: Apr 01, 2026 09:07:35 AM ET

Date: From Jun 01, 2025 To Mar 31, 2026
No of Loans: 2
Transaction Amount: From To
Transaction Type: All

[▶ Loan Calculator](#)

Account: 14566 -47430021 -001 -GLENGARRY MEMORIAL H Currency: CAD			
Description	Effective Date	Debits	Credits
WITHDRAWAL	Jun 11, 2025	-45,000.00	
PAYMENT	Jun 12, 2025		5,000.00
PAYMENT	Jun 13, 2025		40,000.00
INTEREST PAYMENT	Jun 23, 2025		11.53
WITHDRAWAL	Jun 27, 2025	-145,000.00	
PAYMENT	Jun 30, 2025		145,000.00
WITHDRAWAL	Jul 03, 2025	-5,000.00	
PAYMENT	Jul 04, 2025		5,000.00
WITHDRAWAL	Jul 07, 2025	-115,000.00	
WITHDRAWAL	Jul 09, 2025	-95,000.00	
WITHDRAWAL	Jul 10, 2025	-150,000.00	
PAYMENT	Jul 14, 2025		10,000.00
PAYMENT	Jul 15, 2025		350,000.00
INTEREST PAYMENT	Jul 21, 2025		362.10
Account Total :		-555,000.00	555,373.63

Account: 14566 -47430021 -002 -GLENGARRY MEMORIAL H Currency: CAD			
Description	Effective Date	Debits	Credits
WITHDRAWAL	Jul 17, 2025	-665,106.00	
INTEREST PAYMENT	Jul 30, 2025		1,172.59
INTEREST PAYMENT	Sep 02, 2025		2,796.18
INTEREST PAYMENT	Oct 01, 2025		2,741.51
INTEREST PAYMENT	Oct 30, 2025		2,569.32
WITHDRAWAL	Nov 12, 2025	-147,785.92	
INTEREST PAYMENT	Dec 01, 2025		2,838.05
INTEREST PAYMENT	Dec 30, 2025		2,973.18
INTEREST PAYMENT	Jan 30, 2026		3,072.29
INTEREST PAYMENT	Mar 02, 2026		2,874.07
INTEREST PAYMENT	Mar 30, 2026		2,973.18
Account Total :		-812,891.92	24,010.37
CAD Total:		-1,367,891.92	579,384.00

FEBRUARY 28, 2026	
Current Assets	
Cash and Investments	2,254,478
Accounts receivable	624,810
Inventory	161,056
Prepaid Expenses	233,272
	3,273,616
Capital assets minus accumulated depreciation	11,772,121
	15,045,737
Total Assets	
Current Liabilities	
Credit Line	0
Accounts payables and accrued liabilities	3,446,952
Employee future benefits	1,289,668
Deferred income	74,500
	4,811,120
Long-term debt	812,892
Deferred contributions	6,718,710
Net assets	
Restricted	900,751
Unrestricted	569,211
Capital Fund reserves	1,233,053
	2,703,015
	15,045,737

**GLENGARRY MEMORIAL HOSPITAL
STATISCAL INFORMATION
February 2026**

	April	May	June	July	August	September	October	November	December	January	February	March	Actual Total 2025/26	% as per Benchmark	BENCHMARKS 2025/26	Actual Total 2024/25
INPATIENTS																
OCCUPANCY RATE in %																
ACTIVE UNIT - 22 beds (2024-2025)	51.21% 69.09%	74.78% 59.09%	78.03% 47.27%	75.37% 43.11%	78.45% 67.16%	62.88% 69.70%	78.89% 70.23%	75.91% 75.30%	80.79% 73.61%	95.45% 60.85%	83.12% 70.62%	48.39%	75.94%		82.00%	64.11%
REHABILITATION - 15 beds (2024-2025)	92.22% 89.11%	89.03% 85.81%	81.78% 76.44%	89.46% 77.63%	91.61% 79.35%	90.44% 72.22%	76.56% 84.95%	80.67% 91.56%	78.71% 79.14%	79.14% 92.04%	57.38% 87.86%	90.32%	82.63%		80.00%	83.25%
OVERALL OCCUPANCY - 37 beds (2024-2025)	67.84% 77.21%	80.56% 69.92%	79.55% 59.10%	81.08% 57.11%	83.78% 72.10%	74.05% 70.72%	77.94% 76.20%	77.84% 81.89%	79.95% 75.85%	88.84% 73.50%	72.68% 77.61%	65.39%	78.65%		81.00%	71.87%
OUTPATIENTS																
EMERGENCY/OUTPATIENT																
# OF VISITS - Res.	1,304	1,347	1,347	1,520	1,490	1,320	1,316	1,214	1,497	1,177	1,104		14,634		11,550	14,340
Out of province	178 12%	225 14%	256 16%	303 17%	285 16%	274 17%	237 15%	221 15%	204 12%	226 16%	205 16%		2,616 15%		4,125	3,240 18%
(2024-2025)	1,482	1,572	1,603	1,823	1,775	1,594	1,553	1,435	1,701	1,403	1,309		17,250		15,675	17,580
(2024-2025)	1,453	1,642	1,487	1,620	1,634	1,679	1,748	1,678	1,621	1,610	1,408		17,580			
SPECIALTY CLINICS																
# OF VISITS - Res.	246	190	214	177	152	192	242	170	201	201	198		2,183		2,718	2,368
Out of prov./country	0 0%	0 0%	0 0%	3 2%	2 1%	2 1%	1 0%	0 0%	1 0%	1 0%	0 0%		10 0%		32	7 0%
(2024-2025)	246	190	214	180	154	194	243	170	202	202	198		2,193		2,750	2,375
(2024-2025)	250	248	227	191	202	225	270	184	195	192	191		2,375			
RADIOLOGY																
# OF STUDIES (2024-2025)	1,087 1,117	1,156 1,119	1,159 932	1,063 947	1,074 973	1,112 1,048	1,162 1,228	1,120 1,222	1,182 1,277	1,189 1,285	962 1,160		12,266 12,308			12,308
ULTRASOUND																
# OF STUDIES (2024-2025)	201 192	203 205	191 166	228 185	175 166	210 160	239 217	218 148	213 158	214 165	200 176		2,292 1,938			1,938
BONEDENSITOMETRY																
# OF STUDIES (2024-2025)	38 39	38 39	19 39	56 51	18 39	80 53	56 48	39 20	38 37	58 25	54 27		494 417			417

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: November 3, 2025 Meeting Date Prepared for: Finance, HR and Audit Committee – May 13, 2026
 Subject: Investments Board of Directors – May 28, 2026
 Prepared by: Linda S. Ramsay

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- To share details of the investments held by the hospital as of March 31, 2026.

ANALYSIS OF FINANCIAL INFORMATION

- Background of Investments
 - Until the summer of 2024, the Hospital maintained one investment account (505-13582-2-3) with RBC Dominion Securities Inc. This account held investments for both the Endowment Fund and the Capital Reserves Funds. At times, a single investment could be allocated to both funds.
 - In May 2024, the Finance, HR and Audit Committee recommended to the Board that the bank account and investments belonging to the endowment fund held at the Bank of Nova Scotia be closed, with the funds transferred to the Hospital’s investment portfolio with the RBC Dominion Securities. This last transfer happened in May of 2025.
 - To improve the distinction between the Endowment Fund and the Capital Reserves Fund, a second investment account (505-19334-1-3) was opened at RBC Dominion Securities, and the transferred investments from the Bank of Nova Scotia were deposited in this new account. As investments belonging to the endowment fund, held in the (505-13582-2-3) account, mature, the redeemable value plus interest will be transferred to the 505-19334-1-3 account. By May 2029, all investments belonging to the endowment will have been transferred.
 - All investments are held in fixed income Guaranteed Investment Certificates (GICs).
 - The terms and rates of these investments are determined at the discretion of the CFO based on projected future cashflow needs, in consultation with the Hospital’s investment advisor at the RBC Dominion Securities.

SUPPORTING DOCUMENTS/ATTACHMENTS

- Investment details of accounts # 505-13582-2-3 and account # 505-19334-1-3



Wealth Management
Dominion Securities

RBC Dominion Securities Inc.
CANADIAN DOLLAR
ACCOUNT STATEMENT

MAR. 31
2026

Page 1 of 3

Your Account Number: 505-13582-2-3

GLENGARRY MEMORIAL HOSPITAL
20260 COUNTY ROAD 43
ALEXANDRIA ON K0C 1A0

Date of Last Statement: DEC. 31, 2025

ADVISORY TEAM

Investment Advisor(s):

Blake Hambleton
(613) 933-2080

Team Member(s):

Jenna Garnier
(613) 930-2075

Branch Address:

10 3rd Street East
Cornwall, Ontario
K6H 2C7

Fax: 613-933-8475

Toll Free: 1-800-567-2127

Branch Manager:

Scott MacKinnon Matt Pestell
613-721-8035 - 613-749-3166

ASSET SUMMARY

	MARKET VALUE AT MAR. 31	PERCENTAGE OF MARKET VALUE
Cash	\$633.36	0.11 %
Fixed Income	\$598,747.42	99.89 %
Preferred Shares	\$0.00	0.00 %
Common Shares	\$0.00	0.00 %
Mutual Funds **	\$0.00	0.00 %
Foreign Securities	\$0.00	0.00 %
Managed Assets	\$0.00	0.00 %
Other	\$0.00	0.00 %
Total Value	\$599,380.78	100.00 %

INCOME SUMMARY

	THIS MONTH	YEAR-TO-DATE
Dividends	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Other	\$0.00	\$0.00
Total Income	\$0.00	\$0.00

CASH BALANCE

ACCOUNT TYPE	OPENING BALANCE AT FEB. 27	CLOSING BALANCE AT MAR. 31
Margin - Long	\$633.36	\$633.36

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0024980 -DSC46



Regulated by CIRO
Canadian Investment
Regulatory Organization



RBC Dominion Securities Inc.
CANADIAN DOLLAR
ACCOUNT STATEMENT

MAR. 31
2026

Your Account Number: 505-13582-2-3

2 of 3

ASSET REVIEW

(Exchange rate 1USD = 1.39275 CAD as of MAR. 31, 2026)

SECURITY SYMBOL	QUANTITY/ SEGREGATED	MKT. PRICE	BOOK COST	MARKET VALUE
FIXED INCOME				
EQUITABLE BANK	88,000	113.677	88,000.00	\$100,035.85
GIC - ANNUAL COMPOUND	88,000			
DUE 05/04/2026 4.500%				
CANADIAN TIRE BANK	84,000	113.202	84,000.00	\$95,090.10
GIC - ANNUAL COMPOUND	84,000			
DUE 05/03/2027 4.350%				
PC BANK	85,000	113.202	85,000.00	\$96,222.13
GIC - ANNUAL COMPOUND	85,000			
DUE 05/03/2027 4.350%				
CDN WESTERN BANK	49,000	109.365	49,000.00	\$53,589.24
GIC - ANNUAL COMPOUND	49,000			
DUE 05/03/2027 4.800%				
FAIRSTONE BANK	50,000	109.365	50,000.00	\$54,682.90
GIC - ANNUAL COMPOUND	50,000			
DUE 05/03/2027 4.800%				
HOMEEQUITY BANK	80,000	114.061	80,000.00	\$91,249.28
GIC - ANNUAL COMPOUND	80,000			
DUE 08/03/2028 5.070%				
GENERAL BANK OF CDA	49,000	108.967	49,000.00	\$53,394.12
GIC - ANNUAL COMPOUND	49,000			
DUE 05/03/2029 4.600%				
HOME TRUST COMPANY	50,000	108.967	50,000.00	\$54,483.80
GIC - ANNUAL COMPOUND	50,000			
DUE 05/03/2029 4.600%				
Total Value of Fixed Income			535,000.00	\$598,747.42
Total Value of All Securities			535,000.00	\$598,747.42

ENDOWMENT CAPITAL 342,682.52
CAPITAL 53731.48

CAPITAL
ENDOWMENT

ENDOWMENT

ENDOWMENT

ENDOWMENT

613 20 OPERATING

493 86 80
ENDOWMENT

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Wealth Management
Dominion Securities

RBC Dominion Securities Inc.
CANADIAN DOLLAR
ACCOUNT STATEMENT

MAR. 31
2026

Page 1 of 3

Your Account Number: 505-19334-1-3

GLENGARRY MEMORIAL HOSPITAL
ENDOWMENT FUND
20260 COUNTY ROAD 43
ALEXANDRIA ON K0C 1A0

Date of Last Statement: DEC. 31, 2025

ADVISORY TEAM

Investment Advisor(s):

Blake Hambleton
(613) 933-2080

Team Member(s):

Jenna Garnier
(613) 930-2075

Branch Address:

10 3rd Street East
Cornwall, Ontario
K6H 2C7

Fax: 613-933-8475

Toll Free: 1-800-567-2127

Branch Manager:

Scott MacKinnon Matt Pestell
613-721-8035 - 613-749-3166

ASSET SUMMARY

	MARKET VALUE AT MAR. 31	PERCENTAGE OF MARKET VALUE
Cash	\$74.29	0.03 %
Fixed Income	\$229,690.23	99.97 %
Preferred Shares	\$0.00	0.00 %
Common Shares	\$0.00	0.00 %
Mutual Funds **	\$0.00	0.00 %
Foreign Securities	\$0.00	0.00 %
Managed Assets	\$0.00	0.00 %
Other	\$0.00	0.00 %
Total Value	\$229,764.52	100.00 %

INCOME SUMMARY

	THIS MONTH	YEAR-TO-DATE
Dividends	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Other	\$0.00	\$0.00
Total Income	\$0.00	\$0.00

CASH BALANCE

ACCOUNT TYPE	OPENING BALANCE AT FEB. 27	CLOSING BALANCE AT MAR. 31
Cash	\$74.29	\$74.29

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0025984 -DSC46



Regulated by CIRO
Canadian Investment
Regulatory Organization



RBC Dominion Securities Inc.
CANADIAN DOLLAR
ACCOUNT STATEMENT

MAR. 31
2026

Your Account Number: 505-19334-1-3

2 of 3

ASSET REVIEW

(Exchange rate 1USD = 1.39275 CAD as of MAR. 31, 2026)

SECURITY SYMBOL	QUANTITY/ SEGREGATED	MKT. PRICE	BOOK COST	MARKET VALUE
FIXED INCOME				
B2B BANK	62,000	102.977	62,000.00	\$63,846.05
GIC - ANNUAL COMPOUND DUE 05/28/2027 3.540%	62,000			
VERSA BANK	61,000	102.977	61,000.00	\$62,816.28
GIC - ANNUAL COMPOUND DUE 05/28/2027 3.540%	61,000			
LAURENTIAN BANK	50,000	103.027	50,000.00	\$51,513.95
GIC - ANNUAL COMPOUND DUE 05/29/2028 3.600%	50,000			
LBC TRUST	50,000	103.027	50,000.00	\$51,513.95
GIC - ANNUAL COMPOUND DUE 05/29/2028 3.600%	50,000			
Total Value of Fixed Income			223,000.00	\$229,690.23
Total Value of All Securities			223,000.00	\$229,690.23

↑
ENDOWMENT

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DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: April 29, 2026 Meeting Date Prepared for: Finance, HR and Audit Committee - May 13, 2026
 Subject: Water main entrance replacement
 Prepared by: Linda S. Ramsay, VP of Corporate Services and CFO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

To request approval for a change in the 2026-2027 capital plan infrastructure request: specifically to replace the water main entrance replacement project (\$ 200,000) with the Electrical Upgrade Engineering fees for the same amount.

RECOMMENDATION/MOTION

That the Finance, HR and Audit Committee recommend to the Board of Directors that the capital plan item “Water Main Entrance Replacement” be replaced with “Electrical Upgrade Engineering Fees” in the amount of \$ 200,000.

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.

With the new fiscal year beginning April1, 2026, preparation commenced for the replacement of the water main entrance.

During this process, the Township attended on site to address a malfunction related to the water meter. While completing this work, Township representatives indicated that, in their option, the water main entrance did not appear to require replacement.

Subsequently, The Hospital engaged Adam MacDonald Plumbing Inc. to conduct an independent inspection and provide a report on the condition of the water main entrance. The findings were as follows:

- Everything with the water main system including the gaskets and seals at the time of inspection appeared to be in good working condition, with no visual signs of leaks noted.
- There is minor rusting but this will occur on metal pipe from condensation that occurs during summer months (cold water running and hot temperatures) a proper clean up of the room, and cleaning the surface rust up while protecting it with a rust inhibitor would be beneficial.

At this time there seems to be no need to replace the water entrance system coming in as everything is working as it should be. If a leak or repair is needed, it is best to address it on a case by case basis.

As previously discussed at Board meetings, the Hospital is planning an electrical infrastructure upgrade to support safe operations and planned future initiatives, including the implementation of CT scanning services.

To advance this project in a timely manner, WSP has provided a proposal for engineering services, including preparation of an RFP and partial project oversight in the amount of \$ 286,000.

Funding has been requested through Ontario Health East under the Hospital Infrastructure Renewal Fund (HIRF) as part of the Exceptional Circumstances Program (ECP). A funding decision is anticipated in Q1, according to Ontario Health East.

Given the importance of maintaining project timelines, the Hospital is proposing to proceed with WSP's service prior to confirmation of funding.

Should ECP funding not be approved, preliminary discussions have already been initiated with the Hospital's banking institution regarding the potential for long-term debt financing to support the project.

OPTIONS CONSIDERED & ANALYSIS

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

Option 1 – Wait for HIRF Funding decision

- Delays initiation of the electrical upgrade project.
- Delays implementation of CT scan services

Option 2 – Reallocate Capital Funds (Recommended)

- Advances project initiation ahead of funding confirmation
- Supports timely execution of the electrical upgrade
- Aligns with planned CT scan implementation timelines
-

Option 3 – Secure long term debt after funding decision

- Further delays project planning and initiation
- Postpones implementation of CT scan services

Option 2 is recommended as it best supports project timelines and alignment with planned clinical services expansion.

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.

Operational Impact

Proceeding at this time supports critical timelines for the introduction of the CT scan services. Reallocating the existing \$ 200,000 within the capital plan allows the project to be without delay.

Strategic Impact

Advances the Hospital's diagnostic imaging capabilities and supports long-term service expansion.

Financial Impact

No net increase to the 2026-2027 capital plan, as the \$ 200,000 allocation is being reallocated. The remaining balance of \$ 86,000 (difference between \$ 286,000 and \$ 200,000) will be funded through ECP funding if approved, or alternatively through long-term debt.

The recommendation is based on the following key considerations:

- Ensuring patient and staff safety
- Improving infrastructure reliability and redundancy
- Enabling CT and future clinical services
- Aligning with provincial funding opportunities
- Supporting responsible long-term asset management

CONSULTED WITH:

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

- Robert Alldred-Hughes, President and CEO
- Julie Larose, Manager Support Services
- Linda Ramsay, VP Corporate Services & CFO

DOCUMENTS:

- Adam MacDonald Plumbing Inc. report



Adam MacDonald Plumbing Inc.

5357 County Road 27
Williamstown, ON K0C 2J0

Phone: 613-551-7238

info@adammacdonaldplumbing.ca

www.adammacdonaldplumbing.ca

April 22nd, 2026

20260 County Rd 43
Alexandria, ON K0C 1A0

To Whom it May Concern,

Re: Water Main Inspection Report

On April 21st, 2026, the plumber arrived, at, 20260 County Rd 43, Alexandria, ON, and proceeded with a to inspection the water main of the building;

- Everything with the water main system including the gaskets and seals at the time of inspection appeared to be in good working condition, with no visual signs of leaks noted.
- There is minor rusting but this will occur on metal pipe from condensation that occurs during summer months (cold water running and hot temperatures) a proper clean up of the room, and cleaning the surface rust up while protecting it with a rust inhibitor would be beneficial.

At this time there seems to be no need to replace the water entrance system coming in as everything is working as it should be. If a leak or repair is needed, it is best to address it on a case by case basis.

We trust this meets your requirements and if you have any questions, please contact us at info@adammacdonaldplumbing.ca

Sincerely,

Adam MacDonald, Master Plumber/Owner
Adam MacDonald Plumbing Inc.
5357 Country Road 27
Williamstown, ON K0C 2J0

MONTHLY DECLARATION OF COMPLIANCE



HÔPITAL
**Glengarry
Memorial**
HOSPITAL

The declaration of compliance is submitted by the Chief Financial Officer to the Finance Committee for the period of February 1, 2026 to February 28, 2026.

I, Linda S. Ramsay, Chief Financial Officer, hereby state that, to the best of my knowledge and belief and having made reasonable inquiries, that the following have been met.

I, Robert Alldred-Hughes, Chief Executive Officer, hereby state that, to the best of my knowledge and belief and having made reasonable inquiries, that the following have been met.

I. All expenses paid for the period stated above are valid operating expenses and have the appropriate documentation to support them.

II. All payments made relating to compensation have been met in the appropriate time frame:

- a) Employee remuneration
- b) Statutory remittances (Receiver General, Ministry of Finance and Workplace Safety and Insurance Board)
- c) Healthcare of Ontario Pension Plan
- d) Bargaining Units – union dues

III. All capital expenses paid for the period stated above are capital expenses, as previously approved by the CEO and/or the Board and have the appropriate documentation to support them.


Signature - CEO

May 6, 2026

Date


Signature - CFO

April 15, 2026

Date

GLENGARRY MEMORIAL HOSPITAL
 BROADER PUBLIC SECTOR EXPENSE REPORTING

REPORTING PERIOD: October 1, 2025 to March 31, 2026

NAME: Mrs. Rachel Romany

TITLE: VP of Clinical Services, Quality and Chief Nursing Executive

Date(s)	Expense Amount by Category								Description
	Travel								
	Vehicle/Mileage	Train/Air	Taxi	Accomodation	Parking	Meal	Hospitality	Total	
Nov 24 2025	\$128.70				\$8.67	\$56.33		\$193.70	Local meeting - regional initiatives (Ottawa)
TOTAL	\$128.70	\$0.00	\$0.00	\$0.00	\$8.67	\$56.33	\$0.00	\$193.70	

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 6, 2026 Meeting Date Prepared for: May 13, 2026
 Subject: HGMH Talent Management Program
 Prepared by: Kayla MacGillivray, CHRO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- To present the HGMH Talent Management Program and actions taken to incorporate the program into operations of the hospital.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- A talent management program is a comprehensive process used by organizations to attract, develop, and retain skilled employees, aligning their skills and abilities with the company's strategic goals. It focuses on improving employee performance, career development, and overall organizational agility.
- The HGMH Talent Management Program was updated in 2024.
- The HGMH Talent Management Program has 7 phases:
 - Workforce planning and talent acquisition
 - Performance management
 - Employee development
 - Succession planning
 - Compensation and rewards
 - Engagement and retention
 - Employee transition
- Changes since the 2025 update include:
 - Purchase of a Learning Management System to be implemented in 2026.
 - Update performance excellence appraisal system.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Talent Management Program Policy



Talent Management Program

May 2026 Update



HÔPITAL
**Glengarry
Memorial**
HOSPITAL



April 23, 2025

Page 20 of 27

What is a Talent Management Program?



A talent management program is a comprehensive process and strategy for attracting, developing, engaging, and retaining employees with the skills and knowledge needed to achieve organizational goals.

The HGMH Talent Management Program has 7 phases:

- a) Workforce planning and talent acquisition
- b) Performance management
- c) Employee development
- d) Succession planning
- e) Compensation and rewards
- f) Engagement and retention
- g) Employee transition



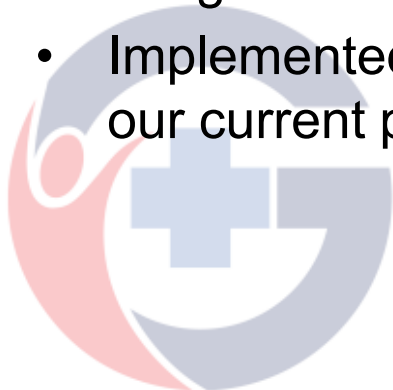
Workforce Planning and Talent Acquisition



To ensure the hospital has the right people in the right roles to meet current and futures needs.

How do we accomplish this:

- Strategic Recruitment Initiatives
- Streamlined and Inclusive Hiring Practices
- Data-Driven Workforce Forecasting
- Integrated Planning Across Departments
- Implemented a new Applicant Tracking System that integrates with our current payroll and scheduling systems.



JOIN OUR TEAM

Make a difference in the lives
of our patients and community

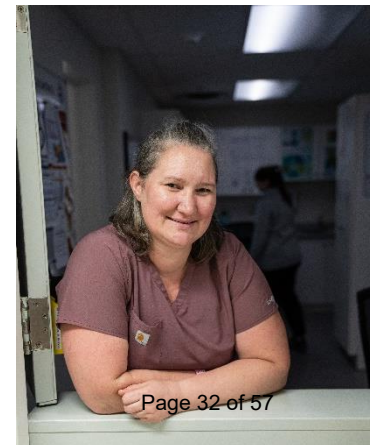
Performance Management



To establish clear performance expectations and provide feedback for continuous improvement.

How do we accomplish this:

- Probationary Evaluations
- Updated Digital Performance Excellence Program
- Executive Leadership Performance Excellence & Business Commitments
- As-needed Performance Management
- Attendance Management



Employee Development



To empower employees to enhance their skills and advance their careers within the organization.

How we accomplish this:

- Ongoing Education and Professional Development Support
- Leadership and Career Growth Opportunities
- Performance Development and Coaching Culture
- Implementation of a Learning Management System in 2026 will help track education hours and compliance.



Succession Planning



To ensure a pipeline of qualified talent for key positions within the organization.

How do we accomplish this:

- Partnerships with High Schools, Colleges, Universities
- Great River Ontario Health Team and Hospital Human Resource Ontario East collaborations
- All senior and leadership roles are key to HGMH's Succession Plan, using a four-step approach to identify high-potential or fully competent individuals for immediate or future needs. This allows us to support strategic priorities, workforce sustainability, and high-quality patient care continuity while nurturing internal talent



Compensation & Rewards



To attract, retain, and motivate employees through competitive compensation and recognition programs.

How we accomplish this:

- Maintaining Competitive Compensation
- Offering Comprehensive and Inclusive Benefits Packages
- Celebrating Excellence through Recognition Programs



Engagement & Retention



To create a positive work environment where employees feel valued, motivated, and committed to the organization.

How we accomplish this:

- Promoting a Culture of Respect, Inclusion, and Belonging
- Supporting Employee Wellness and Work-Life Balance
- Encouraging Transparent Communication and Staff Engagement



Employee Appreciation Day  HÔPITAL Glengarry Memorial HOSPITAL Journée d'appréciation des employés





Employee Transition

To facilitate smooth transitions for employees entering new positions within the organization

How we accomplish this:

- Structured Onboarding and Orientation Programs
- Role-Specific Training and Mentorship
- Regular Check-ins During Transition Periods
- Assigning learning profiles for roles in a Learning Management System coming in 2026.





Questions?



HÔPITAL
**Glengarry
Memorial**
HOSPITAL



DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 6, 2026 Meeting Date Prepared for: May 13, 2026
 Subject: HGMH Psychological Safety Program
 Prepared by: Kayla MacGillivray

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- To provide an overview of the Psychological Safety Program at HGMH and roll-out plan.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- Healthcare workers face increasing psychological demands including workload pressures, exposure to trauma, workplace violence, burnout, and moral distress.
- These challenges can impact employee well-being, retention, absenteeism, engagement, and patient care.
- A psychologically safe workplace supports employees in speaking up, reporting concerns, and seeking support without fear of stigma or reprisal.
- Under Ontario’s Occupational Health and Safety Act, employers are required to take every reasonable precaution to protect worker health and safety, including risks related to workplace harassment and violence.
- Psychological health and safety is increasingly recognized as a key component of occupational health, workplace culture, and quality patient care.
- The National Standard of Canada for Psychological Health and Safety in the Workplace (CAN/CSA-Z1003-13/BNQ 9700-803) provides a framework for addressing psychological hazards in the workplace.
- Implementing a Psychological Safety Program will help establish a proactive and sustainable approach to:
 - Promoting employee well-being
 - Preventing psychological harm
 - Supporting respectful workplace practices
 - Improving engagement, retention, and workplace culture
 - Supporting safe, high-quality patient care

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Psychological Safety Policy
- Psychological Safety Program



HGMH's Psychological Health & Safety Program



HÔPITAL
**Glengarry
Memorial**
HOSPITAL

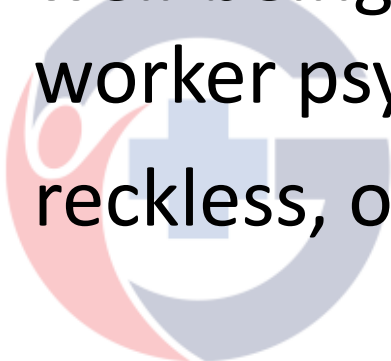


What is Psychological Safety?



The absence of harm and/or threat of harm to mental well-being that a worker might experience.

A psychologically health and safe workplace promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways



The National Standard of Canada for Psychological Health & Safety in the Workplace



Created in 2013, the Standard specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace.

This Standard provides a framework to create and continually improve a psychologically healthy and safe workplace, including:

- a) the identification and elimination of hazards in the workplace that pose a risk of psychological harm to a worker;
- b) the assessment and control of the risks in the workplace associated with hazards that cannot be eliminated;
- c) implementing structures and practices that support and promote psychological health and safety in the workplace; and
- d) fostering a culture that promotes psychological health and safety in the workplace.

Program Purpose & Guiding Principles



The purpose of this program is to create and sustain a psychologically safe workplace where employees feel respected, valued, and supported. This aligns with HGMH's commitment to patient-centered care, staff well-being, and compliance with the National Standard of Canada.

Guiding Principles

1. **Dignity & Respect** – All staff are treated fairly and inclusively.
2. **Equity & Accessibility** – Policies and supports are accessible to all employees.
3. **Collaboration** – Staff and leaders share responsibility for a safe, supportive environment.
4. **Prevention First** – Proactive measures to identify and address psychological hazards.
5. **Continuous Improvement** – Regular review and improvement of psychological health initiatives.

Objectives of the Program



- Promote a culture of trust, openness, and inclusion.
- Prevent workplace factors that can cause psychological harm (bullying, harassment, workload imbalance, stigma).
- Build organizational capacity to support resilience, engagement, and well-being.
- Provide clear processes for reporting, addressing, and resolving concerns.
- Support compliance with Occupational Health & Safety Act and the National Standard of Canada.

Program Components



1. Leadership Commitment
2. Policy Review
3. Risk Assessment & Prevention
4. Training & Awareness
5. Reporting & Support Systems
6. Employee Engagement & Collaboration
7. Monitoring & Continuous Improvement



Roles & Responsibilities



- **Senior Leadership**– Ensure resources, oversight, and accountability.
- **Managers** – Promote team well-being, address concerns early, lead by example.
- **Employees** – Engage respectfully, use support resources, contribute to a safe environment.
- **Joint Health & Safety Committee** – Monitor and review program outcomes, recommend improvements.



Metrics



- Staff engagement survey results.
- Rates of reported incidents (harassment, bullying, workload concerns).
- Utilization of EFAP and peer supports.
- Staff retention and absenteeism trends.



Program Roll Out



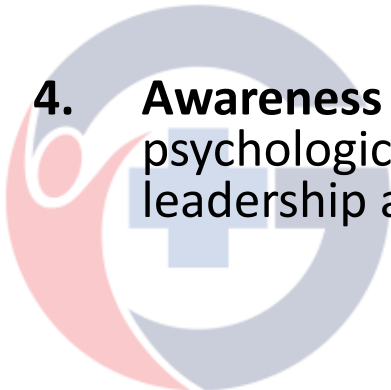
- Year 1: Build leadership commitment, establish policies and raise awareness.
- Year 2: Embed practices into daily operations and strengthen employee voice.
- Year 3: Institutionalize the program and ensure long-term sustainability.



Next Steps: 2026-2027



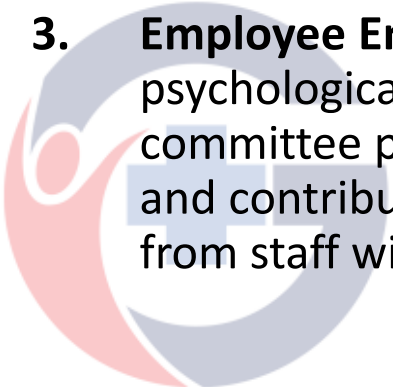
- 1. Leadership Commitment & Endorsement:** Senior Leadership signs formal statements of commitment. Psychological safety is incorporated into strategic/operation plan (complete).
- 2. Policy Alignment:** Update Workplace Violence and Harassment Prevention policy to include psychological safety. Ensure alignment with the Occupational Health & Safety Act and Human Rights Code.
- 3. Baseline Assessment:** Conduct organization-wide psychological hazard and risk assessment (surveys, focus groups, incident reviews). Establish baseline measures: sick leave, staff turnover, engagement survey data.
- 4. Awareness & Training:** Launch all-staff orientation module on psychological safety. Begin manager/supervisor training on supportive leadership and early intervention.



Next Steps: 2027-2028



- 1. Expanded Training:** provide mandatory psychological safety training for all employees, integrated into onboarding and annual education. Leaders will receive targeted training focused on supportive leadership behaviours, respectful communication, and responding appropriately to psychological safety concerns.
- 2. Reporting & Support Systems:** maintain a confidential and accessible process for reporting psychological safety concerns and will clearly communicate how concerns are reviewed and addressed. Employees will have access to timely, fair, and trauma-informed support following reported concerns or critical incidents. Mental health and wellness resources, including EFAP, will be actively promoted and made easy to access.
- 3. Employee Engagement:** Actively engage employees in shaping a psychologically safe workplace through regular surveys, staff forums, and committee participation. Employees will be encouraged to share feedback and contribute to solutions at both the unit and organizational level. Input from staff will be used to inform continuous improvement efforts.



Next Steps: 2028-2029



- 1. Embed in Leadership Performance:** Integrate psychological safety expectations into leadership performance evaluations, operational planning expectations, and the decision-making process.
- 2. Evaluate:** Conduct a formal psychological health and safety evaluation aligned with the National Standard of Canada and use results to drive continuous improvement.
- 3. Reporting:** Establish ongoing reporting to senior leadership to ensure accountability and sustainability.





Questions?



HÔPITAL
**Glengarry
Memorial**
HOSPITAL



Document Name:	Psychological Safety Program		
Document Number:	COR.08.020.0.26		
Review Period:	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	Manual: N/A	
Classification: Corporate	Section: Human Resources		
Owner: Human Resources	Signing Authority: Leadership		

POLICY STATEMENT:

The purpose of this program is to create and sustain a psychologically safe workplace where employees feel respected, valued, and supported. This aligns with HGMH's commitment to patient-centered care, staff well-being, and compliance with the National Standard of Canada.

DEFINITIONS:

Psychological Safety: The absence of harm and/or threat of harm to mental well-being that a worker might experience. A psychologically health and safe workplace promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways

PROCEDURE:

1. Leadership Commitment

- Senior Leadership will endorse and support the Psychological Health & Safety Program.
- Psychological safety principles will be integrated into strategic and operational planning.
- Oversight will be aligned with existing health and safety structures, including the Joint Occupational Health and Safety Committee (JOHSC), which also supports monitoring under the Workplace Violence & Harassment Prevention Policy ([COR.11.003.X.XX](#)).
- Regular reporting on psychological safety indicators will be provided to senior leadership.

2. Identification & Assessment of Psychological Hazards

- HGMH will identify and assess workplace factors that may pose a risk to psychological health, including but not limited to:
 - Workload demands and scheduling pressures
 - Incivility and interpersonal conflict
 - Role clarity and organizational change
 - Exposure to traumatic or distressing events
- Assessment methods may include staff surveys, focus groups, incident trend analysis, and workforce metrics.
- Findings that indicate potential violence or harassment risks will be escalated and managed in accordance with the Workplace Violence & Harassment Prevention Policy.

Effective: Jan 2026	Last review/revision: Jan 2026	Next review: Jan 2029
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Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

3. Prevention, Training & Awareness

- Psychological safety education will be provided to all employees through orientation and ongoing training.
- Leader training will reinforce:
 - Supportive and respectful leadership behaviours
 - Early identification of psychological safety risks
 - Appropriate referral to formal processes under the Workplace Violence & Harassment Prevention Policy when required
- Training will align with and reinforce expectations outlined in the Education, Training, and Development for Staff policy ([COR.07.003.X.XX](#)).

4. Reporting & Support Processes

- Employees may report psychological safety concerns using established reporting channels.
- Reports involving allegations of violence or harassment will be managed under the Workplace Violence & Harassment Prevention Policy, including investigation and resolution processes.
- Psychological safety concerns not meeting the definition of violence or harassment will be addressed through supportive, trauma-informed, and just culture approaches.
- Employees will have access to supports such as EFAP and critical incident debriefing, regardless of whether a formal complaint is initiated.

5. Employee Engagement & Collaboration

- Employees will be engaged through surveys, staff forums, and committee participation to identify risks and solutions related to psychological safety.
- Feedback trends that suggest systemic risks for violence or harassment will be shared with appropriate leadership and committees for action under both this procedure and the Workplace Violence & Harassment Prevention Policy.
- Shared responsibility for psychological safety will be reinforced across all levels of the organization.

6. Monitoring, Evaluation & Continuous Improvement

- Program effectiveness will be monitored using indicators such as:
 - Staff engagement and psychological safety survey results
 - Trends in reported concerns (psychological safety, violence, harassment)
 - Absenteeism, turnover, and EFAP utilization
- A formal psychological health and safety evaluation will be conducted periodically and aligned with the National Standard of Canada.
- Outcomes will inform updates to both this procedure and the Workplace Violence & Harassment Prevention Policy to ensure alignment and continuous improvement.

7. Documentation & Reporting

- Documentation related to assessments, actions, and improvements will be maintained in accordance with HGMH policy.
- Psychological safety data will be reported alongside workplace violence and harassment data to provide a comprehensive view of workplace health and safety.

ROLES & RESPONSIBILITIES

Senior Leadership– Ensure resources, oversight, and accountability.

Managers – Promote team well-being, address concerns early, lead by example.

Employees – Engage respectfully, use support resources, contribute to a safe environment.

Joint Health & Safety Committee – Monitor and review program outcomes, recommend improvements.

CROSS-REFERENCED POLICIES:

Policy Number	Policy Name
COR.11.003.X.XX	Workplace Violence and Harassment Prevention
COR.07.003.X.XX	Education, Training and Development for Staff

REFERENCES:

1. Canadian Standards Association. (2022). *Psychological health and safety in the workplace* (CAN/CSA-Z1003-13/BNQ 9700-803/2013 [R2022]). CSA Group.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: February 10, 2026 Meeting Date Prepared for: May 13, 2026
 Subject: EPIC Implementation Update
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

To provide the Board of Directors with an update on the status of Hôpital Glengarry Memorial Hospital’s participation in the Atlas Alliance Epic EMR implementation, including overall progress and readiness as the project advances toward go-live.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

SITUATION & BACKGROUND

A brief description of the background to the issue.

- The Atlas Alliance Epic EMR implementation continues to progress satisfactorily and remains on track for the planned October 24, 2026 go-live. The project has successfully completed core build activities and transitioned into the readiness phase, representing a significant shift from system design to operational implementation.
- Testing activities are well underway, with application testing complete and integrated testing in progress. At the same time, readiness work is advancing across clinical, operational, and technical areas, including data conversion, interface testing, and workflow validation.
- The project is now entering a critical stage focused on training and end-user readiness. Credentialed trainer programs and training registration are underway, with staff and physicians preparing to engage in training over the coming months. This phase represents the point at which the system becomes embedded into day-to-day operations.
- HGMH continues to be actively engaged across all aspects of the implementation and is aligned with regional planning and timelines.

Budget: The Atlas Alliance EPIC implementation project remains on track financially, with a \$734,118 positive variance of budget over actual.

The HGMH Component of the is also on track as outlined below in an Epic Project Budget vs. Actual:

Timeline	Q1 (25/26)	Q2 (25/26)	Q3(25/26)	Q4(25/26)	Q1 (26/27)	Q2(26/27)	Q3(26/27)	Q4 (26/27)
Budget	\$1,130,753	\$173,504	\$445,646	\$213,667	\$417,807	\$326,538	\$257,556	\$160,323
Actual	\$ 719,167	\$130,143	\$234,794	\$145,349				
Variance	\$ 411,586	\$43,361	\$210,852	\$68,319				



Year to Date Spend: \$1,229,453

Overall, the project continues to progress satisfactorily, with an October 2026 go-live still targeted. Major build milestones have been achieved, testing is underway, and attention is now shifting toward readiness, training, and operational preparation in the months ahead.

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.

Impact Analysis

The project continues to position HGMH for a successful transition to a modern, integrated electronic medical record. As the organization moves further into readiness and training, the impact is becoming more operational, with increased engagement from frontline teams and leaders.

Implementation of Epic will strengthen quality and safety through improved access to information, standardized workflows, and enhanced clinical decision support. It will also improve integration with regional partners, supporting more coordinated and seamless patient care.

In the near term, the shift to training and readiness will require focused organizational effort and coordination. This includes supporting staff through change, ensuring adequate training coverage, and maintaining operational stability while preparing for go-live.

Risk Assessment

At this stage, risks are consistent with a project of this scale and are being actively managed at both the Alliance and local levels. The overall program remains stable, with no issues requiring escalation.

Key areas of focus include maintaining momentum in testing and readiness activities, ensuring training capacity and participation, and advancing data and system readiness. Some elements of the broader Alliance work, such as order set development, data quality, and training coordination, require continued attention; however, mitigation strategies are in place and progress is being made.

Locally, efforts are focused on ensuring training readiness, supporting staff participation, and aligning workflows ahead of go-live. Continued engagement and oversight will be important as the project moves through this next phase.

CONSULTED WITH:

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

- Jen Mattice, Manager of Projects, Emergency Preparedness & Security
- Dave Lorimer, Project Lead, and Manager of Information Technology
- Linda Ramsay, Vice President of Corporate Services & CFO