

Board of Directors In Camera Meeting Agenda

Date: Thursday, May 28, 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 - April 23, 2026	P. 3-4
2.2 Business arising from minutes	
3. Matters for Discussion/Decision	
3.1 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 5-6
3.2 Foundation Updates (L. Boyling)	
3.3 2026 Board Award of Excellence (C. Nagy / R. Alldred-Hughes) THAT the Board of Directors approve the recipients of the Board Award of Excellence for 2026 as presented.	P. 7-12
3.4 HIROC Report (H. Salib / R. Alldred-Hughes) THAT the Quality & Patient Safety Committee review and receive the Hospitals Insurance Reciprocal of Canada historical claims submission.	P. 13-18
3.5 Hospital Services (H. Salib / Dr. L. MacKinnon)	P. 19-22
3.6 Board Candidates (L. Boyling) THAT the Board of Directors bring forward the nominations of new Directors during the Annual General Meeting as presented.	P. 23-60
4. Consent Agenda	
4.1 Draft MAC Report	P. 61-65
4.2 Draft Finance, HR, and Audit Committee In Camera Report	P. 66
4.3 Professional Staff HR Plan	P. 67-68
4.4 Physician Engagement Survey Results	P. 69
THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
5. Meeting Without Staff	
5.1 Executive Compensation 2025-2026 (Dr. S. Robertson) THAT the Board of Directors approve the pay for performance in relation to the results achieved for 2025-2026 as presented.	P. 70-75
5.2 Chief of Staff Term Renewal (Dr. S. Robertson) THAT the Board of Directors approve the final renewal of a two (2) year term of Chief of Staff, Dr. L. MacKinnon.	
5. Adjournment (Dr. S. Robertson)	

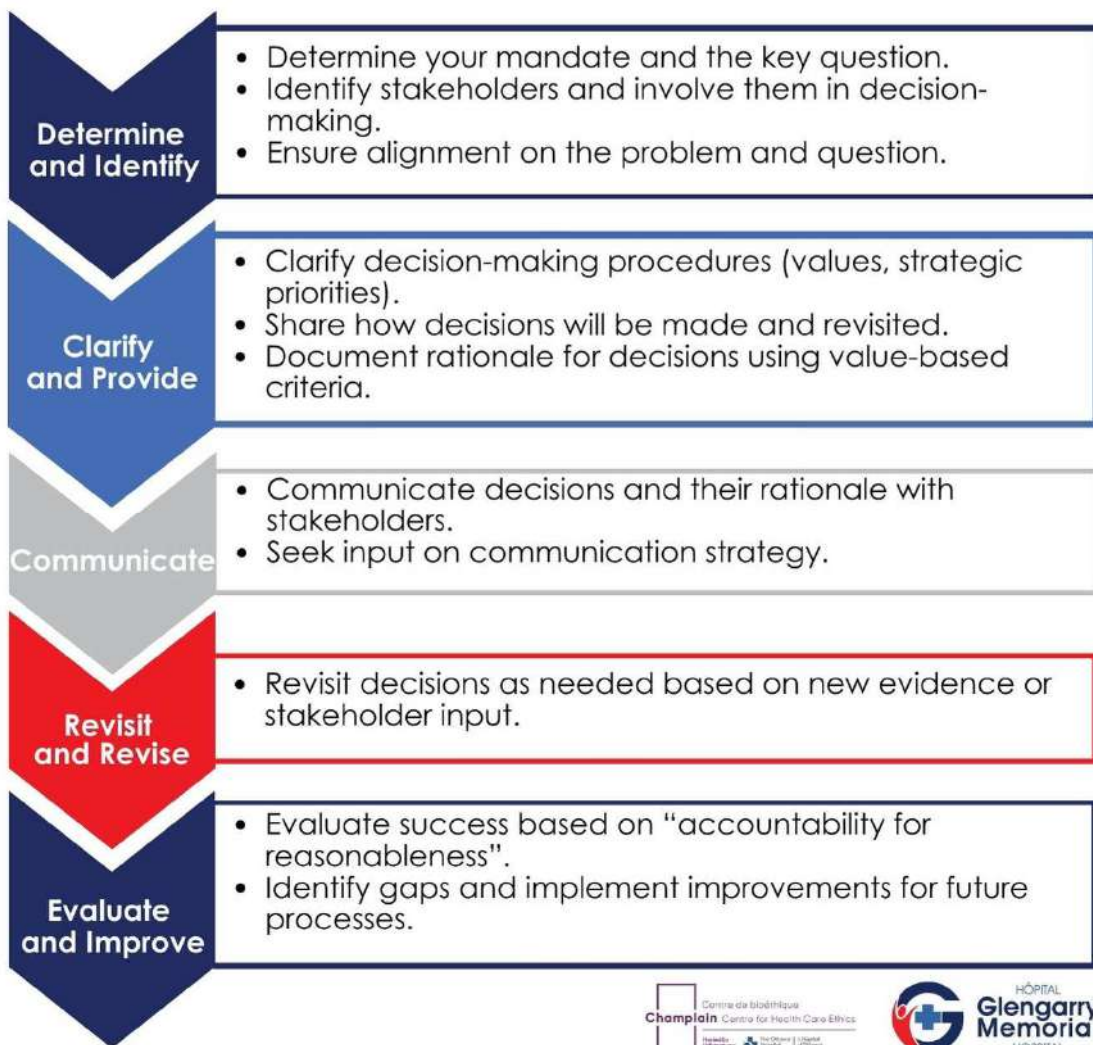


Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

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, April 23, 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	G. McDonald	Dr. G. Raby
	H. Salib	Dr. R. Cardinal	R. Alldred-Hughes, CEO
	L. Ramsay, CFO	K. MacGillivray, CHRO	
Regrets:	Dr. L. MacKinnon, COS	R. Romany, CNE	

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 5:39pm.

1.1. Quorum

A quorum was present.

1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: G. Peters

Seconded By: C. Larocque

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: H. Salib

Seconded By: Dr. G. Raby

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

CARRIED

3. Matters for Discussion/Decision

3.1 Foundation Updates

500 tickets have been printed for the Dream Raffle in which the board were asked to help with the sale of the tickets. The draw will be held on June 24th.

The Foundation is looking for members to join the board in which recruitment has begun.

3.2 Report of the Chief of Staff

Work remains ongoing for recruitment and accepting medical students.

3.3 Prior Board Applicant Discussion

Discussion ensued around having a pharmacist join the board in which it was noted that a couple of years ago, legal was consulted and it was agreed by the board at that time that this could be perceived as a conflict of interest within the community.

This will go back to the Governance & Nominating committee for further discussion, and the applicant would be considered based on their competencies.

3.4 Personal Business Commitment Results for 2025-2026

The results of the personal business commitments for 2025-2026 were shared.

Moved By: Dr. R. Cardinal

Seconded By: H. Salib

THAT the Board of Directors review and receive the results of the Personal Business Commitments of the CEO and COS for 2025-2026 as presented.

CARRIED

3.5 Personal Business Commitments 2026-2027

The personal business commitments of the CEO and COS for 2026-2027 were shared.

Moved By: C. Larocque

Seconded By: C. Nagy

THAT the Board of Directors approve the Personal Business Commitments of the CEO and COS for 2026-2027 as presented.

Discussion ensued around looking at how the board can get involved in strategic planning and capital planning. This will be achieved in stage 1.2 of capital planning. Language will be added to the CEOs personal business commitments around this.

The process on how the strategic plan came about is unclear to several members but will be addressed at the retreat in the fall.

CARRIED

4 Consent Agenda

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

4.1 Draft Report of the Executive Committee Meeting

Moved By: F. Desjardins

Seconded By: C. Larocque

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

CARRIED

Adjournment

The meeting adjourned at 6:22pm.

K-L Massia, Recording Secretary

Report of the Chief of Staff June 2026

Physician Recruitment Update

We are actively recruiting:

- 2-4 locum, Emergency Department physicians to provide approximately 5–6 shifts per month, including vacation coverage.
- 1-2 locum, Inpatient physicians to ensure consistent coverage for Medicine and Rehabilitation services during vacation periods.
- 2 family practice physicians; we have 2 vacant family practice spaces available for lease with attached coverage for the Inpatient and/or emergency departments.

Expressions of Interest:

We have sent out 5 application packages, and four of the five distributed application packages have been returned and waiting on a few more items to call them complete. 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.

- Three 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.

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 October 2026 with only 1 vacant week in September.

Recruitment Initiatives

- Attendance at the Rural & Remote conference in Quebec City included staffing the GROHT-funded booth, reinforcing the importance of maintaining a strong presence at recruitment events. It was noted that while some learners were aware of the organization, others were unfamiliar with the hospital, highlighting ongoing visibility challenges for rural recruitment.
- S. Laframboise recently attended the CaSPR conference, which focuses on physician recruitment and retention strategies.
- S. Laframboise will represent the hospital at the GROHT booth at upcoming fall recruitment events, including:
 - FMF Conference (Family Medicine Forum),
 - FMRQ (Fédération des médecins résident-e-s),
 - uOttawa Family Medicine Job Fair.

Medical Learners

To further strengthen recruitment efforts, we are focusing on building our Medical Student/Resident program.



- From April 2025 to March 31, 2026, we hosted 14 different medical learners and residents, this was an impressive achievement! Feedback from the students/residents and universities has been very positive.
- We are currently preparing for the Rural Community/Discovery Weeks, May 25-29 and June 1-5. We are working with ERMEP and are expecting 2 students each week from Ottawa and Queen's University combined.
- A third-year medical student from Queen's University will be with us from June 1-September 4, 2026. She will be completing her family practice component with Dr. Crevier.
- A medical resident who was with us for electives in family practice, inpatient and emergency experience, is scheduled to join us for her POCUS Fellowship from July 29-September 22, 2026. She has requested an application for privileges and is hoping to moonlight in ED or Inpatient on days where she is not scheduled for Fellowship hours.

Education

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

- The first session, *Exploring Hospital Legal Accountabilities*, April 16th.
- The second session, *Understanding Hospital Funding and Accountability*, May 7th.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 6, 2026 Meeting Date Prepared for: May 13, 2026 – Finance
May 28, 2026 - Board
 Subject: 2026 Board Award of Excellence
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- The purpose of this briefing note is to present the nominees for the Board Award of Excellence.

RECOMMENDATION/MOTION

That the Finance, HR and Audit Committee recommend to the Board of Directors the recipients for the 2026 Board Award of Excellence as presented.

SITUATION & BACKGROUND

- Rewards and recognition is an important component to celebrating the accomplishments of people within an organization. As such, in 2023 the Board Award of Excellence was created as a way to celebrate the achievements of people within HGMH and is to be presented yearly at the Annual General Meeting. (Refer to Board Award of Excellence Policy BOD.06.001.X.XX)
- The award is a way for the Board to highlight their appreciation to the people of HGMH, and also recognize superior work performance while adding another element to the Annual General Meeting.

IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

- This is a peer nominated award and the winner is to be selected based on the following range of criteria:
 - significant achievement in person and family centred care, or service to a patient and family;
 - an extraordinary commitment to patient safety, has championed a new initiative or process, or has thought of an innovative solution to a patient safety concern;
 - significant accomplishment in the management of people, financial or material resources;
 - successful completion of a major project or special assignment in a manner beyond what would normally be expected; and,
 - an outstanding initiative which has resulted in significant monetary and/or non-monetary benefits to HGMH in regards to increasing efficiency, effectiveness, improving patient care or displaying innovation and creativity in their work environment.
- Nominees:**
 - Jennifer Mattice, Manage of Projects, Emergency Preparedness, and Security
 - Ashley Morriw, Food Service Supervisor
 - Morgan Leroux, PTA/OTA
 - Kelsey Duval, Manager of Emergency Department and Respiratory Services
 - Dr. Julie Crevier, Family Physician
 - Dr. Sara Farmer, Emergency Physician & Chief of Emergency

- After careful consideration, the Senior Leadership Team recommends that Jennifer Mattice and Dr. Julie Crevier be selected as the recipients of the Board Award of Excellence for 2026.
 - Jennifer Mattice is being recommended in recognition of her outstanding leadership and contributions over 15 years of service at HGMH. Jennifer played a key role in leading the organization through a highly successful Accreditation Canada cycle, achieving Accreditation with Exemplary Standing. Her innovative, collaborative, and highly organized approach strengthened staff engagement, emergency preparedness, patient safety, and operational effectiveness across the organization.
 - Dr. Julie Crevier is being recommended in recognition of the exceptional impact she has made since joining HGMH. Through her patient-centred, solutions-focused approach, Dr. Crevier has improved care coordination, access to primary care, and collaboration with community partners. Her leadership and commitment to improving the patient and family experience have already made a meaningful contribution to the organization.

CONSULTED WITH:

- Senior Leadership

IMPLEMENTATION & COMMUNICATION PLAN

- May 13 – Recommendation at Finance Committee Meeting
- May 28 – Approve recommendation at Board of Directors
- May 29 – Announce Nominees via memo to all staff and include in Bi-Weekly Blitz
- June 25 – Present Award to recipient at AGM

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Board Award of Excellence Nominations

Board Award of Excellence Nominations 2026

I wish to nominate:	Explain the reason for nomination:
1 Jennifer Mattice	<p>I'm pleased to nominate Jen Mattice for the Board Award of Excellence in recognition of her outstanding leadership during our recent accreditation cycle. Accreditation can easily become a stressful, "check-the-box" exercise—but under Jen's creative and organized leadership, it became something much more meaningful. She didn't just coordinate the process; she brought it to life and made it part of our everyday work.</p> <p>She went above and beyond in every sense—developing organized tracking tools and spreadsheets to keep us on track, while also finding creative ways to engage staff. From visual and artistic touches to monthly games and team activities, she created an environment where people actually wanted to be involved. That level of engagement is not easy to achieve.</p> <p>Because of her approach, accreditation standards weren't just something we prepared for—they became something we understood, talked about, and incorporated into our daily practice. Staff felt included, supported, and accountable, and I believe it strengthened our team as a whole.</p> <p>What stands out most is her ability to balance structure with creativity. She kept us organized and focused, while also building energy and momentum across the team. The impact of her work will last well beyond the accreditation visit, and right into preparation for the next!</p> <p>I strongly believe Jen deserves this recognition.</p>
2 Jennifer Mattice	<p>I am nominating Jen Mattice for her outstanding contributions as Project Manager and her significant impact across multiple organizational initiatives. Jen demonstrated exceptional leadership and organizational expertise in managing the hospital's accreditation process this winter. Her meticulous attention to detail, proactive planning, and ability to anticipate needs ensured that every aspect was thoughtfully considered. As a result, the process was not only seamless but also a positive and engaging experience for staff across the organization. Jen is a large reason as to why the hospital got accreditation with exemplary standing.</p> <p>She consistently brings a strong problem-solving mindset and is highly approachable, always willing to support teams and individuals in navigating challenges. Jen's collaborative approach fosters confidence and promotes a culture of teamwork and shared success. She also leads emergency preparedness for the organization, where her tabletop exercises are meticulously planned, realistic, and thoughtfully executed. These exercises not only strengthen staff readiness and confidence but also reinforce a culture of patient safety and continuous improvement.</p> <p>In addition, Jen successfully led the Emergency Department relocation and renovation project—an initiative of considerable complexity and stress. Through her careful coordination, clear communication, and ability to manage competing priorities, she ensured that all elements were addressed thoroughly, helping to ease the transition for staff while maintaining a focus on patient care and safety.</p> <p>Jen's work reflects an extraordinary commitment to operational excellence, innovation, and patient-centred care. Her leadership has resulted in improved efficiency, strengthened team collaboration, and enhanced overall organizational effectiveness. She consistently goes above and beyond expectations, making her highly deserving of this recognition.</p>
3 Jennifer Mattice	<p>I am pleased to nominate this outstanding nurse for the Board Award of Excellence in recognition of her invaluable contributions to the success of our recent accreditation and her exceptional commitment to emergency preparedness. Her extensive knowledge, attention to detail, and dedication were instrumental in ensuring our organization met and exceeded required standards. She consistently goes above and beyond to strengthen our preparedness efforts, helping to build a culture of safety, readiness, and continuous improvement. Her leadership, reliability, and passion for excellence have had a lasting impact on both our team and the quality of care we provide.</p>
4 Ashley Morrow	<p>I am pleased to nominate Ashley for the Board Excellence Award in recognition of her exceptional growth, leadership, and dedication over the past year. Since stepping into the supervisor role, she has demonstrated a remarkable commitment to both her team and the patients we serve. She quickly embraced the responsibilities of leadership, consistently showing initiative, accountability, and a strong desire to learn and improve. Over time, she has not only built confidence in her role but has also earned the trust and respect of her colleagues through her supportive and approachable leadership style.</p> <p>She has taken meaningful steps to strengthen team engagement, improve daily operations, and ensure a high standard of service within the dietary department. Her passion for her work is evident in the way she motivates staff, addresses challenges proactively, and continuously looks for opportunities to enhance patient care and service delivery.</p> <p>What stands out most is her willingness to go above and beyond. She leads by example, remains calm and solution-focused under pressure, and consistently demonstrates professionalism and compassion in all aspects of her work.</p> <p>Her growth over the past year has been impressive, and she has truly earned her place as a supervisor. I strongly believe she embodies the values of excellence, teamwork, and commitment that this award represents.</p>
5 Morgan Leroux	<p>I would like to nominate a truly exceptional member of our Allied Health team, Morgan Leroux, for the Board Award of Excellence. Morgan is someone who goes above and beyond every single day and she does it in a way that feels effortless and genuine.</p> <p>Her dedication to patient care is evident in every interaction. She approaches her work with a level of compassion and authenticity that cannot be taught. Patients and colleagues alike feel seen, heard, and valued because of her genuine kindness and unwavering commitment to doing what is right. She doesn't just meet expectations, she quietly and consistently exceeds them.</p> <p>What sets her apart is not only her caring nature, but her drive to make things better. She is always looking for ways to improve processes and enhance care delivery, bringing forward thoughtful ideas and solutions that positively impact both patients and staff. Her contributions often extend beyond her defined role, demonstrating a deep sense of accountability and pride in her work.</p> <p>She is also a trusted and respected team member who leads by example. Her positive attitude, strong work ethic, and willingness to support others create a ripple effect across the organization. Whether stepping in to help a colleague, advocating for a patient, or refining a process, she does so with humility and purpose.</p> <p>In every sense, she embodies excellence. Her daily actions reflect the values we strive to uphold as an organization, and her impact is felt far and wide.</p> <p>For her outstanding contributions, her commitment to continuous improvement, and the genuine care she brings to everything she does, I believe Morgan is a great candidate for the Board Award of Excellence.</p>

6	Kelsey Duval	<p>I would like to nominate Kelsey Duval for her dedication to the Emergency room, raising the standard of care we provide and always ensuring her staff and patients are safe. Since Kelsey started at the GMH her commitment to the department and hospital is evident every day. She is always interacting with the nurses, doctors and support staff to ensure the resources are provided. She is there to support family members when a loved one is critically ill. With our recent renovations both her and Jennifer Mattice ensured an easy transition to our temporary location. She was in the hospital many additional hours to ensure a safe transition. I am at a loss for words (which is rare for me), I will leave it at this final comment. She is an incredible team member and she elevates all of those around her. Thank you for taking the time to consider Kelsey for this award.</p>
7	Kelsey Duval	<p>I am pleased to nominate Kelsey Duval, Manager, Emergency Department and Respiratory Services, for the Board Award of Excellence in recognition of her outstanding leadership, innovation, and commitment to patient care at Hôpital Glengarry Memorial Hospital. Kelsey has demonstrated significant achievement in advancing person- and family-centred care through her leadership in the P4R program. By helping to secure funding for a second Emergency Department physician dedicated to rapid zone cases, she has directly improved patient flow, reduced wait times, and enhanced timely access to care. This initiative has had a meaningful impact on both patient experience and clinical outcomes, reflecting her strong commitment to delivering the right care at the right time.</p> <p>Her extraordinary commitment to patient safety and quality care is further demonstrated through her evidence-informed approach to decision-making. Drawing on her experience from larger centres, including The Ottawa Hospital, Kelsey leveraged data and best practices to successfully advocate for the purchase of respiratory equipment essential to supporting safe, high-quality patient care. Her ability to translate knowledge into action has strengthened clinical capacity and ensured that patients receive care aligned with current standards.</p> <p>Kelsey also exemplifies excellence in the management of people and resources. She is a driving force behind mentorship, professional development, and continuous learning within her teams. She fosters an environment where staff feel supported, empowered, and accountable, contributing to strong team engagement and performance. Her leadership style not only builds individual capacity but also strengthens the overall culture of the Emergency Department and Respiratory Services.</p> <p>Beyond individual initiatives, Kelsey consistently demonstrates innovation, strategic thinking, and a results-oriented approach. Her work has led to measurable improvements in efficiency, effectiveness, and patient care delivery. She is widely respected as a role model who leads by example and inspires those around her to strive for excellence. Kelsey Duval embodies the values of Passion, Accountability, Compassion, and Teamwork in her daily work. Her contributions have had a lasting and meaningful impact on HGMH, and she is highly deserving of recognition through the Board Award of Excellence.</p>
8	Dr. Julie Crevier	<p>I am pleased to nominate Dr. Julie Crevier for a Board Award of Excellence in recognition of her strong commitment to patient care and her contributions to Hôpital Glengarry Memorial Hospital.</p> <p>Dr. Crevier brings a clear focus on doing what is right for patients. She has played an important role in improving how we connect patients to primary care, helping ensure better continuity and follow-up beyond their hospital visit. This work has had a meaningful impact on patient and family experience, particularly for those who might otherwise struggle to access ongoing care.</p> <p>She approaches her work with a practical, “get it done” attitude. When she sees a gap or an opportunity to improve care, she takes action. She is solutions-focused and works through challenges with a steady, thoughtful approach that keeps patient needs at the centre.</p> <p>Dr. Crevier is also highly collaborative. She works well with colleagues across the organization and with community partners, helping to strengthen relationships and create more coordinated care pathways. Her ability to bring people together and move work forward has contributed to real improvements in how we deliver care.</p> <p>Through her efforts, Dr. Crevier has supported better access, improved coordination, and more patient-centred care at HGMH. She is a valued member of the team and very deserving of this recognition.</p>
9	Jenn Matice	<p>Jenn takes on many tasks and always executes them with precision.</p> <p>She developed the Wizarding World to engage staff prior to and for accreditation. A noticeable amount of effort was put into making this initiative fun for the staff; with many encouraging emails, posters and prizes. It was a good example of a special assignment implemented with accuracy and rigor.</p> <p>Jenn continues to oversee security with detailed instructions and guidance. Increase vigilance was required during the recent re location of the ER Department and with many complex logistical moving parts, I'm sure it was not an easy task. Jenn remained available and approachable.</p> <p>Just a few small examples of Jenn's scope, she is also an excellent listener with a very pleasant personality.</p> <p>Jenn definitely meets the criteria for this award.</p> <p>Thank you</p>
10	Kelsey Duval	<p>I would like to nominate Kelsey Duval for her outstanding contributions and leadership. Kelsey truly exemplifies the PACT values of HGMH through her dedication, professionalism, and commitment to excellence.</p> <p>Kelsey has made significant strides within the Emergency Department and is highly respected by her team, colleagues, and physicians alike. She is deeply committed to continuously improving the care we provide and is a strong advocate for both patients and staff.</p> <p>One clear example of her impact is the implementation of P4R, which has resulted in a significant reduction in our LWBS (Left Without Being Seen) numbers, as well as a noticeable improvement in time to physician initial assessment. These measurable improvements are clear evidence of Kelsey's ability to identify gaps, implement meaningful changes, and positively influence patient outcomes.</p> <p>Despite ongoing staffing constraints, Kelsey remains proactive and solution-focused, consistently working to minimize disruptions and support team cohesion. She leads with integrity, collaboration, and resilience, and is widely recognized as a dedicated and respected leader within the department.</p> <p>Kelsey's hard work, innovation, and commitment to continuous improvement make her an exceptional candidate for this nomination.</p>

11	Kelsey Duval	<p>Dear HGMH Board of Directors,</p> <p>I am writing to formally nominate Kelsey Duvall, Manager, Emergency Department & Respiratory Care, for the Board Award of Excellence. Kelsey consistently exceeds the award's criteria through her extraordinary commitment to the management of human resources, departmental efficiency, and overarching patient care.</p> <p>Her leadership is defined by unparalleled dedication and operational agility. Kelsey makes herself available to her team continuously and leads by example. She frequently dons scrubs to provide direct clinical support during critical staffing shortages and remains on-site into the early morning hours to manage surge capacity, ensuring departmental stability is never compromised.</p> <p>Furthermore, Kelsey is an exemplary mentor to both nursing staff and physicians. She utilizes highly refined interpersonal skills to foster a collaborative environment, actively engaging her team in creative problem-solving and systemic troubleshooting. Her administrative efficacy is evident in her rigorous responsiveness; every piece of feedback or departmental complaint is systematically actioned, driving continuous, localized improvement. Remarkably, she maintains this rigorous operational tempo while concurrently advancing her own expertise through Master's-level studies.</p> <p>Kelsey Duvall embodies the collaborative, responsive, and deeply committed leadership that is essential to the function of our Emergency Department. Her tangible impact on both staff morale and patient safety makes her an ideal candidate for this recognition.</p>
12	Jennifer Mattice	<p>Dear HGMH Board of Directors,</p> <p>I am writing to formally nominate Jennifer Mattice, Manager of Projects, Emergency Preparedness, and Security, for the Board Award of Excellence. Over the past several years, Jenn has been the quiet architect behind several of HGMH's most critical infrastructural and operational successes. While she does not occupy a direct patient-facing role, her behind-the-scenes leadership has systemically advanced patient care, safety, and financial optimization across every department.</p> <p>Jenn's recent portfolio of achievements unequivocally satisfies the award's criteria regarding the execution of major, complex projects and the championing of innovative administrative solutions:</p> <p>Accreditation Transformation: Jenn fundamentally shifted our accreditation paradigm. Rather than treating it as a transient administrative burden, she fostered cross-departmental engagement over many months, seamlessly integrating accreditation standards into our daily operational culture.</p> <p>EMR Project Management: They are currently instrumental in the rigorous project management and strategic planning required for our upcoming Electronic Medical Record (EMR) system integration. Her foresight and organizational acumen are establishing the critical framework necessary to ensure continuity of care, data integrity, and structural efficiency during this impending transition.</p> <p>ED Flooring Project: She adeptly managed the logistical complexities of the Emergency Department flooring initiative, proactively coordinating departmental movements to maintain operational integrity and patient safety during physical disruptions.</p> <p>What distinguishes Jen is her unassuming efficacy. She operates almost entirely in the background, yet her foundational work manifests in highly visible, downstream clinical improvements. Her initiatives have yielded significant monetary and non-monetary benefits for HGMH, streamlining resource management, increasing institutional efficiency, and mitigating patient safety concerns.</p> <p>Jen Mattice is a vital operational engine of this hospital. Recognizing her with the Board Award of Excellence would serve as a powerful acknowledgement of the profound, systemic impact that our dedicated, non-clinical leaders have on our overarching standard of care.</p>
13	Dr. Sarah Farmer	<p>I would like to nominate Dr. Sarah Farmer for the Board Award of Excellence in recognition of her outstanding leadership, collaboration, and commitment to patient care at HGMH.</p> <p>Dr. Farmer has demonstrated exceptional leadership in working collaboratively with our Emergency Physicians to develop a new payment structure—no small feat, and one that required trust, persistence, and strong relationship-building. Her ability to bring people together around a shared solution reflects both her credibility and her commitment to doing what is right for the team and for patient care.</p> <p>She is a strong and consistent advocate for safe, high-quality care, and regularly represents the hospital in partnership with the Foundation to support donor engagement and community connection. Dr. Farmer has a natural ability to build meaningful relationships, contributing to a culture where people feel seen, heard, and valued.</p> <p>In addition, she has taken on a significant leadership role in our Epic implementation as a primary physician lead. Her dedication to ensuring the success of this complex transformation, while continuing her clinical responsibilities, speaks to her commitment to the organization and its future.</p> <p>What makes Dr. Farmer truly stand out is how she balances all of this with genuine warmth and approachability. Even while managing the demands of her role, a growing family, and life outside of work, she remains deeply engaged and supportive of those around her.</p> <p>Dr. Farmer's leadership, compassion, and contributions make her highly deserving of this recognition.</p>
14	Morgan Leroux	<p>I would like to nominate Morgan Leroux for the Board Award of Excellence in recognition of the meaningful impact she has had on both patient care and team effectiveness at HGMH.</p> <p>Morgan took the initiative to develop a reference binder to support staff in selecting the appropriate patient surfaces. This has become a practical, go-to resource for the team and has helped improve consistency in care and support patient safety in a very tangible way. It's a great example of taking best practice and making it usable in a real-world setting.</p> <p>She also put significant effort into organizing shared storage spaces so they better meet both clinical and administrative needs. This work has made a noticeable difference in how teams access supplies and function day to day, helping reduce inefficiencies and create a more organized and supportive environment.</p> <p>What really stands out about Morgan is how she shows up for patients. She brings a positive, encouraging energy that helps motivate patients to engage in their rehabilitation and feel confident in their progress. She builds trust easily and creates a space where patients feel supported and part of their own recovery.</p> <p>Morgan consistently goes above and beyond in ways that make a real difference. Her work may not always be highly visible, but the impact is felt every day by both patients and staff. She is very deserving of this recognition.</p>

15	Jennifer Mattice	<p>I am pleased to nominate Jennifer Mattice for the Board Award of Excellence in recognition of her outstanding leadership in guiding HGMH to Accreditation with Exemplary Standing. Jennifer successfully led this complex, organization-wide initiative in a manner well beyond expectations. She brought accreditation to life through a creative and engaging approach that energized staff, strengthened accountability, and reinforced our commitment to patient safety and quality care. Her ability to balance high expectations with meaningful support ensured teams were both challenged and set up for success. Jennifer was instrumental in achieving 100% compliance with Required Organizational Practices, strengthening our systems and embedding sustainable improvements in patient safety and care delivery. Her leadership not only resulted in a significant organizational achievement but has left a lasting impact on our culture, engagement, and overall effectiveness. Jennifer's contributions reflect exceptional leadership, innovation, and a deep commitment to excellence.</p>
16	Jennifer Mattice	<p>I am pleased to nominate Jen Mattice, Manager of Projects, Emergency Preparedness and Security, for the Board Award of Excellence in recognition of her outstanding contributions to Hôpital Glengarry Memorial Hospital. Jen consistently demonstrates an extraordinary commitment to excellence through her high energy, meticulous attention to detail, and unwavering dedication to patient safety and organizational effectiveness. She is a natural collaborator who actively seeks input from relevant stakeholders, anticipates barriers to implementation, and ensures that initiatives are not only successful but sustainable. Her ability to bring structure, clarity, and momentum to complex work makes her an invaluable asset to our organization.</p> <p>Two key areas exemplify Jen's exceptional impact:</p> <ol style="list-style-type: none"> 1. Accreditation Canada Leadership and Organizational Excellence Jen assumed the role of Accreditation Facilitator and led what has been, in my 26 years at HGMH, the most successful Accreditation Canada cycle I have experienced. She introduced a unifying theme that brought cohesion and purpose to the process, and developed monthly educational assignments that fostered engagement, learning, and even healthy competition among teams. Her innovative tracking tools—particularly a comprehensive and user-friendly spreadsheet—ensured accountability and transparency, keeping all departments aligned and on track. This initiative reflects not only a significant accomplishment in managing complex organizational processes, but also a remarkable ability to engage staff, build capacity, and elevate performance beyond expectations. 2. Advancement of Emergency Preparedness and Patient Safety Through her leadership of the Emergency Preparedness Committee, Jen successfully implemented a new standard with the same level of organization, rigor, and enthusiasm. Her work strengthened hospital-wide readiness and significantly enhanced patient and staff safety. She approached this initiative with foresight, ensuring that processes were practical, well-communicated, and embedded into daily operations. This work demonstrates an extraordinary commitment to patient safety, as well as innovation in developing and implementing systems that improve organizational resilience and effectiveness. Jen's contributions extend far beyond the completion of projects. She transforms how work is done. Her initiatives have resulted in meaningful improvements to efficiency, staff engagement, and the overall quality and safety of care provided at HGMH. Quite simply, our hospital is safer, more organized, and better positioned for success because of her dedication and leadership. Jen exemplifies the values of Passion, Accountability, Compassion, and Teamwork in everything she does. I cannot think of a more deserving candidate for the Board Award of Excellence.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 5, 2026 Meeting Date Prepared for: May 13, 2026 – Quality
May 26, 2026 - Board
 Subject: HIROC Claims History
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

The purpose of this briefing note is to provide an overview of historical insurance file claims submitted to the Hospitals Insurance Reciprocal of Canada (HIROC) and to outline why the Board of Directors is reviewing this information.

RECOMMENDATION / MOTION

THAT the Board of Directors review and receive the Hospitals Insurance Reciprocal of Canada historical claims submission.

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.

- Hôpital Glengarry Memorial Hospital (HGMH) has a longstanding relationship with HIROC, our insurance provider.
- Over the years, HGMH has submitted insurance claims for incidents ranging from professional liability to property damage.
- As part of our ongoing commitment to quality improvement and risk management, the Board of Directors conducts a thorough review of our historical insurance file claims.
- This review aims to identify trends, patterns, and areas for improvement in our operations, patient care, and risk mitigation strategies. By analyzing past claims data, we can gain valuable insights into potential areas of vulnerability and take proactive measures to prevent future incidents.

OPTIONS CONSIDERED & ANALYSIS

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

- HGMH conducts quality reviews related to critical events, or events involving the care of our patients where there is opportunity to learn. These reviews can also lead to root cause analysis, risk assessments, and actions plans.
- When a Quality Review is conducted by the care team, the recommendations do come to the Quality Committee of the Board for awareness.
- In addition, reviewing claims history can help with identification of trends which analyze the frequency and nature of past insurance claims to identify any recurring patterns or trends. This may include common types of

incidents, departments or areas most frequently involved, and contributing factors such as human error or system failures. Upon review of the most recent history, there has not been any trends identified, as the one submissions do not have common factors, nor do the submissions from recent years.

- By conducting this comprehensive review of our historical insurance file claims, we can enhance our risk management practices, improve patient safety, and ultimately enhance the overall quality of care provided at HGMH.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- HIROC Claims Audit Report

April 02, 2026

PRIVILEGED AND CONFIDENTIAL

Glengarry Memorial Hospital
20260 County Road 43
Alexandria ON K0C 1A0

Dear Subscriber,

2025-2026 HIROC Claims Listing for Audit

The HIROC Claims Audit report is a complete listing of all liability claims (excluding supplemental HIV employee payments) reported to HIROC by your institution as at the close of business on March 31, 2026.

HIROC's practice is to notify by special letter those Institutions which have reported matters that are being dealt with subject to a Reservation of Rights letter or Non-Waiver agreement. I am pleased to confirm that there have been no matters reported by your Institution with any reasonable chance, in HIROC's opinion, of settling at or above the applicable policy limits.

This report contains privileged and confidential commercial and financial information related to legal claims submitted to HIROC, the disclosure of which would be harmful to HIROC and your institution. Information in the report may also be subject to legal privilege. The report must therefore be kept confidential and not disclosed to anyone other than the hospital's auditor without HIROC's express written permission.

This letter and report must be forwarded to your Auditor by your institution. We recommend that you password protect them. HIROC does NOT provide the letter and report to your Auditors.

If you have any questions or concerns, please email us at claimsauditreport@hiroc.com.

Yours very truly,



Gareth Lewis
Vice President, Claims



Accounting Date As Of: 31-Mar-2026

Claims Audit Report

Glengarry Memorial Hospital - 107254

Risk Name	Claim No	Coverage	Policy Year	Date of Loss	Date Reported	Indemnity Paid	Expense Paid	Total Paid	Reserved	Total Incurred	Date Closed	Claim Status	Claim Type
Glengarry Memorial Hospital	254-10552	A:Bodily Injury	2006	04-Nov-2006	20-Nov-2006	\$0.00	\$2,006.57	\$2,006.57	\$0.00	\$2,006.57	18-Dec-2007	CLOSED	Claim
Glengarry Memorial Hospital	254-11512	C: Prof Liab	2008	17-Jan-2008	05-Feb-2008	\$0.00	\$42,159.09	\$42,159.09	\$0.00	\$42,159.09	05-Jul-2012	CLOSED	Suit
Glengarry Memorial Hospital	254-11711	C: Prof Liab	2008	07-Mar-2008	07-May-2008	\$0.00	\$431.60	\$431.60	\$0.00	\$431.60	09-Jul-2009	CLOSED	Claim
Glengarry Memorial Hospital	254-12024	A:Bodily Injury	2008	28-Aug-2008	22-Sep-2008	\$0.00	\$1,737.96	\$1,737.96	\$0.00	\$1,737.96	25-Nov-2009	CLOSED	Claim
Glengarry Memorial Hospital	254-12247	B:Property Dam.	2008	31-Dec-2008	06-Jan-2009	\$634.13	\$863.96	\$1,498.09	\$0.00	\$1,498.09	17-Dec-2009	CLOSED	Claim
Glengarry Memorial Hospital	15548-01	C: Prof Liab	2009	03-Aug-2008	10-Nov-2009	\$0.00	\$5,259.91	\$5,259.91	\$0.00	\$5,259.91	19-Jan-2011	CLOSED	Claim
Glengarry Memorial Hospital	254-13007	C: Prof Liab	2009	27-Dec-2007	30-Oct-2009	\$0.00	\$43,300.67	\$43,300.67	\$0.00	\$43,300.67	27-Jul-2015	CLOSED	Suit
20260 County Road 43	15070-01	C: Prof Liab	2010	12-Jan-2010	13-Jan-2010	\$0.00	\$1,683.64	\$1,683.64	\$0.00	\$1,683.64	07-Jan-2011	CLOSED	Claim
20260 County Road 43	16296-01	C: Prof Liab	2010	07-Oct-2010	13-Oct-2010	\$0.00	\$1,935.36	\$1,935.36	\$0.00	\$1,935.36	28-Nov-2011	CLOSED	Claim
20260 County Road 43	17374-01	C: Prof Liab	2011	03-Feb-2009	07-Jun-2011	\$0.00	\$40,435.83	\$40,435.83	\$0.00	\$40,435.83	17-Oct-2014	CLOSED	Suit
20260 County Road 43	18346-01	D:Conting.Empl.	2011	30-Sep-2011	16-Dec-2011	\$0.00	\$5,610.62	\$5,610.62	\$0.00	\$5,610.62	26-Mar-2013	CLOSED	Suit
20260 County Road 43	20824-01	C: Prof Liab	2013	31-May-2013	03-Jun-2013	\$0.00	\$4,231.78	\$4,231.78	\$0.00	\$4,231.78	30-Jan-2014	CLOSED	Claim
Glengarry Memorial Hospital	20831-01	A:Bodily Injury	2013	03-Jun-2013	04-Jun-2013	\$0.00	\$5,002.00	\$5,002.00	\$0.00	\$5,002.00	03-Nov-2014	CLOSED	Claim
20260 County Road 43	22710-01	A:Bodily Injury	2014	19-Jul-2014	22-Jul-2014	\$0.00	\$2,146.57	\$2,146.57	\$0.00	\$2,146.57	26-Oct-2016	CLOSED	Claim
20260 County Road 43	25260-01	C: Prof Liab	2016	02-Nov-2014	15-Jan-2016	\$0.00	\$2,794.43	\$2,794.43	\$0.00	\$2,794.43	02-Jun-2017	CLOSED	Claim
20260 County Road 43	27445-01	C: Prof Liab	2017	10-Jun-2015	14-Mar-2017	\$0.00	\$2,549.58	\$2,549.58	\$0.00	\$2,549.58	29-Jun-2018	CLOSED	Claim
20260 County Road 43	27806-01	C: Prof Liab	2017	12-Aug-2016	25-May-2017	\$0.00	\$4,224.71	\$4,224.71	\$0.00	\$4,224.71	21-Feb-2019	CLOSED	Claim
20260 County Road 43	32563-01	C: Prof Liab	2019	30-Sep-2017	03-Sep-2019	\$12,500.00	\$20,493.76	\$32,993.76	\$0.00	\$32,993.76	26-Jan-2021	CLOSED	Suit
20260 County Road 43	33454-01	C: Prof Liab	2020	07-Jan-2018	05-Feb-2020	\$0.00	\$45,667.46	\$45,667.46	\$0.00	\$45,667.46	11-Oct-2023	CLOSED	Suit
20260 County Road 43	34382-01	C: Prof Liab	2020	26-Jun-2020	08-Jul-2020	\$64,000.00	\$7,563.42	\$71,563.42	\$0.00	\$71,563.42	17-Mar-2022	CLOSED	Claim
20260 County Road 43	41037-01	C: Prof Liab	2023	18-Jan-2022	06-Feb-2023	\$0.00	\$27,191.83	\$27,191.83	\$17,808.17	\$45,000.00		OPEN	Suit
20260 County Road 43	41242-01	C: Prof Liab	2023	03-Mar-2023	06-Mar-2023	\$0.00	\$5,721.10	\$5,721.10	\$0.00	\$5,721.10	21-Mar-2025	CLOSED	Claim
20260 County Road 43	42527-01	C: Prof Liab	2023	27-Jul-2023	09-Aug-2023	\$0.00	\$1,720.00	\$1,720.00	\$0.00	\$1,720.00	22-Jan-2025	CLOSED	Claim
20260 County Road 43	45615-01	A:Bodily Injury	2024	23-Aug-2024	09-Sep-2024	\$0.00	\$3,522.63	\$3,522.63	\$0.00	\$3,522.63	19-Nov-2025	CLOSED	Claim

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Accounting Date As Of: 31-Mar-2026

Claims Audit Report

Glengarry Memorial Hospital - 107254

Risk Name	Claim No	Coverage	Policy Year	Date of Loss	Date Reported	Indemnity Paid	Expense Paid	Total Paid	Reserved	Total Incurred	Date Closed	Claim Status	Claim Type
Glengarry Memorial Hospital 20260 County Road 43	47314-01	K3 EventSupExp	2025	03-Apr-2025	03-Apr-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	25-Nov-2025	CLOSED	Claim
20260 County Road 43	48225-01	A-Boodily Injury	2025	24-Jun-2025	14-Jul-2025	\$0.00	\$16,066.10	\$16,066.10	\$83,933.90	\$100,000.00		OPEN	Claim
20260 County Road 43	48312-01	A-Boodily Injury	2025	25-Jun-2025	16-Jul-2025	\$0.00	\$46.30	\$46.30	\$49,953.70	\$50,000.00		OPEN	Claim
20260 County Road 43	50063-01	C: Prof Liab	2026	05-Feb-2026	06-Feb-2026	\$0.00	\$0.00	\$0.00	\$22,000.00	\$22,000.00		OPEN	Claim
Total						\$77,134.13	\$294,366.88	\$371,501.01	\$173,695.77	\$545,196.78			

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Accounting Date As Of: 31-Mar-2026

Claims Audit Report

Claims Audit Report Liability & Crime

Policy Year	Open	Closed	Total Claims	Total Reserve	Indemnity Paid (O)	Expense Paid (O)	Total Open	Total Closed	Total Incurred
2006	0	1	1	\$0.00	\$0.00	\$0.00	\$0.00	\$2,006.57	\$2,006.57
2008	0	4	4	\$0.00	\$0.00	\$0.00	\$0.00	\$45,826.74	\$45,826.74
2009	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$48,560.58	\$48,560.58
2010	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$3,619.00	\$3,619.00
2011	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$46,046.45	\$46,046.45
2013	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$9,233.78	\$9,233.78
2014	0	1	1	\$0.00	\$0.00	\$0.00	\$0.00	\$2,146.57	\$2,146.57
2016	0	1	1	\$0.00	\$0.00	\$0.00	\$0.00	\$2,794.43	\$2,794.43
2017	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$6,774.29	\$6,774.29
2019	0	1	1	\$0.00	\$0.00	\$0.00	\$0.00	\$32,993.76	\$32,993.76
2020	0	2	2	\$0.00	\$0.00	\$0.00	\$0.00	\$117,230.88	\$117,230.88
2023	1	2	3	\$17,808.17	\$0.00	\$27,191.83	\$45,000.00	\$7,441.10	\$52,441.10
2024	0	1	1	\$0.00	\$0.00	\$0.00	\$0.00	\$3,522.63	\$3,522.63
2025	2	1	3	\$133,887.60	\$0.00	\$16,112.40	\$150,000.00	\$0.00	\$150,000.00
2026	1	0	1	\$22,000.00	\$0.00	\$0.00	\$22,000.00	\$0.00	\$22,000.00
Total	4	24	28	\$173,695.77	\$0.00	\$43,304.23	\$217,000.00	\$328,196.78	\$545,196.78

Claim Type: Claim = non-litigated (no Statement of Claim served); Suit = litigated (Statement of Claim served)

Open claim status: includes Open, Re-open, Abeyance, Abeyance-Infant

Total Reserve = Total Indemnity Reserve + Total Expense Reserve

Expense Paid (O) = Paid Expense, for Open claims

Indemnity Paid (O) = Indemnity Paid, for Open claims

Total Open = Total Reserve + Paid Indemnity + Paid Expense, for Open claims

Total Closed = Total Reserve + Paid Indemnity + Paid Expense, for Closed claims

Total Incurred = Total Open + Total Closed

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DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 4, 2026 Meeting Date Prepared for: May 13, 2026 – Quality
May 28, 2026 - Board
 Subject: HGHM 2026 Hospital Services
 Prepared by: Dr. Lisa MacKinnon, Chief of Staff

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

To provide the Board with an overview of current hospital services, recent service enhancements, and key service gaps impacting access, patient flow, and quality of care. This report is intended to support ongoing planning and inform future resource and service development decisions.

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.

HGMH currently delivers a range of acute, inpatient, outpatient, and diagnostic services supporting a broad patient population.

Core service areas include:

- Emergency Services
- Inpatient Care (Medicine and Rehabilitation)
- Outpatient and Ambulatory Clinics
- Diagnostic Imaging & Testing
 - Ultrasound
 - X-ray
 - Bone Mineral Density (BMD)
 - Pulmonary Function Testing
- Allied Health Services

Specialty and clinic-based services currently include:

- Minor Surgical Procedures
- Urology
- Gynecology
- Endoscopy
- Respiriology
- Interventional Pain Services
- Telemedicine

Recent Service Enhancements

Over the past year, targeted recruitment efforts have resulted in the addition of key specialty services, improving local access to care and supporting quality outcomes:

Hematology (Outpatient Clinics)

A hematologist was successfully credentialed to provide outpatient consultation and follow-up care. This service enhances local access to specialized care for patients with hematologic conditions and reduces the need for out-of-region referrals.

Preliminary impacts include:

- Improved access to timely specialist consultation
- Reduced patient travel burden
- Enhanced continuity of care through local follow-up
- Strengthened collaboration with primary care and internal medicine

Physiatry (Inpatient Services)

A physiatrist was recruited to support inpatient care, with a focus on rehabilitation and functional recovery.

Early benefits include:

- Improved functional assessment and rehabilitation planning
- Enhanced interdisciplinary collaboration
- More coordinated discharge planning
- Support for optimizing patient outcomes and appropriate length of stay

These additions align with organizational priorities to improve access, reduce fragmentation of care, and strengthen service delivery within the community.

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.

Despite the breadth of services available, there are some priority gaps that have been identified that may impact quality, access, and system efficiency. The organization continues to actively explore and implement strategies to address these pressures and strengthen patient care delivery.

Social Work Support

The absence of dedicated social work services presents challenges in:

- Discharge planning and care transitions
- Access to community and mental health supports
- Coordination for complex and vulnerable patients

Impact:

- Increased length of stay
- Delayed discharges
- Potential for avoidable readmissions
- Disproportionate impact on vulnerable populations

Current Mitigation Strategies:

To address this gap, the hospital is currently in the process of submitting a Health System Funding Proposal (HSFP) to Ontario Health to establish an integrated discharge planning team. The proposed model is intended to strengthen care coordination, support timely discharge planning, improve transitions to community care, and enhance support for patients with complex social and healthcare needs.

Diagnostic Imaging Capacity (CT Scanner)

The current absence of on-site CT imaging has been identified as a key limitation in timely diagnosis and clinical decision-making. Patients requiring CT imaging must be referred to external facilities, which can introduce delays in both inpatient and outpatient care.

Impact:

- Delays in diagnosis and initiation of treatment
- Extended length of stay for inpatients awaiting imaging
- Increased need for patient transfers or external referrals
- Added burden on patients and families

Current Mitigation Strategies:

The hospital recently received approval for the implementation of a CT scanner, representing a significant advancement in local diagnostic capacity. Planning activities are currently underway to support implementation, including infrastructure, operational, and staffing considerations. Once operational, on-site CT imaging is expected to improve timely access to diagnostics, enhance clinical decision-making, reduce patient transfers, and support more efficient patient flow throughout the organization.

Pain Services Capacity

While not a core hospital service, demand for interventional pain services continues to exceed current capacity, resulting in extended wait times for patients requiring assessment and treatment.

Impact:

- Extended wait times for pain management services, currently exceeding 18 months
- Delays in treatment and symptom management for patients with chronic pain conditions
- Potential negative impacts on patient quality of life and functional status

Current Mitigation Strategies:

The organization continues to monitor wait list volumes. Existing interventional pain services continue to be offered within current resource limitations.

Orthopedic Services

In and around 2021, the hospital no longer had a local orthopedic clinic, resulting in patients requiring referral to external organizations for orthopedic consultation and follow-up care.

Impact:

- Reduced local access to orthopedic assessment and specialist care
- Increased travel requirements for patients and families
- Potential delays in consultation and treatment planning
- Increased reliance on external healthcare partners

Current Mitigation Strategies:

The organization continues to support patients through external referral pathways and partnerships with regional providers to facilitate access to orthopedic care. Opportunities to strengthen local musculoskeletal and rehabilitation supports continue to be explored as part of ongoing service planning discussions. Discussions continue with Dr. El Kurbo to potentially accommodate a return of this service.

Quality, Safety & Patient Experience Considerations

- Patient flow challenges, including delayed discharges due to higher ALC rates, may impact overall quality and patient experience
- Timely access to diagnostic imaging remains a key factor in clinical outcomes and care efficiency

No significant new service-related safety concerns have been identified; however, ongoing system pressures may elevate risk if not addressed.

SUMMARY

HGMH continues to provide a comprehensive range of hospital, diagnostic, and specialty services that support both acute and outpatient care needs within the community. Recent enhancements, including the addition of hematology and physiatry services, reflect ongoing efforts to improve local access to specialized care, strengthen interdisciplinary care delivery, and enhance patient outcomes.

At the same time, the organization continues to experience system pressures and identified service gaps that impact timely access to care, patient flow, and overall service efficiency. Key challenges include limited social work resources to support discharge planning and care transitions, the absence of on-site CT imaging, extended wait times for pain services, and the loss of local orthopedic clinic services.

The organization is actively pursuing strategies to address these gaps. Current initiatives include the submission of a Health System Funding Proposal to Ontario Health to establish an integrated discharge planning team, ongoing planning for implementation of an approved CT scanner, and continued collaboration with regional partners to support access to specialized services not currently available locally.

Continued focus on service enhancement, recruitment, and strategic partnerships will be essential to sustaining quality care, improving patient experience, and meeting the evolving healthcare needs of the population served.

CONSULTED WITH:

- R. Alldred-Hughes, President & CEO
- K. Duval, Manager Emergency Department and Respiratory Care

Reappointment of Directors for 2026-2027

Louise Boyling for a 2-year term
Gordon Peters for a 3-year term

Appointment of New Directors for 2026-2027

M. Nichols for a 2-year term to complete the term of a parting Director
K. McTaggart for a 3-year term
B. Pulice for a 3-year term

Board Director Term Expiry

	Director	Year Joined	Term Expiry (June)
1	L. Boyling	2021	2026 (2028)
2	C. Nagy	2022	2027
3	C. Larocque	2022	2027
4	Dr. R. Cardinal	2023	2028
5	M. Nichols (replacing Dr. G. Raby)	2026	2028
6	G. Peters	2023	2026 (2029)
7	F. Desjardins	2024	2028
8	G. McDonald	2024	2027
9	H. Salib	2024	2027
10	D. Elie	2025	2028
11	K. McTaggart	2026	2029
12	B. Pulice	2026	2029

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



To apply to be a member of the Hôpital Glengarry Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, fax, or email to the following address:

HGMH Administration
20260 County Road 43
Alexandria, ON K0C 1A0
Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.
Note: Please note this is strictly a volunteer position with no remuneration.

Name: <u>Brigitte Pulice (Blazina)</u>	Date of Birth: <u>April 4th, 1980</u>	
Addresses:	Business: <u>101 Tewesateni Rd, Akwesasne ont</u>	
	Home: <u>1-19564 County Rd 2, Summers town ont K0C 2E0</u>	
Telephone Numbers:	Business: <u>613-575-2341</u>	Home: <u>343-540-7651</u>
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):	<u>brigitte.pulice@akwesasne.ca</u>	

Please list current or prior board experience:

I do not have any prior board experience, however I do have experience being on Associations and evaluating Boards as part of Accreditation.

Which areas of board work are of particular interest to you? Quality and Patient Safety, Strategic alignment, advancing Cultural Safety, Workforce Sustainability in rural health care.

Languages spoken: English, french! Native language: English/french

Languages written: English, Intermediate french.

Please describe any linkages you may have had with various health care groups within the community:

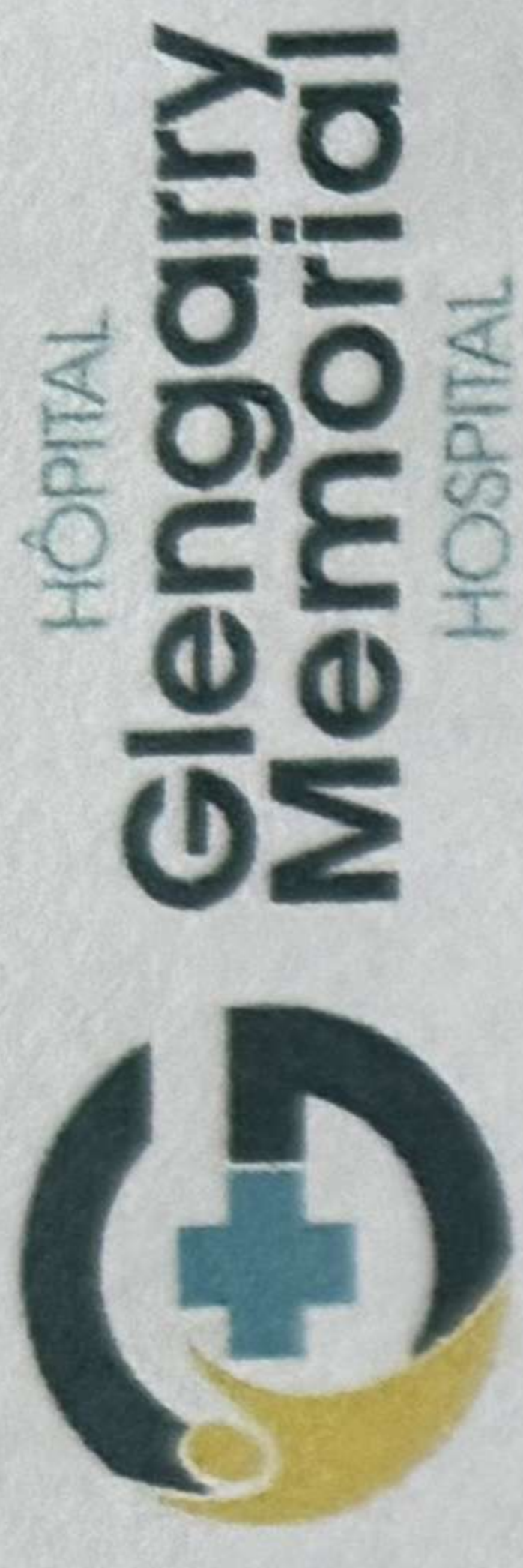
Collaborative relationships with Provincial and Federal health authorities, various hospitals, community health Centres, Indigenous Stakeholders, regulatory bodies and Post secondary Institutions (Queens, St Lawrence)

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

I do not have any conflict of interests.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Diversity Self-Assessment

HGMH gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

- Age:
- 18-25
 - 26-35
 - 36-45
 - 46-55
 - 56-65
 - 66-75
 - Over 75
- Gender - How do you identify?
- Man
 - Woman
 - Non-Binary
 - Transgender
 - Genderfluid or Genderqueer
 - Two-Spirit
 - Transgender Man
 - Questioning or unsure
 - Another gender identity (please specify): _____ Prefer not to answer

Sexual Orientation - Do you consider yourself to be:

- Asexual
- Bisexual
- Gay
- Pansexual
- Queer
- Questioning or unsure
- Straight/Heterosexual
- Two-Spirit
- Another sexual orientation (please specify): _____
- Prefer not to answer

Which of the following best describes your racial or ethnic group? (Check all that apply)

- Arab, Middle Eastern or West Asian
- Black
- East Asian
- Jewish
- Latin American
- South Asian
- Southeast Asian
- White
- Another race/ethnic group (please specify): Indigenous / First Nation
- Do not know
- Prefer not to answer

Person with a disability:

- Yes
- No
- Prefer not to answer

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

I do not have any conflict of interest.

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.
- (f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month. The term will be either for 2 years or 3 years.
- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working co-operatively and respectfully with other board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the hospital, the hospital's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

Please refer to Duties and Expectations of a Director for further details.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.

April 10th, 2026
Date

[Handwritten Signature]
Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

BRIGITTE PULICE, RN, BScN, MSc (Healthcare Quality)

OBJECTIVE

Experienced, strategic, and results-driven Indigenous healthcare leader seeking to contribute to a community-focused organization through strong leadership, relationship-building, and high-quality care delivery.

SUMMARY OF QUALIFICATIONS

- Strategic healthcare leader with nearly 20 years of progressive experience across hospital, home care, community health, public health, and primary care settings
 - Extensive expertise in strategic planning, operational planning, and human and financial resource management
 - Over 14 years of experience collaborating with federal and provincial governments, as well as local and Indigenous health authorities
 - Proven success leading large-scale community health programs serving populations of 10,000+
 - Accreditation Canada Surveyor (2014–2024), specializing in Indigenous health service assessments
 - Skilled negotiator and trusted community liaison with strong relationship-building capabilities
 - In-depth knowledge of Ontario and Quebec healthcare legislation and regulatory requirements
 - Developed organizational ethics frameworks and led patient safety and incident investigation training for healthcare leaders
 - Extensive experience in emergency preparedness, pandemic planning, and risk management
 - Leader in quality improvement, patient safety, and program development initiatives
 - Demonstrated success managing multi-million-dollar budgets and meeting funding accountability requirements
 - Master's degree in Healthcare Quality with a focus on leadership, risk management, and organizational behaviour
 - Guest Lecturer at Queen's University (School of Nursing and Global Health programs)
 - Post-secondary educator in nursing, career development, and Indigenous health
 - Facilitator with the IDEAS Quality Improvement Program (Queen's University and Ministry of Health)
 - Extensive experience recruiting and retaining healthcare professionals, including physicians and nurse practitioners
 - Proven ability to lead, mentor, and manage large interdisciplinary teams
-

PROFESSIONAL EXPERIENCE

MOHAWK COUNCIL OF AKWESASNE – DEPARTMENT OF HEALTH

Associate Director of Clinical Care

2024 – Present

- Provide strategic and operational leadership to Primary Care, Home and Community Care, and Integrated Care Services
 - Oversee clinical program delivery to ensure safe, high-quality, culturally appropriate care
 - Lead system integration initiatives to enhance continuity of care across services
 - Support workforce planning, recruitment, and retention of healthcare professionals
 - Collaborate with leadership, community stakeholders, and government partners to advance health priorities
-

BAYSHORE HEALTHCARE

Director of Clinical Management & Program Manager, Community Health Worker Training

2019 – 2024

- Provide clinical leadership across multiple branches at a national and corporate level
 - Ensure clinical services meet best practice standards and regulatory requirements
 - Accountable for quality of care, compliance, and continuous quality improvement initiatives
 - Lead recruitment, performance management, and professional development of clinical leaders and staff
 - Liaise with provincial regulatory bodies and key stakeholders
 - Lead internal audits and quality management system initiatives
 - Developed and implemented a national Community Health Worker Training Program
 - Secured partnerships and funding to support program sustainability
-

THE OTTAWA HOSPITAL

Patient Safety Coordinator

2017 – 2019

- Analyzed organization-wide patient safety data to drive system-level improvements
 - Led incident investigations and presented findings to senior leadership and physicians
 - Delivered education on patient safety, quality improvement, and performance management
 - Developed the organization's Ethical Framework for incident investigations
 - Co-chaired the Ottawa Patient Safety Conference
-

MOHAWK COUNCIL OF AKWESASNE

Program Manager

2010 – 2017

- Managed community health programs serving over 10,000 members
 - Led a multidisciplinary team and supported program growth and expansion
 - Developed policies, procedures, and public health initiatives
 - Strengthened reporting outcomes to provincial and federal funders
 - Represented public health services at government and stakeholder meetings
 - Successfully recruited primary care providers to address service gaps
-

LAURENTIAN UNIVERSITY & ST. LAWRENCE COLLEGE

Nursing Instructor / Lecturer

2014, 2017

- Delivered nursing education and mentorship to students in clinical and classroom settings
-

CENTRE DE SANTÉ COMMUNAUTAIRE DE L'ESTRIE

Diabetes Nurse Educator

2005 – 2010

- Developed and implemented a comprehensive diabetes education program
 - Managed care for over 1,000 clients with diabetes and pre-diabetes
 - Improved program reach by over 50%
 - Delivered patient education, foot care, and chronic disease management support
 - Developed safety tools to prevent hypoglycemia and improve self-management
-

EDUCATION

McMaster University

Human Resources Diploma (*In Progress, 2025 – Current*)

Queen's University

Master of Science in Healthcare Quality (2015)

Trent University

Bachelor of Science in Nursing (2005)

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



To apply to be a member of the Hôpital Glengarry Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, fax, or email to the following address:

HGMH Administration
20260 County Road 43
Alexandria, ON K0C 1A0
Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.
Note: Please note this is strictly a volunteer position with no remuneration.

Name: Ken McTaggart		Date of Birth: 1963-02-23
Addresses:	Business: 1800 Alta Vista Drive, Ottawa, ON K1G 4J5	
	Home: 18638 Kenyon Concession Road 4, Maxville, ON K0C 1T0	
Telephone Numbers:	Business: 613-739-2493	Home: 613-290-6656
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):	mctaggartken@gmail.com	
Please list current or prior board experience:		
No formal board member experience. Have prepared materials for submission to the Canadian Blood Services Board of Directors, and presented on many occasions to the Safety, Science, and Ethics Committee of the Board.		
Which areas of board work are of particular interest to you?		
Strategy formulation and oversight; direction and oversight on quality of care and performance management		
Languages spoken:	English	Native language: English
Languages written:	English	
Please describe any linkages you may have had with various health care groups within the community:		
Limited as only moved to the area a little over a year ago. Am retiring at the end of 2025 from a career working primarily in the medical device and blood industries, with the past 22 years at Canadian Blood Services. I would like to continue contributing to health care and making a difference in the lives of patients, albeit in a different way.		

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

No conflicts of interest to disclose.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Eligibility Criteria and Conditions of Appointment

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- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.
- (f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month. The term will be either for 2 years or 3 years.
- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working co-operatively and respectfully with other board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the hospital, the hospital's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

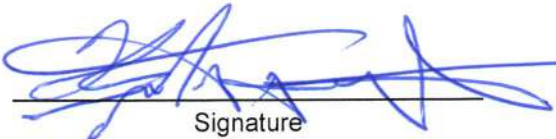
Please refer to Duties and Expectations of a Director for further details.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.	
<u>2025/11/04</u> Date	 Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Application for Membership: Schedule A

Knowledge, Skills, and Experience

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. **Please indicate only those areas that apply to you.**

		Advanced = 4	Very Good = 3	Good = 2	Fair = 1	None = 0
2	Finance					
4	Business Mgmt					
	Human Resources Mgmt					
	Health Care Admin & Policy					
	Clinical					
	Government & Gov Relations					
	Political Acumen					
	Construction & Project Management					
	Legal					
4	Strategic Planning					
3	Risk Management					
	Information Technology					
2	Accounting					
3	Education					
4	Research					
4	Quality & Performance Management					
	Labour Relations					
	Board & Governance					
	Public Affairs & Communications					
	Ethics					
	Patient & Health Care Advocacy					
	Diversity Issues					
3	Quality & Patient Safety Management					
2	Stakeholder Engagement					

KEN MCTAGGART, M.Sc., P.Eng.

Professional Engineer

PROFILE

An accomplished development engineer and people leader with deep engineering, product and process development, and quality expertise. Decades of strategic and operational management experience. Has held engineering and management roles in both small and large organizations, being known for an engaging, logical and pragmatic approach to getting things done. Has over 30 years experience leading teams in healthcare related organizations, notably in early stage medical device development and for the past 22 years as a key leader at Canadian Blood Services.

WORK EXPERIENCE

2004 to date CANADIAN BLOOD SERVICES

OTTAWA, ON

Roles:

- Associate Director, Product & Process Development, Centre for Innovation, Medical Affairs & Innovation
- Vice President (Acting), Quality & Regulatory Affairs
- Executive Director, Quality System Support, Quality & Regulatory Affairs
- Director, Quality Management Support Systems, Quality & Regulatory Affairs
- Manager, Process Development, Safety & Performance Management

Key Achievements:

- introduced a pragmatic approach to standardizing and maturing the quality system, ensuring user input and a focus on how the system impacts blood products produced and the Canadian patients receiving those products
- was asked to take over responsibility for the product and process development group in late 2013, including the Network Centre for Applied Development facility, the Microbiology Laboratory, the Stem Cell Development Laboratory, and the Operations Research Laboratory
- for the past 12 years has focused on development work necessary to get Health Canada license amendment approval to introduce delayed large volume bacterial testing to increase the shelf life of platelet concentrate products from 5 to 7-days, change to 60-minute rule from 30-minutes for red cell concentrates, low titre type O leukoreduced whole blood for trauma use, pathogen reduced pooled and apheresis platelet concentrates, pathogen reduced apheresis and whole blood derived plasma, small volume pediatric and neonate red cell concentrates
- developed a sampling and storage technology to enable non-destructive end-of-life quality control testing of red cell concentrate and platelet concentrate products

2000 - 2004 WORLDHEART CORPORATION

OTTAWA, ON

Roles:

- Manager, Quality Assurance
- Quality Engineer

Key Achievements:

- reviewed and approved all mechanical component designs and associated manufacturing processes for the HeartSaver Left Ventricular Assist Device

- led the development and implementation of the quality system in the Ottawa facility needed for clinical and pre-clinical manufacture of the Novacor bridge-to-transplant LVAD and development of the next generation HeartSaver VAD, respectively, including all processes to ensure design and manufacturing control

1993 - 2000 M&P ENGINEERING LTD.

WINNIPEG, MB

Roles:

- General Manager and Principal Engineer

Key Achievements:

- designed and built all electro-mechanical devices for St. Boniface Hospital Research Centre and McGaw Inc. (now B. Braun Company) first proof-of-concept hospital IV admixture systems (chemotherapy, antibiotics, cardioplegic, total parenteral nutrition); technology commercialized as the Robotic IV Automation (RIVA) system by Intelligent Hospital Systems
- designed and built all electro-mechanical devices for St. Boniface Hospital Research Centre first proof-of-concept laser interstitial thermal therapy system designed to treat deep seated brain tumors; technology commercialized as NeuroBlate by Monteris Medical

1991 - 1993 NATIONAL COATING TECHNOLOGIES, MCGILL-STEVENSON GROUP

WINNIPEG, MB

Roles:

- General Manager
- Materials and Processes Engineer

Key Achievements:

- designed and installed a testing laboratory and trained staff on all special process control testing required for thermal spray coating of aeroengine components
- led the development and implementation of a quality system meeting MIL-Q-9858 and ISO 9002 requirements

1989 - 1991 BRISTOL AEROSPACE LTD., ROLLS-ROYCE GROUP

WINNIPEG, MB

Roles:

- Materials and Processes Engineer, Test & Development Lab

Key Achievements:

- special manufacturing process engineer responsible for development and control of welding, heat treatment, and thermal spray coating of aeroengine components
- responsible for special process audits of sub-contractors in Canada and USA

EDUCATION HISTORY

1985 - 1987 MASTER OF SCIENCE IN ENGINEERING (M.SC.)

- Materials Engineering
University of Manitoba, Winnipeg, MB

1981 - 1985 BACHELOR OF SCIENCE IN ENGINEERING (B.SC.)

- Mechanical Engineering
University of Manitoba, Winnipeg, MB

SELECT RECENT PUBLICATIONS

Stephenson, Tatiana & Howell, Anita & Olafson, Carly & Sumian, Chrystlain & Reichenberg, Stefan & Brebant, Quentin & McTaggart, Ken & Walsh, Geraldine. (2025). In vitro quality of whole blood-derived red cell concentrates collected, processed and stored in a blood bag set plasticized with di (2-ethylhexyl) terephthalate. Vox Sanguinis. 10.1111

Rabcuka, Julija & Smethurst, Peter & Dammert, Katharina & Saker, Jarob & Aran, Gemma & Walsh, Geraldine & Tan, Joanne & Codinach, Margarita & McTaggart, Ken & Bakker, Stephan & McMahon, Amy & Angelantonio, Emanuele & Roberts, David & Blonski, Slawomir & Korczyk, Piotr & Shirakami, Atsushi & Cardigan, Rebecca & Swietach, Pawel. (2024). Assessing the kinetics of oxygen-unloading from red cells using FlowScore, a flow-cytometric proxy of the functional quality of blood. EBioMedicine. 111.105498.10.1016

Olafson, Carly & William, Nishaka & Howell, Anita & Beaudin, Lynnette & Gill, Balkar & Clarke, Gwen & Stephens, Stephanie & Lopes-Carvalho, Dora & Lane, Debra & Schubert, Peter & McTaggart, Ken & Acker, Jason. (2022). Preparing small-dose red cell concentrates (RCCs) for neonatal and pediatric transfusions: Impact of RCC volume, storage, and irradiation. Transfusion. 62.1506-1510.10.1111

Ramirez-Arcos, Sandra & Kou, Yuntong & Kumaran, Dilini & Culibrk, Brankica & Stewart, Tamiko & Schubert, Peter & McTaggart, Ken. (2022). Assessment of bacterial growth in leukoreduced cold-stored whole blood supports overnight hold at room temperature prior to filtration: A pilot study. Vox Sanguinis. 117.10.1111

Blake, John & McTaggart, Ken & Couture, Chantal. (2021). Estimating the impact on the inventory of implementing pathogen-reduced platelets in Canada. Transfusion. 61.3150-3160.10.1111

Schubert, Peter & Chen, Zhongming & Bhakta, Varsha & Culibrk, Brankica & Wambolt, Richard & Sheffield, William & Devine, Dana & McTaggart, Ken. (2021). Cold-stored leukoreduced whole blood: Extending the time between donation and filtration has minimal impact on in vitro quality. Transfusion. 61.S131-S143.10.1111

PATENTS

Non-destructive sampling system and method for quality assessment of blood products, and sampling systems therefor. Peter Schubert, Ken McTaggart.

Hyperthermia treatment and probe therefor. Mark G. Torchia, Richard Tyc, John S. Pacak, Ken J. McTaggart
MRI guided hyperthermia surgery. Mark G. Torchia, Richard Tyc, Ken J. McTaggart, John S. Pacak.

Robotic admixture system. Mark G. Torchia, Dennis D. Cote, Ken J. McTaggart, Craig P. Judt

INTERESTS

Improving healthcare for
Canadians, travel, gardening,
hiking and the outdoors,
woodworking, antique truck
and tractor restoration

LANGUAGES

English

SKILLS

Leading teams
Research & development
Data driven decision making
Strategy formulation
Change management
Pragmatism in quality

CONTACT

ken.mctaggart@gmail.com

(613) 290-6656

[www.linkedin.com/in/ken-
mctaggart-20208691](http://www.linkedin.com/in/ken-mctaggart-20208691)

Marie Nichols
80 Concession Rd 9
St Anne de Prescott
ON K0B 1M0
416-569-3889
mlnichols@corsillo.ca

March 17, 2026

Chair of the Nomination Committee
Board of Directors
Hôpital Glengarry Memorial Hospital
20260 County Road 43
Alexandria ON K0C 1A0

Subject: Application for Membership – Board of Directors

Dear Louise Boyling and Members of the Nomination Committee

Enclosed for your consideration is my application to join the Board of Directors of the Hôpital Glengarry Memorial Hospital.

Since retiring and moving to the area in late 2019, I have been looking for an opportunity to contribute positively to the community. I feel passionately about our ability as a society to provide fundamental health care to all citizens regardless of their background or how they identify.

I have an undergraduate business degree with over 30 years of Human Resources experience primarily in the financial services sector and 6 years of experience as a volunteer board member of a not-for-profit children's mental health and developmental services agency. When I first joined the board, I enrolled in Board Match's Training for Volunteer Boards of Directors. It was a critical learning experience and brought clarity around the concepts of stewardship and governance versus operational and strategic management.

From 2005 through 2011, I was a member of the board for Delisle Youth Services, a children's mental health and developmental services agency providing comprehensive individualized services to children, youth and their families in Toronto. During my tenure on the Board, I was a member of the HR Committee, and held the positions of Vice President, President and Past President. After having served the maximum term of six years, I continued to volunteer with the organization as a member of their fund development committee. Delisle was an organization that was undergoing tremendous change when I joined the Board. It continued to thrive and grow in an ever changing environment, building community and funder confidence as a trusted organization that could deliver much needed services and programs to the community.

In my various HR roles, I had to develop policies and programs and participate in projects in response to changing business, economic and regulatory environments across jurisdictions. They frequently involved working with inter-disciplinary teams (e.g. business, HR, legal, finance, tax, communications,

technology and procurement). I was required to prepare information for executive management teams and board committees. In addition, my executive compensation role with Manulife Financial, included being present for discussions of the Management Resources and Compensation Committee of the Board.

In any organization, people are key to its culture and success. I look forward to having an opportunity to discuss the needs of your board and how I might be able to contribute to the team.

Regards,



Marie Nichols

Charitable Board & Committee Experience

DELISLE YOUTH SERVICES BOARD MEMBER

(2005 – 2011) 6 YEAR TERM LIMIT

Delisle Youth Services was a children's mental health and developmental services agency providing comprehensive individualized services to children youth and their families. In 2016 Delisle Youth Services merged with Oolagen Youth Mental Health to form a new organization Skylark Children Youth and Families. In April 2020, Skylark merged with three other community agencies to form Lumenus Community Services.

Board Chair/President (2007/08, 2008/09, 2009/10)

Responsible for oversight of the overall strategic direction and performance of the agency, providing leadership to the Board (14 independent members) as it carried out its fiduciary responsibility.

- Initiated a strategic planning exercise in 2008 and completed in 2009
- Guided the implementation of the strategic framework from a board perspective
- Reviewed and approved the agency budget and Ministry/Agency annual contract
- Conducted annual review of executive director performance and goals
- Introduced Board Evaluation

Past Chair (2010/11)

- Provide guidance and advice to new Chair.
- Support the recruitment and selection of new board members

Vice President (2006/07)

Member of HR Committee (2005 – 2011)

- Developed an education session for the Board on Compensation and Total Reward fundamentals
- Lead the review and development of a Compensation Philosophy
- Lead the establishment of compensation and performance management policies to support approved philosophy
- Established goals for succession management and talent development initiatives

Member of Fund Development Committee (2010, 2011 - 2019)

As a board member and subsequently as a volunteer

- Participated on the search committee for a new Fund Developer
- Support the development of education sessions for the Board on their role in fund development
- Supported the development of fund development goals and objectives

Professional Experience

A seasoned HR professional with generalist experience and expertise in total rewards, benefits and international programs. A strong team player committed to excellence and ability to design large scale programs to support organizational change and meet business objectives.

TD BANK GROUP

2008 – 2019

The parent company of TD Canada Trust, Canada's second largest bank by assets offering a range of financial services and products in Canada, TD Bank America's Most Convenient Bank offering a range of financial services and products in the U.S., and TD Securities operating in Canada, US, UK and Asia.

Senior Manager Employee Compensation and Global Mobility Policy

Reported to Vice President Human Resources, Executive Compensation and Policy, managed a small team of HR professionals responsible for the development, oversight and ongoing maintenance of employee compensation and global mobility policy for the bank.

- Developed global salary budget recommendations for review and approval by executive management, conducted competitive reviews of organizational salary structures in Canada, US and UK for multiple businesses, identified opportunities and developed recommendations for approval.
- Reviewed and updated policies in response to regulatory changes and changing business models.
- Conducted reviews to support organizational compliance pay equity and gender pay gap reporting
- Developed communications and manager training to support policy changes and annual year end reviews.
- Worked with Strategic Sourcing, Legal, Privacy Office and HR Partners to identify and source service providers to support programs (e.g. International Tax Services, Immigration Counsel, Fair Pay/Pay Equity Consultants)
- Represent Compensation and Global Mobility Policy in design and implementation phases of HR system change to Workday from Peoplesoft.

Senior Manager Global Mobility Program

Manage a small team of HR professionals responsible for the development and implementation of the bank wide expatriate and business traveller programs in support of the bank's acquisition of US bank in 2008.

THE MANUFACTURERS LIFE INSURANCE COMPANY (MANULIFE FINANCIAL)

1985 – 2007

A leading Canadian-based financial services company with over 20,000 employees, operating worldwide and offering a diverse range of financial protection products and wealth management solutions.

AVP Corporate Human Resources (2003 – 2007)

Reported to the VP Global Rewards and the EVP Human Resources, led the Expatriate and International Program, as well as Global Human Resources Management Reporting. Managed a team of five direct reports.

- Revised the Expatriate Program to support the increased need to move talent globally. Developed, implemented and communicated new policies, services and tools which addressed issues of multiple business scenarios (e.g. long-term, short-term and cross-border assignments), inconsistent application, lack of infrastructure and increasing costs.
- Created a Global HR Management Reporting function to support the Manulife/John Hancock merger information needs and subsequent post-integration business requirements. Collaborated with corporate and divisional systems, finance and human resources to identify, develop and implement credible HR reports to meet regular and ad hoc business information needs.

AVP Human Resources, Asia – Regional position based in Hong Kong (2000 – 2003)

Reported to the EVP and General Manager, Asia Division, led the Human Resources function in Asia and provided counsel to the Divisional Management Team.

- Created an HR sub-committee of the management team to provide input, review and approve HR policy initiatives and divisional priorities.
- Led the review of Asia Compensation Programs which involved developing and implementing a divisional employee recognition program; an incentive program for staff replacing the traditional 13th month bonus and a flexible perquisite program for officers reducing overall costs
- implemented a 360 degree Leadership Assessment Program which included executive coaching and feedback; and revitalized staff leadership development initiatives in Hong Kong.
- Supported two acquisition efforts in Indonesia and Philippines from due diligence through to integration.
- Participated as a member of the management team during SARS, making policy decisions, ensuring employee and client safety, business continuity and providing guidance to Head Office.

AVP Executive Compensation (1998 – 2000)

Reported to the VP Corporate Human Resources, responsible for global executive compensation. Developed, recommended and implemented compensation programs for officers across the organization.

- Revised the compensation structure in response to the Company changing ownership structure from a mutual to a publicly traded company. Revised the annual incentive plan; transitioned the executive long-term incentive plan from cash to equity; implemented change of control agreements for management committee; developed a share purchase program for staff; drafted and completed the executive compensation portion of the proxy filing; streamlined the administration of the annual performance and compensation reviews to meet public reporting timelines and prepared reports for the MRCC (Management and Compensation Committee of the Board).

Senior Compensation Consultant, Analyst, Global Rewards (1989 – 1998)

Reported to the VP Compensation, provided compensation and human resources consulting support to the organization.

- Completed a global review of compensation philosophy, structure and design ensuring market competitiveness in Canada, US and Asia.
- Managed job evaluation, developed the Company's pay equity plan, developed and introduced job families, prepared annual compensation reviews and program recommendations, participated in the development and implementation of annual incentive programs and cash based long-term incentive program.
- Reviewed compensation programs and developed recommendations for overhaul of job grade structure and integration of the compensation programs as part of the Manulife/North American Life merger.

Staffing Consultant (1987 – 1989)

Recruited supervisory and administrative candidates to meet staffing requirements for Toronto Head Office based businesses.

Group Benefits Underwriter (1985 – 1987)

Underwrote group benefit plans (life, disability and stop loss) in the US Group Benefits division.

NORTH AMERICAN LIFE ASSURANCE COMPANY

1982 – 1985

Group Benefits Administrator and Team Leader

Reported to the Director Group Benefits Administration, issued, renewed and administered Group Benefit Plans.

COUNTY OF STRATHCONA BOARD OF EDUCATION

1980 – 1981

Personnel Officer I

Reported to the Assistant Superintendent Human Resources, provided HR support for non-academic positions including staffing, compensation, job evaluation and benefits administration.

EDUCATION AND PROFESSIONAL DEVELOPMENT

Bachelor of Business Management – Ryerson Polytechnical Institute

1982

Periodic Management Development (TD)

2009 - 2018

Officer Leadership Development (TD)

2006

Training for Volunteer Boards of Directors (Board Match)

2005

Leadership Planning and Development (Niagara Institute)

1998

HR Planning & Organizational Design (19 wk course at U of T)

1994

Linking Employee Reward to Corporate Objectives (HRPAO)

1992

Project Management and Influence Programs (Manulife)

1989 - 1991

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



To apply to be a member of the Hôpital Glengarry Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, fax, or email to the following address:

HGMH Administration
20260 County Road 43
Alexandria, ON K0C 1A0
Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.
Note: Please note this is strictly a volunteer position with no remuneration.

Name:	MARIE NICHOLS	
Addresses:	Business:	RETIRED
	Home:	80 CONCESSION RD 9 STE ANNE DE PRESCOTT ON K0B 1M0
Telephone Numbers:	Business: N/A	Home: 416 569 3889
Facsimile Numbers:	Business: N/A	Home: N/A
E-Mail Address(es):	minichols@corsillo.ca	
Please list current or prior board experience:		
BOARD MEMBER OF DELISLE YOUTH SERVICES (2005-2011) 6 YR TERM		
POSITIONS INCLUDED BOARD CHAIR/PRES, PAST CHAIR, VP		
MEMBER OF HR + FUND DEVELOPMENT COMMITTEES		
Which areas of board work are of particular interest to you?		
HR, GOVERNANCE, QUALITY, PATIENT SAFETY		
Languages spoken:	ENGLISH	Native language: ENGLISH
Languages written:	ENGLISH	
Please describe any linkages you may have had with various health care groups within the community:		

Diversity Self-Assessment

HGMH gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

Age:

- 18-25 26-35 36-45 46-55
 56-65 66-75 Over 75

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Gender - How do you identify?

- Man
- Woman
- Transgender Woman
- Genderfluid or Genderqueer
- Another gender identity (please specify): _____
- Non-Binary
- Two-Spirit
- Prefer not to answer
- Transgender Man
- Questioning or unsure

Sexual Orientation - Do you consider yourself to be:

- Asexual
- Pansexual
- Straight/Heterosexual
- Prefer not to answer
- Bisexual
- Queer
- Two-Spirit
- Gay
- Questioning or unsure
- Another sexual orientation (please specify): _____
- Lesbian
- Same-gender loving

Which of the following best describes your racial or ethnic group? (Check all that apply)

- Arab, Middle Eastern or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Black (e.g., African, Afro-Canadian, Afro-Caribbean, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- Jewish
- Latin American (Hispanic or Latin American descent)
- South Asian (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- White (e.g., European descent)
- Another race/ethnic group (please specify): _____
- Do not know
- Prefer not to answer

Person with a disability:

- Yes
- No
- Prefer not to answer

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

NONE

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.
- (f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month. The term will be either for 2 years or 3 years.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working co-operatively and respectfully with other board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the hospital, the hospital's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

Please refer to Duties and Expectations of a Director for further details.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.

MARCH 26, 2026
Date

Marie P. Nichols
Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

PAULA ISTEAD

122 Barton Street, P.O. Box 1237, Vankleek Hill, ON K0B 1R0 | C: 705 817-7138 | isteadp@gmail.com

Summary

An experienced nursing leader, with a patient and family centred focus, whose career spans the healthcare continuum: the community, acute care, complex continuing care, long-term care and nursing education. My passion is leading by example to ensure the provision of high-quality, compassionate care.

Experience

Professor (Part time)

School of Nursing and PSW, Niagara College

05/2022- present

- Teaches and evaluates internationally educated nurses in Community Mental Health and Nursing Leadership certificate program

Clinical Manager

03/2021 to 06/2025

Niagara Health

- Clinical Manager in Complex Care program (Full time March 2021- June 2023)
- Special projects: Accreditation 2023 team lead, Bed Mapping strategy team lead March 2024- June 2024
- Interim Clinical Manager, Medical/Surgical Unit December 2024-May 2025

Manager, Integrated Transitions in Care

06/2018 to 03/2021

Hamilton Niagara Haldimand Brant LHIN/Niagara Health

- Plans, manages and evaluates the delivery of discharge planning processes and transitions in care from Niagara Health to the community
- Ensures patient services are provided in accordance with HNHB LHIN and Niagara Health policies, relevant LTC legislation, Public Hospitals Act, Health Care Consent Act and other relevant standards.
- Operationally aligns with HNHB LHIN and Niagara Health organizational directions, goals and performance standards

Operations Director

07/2010 to 06/2018

Royal Victoria Regional Health Centre

Barrie, ON

- Led the Emergency Department and Intensive Care Units to a balanced budget position while improving quality measures.
- North Simcoe Muskoka LHIN Co-Lead for Critical Care
- Collaborated, planned and successfully implemented the divestment of acute Mental Health beds from a tertiary centre to the Royal Victoria Regional Health Centre.
- Hospital Lead for Home First Initiative.

- Manager** **10/2006 to 06/2010**
Michael Garron Hospital formerly Toronto East General Hospital **Toronto, ON**
- Managed 2 acute medicine units along with the Transitional Care Unit, Nursing Resource team, Staffing Office and Patient Flow coordinators
 - Created, planned, staffed and implemented a Transitional Care Unit
 - Co-Lead with Toronto Central CCAC in ALC Flo Collaborative
 - Acute care Lead in ED PIP program.
- Clinical Coordinator** **10/2003 to 09/2006**
Providence Health Care **Toronto, ON**
- Clinical nursing lead on Geriatric Rehabilitation and Geriatric Assessment and Treatment Unit.
 - Reviewed referrals, arranged admissions, coordinated care with the interprofessional team and planned for discharge
- Executive Director** **09/2000 to 05/2003**
Northumberland Lakeshore Hospice Association **Cobourg, ON**
- Volunteer based community hospice program.
 - Prepared budgets and reports for funders (Ministry of Health and Long-term Care and Northumberland United Way), recruited, trained and supervised volunteers in addition to client interviews, intake and bereavement care.
 - Prepared and delivered presentations to interested groups for educational and fundraising purposes.
 - Direct reporting to the Board of Directors.
- Sessional Instructor**
- Designed and delivered Palliative Care education for healthcare professionals and unregulated providers at: George Brown College, Fleming College, Centennial College and the Hospice Association of Ontario

Education and Training

Master of Nursing- Athabasca University (2021)

Bachelor of Science: Nursing - Metropolitan Toronto University (formerly Ryerson University) (2004)

Diploma in Nursing- Fleming College (1984)

Project Management Workshop- 2010

Crucial Conversations- 2013

Crucial Accountability- 2014

1 Day LEAN Training Workshop-2014

Developing Resilience During Change- 2017

University of Toronto Rotman School of Management Executive Program, Royal Victoria Regional Health Centre Executive Health Leadership Program - 2017

San'Yas Anti-Racism Indigenous Cultural Safety -2021

Professional Affiliations

Registered Nurses' Association of Ontario

2003- present

Gerontological Nursing Association

Nursing Leadership Network

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



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Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.
Note: Please note this is strictly a volunteer position with no remuneration.

Name: PAULA ISTEAD	
Addresses:	Business: N/A
	Home: 122 Barton St. P.O. Box 1237 Van Kleeck Hill, ON K0B 1R0
Telephone Numbers:	Business: N/A Home: 705 817-7138
Facsimile Numbers:	Business: N/A Home: N/A
E-Mail Address(es):	isteadp@gmail.com
Please list current or prior board experience:	
2019-2025 Board of Directors - Living Water Community Church Thorold, ON	
Which areas of board work are of particular interest to you?	
Policy, Patient Care/Advocacy	
Languages spoken:	English Native language: English
Languages written:	English
Please describe any linkages you may have had with various health care groups within the community:	
I am new to the area - Previously worked for HNHBLHN (now Ontario Health), extensive community partnerships when at RVH (Barrie)	

Diversity Self-Assessment

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Age:

- 18-25 26-35 36-45 46-55
 56-65 66-75 Over 75

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Gender - How do you identify?

- Man
- Woman
- Transgender
- Genderfluid or Genderqueer
- Another gender identity (please specify): _____
- Non-Binary
- Two-Spirit
- Prefer not to answer
- Transgender Man
- Questioning or unsure

Sexual Orientation - Do you consider yourself to be:

- Asexual
- Pansexual
- Straight/Heterosexual
- Prefer not to answer
- Bisexual
- Queer
- Two-Spirit
- Gay
- Questioning or unsure
- Another sexual orientation (please specify): _____
- Lesbian
- Same-gender loving

Which of the following best describes your racial or ethnic group? (Check all that apply)

- Arab, Middle Eastern or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Black (e.g., African, Afro-Canadian, Afro-Caribbean, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- Jewish
- Latin American (Hispanic or Latin American descent)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- White (e.g., European descent)
- Another race/ethnic group (please specify): _____
- Do not know
- Prefer not to answer

Person with a disability:

- Yes
- No
- Prefer not to answer

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

_____ *None* _____

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
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APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



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- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

Please refer to Duties and Expectations of a Director for further details.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.	
<u>April 6/26</u> Date	<u>P. Instead</u> Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Application for Membership: Schedule A

Knowledge, Skills, and Experience

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. **Please indicate only those areas that apply to you.**

	Advanced = 4	Very Good = 3	Good = 2	Fair = 1	None = 0
Finance					3
Business Mgmt					3
Human Resources Mgmt					3
Health Care Admin & Policy					3
Clinical					4
Government & Gov Relations					2
Political Acumen					3
Construction & Project Management					0
Legal & Public Policy					2
Strategic Planning					2
Risk Management					3
Information Technology					1
Accounting					0
Education					4
Research					0
Quality & Performance Management					3
Labour Relations					3
Board & Governance					3
Public Affairs & Communications					2
Ethics					4
Patient & Health Care Advocacy					4
Diversity, Equity & Inclusion					3
Quality & Patient Safety Management					4
Stakeholder Engagement					3

Profile:

Rachelle is a well-respected member of the Federal Government's Financial Management and Project and Portfolio Management communities. The vast majority of her 35-year career involved Project and Portfolio Management, and her last 15 years were at the executive level culminating in the role of Director-General and Deputy Chief Financial Officer at the Canada Revenue Agency. In this role, she provided strategic advice and support on resource management matters including Allocations, Budgets, Projections with regards to the Agency's operating and capital budget (\$6.9B/year), as well as on its major project investments and oversight (\$600M/year). Rachelle is a proven leader who is motivated by accomplishment and who strives to understand individuals, teams, clients, colleagues, stakeholders, and management. Rachelle is a certified Prince2, Management of Portfolios (MoP®), Management of Successful Programmes (MSP®), Managing Benefits™, and Change Management practitioner, as well as a Project Management Professional (PMP®).

Professional Experience:

EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA (ESDC)

May - June 2024

Executive consultant, reporting directly to the Chief Financial Officer

- Provided advice to the Executive leadership of the Benefits Delivery Modernization Programme regarding its compliance with the requirements set out in the Treasury Board Policy on the Planning and Management of Investments and the Directive on the Management of Projects as well as ESDC's Programme Management and Programme Assurance Policy Instruments and identified opportunities to streamline, integrate, and/or relieve administrative burden.

CANADA REVENUE AGENCY, Finance and Administration Branch

April 2018 – Dec 2022

Director-General, Resource Management Directorate (EX-03)

- Provided leadership and direction to seventy-three resources with four direct reports and a budget of \$6.9M/year.
- Provided strategic advice and support on resource management matters including Allocations, Budgets, Projections with regards to the Agency's operating and capital budget (\$6.9B/year) and its major project investments and oversight (\$600M/year), to the Chief Financial Officer (CFO) as well as the Agency's senior management committees and its Board of Management.
- Collaborated with Treasury Board Secretariat (TBS) on Agency resourcing activities, including the preparation of key documents such as Treasury Board submissions, Annual Reference Level Update (ARLU), and Main and Supplementary Estimates.
- Directed the development of resourcing strategies to address policy and legislative initiatives and other emerging pressures/issues as required, as well as internal reallocation exercises.
- Provided input to the Annual and Quarterly Performance Reports, Corporate Business Plan, and Departmental Plan.
- Directed the development and implementation of project management and costing policies, practices, and tools to ensure consistent application across the CRA.
- **Key contributions:** Under my direction, the Agency's Project Management community of practice was matured to include seven hundred members, Treasury Board submissions and costing workload increased threefold to accommodate the resourcing of twelve new Agency programs in support of the COVID 19 pandemic implemented within excessively tight timelines.

CANADA REVENUE AGENCY, Finance and Administration Branch

January 2012

Director, Strategic Investment Planning and Oversight (EX-02)

- Provided leadership and direction to fifteen resources with three direct reports and a budget of \$1.7M/year.
- Directed the CRA's strategic investment planning process and provided secretariat services to the senior management committees overseeing the Agency portfolio which had 35-40 large-scale IT enabled projects, each more than \$1M. This included developing Portfolio Management practices and tools; developing and promulgating the Project Management Policy; developing strategies to address investment pressures and ensuring optimum use of

Agency reserve funds; providing strategic advice on the development of investment proposals; performing corporate challenge function; recommending CFO sign-off on major projects; and coordinating activities related to the Board of Management's engagement on major projects.

- **Key contributions:** Under my direction, improvements were continuously made to the Strategic Investment Planning process and the Project Management oversight process. New Portfolio Planning techniques were introduced; a Benefit Management practice was matured; a Project Management community of practice was created; and tools and templates were reviewed regularly to reduce administrative burden for stakeholders and to help identify project issues earlier.
- CPA Award of Excellence in Public Sector Financial Management - 2015 Innovation Award Finalist.

**CANADA REVENUE AGENCY, Information Technology Branch
Director, Resource Management Services (EC-02- IT/EX-01)**

January 2009

- Provided leadership and direction to seventy-eight resources with four direct reports managers and a budget of \$8M/year.
- Directed the provision of Resource Management Services to the Branch's 3000 employees, 350 contractors, 250 managers, and sixty-five executives for a complex operating budget of over \$500M. This included budgetary advice, financial management services, reporting, and analysis, accounts payable/receivable, financial systems, and accommodations services.
- **Key contributions:** Under my direction, staff turnover dropped to less than 8% from 24%. I also managed the IT Branch financials during the first year operating with two Votes: Capital and Operating; led the first two Treasury Board Secretariat IT Expenditure Reporting exercises for the CRA; introduced a Directive and template to improve the consistency, accuracy, and transparency of cost estimates; and led the identification financial and human resource to be transferred to Shared Services Canada.

**CANADA REVENUE AGENCY, Compliance Programs Branch
Manager, Program Management - Executive Development Program (MD-MDG-06-EXDP)**

April 2008

- Provided leadership and direction to five employees with a budget of \$0.5M/year.
- Provided budgetary advice and support, including the allocation of \$180M to Headquarters and Regions and was the Branch focal point for initiatives relating to International and Large Business Directorate program results.

**SERVICE CANADA, Operations Branch
Acting Director, Business Readiness - Executive Development Program (MD-MDG-06-EXDP)**

April 2007

- Provided leadership and direction to twelve employees with a budget of \$0.6M/year.
- Directed the development, implementation, and operationalization of an enquiries service for Parliamentarians.
- Collaborated on the development and preparation Treasury Board Submission for the creation a 150-agent call center in Cornwall, Ontario, and the closure of a 65-agent call center in Ottawa, prepared project plan, charter, and strategy documents and orchestrated internal and external communications. Recipient of Service Canada Awards of Excellence - Bronze medal

**CANADA REVENUE AGENCY, Information Technology Branch
Assistant Director, Finance and Resource Management Systems (MG06)**

May 2005

- Directed 30 to 37 resources (team leaders, employees, and consultants) with a budget of \$2-3M/year.
- Maintained and enhanced the SAP Finance/Controlling modules of the Corporate Administrative System (CAS) for the CRA and the Customs Border Services Agencies (CBSA) in a multi-project, multi-disciplinary, and multi-client environment.
- Negotiated service level and cost sharing agreements and client funding and provided strategic advice to senior management regarding improvements to financial processes, practices, and systems, e.g., Self-Service Travel and Payroll Accounting.
- **Key contribution:** Successfully transitioned to a Shared System Service provider to two organizations (CRA and CBSA).

CANADA REVENUE AGENCY, Information Technology Branch
Project Manager, Self-Service (MG 06)

May 2003

- Directed eleven resources (team leader, employees, and consultants) and large matrix team (30-40) with a budget of \$2-3M/year.
- Planned, developed, and implemented Self-Service and Portal applications supporting processes used by all employees (50,000) and managers (six thousand); e.g., Activity Recording/Approval, Section 34 approval for Extra Duty, and Monitoring of leave/attendance.
- Negotiated service level agreements, client funding, and cost-sharing arrangements and evaluated bids from suppliers.
- Provided briefings to senior management through briefing notes, status reports, and formal presentations, and presented at international forums (twice at the America's SAP User Group and once at the Government Technology Conference).
- **Key contribution:** Self-Service functionality was implemented on time and within budget over a 15-month period. It was well received and is still extensively used and leveraged, saving duplicate data entry and handling of over two million timesheets per year.

CANADA REVENUE AGENCY, Information Technology Branch

July 1999

Assistant Director, Human Resources Solutions/Manager, Human Resources Team (MG06/PE06/PE05)

- Directed 40-50 resources (team leaders, employees, and consultants) and with a budget of \$6-8M/year.
- Developed, enhanced, and maintained the SAP Human Resources modules of the Corporate Administrative System (CAS) for the CRA and CBSA in a multi-project, multi-disciplinary, and multi-client environment.
- Managed large development projects in the HR domain, including the Human Resources Management Tracking (HRMT) and the implementation of the Management Group (MG).
- Negotiated service level agreements, client funding and cost-sharing arrangements, and provided strategic advice to senior management on HR processes, practices, and systems, such as Agency Conversion, Pay Equity implementation, HRMT, Compensation Service Delivery Renewal Model (CSDRM) and Net Payroll.
- **Key contribution:** Led team through a precarious 2-year post "go-live" stabilization phase while the Department was transitioning to Agency status and the Compensation community was dealing with the implementation of CAS, Pay Equity, the first collective agreement revisions in 8 years and a 50% turnover rate. Also led team through early project successes including Y2K, automation of payroll revisions, and upgrade from SAP version 4.0 to 4.6.

CANADA REVENUE AGENCY, Finance and Administration Branch

June 1989

Project Manager/Project Analyst/Systems Analyst (AS05/AS03/AS02)

- Maintained and enhanced the Activity Management System (AMS) and led or took part in projects with major Departmental impact such as the Administrative Consolidation of the former Departments of Customs and Excise and Taxation and the development and implementation of CAS.
- **Key contribution:** Successfully implemented Time Recording and Activity Costing functionality within CAS.

Education: University of Ottawa - BA, Canadian Studies/Public Policy, and Public Management - Graduated Magna Cum laude in 2001

Certifications:

PMP® - Project Management Professional

MoP® - Management of Portfolios - Practitioner

MSP® Certification - Managing Successful Programmes - Practitioner

Prince2 - Projects IN Controlled Environments - Practitioner

Managing Benefits™ - Practitioner.

Managing Change – Practitioner

Languages - French and English (EEE)

Security – Secret

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



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20260 County Road 43
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Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.

Note: Please note this is strictly a volunteer position with no remuneration.

Name: Rachelle Reilly		
Addresses:	Business:	
	Home: 18167 St Laurent Blvd Glen Walter; Ontario K6H-0G7	
Telephone Numbers:	Business: 613-360-8858 (cell)	Home: 613-931-0444
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):	Rreilly8642@gmail.com	
Please list current or prior board experience:		
Extensive exposure to the Canada Revenue Agency's oversight bodies incl Senior Exec cmtees, the CRA's Board of Mgmt, and the Treasury Board Secretariat (see résumé). I was also a board member/jpresident of a condo (OCCC561) - 25 yrs - (79 homes)		
Which areas of board work are of particular interest to you?		
Governance, Strategic Planning, Project/Portfolio Mgmt, Risk Mgmt, Change Mgmt, Resource Mgmt (Finance & HR).		
Languages spoken: English and French		Native language: French
Languages written: English and French		
Please describe any linkages you may have had with various health care groups within the community:		
I have had no linkages with any health care groups within the community.		

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Diversity Self-Assessment

HGMH gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

Age:

- 18-25 26-35 36-45 46-55
 56-65 66-75 Over 75

Gender - How do you identify?

- Man Woman Non-Binary Transgender Man
 Transgender Woman Genderfluid or Genderqueer Two-Spirit Questioning or unsure
 Another gender identity (please specify): _____ Prefer not to answer

Sexual Orientation - Do you consider yourself to be:

- Asexual Bisexual Gay Lesbian
 Pansexual Queer Questioning or unsure Same-gender loving
 Straight/Heterosexual Two-Spirit Another sexual orientation (please specify): _____
 Prefer not to answer

Which of the following best describes your racial or ethnic group? (Check all that apply)

- Arab, Middle Eastern or West Asian Black East Asian
 Jewish Latin American South Asian
 Southeast Asian White Another race/ethnic group (please specify): _____
 Do not know Prefer not to answer

Person with a disability:

- Yes No Prefer not to answer

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

N/A

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.
- (f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month. The term will be either for 2 years or 3 years.
- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working co-operatively and respectfully with other board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the hospital, the hospital's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.


Please refer to Duties and Expectations of a Director for further details.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.	
<u>April 1, 2026</u> Date	 Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Application for Membership: Schedule A

Knowledge, Skills, and Experience

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. **Please indicate only those areas that apply to you.**

	Advanced = 4	Very Good = 3	Good = 2	Fair = 1	None = 0
Finance	4				
Business Mgmt	2				
Human Resources Mgmt	4				
Health Care Admin & Policy	0				
Clinical	0				
Government & Gov Relations	3				
Political Acumen	3				
Construction & Project Management	4				
Legal & Public Policy	3				
Strategic Planning	4				
Risk Management	4				
Information Technology	3				
Accounting	3				
Education	0				
Research	0				
Quality & Performance Management	2				
Labour Relations	2				
Board & Governance	4				
Public Affairs & Communications	2				
Ethics	3				
Patient & Health Care Advocacy	0				
Diversity, Equity & Inclusion	2				
Quality & Patient Safety Management	0				
Stakeholder Engagement	2				

MAC Minutes



MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

May 5, 2026, at 12:00pm

MS TEAMS

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

Absent: Dr. C. McCudden Dr. D. Pepper

CALL TO ORDER

The meeting was called to order at 12:05 p.m.

1.1 Quorum

A quorum was attained.

1.2 Adoption of Agenda

The agenda was adopted as presented.

Motioned by: Dr. S. Farmer

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee approve the agenda as presented.

CARRIED

1.3 Declaration of Conflict

No declaration of conflict of interest noted.

REPORT OF THE LAST MEETING

2.1 Approval of the Minutes

The minutes of the last meeting held on April 14, 2026, were included in the package and approved as presented.

Motioned by: Dr. S. Farmer

Seconded by: Dr. D. Read

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

CARRIED

STANDING ITEMS

3.1 Attendance Summary

Deferred.

3.2 Physician HR Plan

HR Plan Discussion:

Dr. MacKinnon led the discussion on the HR plan included in the meeting package. A couple of applications have been received and are moving forward as planned for the inpatient unit and several for the emergency department. Discussion ensued around there being a couple of

MAC Minutes

retirements on the horizon from the FHO which means recruitment will need to be done for the inpatient unit.

There is one vacant week on the inpatient unit in September which will need to be covered.

The process for taking students and residents is to go through ERMEP to allow for the physicians to be paid. If a student or resident skips that step, they will be reminded of the process.

3.3 ED P4R Patient Flow Update

Discussion ensued around the time of the P4R shift and possibly allowing more flexibility in the hours. This will be looked into but will also change eventually with the possibility of the NP coming along. A draft will be put together to demonstrate to physicians what the NP hours would look like and what they will be seeing.

3.4 Quality/Patient Experience (Quarterly)

R. Romany led the discussion on the recent patient survey results which came back very positive. One area we continue to work on is to be proactive in letting people in the waiting rooms know why there is a long wait for the emergency department.

Discussion ensued around the quick turnaround time for non-urgent ultrasounds and whether something can be done to allow to get through the back log quicker. This will be brought back to the DI team.

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

None to bring forward.

3.6 Epic Update

Dr. Farmer reported that work is being done to decide what order set will take priority to be worked on. A list of five order sets are to be identified that will be prioritized only after go live. Internally, the process is that order sets go through the department chiefs. Dr. Farmer will share with Dr. MacKinnon and R. Alldred-Hughes the changes to be made to the DKA order set which is a major priority for HGMH. This will be brought up at the Epic committee meeting to ensure that this gets done prior to go live.

Discussion ensued on the training portion in which certain physicians are being asked to watch videos to then be able to train others after having watched these. There is some concern with the training process to which it was agreed that trainers should get together and focus on the training specific for GMH.

BUSINESS ARISING

4.1 FOBT Discussion

Deferred

4.2 Urinalysis strip

MAC Minutes

Deferred

ITEMS FOR DISCUSSION/DECISION

5.1 Revision DRAFT COR.03.008.0.26 Medical Assistance in Dying (MAID) Policy

Recommendation: to approve the DRAFT COR.03.008.0.26 Medical Assistance in Dying (MAID) Policy as presented.

Motioned by: Dr. S. Farmer

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the DRAFT COR.03.008.0.26 Medical Assistance in Dying (MAID) Policy as presented.

CARRIED

5.2 Revision DRAFT CLI.01.047.0.26 Resuscitation Status

Recommendation: to approve the DRAFT CLI.01.047.0.26 Resuscitation Status Policy as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the DRAFT CLI.01.047.0.26 Resuscitation Status Policy as presented.

Discussion ensued around clarifications wanting to be made to the policy. Dr. S. Farmer will work with W. MacLeod on the changes and will email the policy for approval.

DEFERRED

5.3 Revision DRAFT 422-05-23 Medical Directive #5 Urine Samples

Recommendation: to approve the DRAFT 422-05-23 Medical Directive #5–Urine samples as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the DRAFT 422-05-23 Medical Directive #5–Urine samples as presented.

CARRIED

6. CREDENTIALS

6.1.1 Evaluations

6.1.1 Dr. Dr. Jacqueline Cochrane 6-month evaluation

Deferred.

7. REPORTS

7.1 Lab Director

Deferred.

MAC Minutes

Chief of Staff

Dr. MacKinnon reported on the following key points:

- Dr. S. Farmer is attending the Epic meetings around order sets.
- There is lots of talk about AI in several regional meetings, however HGMH is not at a point to be implementing AI yet
- A physician recruitment plan is being worked on and will be brought to MAC
- Early discussions have taken place to move the FHO to a FHT however no one has officially taken the lead on this. Becoming a FHT has a more turnkey model which is very appealing to those who want to start a practice. Dr. S. Farmer will reach out to Dr. Crabtree to see what kind of support can be offered to then get a working group formed to start working on this.
- Feedback was received from the annual evaluations in which the common theme was around the need for more communication. A poll will be put out to see what communication is being wanted. The newsletter will be condensed to information from MAC and departments and not include anything around nursing to keep it condensed. Discussion ensued around trying to get the physicians together for gatherings where big items can be discussed at the same time.
- Surge capacity concerns have been brought up in which patients over capacity are to be put in the surgical suite however during the last surge, the issue was the lack of nursing, not a space issue. R. Romany will follow up to see if there is an FAQ that can be shared around the new repatriation mandate. A one pager was created for nursing staff on this which will be shared with physicians.
- There is still a lag with admitted patients being kept in the ED for several hours later due to needing to cohort patients on the inpatient unit. A new inpatient manager was hired and is starting end of May and we are hopeful that will help with this metric.

Chief of Emergency

Dr. Farmer reported that an email has been drafted to outline where the money comes from to be able to fund the hiring of an NP as well as what this all would look like.

A portable phone was requested for physicians in ED since there is no other space for them to work quietly. This will allow them to be able to go to a different room if the nursing station is too loud.

The HOCC is going to be replaced with the burden base on call stipend as of October. A policy may need to be created internally once more information is received around the expectations. The policy currently says that the inpatient physician does not need to come back on site however, this is a significant increase for the inpatient physicians which could be helpful. A meeting is taking place this evening with the OMA around this in which the chiefs will all attempt to attend.

CCH is now a trauma center however there is no formal process for transferring to them. As of now, if there is an unstable patient, the process is still to call trauma in Ottawa. There is more to come on this.

MAC Minutes

Chief of Inpatient and Ambulatory Care

Dr. Read shared that a meeting is taking place tomorrow with Dr. K and leadership to look into occupancy rates. The inpatient physician is currently seeing a higher volume and acuity and as such, the team is looking into options such as splitting the week. The next inpatient physician meeting is taking place on May 27th to further discuss.

Professional Staff Association

Deferred

Chief Executive Officer

Deferred

Chief Nursing Executive

Nursing week is next week and a calendar of events will be shared.

Dr. Read will work with the new inpatient manager on discharge planning which will be the first focus.

Consent Agenda

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

Date and Time of Next Meeting

The next meeting is scheduled for June 2, 2026, at 12:00 PM.

Adjournment

The meeting was adjourned at 13:33 pm.

K-L Massia, Recorder

May 13, 2026, via email

Motioned by: Dr. Sara Farmer

Approved as presented by: Dr. Lisa MacKinnon, Dr. Dale Peffer, Dr. Dale Read.

THAT the DRAFT CLI.01.047.0.26 Resuscitation Status policy be approved as presented with the May 12, 2026, changes by the Medical Advisory Committee.

CARRIED

K-L Massia, Recorder

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

May 13, 2026 following the regular meeting in the Boardroom/MS Teams

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

Regrets: F. Desjardins

Summary of Discussion of the meeting

Quorum achieved

Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the agenda be approved as presented.

CARRIED

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

Matters for Discussion/Decisions

Board Award of Excellence

The nominees for the Board Award of Excellence 2026 were reviewed.

Moved By: G. Peters

Seconded By: Dr. S. Robertson

THAT the Finance, HR, and Audit Committee recommend to the Board of Directors the recipients for the 2026 Board Award of Excellence as presented.

Discussion ensued on the nominees and the two recipients were approved based on the recommendations of the Senior Leadership team.

CARRIED

Meeting Adjourned.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 4, 2026 Meeting Date Prepared for: May 13, 2026 – Quality
May 28, 2026 - Board
 Subject: Professional Staff HR Plan
 Prepared by: Dr. Lisa MacKinnon

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

To provide an update on ongoing physician recruitment initiatives and outline current staffing needs for emergency and inpatient physician coverage, as well as efforts to attract family physicians to available practice opportunities within the hospital.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

SITUATION & BACKGROUND

The hospital continues to actively recruit 1–2 Emergency Department and 1-2 inpatient physicians to support shift coverage, vacation relief, and service sustainability. Due to fluctuating scheduling requirements, a guaranteed minimum number of monthly shifts cannot currently be offered, which may impact recruitment efforts for some candidates.

At present, the Emergency Department schedule is fully staffed through July 2026, while the inpatient schedule is filled through October 2026, with one week remaining vacant in September.

Recruitment efforts also remain focused on securing 1–2 family physicians to support continuity of care within the community. Two vacant physician office spaces within the hospital continue to be promoted as an attractive opportunity for prospective recruits.

Physician recruitment initiatives are being advanced through multiple regional and national partnerships and events. Suzanne Laframboise and the Dr. L. MacKinnon continue to represent the organization on the Health Human Resources (HHR) Regional Subcommittee and Workforce Attraction and Recruitment Working Group, with a focus on out-of-province and international physician recruitment. The GR OHT has also joined eOPRA (Eastern Ontario Physician Recruitment Alliance, and S. Laframboise is now a member of CaSPR (Canadian Society of Physician Recruitment).

Recent Recruitment Activities:

- Attendance at the Rural & Remote conference in Quebec City included staffing the GROHT-funded booth, reinforcing the importance of maintaining a strong presence at recruitment events. It was noted that while some learners were aware of the organization, others were unfamiliar with the hospital, highlighting ongoing visibility challenges for rural recruitment.
- S. Laframboise recently attended the CaSPR conference, which focuses on physician recruitment and retention strategies.
- S. Laframboise will represent the hospital at the GROHT booth at upcoming fall recruitment events, including:



- FMF Conference (Family Medicine Forum),
- FMRQ (Fédération des médecins résident-e-s),
- uOttawa Family Medicine Job Fair.

To further strengthen recruitment efforts, we are focusing on building our Medical Student/Resident program.

- From April 2025 to March 31, 2026, we hosted 14 different medical learners and residents, this was an impressive achievement! Feedback from the students/residents and universities has been very positive.
- We are currently preparing for the Rural Community/Discovery Weeks, May 25-29 and June 1-5. We are working with ERMEP and are expecting 2 students each week from Ottawa and Queen's University combined.
- A third-year medical student from Queen's University will be with us from June 1-September 4, 2026. She will be completing her family practice component with Dr. Crevier.
- A medical resident who was with us for electives in family practice, inpatient and emergency experience, is scheduled to join us for her POCUS Fellowship from July 29-September 22, 2026. She has requested an application for privileges and is hoping to moonlight in ED or Inpatient on days where she is not scheduled for Fellowship hours.

SUMMARY

The organization continues to maintain stable short-term physician coverage while actively advancing recruitment efforts for Emergency Department, inpatient, and family medicine physicians. Recruitment initiatives, partnerships, and learner programs remain key strategies to support long-term workforce sustainability and continuity of care.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 1, 2026 Meeting Date Prepared for: May 13, 2026 – Quality
May 28, 2026 - board
 Subject: 2025-2026 Physician Engagement & Wellness Survey Results
 Prepared by: Dr. L. MacKinnon, Chief of Staff

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

To inform that the results of the recent Physician Engagement and Wellness Survey will be deferred due to insufficient participation and limited qualitative feedback.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- The Physician Engagement and Wellness Survey is distributed annually to physicians who provide on-site services at HGMH. The purpose of the survey is to assess physician engagement, wellness, and opportunities for organizational improvement, while supporting ongoing dialogue regarding physician experience and well-being within the organization.
- Of the 32 physicians surveyed, only five physicians completed the survey, representing approximately 15% participation. In addition, only three respondents provided written comments or qualitative feedback.
- Given the limited response rate and minimal narrative input, the results are not considered sufficiently representative to provide an accurate or meaningful assessment of physician engagement and wellness across the organization.
- **Next steps:**
 - Medical Leadership will review opportunities to improve physician participation, including communication strategies and methods to encourage greater feedback and involvement. The survey will remain open for an extended period, and updated results and analysis will be brought forward in the fall once a more representative response rate has been achieved.



Pay for Performance 2025-2026

Robert Alldred-Hughes, President & Chief Executive Officer

While it is the intent to award performance-based compensation on pre-determined goals and performance relating to achieving these goals, discretion will be retained by the Executive Committee of the Board for the CEO and COS in determining the actual performance pay amount to be recommended to the Board for any exceptional circumstances that may arise during the fiscal period.

PERFORMANCE ASSESSMENT CATEGORY	DID NOT ACHIEVE	ALMOST FULLY ACHIEVED	FULLY ACHIEVED
WEIGHTED PAYMENT OF 3% AT RISK	0	50%	100%
GOAL #1 QUALITY (50% WEIGHTING)	0	0.75%	1.5%
GOAL #2 FINANCIAL (30% WEIGHTING)	0	0.45%	0.9%
GOAL #3 STRATEGIC (20% WEIGHTING)	0	0.30%	0.6%

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
QUALITY (50% weighting)	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%
	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%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
FINANCIAL (30% weighting)	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.	\$150K Surplus	Balanced Budget	Unaudited surplus of \$35K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30%
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
STRATEGIC (20% weighting)	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20%
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Total performance pay amount achieved: 100%



Pay for Performance 2025-2026

Dr. Lisa MacKinnon, Chief of Staff

While it is the intent to award performance-based compensation on pre-determined goals and performance relating to achieving these goals, discretion will be retained by the Executive Committee of the Board for the CEO and COS in determining the actual performance pay amount to be recommended to the Board for any exceptional circumstances that may arise during the fiscal period.

PERFORMANCE ASSESSMENT CATEGORY	DID NOT ACHIEVE	ALMOST FULLY ACHIEVED	FULLY ACHIEVED
WEIGHTED PAYMENT OF 2% AT RISK	0	50%	100%
GOAL #1 QUALITY (50% WEIGHTING)	0	0.75%	1.5%
GOAL #2 FINANCIAL (30% WEIGHTING)	0	0.45%	0.9%
GOAL #3 STRATEGIC (20% WEIGHTING)	0	0.30%	0.6%

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
QUALITY (50% weighting)	% 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
FINANCIAL (30% weighting)	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30%

	Goal	2024/2025 Performance	2025/26 Target	Current Performance	Did Not Achieve Goal (0)	Almost Fully Achieved Goal (50%)	Fully Achieved Goal (100%)	Total Performance Pay Amount
STRATEGIC (20% weighting)	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20%
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total performance pay amount achieved: 100%