

## Board of Directors Meeting Agenda

Date: Thursday, June 18, 2026  
 Time: 5:00pm - 8:00pm  
 Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
<b>5:00</b>	<b>1. Call to Order (Dr. S. Robertson)</b>	
(1 min)	1.1 Confirmation of Quorum	
(1 min)	1.2 Land Acknowledgment	
(1 min)	1.3 Adoption of the agenda	P. 1-2
(1 min)	1.4 Declaration of Conflict of Interest ( <a href="#">Policy BOD.05.003.X.XX</a> )	
<b>5:04</b>	<b>2. Minutes (Dr. S. Robertson)</b>	
(1 min)	2.1 Approval of previous meeting minutes - May 28, 2026	P. 3-7
(1 min)	2.2 Business arising from minutes	
<b>5:06</b>	<b>3. Education</b>	
(10 min)	3.1 Patient Story (R. Alldred-Hughes)	
<b>5:16</b>	<b>4. Matters for Discussion/Decision</b>	
(5 min)	4.1 Report of the Board Chair (Dr. S. Robertson)	
(5 min)	4.2 Report of the President & CEO (R. Alldred-Hughes)	P. 8-9
(5 min)	4.3 Report of the Chief Human Resources Officer (K. MacGillivray)	P. 10-11
(5 min)	4.4 Report of the Patient and Family Advisory Committee (J. Shackleton)	
(5 min)	4.5 Report of the Chair of Finance, HR, and Audit Committee (C. Nagy)	
(5 min)	4.6 Audited Financial Statements (C. Nagy / L. Ramsay) <b>THAT the Board of Directors bring forward the audited financial statements for 2025-2026 for approval as presented at the Annual Meeting.</b>	P. 12-36
(5 min)	4.7 Recommendation of Auditor (C. Nagy / L. Ramsay) <b>THAT the Board of Directors bring forward recommendation at the Annual General Meeting that MNP be appointed auditor for the 2026-2027 fiscal year.</b>	
(5 min)	4.8 HSAA Declaration of Compliance (C. Nagy / R. Alldred-Hughes) <b>THAT the Board of Directors approve the HSAA Declaration of Compliance for 2025-2026 as presented.</b>	P. 37-38
(5 min)	4.9 BPSAA Attestation (C. Nagy / R. Alldred-Hughes) <b>THAT the Board of Directors approve the BPSAA attestation for 2025-2026 as presented.</b>	P. 39-42
(5 min)	4.10 Capital Redevelopment Planning Update (C. Nagy / R. Alldred-Hughes)	P. 43-44
(5 min)	4.11 Report of the Chair of French Language Services Committee (G. Raby)	
(5 min)	4.12 Annual French Language Services Dashboard (G. Raby / L. Ramsay)	P. 45
(5 min)	4.13 Report of the Chair of Governance and Nominating Committee (L. Boyling)	
(5 min)	4.14 Board Education Plan (L. Boyling / R. Alldred-Hughes) <b>THAT the Board of Directors approve the education sessions for 2026/2027 as presented.</b>	P. 46
(5 min)	4.15 Review Board Orientation (L. Boyling / R. Alldred-Hughes) <b>THAT the Board of Directors approve the Board Orientation as presented.</b>	P. 47-48
(5 min)	4.16 Review Committee Schedule and Membership for 2026-2027 (L. Boyling) <b>THAT the Board of Directors approve the 2026-2027 version (1 or 2), committee and Board meeting schedule and the committee membership as presented.</b>	P. 49-51
<b>6:36</b>	<b>5. Consent Agenda</b> (a formal request is to be made with the Board Chair to move an item out of the consent agenda for it to be discussed)	
	5.1 Draft Finance, HR, and Audit Committee Report	P. 52-54
	5.2 Q4 HR Metrics	P. 55-57
	5.3 Draft French Language Services Committee Report	P. 58
	5.4 Report from Senior Management Delegate for French Language Services	P. 59-60
	5.5 Draft Governance and Nominating Committee Report	P. 61-63
	5.6 Board Committee Workplans 2026-2027	P. 64-66
	5.7 Board and Committee Expense Policy (BOD.04.001)	P. 67-69
	5.8 Board of Directors Orientation Program (BOD.05.015)	P. 70
	5.9 Board Attendance	P. 71-74
	<b>THAT the Board of Directors approve and receive all documents as presented in the consent agenda.</b>	
<b>6:37</b>	<b>6. Correspondence (Dr. S. Robertson)</b>	P. 75

Time	Agenda Item	Attachment
6:38	7. Date of Next Meeting - September 2026	
	8. Closing Remarks & Adjournment (Dr. S. Robertson)	

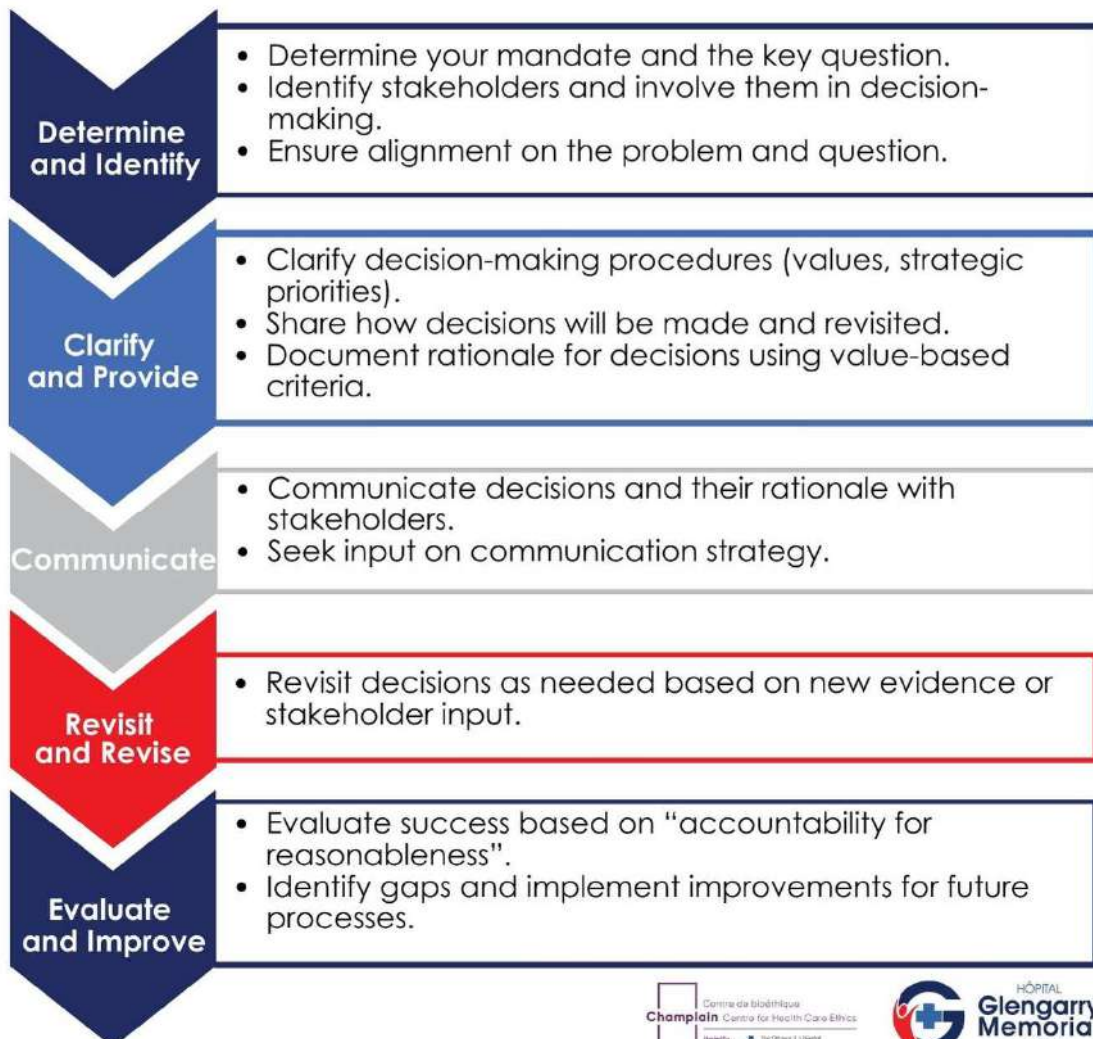
\*Meeting Moves to In Camera

## Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

### Values that Optimize Fairness in the Process of Decision-Making



### A4R Action Steps



## MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

Date Thursday, May 28, 2026  
Time 5:00pm-8:00pm  
Location Boardroom / Microsoft Teams

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

### 1. Call to Order

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

#### 1.1 Quorum

A quorum was present.

#### 1.2 Land Acknowledgment

K-L. Massia read the land acknowledgment.

#### 1.3 Adoption of the Agenda

The agenda was reviewed.

Moved By: F, Desjardins

Seconded By: G. Peters

THAT the agenda be adopted as presented.

**CARRIED**

#### 1.4 Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

### 2. Minutes

#### 2.3 Approval of the Minutes

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

Moved By: C. Nagy

Seconded By: C. Larocque

THAT the minutes of the April 23, 2026 meeting be approved as presented.

**CARRIED**

#### 2.2 Business Arising from the Minutes

Nothing to bring forward.

### 3. Education

R. Romany presented a summary of the Ontario Hospital Executive Program in Artificial

Intelligence (AI).

#### 4 Matters for Discussion/Decision

##### 4.1 Report of the Board Chair

The Chair encouraged Directors to bring their spouses to the Annual Meeting. A third party event is taking place at the arena on June 19<sup>th</sup> with proceeds going to the Foundation and the annual golf tournament will be held on August 28<sup>th</sup>.

A board management software system will be looked into and considered, however in the meantime, issues with hospital email access should be directed to IT.

The garden was planted at the hospital in which volunteers are needed to help with watering and weeding.

Proximity gave a great session on board succession and continuity during the Healthcare Leadership Summit in which the CEO and Vice-Chair attended.

##### 4.2 Report of the President & CEO

The slides from session 1 of the OHA fundamental of financial oversight presentation have been uploaded to the Board portal and some of these slides will be integrated into the board orientation presentation.

There was significant discussion about AI at the leadership summit. All of the local partners will be getting together in the fall to discuss how a collaborative approach can be taken to develop a proposal with some AI initiatives that could be implemented.

##### 4.3 Report of the VP Corporate Services & CFO

Updates were shared on hospital upgrades that have taken place including the installation of a deluge shower, new flooring and paint in the emergency department, as well as new counters being installed. The patient registration desk (CWS) has also been relocated into a brand-new space. Work continues to progress well with the Epic project.

##### 4.4 Report of the Patient and Family Advisory Committee

Deferred

##### 4.5 Report of the Chair of Quality & Patient Safety Committee

A very productive quality meeting took place with lots of good discussion. Congratulations were expressed to the team for getting quality integrated into all the work being done across the organization.

##### 4.6 Q4 2025-2026 Quality Improvement Plan

The Q4 results of the 2025-2026 quality improvement plan were reviewed and discussed.

Moved By: C. Larocque

Seconded By: L. Boyling

That the Board of Directors review and receive the Q4 quality improvement plan results for 2025-2026 as presented.

All indicators were achieved for 2025-2026.

**CARRIED**

#### 4.7 Q4 2025-2026 Quality & Safety Scorecard

The Q4 results of the 2025-2026 quality & safety scorecard were reviewed and discussed.

Moved By: C. Nagy

Seconded By: G. Peters

THAT the Board of Directors review and receive the Q4 quality & safety scorecard results for 2025-2026 as presented.

**CARRIED**

#### 4.8 Patient Satisfaction Survey Results

The patient satisfaction survey results were discussed.

Moved By: F. Desjardins

Seconded By: D. Elie

THAT the Board of Directors review and receive the patient satisfaction survey results as presented.

Work continues to be done on letting patients know the wait times in the emergency department.

**CARRIED**

#### 4.9 Report of the Chair of Finance, HR and Audit Committee

The audited financial statements are being presented at the next meeting. The OHA fundamentals of financial oversight presentation recently took place in which there was lots of good discussions.

#### 4.10 Financial Statements and Statistical Information - February 2026

The financial statements and statistical information for February 2026 was reviewed and discussed.

Moved By: F. Desjardins

Seconded By: G. Peters

THAT the Board of Directors review and receive the financial statements for February 2026 as presented.

February ended with a small deficit of \$18,163.

**CARRIED**

#### 4.11 Q3/Q4 Investments

The investments for Q3/Q4 were reviewed and discussed.

Moved By: G. Raby

Seconded By: D. Elie

THAT the Board of Directors review and receive the investments for Q3 and Q4 as presented.

The majority of investments are in the endowment fund which are donations given from the public directly to the hospital. Donations are encouraged to go to the Foundation.

**CARRIED**

#### 4.12 Water Main Entrance Replacement

Discussion ensued on a change to the capital plan as it was determined that the water main entrance no longer needs to be replaced. As such, recommendation was made to use the funds to cover the electrical upgrade engineering fees.

Moved By: C. Larocque

Seconded By: F. Desjardins

THAT Board of Directors approve that the capital plan item “Water Main Entrance Replacement” be replaced with “Electrical Upgrade Engineering Fees” in the amount of \$ 200,000.

**CARRIED**

#### 4.13 Psychological Safety Program

The psychological safety program was presented. While it is not mandatory to implement, it is good for the organization. This program will be implemented over a three-year period with progress and updates being shared along the way.

#### 4.14 Epic Implementation Update

Work is being done on registering staff for training which is taking place over the summer. Lots of work is being done on order sets from the physicians and this work will continue even after implementation. The project continues to move along well and there are no concerns for implementation at this time.

#### 4.15 Report of the Chair of Governance & Nominating Committee

The last meeting was a lighter one in which some discussion ensued on planning for the AGM and policies were reviewed.

#### 4.16 Q4 Strategic Actions

The Q4 results of the strategic actions were reviewed and discussed.

Moved By: D. Elie

Seconded By: G. McDonald

THAT the Board of Directors review and receive the Q4 Strategic Actions as presented.

Congratulations were expressed to the team on achieving these results albeit a very busy year. There are two indicators that are not listed as complete as they remain on going.

**CARRIED**

### 5 Consent Agenda

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

5.1 Draft Quality & Patient Safety Committee Report

5.2 BPSO Updates

5.3 Trillium Gift of Life Report

5.4 Draft Finance, HR, and Audit Committee Report

5.5 Q3/Q4 Executive Expense Report

5.6 Talent Management Program

5.7 Draft Governance & Nominating Committee Report

5.8 Policy Review - Minutes of Regular and In Camera Meetings (BOD.05.014)

5.9 Policy Review - Board Award of Excellence (BOD.06.011)

5.10 Inclusion, Diversity, Equity & Anti-Racism Update

Moved By: C. Larocque

Seconded By: F. Desjardins

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

**CARRIED**

6 **Correspondence**

Correspondence was included in the meeting package.

7 **Date of Next Meeting**

Thursday, June 18, 2026, at 5:00pm

Meeting adjourned at 6:38pm

K-L. Massia, Recording Secretary

DRAFT

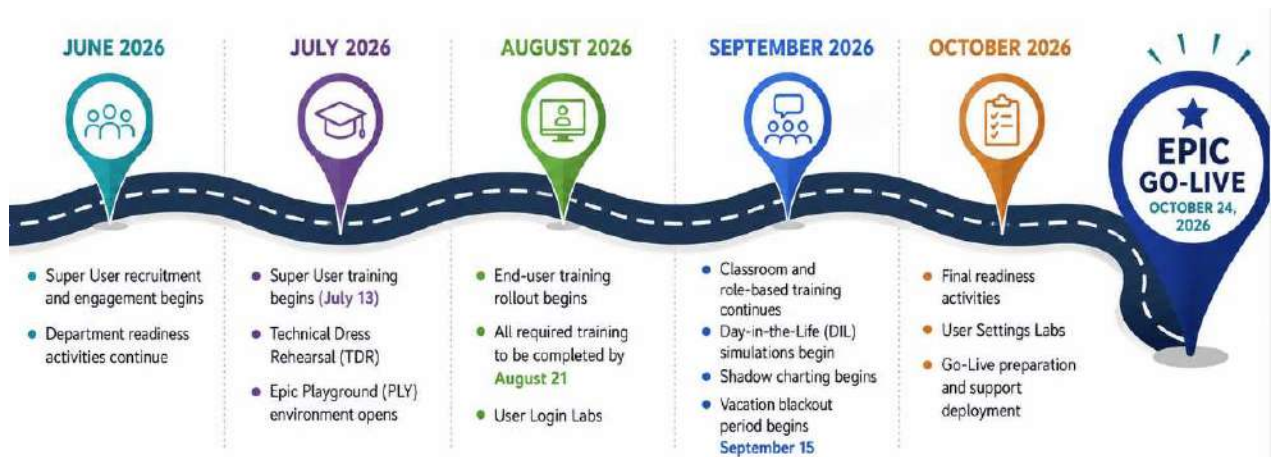
## Report of the President & CEO

June 18, 2026 Board of Directors

### Our road to EPIC

To support ongoing organizational readiness for the implementation of Epic on October 24, 2026, a communication roadmap has been developed and shared with staff and physicians outlining the key milestones over the final months leading to go-live. The roadmap highlights upcoming activities including Super User recruitment and training, technical dress rehearsals, end-user training, workflow simulations, shadow charting, user settings labs, and final readiness preparations.

As the organization enters the most intensive phase of implementation, these communications are intended to ensure all staff and physicians understand what is expected of them, key dates and training requirements, and how they can prepare for the transition. The coming months will require significant engagement across all departments as HGMH works toward a successful go-live and the realization of a more integrated and connected digital health record for patients, families, staff, and providers.



### Ontario College of Pharmacists Assessment

On June 2, 2026, HGMH participated in its biennial assessment conducted by the Ontario College of Pharmacists. These assessments occur every two years and are designed to evaluate compliance with professional standards, medication management practices, patient safety processes, documentation, quality assurance activities, and the overall operation of the hospital pharmacy program.

The assessment process proceeded well, with the surveyor noting a high level of engagement and professionalism from the team. Pharmacy staff and organizational leaders were well prepared and demonstrated a strong commitment to quality, safety, and continuous improvement throughout the review. We are currently awaiting the final report and any recommendations arising from the assessment. I would like to thank the Pharmacy team, and Annik MacLeod, Manager of Pharmacy, for their preparation and participation in what was a positive assessment experience.



### CT Planning Update

The CT Acquisition & Implementation Working Group continues to meet regularly and has advanced planning related to equipment procurement, facility readiness, infrastructure requirements, clinical workflows, staffing, and implementation timelines. Work is also underway to finalize project governance, operational planning, and readiness activities required to support a successful launch of CT services.

As detailed planning has progressed, updated project estimates are now approaching the upper limit of the Board-approved budget of \$3.5 million. Administration will be engaging the Ministry of Health regarding approvals required as project costs have surpassed the original 2023 estimate provided to the Ministry of just over \$3.1 million. Cost increases have been driven by significant escalation in construction costs, inflationary pressures impacting medical equipment and technology, and refinements identified through the planning and design process. Electrical infrastructure requirements remain a key project dependency and continue to be actively managed as part of overall project planning.

The project remains on track toward the planned 2027 implementation date, with leadership continuing to monitor project costs, timelines, risks, and funding requirements and providing updates to the Board as key milestones are achieved. Future updates will generally flow through the Resources and Finance Committee.

### Kids Come First Annual General Meeting

HGMH participated in the Kids Come First Annual General Meeting, which brought together health care organizations, community partners, physicians, and family representatives from across Eastern Ontario to review progress and priorities related to the delivery of integrated pediatric care. Discussions focused on strengthening access to care, improving coordination across the pediatric health system, advancing equity and family-centred care, and supporting children and youth to receive care closer to home whenever possible.

Participation in Kids Come First continues to support HGMH's efforts to strengthen partnerships with regional pediatric providers, including CHEO and community-based organizations, while ensuring local families have access to coordinated, high-quality care within an integrated regional network.

### **Upcoming Events/Special Dates**

- June 19 – Community BBQ benefiting the HGMH Foundation
- June 24 – HGMH Foundation Annual Meeting –Michel Depratto Hall - 4:00pm
- June 25 – HGMH Annual Meeting –Michel Depratto Hall - 6:00pm
- August (19 or 20 TBD) – HGMH New Board Member Orientation
- August 28 – HGMH Foundation Annual Golf Tournament

## Report of the Chief Human Resources Officer

*June 18, 2026 Board Meeting*

### **2025-2026 Health & Safety and Wellness Accomplishments**

The organization continued to advance its commitment to workplace health, safety, and staff well-being through a combination of education, prevention, environmental improvements, and workplace violence mitigation initiatives.

Key activities included monthly health and safety communications for leaders and staff, covering topics such as chemical safety, eye wash procedures, conflict management, and psychological safety. Mock Code White tabletop exercises were completed across all departments to strengthen emergency preparedness and staff response capabilities.

Significant efforts were undertaken to address workplace violence. Patients with multiple incidents of violent behaviour now have individualized care plans developed, and enhanced security measures, including 24/7 bedside security support for high-risk patients, were implemented when required. The organization also transitioned security services from Commissionaires to Allied Universal to support evolving safety needs.

Throughout the year, staff participated in a variety of educational and wellness initiatives, including asbestos awareness, IDEA training, mandatory WHMIS education, psychological health and safety presentations, self-compassion micro-learning sessions, Bell Let's Talk Day events, and CPI De-Escalation (NVC) Train-the-Trainer certification. Additional staff engagement and wellness activities included health promotion campaigns, quizzes, recognition events, and community outreach initiatives.

Several environmental and workplace improvements were completed, including HVAC air and water balancing, redesign of the Medicine Unit clean utility room, opening of the Spiritual and Cultural Care Room, implementation of enhanced lockdown and infection prevention measures, and the relocation of the CWS workspace. The CWS move addressed longstanding concerns related to noise, communication challenges, and workspace design, resulting in a significantly improved and safer work environment for staff.

Overall, these initiatives demonstrate the organization's ongoing commitment to fostering a safe, healthy, inclusive, and supportive workplace while proactively addressing both physical and psychological health and safety risks.

### **Human Resources Project Management Certification**

I successfully completed an HR Project Management Certification program focused on leading complex organizational initiatives. This training is particularly relevant to my role, as the Project Manager reports through my portfolio and I oversee several key projects, including the implementation of a new scheduling platform, Applicant Tracking System (ATS), and Learning Management System (LMS). The certification has strengthened my ability to effectively plan, lead, and deliver strategic projects that support organizational priorities.

### 2026 Volunteer Appreciation Lunch

This year's Volunteer Appreciation Lunch was held in conjunction with the Auxiliary's 60th Anniversary, celebrating six decades of dedicated service and support to the hospital and community. The event, hosted at the Alexandria Curling Club, embraced a fun 1960s theme in recognition of the year the Auxiliary was founded. Volunteers and guests enjoyed a lunch of 60s themed food, appreciation, and entertainment, highlighted by a performance from *Simply Singing*, the Alexandria women's choir. The celebration provided an opportunity to recognize the invaluable contributions of our volunteers and Auxiliary members, whose commitment continues to enhance the patient, family, and staff experience at HGMH.



### Clinical Externship Program

We have participated in Ontario Health's Enhanced Extern Program since 2023. The program provides nursing and allied health students with paid clinical employment opportunities, allowing them to work in unregulated care provider roles under the supervision of regulated health professionals while gaining valuable hands-on experience in a hospital setting. The program has become an important recruitment and retention strategy, helping hospitals build future healthcare capacity and strengthen workforce pipelines.

Since joining the program, HGMH has welcomed a total of 21 clinical externs, including nine in 2023, three in 2024, four in 2025, and five in 2026. Most externs remain employed with the organization throughout their academic programs, providing continuity of care, building familiarity with hospital operations, and strengthening their connection to the organization and community. They can work up to full-time and pick up shifts throughout the year during their schooling.

The program is coordinated by Laura MacMillan, Clinical Scholar, who provides mentorship, guidance, and support to externs as they develop their clinical knowledge and skills. Clinical externs have become valued members of the care team, contributing to patient care while gaining practical experience in a rural hospital environment.

The Enhanced Extern Program continues to support HGMH's workforce planning strategy by creating a pipeline of future healthcare professionals and increasing opportunities to recruit graduates who are already familiar with the organization's culture, values, and model of care.



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Financial statements of  
États financiers de  
Hôpital Glengarry Memorial Hospital

March 31, 2026  
31 mars 2026

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Independent Auditor's Report	1 – 4	Rapport de l'auditeur indépendant
Statement of operations	5	État des résultats
Statement of changes in net assets	6	État de l'évolution de l'actif net
Balance sheet	7	Bilan
Statement of cash flow	8	État des flux de trésorerie
Notes to the financial statements	9 – 22	Notes complémentaires
Supplementary financial information – Schedule 1	23	Renseignements complémentaires – Annexe 1

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## Independent Auditor's Report

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To the Board of Directors of  
Hôpital Glengarry Memorial Hospital

### Opinion

We have audited the financial statements of Hôpital Glengarry Memorial Hospital (the "Hospital"), which comprise the balance sheet as at March 31, 2026, and the statements of operations, changes in net assets and cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2026, and the results of its operations, changes in its net assets and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

#### MNP s.r.l./LLP

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As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Hawkesbury ON  
June 3, 2026

**MNP LLP**

Chartered Professional Accountants  
Licensed Public Accountants

## Rapport de l'auditeur indépendant

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Au conseil d'administration de  
Hôpital Glengarry Memorial Hospital

### Opinion

Nous avons effectué l'audit des états financiers de Hôpital Glengarry Memorial Hospital (l'« Hôpital »), qui comprennent le bilan au 31 mars 2026, et les états des résultats, de l'évolution de l'actif net et des flux de trésorerie pour l'exercice terminé à cette date, ainsi que les notes complémentaires, y compris le résumé des principales méthodes comptables (appelés collectivement les « états financiers »).

À notre avis, les états financiers ci-joints donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de l'Hôpital au 31 mars 2026, ainsi que des résultats de ses activités, de l'évolution de son actif net et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes du secteur public.

### Fondement de l'opinion

Nous avons effectué notre audit conformément aux normes d'audit généralement reconnues du Canada. Les responsabilités qui nous incombent en vertu de ces normes sont plus amplement décrites dans la section « Responsabilités de l'auditeur à l'égard de l'audit des états financiers » du présent rapport. Nous sommes indépendants de l'Hôpital conformément aux règles de déontologie qui s'appliquent à l'audit des états financiers au Canada et nous nous sommes acquittés des autres responsabilités déontologiques qui nous incombent selon ces règles. Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

### Responsabilités de la direction et des responsables de la gouvernance à l'égard des états financiers

La direction est responsable de la préparation et de la présentation fidèle des états financiers conformément aux normes comptables canadiennes du secteur public, ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Lors de la préparation des états financiers, c'est à la direction qu'il incombe d'évaluer la capacité de l'Hôpital à poursuivre son exploitation, de communiquer, le cas échéant, les questions relatives à la continuité de l'exploitation et d'appliquer le principe comptable de continuité d'exploitation, sauf si la direction a l'intention de liquider l'Hôpital ou de cesser son activité ou si aucune autre solution réaliste ne s'offre à elle.

Il incombe aux responsables de la gouvernance de surveiller le processus d'information financière de l'Hôpital.

### Responsabilités de l'auditeur à l'égard de l'audit des états financiers

Nos objectifs sont d'obtenir l'assurance raisonnable que les états financiers pris dans leur ensemble sont exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, et de délivrer un rapport de l'auditeur contenant notre opinion. L'assurance raisonnable correspond à un niveau élevé d'assurance, qui ne garantit toutefois pas qu'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada permettra toujours de détecter toute anomalie significative qui pourrait exister. Les anomalies peuvent résulter de fraudes ou d'erreurs et elles sont considérées comme significatives lorsqu'il est raisonnable de s'attendre à ce que, individuellement ou collectivement, elles puissent influencer sur les décisions économiques que les utilisateurs des états financiers prennent en se fondant sur ceux-ci.

Dans le cadre d'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada, nous exerçons notre jugement professionnel et faisons preuve d'esprit critique tout au long de cet audit. En outre :

- nous identifions et évaluons les risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, concevons et mettons en œuvre des procédures d'audit en réponse à ces risques, et réunissons des éléments probants suffisants et appropriés pour fonder notre opinion. Le risque de non-détection d'une anomalie significative résultant d'une fraude est plus élevé que celui d'une anomalie significative résultant d'une erreur, car la fraude peut impliquer la collusion, la falsification, les omissions volontaires, les fausses déclarations ou le contournement du contrôle interne;
- nous acquérons une compréhension des éléments du contrôle interne pertinents pour l'audit afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'Hôpital;
- nous apprécions le caractère approprié des méthodes comptables retenues et le caractère raisonnable des estimations comptables faites par la direction, de même que des informations y afférentes fournies par cette dernière;
- nous tirons une conclusion quant au caractère approprié de l'utilisation par la direction du principe comptable de continuité d'exploitation et, selon les éléments probants obtenus, quant à l'existence ou non d'une incertitude significative liée à des événements ou situations susceptibles de jeter un doute important sur la capacité de l'Hôpital à poursuivre son exploitation. Si nous concluons à l'existence d'une incertitude significative, nous sommes tenus d'attirer l'attention des lecteurs de notre rapport sur les informations fournies dans les états financiers au sujet de cette incertitude ou, si ces informations ne sont pas adéquates, d'exprimer une opinion modifiée. Nos conclusions s'appuient sur les éléments probants obtenus jusqu'à la date de notre rapport. Des événements ou situations futurs pourraient par ailleurs amener l'Hôpital à cesser son exploitation;
- nous évaluons la présentation d'ensemble, la structure et le contenu des états financiers, y compris les informations fournies dans les notes, et apprécions si les états financiers représentent les opérations et événements sous-jacents d'une manière propre à donner une image fidèle.

Nous communiquons aux responsables de la gouvernance notamment l'étendue et le calendrier prévus des travaux d'audit et nos constatations importantes, y compris toute déficience importante du contrôle interne que nous aurions relevée au cours de notre audit.

Hawkesbury (Ontario)  
Le 3 juin 2026

*MNP sr l*

Comptables professionnels agréés  
Experts-comptables autorisés



**Hôpital Glengarry  
Memorial Hospital  
Statement of operations**

For the year ended March 31, 2026

**Hôpital Glengarry  
Memorial Hospital  
État des résultats**

Exercice terminé le 31 mars 2026

	2026	2025	
	\$	\$	
<b>Revenues</b>			<b>Revenus</b>
Ontario Ministry of Health and Long-Term Care (MOHLTC) – patient care	19,617,054	18,436,152	Ministère de la Santé et des Soins de longue durée de l'Ontario (MSSLD) – soins aux patients
Other funding	3,542,873	2,948,268	Autres financements
Provincial insurance plan	2,323,703	2,567,859	Régime provincial d'assurance
Marketed services	63,517	73,533	Services commercialisés
Co-payments – chronic care	40,274	26,034	Quote-part – soins chroniques
Preferred accommodation	167,251	209,761	Suppléments aux chambres
Recoveries and other	629,183	703,228	Recouvrements et autres
Investment income	69,474	73,725	Revenus de placements
	<b>26,453,329</b>	<b>25,038,560</b>	
<b>Expenses</b>			<b>Charges</b>
Inpatient	6,703,901	6,519,157	Patients hospitalisés
Diagnostic and therapeutic services	4,444,106	3,362,104	Diagnostics et services thérapeutiques
Ambulatory care and emergency services	7,469,858	6,373,838	Soins ambulatoires et services d'urgence
Support services	2,668,544	2,548,871	Services de soutien
Administration	3,201,662	3,978,964	Administration
Education	418,038	286,899	Formation
Marketed services	123,917	119,301	Services commercialisés
Buildings and land maintenance	1,084,358	1,115,184	Entretien des bâtiments et du terrain
	<b>26,114,384</b>	<b>24,304,318</b>	
Excess of revenues over expenses before amortization	<b>338,945</b>	734,242	Excédent des revenus sur les charges avant amortissement
Amortization of capital assets	<b>(1,121,418)</b>	(1,203,227)	Amortissement des immobilisations corporelles
Amortization of deferred contributions related to capital assets	<b>669,388</b>	668,591	Amortissement des apports reportés afférents aux immobilisations corporelles
	<b>(452,030)</b>	<b>(534,636)</b>	
<b>(Deficiency) excess of revenues over expenses</b>	<b>(113,085)</b>	199,606	<b>(Insuffisance) excédent des revenus sur les charges</b>

The accompanying notes and schedule are an integral part of the financial statements.

Les notes complémentaires et l'annexe font partie intégrante des états financiers.



**Hôpital Glengarry  
Memorial Hospital**  
**Statement of changes in net assets**  
For the year ended March 31, 2026

**Hôpital Glengarry  
Memorial Hospital**  
**État de l'évolution de l'actif net**  
Exercice terminé le 31 mars 2026

	Investment in capital assets/ Investis- sement dans les immobili- sations corporelles	Restricted/ Affecté	Unrestricted/ Non affecté	Capital fund reserve/ Réserve du fonds de capital	2026	2025	
	\$	\$	\$	\$	\$	\$	
	(Note 10)						
<b>Balance, beginning of year</b>	4,165,941	889,351	(3,605,853)	1,233,053	<b>2,682,492</b>	2,482,886	<b>Solde au début</b>
(Deficiency) excess of revenues over expenses	(452,030)	38,876	293,969	6,100	<b>(113,085)</b>	199,606	(Insuffisance) excédent des revenus sur les charges
Net change in investment in capital assets (Note 10)	1,578,119	-	(1,578,119)	-	-	-	Variation nette de l'investissement dans les immobilisations corporelles (note 10)
<b>Balance, end of year</b>	<b>5,292,030</b>	<b>928,227</b>	<b>(4,890,003)</b>	<b>1,239,153</b>	<b>2,569,407</b>	<b>2,682,492</b>	<b>Solde à la fin</b>

The accompanying notes and schedule are an integral part of the financial statements.

Les notes complémentaires et l'annexe font partie intégrante des états financiers.



**Hôpital Glengarry  
Memorial Hospital  
Balance sheet**

March 31, 2026

**Hôpital Glengarry  
Memorial Hospital  
Bilan**

31 mars 2026

	2026	2025	
	\$	\$	
<b>Assets</b>			<b>Actif</b>
Current assets			Actif à court terme
Cash	2,010,486	2,004,162	Encaisse
Accounts receivable (Note 4)	753,696	1,238,927	Débiteurs (note 4)
Inventories	145,889	157,972	Stocks
Prepaid expenses	207,541	203,761	Frais payés d'avance
Current portion of investments (Note 5)	88,708	207,816	Tranche à court terme des placements (note 5)
	<b>3,206,320</b>	<b>3,812,638</b>	
Investments (Note 5)	670,000	535,000	Placements (note 5)
Capital assets (Note 6)	11,474,831	10,661,623	Immobilisations corporelles (note 6)
	<b>15,351,151</b>	<b>15,009,261</b>	
<b>Liabilities</b>			<b>Passif</b>
Current liabilities			Passif à court terme
Bank loans (note 7)	812,892	-	Emprunts bancaires (note 7)
Accounts payable	437,100	463,771	Créditeurs
Accrued liabilities	3,875,179	4,044,891	Charges à payer
Deferred revenues	145,011	145,011	Revenus reportés
	<b>5,270,182</b>	<b>4,653,673</b>	
Deferred contributions – capital assets (Note 8)	6,182,801	6,495,682	Apports reportés – immobilisations corporelles (note 8)
Employee future benefits (Note 9)	1,328,761	1,177,414	Avantages sociaux futurs (note 9)
	<b>12,781,744</b>	<b>12,326,769</b>	
Contingencies and commitments (Notes 13 and 14)			Éventualités et engagements (notes 13 et 14)
<b>Net assets</b>			<b>Actif net</b>
Investment in capital assets (Note 10)	5,292,030	4,165,941	Investissement dans les immobilisations corporelles (note 10)
Restricted	928,227	889,351	Affecté
Unrestricted	(4,890,003)	(3,605,853)	Non affecté
Capital fund reserve	1,239,153	1,233,053	Réserve du fonds de capital
	<b>2,569,407</b>	<b>2,682,492</b>	
	<b>15,351,151</b>	<b>15,009,261</b>	

The accompanying notes and schedule are an integral part of the financial statements.

Les notes complémentaires et l'annexe font partie intégrante des états financiers.



**Hôpital Glengarry  
Memorial Hospital  
Statement of cash flow**  
For the year ended March 31, 2026

**Hôpital Glengarry  
Memorial Hospital  
État des flux de trésorerie**  
Exercice terminé le 31 mars 2026

	2026	2025	
	\$	\$	
<b>Operating activities</b>			<b>Activités d'exploitation</b>
(Deficiency) excess of revenues over expenses	(113,085)	199,606	(Insuffisance) excédent des revenus sur les charges
Items not affecting cash			Éléments sans effet sur la trésorerie
Amortization of capital assets	1,121,418	1,203,227	Amortissement des immobilisations corporelles
Amortization of deferred contributions related to capital assets	(669,388)	(668,591)	Amortissement des apports reportés afférents aux immobilisations corporelles
Changes in non-cash operating working capital items (Note 11)	1,002,054	(81,382)	Variation des éléments hors caisse du fonds de roulement d'exploitation (note 11)
	<b>1,340,999</b>	<b>652,860</b>	
<b>Investing activities</b>			<b>Activités d'investissement</b>
Acquisition of investments	(223,836)	(240,178)	Acquisition de placements
Proceeds from sale of investments	207,943	190,000	Produit de la vente de placements
	<b>(15,893)</b>	<b>(50,178)</b>	
<b>Capital activity</b>			<b>Activité d'immobilisations</b>
Purchase of capital assets	(2,488,182)	(1,415,332)	Acquisition d'immobilisations corporelles
<b>Financing activities</b>			<b>Activités de financement</b>
Increase in bank loans	812,892	-	Augmentation des emprunts bancaires
Deferred contributions	356,507	1,638,956	Apports reportés
	<b>1,169,399</b>	<b>1,638,956</b>	
Net increase in cash	6,324	826,306	Augmentation nette de l'encaisse
Cash, beginning of year	2,004,162	1,177,856	Encaisse au début
<b>Cash, end of year</b>	<b>2,010,486</b>	<b>2,004,162</b>	<b>Encaisse à la fin</b>

Additional information is presented in Note 11.

Des renseignements complémentaires sont présentés à la note 11.

The accompanying notes and schedule are an integral part of the financial statements.

Les notes complémentaires et l'annexe font partie intégrante des états financiers.



**1. Nature of business**

Hôpital Glengarry Memorial Hospital (the "Hospital") was incorporated under the *Ontario Business Corporations Act*. The Hospital is principally involved in providing health care services in the County of Glengarry. The Hospital is a registered charity under the *Income Tax Act* and, accordingly, is exempt from income taxes, provided certain requirements of the *Income Tax Act* are met.

**2. Future accounting standards**

*Effective on April 1, 2026*

Conceptual Framework for Financial Reporting in the Public Sector

In December 2022, the Public Sector Accounting Board (PSAB) issued The Conceptual Framework for Financial Reporting in the Public Sector (the Conceptual Framework), which replaces the conceptual aspects of Section PS 1000, Financial Statement Concepts, and Section PS 1100, Financial Statement Objectives. The Conceptual Framework establishes the fundamental concepts that underpin financial reporting in the public sector, including the characteristics of public sector entities, the objectives of financial reporting, the primary users of financial statements, qualitative characteristics of financial information, and general concepts related to recognition, measurement, and presentation.

The Conceptual Framework is effective for fiscal years beginning on or after April 1, 2026. Early adoption is permitted. Adoption of the Conceptual Framework is expected to primarily affect the basis for developing accounting policies and financial statement presentation rather than recognition or measurement amounts.

GAAP Designation of Application Guidance – PSA Handbook Appendices

In February 2025, PSAB issued amendments to clarify the generally accepted accounting principles (GAAP) designation of certain application guidance appendices in the Public Sector Accounting Handbook. These amendments elevate the GAAP status of selected appendices related to revenue, government transfers, financial instruments, and disclosure of allocated expenses, and clarify that application guidance appendices form an integral part of the standards they support rather than being merely illustrative. Related amendments were also made to Section PS 1150, Generally Accepted Accounting Principles.

**1. Nature de l'établissement**

Hôpital Glengarry Memorial Hospital (l'« Hôpital ») a été constitué en vertu de la *Loi sur les sociétés de l'Ontario*. L'activité principale de l'Hôpital consiste en des services de soins médicaux aux résidents du Comté de Glengarry. L'Hôpital est un organisme de charité au sens de la *Loi de l'impôt sur le revenu* et n'est donc pas sujet à l'impôt sur le revenu à condition qu'il continue de respecter les critères d'exemption.

**2. Normes comptables futures**

*Entrée en vigueur le 1<sup>er</sup> avril 2026*

Cadre conceptuel de l'information financière dans le secteur public

En décembre 2022, le Conseil sur la comptabilité dans le secteur public (CCSP) a publié le Cadre conceptuel de l'information financière dans le secteur public (le Cadre conceptuel), lequel remplace les aspects conceptuels du chapitre SP 1000, Concepts des états financiers, et du chapitre SP 1100, Objectifs des états financiers. Le Cadre conceptuel établit les concepts fondamentaux qui sous-tendent l'information financière dans le secteur public, notamment les caractéristiques des entités du secteur public, les objectifs de l'information financière, les principaux utilisateurs des états financiers, les caractéristiques qualitatives de l'information financière ainsi que les concepts généraux relatifs à la comptabilisation, à l'évaluation et à la présentation.

Le Cadre conceptuel s'applique aux exercices financiers ouverts à compter du 1<sup>er</sup> avril 2026. L'adoption anticipée est permise. L'adoption du Cadre conceptuel devrait principalement avoir une incidence sur la base d'élaboration des méthodes comptables et sur la présentation des états financiers, plutôt que sur les montants comptabilisés ou évalués.

Niveau d'autorité en tant que sources de PCGR d'annexes du Manuel du secteur public qui constituent des guides d'application

En février 2025, le Conseil sur la comptabilité dans le secteur public (CCSP) a publié des modifications visant à clarifier la désignation, au regard des principes comptables généralement reconnus (PCGR), de certaines annexes contenant des indications d'application dans le Manuel de comptabilité du secteur public. Ces modifications confèrent le statut de PCGR à certaines annexes sélectionnées relatives aux produits, aux transferts gouvernementaux, aux instruments financiers ainsi qu'à la présentation des charges réparties, et précisent que les annexes d'indications d'application font partie intégrante des normes qu'elles appuient, plutôt que d'avoir un caractère uniquement illustratif. Des modifications connexes ont également été apportées au chapitre SP 1150, Principes comptables généralement reconnus.



## 2. Future accounting standards (continued)

*Effective on April 1, 2026 (continued)*

### GAAP Designation of Application Guidance – PSA Handbook Appendices (continued)

These amendments are effective for fiscal years beginning on or after April 1, 2026. The amendments are primarily clarifying in nature and are not expected to result in material changes to the Hospital's financial statements.

#### Financial Statement Presentation (Section PS 1202)

In October 2023, PSAB issued Section PS 1202, Financial Statement Presentation, which replaces Section PS 1201 and introduces a new financial reporting model based on the Conceptual Framework for Financial Reporting in the Public Sector. Section PS 1202 introduces changes to the presentation of the statement of financial position, including new categories of liabilities, the introduction of a statement of net financial assets or net financial liabilities, revisions to the statement of cash flows, and new requirements for presenting changes in net assets or net liabilities.

Section PS 1202 is effective for fiscal years beginning on or after April 1, 2026. Early adoption is permitted only if the Conceptual Framework is adopted at the same time, and comparative information will be restated upon adoption. Adoption of Section PS 1202 is expected to result in changes to the presentation of the Hospital's financial statements; however, no changes to recognition or measurement amounts are expected.

*Effective on April 1, 2030*

#### Tangible Capital Assets (Amendments to Section PS 3150)

In May 2025, PSAB issued amendments to Section PS 3150, Tangible Capital Assets. The amendments clarify definitions and guidance related to tangible capital assets, introduce new disclosure requirements for works of art, historical treasures and collections, and provide guidance for assets acquired at substantially below fair value.

These amendments are effective for fiscal years beginning on or after April 1, 2030, with earlier adoption permitted. The amendments are expected to be applied retroactively, with certain exceptions applied prospectively. Management does not expect these amendments to have a material impact on the Hospital's financial statements at this time but will continue to assess their impact prior to adoption.

## 2. Normes comptables futures (suite)

*Entrée en vigueur le 1<sup>er</sup> avril 2026 (suite)*

### Niveau d'autorité en tant que sources de PCGR d'annexes du Manuel du secteur public qui constituent des guides d'application (suite)

Ces modifications s'appliquent aux exercices financiers ouverts à compter du 1<sup>er</sup> avril 2026. Elles sont principalement de nature clarificatrice et ne devraient pas entraîner de changements significatifs aux états financiers de l'Hôpital.

#### Présentation des états financiers (chapitre SP 1202)

En octobre 2023, le Conseil sur la comptabilité dans le secteur public (CCSP) a publié le chapitre SP 1202, Présentation des états financiers, qui remplace le chapitre SP 1201 et introduit un nouveau modèle de présentation de l'information financière fondé sur le Cadre conceptuel de l'information financière dans le secteur public. Le chapitre SP 1202 apporte des modifications à la présentation de l'état de la situation financière, notamment l'introduction de nouvelles catégories de passifs, la présentation d'un état des actifs financiers nets ou des passifs financiers nets, des révisions à l'état des flux de trésorerie ainsi que de nouvelles exigences concernant la présentation des variations des actifs nets ou des passifs nets.

Le chapitre SP 1202 s'applique aux exercices financiers ouverts à compter du 1<sup>er</sup> avril. L'adoption anticipée est permise uniquement si le Cadre conceptuel est adopté simultanément, et l'information comparative sera retraitée lors de l'adoption. L'adoption du chapitre SP 1202 devrait entraîner des changements dans la présentation des états financiers de l'Hôpital; toutefois, aucun changement aux montants comptabilisés ou évalués n'est prévu.

*Entrée en vigueur le 1<sup>er</sup> avril 2030*

#### Immobilisations corporelles (modifications du chapitre SP 3150)

En mai 2025, le Conseil sur la comptabilité dans le secteur public (CCSP) a publié des modifications au chapitre SP 3150, Immobilisations corporelles. Ces modifications visent à clarifier certaines définitions et indications relatives aux immobilisations corporelles, à introduire de nouvelles exigences d'information concernant les œuvres d'art, les trésors et biens historiques ainsi que les collections, et à fournir des indications sur le traitement des actifs acquis à une valeur largement inférieure à leur juste valeur.

Ces modifications s'appliquent aux exercices financiers ouverts à compter du 1<sup>er</sup> avril 2030; l'adoption anticipée est permise. Elles devraient être appliquées de façon rétrospective, sous réserve de certaines exceptions qui seront appliquées de façon prospective. La direction ne s'attend pas, à l'heure actuelle, à ce que ces modifications aient une incidence significative sur les états financiers de l'Hôpital, mais continuera d'en évaluer l'impact avant leur adoption.



**3. Accounting policies**

The financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations and reflect the following significant accounting policies:

*Inventories*

Inventories are valued at the lower of cost and net realizable value. Cost is determined on the first in, first out basis. Net realizable value is the estimated selling price less the estimated cost of completion and the estimated costs necessary to make the sale. Major components of inventory include drugs and medical and surgical supplies.

*Classification of financial instruments*

All financial instruments reported on the balance sheet of the Hospital are classified as follows:

Cash	Fair value
Accounts receivable	Amortized cost
Investments	
Mutual funds	Fair value
Term deposits	Amortized cost
Bank loan	Amortized cost
Accounts payable	Amortized cost
Accrued liabilities	Amortized cost

Financial instruments measured at fair value are initially recognized at cost and subsequently carried at fair value. Unrealized changes in fair value are recognized in the Statement of remeasurement gains and losses until they are realized, when they are transferred to the Statement of operations. Transaction costs related to financial instruments measured at fair value are expensed as incurred.

When a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized into the Statement of operations. On sale or disposal, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the Statement of operations.

Financial instruments measured at amortized cost are initially recognized at cost, and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments measured at amortized cost are added to the carrying value of the instrument.

**3. Méthodes comptables**

Les états financiers ont été préparés selon les normes comptables canadiennes pour les organismes sans but lucratif du secteur public et tiennent compte des principales méthodes comptables suivantes :

*Stocks*

Les stocks sont évalués au moindre du coût et de la valeur nette de réalisation. Le coût est déterminé selon la méthode du premier entré, premier sorti. La valeur nette de réalisation représente le prix de vente estimé pour les stocks, diminué des coûts estimés pour l'achèvement et des coûts estimés nécessaires pour réaliser la vente. La majorité des stocks inclut des médicaments et des fournitures médicales et chirurgicales.

*Classement des instruments financiers*

Tous les instruments financiers présentés dans le bilan de l'Hôpital sont classés comme suit :

Encaisse	Juste valeur
Débiteurs	Coût amorti
Placements	
Fonds communs de placement	Juste valeur
Dépôts à terme	Coût amorti
Emprunt bancaire	Coût amorti
Créditeurs	Coût amorti
Charges à payer	Coût amorti

Les instruments financiers évalués à la juste valeur sont initialement comptabilisés au coût et ultérieurement comptabilisés à la juste valeur. Les variations non réalisées de la juste valeur sont constatées dans l'état des gains et pertes de réévaluation jusqu'à ce qu'elles soient réalisées, lorsqu'elles sont transférées à l'état des résultats. Les coûts de transaction liés aux instruments financiers évalués à la juste valeur sont passés en charges à mesure qu'ils sont engagés.

Lorsqu'il est déterminé qu'une baisse de la juste valeur n'est pas temporaire, le montant de la perte est retiré des gains et pertes de réévaluation cumulés et constaté dans l'état des résultats. Lors de la vente ou de la cession, le montant détenu dans les gains et pertes de réévaluation cumulés associés à cet instrument est retiré de l'actif net et constaté dans l'état des résultats.

Les instruments financiers évalués au coût amorti sont initialement comptabilisés au coût, puis comptabilisés au coût amorti selon la méthode du taux d'intérêt effectif, moins toute perte de valeur sur les actifs financiers. Les coûts de transaction liés aux instruments financiers évalués au coût amorti sont ajoutés à la valeur comptable de l'instrument.



### 3. Accounting policies (continued)

Write-downs on financial assets measured at amortized cost are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the Statement of operations.

#### *Capital assets*

Capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Betterments, which extend the estimated life of an asset, are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Capital assets are amortized on a straight-line basis using the following terms:

Major equipment	3 to 20 years
Buildings service equipment	5 to 20 years
Land improvements	10 years
Buildings	10 to 50 years

Land is not amortized.

#### *Compensated absences*

Compensated absences are accrued for all employees as entitlement to these payments is earned, in accordance with the Hospital's benefit plans for vacation, sick leave and retirement allowances.

#### *Employee future benefits*

The Hospital provides health, dental and life insurance post-employment benefits. The costs of this plan are determined periodically by independent actuaries. The actuarial valuation performed every three years is based on the projected benefit method (which incorporates management's best estimates of economic and demographic factors).

### 3. Méthodes comptables

Les pertes de valeur sur les actifs financiers évalués au coût amorti sont comptabilisées lorsque le montant d'une perte est connu avec suffisamment de précision et qu'il n'y a pas de perspective réaliste de recouvrement. Les actifs financiers sont ensuite ajustés à leur valeur recouvrable nette et la dépréciation est constatée dans l'état des résultats.

#### *Immobilisations corporelles*

Les immobilisations corporelles sont comptabilisées au coût. Les apports reçus sous forme d'immobilisations corporelles sont comptabilisés à leur juste valeur à la date de l'apport. Les améliorations qui augmentent la durée de vie utile de l'actif sont capitalisées. Lorsqu'une immobilisation corporelle ne contribue plus à la capacité de l'Hôpital d'offrir ses services, elle est réduite à la valeur résiduelle.

Les immobilisations corporelles sont amorties selon la méthode de l'amortissement linéaire aux termes suivants :

Équipement majeur	3 à 20 ans
Équipement de service des bâtiments	5 à 20 ans
Améliorations du terrain	10 ans
Bâtiments	10 à 50 ans

Les terrains ne sont pas amortis.

#### *Absences rémunérées*

Les absences rémunérées auxquelles les employés ont droit sont comptabilisées comme frais courus selon la politique de l'Hôpital pour les vacances, congés de maladie et allocation de retraite.

#### *Avantages sociaux futurs*

L'Hôpital accorde des avantages sociaux médicaux, dentaires et de l'assurance-vie à ses employés retraités. Les coûts de ce programme sont établis périodiquement par des actuaires indépendants. L'évaluation actuarielle effectuée tous les trois ans est fondée sur la méthode de répartition des avantages (qui incorpore la meilleure estimation de la direction concernant les facteurs économiques et démographiques).



### 3. Accounting policies (continued)

#### *Revenue recognition*

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the MOHLTC. Operating grants are recorded as revenue in the year to which they relate. Grants approved but not received at the end of an accounting year are accrued. When a portion of a grant relates to a future year, it is deferred and recognized in that subsequent year. These financial statements reflect agreed arrangements approved by the MOHLTC with respect to the year ended March 31, 2026.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions and investment income are recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

Revenue from the Provincial insurance plan, preferred accommodation, chronic care and marketed services are recognized when the goods are sold or the services are provided.

#### *Contributed services*

A substantial number of volunteers contribute a significant amount of their time to the Hospital each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

### 3. Méthodes comptables (suite)

#### *Constataion des revenus*

L'Hôpital applique la méthode du report pour comptabiliser les apports, qui incluent les dons et les subventions gouvernementales.

En vertu de la Loi sur la Santé et sa réglementation, l'Hôpital est principalement subventionné par la province de l'Ontario selon les accords budgétaires établis par le MSSLD. Les subventions d'exploitation sont inscrites comme revenus dans l'exercice pour lequel elles s'y rattachent. Les subventions approuvées mais non reçues à la fin de l'exercice sont inscrites comme débiteurs. Lorsqu'une portion de la subvention se rattache à un exercice futur, celle-ci est reportée et reconnue comme revenu dans cet exercice futur. Les états financiers reflètent les ententes conclues et approuvées par le MSSLD pour l'exercice terminé le 31 mars 2026.

Les apports non affectés sont constatés à titre de revenus lorsqu'ils sont reçus ou à recevoir à condition que le montant à recevoir puisse faire l'objet d'une estimation raisonnable et que son encaissement est raisonnablement assuré.

Les apports et les revenus de placements affectés sont constatés à titre de revenus dans l'exercice au cours duquel les charges connexes sont engagées. Les revenus de placements non affectés sont constatés à titre de revenus lorsqu'ils sont gagnés.

Les revenus provenant du Régime provincial d'assurance, du supplément aux chambres, de soins chroniques et de services commercialisés sont constatés lorsque le service est rendu ou la marchandise vendue.

#### *Apports reçus sous forme de services*

Un nombre important de bénévoles consacrent plusieurs heures de service chaque année à l'Hôpital. En raison de la difficulté de déterminer la juste valeur des apports reçus sous forme de services, ceux-ci ne sont pas reconnus dans les états financiers.



### 3. Accounting policies (continued)

#### *Asset retirement obligations*

The Hospital recognizes the liability for an asset retirement obligation arising from the acquisition, development, construction or normal operation of a long-lived asset, in the year in which it is incurred and when a reasonable estimate of the amount of the obligation can be made. The liability is measured at the best estimate of the expenditure required to settle the present obligation. The corresponding cost is capitalized as part of the related asset and is amortized over the asset's useful life. In subsequent years, the liability is adjusted for changes resulting from the passage of time and revisions to either the timing or the amount of the original estimate of the undiscounted cash flows or the discount rate. The accretion of the liability as a result of the passage of time is charged to earnings while changes to the liability resulting from revisions to either the original estimate of the undiscounted cash flows or the discount rate are accounted for as an adjustment to the carrying amount of the related long-lived asset.

Asset retirement obligations in the amount of \$27,242 (\$26,509 in 2025), included in accruals payable, are derived from the Hospital's obligations to remove major equipment.

#### *Use of estimates*

The preparation of financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Key components of the financial statements requiring management to make estimates include the provision for doubtful accounts in respect of receivables, the useful lives of capital assets, the amount of accrued liabilities, asset retirement obligations and the employee future benefits. Actual results could differ from these estimates.

### 3. Méthodes comptables (suite)

#### *Obligations liées à la mise hors service d'immobilisations*

L'Hôpital comptabilise le passif relié à l'obligation de mise hors service d'une immobilisation découlant de l'acquisition, du développement, de la construction ou de l'exploitation normale d'une immobilisation, dans l'exercice au cours duquel il est engagé et lorsqu'une estimation raisonnable du montant de l'obligation peut être faite. Le passif est évalué selon la meilleure estimation de la dépense requise pour régler l'obligation actuelle. Le coût correspondant est ajouté au coût de l'actif correspondant et est amorti sur la durée de vie utile de l'actif. Dans les exercices subséquents, le passif est ajusté pour tenir compte des changements résultant du passage du temps et des révisions de l'échéancier ou du montant de l'estimation initiale des flux de trésorerie non actualisés ou du taux d'actualisation. L'accroissement du passif résultant de l'écoulement du temps est imputé aux résultats, tandis que les changements du passif résultant des révisions de l'estimation initiale des flux de trésorerie non actualisés ou du taux d'actualisation sont comptabilisés comme un ajustement de la valeur comptable de l'actif à long terme correspondant.

Des obligations liées à la mise hors service d'immobilisations pour un montant de 27 242 \$ (26 509 \$ en 2025), inclus dans les charges à payer, découlent des obligations de l'Hôpital de retirer des équipements majeurs.

#### *Utilisation d'estimations*

Dans le cadre de la préparation des états financiers, conformément aux normes comptables canadiennes pour les organismes sans but lucratif du secteur public, la direction doit établir des estimations et des hypothèses qui ont une incidence sur les montants des actifs et des passifs présentés et sur la présentation des actifs et des passifs éventuels à la date des états financiers, ainsi que sur les montants des revenus d'exploitation et des charges constatés au cours de la période visée par les états financiers. Parmi les principales composantes des états financiers exigeant de la direction qu'elle établisse des estimations figurent la provision pour créances douteuses à l'égard des débiteurs, les durées de vie utiles des immobilisations corporelles, le montant des charges à payer, les obligations de mise hors service des immobilisations et les avantages sociaux futurs. Les résultats réels pourraient varier par rapport à ces estimations.



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**4. Accounts receivable**

	2026	2025	
	\$	\$	
MOHLTC	130,040	475,867	MSSLD
Other	716,706	839,423	Autres
	<b>846,746</b>	1,315,290	
Less: allowance for doubtful accounts	<b>(93,050)</b>	(76,363)	Moins : provision pour créances douteuses
	<b>753,696</b>	1,238,927	
Current	738,544	1,238,927	Courant
Between 61 and 120 days	27,344	31,083	Entre 61 et 120 jours
More than 121 days	80,858	45,280	Plus de 121 jours
	<b>846,746</b>	1,315,290	

**4. Débiteurs**

**5. Investments**

	2026	2025	
	\$	\$	
Mutual funds	-	42,075	Fonds communs de placement
Term deposits, 3.54% to 5.07%, maturing between May 2026 and May 2029 (1.68% to 5.07%, maturing between April 2025 and March 2029 in 2025)	758,708	700,741	Dépôts à terme, 3,54 % à 5,07 %, échéant entre mai 2026 et mai 2029 (1,68 % à 5,07 %, échéant entre avril 2025 et mars 2029 en 2025)
	<b>758,708</b>	742,816	
Current portion	88,708	207,816	Tranche à court terme
	<b>670,000</b>	535,000	

**5. Placements**

The fair value of term deposits approximates the carrying value as interest rates are similar to those presently available on the market.

La juste valeur des dépôts à terme équivaut à la valeur comptable puisque les taux d'intérêt sont semblables à ceux disponibles sur le marché présentement.



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**6. Capital assets**

**6. Immobilisations corporelles**

			2026	2025	
	Cost/ Coût	Accumulated amortization/ Amortissement cumulé	Net book value/ Valeur comptable nette	Net book value/ Valeur comptable nette	
	\$	\$	\$	\$	
Land	169,307	-	169,307	169,307	Terrains
Major equipment	5,254,225	3,960,979	1,293,246	1,264,264	Équipement majeur
Buildings service equipment	4,842,376	2,274,489	2,567,887	2,578,535	Équipement de service des bâtiments
Land improvements	1,702,219	846,094	856,125	1,044,074	Améliorations du terrain
Software implementation in progress	1,054,634	-	1,054,634	-	Implémentation de logiciel en cours
Buildings	11,202,729	5,669,097	5,533,632	5,605,443	Bâtiments
	24,225,490	12,750,659	11,474,831	10,661,623	

**7. Bank loans**

**7. Emprunts bancaires**

The Hospital has an authorized line of credit of \$1,500,000 (\$1,500,000 in 2025), at prime rate, of which \$1,500,000 (\$1,500,000 in 2025) remained unused at year-end.

L'Hôpital dispose d'une marge de crédit autorisée de 1 500 000 \$ (1 500 000 \$ en 2025), au taux préférentiel, dont un montant de 1 500 000 \$ (1 500 000 \$ en 2025) n'est pas utilisé en fin d'exercice.

The Hospital has an authorized revolving term loan at prime rate to finance the Hospital's EPIC project of \$4,000,000 (Nil in 2025) of which \$812,892 (Nil in 2025) is used and \$3,187,108 (Nil in 2025) remained unused at year-end.

L'Hôpital dispose d'un prêt à terme renouvelable au taux préférentiel, autorisé de 4 000 000 \$ (valeur nulle en 2025), pour le projet EPIC dont un montant de 812 892 \$ (valeur nulle en 2025) est utilisé et un montant de 3 187 108 \$ (valeur nulle en 2025) n'est pas utilisé en fin d'exercice.

**8. Deferred contributions**

**8. Apports reportés**

*Capital assets*

*Immobilisations corporelles*

Deferred contributions related to capital assets represent the unamortized amount received for the purchase of capital assets. The amortization of deferred contributions related to capital assets is recorded as revenue in the Statement of operations.

Les apports reportés afférents aux immobilisations corporelles représentent le montant non amorti reçu pour l'acquisition d'immobilisations corporelles. L'amortissement des apports reportés afférents aux immobilisations corporelles est inscrit comme revenu dans l'état des résultats.

	2026	2025	
	\$	\$	
Balance, beginning of year	6,495,682	5,525,317	Solde au début
Add: MOHLTC – grants	129,166	1,488,627	Plus : MSSLD – subventions
Donations	227,341	150,329	Dons
Less: Amounts amortized as revenue	(669,388)	(668,591)	Moins : Montants amortis comme revenu
Unamortized balance of deferred contributions used for purchase of capital assets	6,182,801	6,495,682	Solde non amorti des apports reportés utilisés pour l'acquisition d'immobilisations corporelles



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**9. Employee future benefits**

The Hospital has defined benefit plans, which provide post-retirement benefits for certain employees. These benefits include health, dental and life insurance benefits.

*Post-retirement benefits*

An independent actuarial valuation of the post-retirement benefits for the employees of the Hospital was prepared as at March 31, 2026. The next valuation will be on March 31, 2028.

**9. Avantages sociaux futurs**

L'Hôpital a des régimes à prestations déterminées qui procurent des avantages complémentaires à la retraite à certains employés. Ces avantages incluent les prestations pour soins de santé, dentaires et assurances-vie.

*Avantages complémentaires à la retraite*

Une évaluation actuarielle indépendante des avantages complémentaires à la retraite des employés de l'Hôpital a été préparée au 31 mars 2026. La prochaine évaluation sera faite le 31 mars 2028.

	2026	2025	
	\$	\$	
Accrued benefit obligations	1,420,800	1,284,369	Obligations au titre des prestations constituées
Unamortized actuarial losses	(92,039)	(106,955)	Pertes actuarielles non amortis
Accrued employee future benefits	1,328,761	1,177,414	Avantages sociaux futurs courus
<i>Other information</i>			
Current service cost during the year	146,049	100,858	Coût des services rendus au cours de l'exercice
Interest cost on accrued benefit obligations	51,757	39,834	Charge d'intérêts sur les obligations au titre des prestations constituées
Amortization of actuarial loss (gain)	14,954	(5,121)	Amortissement de la perte (du gain) actuariel
Benefit expenses	212,760	135,571	Dépenses d'avantages sociaux
Funding contribution	(61,375)	(53,066)	Contribution du financement
	151,385	82,505	

Ontario Nurses' Association (50%) and Canadian Union of Public Employees (25%) members are responsible for cost sharing upon retirement.

Les membres de l'Association des infirmières de l'Ontario (50 %) et du Syndicat canadien de la fonction publique (25 %) sont responsables du partage des coûts à la suite de la retraite.

The significant actuarial assumptions adopted in measuring these accrued benefit obligations are as follows:

Les hypothèses actuarielles importantes adoptées dans l'évaluation de ces obligations au titre des prestations constituées sont les suivantes :

	2026	2025	
Discount rate	3.90%	3.90%	Taux d'escompte
Dental benefits costs escalation	4.00%	4.00%	Augmentation des coûts pour bénéfices dentaires
Medical benefits costs escalation (reduction of 0.33% per year until 2032, at which time it will be 4.00%)	6.0%	6.00%	Augmentation des coûts pour bénéfices médicaux (diminution de 0,33 % par année jusqu'en 2032, date à laquelle il atteindra 4,00 %)
Expected average remaining service life	11 years	11 years	Durée moyenne estimative du reste de la carrière active



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**10. Investment in capital assets**

**10. Investissement dans les immobilisations corporelles**

	2026	2025	
		\$	
<i>Investment in capital assets is calculated as follows:</i>			<i>L'investissement dans les immobilisations corporelles est calculé comme suit :</i>
Capital assets	<b>11,474,831</b>	10,661,623	Immobilisations corporelles
Amounts financed by deferred contributions	<b>(6,182,801)</b>	(6,495,682)	Montants financés par apports reportés
	<b>5,292,030</b>	4,165,941	
<i>Changes in net assets invested in capital assets is calculated as follows:</i>			<i>La variation de l'actif net investi dans les immobilisations corporelles est calculée comme suit :</i>
Deficiency of revenues over expenses			Insuffisance des revenus sur les charges
Amortization of capital assets	<b>(1,121,418)</b>	(1,203,227)	Amortissement des immobilisations corporelles
Amortization of deferred contributions related to capital assets	<b>669,388</b>	668,591	Amortissement des apports reportés afférents aux immobilisations corporelles
	<b>(452,030)</b>	(534,636)	
Net change in investment in capital assets			Variation nette de l'investissement dans les immobilisations corporelles
Purchase of capital assets	<b>1,934,626</b>	2,102,292	Acquisition d'immobilisations corporelles
Increase in deferred contributions	<b>(356,507)</b>	(1,638,956)	Augmentation des apports reportés
	<b>1,578,119</b>	463,336	

**11. Additional information relating to the statement of cash flow**

**11. Renseignements complémentaires à l'état des flux de trésorerie**

	2026	2025	
	\$	\$	
<i>Changes in non-cash operating working capital items</i>			<i>Variation des éléments hors caisse du fonds de roulement d'exploitation</i>
Accounts receivable	<b>485,231</b>	(312,569)	Débiteurs
Inventories	<b>12,083</b>	(7,408)	Stocks
Prepaid expenses	<b>(3,780)</b>	10,260	Frais payés d'avance
Accounts payable	<b>526,885</b>	(882,576)	Créditeurs
Accrued liabilities	<b>(169,712)</b>	1,021,402	Charges à payer
Deferred revenues	<b>-</b>	7,000	Revenus reportés
Employee future benefits	<b>151,347</b>	82,509	Avantages sociaux futurs
	<b>1,002,054</b>	(81,382)	



**11. Additional information relating to  
the statement of cash flow (continued)**

*Non-cash transactions*

During the year, capital assets were acquired at an aggregate cost of \$1,934,626 (\$2,102,292 in 2025), of which \$133,404 (\$686,960 in 2025) was paid after year-end and \$1,801,222 (\$1,415,332 in 2025) was paid during the year.

**12. Pension plan**

Substantially all of the employees of the Hospital are members of the Hospitals of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death that provide the highest earnings.

Plan assets consist of investment grade securities. The various risks on these securities are managed by the Plan by placing plan assets in trust and through an investment policy.

Plan expense is based on Plan's management best estimates, in consultation with its actuaries, of the amount, together with the 6.9% – 9.2% of salary contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contribution.

Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$968,675 (\$883,015 in 2025) and are included in the Statement of operations.

The Plan has a funding surplus of \$11,103 million in their 2025's Annual Report (\$10,438 million in their 2024's Annual report) determined by comparing the fair value of net assets available for benefits and the pension obligations.

**11. Renseignements complémentaires à l'état des flux de  
trésorerie (suite)**

*Opérations sans effet sur la trésorerie*

Au cours de l'exercice, des immobilisations corporelles ont été acquises pour un coût total de 1 934 626 \$ (2 102 292 \$ en 2025), dont un montant de 133 404 \$ (686 960 \$ en 2025) a été payé après la fin d'exercice et 1 801 222 \$ (1 415 332 \$ en 2025) ont été payés au cours de l'exercice.

**12. Régime de retraite**

La grande majorité des employés sont membres du Régime de retraite des Hôpitaux de l'Ontario (le « Régime ») qui est un régime multi-employeurs à prestations déterminées pour les employés éligibles et membres des Hôpitaux de l'Ontario. Les membres du Régime recevront leurs prestations basées sur le nombre d'années de service et la moyenne annualisée des revenus gagnés durant leurs cinq dernières années précédant leur retraite, leur démission ou leur décès, qui généreront le plus élevé des revenus.

Les actifs du Régime comprennent un portefeuille diversifié d'investissements. Les différents risques rattachés à ces investissements sont gérés par le Régime qui place les actifs du régime en fiducie et par le biais d'une politique d'investissement.

La charge du Régime est basée sur une estimation faite par la direction du Régime en collaboration avec leurs actuaires. La contribution des employés représente 6,9 % – 9,2 % du salaire et doit assurer que les bénéfices futurs pourront être financés par le fonds de retraite. L'objectif est de s'assurer que les contributions de l'employeur au Régime demeurent un pourcentage stable par rapport aux contributions faites par les employés.

Le montant de contributions au Régime fait au cours de l'exercice par l'Hôpital au nom des employés était de 968 675 \$ (883 015 \$ en 2025) et est inclus dans l'état des résultats.

Le Régime présente un excédent de financement de 11 103 millions de dollars dans son rapport annuel 2025 (10 438 millions de dollars dans son rapport annuel 2024), déterminé en comparant la juste valeur de l'actif net disponible pour les prestations et les obligations de retraite.



### 13. Contingencies

The nature of the Hospital's activities is such that there is usually litigation pending or underway at any time.

The Hospital is a member of the Healthcare Insurance Reciprocal of Canada (HIROC), which is a pooling of the liability insurance risks of its members. Members of the pool pay annual premiums that are actuarially determined. HIROC members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members and these losses could be material. No reassessment has been made as at March 31, 2026.

Should these result in additional costs, the difference will be recorded in the year of settlement.

### 14. Commitments

The Hospital leases some medical equipment under operating lease agreements. Future minimum payments will aggregate \$119,618 and mature as follows:

2027	86,850	2027
2028	17,187	2028
2029	9,204	2029
2030	3,572	2030
2031	2,805	2031

### 15. Related party transactions

#### *Eastern Ontario Regional Laboratory Association*

The Hospital has economic interest, but not control, in Eastern Ontario Regional Laboratory Association (EORLA). The net assets and results of the operations of EORLA are not included in the financial statements of the Hospital. Services in the amount of \$1,176,662 (\$1,131,848 in 2025) were purchased from EORLA and are included in diagnostic and therapeutic services expenses in the Statement of operations, of which \$662 (\$27,848 in 2025) is included in accrued liabilities as at March 31, 2026.

Expenses incurred at the Hospital for items, such as salaries and supplies in the amount of \$44,192 (\$43,141 in 2025) associated with lab testing, are fully recoverable from EORLA, of which \$10,663 (\$12,911 in 2025) is included in accounts receivable as at March 31, 2026.

### 13. Éventualités

La nature des opérations de l'Hôpital fait en sorte qu'il y a généralement des réclamations judiciaires en cours ou possibles en tout moment.

L'Hôpital est membre de « Healthcare Insurance Reciprocal of Canada (HIROC) », qui est une mise en commun des risques d'assurance responsabilité civile de ses membres. Les membres de cette collectivité payent des primes annuelles déterminées par calcul actuariel. Les membres de HIROC peuvent faire l'objet de cotisations additionnelles dans le cas où la collectivité devrait subir des pertes pour les exercices au cours desquels ils sont membres, et ces cotisations pourraient être importantes. Au 31 mars 2026, aucune cotisation n'a été faite.

Si le résultat final de ces éventualités engendre des coûts additionnels, la différence sera comptabilisée au cours de l'exercice où le règlement sera effectué.

### 14. Engagements

L'Hôpital loue certains équipements médicaux en vertu de contrats de location-exploitation. Les paiements minimaux exigibles au cours des exercices à venir s'élevaient à 119 618 \$ et se répartissent comme suit :

### 15. Opérations entre apparentés

#### *Association des laboratoires régionaux de l'est de l'Ontario*

L'Hôpital a un intérêt économique, mais aucun contrôle, dans l'Association des laboratoires régionaux de l'Est de l'Ontario (ALREO). L'actif net et les résultats des opérations de l'ALREO ne sont pas inclus dans les états financiers de l'Hôpital. Des services d'un montant de 1 176 662 \$ (1 131 848 \$ en 2025) ont été achetés de l'ALREO et sont inclus dans les dépenses de diagnostics et services thérapeutiques à l'état des résultats, dont 662 \$ (27 848 \$ en 2025) sont inclus dans les charges à payer au 31 mars 2026.

Les dépenses engagées à l'Hôpital pour des articles, tels que les salaires et les fournitures d'un montant de 44 192 \$ (43 141 \$ en 2025) associés à des tests de laboratoire, sont entièrement recouvrables de l'ALREO, dont 10 663 \$ (12 911 \$ en 2025) sont inclus dans les débiteurs au 31 mars 2026.



## 16. Financial instruments

The Hospital is exposed to various risks through its financial instruments.

### *Financial risk*

The investments of the Hospital are subject to fixed interest rates which minimize the risk against the changes to the prime rate.

### *Credit risk*

The Hospital is exposed to credit risk from customers. However, a significant portion of receivables are current accounts which minimizes the credit risk.

The Hospital faces further credit risk on its cash and investments balances. However, the risk is mitigated as the cash and investments are held by highly rated Canadian financial institutions.

### *Liquidity risk*

Liquidity risk is the risk of being unable to meet each requirement of fund obligations as they become due. It stems from the possibility of a delay in realizing the fair value of financial instruments.

The Hospital manages its liquidity risk by constantly monitoring forecasted and actual cash flows and financial liability maturities, and by holding assets that can be readily converted into cash.

The accounts payable and accrued liabilities are generally paid within 30 days.

### *Fair value hierarchy*

Financial instruments which are disclosed at fair value are to be classified using a three-level hierarchy. Each level reflects the inputs used to measure the fair values disclosed of the financial liabilities, and are as follows:

- Level 1: inputs are based on unadjusted quoted prices, in active markets, of identical assets and liabilities;
- Level 2: inputs other than quoted prices included in level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3: inputs for the assets or liabilities that are not based on observable market data.

## 16. Instruments financiers

L'Hôpital, par le biais de ses instruments financiers, est exposé à divers risques.

### *Risque financier*

Les placements de l'Hôpital sont sujets à des taux d'intérêt fixes, ce qui réduit le risque face à la fluctuation du taux préférentiel.

### *Risque de crédit*

L'Hôpital est exposé au risque de crédit imputable à ses clients. Par contre, la majorité des débiteurs est composée de comptes courants, ce qui minimise le risque de crédit.

L'Hôpital fait face à un risque de crédit supplémentaire sur ses soldes de l'encaisse et des placements. Cependant, ce risque est mitigé, car l'encaisse et les placements sont détenus par des institutions financières canadiennes de haut niveau.

### *Risque de liquidité*

Le risque de liquidité est le risque de ne pas être en mesure de répondre à ses besoins de trésorerie ou de financer ses obligations lorsqu'elles arrivent à échéance. Il provient notamment du délai éventuel de réalisation de la juste valeur des instruments financiers.

L'Hôpital gère son risque de liquidité en exerçant une surveillance constante des flux de trésorerie prévisionnels et réels, ainsi qu'en détenant des actifs qui peuvent être facilement transformés en trésorerie et en gérant les échéances des passifs financiers.

Les créiteurs et charges à payer sont généralement remboursés dans un délai n'excédant pas 30 jours.

### *Hierarchie des justes valeurs*

Les instruments financiers qui sont présentés à la juste valeur doivent être classés selon une hiérarchie à trois niveaux. Chaque niveau reflète les données utilisées pour évaluer les justes valeurs des passifs financiers et sont comme suit :

- Niveau 1 : les données sont fondées sur les prix non rajustés, sur le marché, pour des actifs ou passifs identiques;
- Niveau 2 : les données autres que les prix cotés visés au niveau 1, qui sont observables pour l'actif ou le passif, directement ou indirectement; et
- Niveau 3 : les données pour les actifs ou passifs qui ne sont pas fondées sur les données de marché observables.



**16. Financial instruments (continued)**

*Fair value hierarchy (continued)*

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

Cash and mutual funds are classified as level 1 fair value measurements, classified using the fair value hierarchy described above.

**16. Instruments financiers (suite)**

*Hiérarchie des justes valeurs (suite)*

La hiérarchie des justes valeurs exige l'utilisation de données observables sur le marché chaque fois que de telles données existent. Un instrument financier est classé au niveau le plus bas de la hiérarchie pour lequel une donnée importante a été prise en compte dans l'évaluation de la juste valeur.

L'encaisse et les fonds communs de placement sont classés au niveau 1 pour l'évaluation de la juste valeur, classée selon la hiérarchie des justes valeurs décrite ci-dessus.



**Hôpital Glengarry  
Memorial Hospital**  
Supplementary financial information  
as per the alternative funding  
agreement for emergency services  
For the year ended March 31, 2026

**Hôpital Glengarry  
Memorial Hospital**  
Renseignements complémentaires en  
vertu de l'entente de financement  
alternative pour les services d'urgence  
Exercice terminé le 31 mars 2026

**Schedule 1**

**Annexe 1**

	2026	2025	
	\$	\$	
<b>Revenues</b>			<b>Revenus</b>
MOHLTC	3,081,623	2,547,836	MSSLD
Contribution of the Hospital	41,125	24,833	Contribution de l'Hôpital
	<b>3,122,748</b>	<b>2,572,669</b>	
<b>Expenses</b>			<b>Charges</b>
Administration			Administration
Medical director	41,125	24,833	Directeur médical
Billing	29,248	25,966	Facturation
	<b>70,373</b>	<b>50,799</b>	
Remuneration			Rémunération
Physicians	3,052,375	2,521,870	Médecins
	<b>3,122,748</b>	<b>2,572,669</b>	

## HSAA ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

### DECLARATION OF COMPLIANCE

**To:** Ontario Health (“OH”).

**From:** The Board of Directors (the “Board”) of the Hôpital Glengarry Memorial Hospital (the “HSP”)

**Date:** June 3, 2026

**Re:** April 1, 2025 – March 31, 2026 (the “Applicable Period”)

---

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Hospital Service Accountability Agreement between OH and the HSP in effect during the Applicable Period (the “Agreement”).

The Board has authorized me, by resolution dated June 18<sup>th</sup>, 2026 to declare to you as follows:

After making inquiries of the President & Chief Executive Officer, Robert Alldred-Hughes, and other appropriate officers of the HSP, and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under Agreement during the Applicable Period and has received the required reports referred to in Section 8.6 of the Agreement.

---

Stuart Robertson, Board Chair

## HSAА ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

### Appendix 1 - Exceptions

[Please identify each obligation under the Agreement that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

## APPENDIX A – HOSPITAL REPORT ON CONSULTANT USE

### Hospital Report on Consultant Use

**Name of Hospital:** Hôpital Glengarry Memorial Hospital

**LHIN:** Champlain

**Reporting Period:** April 1, 2025 to March 31, 2026

No.	Consultant Firm Name (s)	Name and Title of Consulting Contract	Contract Term If the contract term has been extended please include the original contract term and the amended contract term	Procurement Value (A) Original value plus (B) Value of amendments and (C) Total procurement value (\$) / Total Paid	Consultant Selection Process (Open Competitive, Invitational Competitive, Non-competitive) If non-competitive, please provide an explanation	Modifications to Agreement (Yes/ No) If Yes, did the procurement documents permit modifications to the term or value of the agreement?
1.						

**Preservation of Solicitor –client privilege:**

This legislation maintains the integrity of solicitor client privilege, litigation privilege and settlement privilege, and does not require the disclosure of information subject to any of these privileges.

While hospitals are expected to report on their retention of lawyers and law firms for the provision of consulting services, they are not required to report on instances where they have retained lawyers and law firms to provide legal advice, draft legal documents, conduct litigation on behalf of a hospital, or otherwise for the purpose of providing legal services to a hospital.

## APPENDIX C – ATTESTATION

### Attestation Form

Prepared in accordance with section 15 of the *Broader Public Sector Accountability Act, 2010* (BPSAA)

**TO:** The Board of **Hôpital Glengarry Memorial Hospital**, (the “Board”)

**FROM:** **Robert Alldred-Hughes**  
**CEO**  
**Hôpital Glengarry Memorial Hospital**

**Date:** **June 3, 2026**

**RE:** **April 1, 2025 to March 31, 2026 (“the Applicable Period”)**

---

On behalf of the **Hôpital Glengarry Memorial Hospital** (the Hospital) I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital’s compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital’s compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] the Hospital’s compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital’s compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a **CEO** in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at **Alexandria**, Ontario this **3<sup>rd</sup>** day of **June, 2026**.

---

**Robert Alldred-Hughes**  
**CEO**

**Hôpital Glengarry Memorial Hospital**

I certify that this attestation has been approved by the board of the **Hôpital Glengarry Memorial Hospital** on **June 18<sup>th</sup>, 2026**.

---

**Stuart Robertson**

**Board Chair**

**Hôpital Glengarry Memorial Hospital**

## SCHEDULE A to Attestation

### Instructions **[please delete instructions once you have completed the Schedule]:**

If, on behalf of your Hospital, you have no material exceptions to declare, please include a “no known exceptions” statement in each section to this schedule.

If, on behalf of your Hospital, you have material exceptions to declare with respect to any of the matters set out below, please:

- a) list them accordingly
- b) provide a rationale for each exception in respect of why the Hospital did not comply with the requirement, and
- c) describe what actions have been, or will be taken, to address each exception.

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;
2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet;
4. [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet.



ONTARIO HEALTH EAST REFERENCE# AL\_2026-27\_032

May 25, 2026

Ms. Catherine Wang,  
Assistant Deputy Minister  
Hospitals and Capital, Ministry of Health  
438 University Ave, 4th Floor  
Toronto, ON M7A 1N3

Dear Ms. Wang,

**Re: Ontario Health East Rejection of Stage 1.1 Part A Pre-Capital Submission for the Hopital Glengarry Memorial Hospital's Redevelopment and Community Health Hub Project**

Ontario Health East staff have completed the review of Hopital Glengarry Memorial Hospital (the Hospital)'s Stage 1.1 Part A Pre-Capital submission for the proposed redevelopment of Glengarry Memorial Hospital and the establishment of a Community Health Hub. Following the completed review, Ontario Health East will not be providing its endorsement for the proposed project scope.

Ontario Health recommends that Glengarry Memorial Hospital revisit its planning assumptions and proposal to consider renovation of the existing capacity. The resubmitted proposal shall include the following information for further review:

- Given current utilization and demographic trends, outline an option for redevelopment at existing hospital capacity level (i.e., no expansion);
- Outline the analysis undertaken to assess hospital/hub siting options both within or outside of Alexandria (e.g., Casselman);
- Outline the engagement with regional partners (such as Hawkesbury General Hospital, Cornwall Community Hospital) to support alignment on capital and service plans;
- Discussion around alternative models or partnerships for the proposed community hub; and
- Confirm commitment for the hospital to meet the local cost share requirements.

Ontario Health East looks forward to continuing close collaboration with the Hospital and the Ministry of Health and the hospital on this project.

If you have any questions or concerns, please contact Chahinez Bendou, Director, Performance, Accountability and Funding Allocation at [Chahinez.Bendou@ontariohealth.ca](mailto:Chahinez.Bendou@ontariohealth.ca) or 1-343-308-4394.

Sincerely,



Scott Ovenden  
Chief Regional Officer, Toronto, and East  
Ontario Health

c: David Reeder, Director, Health Capital Investment Branch  
Andrew Mukoma, Interim Director, Health Capital Policy and Planning Branch  
Robert Alldred-Hughes, President and Chief Executive Officer, Glengarry Memorial Hospital  
Eric Partington, Vice President, Performance, Accountability and Funding Allocation, Ontario Health East  
Chahinez Bendou, Director, Performance, Accountability and Funding Allocation, Ontario Health East  
Rachelle Williams, Interim Director, Performance, Accountability and Funding Allocation, Ontario Health East  
Lena Gervais, Lead, Performance, Accountability and Funding Allocation, Ontario Health East

**French Language Services  
Services en français  
2025-2026**

Print  
Imprimante

Dimension	Metric	April Avril 2025	May Mai 2025	June Juin 2025	July Juillet 2025	August Aout 2025	September Septembre 2025	October Octobre 2025	November Novembre 2025	December Décembre 2025	January Janvier 2026	February Février 2026	March Mars 2026	YTD À Jour	2024-2025	
French Language Services Services en français	Inpatient French Language - % served in French Patients hospitalisés langue française - % servi en français	30.53%			34.17%			31.76%			26.10%			30.64%	26.27%	
	Inpatient French Language - were you served in the language of your choice? Patients hospitalisés langue française - avez-vous été servi dans la langue de votre choix?	100.00%			100.00%			100.00%			100.00%			100.00%	100.00%	
	ER French Language - % served in French Patients de l'urgence langue française - % servi en français	33.05%			35.50%			31.38%			32.86%			33.20%	38.71%	
	ER French Language - were you served in the language of your choice? Patients de l'urgence langue française - avez-vous été servi dans la langue de votre choix?	87.81%			91.50%			89.19%			95.89%			91.10%	88.47%	
	Patients whose mother tongue is French – ER Patients dont la langue maternelle est le français - Urgence	38.61%			40.28%			37.64%			39.08%			38.90%	35.99%	
	Patients whose mother tongue is French – clinics Patients dont la langue maternelle est le français - cliniques	33.90%			32.83%			34.13%			34.19%			33.76%	27.12%	
	Patients whose mother tongue is French – Inpatient Patients dont la langue maternelle est le français - Patients hospitalisés	35.44%			42.21%			36.45%			31.86%			36.49%	32.52%	
	Use of translation services for french speaking patients Utilisation du services de traduction pour les patients parlant le français	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.00	17.00	0.00	0.00	0.00	29 min	43 min	
	Patients whose mother tongue is French (all registered patients) Patients dont la langue maternelle est le français (tous les patients inscrits)	35.85%			36.45%			35.68%			36.05%			36.01%	30.95%	
	Number of complaints received concerning the offer of healthcare services in French Nombre de plaintes reçues concernant l'offre de services de santé en français	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0	0	
	Active Volunteers (Auxiliary) - French speaking and bilingual Volontaires Actifs (Auxiliaires) - francophone ou bilingue													83.02%	83.02%	
	Board members - French speaking and bilingual Membres du conseil - francophone ou bilingue										100.00%			100.00%	91.60%	
	Family physician practice - French speaking or bilingual Médecins de famille - francophone ou bilingue										80.00%			80.00%	58.00%	
	Physicians ER - French speaking or bilingual Médecins Urgences - francophone ou bilingue										62.00%			62.00%	60.00%	
	Physicians Consultants - French speaking or bilingual Médecins consultants - francophone ou bilingue										55.00%			55.00%	47.00%	
			4 - Skilled / Qualifié		3 - Functional / Fonctionnel		2 - Insufficient / Insuffisant		1 - No Proficiency / Aucune compétence		1 - To Be Tested / à tester		0 - Never Tested / Jamais testé		Both skilled and functional	
	Employees proficiency - senior management Compétence des employés - haute direction	50.00%		0.00%		0.00%		50.00%		0.00%		0.0%		50.0%	50.0%	
	Employees proficiency - management Compétence des employés - gestion	46.00%		15.00%		8.00%		31.00%		0.00%		0.0%		61.0%	64.3%	
	Employees proficiency - Nursing Compétence des employés - soins infirmiers	36.37%		22.22%		16.16%		13.13%		12.12%		0.0%		58.6%	48.8%	
	Employees proficiency - Allied Health Compétence des employés - Paramédical	44.86%		24.14%		13.80%		3.40%		13.80%		0.0%		69.0%	61.3%	

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 22, 2026 Meeting Date Prepared for: June 3, 2026 – Governance  
June 18, 2026 - Board

Subject: Board Education Sessions 2026/2027

Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

### PURPOSE

- The Governance Committee is responsible for setting yearly Board education sessions in collaboration with the CEO. This decision support document outlines the education sessions being recommended for the Board of Directors for 2026/2027.

### RECOMMENDATION / MOTION

That the Board of Directors approve the education sessions for 2026/2027 as presented.

### 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.

- Directors have a responsibility to be knowledgeable about the environment in which the hospital operates, and to support this responsibility education sessions are a great way for Board of Directors to obtain knowledge of the health care environment, hospital programs and services, as well as governance responsibilities.
- The OHA guide to good governance outlines that Director education should be facilitated using multiple mechanisms, and education sessions at regular board meetings is one of those opportunities.
- Other means of encouraging Director education includes Board retreats, The Governance Centre of Excellence, Ontario Hospital Association educational programming, and establishing a policy that permits and encourages directors to attend educational programs.
- Patient stories are also an incredible way to provide education to hospital Boards of Directors. Often there is great learning that can be shared through patient feedback and experience. It is an opportunity to demonstrate the systems and processes that are in place or are put into place based on the experience of our patients receiving care in hospital. For this reason, providing Board education with patient stories is part of the consideration coming forward to the Governance committee as alternating between traditional education and patient story education.

### OPTIONS CONSIDERED & ANALYSIS

- Alternating with a patient story, the following is an outline of the options for Board Education for the 2026/2027 Board Cycle in no particular order:
  - Pay for Results (ED P4R)
  - Digital Health & Innovation (EMR & Cybersecurity)
  - Ethics in Healthcare (specific example/case)
  - Product Evaluation Framework
  - Risk Management & Crisis Preparedness

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 22, 2026 Meeting Date Prepared for: June 3, 2026  
 Subject: Board Orientation  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

The Governance & Nominating Committee is responsible for ensuring that a comprehensive orientation session is provided to all new Board members. By periodically reviewing the board orientation, areas for improvement and optimization can be identified.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

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

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

The board orientation serves as a pivotal onboarding mechanism for new directors, offering them a comprehensive understanding of their roles, responsibilities, and the organization’s governance framework among other important information.

Based on conversations that took place throughout this board cycle, the orientation agenda was revised and includes information that was deemed to be important to discuss during orientation.

Please consider any other feedback or adjustments to the orientation agenda. An opportunity to share your thoughts will be provided at this Governance committee meeting.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Review Orientation Agenda – June 3, 2026
- Orientation slide deck will be updated accordingly
- Orientation will be scheduled for some time in August 2026

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Board Orientation Agenda

Agenda Item	Time	Responsibility
<b>Welcome</b>	<b>10:00-10:15</b>	
<i>Introductions</i>		Louise Boyling
<i>Hôpital Glengarry Memorial Hospital Overview</i>		Robert Alldred-Hughes
<b>HGMH Board of Directors</b>	<b>10:15-10:45</b>	
<i>Roles &amp; Responsibilities of the Board Chair, Vice Chair and Treasurer</i>		Louise Boyling
<i>Roles and Responsibilities of the Board</i>		Louise Boyling
<i>Responsibilities as a Director and Code of Conduct</i>		Louise Boyling
<i>Board Structure &amp; Accountability</i>		Louise Boyling
<i>Board Mentorship</i>		Louise Boyling
<i>Board Portal and HGMH Email Usage</i>		Louise Boyling
<i>Board and Committee Meeting Attendance Requirement</i>		Louise Boyling
<i>Board Surveys</i>		Louise Boyling
<b>Strategic Direction</b>	<b>10:45-11:20</b>	
<i>Governance &amp; Nominating Committee</i>		Louise Boyling
<b>Hospital Planning Process</b>		Robert Alldred-Hughes
<i>Boards Role in Strategic Planning</i>		Robert Alldred-Hughes
<i>Strategic Plan Overview</i>		Robert Alldred-Hughes
<i>Strategic Plan Monitoring</i>		Robert Alldred-Hughes
<i>Inclusion, Diversity, Equity &amp; Anti-Racism (IDEA)</i>		Kayla MacGillivray
<i>Ethical Decision-Making Framework</i>		Robert Alldred-Hughes
<b>Leadership</b>	<b>11:20-11:30</b>	
<i>Leadership Structure</i>		Robert Alldred-Hughes
<i>People Overview</i>		Kayla MacGillivray
<i>Succession Planning</i>		Robert Alldred-Hughes
<i>Talent Management</i>		Kayla MacGillivray
<b>Financial Viability</b>	<b>11:30-12:00</b>	
<i>Finance, HR, and Audit Committee</i>		Charlotte Nagy
<i>Finances Operating &amp; Capital</i>		Linda Ramsay
<i>Funding Committees of the Hospital / Foundation</i>		Robert Alldred-Hughes
<i>Hospital Services Accountability Agreement</i>		Robert Alldred-Hughes
<i>Enterprise Risk Management</i>		Robert Alldred-Hughes
<i>Health Information Systems</i>		Robert Alldred-Hughes
<i>Capital Redevelopment Planning</i>		Robert Alldred-Hughes
<b>BREAK/HOSPITAL TOUR</b>	<b>12:00-12:30</b>	
<b>Relationships</b>	<b>12:30-12:40</b>	
<i>Ontario Health Teams</i>		Robert Alldred-Hughes
<i>Partnerships</i>		Robert Alldred-Hughes
<i>Communications</i>		Robert Alldred-Hughes
<b>Quality, Safety &amp; Effectiveness</b>	<b>12:40-13:15</b>	
<i>Quality &amp; Patient Safety Committee</i>		Heidi Salib
<i>Medical Advisory Committee</i>		Dr. Lisa MacKinnon
<i>Boards Role in Credentialing and Re-Credentialing</i>		Dr. Lisa MacKinnon
<i>Quality Improvement Plan</i>		Rachel Romany
<i>Accreditation</i>		Robert Alldred-Hughes
<i>Trillium Gift of Life Network (TGLN)</i>		Rachel Romany
<i>Whistleblowing and Fraud Prevention</i>		Robert Alldred-Hughes
<b>Other Board Committees</b>	<b>13:15-13:50</b>	
<i>Executive Committee</i>		Louise Boyling
<i>Executive Pay for Performance</i>		Robert Alldred-Hughes
<i>French Language Services Committee</i>		Linda Ramsay
<i>Patient &amp; Family Advisory Committee</i>		Robert Alldred-Hughes
<b>Questions, Comments, Evaluation</b>	<b>13:50-14:00</b>	

Aug 2026 (Q2)						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Sept 2026 (Q2)						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Oct 2026 (Q3)						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Nov 2026 (Q3)						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Dec 2026 (Q3)						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Jan 2027 (Q4)						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb 2027 (Q4)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Mar 2027 (Q4)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Apr 2027 (Q1)						
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027 (Q1)						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Jun 2027 (Q1)						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Jul 2027 (Q2)						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

**Board Committees**

4:00pm-8:00pm

**Board of Directors**

5:00pm-8:00pm

**AGM**

Last Thursday of June

**Committee Schedule**

<b>Governance and Nominating:</b>	October, November, January, March (recruitment in April if needed), May, and June
<b>Finance, HR and Audit:</b>	September, November, February, March, May, and June
<b>Quality &amp; Patient Safety:</b>	September, November, February, March, April, and May
<b>Executive:</b>	October and April
<b>French Language Services:</b>	October and June

Board Retreat

Board Orientation (if needed)

Aug 2026 (Q2)						
S	M	T	W	T	F	S
						1
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23	24	25	26	27	28	29
30	31					

Sept 2026 (Q2)						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Oct 2026 (Q3)						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Nov 2026 (Q3)						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Dec 2026 (Q3)						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Jan 2027 (Q4)						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb 2027 (Q4)						
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	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Mar 2027 (Q4)						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Apr 2027 (Q1)						
S	M	T	W	T	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027 (Q1)						
S	M	T	W	T	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Jun 2027 (Q1)						
S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Jul 2027 (Q2)						
S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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4:00pm-8:00pm

**Board of Directors**

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**AGM**

Last Thursday of June

**Committee Schedule**

<b>Governance and Nominating:</b>	October, November, January, March (recruitment in April if needed), May, and June
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<b>Quality &amp; Patient Safety:</b>	September, November, February, March, April, and May
<b>Executive:</b>	October and April
<b>French Language Services:</b>	October and June

Board Retreat

Board Orientation (if needed)

## 2026-27 BOARD COMMITTEE MEMBERSHIP



(X) = Minimum committee meetings / year	Governance (6)	Quality (6)	Finance & HR (6)	French Language Services (1)	Executive Com. (2)	Found. (10)	Past-Chair	Chair	Vice-Chair	Treasurer	Year Joined	Term Ending
L. Boyling	X by TOR		X by TOR		X			X			2021	2026
C. Nagy			Chair		X					X	2022	2027
C. Larocque	BU Chair			Chair	X				X		2022	2027
Dr. R. Cardinal		X		X							2023	2028
G. Peters		BU Chair	BU Chair								2023	2029
F. Desjardins			X	BU Chair							2024	2028
G. McDonald	Chair		X								2024	2027
H. Salib		Chair									2024	2027
D. Elie		X				X					2025	2028
M. Nichols	X										2026	2027
K. McTaggart	X										2026	2028
B. Pulice		X									2026	2029
Members / TOR	5	5	5	3	3							
Quorum per TOR	3	3	3	2	2							

As per Bylaw the Vice-Chair shall at the discretion of the Board Chair or the Board shall serve on at least one key Board Committee as the committee chair.

Fiscal Advisory Committee: no board member unless asked by CEO (TOR)

Executive & Joint Conference Committees: Chair, Vice-Chair, Treasurer, CEO and COS (minimum 1 meeting per year)

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

June 3, 2026 at 4:00PM in the Boardroom/MS Teams

Present: C. Nagy, Chair                      Dr. S. Robertson                      G. McDonald  
            G. Peters                                      L. Ramsay, CFO                      C. Maruno, HR  
            R. Alldred-Hughes, CEO              F. Desjardins

Regrets: K. MacGillivray, CHRO

### Summary of Discussion of the meeting

Quorum achieved.

#### Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: F. Desjardins

Seconded By: G. McDonald

THAT the agenda be approved as presented.

**CARRIED**

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

#### Minutes

Report from the Previous Meeting: The report of the meeting of May 13, 2026, was shared.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the report of the meeting of May 13, 2026, be approved as presented.

**CARRIED**

#### Committee Work Plan

The committee work plan was shared and remains on track.

#### Business Arising:

There was no business arising.

#### Matters for Discussion/Decisions

##### Review Audited Financial Statements

M. Pharand of MNP presented the audited financial statements.

Moved By: F. Desjardins

Seconded By: Dr. S. Robertson

THAT the Finance, HR & Audit Committee recommend to the Board of Directors that the audited financial statements for 2025-2026 be approved as presented at the Annual Meeting.

It was noted that some Board members were unable to review the financial statements prior to the meeting.

**CARRIED**

#### Recommendation of Auditor

The contract for MNP expires in 2028.

Moved By: Dr. S. Robertson

Seconded By: F. Desjardins

THAT the Finance, HR & Audit Committee recommend to the Board of Directors that recommendation be made at the Annual General Meeting that MNP be appointed auditor for the 2026-2027 fiscal year.

**CARRIED**

HSAA Declaration of Compliance

The HSAA declaration of compliance was reviewed.

Moved By: F. Desjardins

Seconded By: G. Peters

THAT the Finance, HR and Audit Committee recommend to the Board of Directors the approval of the HSAA Declaration of Compliance for 2025-2026 as presented.

**CARRIED**

BPSAA Attestation

The BPSAA attestation was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Finance, HR and Audit Committee recommend to the Board of Directors the approval of the BPSAA attestation for 2025-2026 as presented.

A clerical error was identified, and the applicable period date will be corrected. The definition of a consultant was also discussed.

**CARRIED**

**Matters for Information - Finance**

**Declaration of Compliance - March 2026**

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

**Matters for Information - People & Partnerships**

**Review Q4 HR Metrics**

The Q4 HR metrics were reviewed. Discussion focused on training, including the distinction between hospital-driven and employee-driven education. Training is primarily hospital-driven; however, staff are provided opportunities to express interest in optional training, which is included in these figures. Buddy shifts for orientation and clinical scholar hands-on, on-the-floor training are not included in the reported numbers.

**Matters for Information - Building, Property & Infrastructure**

**Epic Implementation Updates**

Deferred with no new updates to provide since the last meeting.

**Capital Redevelopment Planning Update**

An in-depth discussion took place regarding the letter included in the meeting package. As next steps, a follow-up meeting will be scheduled with MOH, OH, our organization, and RPG to gain a clearer understanding of the data and the rationale behind the OH letter.

**Date of Next Meeting**  
Next meeting: September 2026

S. Laframboise, Recorder

DRAFT

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 27, 2026 Meeting Date Prepared for: June 3, 2026 – Finance  
 Subject: Human Resources Q4 Scorecard  
 Prepared by: Kayla MacGillivray, Chief Human Resources Officer

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this report is to provide an overview of the human resources aspects of HGMH as it relates to key people metrics for Q4 of the 2025-2026 fiscal year.

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- HR metrics are important to review and track so the organization can address areas of concern in a timely fashion in order to contribute positively to organizational performance.
- We established a baseline performance for multiple metrics in 2022 in order to establish a year over year view to understand trends, opportunities for improvement and celebration.
- People & Culture is a strategic dimension of the HGMH strategic plan, and in an effort to address key performance indicators for this element of the strategy, a quarterly score card is being used to monitor.
- The HR metric report is set up to focus on four main areas of Human Resources: Recruitment & Retention, Professional Development, Employees Safety, and Labour Relations. Within each of these categories are specific metrics that the organization will work towards driving and sustain positive performance.
- The targets have been updated from prior year to use most current Ontario Hospital Association Data to inform the targets. The OHA updated their data in the winter and spring of 2024 to reflect 2023.

**OPTIONS CONSIDERED & ANALYSIS**


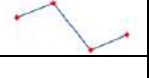
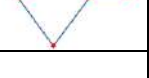




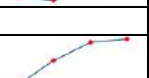
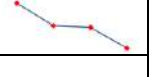
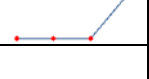


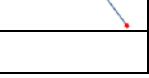

*Outline alternatives that were contemplated in coming to a recommendation. If no viable alternatives exist, include that information as well.*

- Overall, workforce indicators demonstrate strong organizational stability, improving retention, and continued investment in staff development, while highlighting targeted opportunities in workplace injury prevention.
- Recruitment & Retention:**
  - Recruitment and retention indicators remained strong overall.
  - Voluntary separation rate was 2.08% in 2025–2026, remaining well below the Ontario Hospital Association (OHA) benchmark of 10.07%.
  - Resignation rate improved from 1.86% in 2024–2025 to 1.39% in 2025–2026, continuing to perform significantly below the OHA benchmark.
  - Early turnover among new hires improved, with only 2 departures within the first 90 days of employment compared to 3 in the previous year.
  - Management voluntary separation remained at 0% for both years, demonstrating strong leadership stability.

- Vacancy rates remained stable year over year at approximately 3.5%, continuing to outperform the OHA benchmark of 6.93%.
- **Professional Development:**
  - Student placement activity increased from 30 placements in 2024–2025 to 37 placements in 2025–2026.
  - Growth in student placements demonstrates continued investment in workforce development and future recruitment pipelines.
  - Education and staff development saw significant growth in 2025–2026.
  - Staff training hours increased from 1,804 hours in 2024–2025 to 2,945 hours in 2025–2026, exceeding benchmark targets.
  - Increased training hours reflect a strong organizational focus on learning and development.
  - Front-line IDEA (Inclusion, Diversity, Equity and Accessibility) training completion exceeded 92% by Q4.
- **Employee Safety:**
  - Attendance management and employee wellness indicators showed overall improvement in 2025–2026. Short-term disability days per full-time employee decreased from 15.19 days in 2024–2025 to 12.73 days in 2025–2026.
- **Labour Relations:**
  - Workplace health and safety metrics were mixed in 2025–2026.
  - The organization recorded five WSIB lost-time injuries in 2025–2026 compared to two in 2024–2025, including one workplace violence-related injury in Q4.
  - WSIB lost-time hours remained a key focus area during the year.
  - Grievances advanced to arbitration increased from zero in 2024–2025 to three in 2025–2026, reflecting increased labour relations activity although not negatively. The grievances forwarded were more procedural in nature.

**SUPPORTING DOCUMENTS/ATTACHMENTS:** HR Metrics Dashboard

# People Metrics Fiscal 2025-2026

2025-2026 Human Resources Dashboard Report	Dimension	Objective/Metric	Target	OHA Healthcare HR Benchmark 2024 (Average of all Participating Hospitals)	Quarterly	Q1	Q2	Q3	Q4	YTD	Trend
Recruitment and Retention	Turnover (excluding casual staff)	Voluntary Separation Rate (%)	Less than OHA Average	10.07%	2025-2026	2.22%	2.22%	1.67%	2.22%	2.08%	
					2024-2025	5.26%	1.58%	0.53%	1.67%	2.26%	
		Resignation Rate (%)	Less than OHA Average	8.40%	2025-2026	1.70%	2.22%	0.55%	1.10%	1.39%	
					2024-2025	4.21%	1.58%	0.53%	1.11%	1.86%	
		Retirement Rate (%)	Less than OHA Average	1.72%	2025-2026	1.10%	0.00%	1.10%	1.10%	0.83%	
					2024-2025	1.05%	0.00%	0.00%	0.56%	0.40%	
	Management Voluntary Separation Rate (%)	HGMH Data	0.00%	2025-2026	0.00%	0.00%	0.00%	0.00%	0.00%		
				2024-2025	0.00%	0.00%	0.00%	0.00%	0.00%		
	Permanent Vacancies	Total Vacancy Rate	Less than OHA Average	6.93%	2025-2026	1.68%	5.03%	3.91%	3.35%	3.49%	
					2024-2025	4.47%	3.35%	2.79%	3.35%	3.49%	
	Student Placements	Total No. of New Student Placements Occurring During Reporting Period	HGMH Data	30 Students	2025-2026	4	6	16	11	37	
					2024-2025	6	8	1	15	30	
Turnover in First 90 Days of Employment	Total Number of New Hire Departures within 90 Days of Hire	HGMH Data	3 Departures	2025-2026	1	0	0	1	2		
				2024-2025	2	0	0	1	3		
Professional Development	Education & Staff Development	HGMH Data	1804	2025-2026	641.75	612.25	704.30	987.10	2945.40		
				2024-2025	433.80	388.30	139.85	842.09	1804.04		
	Front-line IDEA Training	HGMH Data	25% by Q4	2025-2026	0.00%	49.40%	86.11%	92.22%	86.11%		
Employee Safety	Short Term Disability	All Full-time HGMH Staff (days per person based on 7.5 hour day)	Less than OHA Average	12.87	2025-2026	4.24	3.20	3.12	2.17	12.73	
					2024-2025	3.68	4.26	3.74	3.51	15.19	
	Workplace Illness or Injury	No. WSIB Lost Time Injuries/Illness Related to Workplace Violence (per OH&S Definition)	HGMH Data	0	2025-2026	0	0	0	1	0	
					2024-2025	0	0	0	0	0	
		Total No. WSIB Lost Time Injuries/Illness	HGMH Data	2	2025-2026	1	3	1	0	5	
					2024-2025	0	1	1	0	2	
WSIB Lost Time Hours	HGMH Data	758	2025-2026	150.25	416.50	294.00	263.02	1123.77			
			2024-2025	375.00	112.50	180.00	90.00	757.50			
Labour Relations	Grievance & Arbitration	Grievances Advanced to Arbitration	HGMH Data	1 Grievance	2025-2026	1	1	1	0	3	
					2024-2025	0	0	0	0	0	

Casual Staff excluded from data.

**OHA Benchmarking Tool**

- Metric underperforming target by more than 25%
- Metric within 25% of target
- Metric equal or outperforming target

## REPORT OF THE MEETING OF THE FRENCH LANGUAGE SERVICES COMMITTEE

June 3, 2026 at 5:00PM in the Boardroom / MS Teams

Present: Dr. G. Raby, Chair F. Desjardins Dr. S. Robertson  
L. Ramsay R. Alldred-Hughes, CEO

Regrets: Dr. R. Cardinal

### Summary of Discussion of the meeting

#### 1.0 Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: F. Desjardins  
Seconded By: Dr. S. Robertson  
THAT the agenda be approved as presented.

CARRIED

#### Declaration of Conflict of Interest:

There were no conflicts declared.

#### 2.0 Minutes

Approval of Previous Meeting's Minutes: The report of the meeting of January 14, 2026, was reviewed.

Moved By: Dr. S. Robertson  
Seconded By: F. Desjardins  
THAT the report of the meeting of January 14, 2026, be approved as presented.

CARRIED

#### Business Arising:

There was no business arising from the minutes.

#### 3.0 Matters for Information

3.1 Report of the Senior Management Delegate  
Report included in the package.

#### 3.2 Annual Dashboard 2025-2026

The annual dashboard was reviewed and discussed. It will be submitted next week and revisited for further discussion in the fall.

#### 4.0 Date of Next Meeting

Next meeting: October 2026

K-L. Massia, Recorder

## **French Language Services Committee French Language Services Status Report**

### **Purpose / Recommendation**

The French Language Services (FLS) Status Annual Report is provided in compliance with the requirements of the *French Language Services Act (FLSA)*, which requires the Board of Directors to receive an annual update on accomplishments and issues related to French language services.

This report enables the Hospital and its Board of Directors to demonstrate and promote organizational accountability regarding the provision of services in French, while monitoring indicators related to the Hospital's capacity to meet the needs and expectations of Francophone patients and communities.

For 2025-2026, HGMH is only required to submit the annual FLS report as requested by Ontario Health East and the Ministry, through the FLHSD portal.

### **Enterprise Risk Profile**

**Compliance** - HGMH remains compliant with legislative requirements under the FLSA.

### **Introduction / Background**

This report provides an update on key indicators used to monitor HGMH's capacity to provide services in French, as well as organizational performance related to the consistency and quality of our French language services.

The report ensures that HGMH continues to integrate French language services into its strategy and operational planning in order to:

- Meet the linguistic needs of the Francophone population;
- Respect the linguistic rights of Francophone patients and families; and
- Offer services in the patient's preferred official language

HGMH is committed to providing a positive experience for patients who prefer to receive services in French, and to maintaining compliance with the requirements of the FLSA.

Given the significant Francophone presence within the region served by HGMH, the Hospital remains committed to providing all services in both official languages.

The concept of active offer is central to this commitment and is defined as:

"An approach that is based on proactively offering service in French rather than expecting patients to ask for it."

This approach is essential to ensuring responsiveness to the needs, rights and expectations of Francophones who prefer services in French.



## Analysis / Update

This section provides information on the following items: regulatory landscape, the official languages framework and key related to French language services.

**a) Regulatory Landscape – (FLSA) :** HGMH is committed to providing patient services in both official languages. This commitment aligns with the Hospital's full designation status under the FLSA, which requires the Hospital to ensure the availability and quality of French language services across all programs and services.

**b) Official Languages Framework:** The HGMH French Language Services Framework establishes the structure required to define, support, promote and sustain official languages objectives across the organization. This Policy framework supports both the current and future delivery of French language services and reinforces HGMH's commitment to continuous improvement in bilingual service delivery.

**c) Main indicators for offer of services in French:** The Annual Dashboard 2025-2026 includes data related to: demand for services in French, bilingual capacity of staff, physicians and volunteers, patient satisfaction, complaints related to language services, board composition and bilingual capacity within the Senior Leadership Team.

## Risk / Opportunity Analysis

Risks associated with the provision of services in both official languages, as well as obligations under the FLSA, can be mitigated through awareness, guidance, and support for staff, particularly clinical managers and their teams.

Clinical managers are responsible for determine the number of bilingual French-English positions required for each role and shift, to ensure access to service in French. They are also responsible for recruitment decisions based on these operational requirements. Accordingly, it remains a priority to ensure managers are appropriately informed and supported when making bilingual recruitment decisions.

As HGMH relies on employees to actively offer services in the patient's preferred official language, regardless of individual French-language proficiency levels, it is important that staff continue to receive education, tools and resources related to active offer best practices. These measures support the Hospital's readiness to provide services in French and help ensure services are consistently delivered in the patient's preferred language.

Respectfully submitted

Linda S. Ramsay

VP of Corporate Services and CFO

May 28, 2025

## REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

June 3, 2026 at 5:30PM Boardroom/MS Teams

Present: L. Boyling G. McDonald Dr. S. Robertson  
R. Alldred-Hughes, CEO Dr. G. Raby

Regrets: C. Larocque, Back-Up Chair

### Summary of Discussion

#### Approval of the Agenda

The agenda was reviewed.

Moved By: Dr. G. Raby

Seconded By: G. McDonald

THAT the agenda be approved as presented.

**CARRIED**

#### Declaration of Conflict of Interest

There were no conflicts declared.

#### Approval of Previous Meeting Report

The meeting report from May 13, 2026, were shared.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the meeting reports be approved as presented.

**CARRIED**

#### Business Arising from Report

There was no business arising from the report.

#### Committee Work Plan

The work plan was reviewed and remains on track.

#### Matters for Discussion/Decision

##### Review Board Education Plan

The education plan for 2026-2027 was reviewed.

Moved By: Dr. S. Robertson

Seconded By: Dr. G. Raby

THAT the Governance and Nominating Committee recommend to the Board of Directors the education sessions for 2026/2027 as presented.

**CARRIED**

The committee noted that the education sessions offered by OHA would be beneficial for both new and existing members. Rob will follow up with OHA to inquire about future training on this particular education for Board members.

There is interest from the Board in incorporating relevant ethical case studies into education sessions, allowing members to apply the ethical framework in practical scenarios. Additionally, the Board identified a need for a stronger understanding of what constitutes a health hub and

the benefits it provides to the community; it was determined this education could form part of the Board's next retreat.

Discussion also centered around the Hospital Board mandate. For example, primary care physician recruitment may not be embedded within the hospital, and the health hub operates through partnerships. While these organizations remain independent, they support hospital operations, particularly in the Emergency Department and inpatient units.

**Motions for Board Approval:**

- Addition of an ethics component to Board education.
- Addition of OHA hospital finances component to Board orientation material.

**Review Board Orientation**

The draft board orientation agenda was reviewed.

Moved By: Dr. S. Robertson

Seconded By: Dr. G. Raby

THAT the Governance and Nominating Committee recommend to the Board of Directors the Board Orientation as presented.

**CARRIED**

It was noted that the responsibility column requires revision to reflect the updated roles. Additionally, a handout should be developed outlining how and where to access IDEA and ethics resources, including instructions for accessing the portal, and email.

**Review Committee Schedule and Membership for 2026-2027**

The committee schedule and membership for 2026-2027 was reviewed.

Moved By: Dr. G. Raby

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the 2026-2027 committee and Board meeting schedule and the committee membership as presented.

Amendment: Add D. Elie as Foundation Representative and G. Peters as Backup Chair for Quality.

The Committee recommends bringing the proposed schedule forward to the Board of Directors for discussion, including consideration of moving Committee meetings to the second and fourth Thursday of each month, or maintaining the current schedule with June remaining as an exception. Both Version 1 and Version 2 of the schedule will be presented to the Board for decision.

**CARRIED**

**Review Committee Work Plans**

The committee work plans for 2026-2027 were reviewed.

Moved By: Dr. G. Raby

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the Board Committee Work Plans as presented.

The Board Retreat will include a strategic action planning session.

**Policies for Review**

Two policies were reviewed.

Board and Committee Expenses (BOD.04.001)

The policy was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board and Committee Expenses policy as amended.

Amendment: \*Add publicly posted in accordance with the Broader Public Sector Accountability Act.

**CARRIED**

Board of Directors Orientation Program (BOD.05.015)

The policy was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board of Directors Orientation Program policy as presented.

**CARRIED**

**Matters for Information**

**Review Board Member Attendance**

The board attendance was reviewed.

**Next meeting:** September 2026

S. Laframboise, Recorder

# Governance and Nominating Committee Annual Work Plan 2026-2027



Deliverable	Legislation/ Accountability	MRP	Occurrence	OCT	NOV	JAN	MAR	MAY	JUN
<b>STRUCTURE/PROCESSES</b>									
Review Committee Effectiveness Survey Results		Chair	Annually	✓					
Review/Recommend Governance Annual Committee Work Plan to BoD		Chair	Annually	✓					
Review/Recommend Committee Terms of Reference to BoD		Chair	Annually	✓					
Review Board Education Plan for following Board Cycle		Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)		Chair	Annually			✓			
Review Board Member Attendance		Chair	Twice yearly			✓			X
Plan AGM		Chair	Annually					X	
Review Board Orientation		Chair	Annually						X
Review CEO and COS Succession Plan Framework		Chair	Annually			✓			
Annual Board Code of Conduct & Conflict of Interest Review/Attestation	PHA; BPSAA								
<b>DIRECTOR RECRUITMENT AND SELECTION</b>									
Administer Board Personal Assessment Survey/Board Succession		Admin	Annually			✓			
Review Board Succession Plan <ul style="list-style-type: none"> <li>• Identification of number of new members required</li> <li>• Identification of selection criteria based on skills matrix</li> </ul>		Chair	Annually				✓		
Review Skills Matrix		CEO	Annually		✓				
Complete Skills Matrix		Board	Annually			✓			
Start recruitment process (April)		Admin	Annually				✓		
Recommendation of New Directors to the Board			Annually						X
Review Following Years Committee Schedule and Membership			Annually						X
<b>ACCREDITATION</b>									
Governance Standards Review		Chair	Every meeting	✓	✓	✓			
Inclusion, Diversity, Equity & Anti-Racism Update		Chair	Bi-Monthly	✓		✓		X	
Review Communication Plan		Chair	Annually	✓					
<b>PERFORMANCE</b>									
Review Performance Evaluation Questionnaire for CEO and COS		Chair	Annually		✓				
Review Committee Effectiveness Survey Questions		Chair	Annually			✓			
Administer Committee Effectiveness Survey		EA	Annually					X	
Review Peer to Peer Survey Questions		Chair	Annually				✓		
Administer Peer to Peer Surveys		EA	Annually						X
<b>STRATEGIC PLAN AND STRATEGIC DIRECTIONS</b>									
Review Strategic Plan and Refresh		CEO	Annually		✓				
Review Progress on Strategic Actions		CEO	Quarterly	Q1	Q2	Q3		Q4	
Review next fiscal years Strategic Actions							✓		
<b>POLICY REVIEW</b>									
Senior Management Language Skills (BOD.02.002)		CEO		✓					
Developing, Reviewing, and Revising Board Policies (BOD.05.001)		CEO		✓					
Hospital Email Usage for Board of Directors (BOD.05.011)		CEO			✓				
Delegations of Authority to the President & CEO (BOD.05.012)		CEO			✓				
Inclusion, Diversity, Equity, and Anti-Racism (BOD.01.001)						✓			
CEO and COS Succession Planning (BOD.02.001)						✓			
Enterprise Risk Management (BOD.03.004)							✓		
Honorary Membership to the Corporation (BOD.05.016)							✓		
Investments (BOD.04.002)								✓	
Management of Endowment Funds (BOD.04.003)								✓	
Conflict of Interest (BOD.05.003)									✓
Acceptance of Tender Over Board-Approved Amount (BOD.04.004)									✓
French Language Services (BOD.01.002)									✓
<b>ESTIMATED PREPARATION TIME FOR MEETING</b>				1H	1H	1H	1H	1H	1H

Revisions since prior report:

# Finance, HR & Audit Committee Work Plan 2026-2027



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

Revisions since prior report:

-

# Quality & Patient Safety Committee Work Plan 2026-2027



Deliverable	Legislation/Accountability	MRP	Occurrence	Sep	Nov	Jan	Feb	Apr	May
<b>STRUCTURE/PROCESSES</b>									
Review/Recommend Committee Terms of Reference		Chair	Annually	X					
Review Committee Effectiveness Survey Results		Chair	Annually	X					
Review/Recommend Annual Committee Work Plan to Governance		Chair	Annually						X
<b>MEDICAL AFFAIRS</b>									
Professional Staff Appointment and Re-appointment Process Review	PHA	COS	Annually		X				
Review Professional Staff HR Plan	PHA	COS	Annually		X				X
Appoint professional staff on recommendation of Medical Advisory Committee	PHA	COS	Annually			X			
Review Student/Resident Placement Report		COS	Annually				X		
Review Hospital Services		COS	Annually/As Occurs					X	
Review Physician Engagement Survey Results		COS	Annually					Survey to be sent	X
Medical Advisory Committee Recommendations	PHA	COS	As Occurs						
<b>EDUCATION</b>									
Patient Story		CNE			X		X		X
Quality Initiatives		CNE		X		X		X	
<b>QUALITY OVERSIGHT AND IMPROVEMENT</b>									
Review QIP Dashboard	ECFAA	CNE	Quarterly	Q1	Q2		Q3		Q4
Recommend QIP Dashboard 2027-2028	ECFAA	CNE	Yearly				X		
Quality & Safety Scorecard		CNE	Quarterly	Q1	Q2		Q3		Q4
Review Patient Satisfaction Survey Results	ECFAA	CNE	Quarterly	Q1	Q2		Q3		Q4
Review Life or Limb Results		CNE	When available						
Review Complaints & Compliments Report	ECFAA	CNE	Quarterly			X			
PFAC Updates	ECFAA	CNE	Quarterly	X		X		X	
Review Critical Events and Never Events Report	PHA + Ontario Patient Safety Reporting requirements	CNE	Yearly			X			
BPSO Update	RNAO BPSO	CNE	Quarterly	X	X		X		X
Review Patient Quality & Safety Plan	ECFAA + Accreditation Canada Qmentum Standards	CNE	Yearly				X		
Review Status of Patient Safety Plan Actions		CNE	Bi-Annual		X				
Review Provincial Stroke Report Card	OH	CNE	When available						
Review Ethics Committee Updates		CNE	Yearly					X	
Review Trillium Gift of Life Report	Trillium Gift of Life Network Act	CNE	Quarterly	Q1	Q2		Q3		Q4
Boards Role in Legislative Oversight		CEO							
<b>SAFETY / RISK / OPERATIONS</b>									
Violent Incidents Report	OHSA	CHRO	Yearly					X	
Review Emergency Preparedness		CHRO	Yearly					X	
Review Business Continuity Plan		CEO	Yearly		X				
Privacy & Confidentiality Overview	PHIPA	HIS	Yearly	X					
Review HIROC Report		CEO	Yearly						X
<b>ACCREDITATION</b>									
Accreditation Updates		CEO	Bi-Annual			X		X	
Accreditation Standard Review		CNE	Quarterly						
<b>ESTIMATED PREPARATION TIME FOR MEETING:</b>				1.5H	1.5H	1.5H	1.5H	1.5H	1.5H

Revisions since prior report:

April 21, 2026

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 25, 2026 Meeting Date Prepared for: June 3, 2026 – Governance  
June 18, 2026 - Board  
 Subject: Policy Reviews  
 Prepared by: Robert Aldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

The purpose of this briefing note is to provide an overview of the two policies up for review and highlight any material changes to each policy.

**RECOMMENDATION / MOTION**

**THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board and Committee Expenses policy as presented.**

**THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board of Directors Orientation Program policy as presented.**

**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.*

Summary of amendments:

**Board and Committee Expenses**

- Following review at the Governance committee, and amendment was made to the policy adding a statement that Board expenses will be posted publicly in accordance with the BPSAA.

**Board of Directors Orientation Program**

- No amendments recommended

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Obtain Board Approval – June 18, 2026
- Update Board Policy Online
- Include updates in Board Orientation Material

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Board and Committee Expenses Policy
- Board of Directors Orientation Program Policy

<b>Document Name:</b>	Board and Committee Expenses		
<b>Document Number:</b>	BOD.04.001.0.26		
<b>Review Period:</b>	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	<b>Manual:</b> Governance Policy Manual	
<b>Classification:</b>	Board of Directors	<b>Section:</b> Financial & Organizational Viability	
<b>Owner:</b>	President & CEO	<b>Signing Authority:</b> Board of Directors	

### **POLICY STATEMENT:**

Board members required to travel outside the general Alexandria area on hospital business will be reimbursed for their travel following the submission of a claim for expenses in attending Board-approved meetings and events.

### **PROCEDURE:**

1. Expenses shall be reimbursed consistent with the hospital policy entitled General Expense Policy (CO.02.022.0.11) and Gas/Travel Allowance Policy (CO.02.005.2.14):
  - i. mileage will be reimbursed at a rate consistent with the rate established for staff mileage.
  - ii. Using the most cost-effective form of travel is encouraged. Associated travel costs such as parking and taxi fare will be reimbursed.
  - iii. Reasonable accommodation will be reimbursed.
  - iv. All reasonable and customary meal expenses will be reimbursed. Costs incurred for alcoholic beverages will not be reimbursed. It is the responsibility of the person(s) approving the expenses to determine reasonableness.
  - v. All out of pocket expenses shall be supported by receipts.
  - vi. Registration fees for conferences, workshops and external meetings attended with Board approval will be reimbursed. Even in time-sensitive situations, approval of the Board Chair must be obtained.
2. The Board Chair shall approve board member expenses. The Vice-Chair shall approve the Board Chairs' expenses.
3. Payment of travel allowance will be paid to Board members on a quarterly basis upon submission of an approved *General Expense Statement for Staff and Board of Directors* (51-A-201-XX) approved and signed by the Board Chair.
4. Individual Board expenses will be posted publicly in accordance with the *Broader Public Sector Accountability Act* (BPSAA).

Effective: Nov 2013	Last review/revision: June 2026	Next review: June 2029
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Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

**CROSS-REFERENCED POLICIES:**

<b>Policy Number</b>	<b>Policy Name</b>
CO.02.022.X.XX	General Expense
CO.02.005.X.XX	Gas/Travel Allowance

**ASSOCIATED FORMS:**

<b>Form Number</b>	<b>Form Name</b>
51-A-201-XX	General Expense Statement for Staff and Board of Directors

**REFERENCES:**

1. [Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25 | ontario.ca](#)

<b>Document Name:</b>	Board of Directors Orientation Program		
<b>Document Number:</b>	BOD.05.015.0.26		
<b>Review Period:</b>	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	<b>Manual:</b> Governance Policy Manual	
<b>Classification:</b>	Board of Directors	<b>Section:</b> Board Effectiveness	
<b>Owner:</b>	President & CEO	<b>Signing Authority:</b> Board of Directors	

### **POLICY STATEMENT:**

Prior to the commencement of their first term, or as soon as is possible afterwards, each new Director is to be provided orientation by the Chief Executive Officer to their role as a member of the Board of Directors of Hôpital Glengarry Memorial Hospital.

### **PROCEDURE:**

1. Each new Board will be provided electronic access to a shared drive with documentation that details of the Board Quality Program, Board Role, Board Structure and Process, The Hospital, and Hospital Partners and the Healthcare Environment. Should the Director require a device to access the material, a tablet will be loaned to the Director by the hospital.
2. Each new Board member shall attend a Board Orientation Session which includes a tour of the hospital and an overview of the purpose and functions of the Board, information about the hospital and our healthcare environment. During this session opportunities to ask questions pertaining to the hospital.
3. All Board members may attend educational seminars and hospital conventions as authorized by the Board.
4. All new Board members, during the orientation, are expected to sign a Board Member Pledge of Confidentiality (51-A-172-xx) and the Board Member Accountability Statement (51-A-174-xx).
5. Evaluation forms for the Orientation Program are to be completed by each new Trustee.
6. The Board may change the orientation Program for new Board members as required.

### **ASSOCIATED FORMS:**

<b>Form Number</b>	<b>Form Name</b>
51-A-172-XX	Board Member Pledge of Confidentiality
51-A-175-XX	Board Member Accountability Statement

Effective: May 1994	Last review: June 2026	Next review: June 2029
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Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

## 2025-2026 Board of Directors Attendance



Name	2025				2026						Total	%
	*Jun	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun		
Dr. Stuart Robertson, Chair	P	P	P	P	P	P	P	P	P	P	9	100%
Louise boyling, Vice Chair	P	P	P	P	P	P	P	P	P	P	9	100%
Charlotte Nagy, Treasurer	P	A	P	P	P	P	P	P	P	P	8	89%
Carole Larocque	P	P	P	P	P	P	P	P	P	P	9	100%
Doug Elie	P	P	P	P	P	P	P	P	P	P	9	100%
Francois Desjardins	P	P	P	P	P	A	P	P	P	P	8	89%
Dr. Genevieve Raby	P	A	P	P	P	P	P	P	P	P	8	89%
Gerard McDonald	P	P	A	P	P	P	P	P	P	P	8	89%
Gordon Peters	P	A	P	P	P	P	P	P	P	P	8	89%
Heidi Salib	P	P	P	P	A	P	P	P	P	P	8	89%
Dr. Raynald Cardinal	P	P	P	A	P	P	P	P	P	P	8	89%
<b>Total</b>	11	8	10	10	10	10	11	11	11	0	83	93%

\*Special Meeting

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025				2026						Total	%
	*Jun	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P	P	P	P	P	P	P	9	100%
Dr. Lisa MacKinnon, COS	P	P	P	A	P	P	A	P	P		7	78%
Rachel Romany, CNE	P	P	P	P	P	P	A	A	P		7	78%
<b>Total</b>	3	3	3	2	3	3	1	2	3	0	92	85%

## 2025-2026 Governance Attendance



Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Louise Boyling	P	P	P	P	P	P	6	100%
Carole Larocque	P	P	P	P	P	A	5	83%
Dr. Genevieve Raby	A	P	P	A	P	P	4	67%
Gerard McDonald	A	P	P	P	P	P	5	83%
Dr. Stuart Robertson	P	P	P	P	P	P	6	100%
<b>Total</b>	3	5	5	4	5	4	26	87%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P	P	P	6	100%
<b>Total</b>	1	1	1	1	1	1	6	100%

## 2025-2026 Finance Attendance



Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Charlotte Nagy	P	P	P	P	P	P	6	100%
Francois Desjardins	P	P	A	P	A	P	4	67%
Gerard McDonald	P	P	P	P	P	P	6	100%
Gord Peters	P	P	P	P	P	P	6	100%
Dr. Stuart Robertson	P	P	P	P	P	P	6	100%
<b>Total</b>	5	5	4	5	4	5	28	93%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P	P	P	6	100%
<b>Total</b>	1	1	1	1	1	1	6	100%

## 2025-2026 Quality Attendance



Name	2025		2026				Total	%
	Sep	Nov	Jan	Feb	Apr	May		
Carole Larocque	P	P	P	A	P	P	5	83%
Doug Elie	P	P	P	P	P	P	6	100%
Gord Peters	P	P	P	P	P	P	6	100%
Heidi Salib	A	P	P	P	P	P	5	83%
Dr. Raynald Cardinal	A	P	P	P	A	A	3	50%
<b>Total</b>	3	4	4	3	4	4	25	92%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Sep	Nov	Jan	Feb	Apr	May		
Robert Alldred-Hughes, CEO	P	P	P	P	P	P	6	100%
Dr. Lisa MacKinnon, COS	A	A	P	P	A	P	3	50%
Rachel Romany, CNE	P	P	P	P	P	P	6	100%
<b>Total</b>	2	2	3	3	2	3	15	83%

## Correspondence

June 1, 2026 – The Seeker - [A Cookie, a Community, and \\$19,575 for Rural Healthcare](#)

June 2, 2026 – Seaway News - [HGMH Dream Raffle Draw returns June 24](#)

June 4, 2026 – Seaway News - [“Failure, By Design:” Hospital wait times rise across Eastern Ontario](#)