

## Board of Directors In Camera Meeting Agenda

Date: Thursday, June 18, 2026  
 Time: Following the Board meeting  
 Location: Boardroom / Microsoft Teams

Agenda Item	Attachment
<b>1. Call to Order (Dr. S. Robertson)</b>	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1-2
1.3 Declaration of Conflict of Interest ( <a href="#">Policy BOD.05.003.X.XX</a> )	
<b>2. Minutes (Dr. S. Robertson)</b>	
2.1 Approval of previous meeting minutes - May 28, 2026	P. 3-6
2.2 Business arising from minutes	
<b>3. Matters for Discussion/Decision</b>	
3.1 Foundation Updates (L. Boyling)	
3.2 2025-2026 Labour Relations Report (K. MacGillivray)	P. 7
3.3 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 8-10
3.4 Professional Staff Credentialing	
3.4.1 Dr. K. Benoit - Associate General - Medicine Privileges <b>THAT the Board of Directors approve that Dr. Karine Benoit be credentialed with Associate privileges in General Medicine following the recommendation of the Medical Advisory Committee.</b>	P. 11
3.4.2 Dr. C. Tanasie - Locum Tenens - Emergency Medicine <b>THAT the Board of Directors approve that Dr. Christiana Tanasie be credentialed with Locum Tenens privileges in Emergency Medicine following the recommendation of the Medical Advisory Committee.</b>	P. 12
3.4.3 Dr. D. Marhaba - Locum Tenens - Emergency Medicine <b>THAT the Board of Directors approve that Dr. Danny Marhaba be credentialed with Locum Tenens privileges in Emergency Medicine following the recommendation of the Medical Advisory Committee.</b>	P. 13
3.5 Letter from The Catholic Women's League of Canada (R. Alldred-Hughes)	P. 14-15
3.6 CT Cost Over Original MOH Approved Amount (R. Alldred-Hughes) <b>That the Board of Directors endorse the proposed revised Total Project Cost of approximately \$3.9M for the HGMH CT Project and authorize management to submit the required documentation to the Ministry of Health in support of obtaining approval to proceed with contract award and project implementation, and commit to using capital reserve and endowment funds to support the overage of the HGMH Foundation's commitment of \$3.5M.</b>	P. 16-20
<b>4. Adjournment (Dr. S. Robertson)</b>	



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

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



### A4R Action Steps



## MINUTES OF IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date Thursday, May 28, 2026  
 Time Following the Board Meeting  
 Location Boardroom/Microsoft Teams  
 Present: Dr. S. Robertson, Chair L. Boyling, Vice-Chair C. Nagy, Treasurer  
 D. Elie C. Larocque F. Desjardins  
 G. Peters G. McDonald Dr. G. Raby  
 H. Salib Dr. R. Cardinal R. Alldred-Hughes, CEO  
 L. Ramsay, CFO K. MacGillivray, CHRO R. Romany, CNE  
 Dr. L. MacKinnon, COS

Regrets: None

### 1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 6:38pm.

#### 1.1. Quorum

A quorum was present.

#### 1.2. Adoption of the Agenda

The agenda was reviewed and item 3.7 Capital Redevelopment Planning was added.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the agenda be adopted as amended.

**CARRIED**

#### 1.3. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

### 2. Minutes

#### 2.1 Approval of previous meeting minutes

The previous meeting minutes were reviewed.

Moved By: L. Boyling

Seconded By: D. Elie

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

**CARRIED**

### 3. Matters for Discussion/Decision

#### 3.1 Report of the Chief of Staff

Recruitment remains on going and a few physicians are in the process of submitting their application for privileges. Work is being done on creating a physician recruitment framework. A medical resident who completed a rotation here will be applying for privileges. The core physician shifts remain covered throughout the summer.

Physicians are engaged in the CT project to better understand their scope once the CT scanner arrives.

Extra funding was received for ED P4R in which work is being done to determine how to use the funds and help with ED metrics.

A gathering is being held for physicians which is set to take place throughout the summer, and celebrations were done for Doctors Day.

The physician engagement survey was sent out, however minimal responses came in and as such, work is being done to determine how to go about looking over the questions and how responses can be increased.

### 3.2 Foundation Updates

There was no meeting last month. Upcoming events were shared in the Board Chair's report. Dream raffle tickets are to be returned by June 17<sup>th</sup> as the draw takes place on the June 24<sup>th</sup>. If there are unsold tickets, returning them earlier than the 17<sup>th</sup> is appreciated to try and sell them elsewhere.

BPSO was discussed in which the next champion session takes place in November, and it was asked that one board member attend this session.

### 3.3 2026 Board Award of Excellence

The nominations for the board award of excellence were reviewed and discussed.

Moved By: G. Peters

Seconded By: L. Boyling

THAT the Board of Directors approve the recipients of the Board Award of Excellence for 2026 as presented.

All nominees are more than deserving of this award. In looking at the nominations, the committee recommended two names as recipients.

**CARRIED**

### 3.4 HIROC Report

The HIROC report was reviewed and discussed.

Moved By: C. Larocque

Seconded By: F. Desjardins

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

**CARRIED**

### 3.5 Hospital Services

Hospital services were shared for information in which new services offered over the past year include hematology and physiatry.

### 3.6 Board Candidates

The reappointment and appointment of new directors was discussed.

Moved By: C. Larocque

Seconded By: D. Elie

THAT the Board of Directors bring forward the nominations of new Directors during the Annual Meeting as presented.

There was a great pool of qualified applicants who applied to the Board.

**CARRIED**

### 3.7 Capital Redevelopment Planning

A letter was received earlier this week from Ontario Health in which endorsement was not received at this time as they would like more options to be considered. A meeting is being requested with Ontario Health and the Ministry to further discuss.

## 4 Consent Agenda

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

4.1 Draft MAC Report

4.2 Draft Finance, HR, and Audit Committee In Camera Report

4.3 Professional Staff HR Plan

4.4 Physician Engagement Survey Results

Moved By: C. Larocque

Seconded By: C. Nagy

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

**CARRIED**

## 5 Meeting Without Management

### 5.1 Executive Compensation 2025-2026

The executive compensation was reviewed and discussed.

Moved By: L. Boyling

Seconded By: F. Desjardins

THAT the Board of Directors approve the pay for performance in relation to the results achieved for 2025-2026 as presented.

**CARRIED**

### 5.2 Chief of Staff Term Renewal

The Chief of Staff term is due for renewal.

Moved By: C. Nagy

Seconded By: L. Boyling

THAT the Board of Directors approve the final renewal of a two (2) year term of Chief of Staff, Dr. L. MacKinnon.

The Chief of Staff has already completed two terms of two years. Three terms of two years is the maximum as per the bylaws.

**CARRIED**

### 5.3 CEO Compensation

Compensation of the CEO was discussed.

Moved By: L. Boyling

Seconded By: C. Nagy

That the Board of Directors approve a salary increase to \$260,000 for the CEO inclusive of the performance pay.

Comparison of salaries was done with similar sized hospitals. An increase was done two years ago, and it is believed that it is feasible that this be done again. It was agreed that comparators be presented on paper going forward.

**CARRIED**

Moved By: L. Boyling

Seconded By: C. Nagy

THAT any future pay proposals be backed up with documentation and appropriate facts.

**CARRIED**

### Adjournment

The meeting adjourned at 7:20pm.

K-L Massia, Recording Secretary

## Report of the Chief Human Resources Officer

*June 18, 2026 Board Meeting*

### 2025-2026 Labour Relations

<b>Ontario Nurses' Association (ONA)</b>	
Number of Grievances Filed	14
Number of Grievances Resolved	4
Number of Grievances Outstanding	0
Number of Grievances Referred to Arbitration	5 (same topic)
Number of Grievances in Abeyance	5 (same topic)

<b>CUPE</b>	
Number of Grievances Filed	19
Number of Grievances Resolved	7
Number of Grievances Outstanding	4 (considered abandoned)
Number of Grievances Referred to Arbitration	0
Number of Grievances in Abeyance	0

## Report of the Chief of Staff June 2026

### Physician Recruitment Update

Recent Applications for Appointment to Professional Staff

- Dr. Karine Benoit – Associate-General Medicine (Inpatient)
- Dr. Christiana Tanasie – Locum Tenens (Emergency)
- Dr. Danny Marhaba – Locum Tenens (Emergency)

Current Recruitment Needs:

- 1 locum in ED for occasional shifts and vacation coverage.
- 1 part-time or 2 locum in Inpatient
- 2 vacant family practice spaces available for lease with attached coverage for Inpatient and/or ED.

Job Boards Used: ED and Inpatient (Locum & Locum/Part Time)

- HFO Jobs
- CaSPR job board
- Ottawa & McGill University job boards

Outstanding application packages:

- \*1 Quebec physician has withdrawn her application for ED, as she is currently working shifts at other facilities and her schedule is full. She will reapply if her availability changes.
- 1 ED and IP locum -partial application received.
- 1 ED and IP associate (previous medical resident) awaiting Independent license with CPSO.

### Scheduling Update

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

The *Inpatient Unit* remains fully covered through October 2026 with only 1 vacant week in September.

### Recruitment Initiatives

1. Dr. MacKinnon and S. Laframboise will be working on a formal Physician Recruitment Strategy Plan this year.
2. HGMH will be represented at the GROHT booth at the FMF Conference, the FMRQ Career Day, and uOttawa Family Medicine Job Fair in the Fall.
3. We are now a member of CaSPR and eOPRA which provides access to coordinated physician recruitment resources, enhanced networking opportunities, and greater visibility for attracting qualified medical candidates.

### Medical Learners

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



**Medical Learner Update:**

- We hosted four first-year medical students for the Rural Community/Discovery Weeks (May 25–29 and June 1–5). Three were from uOttawa and one from Queen’s University.
- We are hosting a pre-med student from Bishop’s University for three separate days—one day each in May, June, and July.
- We currently have a third-year medical student from Queen’s University who is currently completing a 14-week Generalist placement from June 1 to September 4, 2026.
- A former medical resident who was with us earlier this year is scheduled to join us for her POCUS Fellowship from July 29 to September 22, 2026. She is in the process of applying for privileges and is hoping to moonlight in the ED or inpatient unit on days when she is not scheduled for fellowship duties. She will have Resident access during Fellowship shifts, and regular MD access once her application for privileges is approved.

**Education**

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

- The first session, *Exploring Hospital Legal Accountabilities*, April 16<sup>th</sup>.
- The second session, *Understanding Hospital Funding and Accountability*, May 7<sup>th</sup>.
- The third session, *Managing Relational Dynamics*, June 2<sup>nd</sup>.

**Burden-Based On-Call (BBOC)**

The current Hospital On-Call Coverage (HOCC) model will be replaced by the new BBOC framework in October 2026. Unlike HOCC, which is primarily based on site designation and coverage requirements, BBOC aligns funding more directly with physician workload and on-call burden.

Our team is currently completing the required validation exercise, with submission to the Ministry of Health (MOH) and Ontario Medical Association (OMA) due June 12, 2026.

**Current P4R Metrics**

We have an overall improvement across all P4R metrics when compared to the average of the last Fiscal Year:

	Average FY 25-26	Apr	May	YTD Average	% change compared to FY 25-26
ED LOS admitted- 90th %ile	19.2	10.5	14	13.3	-31%
ED Los Non-Admitted High Acuity	6.2	5	5	5	-19%
ED Los Non-Admitted Low Acuity	5.3	4.1	4.6	4.4	-17%
Time to PIA	3.8	3.2	3.3	3.3	-13%
Time to Inpatient Bed	5.7	4.2	3.9	4	-30%
Ambulance off load time (minutes)	26	15	16	15	-42%

Our ED patients are getting their care faster regardless of acuity and mode of entry (via ambulance). They are also being admitted earlier to our medicine floors when needed.



### **Professional Staff Team Building**

The Professional Staff Association is planning a summer gathering to provide physicians with an opportunity to connect outside of the hospital setting. Event details are currently being finalized, with a target date in late August.

May 26, 2026

**Privileges for New Physician**

The Credentials Committee reviewed the application of **Dr. Karine Benoit** for **Associate – General Medicine** privileges and deemed that their file is complete and in good standing.

Motion:

**THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Karine Benoit have Associate- General Medicine privileges effective June 18, 2026.**

Regards,



Dr. Lisa MacKinnon  
Chief of Staff

May 26, 2026

**Privileges for New Physician**

The Credentials Committee reviewed the application of **Dr. Christiana Tanasie** for **Locum Tenens – Emergency Medicine** privileges and deemed that their file is complete and in good standing.

Motion:

**THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Christiana Tanasie have Locum Tenens - Emergency Medicine privileges effective June 18, 2026.**

Regards,



Dr. Lisa MacKinnon  
Chief of Staff

May 26, 2026

**Privileges for New Physician**

The Credentials Committee reviewed the application of **Dr. Danny Marhaba** for **Locum Tenens – Emergency Medicine** privileges and deemed that their file is complete and in good standing.

Motion:

**THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Danny Marhaba have Locum Tenens - Emergency Medicine privileges effective June 18, 2026.**

Regards,



Dr. Lisa MacKinnon  
Chief of Staff

The Catholic Women's League of Canada  
St. Finnan's Council  
P.O. Box 562  
Alexandria, ON  
K0C 1A0

May 19, 2026

Robert Alldred-Hughes, President and CEO  
c/o Hopital Glengarry Memorial Hospital  
20260 County Road 43  
Alexandria, ON  
K0C 1A0

Dear Mr. Alldred-Hughes, CEO,

I am writing on behalf of St. Finnan's Council of The Catholic Women's League of Canada (CWL) in Alexandria.

We wish first to express our sincere gratitude for the care provided by your physicians, nurses, and staff. We recognize the dedication required to accompany patients and families through illness, suffering, and the final stages of life. Your work is deeply valued in our community.

At the same time, we feel called to respectfully share our concerns regarding the provision of Medical Assistance in Dying (MAID) at HGMH. We are aware this procedure has been legalized in Canada, and is being offered to patients as a health care option in hospitals and clinics across our country. We would like to address this issue with you due to HGMH being our local hospital serving our community.

From our Catholic perspective, every human life is a sacred gift, possessing inherent dignity from beginning to natural end. This dignity does not diminish with illness, disability, or dependence. For this reason, the intentional ending of a human life—even in response to suffering—is something we cannot morally support.

Our concern flows from a profound desire to ensure that those who are suffering receive the fullness of care they deserve. We believe that the response to suffering is not to end life, but to surround the person with compassionate and holistic support.

Emotional, psychological, and spiritual support for patients and their families are important and needed.

We strongly encourage continued emphasis on accessible and high-quality palliative care. Ensuring that no person feels alone, burdensome, or without dignity is much needed in our world.

We are mindful that many who consider MAID do so in the midst of fear; fear of pain, of loss of control, or of becoming a burden to others. These concerns call for a response rooted in presence, reassurance, and care that affirms the value of each person's life.

As members of The Catholic Women's League, we are committed to being part of that response in our own communities through service, advocacy, and compassionate accompaniment of those who are suffering.

We respectfully ask that your institution continue to reflect on the ethical implications of end-of-life care, and to uphold practices that protect and affirm the dignity of life at every stage.

Thank you for your time and attention to this important matter, and for your ongoing service to all those entrusted to your care.

Please share this letter with your staff and Board of Directors, and kindly respond at your convenience.

Sincerely,



Nancy McKinnon, President  
St. Finnan's CWL Council

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: June 12, 2026 Meeting Date Prepared for: June 18, 2026  
 Subject: CT Cost over original MOH Approval Amount  
 Prepared by: Robert Alldred-Hughes, President & CEO

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

**PURPOSE**

To inform the Board of Directors of the Ministry of Health requirements related to the HGMH Computed Tomography (CT) Project following confirmation that the recommended project cost will exceed the previously approved Total Project Cost (TPC), and to seek Board endorsement of the proposed course of action required to advance the project.

**RECOMMENDATION / MOTION**

That the Board of Directors endorse the proposed revised Total Project Cost of approximately \$3.9M for the HGMH CT Project and authorize management to submit the required documentation to the Ministry of Health in support of obtaining approval to proceed with contract award and project implementation, and commit to using capital reserve and endowment funds to support the overage of the HGMH Foundation’s commitment of \$3.5M.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

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

- Given the timing of receiving this information, this matter did not go through Finance, Audit, and Human Resources Committee.

**SITUATION & BACKGROUND**

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

In May 2024, the Ministry of Health (MOH) approved HGMH's own-funds CT Project with a Total Project Cost of approximately \$3.13 million. As part of the initial planning process, HGMH recognized that significant time typically elapses between Ministry approval, procurement, contract award, and construction commencement. Given the prevailing inflationary environment and ongoing escalation in construction, equipment, and infrastructure costs, the Hospital and Foundation established a fundraising target of \$3.5 million to provide flexibility for anticipated cost increases during project implementation.

Since the original Ministry-approved budget was established in 2023, the project has experienced cost escalation consistent with market conditions affecting healthcare capital projects across Ontario. The two primary drivers of the increase are the CT equipment purchase and the construction renovation required to support installation.

The equipment budget increased by approximately \$275,000 as the Hospital elected to procure a mid-tier CT scanner, consistent with the system recently acquired by Cornwall Community Hospital and aligned with radiologist recommendations to support a broader range of diagnostic services, increased clinical complexity, and regional integration opportunities.

Renovation costs increased by approximately \$455,000 following the completion of the competitive tender process, with construction bids coming in approximately 24% higher than 2023 estimates. This increase reflects significant

escalation in specialized healthcare construction costs, including HVAC, medical gases, electrical infrastructure, lead shielding, and other imaging suite requirements.

Together, these two items account for approximately \$730,000 of the overall project increase and represent the vast majority of the cost escalation. The revised total project cost is now estimated at \$3.9M, approximately \$770,000 (24.4%) above the original Ministry-approved budget. The hospital is awaiting one more bid for the turn key construction, which has the potential to change this cost slightly. However, the fact remains, the project will be over the initial \$3.13M approval.

Recognizing the potential for inflationary pressures and cost escalation between Ministry approval and contract award, the Hospital and Foundation established a fundraising target of \$3.5 million. While the revised estimate exceeds this target, the project remains financially viable; however, Hospital capital reserves and/or endowment funds may be required to support a portion of the remaining funding requirement, which ultimately supports the project as an own-funds initiative

In correspondence dated June 12, 2026, the Ministry confirmed that HGMH is not authorized to award the contract until the following information has been reviewed:

- Tender results and bid analysis
- Amount and cause of the budget variance
- Confirmation of funding sources for the additional costs
- Revised project budget and cash flow projections
- Board approval supporting the proposed course of action
- Any scope reduction options considered

Upon receipt and review of this information, the Ministry will determine whether written approval to proceed with contract award can be granted.

## OPTIONS CONSIDERED & ANALYSIS

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

Option 1: The Board of Directors could hold on bringing forward the motion until the final turnkey quote is in. The Board would likely need to meet in the summer to finalize a motion.

Option 2: Proceed with Ministry Submission and Seek Board Approval on amended budget, which may be revised slightly. (Recommended)

HGMH will finalize project costing, confirm funding sources, obtain Board endorsement, and submit the required documentation to the Ministry for review. Obtaining the Boards approval now allows the hospital to finalize the documentation and submit once the final turnkey quote is available.

### Advantages

- Maintains project momentum toward the targeted October 2027 implementation.
- Preserves procurement timelines and minimizes the risk of further construction inflation.
- Supports improved local access to diagnostic imaging services.
- Aligns with the Ministry's established approval process.

## IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

*Outline both the positive and negative consequences of the recommendations in terms of financial, mission, quality, risk and other.*

### Strategic Impact

The CT Project remains a key strategic initiative that will improve local access to diagnostic imaging, reduce patient travel, enhance emergency department and inpatient care, and strengthen HGMH's role within the regional health system.

### Financial Impact

The project cost is anticipated to exceed the original approved estimate. Management is currently finalizing the revised budget and funding plan. The project remains an own-funds initiative and is not expected to require additional Ministry capital funding.

### Risks

Risk	Mitigation
Ministry approval delay	Early engagement with Ministry officials and timely submission of required documentation. Currently putting together all of the required information.
Construction cost escalation	Proceed with procurement and approval activities as quickly as possible.
Funding pressure	Confirm revised financing strategy and Foundation contribution plan. Underway.
Schedule impacts	Maintain project planning activities while Ministry review is underway.

### Overall Risk Assessment

**Moderate.** While the project cost has increased beyond the approved estimate, the Ministry has provided a clear pathway to obtain approval. The primary risks relate to timing and cost escalation rather than project viability.

### Decision Criteria

In considering the proposed motion, the Board should assess whether:

- The CT Project continues to align with HGMH's strategic priorities and community needs.
- The revised project cost is justified by current market conditions and infrastructure requirements.
- A sustainable funding plan is in place to support the increased cost.
- Proceeding now represents the most prudent approach to minimizing further delays and future cost escalation.
- Management has demonstrated appropriate due diligence in evaluating scope reduction opportunities and project alternatives.

**Management Recommendation:** Proceed with submitting the required documentation to the Ministry of Health to obtain approval to award the contract and advance the CT Project, and the Board approve the new CT budget of \$3.9M.

### CONSULTED WITH:

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

- David Price, HGMH CT Implementation Lead
- Wendy MacLeod, Manager of Professional Practice & Diagnostic Imaging

### SUPPORTING DOCUMENTS/ATTACHMENTS

*List any supporting documents or attachments*

- Budget Comparison – 2023 Vs. 2026
- Draft Letter to MOH to be submitted once final quote has been received

<b>One Time Capital Costs - CT Project July 2023</b>	Data from July 2023
CT Scan small community Hospital System (Based on 4 vendor quotes)	\$850,000
Capital escalation contingency (10%)	\$85,000
CT Renovation and Installation (based on 3 vendor quotes for 1000sqft)	\$1,600,000
Capital construction contingency (15%)	\$240,000
Project Management	\$185,000
Dual Flow Injector incl	
CT Colonography SW/Insufflator and accessories	\$35,000
PACS/NEODIN System Additions	150000
Injection chair	\$3,500
Injection Stretcher	\$6,500
Minor misc. equipment	\$10,000
<b>Total Capital Costs:</b>	<b>\$3,165,000</b>

<b>One Time Capital Costs - CT Project June 2026</b>	Data from June 2026
CT Scan <b>Medium</b> community Hospital System (Based on 4 vendor quotes)	\$1,154,320
Capital escalation contingency removed as quote is valid for this project timeline	\$0
CT Renovation and Installation (based on SDI quoted scope) 1000sq ft	\$2,237,948
Capital construction contingency (reduced to 2.5%)	\$55,949
Project Management	\$185,000
Dual Flow Injector ( <b>Ulrich</b> )	55,253
CT Colonography SW/Insufflator and accessories	\$35,000
PACS/NEODIN System Additions	150000
Injection chair	\$3,500
Injection Stretcher	\$6,500
Minor misc. equipment	\$10,000
<b>Total Capital Costs:</b>	<b>\$3,893,470</b>

**Variance Cause:**

**Equipment: +\$275,000.00:** We moved up to a mid grade CT level to match Cornwall purchase and radiologist guidance to be able to support Cornwalls wait lists and casemix.

**Turnkey: +\$453,897.00** Construction bid came in 24% higher than 2023 quotes. As reported in Ontario for Hospital Imaging levels of construction, inflation has generally increased 30-50% between 2023-2026. This is due to higher HVAC, Med Gas, Electrical, lead lining specialized cost increases.

June xx, 2026

Diana DeMarco  
Senior Consultant, North and East Capital Projects  
Ministry of Health – Health Capital Operations Branch

**Re: Hôpital Glengarry Memorial Hospital Computed Tomography Project – Board Endorsement of Revised Total Project Cost**

Dear Ms. DeMarco,

On behalf of the Board of Directors of Hôpital Glengarry Memorial Hospital (HGMH), I am writing to confirm that, at its meeting of June 18, 2026, the Board reviewed the revised Total Project Cost for the Hospital's Computed Tomography (CT) Project and approved the following motion:

"That the Board of Directors endorse the proposed revised Total Project Cost of \$3.9 million for the HGMH CT Project and authorize management to submit the required documentation to the Ministry of Health in support of obtaining approval to proceed with contract award and project implementation."

The Board recognizes that the revised project cost exceeds the original Ministry-approved budget as a result of market-driven cost escalation experienced since the original project submission in 2023. The primary contributors to the increase include the procurement of a mid-tier CT scanner, selected to align with regional diagnostic imaging capabilities and clinical recommendations, as well as increased construction costs associated with the specialized requirements of a hospital imaging suite.

The Board remains fully supportive of the CT Project and its importance in improving access to diagnostic imaging services for the residents of North Glengarry and the surrounding region. The project continues to align with the Hospital's strategic priorities and long-term vision for enhancing local access to care.

The Board acknowledges that the project remains an own-funds initiative and understands that Foundation resources, together with Hospital capital reserves and other available funding sources, may be required to support the revised project budget.

We respectfully request the Ministry's review of the submitted documentation and consideration of approval to proceed with contract award and implementation of this important community investment.

Thank you for your continued support and collaboration. Should additional information be required, management would be pleased to provide it.

Sincerely,

Stuart Robertson  
Chair, Board of Directors

Robert Alldred-Hughes  
President & CEO