Board of Directors Meeting Agenda

Date: Thursday, September 24, 2026
Time: 5:00pm – 8:00pm
Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
5:00	**1. Call to Order (L. Boyling)**	
(1 min)	1.1 Land Acknowledgment	
(1 min)	1.2 Confirmation of Quorum	
(1 min)	1.3 Adoption of the agenda	P.1-2
(1 min)	1.4 Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)	
5:04	**2. Minutes (L. Boyling)**	
(1 min)	2.1 Approval of previous meeting minutes – June 18, 2026 and June 25, 2026	P. 3-9
(1 min)	2.2 Business arising from minutes	
5:06	**3. Education**	
(10 min)	3.1 Emergency Department Pay for Results Program (K. Duval)	
5:16	**4. Matters for Discussion/Decision**	
(5 min)	4.1 Report of the Board Chair (L. Boyling)	
(5 min)	4.2 Report of the VP Corporate Services & CFO (L. Ramsay)	P. 10-11
(5 min)	4.3 Report of the Patient and Family Advisory Committee (J. Shackleton)	
(5 min)	4.4 Report of the Chair of Quality & Patient Safety Committee (H. Salib)	
(5 min)	4.5 Q1 Quality Improvement Plan (H. Salib/R. Romany) **THAT the Board of Directors review and receive the Q1 Quality Improvement Plan as presented.**	P. 12-15
(5 min)	4.6 Q1 Quality & Safety Scorecard (H. Salib/R. Romany) **THAT the Board of Directors review and receive the Q1 Quality & Safety Scorecard as presented.**	P. 16-17
(5 min)	4.7 Q1 Patient Satisfaction Survey Results (H. Salib/R. Romany) **THAT the Board of Directors review and receive the Q1 Patient Satisfaction Survey Results as presented.**	P. 18-24
(5 min)	4.8 Report of the Chair of Finance, HR and Audit Committee (C. Nagy)	
(5 min)	4.9 Financial Statements and Statistical Information – April-July (C. Nagy/L. Ramsay) **THAT the Board of Directors review and receive the financial statements for April to July 2026 as presented.**	P. 25-40
(5 min)	4.10 Annual Borrowing Report (C. Nagy/L. Ramsay) **THAT the Board of Directors review and receive the annual borrowing report as presented.**	P. 41-42
(5 min)	4.11 Epic Implementation Update (R. Alldred-Hughes)	P. 43-44
6:11	**5. Consent Agenda** (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 Quality & Patient Safety Committee Report	P. 45-47
	5.2 Q1 Trillium Gift of Life Report	P. 48
	5.3 Professional Staff Appointment and Reappointment Process	P. 49-51
	5.4 Updates from the Patient and Family Advisory Committee	P. 52
	5.5 Draft Finance, HR, and Audit Committee Report	P. 53-55
	5.6 CT Scan Update	P. 56-57
	THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
6:12	**6. Correspondence (L. Boyling)**	P. 58
6:13	**7. Date of Next Meeting - Thursday, October 22, 2026 5:00pm**	
	8. Closing Remarks & Adjournment (L. Boyling)	

**Meeting Moves to In Camera*

Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making

- Relevance
- Publicity/ Transparency
- Revision/ Appeals
- Enforcement
- Empowerment

A4R Action Steps

Determine and Identify

- Determine your mandate and the key question.
- Identify stakeholders and involve them in decision-making.
- Ensure alignment on the problem and question.

Clarify and Provide

- Clarify decision-making procedures (values, strategic priorities).
- Share how decisions will be made and revisited.
- Document rationale for decisions using value-based criteria.

Communicate

- Communicate decisions and their rationale with stakeholders.
- Seek input on communication strategy.

Revisit and Revise

- Revisit decisions as needed based on new evidence or stakeholder input.

Evaluate and Improve

- Evaluate success based on "accountability for reasonableness".
- Identify gaps and implement improvements for future processes.

Centre de bioéthique Champlain Centre for Health Care Ethics

HÔPITAL Glengarry Memorial HOSPITAL

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

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

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

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

Dr. S. Robertson read the land acknowledgment.

1.3 Adoption of the Agenda

The agenda was reviewed.

Moved By: F. Desjardins
Seconded By: Dr. G. Raby
THAT the agenda be adopted as presented.

CARRIED

1.4 Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2 Minutes

2.1 Approval of the Minutes

The minutes of the last meetings held on May 28, 2026, were shared.

Moved By: G. McDonald
Seconded By: C. Nagy
THAT the minutes of the May 28, 2026, meeting be approved as presented.

CARRIED

2.2 Business Arising from the Minutes

Nothing to bring forward.

3 Education

Aa patient story was shared highlighting a patient's rehabilitation journey following a significant stroke, demonstrating the positive impact of individualized, patient-centred care

and collaboration between hospital and community rehabilitation teams in supporting recovery, independence and quality of life.

4 **Matters for Discussion/Decision**

4.1 Report of the Board Chair

A third party Foundation event is taking place tomorrow at the arena from 12pm-10pm in which everyone is encouraged to attend.

The Encore Education is doing a fundraiser for the Foundation in which tickets can be purchased for $25.

4.2 Report of the President & CEO

The President & CEO provided updates on Epic implementation readiness, the Ontario College of Pharmacists assessment, CT planning and HGMH's participation in the Kids Come First Annual General Meeting. The CT project remains on track for 2027, with project costs and funding requirements continuing to be closely monitored.

It was noted that the Board Orientation session has been moved to August 19th due to scheduling conflict.

4.3 Report of the Chief Human Resources Officer

The report of the Chief Human Resources Officer was shared for information.

4.4 Report of the Patient and Family Advisory Committee

Report was shared that the Patient and Family Advisory Committee are looking into different projects that can be taken on by the committee in the upcoming year. Discussion has also started as to how to go about recruiting patient advisors.

4.5 Report of the Chair of Finance, HR, and Audit Committee

An update was shared on the work of the committee during the last meeting in which the audited financial statements were reviewed, HR metrics were discussed and discussion took place on capital redevelopment.

4.6 Audited Financial Statements

The audited financial statements were reviewed and discussed.

Moved By: F. Desjardins
Seconded By: Dr. G. Raby
That the Board of Directors bring forward the audited financial statements for 2025-2026 for approval as presented at the annual meeting.

It was noted that cost of administration was reduced by 20% which was due to reallocating some of the cost centres following a review of the departments.

CARRIED

4.7 Recommendation of Auditor

Recommendation was made that MNP be appointed auditor for the 2026-2027 fiscal year.

Moved By: F. Desjardins
Seconded By: H. Salib
THAT the Board of Directors bring forward recommendation at the annual meeting that

MNP be appointed auditor for the 2026-2027 fiscal year.

CARRIED

4.8 HSAA Declaration of Compliance
The HSAA declaration of compliance was reviewed.

Moved By: Dr. G. Raby
Seconded By: G. Peters
THAT the Board of Directors approve the HSAA declaration of compliance for 2025-2026 as presented.

This declaration is associated with reports that the Board receives on a regular basis.

CARRIED

4.9 BPSAA Attestation
The BPSAA attestation was reviewed.

Moved By: D. Elie
Seconded By: G. McDonald
THAT the Board of Directors approve the BPSAA attestation for 2025-2026 as presented.

This attestation is signed annually and is related to procurement activities.

CARRIED

4.10 Capital Redevelopment Planning Update
An update was provided on capital redevelopment in which conversations continue with Ontario Health and the Ministry. A meeting is taking place August 7th to further discuss.

4.11 Report of the Chair of French Language Services Committee
An update was given on the work completed at the last meeting by the French Language Services committee in which the annual French language service report was reviewed.

4.12 Annual French Language Services Dashboard
The translation service was used only twice over the last year for French which demonstrates a strong composition of bilingual staff members.

4.13 Report of the Chair of Governance and Nominating Committee
An update was shared on the work done by the Governance and Nominating committee at the last meeting which included the review of the board education sessions for 2026-2027 and the board orientation agenda. The committee membership and schedule was also discussed during the meeting. Two policies were reviewed as well as the board attendance.

4.14 Board Education Plan
The board education plan was reviewed.

Moved By: Dr. G. Raby
Seconded By: G. McDonald
THAT the Board of Directors approve the education sessions for 2026-2027 as presented.

CARRIED

4.15 Review Board Orientation
The agenda for the board orientation session was reviewed.

Moved By: H. Salib
Seconded By: C. Nagy
THAT the Board of Directors approve the Board Orientation as presented.

CARRIED

4.16 Review Committee Schedule and Membership for 2026-2027
Two committee schedules were presented, one in which meetings remain on Wednesdays and Thursdays, and the other option to move all meeting to Thursdays. Committee membership for 2026-2027 was also reviewed.

Moved By: H. Salib
Seconded By: C. Nagy
THAT the Board of Directors approve the 2026-2027 version 2 committee and board meeting schedule and the committee membership as presented.

Discussion ensued on the months that committees should meet in which the calendar will be reviewed.

The committee schedule will be revised with committee meetings and board meetings taking place on Thursdays.

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 Finance, HR, and Audit Committee Report
5.2 Q4 HR Metrics
5.3 Draft French Language Services Committee Report
5.4 Report from Senior Management Delegate for French Language Services
5.5 Draft Governance and Nominating Committee Report
5.6 Board Committee Workplans 2026-2027
5.7 Board and Committee Expense Policy (BOD.04.001)
5.8 Board of Directors Orientation Program (BOD.05.015)
5.9 Board Attendance

Moved By: C. Nagy
Seconded By: D. Elie
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.

Dr. G. Raby and Dr. S. Robertson gave words of thanks with this being their last meetings of the Board.

7 **Date of Next Meeting**
September 2026

Meeting adjourned at 5:51pm

K-L. Massia, Recording Secretary

MINUTES OF THE SPECIAL MEETING OF THE BOARD OF DIRECTORS

Date	Thursday, June 26, 2025
Time	19:00
Location	Michel Depratto Hall

Present:	L. Boyling, Chair	G. Peters
	C. Larocque	H. Salib
	C. Nagy	M. Nichols
	D. Elie	R. Alldred-Hughes (CEO)
	F. Desjardins	Dr. L. MacKinnon
	G. McDonald	
Regrets:	R. Cardinal	B. Pulice
	K. McTaggart	

1. Call to Order

L. Boyling, Board Chair, called the meeting to order at 19:15.

1.1 Confirmation of Quorum

A quorum was present.

1.2 Approval of Agenda

The agenda was reviewed.

Moved By: C. Larocque
Seconded By: H. Salib
THAT the agenda be adopted as presented.

CARRIED

2. Election of Officers

Recommendations for Officers were made as follows:

Moved By: C. Nagy
Seconded By: D. Elie
THAT L. Boyling be appointed as the Board Chair.

CARRIED

Moved By: C. Nagy
Seconded By: D. Elie
THAT C. Larocque be appointed as the Board Vice Chair.

CARRIED

Moved By: C. Larocque
Seconded By: D. Elie
THAT C. Nagy be reappointed as the Board Treasurer.

CARRIED

Moved By: C. Nagy
Seconded By: D. Elie
THAT R. Alldred-Hughes be reappointed as the Board Secretary.

CARRIED

Moved By: G. Peters
Seconded By: F. Desjardins
THAT the committee membership be approved as presented.

The committee membership and board term expiry are set as follows:

(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	2028
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		X	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	2028
K. McTaggart	X										2026	2029
B. Pulice		X									2026	2029
Members / TOR	5	5	5	3	3							
Quorum per TOR	3	3	3	2	2							

CARRIED

3. Matters for Information

3.1 Board and Committee Schedule 2026-2027

The committee schedule for 2026-2027 was shared for information.

4. Adjournment

L. Boyling adjourned the meeting at 19:19.

K-L. Massia, Recorder

Report of the VP of Corporate Services and CFO

September 24, 2026 Board Meeting

Facilities

HVAC Upgrades – Rehabilitation Courtyard

- Two new HVAC units have been installed through the capital plan. These units replaced the two existing end-of-life units, improving reliability, patient comfort and operational efficiency.

Electrical Upgrade

- Significant planning and coordination is underway for the hospital's major electrical upgrade. This included engineering meetings, project planning, RFP development and coordination of project requirements.
- The topographic survey and soil resistivity testing are currently in progress.
- Preparations are also underway throughout the hospital, including clearing and organizing the maintenance shop, garage and electrical rooms to facilitate the upcoming work.

CWS (Community Wide Scheduling) Renovation

- Maintenance lead the renovation to establish a proper CWS area and bring the space up to operational requirements.

Business Office/Discharge planner Renovation

- Renovation work was coordinated to create additional office space to accommodate the Discharge Planner, who was displaced because of the CWS relocation.

LED Lighting Upgrade

- A hospital-wide LED lighting upgrade has significantly improved lighting levels throughout the hallways.
- The improved visibility supports patient safety, staff awareness and the ability to more easily observe patient condition and potential deterioration.

Medical Gas System

- Work has been underway with the medical gas vendor to address deficiencies within the existing system. The required corrective work is progressing and is expected to be completed within the next month.

Roof Repairs

- Maintenance has identified the source of the ongoing roof leaks.
- A plan is now in place to address the deficiencies in the flat roof and move forward with the required repairs.

HVAC / Heating Season Preparation

- HVAC systems are currently being overhauled, serviced and prepared for the upcoming heating season.
- The focus is on ensuring reliable operation, patient safety and comfort, and minimizing the risk of equipment failures during the winter months.

MDR Accreditation Readiness

- MDR is currently being brought up to required accreditation standards.
- Porous cabinetry is being removed and replaced with stainless-steel frames and shelving, improving cleanability and compliance with infection prevention requirements.

Information Technology

Infrastructure and Operations

The organization-wide transition to Windows 11 continues, with remaining workstations being upgraded

or replaced to maintain vendor support, improve security, and ensure compatibility with Epic and other clinical systems.

Cybersecurity
HGMH participated in a regional cybersecurity tabletop exercise, providing an opportunity to test the hospital's internal Cybersecurity Incident Response Plan against a simulated event. The exercise helped validate existing procedures while identifying opportunities to further strengthen internal coordination, communication, and regional escalation processes.

Role-based cybersecurity training continues to support staff awareness and reinforce responsibilities across the organization.

Artificial Intelligence and Regional Collaboration
Development of a regional artificial intelligence framework is underway, with HGMH participating directly in shaping the structure. This work is intended to establish a responsible and consistent approach to AI governance, privacy, security, risk management, and appropriate use across participating healthcare organizations.

HGMH's involvement ensures that the operational realities and resource considerations of smaller hospitals are represented as the regional framework is developed.

Health Information Services

EPIC training and readiness
Health Information Services (HIS) continues to actively participate in Epic training and implementation activities in preparation for the organization's transition to the Epic electronic health record system. Current training progress includes Release of Information, Chart Deficiencies and Coding. The new EMR system will lead the HIS department to a more data quality driven department.

EPIC Data conversion
Health Information Services (HIS) remains actively engaged in comprehensive data conversion and validation activities to support the migration of patient information from MEDITECH to Epic. Current activities include the review and validation of key data domains such as patient demographics, historical encounters, scanned records, provider documentation, and other health information required for continuity of care. The span of the conversion is from January 1, 2023, up until go-live. Any historical information earlier than 2023 shall be accessed in Meditech.

Any significant data integrity issues or risks identified during the validation process are being escalated through the appropriate Epic implementation and organizational governance structures (i.e. CHAMP).

HIS Department relocation
Planning activities are underway to prepare the relocation of the HIS department, to what was the EPIC Center. This is the space in front of the public elevator near the physicians' offices. The anticipated relocation timeline is December 2026.

CFO meetings

Over the summer, I have attended virtual meetings with the Atlas Alliance CFO group, the CHAMP Finance sub-committee, OH East region Hospital CFOs and the EORLA Pricing & Budgeting Committee. Also in June, I virtually attended the AGM of the Champlain Health Supply Services.

HÔPITAL Glengarry Memorial HOSPITAL

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: July 16, 2026 Meeting Date Prepared for: September 10, 2026 – Quality September 24, 2026 - Board

Subject: Q1- Quality Improvement Plan (QIP) results

Prepared by: Rachel Romany- Vice President Clinical Services, Quality, Chief Nursing Executive

☐ DECISION SOUGHT* ☒ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

- To review the results of the Quality Improvement Plan for Q1
- Discuss contributing factors and mitigation strategies for improvement

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.

- In June 2010, the Ontario Government passed the Excellent Care for All Act. This legislation was designed to put patients first with a focus on the health care sector's accountability for delivering high quality patient care.
- One of the ways this accountability is being made transparent is through the requirement that all hospitals create and make public their annual Quality Improvement Plan (QIP).
- A QIP is a formal, documented set of Quality commitments aligned with system and provincial priorities that a health care organization makes yearly to its patients, staff, and community to improve quality through focused targets and actions.
- Each year, four themes are chosen and targets are established for each indicator to be achieved.
- **The 2026/27 QIP themes, quality dimension and six (6) indicators are as follows:**
  - **Access & Flow- Timely transitions-** % of patients who visited the ED and left without being seen by the physician
  - **Access & Flow- Timely transitions-** 90th percentile ED wait time to inpatient bed
  - **Equity-Equitable** - % of Full-time and Part-time staff who have completed relevant inclusion, diversity, equity and anti-racism (IDEA) education on gender identity.
  - **Experience- Patient-centered-** Reported patient care ratings related to being treated with courtesy and respect, regardless of gender identity
  - **Safety- Safe**- Number of hospital-acquired pressure injuries (Stage 2-4) during inpatient stay
  - **Safety- Safe-** Number of medication errors that reached the patient and resulting in harm (severity levels 2-5)

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.

Our QIP for Q1 has yielded the following results:

Access & Flow- Timely transitions- Reduce the % of patients who visited the ED and left without being seen by the physician

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Access & Flow	Timely	Reduce the percentage of ED patients who left without being seen by a physician	%/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	6.0%	≤ 7.3%	4.0%	3.8%	5.1%	4.3%

- **Q1** ended with 4.3% , which is below the target of 7.3%.
- **Strategy :** ongoing ED initiative to have additional physician coverage (4 hours) every day during peak hours. New initiative is to have additional RN to support ED P4R physician on weekends. The goal is to support faster access for low-acuity ED visits, improve patient flow, reduce the number of patients leaving without being seen, and improve Physician Initial Assessment times.

Access & Flow- Timely transitions- Reduce the 90th percentile ED wait time to inpatient bed by 50%.

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Access & Flow	Timely	Reduce the 90th percentile emergency department wait time to inpatient bed by 50%	Hours/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	8.4	≤ 4.2	4.2	3.9	3.0	3.7

- **Q1** ended with 3.7 hours which meets the target of ≤ 4.2 hours.
- **Strategy :** focused work on improving timeliness of inpatient discharges and environmental services bed cleaning readiness so that admitted ED patients do not have a lengthy wait for a bed.

Equity-Equitable - % of Full and Part-time staff who have completed relevant inclusion, diversity, equity and anti-racism (IDEA) education on gender identity

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Equity	Equitable	Increase the percentage of Full-time and Part-time staff who have completed relevant inclusion, diversity, equity and accessibility (IDEA) education on gender identity to 50%.	%/applicable Staff	Quality scorecard April 1- December 2025 (Q1-Q3)	n/a	> 50.0%	33.3%	56.1%	57.7%	57.7%

- **Q1** ended with a completion rate of 57.7% which meets the target of ≥ 50%..
- **Strategy :** Online module on gender identity provided to staff. Lunch & Learn session also provided during Pride month on the Centretown Community Health Centre Trans Health clinic, gender affirming practice including language, space and administrative considerations, and social service and mental health resources for trans and gender diverse individuals.

Experience- Increase the reported patient care ratings related to being treated with courtesy and respect, regardless of gender identity by 5% on a scale of 0-10.

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Experience	Patient-Centred	Increase patient-reported care ratings related to being treated with courtesy and respect, regardless of gender identity by 5%.	scale out of 10	Quality scorecard April 1- December 2025 (Q1-Q3)	7.40	≥ 7.70	10.00	10.00	8.70	9.57

- **Q1** ended with 9.57, which is above the target of ≥ 7.7.
- **Strategy:** Ongoing process of asking and documenting preferred name and pronouns at registration and respectful communication practices across all clinical and registration staff.

Safety- Safe- Reduce the rate of hospital-acquired pressure injuries (Stage 2-4) during inpatient stays by 50%.

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Safety	Safe	Reduce the rate of hospital-acquired pressure injuries (Stage 2-4) during inpatient stays by 50%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	6	≤ 3	0	0	0	0

- **Q1** ended with 0 incidents which meets the target of ≤ 3 incidents.
- **Strategy :** Implement a standardized interdisciplinary pressure injury (PI) prevention bundle that includes skin assessment on admission/every shift/ as necessary, repositioning schedule, use of

pressure-distributing surfaces, moisture management, and early dietitian referral. Establish unit level skin care champions to reinforce best practices and peer coaching.

Safety- Safe- Reduce the number of medication errors that reached the patient and resulting in patient harm (incident severity levels 2-5) by 4%.

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Safety	Safe	Reduce the number of medication incidents reaching the patient and resulting in harm (severity levels 2-5) by 4%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	25	≤ 24	0	0	0	0

- **Q1** ended at 0, which meets the annual target of ≤ 24 incidents.
- **Strategy:** Strengthen medication safety through consistent double-checks, barcode scanning, targeted staff training, and regular incident reviews.

Summary

- The Quality Improvement Plan 2026-27 highlights our success in achieving most Q1 targets and our commitment to continuous improvement by addressing areas needing further development.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- QIP

HÔPITAL Glengarry Memorial HOSPITAL

Quality Improvement Plan (QIP)

Fiscal 2026/27

THEME	DIMENSION	METRIC	UNIT/POPULATION	SOURCE/PERIOD	Year End Fiscal 25/26	TARGET PERFORMANCE	Apr-26	May-26	Jun-26	Q1
Access & Flow	Timely	Reduce the percentage of ED patients who left without being seen by a physician	%/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	6.0%	≤ 7.3%	4.0%	3.8%	5.1%	4.3%
Access & Flow	Timely	Reduce the 90th percentile emergency department wait time to inpatient bed by 50%	Hours/ED patients	ERNI scorecard April 1- December 2025 (Q1-Q3)	8.4	≤ 4.2	4.2	3.9	3.0	3.7
Equity	Equitable	Increase the percentage of Full-time and Part-time staff who have completed relevant inclusion, diversity, equity and accessibility (IDEA) education on gender identity to 50%.	%/applicable Staff	Quality scorecard April 1- December 2025 (Q1-Q3)	n/a	> 50.0%	33.3%	56.1%	57.7%	57.7%
Experience	Patient-Centred	Increase patient-reported care ratings related to being treated with courtesy and respect, regardless of gender identity by 5%.	scale out of 10	Quality scorecard April 1- December 2025 (Q1-Q3)	7.40	≥ 7.70	10.00	10.00	8.70	9.57
Safety	Safe	Reduce the rate of hospital-acquired pressure injuries (Stage 2-4) during inpatient stays by 50%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	6	≤ 3	0	0	0	0
Safety	Safe	Reduce the number of medication incidents reaching the patient and resulting in harm (severity levels 2-5) by 4%.	Number	Quality scorecard April 1- December 2025 (Q1-Q3)	25	≤ 24	0	0	0	0

Metric underperforming target by more than 25%

Metric within 25% of target

Metric equal or outperforming target

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: August 21, 2026 Meeting Date Prepared for: September 10, 2026 – Quality September 24, 2026 - Board

Subject: Quality and Safety Scorecard Q1 Results

Prepared by: Rachel Romany- Vice President Clinical Services, Quality, Chief Nursing Executive

☐ DECISION SOUGHT* ☒ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

- To review the Q1 results of the Quality and Safety Scorecard 2026-2027
- Discuss contributing factors and mitigation strategies for improvement

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 2026/27 dashboard indicators are based on quality themes such as:
  - Timely and Efficient Transitions
    - Reduce the 90th percentile ED wait time to inpatient bed by 50%.
  - Service Excellence
    - Patients respond positively to the following question: Were you involved as much as you wanted to be in decisions about you or your family member's care and treatment?
  - Safety and Effective Care
    - Fall Rate, Falls with injury
    - Incidents of Physical Violence
    - Medication errors that reached the patient (incident severity levels 2-5)
    - Pressure Injury Development rate (stage 2,3,4) during inpatient stay
    - Hand Hygiene Compliance Rate for Moments 1 and 4
    - Hospital acquired infections (HAI) rates- C. Difficile, MRSA
  - Equity
    - Care rating for Race, Indigenous, Sexual Orientation from patient satisfaction survey results

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.

- Celebrating 12 of 14 indicators that met targets for Q1.
- Areas of opportunities:
  - Falls with injury-41.38 % for Q1 is above the target of ≤ 30%.
  - Strategy: continue with purposeful patient rounds, proactive toileting, appropriate use of alarms and mobility supports, patient/family education, and post-fall learning
  - Incidents of Physical violence- Q1 result of 10, with the majority associated with one patient, which is above the annual target of 17, quarterly target of approximately 4 incidents.
    - Strategy: Continue with individualized care plan that includes early identification of triggers, proactive de-escalation, consistent team response plans, environmental and staffing considerations, security/clinical escalation pathways, and post-incident review.

HOPITAL Glengarry Memorial HOSPITAL

Board Scorecard
Fiscal 2026/2027

Print

THEME	METRIC	MEASUREMENT	Year End Fiscal 2025-2026	TARGET PERFORMANCE	Q1	Q2	Q3	Q4	YTD	AIM	Visualization (Monthly)
1.Timely & Efficient Transitions											
	Reduce the 90th percentile emergency department wait time to inpatient bed by 50%	hours	8.4	≤ 4.2	3.7				3.4	Below	
2. Service Excellence											
	Percent of respondents answering yes to the question "were you involved as much as you wanted to be in decisions about you or your family member's care and treatment?"	% of those who answered Positively/total surveys	87.0%	≥ 89.0%	98.3%				97.3%	Above	
3. Safe & Effective Care											
	Fall Rate	# of incidents per 1000 patient days	14.2	≤ 12	11.4				9.4	Below	
	Falls with Injury (any fall requiring intervention or treatment)	# of falls with injury/ # of falls *100	34.30	≤ 30.00	41.38				41.94	Below	
	Incidents of Physical Violence	Actual number	17 (total)	≤ 17	10				10	Below	
	Number of medication errors that reached the patient due to wrong drug/dose/patient (incident severity levels 2-5)	Actual number	25	≤ 24	0				1	Below	
	Pressure injury development rate (stage 2,3,4) during inpatient stays	Actual number	6	≤ 3	0				0	Below	
	Hand hygiene compliance rate (Moment 1)	# compliant activities / # of indicated activities	75.6%	≥ 92.0%	95.6%				93.0%	Above	
	Hand hygiene compliance rate (Moment 4)	# compliant activities / # of indicated activities	93.3%	≥ 92.0%	94.2%				90.9%	Above	
	C. difficile rate	# of incidents per 1000 patient days	0.52	≤ 0.00	0.00				0.00	Below	
	MRSA Rate	# of incidents per 1000 patient days	0.62	≤ 0.00	0.00				0.00	Below	
4. Equity											
	Care Rating (Race)	Average score 1-10(highest)	8.2	≥ 8.2	9.17				9.25	Above	
	Care Rating (Indigeneous)	Average score 1-10(highest)	7.5	≥ 7.5	9.10				9.15	Above	
	Care Rating (Sexual Orientation)	Average score 1-10(highest)	8.3	≥ 8.3	9.10				9.00	Above	

Metric underperforming target by more than 25%

Metric within 25% of target

Metric equal or outperforming target

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – Quality ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: July 16, 2026 Meeting Date Prepared for: September 10, 2026 – Quality
September 24, 2026 - Board

Subject: Patient Satisfaction Surveys Q1

Prepared by: Rachel Romany- VP Clinical Services, Quality and Chief Nursing Executive

☐ DECISION SOUGHT* ☒ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

- Highlight top satisfaction indicators and identify areas for improvement to guide targeted service enhancements.
- In alignment with Accreditation standards, our team has enhanced the patient satisfaction survey to include ratings for gender diverse care, sexual orientation-related care, racialized care, and First Nations care, reflecting a deeper commitment to equity and inclusion.
- These updates enable us to better understand and respond to the expressed needs and diverse experiences of our clients, guiding more responsive, culturally safe, and community-informed service design.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

- Quality and Safety Advisory Committee
- Patient & Family Advisory Committee

EMERGENCY DEPARTMENT- *347 respondents*

- Note: Q1 2027 column is the YTD average result for the indicator.

Quarterly Dashboard 347

	Q1 2027
Care Rating	8.8
I did not have a long wait	73%
During the visit, were you told the reason for the long wait?-1 to 3	32%
Do you feel that there was good communication about your care between doctors?-1 to 4	98%
How often did care providers treat you with courtesy and respect?	100%
How often did care providers explain things in a way you could understand?	98%
Did you get the emotional support you needed to help you with any anxieties?	93%
Did care providers do everything they could to ease your discomfort?	93%
Did you participate in your plan of care?-1 to 3	94%

Gender Diverse Care Rating 4

9.0

Sexual Orientation Care Rating 45

8.4

Race Care Rating 32

8.8

First Nation Care Rating 6

8.7

Explanation of indicators and desired target (AIM):

THEME	AIM	Type of indication	Notes
Care Rating	Above	Patient Centered- Care	Average of the ratings given of the overall patient's
I did not have a long wait	Above	Access and Flow	Indicates if the patient had a long wait- the greater the percentage indicates a subjective feeling that patient did not wait long
During the visit, were you told the reason for the long wait?	Above	Access and Flow	Indication that if the patient had a long wait, there was a communication as to why there is a long wait
Do you feel there was good communication about your care between	Above	Patient Safety	Patient safety indication where the patient felt that the providers are **working together** to provide care
How often did care providers treat you with	Above	Patient Centered- Care	Indication on how the patient was treated while in
How often did care providers explain things in a way you could understand?	Above	Patient Centered- Care	Indicates if there was communication on the diagnosis and treatment of the patient in a way that the patient could understand (e.g. not using
Did you get the emotional support you needed to help you with any anxieties?	Above	Patient Centered- Care	Indication that the hospital is going the "extra mile" to make the patient feel comfortable
Did care providers do everything they could to ease your discomfort?	Above	Patient Centered- Care	Indication that the hospital is going the "extra mile" to make the patient feel comfortable
Did you participate in your plan of care?	Above	Patient Centered- Care	Indicator that signifies that there was the patient's active involvement during the encounter.

Satisfaction Indicators:

- Patient Experience
  - Overall Care Rating: Consistent at **8.8**, reflecting sustained high satisfaction.
- Wait Experience
  - Wait time: Patient not having a long wait dropped to 73%
- Respectful Care and Communication
  - Courtesy and Respect: Perfect score at 100%
  - Communication Among Providers: Very high and stable at **98%** suggesting strong care coordination.
  - Clarity of Explanations: Maintained at **98%**, indicating providers explain conditions and treatments effectively.
- Patient-centred Care
  - Participation in Care Planning: Steady at **94%** reinforcing patient-centered care.
- Equity-focused Care
  - Race & First Nation Care Ratings: High equity perceptions (**8.8, 8.7**), demonstrating cultural sensitivity and inclusiveness.
  - Sexual Orientation and Gender Rating: Consistent at 8.4 and 9.7
  - Note: Results have small sample sizes; trends should be interpreted cautiously and monitored over time.

Key Focus going forward:

- Continue to build on strengths in respectful, clear and collaborative care while sustaining improvements in wait-time communication and keeping patients and families informed about delays.

INPATIENT REHAB UNIT- *7 total respondents*

Quarterly Dashboard 7

	Q1 2027
Care Rating	8.7
Do you feel that there was good communication about your care between healthcare providers?	100%
Did you receive enough information from hospital staff?	71%
Involvement of Plan of Care	69%
Friends/ family involvement	100%

Sexual Orientation Care Rating 1

10.0

Gender Care Rating

No data found - your filters may be too exclusive!

First Nation Care Rating

No data found - your filters may be too exclusive!

Race Care Rating

No data found - your filters may be too exclusive!

Explanation of indicators and desired target (AIM):

THEME	AIM	Type of indication	Notes
Care Rating	Above	Patient Centered- Care	Average of the ratings given of the overall
Do you feel that there was good communication about your care	Above	Patient Safety	Patient safety indication where the patient felt that the providers are **working together** to
Did you receive enough information	Above	Patient Centered- Care	Indication that the patient had instructions
Involvement of Plan of Care	Above	Patient Centered- Care	Indicator that signifies that there was the patient's active involvement during the
Friends/ family involvement	Above	Patient Centered- Care	Indicator that signifies that there was an active family/friend involvement in the rehabilitation

Satisfaction indicators

- Patient experience
  - Overall Care Rating of 8.7/10
- Communication between healthcare providers
  - 100% of respondents felt that the communication was good and that the providers were working together.
- Patient-centred Care
  - Family and friend involvement is strong with 100% reporting involvement in their care.
- Equity-focused Care
  - The sexual orientation care rating was 10.0/10 *(n=1)*.
  - No data was available for gender, First Nation, or race in this quarter.
  - **Note:** these results should be interpreted cautiously.

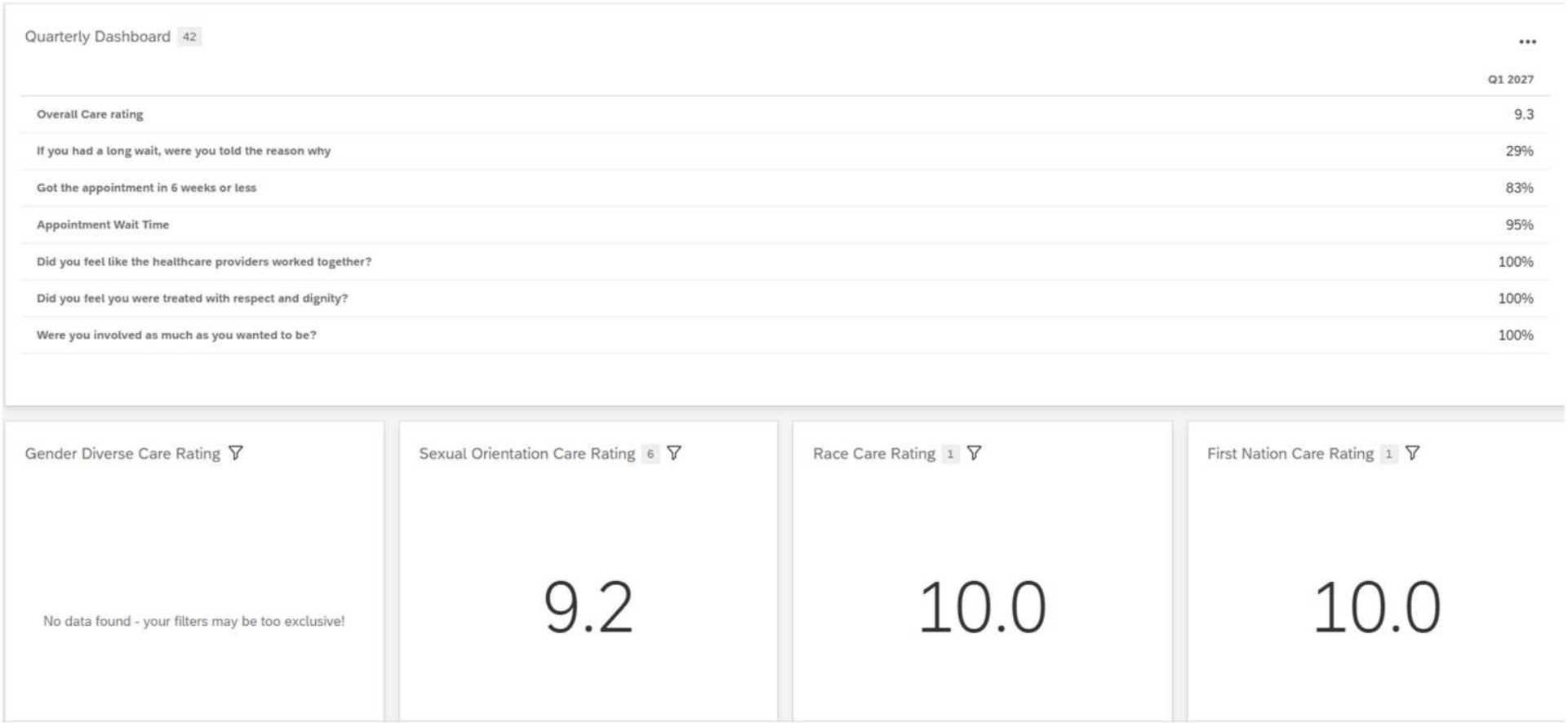
Opportunities

- Information sharing and patient involvement:
  - 71% reported receiving enough information from hospital staff.
  - 69% reported involvement in their plan of care
  - **Strategy:** Continue with activities that encourage patient participation as appropriate and strengthen shared decision-making

Key Focus going forward:

- Continue to build on strong communication and family engagement while strengthening information sharing and patient involvement in care planning.

OUTPATIENT DEPARTMENT- *42 total respondents*



Explanation of indicators and desired target (AIM):

THEME	AIM	Type of indication	Notes
Care Rating	Above	Patient Centered- Care	Average of the ratings given of the overall
If you had a long wait, were you told the reason why?	Above	Access and Flow	Indication that if the patient had a long wait, there was a communication as to why there is a long wait time.
Got the appointment in 6 weeks of less	Above	Access and Flow	Indication if the patient got an appointment within 6 weeks from referral
Appointment wait time <15 minutes	Above	Access and Flow	Indication if the patient waited for less than 15 minutes when they checked-in for the
Did you feel like the healthcare providers worked together?	Above	Safety	Patient safety indication where the patient felt that the providers are **working together** to
Did you feel you were treated with	Above	Patient Centered- Care	Indication that the patient was treated well
Were you involved as much as you wanted to be?	Above	Patient Centered- Care	Indicator that signifies that there was the patient's active involvement during the

Satisfaction Indicators

- Patient Care Experience
  - Overall Care Rating: Steady at 9.3.
- Collaboration and Respectful Care
  - Respect & Dignity: 100%
  - Providers Worked together: 100%
  - Involvement in Care Decisions: 100% felt they were fully included in care planning and decisions.
- Equity- focused Care:
  - Race, First Nation: 10.0
  - Sexual Orientation: 9.2
  - Note: Results have small sample sizes; trends should be interpreted cautiously and monitored over time.
- Timeliness of Care:
  - Appointment within 6 weeks increased from 77% → 83%
  - Wait time under 15 minutes: 95%

Key Focus going forward:

- Sustain the strong performance in collaborative, respectful and patient-centred care and continue with the improvements that were implemented to reduce wait times for ultrasound and outpatient clinic appointments.

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: September 2, 2026 Meeting Date Prepared for: September 10, 2026 – Finance September 24, 2026

Subject: April 2026, May 2026, June 2026 and July 2026 Financial Statements

Prepared by: Linda S. Ramsay

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE

- Financial Statement explanations of variances between actual and budgeted amounts for the months of April, May and June 2026. Note: Budget figures presented are based on the annual amount divided by 12 months.

ANALYSIS OF FINANCIAL INFORMATION

- April/May/June/July 2026:
    - Wages: April wages were approximately 10 % over budget, primarily due to overall occupancy reaching 86.94 % during the month, resulting in increased staffing requirements.
    - Benefits: Benefits were higher than budget in May because May was a three-pay period month. The budgeting system does not accrue benefits and instead, benefits are recorded when payroll is processed.
    - Security: Additional security costs were incurred in April and May to provide one-to-one patient observation for a patient requiring continuous monitoring due to behavioral concerns.
    - Business Development: An unbudgeted expense is incurred for a business analyst engaged to develop strategies to increase out-of-province endoscopy volumes.
    - Parking revenue: Parking revenue was below budget in April because parking gates were opened while the emergency department was temporarily relocated to the clinic/OR area.
    - Base funding: As of June 29, 2026, funding confirmation letters had not yet been received. As a result, April and May revenues each remain approximately 2 % below budget, based on the anticipated increase to base funding.
    - P4R Medical remuneration: A total of $ 43,785 in P4R medical remuneration was paid in April, May, June and July. However, the corresponding revenue has not yet been recognized due to the absence of funding confirmation.
    - Renovations related to the relocation of the Community Wide Scheduling (CWS) desk and the discharge planner's office commenced in June.
    - There has been excellent collaboration between Housekeeping and Maintenance teams. Since the beginning of the year, Housekeeping has been proactively identifying water leaks throughout the hospital and submitting repair tickets to ensure they are addressed promptly. As a result, more than 15 leaking sinks and toilets, along with an exterior hose spigot, have been repaired throughout the hospital. These collaborative efforts have significantly reduced water waste and helped decrease our water consumption, resulting in a reduction of more than 50 % in our water billing.

ANALYSIS OF STATISTICAL INFORMATION

- Inpatient occupancy: Overall inpatient occupancy was below budget. June showed a significant decline in occupancy, and this lower level has continued into August.
- ER volumes: Emergency Department visits exceeded budget, reflecting increased demand for emergency services. However, the proportion of out-of-province visits remains below the budgeted target, which was reduced in 2026-2027 based on historical trends.

FUTURE ITEMS TO CONSIDER

- The funding announcement made on June 30, 2026, was not received until mid-August. As a result, base and P4R funding for April through July will be recorded in August. The amounts of $ 258,400 in base funding and $ 86,672 in P4R funding for the four-month period are not reflected in these financial statements. Including these amounts, the year-to-date surplus would be a little over $ 13,000.
- The costs associated with the CWS, and the discharge planner office renovations are currently recorded as operating expenses. Reclassification of eligible costs to capital may be considered, if appropriate.

SUPPORTING DOCUMENTS/ATTACHMENTS

- Financial statements

HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING APRIL 30, 2026

ACTUAL Apr-26	BUDGET Apr-26	VARIANCE Apr-26	ACTUAL May-26	BUDGET May-26	VARIANCE May-26		ACTUAL YTD - APR 2026	BUDGET YTD - APR 2026	VARIANCE YTD - APR 2026
						Revenue:			
1,602,414	1,634,352	(31,938)			0	MOHLTC Base Allocation	1,602,414	1,634,352	(31,938)
						MOHLTC Base Allocation - one time funding	0	0	0
						MOHLTC Special HHR programs	0	0	0
208,696	218,525	(9,829)			0	Alternate Emergency Funding Payments	208,696	218,525	(9,829)
35,208	34,539	669			0	Physician Payments	35,208	34,539	669
245,120	214,042	31,078			0	Patient revenues from other Payers	245,120	214,042	31,078
20,634	13,334	7,300			0	Differential and Co-Payment	20,634	13,334	7,300
(4,167)	(4,167)	0			0	Bad Debts	(4,167)	(4,167)	0
39,190	46,314	(7,124)			0	Recoveries and Miscellaneous	39,190	46,314	(7,124)
10,000	10,000	0			0	Amortization Grants/Donations - Equipment	10,000	10,000	0
2,157,095	2,166,939	(9,844)	0	0	0	Total Revenues	2,157,095	2,166,939	(9,844)
						Expenses			
1,167,810	1,095,148	72,662			0	Compensation - Salary and Wages	1,167,810	1,095,148	72,662
301,969	322,196	(20,227)			0	Employee Benefits	301,969	322,196	(20,227)
294,010	286,663	7,347			0	Medical Staff Remuneration	294,010	286,663	7,347
28,293	33,295	(5,002)			0	Medical and Surgical Supplies	28,293	33,295	(5,002)
25,160	25,724	(564)			0	Drugs and Medical Gases	25,160	25,724	(564)
383,157	413,666	(30,509)			0	Other Expenses	383,157	413,666	(30,509)
19,165	19,165	0			0	Amortization of Software License and Fees	19,165	19,165	0
19,852	19,851	1			0	Amortization of Equipment	19,852	19,851	1
2,239,416	2,215,708	23,708	0	0	0	Total Expenses	2,239,416	2,215,708	23,708
(82,321)	(48,769)	(33,552)	***0***	0	0	Surplus/(Deficit) From Operations	***(82,321)***	(48,769)	(33,552)

ACTUAL Apr-26	BUDGET Apr-26	VARIANCE Apr-26	ACTUAL May-26	BUDGET May-26	VARIANCE May-26	ACTUAL YTD - APR 2026	BUDGET YTD - APR 2026	VARIANCE YTD - APR 2026
Loss of Revenues compared to Budget								
Out of province								
124,652	146,715					124,652	146,715	(22,063)
In Patient O/P								
49,647	6,621					49,647	6,621	43,026
Rental Income								
4,907	4,250					4,907	4,250	657
Parking								
14,531	19,167					14,531	19,167	(4,636)
Details of Other Expenses								
Supplies (4000)								
63,287	76,361					63,287	76,361	(13,074)
Services (6000)								
94,717	99,391					94,717	99,391	(4,674)
Equipment, R & M and software support (7100)								
92,883	111,166					92,883	111,166	(18,283)
Contracted Out services (8000)								
118,259	116,833					118,259	116,833	1,426
Building and grounds (9000)								
14,010	9,915					14,010	9,915	4,095
383,156	413,666		0	0		383,156	413,666	**(30,510)**
Information technology (excluding Wages, Benefits and Depreciation)								
58,552	73,136					58,552	73,136	(14,584)

Transaction Search - Loans

Linda S Ramsay, GLENGARRY MEMORIAL H
Report Creation Date:Jun 04, 2026 11:20:46 AM ET

Date: From **Apr 01, 2025** To **Apr 30, 2026**
No of Loans:**2**
Transaction Amount: From To
Transaction Type:**All**

Account: 14566 -47430021 -002 -GLENGARRY MEMORIAL H Currency: CAD

Description	Effective Date	Debits	Credits
WITHDRAWAL	Jul 17, 2025	-665,106.00	
INTEREST PAYMENT	Jul 30, 2025		1,172.59
INTEREST PAYMENT	Sep 02, 2025		2,796.18
INTEREST PAYMENT	Oct 01, 2025		2,741.51
INTEREST PAYMENT	Oct 30, 2025		2,569.32
WITHDRAWAL	Nov 12, 2025	-147,785.92	
INTEREST PAYMENT	Dec 01, 2025		2,838.05
INTEREST PAYMENT	Dec 30, 2025		2,973.18
INTEREST PAYMENT	Jan 30, 2026		3,072.29
INTEREST PAYMENT	Mar 02, 2026		2,874.07
INTEREST PAYMENT	Mar 30, 2026		2,973.18
INTEREST PAYMENT	Apr 30, 2026		3,072.29
Account Total :		-812,891.92	27,082.66

HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT APRIL 30, 2026

	APRIL 30, 2026
Current Assets	
Cash and Investments	2,365,630
Accounts receivable	661,309
Inventory	161,141
Prepaid Expenses	275,093
	3,463,173
Capital assets minus accumulated depreciation	11,525,934
Total Assets	14,989,107
Current Liabilities	
Credit Line	0
Accounts payables and accrued liabilities	3,999,033
Employee future benefits	1,344,057
Deferred income	74,500
	5,417,590
Long-term debt	812,892
Deferred contributions	6,270,995
Net assets	
Restricted	928,773
Unrestricted	319,704
Capital Fund reserves	1,239,153
	2,487,630
	14,989,107

HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING MAY 31, 2026

ACTUAL Apr-26	BUDGET Apr-26	VARIANCE Apr-26	ACTUAL May-26	BUDGET May-26	VARIANCE May-26		ACTUAL YTD - MAY 2026	BUDGET YTD - MAY 2026	VARIANCE YTD - MAY 2026
						Revenue:			
1,602,414	1,634,352	(31,938)	1,602,414	1,634,352	(31,938)	MOHLTC Base Allocation	3,204,828	3,268,704	(63,876)
						MOHLTC Base Allocation - one time funding	0	0	0
						MOHLTC Special HHR programs	0	0	0
208,696	218,525	(9,829)	225,294	218,525	6,769	Alternate Emergency Funding Payments	433,990	437,050	(3,060)
35,208	34,539	669	35,205	34,538	667	Physician Payments	70,413	69,077	1,336
245,120	214,042	31,078	218,864	214,042	4,822	Patient revenues from other Payers	463,984	428,084	35,900
20,634	13,334	7,300	31,809	13,332	18,477	Differential and Co-Payment	52,443	26,666	25,777
(4,167)	(4,167)	0	(4,167)	(4,166)	(1)	Bad Debts	(8,334)	(8,333)	(1)
39,190	46,314	(7,124)	66,882	46,312	20,570	Recoveries and Miscellaneous	106,072	92,626	13,446
10,000	10,000	0	10,000	10,000	0	Amortization Grants/Donations - Equipment	20,000	20,000	0
2,157,095	2,166,939	(9,844)	2,186,301	2,166,935	19,366	Total Revenues	4,343,396	4,333,874	9,522
						Expenses			
1,167,810	1,095,148	72,662	1,184,590	1,095,127	89,463	Compensation - Salary and Wages	2,352,400	2,190,275	162,125
301,969	322,196	(20,227)	405,375	322,166	83,209	Employee Benefits	707,344	644,362	62,982
294,010	286,663	7,347	285,344	286,656	(1,312)	Medical Staff Remuneration	579,354	573,319	6,035
28,293	33,295	(5,002)	31,798	33,289	(1,491)	Medical and Surgical Supplies	60,091	66,584	(6,493)
25,160	25,724	(564)	23,881	25,721	(1,840)	Drugs and Medical Gases	49,041	51,445	(2,404)
383,157	413,666	(30,509)	354,486	413,660	(59,174)	Other Expenses	737,643	827,326	(89,683)
19,165	19,165	0	19,165	19,165	0	Amortization of Software License and Fees	38,330	38,330	0
19,852	19,851	1	19,852	19,851	1	Amortization of Equipment	39,704	39,702	2
2,239,416	2,215,708	23,708	2,324,491	2,215,635	108,856	Total Expenses	4,563,907	4,431,343	132,564
(82,321)	(48,769)	(33,552)	***(138,190)***	(48,700)	(89,490)	Surplus/(Deficit) From Operations	***(220,511)***	(97,469)	(123,042)

ACTUAL Apr-26	BUDGET Apr-26	VARIANCE Apr-26	ACTUAL May-26	BUDGET May-26	VARIANCE May-26	ACTUAL YTD - MAY 2026	BUDGET YTD - MAY 2026	VARIANCE YTD - MAY 2026
Loss of Revenues compared to Budget								
Out of province								
124,652	146,715		105,227	146,712		229,879	293,427	(63,548)
In Patient O/P								
49,647	6,621		39,463	6,621		89,110	13,242	75,868
Rental Income								
4,907	4,250		4,281	4,250		9,188	8,500	688
Parking								
14,531	19,167		20,519	19,166		35,050	38,333	(3,283)
Details of Other Expenses								
Supplies (4000)								
63,288	76,361		90,522	99,382		153,810	175,743	(21,933)
Services (6000)								
94,717	99,391		62,170	76,353		156,887	175,744	(18,857)
Equipment, R & M and software support (7100)								
92,883	111,166		79,096	111,171		171,979	222,337	(50,358)
Contracted Out services (8000)								
118,259	116,833		109,477	116,834		227,736	233,667	(5,931)
Building and grounds (9000)								
14,010	9,915		13,219	9,920		27,229	19,835	7,394
383,157	413,666		354,484	413,660		737,641	827,326	**(89,685)**
Information technology (excluding Wages, Benefits and Depreciation)								
58,552	73,136		51,526	73,131		110,078	146,267	(36,189)

Transaction Search - Loans

Linda S Ramsay, GLENGARRY MEMORIAL H
Report Creation Date:Jun 29, 2026 02:28:33 PM ET

Date: From **Apr 01, 2025** To **May 31, 2026**
No of Loans:**1**
Transaction Amount: From To
Transaction Type:**All**

Account: 14566 -47430021 -002 -GLENGARRY MEMORIAL H Currency: CAD

Description	Effective Date	Debits	Credits
WITHDRAWAL	Jul 17, 2025	-665,106.00	
INTEREST PAYMENT	Jul 30, 2025		1,172.59
INTEREST PAYMENT	Sep 02, 2025		2,796.18
INTEREST PAYMENT	Oct 01, 2025		2,741.51
INTEREST PAYMENT	Oct 30, 2025		2,569.32
WITHDRAWAL	Nov 12, 2025	-147,785.92	
INTEREST PAYMENT	Dec 01, 2025		2,838.05
INTEREST PAYMENT	Dec 30, 2025		2,973.18
INTEREST PAYMENT	Jan 30, 2026		3,072.29
INTEREST PAYMENT	Mar 02, 2026		2,874.07
INTEREST PAYMENT	Mar 30, 2026		2,973.18
INTEREST PAYMENT	Apr 30, 2026		3,072.29
Account Total :		-812,891.92	27,082.66
CAD Total:		-812,891.92	27,082.66

*** End of report ***

HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT MAY 31, 2026

	MAY 31, 2026
Current Assets	
Cash and Investments	2,268,883
Accounts receivable	659,876
Inventory	164,737
Prepaid Expenses	299,735
	3,393,232
Capital assets minus accumulated depreciation	11,629,140
Total Assets	15,022,372
Current Liabilities	
Credit Line	0
Accounts payables and accrued liabilities	4,164,102
Employee future benefits	1,359,352
Deferred income	74,500
	5,597,954
Long-term debt	812,892
Deferred contributions	6,261,431
Net assets	
Restricted	929,428
Unrestricted	181,514
Capital Fund reserves	1,239,153
	2,350,095
	15,022,372

HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING JUNE 30, 2026

ACTUAL May-26	BUDGET May-26	VARIANCE May-26	ACTUAL Jun-26	BUDGET Jun-26	VARIANCE Jun-26		ACTUAL YTD - JUNE 2026	BUDGET YTD - JUNE 2026	VARIANCE YTD - JUNE 2026
						Revenue:			
1,602,414	1,634,352	(31,938)	1,602,414	1,634,352	(31,938)	MOHLTC Base Allocation	4,807,242	4,903,056	(95,814)
						MOHLTC Base Allocation - one time funding	0	0	0
						MOHLTC Special HHR programs	0	0	0
225,294	218,525	6,769	222,883	218,525	4,358	Alternate Emergency Funding Payments	656,873	655,575	1,298
35,205	34,538	667	35,205	34,539	666	Physician Payments	105,618	103,616	2,002
218,864	214,042	4,822	207,225	214,042	(6,817)	Patient revenues from other Payers	671,209	642,126	29,083
31,809	13,332	18,477	16,675	13,334	3,341	Differential and Co-Payment	69,118	40,000	29,118
(4,167)	(4,166)	(1)	(4,167)	(4,167)	0	Bad Debts	(12,501)	(12,500)	(1)
66,882	46,312	20,570	50,629	46,314	4,315	Recoveries and Miscellaneous	156,701	138,940	17,761
10,000	10,000	0	10,000	10,000	0	Amortization Grants/Donations - Equipment	30,000	30,000	0
2,186,301	2,166,935	19,366	2,140,864	2,166,939	(26,075)	Total Revenues	6,484,260	6,500,813	(16,553)
						Expenses			
1,184,590	1,095,127	89,463	1,091,497	1,095,148	(3,651)	Compensation - Salary and Wages	3,443,897	3,285,423	158,474
405,375	322,166	83,209	290,496	322,196	(31,700)	Employee Benefits	997,840	966,558	31,282
285,344	286,656	(1,312)	306,368	286,663	19,705	Medical Staff Remuneration	885,722	859,982	25,740
31,798	33,289	(1,491)	30,537	33,295	(2,758)	Medical and Surgical Supplies	90,628	99,879	(9,251)
23,881	25,721	(1,840)	21,467	25,724	(4,257)	Drugs and Medical Gases	70,508	77,169	(6,661)
354,486	413,660	(59,174)	432,863	413,666	19,197	Other Expenses	1,170,506	1,240,992	(70,486)
19,165	19,165	0	19,165	19,165	0	Amortization of Software License and Fees	57,495	57,495	0
19,852	19,851	1	19,852	19,851	1	Amortization of Equipment	59,556	59,553	3
2,324,491	2,215,635	108,856	2,212,245	2,215,708	(3,463)	Total Expenses	6,776,152	6,647,051	129,101
(138,190)	(48,700)	(89,490)	***(71,381)***	(48,769)	(22,612)	Surplus/(Deficit) From Operations	***(291,892)***	(146,238)	(145,654)

ACTUAL May-26	BUDGET May-26	VARIANCE May-26	ACTUAL Jun-26	BUDGET Jun-26	VARIANCE Jun-26	ACTUAL YTD - JUNE 2026	BUDGET YTD - JUNE 2026	VARIANCE YTD - JUNE 2026
Loss of Revenues compared to Budget								
Out of province								
105,227	146,712		111,825	146,715		341,704	440,142	(98,438)
In Patient O/P								
39,463	6,621		21,641	6,621		110,751	19,863	90,888
Rental Income								
4,281	4,250		4,284	4,250		13,472	12,750	722
Parking								
20,519	19,166		26,211	19,167		61,261	57,500	3,761
Details of Other Expenses								
Supplies (4000)								
90,522	99,382		104,152	99,391		257,962	275,134	(17,172)
Services (6000)								
62,170	76,353		65,944	76,361		222,831	252,105	(29,274)
Equipment, R & M and software support (7100)								
79,096	111,171		113,493	111,166		285,472	333,503	(48,031)
Contracted Out services (8000)								
109,477	116,834		110,100	116,833		337,836	350,500	(12,664)
Building and grounds (9000)								
13,219	9,920		39,172	9,915		66,401	29,750	36,651
354,484	413,660		432,861	413,666		1,170,502	1,240,992	**(70,490)**
Information technology (excluding Wages, Benefits and Depreciation)								
51,526	73,131		60,773	73,136		170,851	219,403	(48,552)

Date: From **Apr 01, 2025** To **Jun 30, 2026**
No of Loans: **1**
Transaction Amount: From To
Transaction Type:**All**

Account: 14566 -47430021 -002 -GLENGARRY MEMORIAL H Currency: CAD

Description	Effective Date	Debits	Credits
WITHDRAWAL	Jul 17, 2025	-665,106.00	
INTEREST PAYMENT	Jul 30, 2025		1,172.59
INTEREST PAYMENT	Sep 02, 2025		2,796.18
INTEREST PAYMENT	Oct 01, 2025		2,741.51
INTEREST PAYMENT	Oct 30, 2025		2,569.32
WITHDRAWAL	Nov 12, 2025	-147,785.92	
INTEREST PAYMENT	Dec 01, 2025		2,838.05
INTEREST PAYMENT	Dec 30, 2025		2,973.18
INTEREST PAYMENT	Jan 30, 2026		3,072.29
INTEREST PAYMENT	Mar 02, 2026		2,874.07
INTEREST PAYMENT	Mar 30, 2026		2,973.18
INTEREST PAYMENT	Apr 30, 2026		3,072.29
INTEREST PAYMENT	Jun 01, 2026		2,973.18
INTEREST PAYMENT	Jun 30, 2026		3,072.28
Account Total :		-812,891.92	33,128.12
CAD Total:		-812,891.92	33,128.12

*** End of report ***

HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT JUNE 30, 2026

	JUNE 30, 2026
Current Assets	
Cash and Investments	1,586,544
Accounts receivable	497,238
Inventory	169,314
Prepaid Expenses	313,348
	2,566,444
Capital assets minus accumulated depreciation	11,777,528
Total Assets	14,343,972
Current Liabilities	
Credit Line	0
Accounts payables and accrued liabilities	3,540,571
Employee future benefits	1,374,648
Deferred income	74,500
	4,989,719
Long-term debt	812,892
Deferred contributions	6,262,073
Net assets	
Restricted	930,001
Unrestricted	110,134
Capital Fund reserves	1,239,153
	2,279,288
	14,343,972

GLENGARRY MEMORIAL HOSPITAL
STATISCAL INFORMATION
June 2026

	April	May	June	July	August	September	October	November	December	January	February	March	Actual Total 2026/27	% as per Benchmark	BENCHMARKS 2026/27	Actual Total 2025/26
INPATIENTS																
OCCUPANCY RATE in %																
ACTIVE UNIT - 22 beds	88.94%	74.34%	58.64%										**71.46%**		**82.00%**	**68.08%**
(2025-2026)	51.21%	74.78%	78.03%	75.37%	78.45%	62.88%	78.89%	75.91%	80.79%	95.45%	83.12%	89.30%				
REHABILITATION - 15 beds	84.00%	81.51%	66.67%										**74.75%**		**80.00%**	**87.69%**
(2025-2026)	92.22%	89.03%	81.78%	89.46%	91.61%	90.44%	76.56%	80.67%	78.71%	79.14%	57.38%	62.58%				
OVERALL OCCUPANCY - 37 beds	86.94%	77.24%	61.89%										**72.80%**		**81.00%**	**76.03%**
(2025-2026)	67.84%	80.56%	79.55%	81.08%	83.78%	74.05%	77.94%	77.84%	79.95%	88.84%	72.68%	78.47%				
OUTPATIENTS																
EMERGENCY/OUTPATIENT																
# OF VISITS - Res.	1,363	1,463	1,362	0	0	0	0	0	0	0	0	0	**4,188**		**3,695**	**3,998**
Out of province	245 15%	229 14%	215 14%	####	####	####	####	####	####	####	####	####	**689**	14%	**925**	**659** 14%
	1,608	1,692	1,577	0	0	0	0	0	0	0	0		**4,877**		**4,620**	**4,657**
(2025-2026)	1,482	1,572	1,603	1,823	1,775	1,594	1,553	1,435	1,701	1,403	1,309	1,491	**18,741**			
SPECIALTY CLINICS																
# OF VISITS - Res.	111	242	213	0	0	0	0	0	0	0	0	0	**566**		**741**	**650**
Out of prov./country	0 0%	0 0%	0 0%	####	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	**0**	0%	**9**	**0** 0%
	111	242	213										**566**		**750**	**650**
(2025-2026)	246	190	214	180	154	194	243	170	202	202	198	231	**2,424**			
RADIOLOGY																
# OF STUDIES	1,104	1,203	1,067										**3,374**			**3,402**
(2025-2026)	1,087	1,156	1,159	1,063	1,074	1,112	1,162	1,120	1,182	1,189	962	1,040	**13,306**			
ULTRASOUND																
# OF STUDIES	236	236	240										**712**			**595**
(2025-2026)	201	203	191	228	175	210	239	218	213	214	200	230	**2,522**			
BONEDENSITOMETRY																
# OF STUDIES	47	18	17										**82**			**95**
(2025-2026)	38	38	19	56	18	80	56	39	38	58	54	39	**533**			

HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING JULY 31, 2026

ACTUAL Jun-26	BUDGET Jun-26	VARIANCE Jun-26	ACTUAL Jul-26	BUDGET Jul-26	VARIANCE Jul-26		ACTUAL YTD - JULY 2026	BUDGET YTD - JULY 2026	VARIANCE YTD - JULY 2026
						Revenue:			
1,602,414	1,634,352	(31,938)	1,602,414	1,634,351	(31,937)	MOHLTC Base Allocation	6,409,656	6,537,407	(127,751)
						MOHLTC Base Allocation - one time funding	0	0	0
						MOHLTC Special HHR programs	0	0	0
222,883	218,525	4,358	224,463	218,524	5,939	Alternate Emergency Funding Payments	881,336	874,099	7,237
35,205	34,539	666	35,205	34,538	667	Physician Payments	140,823	138,154	2,669
207,225	214,042	(6,817)	291,722	214,039	77,683	Patient revenues from other Payers	962,931	856,165	106,766
16,675	13,334	3,341	11,883	13,334	(1,451)	Differential and Co-Payment	81,001	53,334	27,667
(4,167)	(4,167)	0	(4,167)	(4,167)	0	Bad Debts	(16,668)	(16,667)	(1)
50,629	46,314	4,315	53,955	46,315	7,640	Recoveries and Miscellaneous	210,656	185,255	25,401
10,000	10,000	0	10,000	10,000	0	Amortization Grants/Donations - Equipment	40,000	40,000	0
2,140,864	2,166,939	(26,075)	2,225,475	2,166,934	58,541	Total Revenues	8,709,735	8,667,747	41,988
						Expenses			
1,091,497	1,095,148	(3,651)	1,120,394	1,095,131	25,263	Compensation - Salary and Wages	4,564,291	4,380,554	183,737
290,496	322,196	(31,700)	298,465	322,178	(23,713)	Employee Benefits	1,296,305	1,288,736	7,569
306,368	286,663	19,705	322,340	286,662	35,678	Medical Staff Remuneration	1,208,062	1,146,644	61,418
30,537	33,295	(2,758)	25,006	33,288	(8,282)	Medical and Surgical Supplies	115,634	133,167	(17,533)
21,467	25,724	(4,257)	23,271	25,726	(2,455)	Drugs and Medical Gases	93,779	102,895	(9,116)
432,863	413,666	19,197	437,123	413,631	23,492	Other Expenses	1,607,629	1,654,623	(46,994)
19,165	19,165	0	19,165	19,165	0	Amortization of Software License and Fees	76,660	76,660	0
19,852	19,851	1	19,852	19,849	3	Amortization of Equipment	79,408	79,402	6
2,212,245	2,215,708	(3,463)	2,265,616	2,215,630	49,986	Total Expenses	9,041,768	8,862,681	179,087
(71,381)	(48,769)	(22,612)	***(40,141)***	(48,696)	8,555	Surplus/(Deficit) From Operations	***(332,033)***	(194,934)	(137,099)

ACTUAL Jun-26	BUDGET Jun-26	VARIANCE Jun-26	ACTUAL Jul-26	BUDGET Jul-26	VARIANCE Jul-26	ACTUAL YTD - JULY 2026	BUDGET YTD - JULY 2026	VARIANCE YTD - JULY 2026

Loss of Revenues compared to Budget

Out of province								
	111,825	146,715		155,783	146,713	497,487	586,855	(89,368)
In Patient O/P								
	21,641	6,621		45,828	6,620	156,579	26,483	130,096
Rental Income								
	4,284	4,250		4,858	4,250	18,330	17,000	1,330
Parking								
	26,211	19,167		29,005	19,167	90,266	76,667	13,599

Details of Other Expenses

Supplies (4000)							
104,152	99,391		116,802	99,368	374,764	374,502	262
Services (6000)							
65,944	76,361		95,286	76,356	318,117	328,461	(10,344)
Equipment, R & M and software support (7100)							
113,493	111,166		93,165	111,159	378,637	444,662	(66,025)
Contracted Out services (8000)							
110,100	116,833		112,310	116,833	450,146	467,333	(17,187)
Building and grounds (9000)							
39,172	9,915		29,766	9,915	96,167	39,665	56,502
432,861	413,666		447,329	413,631	1,617,831	1,654,623	**(36,792)**
Information technology (excluding Wages, Benefits and Depreciation)							
60,773	73,136		51,090	73,136	221,941	292,539	(70,598)

Date: From **Apr 01, 2025** To **Jul 31, 2026**
No of Loans: **1**
Transaction Amount: From To
Transaction Type:**All**

Account: 14566 -47430021 -002 -GLENGARRY MEMORIAL H Currency: CAD

Description	Effective Date	Debits	Credits
WITHDRAWAL	Jul 17, 2025	-665,106.00	
INTEREST PAYMENT	Jul 30, 2025		1,172.59
INTEREST PAYMENT	Sep 02, 2025		2,796.18
INTEREST PAYMENT	Oct 01, 2025		2,741.51
INTEREST PAYMENT	Oct 30, 2025		2,569.32
WITHDRAWAL	Nov 12, 2025	-147,785.92	
INTEREST PAYMENT	Dec 01, 2025		2,838.05
INTEREST PAYMENT	Dec 30, 2025		2,973.18
INTEREST PAYMENT	Jan 30, 2026		3,072.29
INTEREST PAYMENT	Mar 02, 2026		2,874.07
INTEREST PAYMENT	Mar 30, 2026		2,973.18
INTEREST PAYMENT	Apr 30, 2026		3,072.29
INTEREST PAYMENT	Jun 01, 2026		2,973.18
INTEREST PAYMENT	Jun 30, 2026		3,072.28
INTEREST PAYMENT	Jul 30, 2026		2,973.18
Account Total :		-812,891.92	36,101.30
CAD Total:		-812,891.92	36,101.30

*** End of report ***

HOPITAL GLENGARRY MEMORIAL HOSPITAL
BALANCE SHEET
AS AT JULY 31, 2026

	JULY 31, 2026
Current Assets	
Cash and Investments	1,390,591
Accounts receivable	636,148
Inventory	163,301
Prepaid Expenses	289,030
	2,479,070
Capital assets minus accumulated depreciation	11,893,150
Total Assets	14,372,220
Current Liabilities	
Credit Line	0
Accounts payables and accrued liabilities	3,594,618
Employee future benefits	1,389,944
Deferred income	74,500
	5,059,062
Long-term debt	812,892
Deferred contributions	6,260,576
Net assets	
Restricted	930,544
Unrestricted	69,994
Capital Fund reserves	1,239,153
	2,239,691
	14,372,220

GLENGARRY MEMORIAL HOSPITAL
STATISCAL INFORMATION
July 2026

	April	May	June	July	August	September	October	November	December	January	February	March	Actual Total 2026/27	% as per Benchmark	BENCHMARKS 2026/27	Actual Total 2025/26
INPATIENTS																
OCCUPANCY RATE in %																
ACTIVE UNIT - 22 beds	88.94%	74.34%	58.64%	64.08%									**71.46%**		**82.00%**	**69.93%**
(2025-2026)	51.21%	74.78%	78.03%	75.37%	78.45%	62.88%	78.89%	75.91%	80.79%	95.45%	83.12%	89.30%				
REHABILITATION - 15 beds	84.00%	81.51%	66.67%	66.88%									**74.75%**		**80.00%**	**88.14%**
(2025-2026)	92.22%	89.03%	81.78%	89.46%	91.61%	90.44%	76.56%	80.67%	78.71%	79.14%	57.38%	62.58%				
OVERALL OCCUPANCY - 37 beds	86.94%	77.24%	61.89%	65.21%									**72.80%**		**81.00%**	**77.32%**
(2025-2026)	67.84%	80.56%	79.55%	81.08%	83.78%	74.05%	77.94%	77.84%	79.95%	88.84%	72.68%	78.47%				
OUTPATIENTS																
EMERGENCY/OUTPATIENT																
# OF VISITS - Res.	1,363	1,463	1,362	1,577	0	0	0	0	0	0	0	0	**5,765**		**4,927**	**5,517**
Out of province	245 15%	229 14%	215 14%	301 16%	####	####	####	####	####	####	####	####	**990**	15%	**1,233**	**963** 15%
	1,608	1,692	1,577	1,878	0	0	0	0	0	0	0		**6,755**		**6,160**	**6,480**
(2025-2026)	1,482	1,572	1,603	1,823	1,775	1,594	1,553	1,435	1,701	1,403	1,309	1,491	**18,741**			
SPECIALTY CLINICS																
# OF VISITS - Res.	111	242	213	234	0	0	0	0	0	0	0	0	**800**		**988**	**828**
Out of prov./country	0 0%	0 0%	0 0%	1 0%	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	0 ####	**1**	0%	**12**	**2** 0%
	111	242	213	235									**801**		**1,000**	**830**
(2025-2026)	246	190	214	180	154	194	243	170	202	202	198	231	**2,424**			
RADIOLOGY																
# OF STUDIES	1,104	1,203	1,067	1,174									**4,548**			**4,465**
(2025-2026)	1,087	1,156	1,159	1,063	1,074	1,112	1,162	1,120	1,182	1,189	962	1,040	**13,306**			
ULTRASOUND																
# OF STUDIES	236	236	240	277									**989**			**823**
(2025-2026)	201	203	191	228	175	210	239	218	213	214	200	230	**2,522**			
BONEDENSITOMETRY																
# OF STUDIES	47	18	17	19									**101**			**151**
(2025-2026)	38	38	19	56	18	80	56	39	38	58	54	39	**533**			

HÔPITAL Glengarry Memorial HOSPITAL

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: August 24, 2026 Meeting Date Prepared for: September 10, 2026 – Finance
September 24, 2026 - Board

Subject: Annual Borrowing Report

Prepared by: Linda S. Ramsay VP of Corporate Services and CFO

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE:

- The purpose of this briefing note is to provide the Finance, HR and Audit Committee with the Hospital's annual borrowing report in accordance with the Borrowing Policy (BOD.04.008.0.26). The report summarizes the Hospital's outstanding debt and credit facilities, the purpose and key terms of existing borrowings and any changes to financing arrangements during the fiscal year.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

SITUATION & BACKGROUND

The Hospital is committed to prudent financial management and the responsible use of debt to support its operational and strategic objectives. Borrowing is undertaken only where necessary to support the effective delivery of patient care, approved capital development, working capital requirements, or other expenditures that demonstrate operational necessity or an appropriate financial return.

All borrowing arrangements are subject to review by the VP of Corporate Services & CFO and the CEO and require approval by the Board of Directors prior to execution. Financing arrangements are also maintained in accordance with applicable legislation, Ministry of Health requirements, Board policies, and the Hospital's financial sustainability objectives.

ANNUAL BORROWING SUMMARY

As at July 31, 2026, the Hospital's borrowing arrangements are summarized below:

Financing Arrangement	Purpose	Credit Limit	Outstanding Amount	Interest Rate/Terms	Maturity/Renewal	Status
Credit Line	To provide working capital and short term cash flow requirements	$ 1,500,000	$ 0.00	RBP plus 0 %	No renewal, revolving with operating requirements	Open
EPIC – EMR implementation	To provide funding for the Atlas Alliance EPIC Installation	$ 4,000,000	$ 812,891.92	SWAP Rate/ CORRA Rate + .95 %	Revolving period until project is completed.	Open

OTHER CONSIDERATIONS:

The Hospital continues to monitor borrowing requirements as part of its regular cash flow and financial management processes.

Existing financing arrangements provide the Hospital with appropriate access to liquidity to manage operational requirements and, where applicable, support approved capital initiatives. Borrowing levels and utilization are monitored to ensure that debt obligations remain manageable and do not compromise the Hospital's ability to meet operational, capital or regulatory requirements.

There were no changes to financing arrangements during the year.

The Hospital continues to ensure that borrowing decisions are aligned with its strategic plan, capital plan, and financial sustainability objectives and that financing is obtained on cost-effective and prudent terms.

Senior administration will continue to monitor debt utilization, liquidity, financing costs, repayment capacity and compliance with applicable requirements. Any material changes to existing borrowing arrangements or new borrowing requirements will be brought forward for review and approval in accordance with the Borrowing Policy.

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: September 2, 2026 Meeting Date Prepared for: September 10, 2026 – Finance
September 24, 2026 - Board

Subject: EPIC Implementation Update

Prepared by: Robert Alldred-Hughes, President & CEO

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE

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

SITUATION & BACKGROUND

A brief description of the background to the issue.

- The Atlas Alliance Epic EMR implementation continues to progress satisfactorily and remains on track for the planned October 24, 2026 go-live. The project has successfully completed core build activities and transitioned into the readiness phase, representing a significant shift from system design to operational implementation.
- Testing activities are well underway, with application testing complete and integrated testing in progress. At the same time, readiness work is advancing across clinical, operational, and technical areas, including data conversion, interface testing, and workflow validation.
- HGMH's combined training-readiness measure is now above 90%, representing significant progress in preparing staff and physicians for go-live. Attention is increasingly focused on completing remaining training requirements, reinforcing learning through practice, and ensuring users are comfortable with the workflows relevant to their roles.
- Clinical and operational workflows have been developed, with testing and validation continuing. Several upcoming readiness activities, including Day in the Life exercises, Patient Flow Day, and Clinical Manager readiness sessions will provide important opportunities to test workflows in realistic scenarios, identify remaining gaps, and confirm departmental readiness.
- Overall, HGMH remains actively engaged across all aspects of the implementation and aligned with regional milestones and timelines.

Budget: The Atlas Alliance EPIC implementation project remains on track financially, with a $852,882 positive variance of budget over actual.

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

Timeline	Q1 (25/26)	Q2 (25/26)	Q3(25/26)	Q4(25/26)	Q1 (26/27)	Q2(26/27)	Q3(26/27)	Q4 (26/27)
Budget	$1,130,753	$173,504	$445,646	$213,667	$417,807	$326,538	$257,556	$160,323
Actual	$ 719,167	$130,143	$234,794	$145,349	$ 299,043			
Variance	$ 411,586	$43,361	$210,852	$68,319	$ 118,764			

Year to Date Spend: $1,528,496

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

IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

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

Impact Analysis

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

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

Staff and physician participation in training, account validation, workflow exercises, and readiness activities will require sustained attention and coordination across the organization. Leaders will need to continue supporting protected participation in these activities while maintaining safe and stable day-to-day operations.

The upcoming Day in the Life, Patient Flow Day, and Clinical Manager readiness activities will be particularly important in translating project design into operational practice. These exercises will help confirm that workflows, departmental responsibilities, technology, and escalation processes function effectively together before go-live.

Risk Assessment

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

User-account readiness remains HGMH's primary site-level risk, as well as a broader project risk across sites. This includes ensuring that staff and physicians have active accounts, have completed multi-factor authentication requirements, can successfully log in, and have the appropriate Epic access for their roles. It is being actively mitigated through account monitoring, direct staff communications, Log In Labs, and follow-up with individuals who have outstanding requirements.

Other key areas of focus include completing remaining training requirements, continuing system and workflow validation, advancing data migration, and using upcoming readiness exercises to identify and resolve operational gaps.

Continued leadership engagement and close monitoring will be required through go-live. Based on current progress and the mitigation activities underway, HGMH remains positioned to proceed toward the planned October 24, 2026 implementation.

CONSULTED WITH:

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

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

REPORT OF THE BOARD QUALITY AND PATIENT SAFETY COMMITTEE MEETING

September 10, 2026 at 4:00PM Boardroom/MS Teams

Present:	H. Salib	G. Peters	D. Elie
	R. Romany	R. Alldred-Hughes	Dr. R. Cardinal
	L. Boyling	RJ. Jarencio	Dr. L. MacKinnon
Regrets:	B. Pulice		

Summary of Discussion

Approval of the Agenda:
The agenda was reviewed.

Moved By: G. Peters
Seconded By: Dr. R. Cardinal
THAT the agenda be approved as presented.
Add a few minutes to the committee workplan review – all in favour.

CARRIED

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

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

Moved By: G. Peters
Seconded By: D. Elie
THAT the report of May 13, 2026, be approved as presented.

CARRIED

Business Arising from Report:
There was no business arising from the report.

Committee Work Plan
The committee work plan was discussed with the following recommended changes:

- Hospital Services: Review at least twice annually, beginning in November, to provide greater value to the discussions. Additional time should be allocated to this item to allow for a more detailed review of the hospital services provided and the value each service brings to the hospital and the community.
- Accreditation Canada: Review at least twice annually, with February 2027 recommended as the appropriate time to begin.
- Professional Staff HR Plan: Although the plan indicates an annual review, it is currently scheduled twice per year. It is recommended that the November review be removed and the June review retained.
- Complaints and Compliments: Although currently scheduled quarterly, it is recommended that this item be reviewed annually.
- PFAC: The plan indicates quarterly reviews; however, the item is currently scheduled only three times. It is recommended that an additional review be added to ensure quarterly coverage.

- QIP/Quality & Safety Dashboard: Time allocated to dashboards could be reduced, with any areas requiring further attention or discussion brought forward for a more in-depth review. Reports are generally positive and will be quickly touched on each meeting.

The Board Retreat will have a focus period on Health Hubs and hospital services.

Education – Patient Story

A patient story was presented by R. Romany in which our care teams demonstrated that our actions clearly reflect our policies, highlighting family support and communication remain an important part of safe, compassionate care.

Matters for Discussion/Decision

Review Quality & Patient Safety Committee Effectiveness Survey Results

The effectiveness survey results were reviewed. It was noted that only three members completed the survey, which may limit the overall feedback received. A goal moving forward will be to thoughtfully and effectively advance the meetings while ensuring sufficient time is maintained for meaningful discussion.

Review Quality & Patient Safety Committee Terms of Reference

The Quality Improvement Committee Terms of Reference was reviewed.

Moved By: Dr. R. Cardinal
Seconded By: L. Boyling
That the Quality & Patient Safety Committee recommend to the Governance & Nominating Committee the Terms of Reference as presented.

CARRIED

Review Q1 Quality Improvement Plan

The Quality Improvement Plan results for Q1 were reviewed.

Moved By: D. Elie
Seconded By: G. Peters
That the Quality & Patient Safety Committee review and receive the Q1 results of the Quality Improvement Plan for 2026-2027.

The strategies put in place are showing positive results.

CARRIED

Review Q1 2026-2027 Quality & Safety Scorecard

The Quality & Safety scorecard Q1 results were reviewed.

Moved By: G. Peters
Seconded By: Dr. R. Cardinal
That the Quality & Patient Safety Committee review and receive the Q1 results of the Quality & Safety Scorecard for 2026-2027.

Fall criteria/interpretation and NVCI training was discussed.

CARRIED

Review Patient Satisfaction Survey Results

The Patient Satisfaction Survey results were reviewed.

Moved By: Dr. R. Cardinal
Seconded By: D. Elie
That the Quality & Patient Safety Committee review and receive the Q1 results of the Patient Satisfaction Survey Results for 2026-2027.

A discussion ensued about the various hospital services and how the increased discussion opportunities will be important future meetings.

CARRIED

Review Q1 Trillium Gift of Life Report
The Q1 Trillium Gift of Life report was reviewed.

Moved By: L. Boyling
Seconded By: Dr. R. Cardinal
That the Quality & Patient Safety Committee review and receive the Q1 Trillium Gift of Life Report.

CARRIED

Matters for Information

Review Professional Staff Appointment and Re-appointment Process
Dr. MacKinnon presented the HGMH Professional Staff Appointment and Re-appointment Process.

Updates from the Patient and Family Advisory Committee
R. Romany provided updates on the Roles and Responsibilities vs a Terms of Reference for the Patient Advisor. The Committee is currently seeking three additional PFAC members. The PFAC meets every other month, with members also participating on other hospital committees to provide patient and family perspectives and support engagement across the organization. It was recommended to consider reaching out to the AGM speaker.

Privacy & Confidentiality Report
R.J. Jarencio presented the HGMH Privacy and Confidentiality report.
Epic utilizes role-based access controls and includes established audit processes. The audit processes were reviewed and discussed, and it was confirmed that all recommendations received by the IPC have been addressed and completed.

A discussion was also held regarding the new medication automated dispensing unit (ADU), which was noted to be a valuable tool in helping to manage and reduce certain medication errors.

Date of Next Meeting: November 12, 2026

S. Laframboise,
Recorder

HÔPITAL Glengarry Memorial HOSPITAL

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Quality ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: August 21, 2026 Meeting Date Prepared for: September 10, 2026

Subject: Trillium Gift of Life Network (TGLN) Update

Prepared by: Rachel Romany - Vice President Clinical Services, Quality, Chief Nursing Executive

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

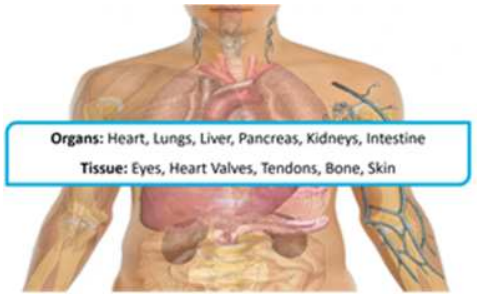
PURPOSE

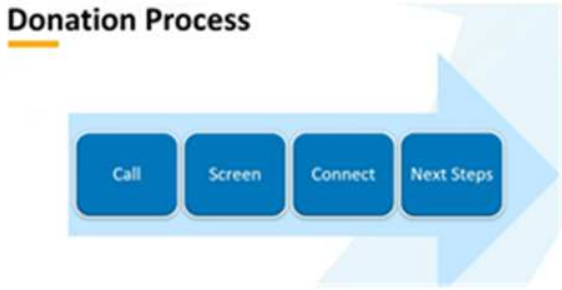
- Provide an update on our TGLN program Q4 2025-2026.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- Ontario Health (Trillium Gift of Life Network) is responsible for delivering and coordinating organ and tissue donation and coordinating transplantation services across the province.
- Currently Ontario Health (TGLN) works with over 90 hospitals (mandated and voluntary) through Routine Notification to ensure that deaths are screened for the potential to donate organs and/or tissue.





- HGMH is currently participating in voluntary notification/public reporting since October 2024.
- As a voluntary hospital, we are required to follow the **Gift of Life Act**.
- The **Gift of Life Act** requires hospitals to support organ and tissue donation by having appropriate policies, following routine notification practices, allowing Ontario Health (TGLN) to collect necessary patient and family information, and working collaboratively with TGLN to ensure proper consent procedures.
- Ontario Health (TGLN) publicly reports performance metrics for voluntary sites: Routine Notification rate. Data is obtained through the hospital mortality list submission.
- **Criteria for reporting**: aged 79 years and under; all deaths to be reported within one hour of death.

IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

- **Tissue Notification timeliness is 86% for Q4 which was below the target of 100%.**
  - There were no donors for Q4. There were 2 donors in total for the year.
- **Routine Notification rate for Q4 is 87%, which is below the target of 100%.**
- There were 2 inpatient deaths (ages 76 and 79) that were not reported as required.
- **Strategy:** Reminder sent to staff to reinforce the criteria and timelines for reporting.

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: August 21, 2026 Meeting Date Prepared for: September 10, 2026 – Quality
September 24, 2026 - Board

Subject: Professional Staff Appointment and Re-Appointment

Prepared by: Dr. Lisa MacKinnon, Chief of Staff

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE

To provide the Board with an annual overview of HGMH's Professional Staff appointment and re-appointment processes and provide assurance that appropriate credentialing, privileging and performance oversight processes are in place to support patient safety, quality of care and the Board's governance responsibilities.

SITUATION & BACKGROUND.

- Credentialing is an important governance responsibility of hospital boards. It includes the processes associated with initial appointment, verification of qualifications, identification of the scope and nature of privileges, granting of privileges, periodic review and annual re-appointment.
- Professional Staff includes physicians, dentists, midwives and extended class nurses who are granted privileges by the Board to practice within the Hospital. Privileges define the scope of an individual's authority to provide care and access Hospital resources, facilities, equipment, systems and supports.
- The Board has ultimate responsibility for the appointment of Professional Staff and the granting, modification, restriction or revocation of privileges. In fulfilling this responsibility, the Board relies on the review and recommendations of the Medical Advisory Committee (MAC) and Chief of Staff. Credentialing decisions must be based on fair, transparent and consistently applied processes, with patient safety and quality of care as paramount considerations.
- HGMH's credentialing processes are guided by applicable legislation, the Hospital's by-laws and established internal processes.

BOARD ROLE

- The Board is responsible for ensuring that an appropriate credentialing framework is in place and for making decisions regarding Professional Staff appointments and privileges based on recommendations received from MAC. In exercising this responsibility, the Board must be satisfied that appropriate due diligence has occurred and that recommendations are consistent with the Hospital's by-laws, identified clinical needs and its responsibility to provide safe, high-quality patient care.
- The Board is responsible for the appointment and re-appointment of Professional Staff, including approval of the applicable Professional Staff category and privileges, based on recommendations from MAC.
- The Board's role is not to repeat the detailed credentialing work undertaken by Medical Affairs, leadership and MAC, but rather to exercise appropriate governance oversight and satisfy itself that the process supporting the recommendation is robust, fair and consistently applied.
- Where an appointment, re-appointment or requested privilege is not recommended, applicable procedural fairness requirements, including rights to written reasons and a hearing where applicable, must be followed in accordance with the *Public Hospitals Act* and HGMH's by-laws.

INITIAL APPOINTMENT PROCESS

- Any physician is entitled to apply for hospital privileges and to have their application considered in accordance with the Hospital's by-laws and the *Public Hospitals Act*. For each application, the Medical Advisory Committee (MAC) considers the application and makes a written recommendation to the Board.
- A physician seeking an initial appointment requests an appointment package. The completed application is reviewed by Medical Affairs, the appropriate Chief of Department, the Chief of Staff and the CEO. The application then proceeds to MAC for review and recommendation, followed by the Board of Directors for approval.
- The initial appointment package includes:
    - completed application for appointment;
    - curriculum vitae;
    - certificate of registration with the applicable regulatory college;
    - Certificate of Professional Conduct or equivalent documentation confirming good standing;
    - professional references;
    - immunization record;
    - proof of appropriate professional liability protection or insurance;
    - confidentiality agreement and physician code of conduct; and
    - signed consents permitting the Hospital to verify information with regulatory colleges, previous hospitals, institutions and training organizations.

PROFESSIONAL STAFF CATEGORIES

- Professional Staff are appointed to a category of staff in accordance with HGMH's Professional Staff By-laws. Categories include **Active, Associate, Courtesy, Locum Tenens and Extended Class Nursing Staff**, with different rights, responsibilities and expectations associated with each category.
- The category of appointments and scope of privileges granted are considered as part of the credentialing process and approved by the Board based on the recommendation of MAC. New Professional Staff may be appointed to the Associate Staff category and undergo defined performance evaluations before being considered for advancement to Active Staff.

Annual Re-appointment Process

- The annual re-appointment process is initiated through CMARS in late November and is due in late December. Applications are reviewed by Medical Affairs, the Chiefs of Department, Chief of Staff and CEO before proceeding to MAC and the Board of Directors. Following Board approval, written confirmation of privileges is provided to physicians.
- Professional Staff are required to maintain appropriate documentation as part of re-appointment, including:
    - a completed CMARS re-appointment application;
    - pledge of confidentiality;
    - proof of appropriate professional liability protection or insurance
    - current certifications required depending on practice;
    - current N95 fit testing for on-site physicians; and
    - completion of required HGMH education and attestations.
- Re-appointment is not solely an administrative verification process. The annual re-appointment cycle also provides an opportunity to consider the Professional Staff member’s performance during the previous appointment period.

QUALITY AND RISK OVERSIGHT

- Credentialing, privileging and performance management are directly linked to patient safety and quality of care.
- HGMH’s credentialing process includes measures intended to reduce risk and support early identification of concerns, including:
    - six- and twelve-month performance evaluations, where applicable;
    - documentation of behavioral or professional concerns;

- early identification and mitigation of performance risks;
- verification of qualifications and professional standing;
- review of the privileges requested against the individual's qualifications; and
- escalation of significant concerns through the appropriate Medical Affairs, MAC and Board processes.

MEDICAL HR PLANNING

- An up-to-date Medical Human Resources (HR) Plan is an important component of HGMH's credentialing and recruitment framework. It helps ensure that Professional Staff recruitment and appointment decisions are aligned with the Hospital's current and anticipated clinical needs.
- The Medical HR Plan should be reviewed regularly to reflect changes in the Professional Staff complement and service needs, including anticipated retirements and vacancies, gaps in clinical coverage, specialist requirements, and Emergency Department and inpatient coverage. Maintaining a current plan supports proactive recruitment, succession planning, continuity of services and the early identification of potential workforce risks.
- For the Board, an updated Medical HR Plan provides assurance that Professional Staff appointments are considered within the context of HGMH's identified clinical needs and its ability to safely and sustainably provide patient care.

CONCLUSION

- HGMH's Professional Staff appointment and re-appointment processes provide an important mechanism for confirming that individuals granted privileges have the appropriate qualifications, professional standing and competencies to provide care within the scope of privileges granted by the Board.
- Ongoing credentialing, performance review, Medical HR planning and Medical Staff oversight provide the Board with assurance that Professional Staff continue to meet established requirements and that identified risks are appropriately managed in support of safe, high-quality patient care.

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee – ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: August 21, 2026 Meeting Date Prepared for: September 10, 2026 – Quality September 24, 2026 - Board

Subject: Patient and Family Advisory Committee (PFAC) Update

Prepared by: Rachel Romany - Vice President Clinical Services, Quality, Chief Nursing Executive

☐ DECISION SOUGHT* ☒ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

- To provide an update of the Patient and Family Advisory Committee (PFAC).

SITUATION & BACKGROUND.

- Benefits of PFAC presence in hospital committees:
  - help identify areas of improvement in care delivery processes
  - ensure that patient and family voices are heard and considered in decision-making processes
  - foster a culture of collaboration and partnership to promote patient-centered and inclusive healthcare practices

IMPLEMENTATION & COMMUNICATION

- PFAC members are currently attending four hospital committees:
  - Board of Directors
  - Ethics
  - Product Evaluation
  - Quality and Safety Advisory
- PFAC members currently participate in patient rounds with the Senior Leadership team to get direct feedback and perspectives from patients and families on the care experience.
- Upcoming PFAC Activities
  - Co-design and launch a PFAC-led patient experience improvement initiative aligned with the 2026-2027 Strategic Actions
  - Expand PFAC membership and continue meaningful participation in initiatives, including engagement of patient advisors as appropriate.
  - Develop Terms of Reference for patient advisors participating in short-term initiatives, including expectations, roles, orientation, confidentiality and recognition.
  - Continue to strengthen PFAC integration with hospital committees and quality initiatives to ensure patient and family feedback informs improvements.
  - Provide input on the Patient and Family Handbook which is due for review.

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

September 10, 2026 at 4:00PM in the Boardroom/MS Teams

Present:	C. Nagy, Chair	L. Boyling	G. McDonald
	G. Peters	L. Ramsay, CFO	
	R. Alldred-Hughes, CEO	F. Desjardins	K. MacGillivray, CHRO

Regrets: None

Summary of Discussion of the meeting
Quorum achieved.

Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: G. McDonald
Seconded By: F. Desjardins
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 June 3, 2026, was shared.

Moved By: G. Peters
Seconded By: G. McDonald
THAT the report of the meeting of June 3, 2026, be approved as presented.

CARRIED

Business Arising:
There was no business arising.

Committee Work Plan
The committee work plan was shared and the recommendation to stop Epic as a recurring item in February and add it in when necessary.

Matters for Discussion/Decisions

Review Finance, HR and Audit Committee Effectiveness Survey Results
The Finance, HR and Audit Committee Effectiveness survey results were reviewed.

With only two members completing the survey, the group discussed the need for greater participation and questioned whether the lengthy survey is an effective tool. A discussion ensued suggesting that a more meaningful approach would be to incorporate a brief discussion or a small selection of questions at each meeting, focused on obtaining actionable feedback and identifying opportunities to improve committee effectiveness.

Review Finance, HR and Audit Committee Terms of Reference
The Finance, HR and Audit Committee Terms of Reference was reviewed.

Moved By: F. Desjardins
Seconded By: G. Peters

That the Finance, HR and Audit Committee recommend to the Governance & Nominating Committee the Terms of Reference as presented with the following amendment recommendations:

- Membership and Meeting Participation – should read: Vice President of Corporate Services and Chief Financial Officer.
- Reword the terms of reference so that one would not assume we have an internal auditor.

CARRIED

Review Financial Statements and Statistical Information – April-July
The Financial Statements and Statistical Information was reviewed.

Moved By: L. Boyling
Seconded By: G. Peters
THAT the Finance, HR, and Audit Committee review and receive the financial statements as presented.

A discussion was held regarding the savings achieved on the water bill and the opportunity to expand endoscopy services, including the potential to serve patients from Quebec.

CARRIED

Review Annual Borrowing Report
The Annual Borrowing report was reviewed.

Moved By: G. McDonald
Seconded By: F. Desjardins
THAT the Finance, HR, and Audit Committee review and receive the Borrowing report as presented.

CARRIED

Matters for Information – Finance

Declaration of Compliance – April, May, and June 2026
The declaration of compliance for April, May, and June 2026 was included in the package.

Matters for Information – People & Partnerships

Review Whistleblowing Report
The Whistleblowing report was reviewed.

Moved By: F. Desjardins
Seconded By: G. McDonald
THAT the Finance, HR, and Audit Committee review and receive the Whistleblowing report as presented.

Plans are in place to move these confidential incident reports to be housed in our Reporting Incident Management System (RIMS).

CARRIED

Q1 HR Metrics
The Q1 HR metrics report was reviewed.

Moved By: L. Boyling

Seconded By: F. Desjardins
THAT the Finance, HR, and Audit Committee review and receive the Q1 HR Metrics report as presented.

A discussion was held regarding where the Dual Code information is currently hosted. K. MacGillivray will follow up to confirm its location.

CARRIED

Matters for Information – Building, Property & Infrastructure

Epic Implementation Update

R. Alldred-Hughes presented an update on the Epic implementation, noting that overall progress remains on track. It was also noted that there will be costs associated with transitioning away from the current EMS.

CT Scan Update

An update was provided on the CT scan implementation. The team is awaiting the official approval letter before proceeding with any purchase orders. The electrical work remains on schedule. Given the detailed nature of the CT implementation plan, Rob will identify key milestones to incorporate into future briefing note updates.

Capital Redevelopment Planning Update

R. Alldred-Hughes provided an update on the August 31st meeting with Ontario Health, noting that the discussion was constructive and provided a path forward for future planning. Discussions included current services, potential future services.

It was confirmed that regional service planning is the responsibility of Ontario Health.

Date of Next Meeting

Next meeting: November 12, 2026

S. Laframboise, Recorder

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: September 2, 2026 Meeting Date Prepared for: September 10, 2026 – Finance
September 24, 2026 - Finance

Subject: CT Planning & Implementation Update

Prepared by: Robert Alldred-Hughes, President & CEO

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE

- To provide the Board with an update on the CT implementation project, including progress to date, current project status, key dependencies and risks, and the remaining Ministry approval required to maintain the planned October 2027 go live.

IMPLICATIONS TO OTHER STANDING COMMITTEES

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

SITUATION & BACKGROUND

A brief description of the background to the issue.

- HGMH continues to advance the implementation of a CT scanner, with a planned go live of October 2027. The project remains on track, and there are no significant concerns with the implementation schedule at this time.
- The CT project has been a significant strategic priority for HGMH for several years. The Ministry of Health approved the hospital's CT business case in 2024, allowing HGMH to move forward with planning for the introduction of CT services in Alexandria. The service will strengthen diagnostic capacity at HGMH, support Emergency Department and inpatient care, including our regional rehabilitation programs, and importantly, provide additional outpatient diagnostic capacity closer to home. The majority of anticipated CT activity is expected to be outpatient.
- Since approval of the business case, significant planning has occurred related to equipment selection, facility design, construction, electrical infrastructure, clinical workflows, information technology integration and operational readiness. Following clinical and radiologist input, HGMH selected a CT, with capabilities aligned with the equipment used at Cornwall Community Hospital given our radiologists work at both locations. The final room design has also been substantially completed and reflects the operational requirements identified by the CT Working Group.
- The current total project estimate is approximately $3.9 million. This is higher than the preliminary estimate developed using late 2022 pricing, primarily due to construction inflation and the decision to purchase a CT scanner with enhanced clinical capability. HGMH has confirmed that the necessary own funds are available to support the project, with financial support coming from the HGMH Foundation. The project does not require Ministry capital funding.
- A critical enabling component is the hospital's electrical service upgrade. Planning for the electrical work and CT construction is being coordinated, with CT construction currently anticipated to begin in spring 2027.

OPTIONS CONSIDERED & ANALYSIS

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

- The project has now moved beyond determining whether HGMH should proceed with CT and is in the implementation phase. The primary focus is maintaining the established schedule and completing the remaining provincial requirements.
- HGMH has provided the Ministry of Health with updated project and financial information associated with the increase in costs from the original estimates. Final Ministry approval to proceed with the equipment and construction commitments remains outstanding. This approval is required relatively soon so that HGMH can issue the major purchase orders and protect the pricing and implementation schedule that has been negotiated.
- At this stage, management does not consider the outstanding approval to represent a significant project concern. The Ministry has been provided with the required own funds attestation and supporting information, and HGMH continues to follow up to obtain the necessary authorization. The timing is nevertheless becoming important because delays in issuing the purchase orders could result in increased pricing and eventually place pressure on the October 2027 implementation timeline. The Working Group has similarly identified provincial approval timing as the principal external dependency that could affect the schedule.
- In parallel, the project team continues to advance work that can proceed while approval is being finalized. This includes coordination of the electrical and HVAC upgrades, Epic/Radiant integration, operational planning, accreditation requirements and the provincial designation required for HGMH to perform and bill for CT services.

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.

The overall project remains on track for October 2027, with management continuing to monitor several key dependencies:

- Ministry approval: The most immediate priority is receiving authorization to proceed with the major equipment and construction commitments. Approval is needed relatively soon to protect negotiated pricing and the project schedule.
- Financial exposure: HGMH has the own funds required to complete the project. The principal financial risk is additional cost escalation should purchase orders be delayed.
- Electrical infrastructure: Completion of the electrical service upgrade remains a critical enabling project and is being coordinated with the CT construction schedule.
- Implementation readiness: Epic/Radiant integration, HVAC requirements, clinical workflows, staffing and education, accreditation requirements, and provincial CT designation must all be completed prior to go-live.
- Schedule: There are currently no significant concerns with the October 2027 target. Management will continue to closely monitor Ministry approval and the sequencing of the electrical and construction work and will advise the Board should the project's risk profile materially change.

Overall, management remains confident in the project and its implementation plan. Considerable work has been completed since the original approval, the necessary funding is available, and the project team continues to advance the remaining work toward an October 2027 launch.

Correspondence

July 15, 2026 – The Review – HGMH Expands Physiatry Services to Outpatients

July 15, 2026 – Seaway News – HGMH Deficit during year of growth

July 25, 2026 – Seaway News – HGMH expands services to outpatients

August 7, 2026 – The Review – HGMH recognized for providing timely access to colonoscopy care

August 10, 2026 – 92.5 Big FM – Glengarry Memorial Hospital Gets Ontario Health Recognition

August 17, 2026 – The SDG&A Cornwall Seeker – The State of healthcare in Cornwall, Ontario: Capacity Constraints, Policy Shifts, and the Impact of Privatization

August 20, 2026 – Seaway News - HGMH recognized by Ontario Health for rapid follow-up colon cancer care

August 26, 2026 – Standard Freeholder – Stormont, Dundas, Glengarry council received medical-recruitment update

August 27, 2026 – The Review - Three new physicians join Glengarry hospital emergency department