HÔPITAL Glengarry Memorial HOSPITAL

CONFIDENTIAL

Board of Directors In Camera Meeting Agenda

Date: Thursday, September 24, 2026
Time: Following the Board meeting
Location: Boardroom / Microsoft Teams

Agenda Item	Attachment
1. Call to Order (L. Boyling)	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1-2
1.3 Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)	
2. Minutes (L. Boyling)	
2.1 Approval of previous meeting minutes – June 18, 2026	P. 3-4
2.2 Business arising from minutes	
3. Matters for Discussion/Decision	
3.1 Report of the President & CEO (R. Alldred-Hughes)	P. 5-7
3.2 Capital Redevelopment Update (R. Alldred-Hughes)	P. 8-10
3.3 Foundation Updates (D. Elie)	
3.4 Q1 HR Metrics (K. MacGillivray)	P. 11-13
3.5 Whistleblowing Report (K. MacGillivray)	P. 14
3.6 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 15-16
3.7 Chief Renewals (Dr. L. MacKinnon)	
3.8 Professional Staff Appointment 3.8.1 Dr. Alexa Schryver – Associate, General Medicine and Emergency **THAT the Board of Directors approve that Dr. Alexa Schryver be credentialed with Associate privileges in General Medicine and Emergency following the recommendation of the Medical Advisory Committee.** 3.8.2 Dr. Mohammad Ameen – Locum Tenens, General Medicine **THAT the Board of Directors approve that Dr. Mohammed Ameen be credentialed with Locum Tenens privileges in Emergency following the recommendation of the Medical Advisory Committee.**	P. 17 P. 18
3.9 Reply to Letter from The Catholic Women's League of Canada (R. Alldred-Hughes)	P. 19-21
4. Consent Agenda	
4.1 Report of the Medical Advisory Committee	P. 22-27
4.2 Privacy and Confidentiality Report	P. 28-29
THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
4. Adjournment (L. Boyling)	

*Meeting moves to Meeting of Directors Without Management (BOD.05.019)

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 IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date	Thursday, June 18, 2026		
Time	Following the Board Meeting		
Location	Boardroom/Microsoft Teams		
Present:	Dr. S. Robertson, Chair	L. Boyling, Vice-Chair	C. Nagy, Treasurer
	D. Elie	F. Desjardins	G. Peters
	G. McDonald	Dr. G. Raby	H. Salib
	R. Alldred-Hughes, CEO	R. Romany, CNE	L. Ramsay, CFO
Regrets:	C. Larocque	Dr. R. Cardinal	Dr. L. MacKinnon, COS
	K. MacGillivray, CHRO		

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 5:52pm.

1.1. Quorum

A quorum was present.

1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: F. Desjardins
Seconded By: H. Salib
THAT the agenda be adopted as presented.

CARRIED

1.3. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2. Minutes

2.1 Approval of previous meeting minutes

The previous meeting minutes were reviewed.

Moved By: G. Peters
Seconded By: D. Elie
THAT the previous meeting minutes of May 28, 2026, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Foundation Updates

A meeting took place yesterday in which it was announced that over $2M has now been raised.

The board sold 68 tickets for the Dream Raffle draw in which the draw takes place next week.

A 50/50 draw will be starting as well as Chase the Ace in which we've been selected for the next draw.

3.2 2025-2026 Labour Relations Report
Report was shared on labour relations in which grievances were received from nursing staff for mandating shifts.

3.3 Report of the Chief of Staff
The report from the Chief of Staff was shared for information.

3.4 Professional Staff Credentialing
Three physicians were recommended for appointment to the Professional Staff by the Medical Advisory Committee.

Dr. K. Benoit – Associate General Medicine Privileges
Dr. C. Tanasie – Locum Tenens – Emergency Medicine
Dr. D. Marhaba – Locum Tenens - Emergency Medicine

Moved By: F. Desjardins
Seconded By: G. McDonald
THAT the Board of Directors approve the privileges as presented.

CARRIED

3.5 Letter from the Catholic Women's League of Canada
A letter was received from the Catholic Women's League of Canada regarding MAiD in which we have consulted the Ethicist to help draft a response. A meeting will be requested prior to sending a written response to allow for dialogue with the Catholic Women's League. MAiD is not an active offer; it is to be requested by the patient which will also be clarified during the meeting.

3.6 CT Cost Over Original MOH Approved Amount
The Board was advised that the revised CT project cost is estimated at approximately $3.9M, exceeding the original Ministry-approved budget due primarily to increased equipment and construction costs. There is no concern with obtaining Ministry approval as this is an own cost project.

The draft response letter to the Ministry was reviewed and will be amended to include SD&G.

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

CARRIED

Adjournment
The meeting adjourned at 6:15pm. K-L Massia, Recording Secretary

Report of the President & CEO

September 24, 2026 Board of Directors

The summer months have been an active period for HGMH, with significant work continuing across a number of our strategic and operational priorities. Since the Board last met, our teams have continued preparations for the October launch of Epic as part of the Atlas Alliance, advanced planning and approvals for our CT scanner project, worked through important next steps related to our long-term redevelopment plans, and continued to respond to growing demands across our clinical programs. While the summer traditionally brings a longer period between Board meetings, the pace of work across HGMH has certainly not slowed. As we begin a new Board year, I would also like to extend a warm welcome to our new Board members. I look forward to working together as we continue to advance the important work underway at HGMH and plan for the future of care in our community.

Our road to EPIC

Work continues to progress toward HGMH's transition to Epic as part of the Atlas Alliance, with go live scheduled for October 24, 2026. Over the summer, significant work has continued across system testing, workflow development, technical readiness, training preparation, data conversion and operational planning. The July Go Live Readiness Assessment provided a positive indication of HGMH's preparedness, with Glengarry identified as one of the partner hospitals progressing well toward go live.

As we enter the final months of implementation, the focus is increasingly shifting from system development to preparing our people and operations for the transition. Staff and physician training, technical dress rehearsals, workflow validation and go live support planning are now underway. There remains considerable work to complete across the Alliance before October, and the coming weeks will be particularly important as outstanding items are addressed and readiness is validated. HGMH continues to work closely with our Alliance partners to support a safe and successful transition to Epic.

Electrical Upgrade – HIRF Funding

HGMH has been working to address a significant limitation with the hospital's electrical infrastructure. Our existing electrical service is aging and has reached the point where available capacity limits our ability to add new equipment and modernize the hospital. This issue became particularly evident through the planning for our new CT scanner, where the electrical requirements could not be accommodated within the hospital's existing capacity. More broadly, upgrading this infrastructure is essential to supporting the hospital's current operations, future equipment needs and our longer-term redevelopment plans.

I am very pleased that HGMH has received funding through the Ministry of Health's Health Infrastructure Renewal Fund (HIRF) to advance this important work. The project will significantly upgrade the electrical service coming into the hospital and strengthen our emergency power capacity, providing the infrastructure required to support the CT scanner and other future clinical and technological investments. While much of this work will occur behind the scenes and will not be as visible to patients as a new piece of clinical equipment, it represents a foundational investment in the future of HGMH. The project will also require careful planning and coordination given the complexity of completing a major electrical upgrade while maintaining uninterrupted hospital operations and patient care.

CT Planning Update

The CT Scanner Project continues to advance toward the planned October 2027 go live. Detailed planning has progressed significantly, including equipment selection, design and construction planning. The current project estimate is approximately $3.9 million, reflecting updated construction costs and the selection of a CT scanner with enhanced clinical capability that will align with Cornwall Community Hospital and support a broader range

of diagnostic imaging needs. HGMH has confirmed that the necessary own funds are available to support the project, with significant support from the HGMH Foundation.

On September 16th we received notice from the Ministry of Health Capital Branch that we are approved to proceed with the project based on the revised cost estimates, which provides full approval through construction. This is welcome news to maintain our momentum on this project.

2026/2027 Initial Funding Allocations

HGMH has now received its initial 2026/27 funding allocations from Ontario Health. The allocation includes a 4% increase in ongoing base funding, providing important additional support toward the increasing costs of delivering hospital services. HGMH also received an increased allocation through the Emergency Department Pay for Results (ED P4R) program, with $260,000 (*up from $150K in prior years*) in one-time recurring funding for 2026/27. ED P4R is performance-based funding intended to support improvements in emergency department access, flow and wait times, and reflects the significant volume of patients cared for through HGMH's Emergency Department.

Together, the initial allocations provide approximately $1.035 million in funding, including $775,200 in ongoing base funding and the $260,000 ED P4R allocation. This is a positive development for HGMH, particularly given that our original 2026/27 operating budget was developed before final funding allocations were known. Administration is incorporating the confirmed funding into our financial projections and will continue to monitor performance and any further funding announcements throughout the fiscal year.

Regional Working Group – Hospital Sector Stabilization Planning - Update

Ontario Health is establishing more specific performance expectations for hospitals as part of the Hospital Sector Stabilization Plan, with a focus on both operating efficiency and utilization of hospital capacity. On the financial side, hospitals are being assessed using Cost per Weighted Case and peer benchmarking to identify potential reductions in operating expenses. Hospitals considered inefficient through this methodology have received annual efficiency targets of up to 2% of operating revenue. For HGMH, we will continue to identify opportunities to reduce costs and improve productivity; however, the weighted case methodology presents challenges for small hospitals such as ours, where we do not provide higher weighted services such as surgery or intensive care and must maintain the fixed costs associated with operating a 24/7 rural hospital. However, the team is planning to implement a number of efficiency measures to support cost reductions and will use this to respond to current targets.

Ontario Health is also placing increased emphasis on Conservable Bed Days (CBD) as a measure of patient flow and effective use of inpatient capacity. All hospitals are expected to achieve at least a 2.5% reduction from 2025/26 performance, with attention to length of stay, discharge planning, clinical practice, documentation and other factors that may contribute to patients remaining in hospital longer than clinically necessary. HGMH is developing an Improvement Action Plan to address our CBD target, while continuing to monitor potential impacts on readmissions, Emergency Department performance, and ALC. Together, these initiatives signal increased expectations for hospitals to demonstrate both lower operating costs and more efficient use of existing beds and resources.

Rehabilitation Services Planning Update

HGMH met with Ontario Health and Cornwall Community Hospital on September 16th to discuss regional rehabilitation services and their relationship to our Capital Redevelopment planning. Ontario Health noted that both organizations currently have rehabilitation capacity, and HGMH highlighted the previous regional planning process that supported the rehabilitation program remaining at HGMH.

No decisions have been made regarding changes to HGMH's existing rehabilitation program. Management is considering maintaining HGMH's current 15 rehabilitation beds within the redevelopment plan, while identifying the projected need for approximately six additional beds over the 30-year planning horizon as a matter for future regional clinical service planning.

Management would welcome the Board's perspective on this approach.

Out and about Summer Events

Upcoming Events/Special Dates

September 25 – World Pharmacist Appreciation Day and Journée Franco-Ontarien
September 26 – HR Professional Appreciation Day
September 30 – Orange Shirt Day
October is Cyber Security Awareness Month
October 3 – Board Retreat
October 4-10 – National Healthcare Supply Chain Week and Healthcare Food Service Workers Week
October 5-9 – Sonography Week
October 18-24 – Respiratory Therapy Week and National Healthcare Facilities and Engineering Week
October 19-23 – National Infection Control Week and Health Information Professionals Week
October 20 – National Pharmacy Technician Day
October 24 – EPIC Go Live

HÔPITAL Glengarry Memorial HOSPITAL

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: Pre-Capital Submission 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 HGMH's Stage 1.1 Pre-Capital redevelopment submission, recent discussions with Ontario Health, and the work underway to prepare a revised submission for Board endorsement.

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 submitted its Stage 1.1 Pre-Capital submission in July 2025, outlining a long-term redevelopment of the hospital and the development of a Community Health Hub on the HGMH campus. The submission responds to the significant limitations of the existing hospital infrastructure, anticipated demographic and service pressures, and the need to modernize the physical environment to support safe, sustainable care over the longer term.
- The proposed redevelopment contemplates a phased approach, including the Community Health Hub, a new inpatient tower and ambulance bay, and subsequent renovation and redevelopment of existing hospital space. The planning submission also identifies future requirements across a number of clinical and support areas, including inpatient medicine and rehabilitation, Emergency, Diagnostic Imaging, Pharmacy, Laboratory, MDRD, Endoscopy and other hospital services.
- Following submission, HGMH responded to several questions from Ontario Health and the Ministry of Health through late 2025 and early 2026. Ontario Health subsequently advised HGMH that it was not prepared to endorse the Stage 1.1 submission in its existing form. Management has since been working with Ontario Health and the Ministry to better understand the issues requiring further development and to establish a path forward.
- A follow up meeting with Ontario Health occurred on Monday, August 31, 2026, following a meeting with the Ministry of Health and Ontario Health earlier in August. It was constructive. Importantly, Ontario Health expressed support for the Community Health Hub component of the redevelopment. The discussion also provided greater clarity regarding the additional information Ontario Health would like to see before reconsidering the overall submission.
- HGMH will therefore prepare a revised Stage 1.1 Pre-Capital submission. Once the draft is complete, it will be brought forward to the Board of Directors for review and endorsement prior to resubmission. It is not anticipated that the scope of the submission changes, additional context and content will be added.

OPTIONS CONSIDERED & ANALYSIS

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

- The primary focus of the resubmission will be to provide greater detail and supporting evidence regarding the planning assumptions used to establish future service requirements, particularly population growth, projected utilization and the proposed growth in inpatient bed capacity.
- The most significant area requiring further discussion is the future bed base. Ontario Health has questioned the level of bed growth contemplated in HGMH's original planning assumptions and whether the hospital should consider a smaller future bed complement. Management will undertake further analysis to demonstrate how population growth, demographic change, utilization, occupancy and other planning assumptions translate into future bed requirements. This work will also allow HGMH to determine whether adjustments to the proposed bed base are appropriate while ensuring that the redevelopment continues to provide sufficient capacity for the communities HGMH will serve over its planning horizon.
- The meeting also included discussion regarding siting of services, including Ontario Health's previous questions about whether some future services could potentially be situated in Casselman. HGMH discussed that detailed analysis and evaluation of alternative locations would be more appropriately undertaken through the subsequent Stage 1.2 planning process, rather than resolved within the current pre-capital submission.
- Ontario Health also raised the future location of Stroke Rehabilitation, including whether this service should ultimately be aligned with Cornwall Community Hospital given its role as the District Stroke Centre. It was agreed that this is fundamentally a regional clinical services planning question, rather than an issue that can appropriately be resolved through HGMH's Stage 1.1 Pre-Capital submission. There is currently no regional clinical services plan directing a change in the location of HGMH's Stroke Rehabilitation program upon which the capital submission could reasonably be based. Ontario Health would like to continue that broader discussion separately, but it will not form part of the immediate pre-capital resubmission.
- As the revised submission is developed, HGMH is also planning a further working session with Ontario Health to walk through the Ministry's capital planning methodology and requirements and demonstrate how these requirements have been applied to HGMH's planning assumptions. This will provide Ontario Health with greater visibility into the underlying methodology and an opportunity to ask questions before the revised submission is finalized.

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 recent discussion represents a path forward for the redevelopment file and provides HGMH with a clearer pathway toward a revised submission. Of particular importance, Ontario Health's support for the Community Health Hub provides greater clarity regarding a significant component of HGMH's long-term redevelopment strategy.
- The principal issue to be resolved is the proposed future inpatient bed base. There is a risk that Ontario Health may ultimately support a lower level of bed growth than contemplated in the original submission. Management will therefore ensure that the revised submission clearly demonstrates the relationship between population and demographic projections, service demand, utilization assumptions and the capacity required over the planning horizon.
- There is also a broader risk that regional discussions regarding the future location of clinical programs could influence HGMH's longer-term redevelopment requirements. Management's position is that these

decisions should be informed by a formal regional clinical services planning process and should not be predetermined through the capital approval process in the absence of such a plan.

- Overall, management is encouraged by the outcome of the recent meeting. The focus has shifted from the earlier non-endorsement toward identifying the additional information Ontario Health requires to reconsider the submission. The immediate priority is to complete the additional analysis, continue working directly with Ontario Health and prepare a strengthened Stage 1.1 submission.
- The revised submission will be brought to the Board of Directors for review and endorsement before it is formally resubmitted to Ontario Health and the Ministry of Health.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: August 28, 2026 Meeting Date Prepared for: September 10, 2026 – Finance
September 24, 2026 - Board

Subject: Human Resources Q1 2026-2027 Scorecard

Prepared by: Kayla MacGillivray, Chief Human Resources Officer

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

PURPOSE

- The purpose of this report is to provide an overview of the human resources aspects of HGMH as it relates to key people metrics for Q1 of the 2026-2027 fiscal year.

SITUATION & BACKGROUND

A brief description of the background to the issue.

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

OPTIONS CONSIDERED & ANALYSIS

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

- Workforce Stability & Retention:
    - Overall workforce stability continues to improve.
    - Voluntary separations decreased from 2.26% to 1.79%.
    - Resignations decreased from 1.86% to 1.34%.
    - Management separation represents one resignation due to relocation.
    - Retirements decreased from 0.83% to 0.45%. Both numbers represent 1 retirement, but the total staff denominator increase from 2025-2026 to 2026-2027.
    - Vacancy rate decreased significantly from 5.13% to 2.41%.
    - Results represent positive impacts from targeted recruitment, improved workforce planning, onboarding, employee development and retention initiatives.
    - Continued focus on recruitment and retention is supporting a more stable workforce.
- Training & Development
    - 390.5 training hours completed in Q1. This represents a significant decrease from last year due to one of our educators being almost completely dedicated to the EPIC project.
    - Continued investment in mandatory and professional development.
    - Learning Management System (LMS) implementation will support more structured access and tracking after go-live on August 27, 2026.

- IDEA training reached 53.6%, exceeding the annual target of 40%. We hope to see an increase in Q2 as we launch the LMS.

- Health & Safety
  - 2 WSIB lost-time injuries reported in Q1.
  - 0 violence-related lost-time injuries, compared with 1 last year.
  - Lost-time hours remain relatively low at 142.5 hours.
  - Continued focus on workplace violence prevention, NVCI and worker safety is important.
- Short-Term Disability
  - Q1 STD rate is 3.68 days per FTE.
  - Last year's full-year rate was 12.73 days per FTE. Current results are generally tracking in line with the previous year's pace.
  - Continued monitoring will identify whether the longer-term downward trend continues.
- Labour Relations
  - 0 grievances advanced to arbitration in Q1, compared with 3 in 2025–26.

SUPPORTING DOCUMENTS/ATTACHMENTS:

HR Metrics Dashboard

People Metrics Fiscal 2026-2027

2025-2026 Human Resources Dashboard Report	Dimension	Objective/Metric	Target	HGMH YTD from 2025-2026	Quarterly	Q1	Q2	Q3	Q4	YTD	Trend
Recruitment and Retention	Turnover (excluding casual staff)	Voluntary Separation Rate (%)	HGMH Data	2.26%	2026-2027	1.79%				1.79%	
					2025-2026	2.22%	2.22%	1.67%	2.22%	2.08%	
		Resignation Rate (%)	HGMH Data	1.86%	2026-2027	1.34%				1.39%	
					2025-2026	1.70%	2.22%	0.55%	1.10%	1.39%	
		Retirement Rate (%)	HGMH Data	0.83%	2026-2027	0.45%				0.45%	
					2025-2026	1.10%	0.00%	1.10%	1.10%	0.83%	
		Management Voluntary Separation Rate (%)	HGMH Data	6.70%	2026-2027	6.70%				6.70%	
					2025-2026	0.00%	0.00%	0.00%	0.00%	0.00%	
	Permanent Vacancies	Total Vacancy Rate	HGMH Data	5.13%	2026-2027	2.41%				2.41%	
					2025-2026	2.46%	7.38%	5.77%	4.92%	5.13%	
	Student Placements	Total No. of New Student Placements Occurring During Reporting Period	HGMH Data	37 Students	2026-2027					0	
					2025-2026	4	6	16	11	37	
	Turnover in First 90 Days of Employment	Total Number of New Hire Departures within 90 Days of Hire	HGMH Data	2 Depatures	2026-2027	0				0	
					2025-2026	1	0	0	1	2	
Professional Development	Education & Staff Development	Staff Training Hours	HGMH Data	2945	2026-2027	390.5				390.50	
					2025-2026	641.75	612.25	704.30	987.10	2945.40	
		Front-line IDEA Training	HGMH Data	40% by Q4	2026-2027	53.57%				53.57%	
					2025-2026	0.00%	49.40%	86.11%	92.22%	92.22%	
Employee Safety	Short Term Disability	All Full-time HGMH Staff (days per person based on 7.5 hour day)	HGMH Data	12.73	2026-2027	3.68				3.68	
					2025-2026	4.24	3.20	3.12	2.17	12.73	
	Workplace Illness or Injury	No. WSIB Lost Time Injuries/Illness Related to Workplace Violence (per OH&S Definition)	HGMH Data	1	2026-2027	0				1	
					2025-2026	0	0	0	1	0	
		Total No. WSIB Lost Time Injuries/Illness	HGMH Data	5	2026-2027	2				2	
					2025-2026	1	3	1	0	5	
		WSIB Lost Time Hours	HGMH Data	1124	2026-2027	142.5				142.50	
					2025-2026	150.25	416.50	294.00	263.02	1123.77	
Labour Relations	Grievance & Arbitration	Grievances Advanced to Arbitration	HGMH Data	3 Grievances	2026-2027	0				0	
					2025-2026	1	1	1	0	3	

Casual Staff excluded from data.

OHA Benchmarking Tool

Metric underperforming target by more than 25%

Metric within 25% of target

Metric equal or outperforming target

DECISION SUPPORT DOCUMENT FOR

☒ Board of Directors ☐ Board Committee - ☐ Senior Leadership Team
☐ Other

Date Prepared: August 28, 2026 Meeting Date Prepared for: September 10, 2026 – Finance
September 24, 2026 - Board

Subject: Whistleblowing Report

Prepared by: Kayla MacGillivray, CHRO

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

PURPOSE

- To provide the Board with the annual report on matters received through the Hospital's whistleblowing reporting process and the status of any related investigations.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- The Hospital's whistleblowing process provides employees and other applicable stakeholders with a confidential mechanism to report concerns regarding suspected wrongdoing, unethical conduct, fraud, harassment, or other activities that may be inconsistent with Hospital policies, legislation, or expected standards of conduct.
- As part of the Hospital's governance and oversight practices, whistleblowing activity is reported to the Board Finance Committee annually as per the Whistleblowing policy (BOD.03.002)

Whistleblowing Activity

Month	# Reports	Nature	Investigation	Results
January	0	N/A	N/A	N/A
February	1	Harassment	Concluded	Unfounded
March	0	N/A	N/A	N/A
April	0	N/A	N/A	N/A
May	0	N/A	N/A	N/A
June	0	N/A	N/A	N/A
July	0	N/A	N/A	N/A
August	0	N/A	N/A	N/A
Total	1			

- In February 2026, the Hospital received an anonymous whistleblowing complaint involving allegations of harassment.
- Given the anonymous nature of the complaint, several attempts were made to contact the complainant to obtain additional information and clarification regarding the allegations. These attempts were unsuccessful.
- Despite the limited information available, the Hospital determined that the seriousness of the allegations warranted further review and proceeded with an internal investigation.
- Based on the information available and obtained through the investigation, the findings were inconclusive. The investigation was subsequently closed.
- There are currently no outstanding whistleblowing investigations arising from the reporting period.

CONSULTED WITH:

- Robert Alldred-Hughes, CEO & President

Report of the Chief of Staff

September 2026

Current P4R Metrics

We are meeting most targets to date, with continued focus on improving ED length of stay (LOS) for non-admitted, low-acuity patients, as well as time to initial physician assessment. Overall, performance remains strong.

P4R Ranking Metrics	Prev Year Performance	Target 27/28	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
ED LOS Admitted - 90th %tile (hrs)	20.6	≤ 33.00	10.48	14.05	14.87	17.78	16.03								15.34
ED LOS Non-Admit High Acuity - 90th %tile (hrs)	6.3	≤ 6.50	5.03	5.02	5.67	5.10	5.89								5.40
ED LOS Non-Admit Low Acuity - 90th %tile (hrs)	5.4	≤ 4.50	4.12	4.57	4.40	4.77	4.68								4.53
Time to PIA - 90th %tile (hrs)	4.0	≤ 3.20	3.20	3.32	3.19	3.20	3.49								3.27
Time to Inpatient Bed - 90th %tile (hrs)	8.4	≤ 4.20	4.25	3.93	2.95	2.72	4.06								3.91
Ambulance Offload Time - 90th %tile (minutes)	27.0	≤ 30.00	15.00	20.80	16.00	19.40	14.30								17.00

Metric underperforming target by more than 25%

Metric within 25% of target

Metric equal or outperforming target

CT Planning

CT planning is underway with Dr. Scharf acting as the physician lead for planning/physician education.

Epic Physician Training

Epic physician training is underway and on target. Dr. Sara Farmer, Chief of Emergency has taken the lead in the Chief of Staff Orders Set Committee and is working on a plan to ensure our site-specific medical directives and order sets are integrated soon after implementation.

Physician Recruitment Taskforce

We continue to participate in the Great River Ontario Health Team – Recruitment Working Group with our focus on physician recruitment.

A new Recruitment Guide is currently being developed to highlight healthcare facilities within the Great River catchment area, including the three hospitals. The guide will be available both online and in print and will be used to support physician recruitment efforts and upcoming recruitment events. Our hospital will be featured in this guide.

Upcoming Physician Recruitment Events:

- October 2 – Fédération des médecins résidents du Québec (FMRQ) Career Day, Montreal
- October 30 – University of Ottawa Department of Family Medicine (DFM) Job Fair
- November 11–13 – Family Medicine Forum (FMF), Toronto

Medical Students/Residents

Dr. El Salibi is currently mentoring a third-year medical student from the University of Ottawa, providing clinical experience in both their family practice and the Emergency Department. Over the course of a five-week placement, the student will also have the opportunity to work alongside several of our Inpatient Unit physicians.

Inpatient and Emergency Department Schedules

We are currently well staffed in both the Inpatient and Emergency Departments. The Inpatient Department schedule is fully staffed through the first week of January 2027. The Emergency Department schedule is complete through the end of November, with the December and January schedules expected to be finalized shortly.

HÔPITAL Glengarry Memorial HOSPITAL

September 4, 2026

Privileges for New Physician

The Credentials Committee reviewed the application of **Dr. Alexa Schryver** for **General Medicine and Emergency Medicine** privileges and deemed that their file is complete and in good standing.

The recommendation was made at the Medical Advisory Committee meeting of September 1, 2026, that **Dr. Alexa Schryver** be accepted under the **Associate, General Medicine and Emergency** category until the recredentialing period of December 31, 2026.

Moved by: Dr. S. Farmer

Seconded by: Dr. L. MacKinnon

THAT the MAC Committee put forward the recommendation to the Board of Directors for Dr. Alexa Schryver, Associate, General Medicine and Emergency Medicine privileges.

The Medical Advisory Committee asks that the Board of Directors consider these privileges.

Regards,

L. MacKinnon

Dr. Lisa MacKinnon,
Chief of Staff

HÔPITAL Glengarry Memorial HOSPITAL

September 4, 2026

Privileges for New Physician

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

The recommendation was made at the Medical Advisory Committee meeting of September 1, 2026, that **Dr. Mohammad Ameen** be accepted under the **Locum Tenens, General Medicine** category until the recredentialing period of December 31, 2026.

Moved by: Dr. S. Farmer

Seconded by: Dr. L. MacKinnon

THAT the MAC Committee put forward the recommendation to the Board of Directors for Dr. Mohammad Ameen, Locum Tenens, General Medicine and Emergency Medicine privileges.

The Medical Advisory Committee asks that the Board of Directors consider these privileges.

Regards,

L. MacKinnon

Dr. Lisa MacKinnon,
Chief of Staff

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

May 19, 2026

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

Dear Mr. Alldred-Hughes, CEO,

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Nancy McKinnon

Nancy McKinnon, President
St. Finnan's CWL Council

HÔPITAL
Glengarry
Memorial
HOSPITAL

September 8, 2026

St. Finnan's Catholic Women's League Council
Att: Nancy McKinnon, President
P.O. Box 562
Alexandria, Ontario
K0C 1A0

Dear Ms. McKinnon,

Thank you for taking the time to write to me on behalf of St. Finnan's Council of the Catholic Women's League, and particularly for subsequently meeting with me to discuss Medical Assistance in Dying and end-of-life care at Hôpital Glengarry Memorial Hospital.

I appreciated the respectful and thoughtful nature of our conversation. I also appreciated the opportunity to hear more about the perspective of the Catholic Women's League and the importance you place on dignity, compassion and ensuring that people approaching the end of life are supported physically, emotionally and spiritually.

As we discussed, Medical Assistance in Dying is a legally available healthcare option in Canada for individuals who meet the established eligibility criteria and safeguards. At HGMH, our responsibility is to respect the individual wishes, beliefs and informed choices of the patients we serve. For some patients, that may include a request for MAID. For others, their personal, cultural or religious beliefs may lead them to make very different choices about their care. Our role is to support each person with dignity and compassion throughout that journey.

I also appreciated our discussion about palliative care. I was pleased to share HGMH's Palliative Care Handbook with you, as I believe it demonstrates that end-of-life care encompasses much more than any single healthcare decision. Good palliative care includes attention to comfort and symptom management as well as the emotional, spiritual, cultural and personal needs of patients and their families. Patients at HGMH can choose to incorporate spiritual support into their care, including support consistent with their own faith and beliefs.

I believe this is an area where there is meaningful common ground. Regardless of the choices an individual ultimately makes, no patient should feel that they are facing serious illness, suffering or the end of life without compassion, dignity and appropriate support.

Thank you again for coming to speak with me and for approaching our discussion with openness and respect. I have also ensured that your correspondence is shared with our Board of Directors, as you requested.

I appreciated the opportunity to hear your perspective and to share more about HGMH's approach to supporting patients and families through end-of-life care.

Sincerely,

Robert Alldred-Hughes
President & Chief Executive Officer

MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

September 1, 2026, at 12:00pm

Boardroom / MS TEAMS

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

CALL TO ORDER

The meeting was called to order at 12:08 p.m.

1.1 Quorum

A quorum was attained.

1.2 Adoption of Agenda

The agenda was adopted as presented.

Add: 4.2 LOA Requests

Motioned by: Dr. D. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee approve the agenda as presented.

CARRIED

1.3 Declaration of Conflict

No declaration of conflict of interest noted.

REPORT OF THE LAST MEETING

2.1 Approval of the Minutes

The minutes of the last meeting held on June 16, 2026, were included in the package and approved as presented.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee approve the previous meeting minutes as presented.

CARRIED

STANDING ITEMS

3.1 Attendance Summary

Deferred.

3.2 Physician HR Plan

HR Plan Discussion:

Dr. MacKinnon led the discussion regarding the HR Plan included in the meeting package,

noting that we were unable to accommodate a Queen's medical student placement for the September–December period. However, we are hopeful that we will be able to host a student for the January–April period.

3.3 ED P4R Patient Flow Update

Dr. Farmer reported that the ED had an unusually busy summer this year, with LWBS rates higher than expected, likely due to increased patient volumes. Despite this, performance remains better than the previous year.

Admission flow has improved significantly, with the inpatient unit responding promptly when the ED notifies them of an admission. The team will continue to explore opportunities for ongoing improvement in ED metrics. ED P4R data submission is due this month.

Extended DI and Laboratory weekend hours would be beneficial and may help reduce the number of patients who need to return to the hospital for laboratory testing or X-rays.

3.4 Quality/Patient Experience (Quarterly)

R. Romany led the discussion on the recent patient satisfaction survey. Key focus points discussed include:

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

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

None to bring forward.

3.6 Epic Update

Dr. Farmer reported that, from a physician perspective, things are going well. J. Duperron will assist with training radiologists to support Dr. Vakili. Locally, we will also have the ability to customize our order sets. Currently, the order sets are tied to the P&T Committee, which includes the Pharmacy Manager and the Inpatient Chief, who is also an ED physician. R. Romany will include this as part of her touchpoint with A. MacLeod.

Dr. Peffer is also working on order sets related to the antimicrobial stewardship component of Epic.

As part of our Go-Live readiness R. Romany will be meeting with D. Lorimer to review any risks that have been highlighted.

It was noted that an email should be sent to all physicians to clarify the purpose of the various Epic icons, including which icons should be used and which will not be used.

It is also important that all physicians confirm they are able to log in to Epic for training purposes. D. Lorimer is working with TOH on how physicians who are off-site will be able to test their login.

BUSINESS ARISING

4.1 BBOC Update

A meeting was held with the FHO group to discuss their concerns and the potential application and allocation of the BBOC. Various considerations were raised, including funding support and physician coverage for telemetry beds. Further discussion regarding the allocation of the BBOC is required. The new mandatory ACLS requirement was also identified as an area of concern.

4.2 Leave of Absence Requests

Dr. Cherinet Seid requested a leave of absence from September through December, inclusive, for personal reasons. It was agreed that Dr. Farmer will refer to the applicable leave provisions in the By-Laws and seek clarification regarding the type of leave being requested, without requiring specific personal details. This information will be shared with the Board in general terms, as appropriate.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee approve the request for leave of absence from September-December inclusive pending clarification on what type of leave he is requesting.

CARRIED

Dr. Alexa Schryver requested to complete an ED fellowship in Hawkesbury from October through December and, as a result, will be unable to work ED MRP shifts during this period. It was noted that the second MD shift would be acceptable, as the patient population is similar to that seen in a walk-in clinic. Dr. Schryver will continue to work on the inpatient unit.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee approve the request for leave of absence as MRP in the ED, from October-December to complete an ED fellowship.

CARRIED

ITEMS FOR DISCUSSION/DECISION

5.1 New CLI.01.xxx.0.26 Physician Scheduling & Schedule Management

Recommendation: to approve the DRAFT CLI.01.xxx.0.26 Physician Scheduling & Schedule Management Policy as presented.

Defer.

5.2 Archive DRAFT CLI.01.xxx.0.26 Physician Roster Changes

Recommendation: to archive the DRAFT CLI.01.xxx.0.26 Physician Roster Changes Policy as presented.

Deferred.

5.3 New ~ CLI.xx.xxx Hospital On-Call Coverage (BBOC) Policy and Expectation

Recommendation: to approve the new Hospital On-Call Coverage (BBOC) Policy and expectation as presented.

Deferred.

5.5 Draft HGMH SOP Care Immunocompromised Neutropenic Patient

Recommendation: THAT the Medical Advisory Committee approve the HGMH SOP Care Immunocompromised Neutropenic Patient as presented.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee approve the HGMH SOP Care Immunocompromised Neutropenic Patient as presented.

CARRIED

5.6 Medical Directives Approval for 2026 reappointment process

Recommendation: THAT the Medical Advisory Committee approve the Medical Directives as presented.

The medical directives will need updating once we transition to Epic to remove any reference to Meditech.

Motioned by: Dr. L. MacKinnon
Seconded by: Dr. S. Farmer
THAT the Medical Advisory Committee approve the Medical Directives as presented.

CARRIED

6. CREDENTIALS

6.1. Evaluations

6.1. Dr. Dr. Jacqueline Cochrane 12-month evaluation
Defer.

6.2. Applications for Appointment

6.2.1 New – Dr. Alexa Schryver (Associate, General Medicine and Emergency Medicine)

Recommendation: THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Alexa Schryver have Associate - General Medicine and Emergency Medicine privileges.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Alexa Schryver have Associate - General Medicine and Emergency Medicine privileges.

CARRIED

6.2.2 New – Dr. Mohammad Ameen (Locum Tenens, General Medicine)
Recommendation: THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Mohammad Ameen have Locum Tenens – General Medicine privileges.

Motioned by: Dr. S. Farmer
Seconded by: Dr. L. MacKinnon
THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Mohammad Ameen have Locum Tenens – General Medicine privileges.

CARRIED

7. REPORTS

7.1 Lab Director

Defer.

Chief of Staff

Dr. MacKinnon shared the following key points:

- Will continue to work on our HR plan including our medical student/resident mentorships.
- Dr. Vakili came back from vacation to help read reports, there is currently one radiologist on vacation and one on sick leave. Dr. Vakili shared that she has a new radiologist coming on board, and she is working on improving our turnaround time. Her plan is for us to have our own dedicated radiologist when our CT is up and running.
- If a physician is unsure about an x-ray or ultrasound, Dr. Vakili suggests calling the radiologist, if needed call her.
- Dr. MacKinnon has ongoing discussions with COS at HGH on how we can help each other out.

Chief of Emergency

Dr. Farmer shared that she will stay on as Chief of Staff until the end of December 2026, but may need to give it up due to lack of daycare and other competing projects.

Chief of Inpatient and Ambulatory Care
Defer.

Professional Staff Association
Defer.

Chief Executive Officer
Defer.

Chief Nursing Executive
Defer.

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

Date and Time of Next Meeting
The next meeting is scheduled for October 6, 2026, at 12:00 PM.

Adjournment
The meeting was adjourned at 13:44 pm.

S. Laframboise, Recorder

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: September 1, 2026 Meeting Date Prepared for: September 10, 2026

Subject: Privacy and Confidentiality Report

Prepared by: Ryan Joseph Jarencio- HIS Manager and Privacy Officer

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

PURPOSE

The purpose of this report is to provide the Board Quality Committee with a governance-level overview of the organization's privacy and confidentiality activities during the reporting period.

The report provides assurance that:

- Patient and personal health information (PHI) continues to be protected in accordance with organizational policies and procedures.
- Privacy risks and concerns are being identified, assessed, documented, and managed.
- Privacy incidents are investigated and corrective actions implemented where required.
- The organization continues to meet its obligations under the Personal Health Information Protection Act, 2004 (PHIPA).
- Staff privacy awareness and education remain ongoing priorities.

Executive Summary / Overall Privacy Performance

Overall assessment: Green

For the reporting period of January 2026-August 2026, overall privacy performance is improving compared to January-December 2025.

Privacy incidents/concerns

1 reported concern, of which 1 was determined to constitute privacy breaches.

- This is compared to 5 privacy concerns constituting 3 minor and 2 major breaches in 2025

Significant breaches: none compared to (2 major breaches in 2025)
Risk level 2026: Low
Privacy audits: 6 random staff and 1 patient audit completed, with no significant findings
Staff training: 67% completion rate for required Annual privacy training.
PHIPA compliance: No significant compliance concerns identified

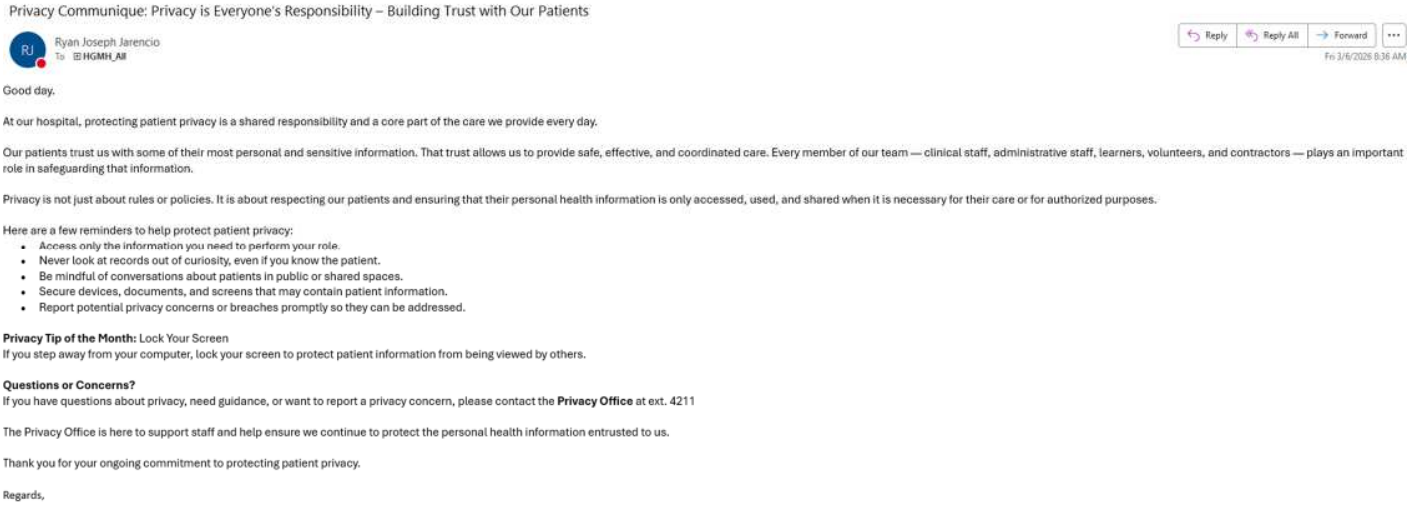
Ongoing initiatives:

Monthly Privacy Communications

The Privacy Office provides monthly privacy communications to staff to reinforce organizational expectations regarding the protection and appropriate use of personal health information (PHI). Communications address relevant privacy requirements, emerging risks, common privacy practices, and reminders regarding secure handling and disclosure of patient information.

The ongoing communiqué program supports a culture of privacy awareness and provides staff with regular, practical guidance to help maintain compliance with the **Personal Health Information Protection Act (PHIPA)** and organizational privacy policies.

HÔPITAL Glengarry Memorial HOSPITAL



Privacy Communique: Privacy is Everyone's Responsibility – Building Trust with Our Patients

Ryan Joseph Jarencio
To: HGMH_All

Reply | Reply All | Forward

Fri 3/6/2026 8:36 AM

Good day.

At our hospital, protecting patient privacy is a shared responsibility and a core part of the care we provide every day.

Our patients trust us with some of their most personal and sensitive information. That trust allows us to provide safe, effective, and coordinated care. Every member of our team — clinical staff, administrative staff, learners, volunteers, and contractors — plays an important role in safeguarding that information.

Privacy is not just about rules or policies. It is about respecting our patients and ensuring that their personal health information is only accessed, used, and shared when it is necessary for their care or for authorized purposes.

Here are a few reminders to help protect patient privacy:

- Access only the information you need to perform your role.
- Never look at records out of curiosity, even if you know the patient.
- Be mindful of conversations about patients in public or shared spaces.
- Secure devices, documents, and screens that may contain patient information.
- Report potential privacy concerns or breaches promptly so they can be addressed.

Privacy Tip of the Month: Lock Your Screen
If you step away from your computer, lock your screen to protect patient information from being viewed by others.

Questions or Concerns?
If you have questions about privacy, need guidance, or want to report a privacy concern, please contact the **Privacy Office** at ext. 4211

The Privacy Office is here to support staff and help ensure we continue to protect the personal health information entrusted to us.

Thank you for your ongoing commitment to protecting patient privacy.

Regards,

Staff and Patient Audits

The privacy office conducts quarterly privacy audits involving both staff access and patient records. These audits provide an additional monitoring mechanism to assess whether access to and use of personal health information is appropriate and consistent with the individual's role and legitimate business or care-related need.

There are also weekly audits on any unwarranted access of patient records who are employees of the hospital as well as any employees who accessed a high number of patient records and any patient of interest.

Audit findings are reviewed to identify inappropriate or unusual access patterns, potential privacy risks, and opportunities for improvement. Where concerns are identified, they are assessed and addressed in accordance with organizational policies and the applicable privacy requirements. The audit program supports proactive identification and management of privacy risks and provides ongoing assurance that appropriate safeguards are in place.

Privacy Training

Privacy education continues to be supported through the newly implemented organization's Learning Management System (LMS), providing staff with standardized privacy training and an accessible mechanism for monitoring training completion.

Training reinforces staff responsibilities related to the collection, use, disclosure, access, and protection of personal health information, as well as expectations for reporting privacy incidents and maintaining confidentiality. LMS-based tracking provides management with visibility into staff completion and supports organizational accountability for mandatory privacy education.

Collectively, the monthly privacy communications, quarterly privacy audits, and LMS-based training program provide complementary measures for **education, monitoring, and accountability**, supporting the organization's ongoing commitment to protecting patient information and meeting its obligations under PHIPA.

Overall, the privacy office, in coordination with hospital leadership continues to monitor privacy risks and has implemented appropriate processes to identify, investigate, and mitigate privacy concerns. No significant unresolved privacy risks requiring Board intervention were identified during the reporting period.