

Executive Committee Meeting Agenda

Date: Thursday, October 8, 2026
Time: 3:00 pm - 3:30 pm
Location: Boardroom / MS Teams

Agenda Item	Attachment
1. Call to Order	
1.1 Confirmation of Quorum	
1.2 Adoption of the agenda	P. 1
1.3 Declaration of Conflict of Interest	
2. Report from the Last Meeting	
2.1 Approval of Previous Meeting Report - April 16, 2026	P. 2-3
3. Matters for Discussion/Decision	
3.1 Review Personal Business Commitments Progress (L. Boyling)	
3.1.1 Personal Business Commitments of the CEO	P. 4-6
3.1.2 Personal Business Commitments of the COS	P. 7-8
4. Matters for Information	
4.1 Hospital Efficiency and Workforce Optimization Measures (R. Alldred-Hughes)	P. 9-11
4.2 Letter to MOHLTC - Relocation of Long Term Care Beds (R. Alldred-Hughes)	P. 12-15
5. Date of Next Meeting	
April 8, 2027	
6. Adjournment	

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Thursday, April 16, 2026
Time 3:00PM
Location Microsoft Teams
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy
R. Alldred-Hughes, CEO Dr. L. MacKinnon, COS

Regrets: None

1. Call to Order

C. Nagy, called the meeting to order at 3:00pm.

1.1. Quorum

1.2. A quorum was present.

1.3. Adoption of the Agenda

The agenda was reviewed and approved.

Moved By: L. Boyling

Seconded By: Dr. S. Robertson

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 from the meeting held on October 8, 2025, were reviewed.

Moved By: L. Boyling

Seconded By: Dr. S. Robertson

THAT the minutes of the meeting of October 8, 2025, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Review Personal Business Commitments Results 2025-2026

3.1.1 Personal Business Commitments of the CEO

The final results of the personal business commitments of the CEO were reviewed.

3.1.2 Personal Business Commitments of the COS

The final results of the personal business commitments of the COS were reviewed.

3.2 Personal Business Commitments of the CEO and COS 2026-2027

3.2.1 Personal Business Commitments of the CEO

The draft personal business commitments of the CEO for 2026-2027 were reviewed and discussed.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the CEO for 2026-2027 as amended.

Wording will be changed for the goal around Epic to include a completion date.

CARRIED

3.2.2 Personal Business Commitments of the COS

The draft personal business commitments of the COS for 2026-2027 were reviewed.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the Executive Committee recommend to the Board of Directors the approval of the personal business commitments of the COS for 2026-2027 as amended.

The target was changed for advancing comprehensive non-violent crisis intervention training for physicians from 10 to 8.

It was agreed that physician recruitment should be added as a goal and as such, the target will be to create a physician recruitment strategy.

The goal around endoscopy in which is on the CEO personal business commitments will be added to the COS as well as there is physician involvement.

CARRIED

4. Date of Next Meeting

October 2026



Personal Business Commitments (2026 - 2027)

Robert Alldred-Hughes, President & Chief Executive Officer

OCTOBER 2026 – Update on Progress

Introduction

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMH Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2026-2027 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting
Financial: 30% weighting
Strategic: 20% weighting

Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

Finally, my Personal Business Commitments serve as the framework and the priorities for all leaders within HGMH. Each senior leader is expected to develop their Personal Business Commitments to align with the Chief Executive Officer's, support the Strategic Plan, the Quality Improvement Plan as well as align with corporate metrics/balanced scorecard.

Goal		2025/2026 Performance	2026/27 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OHI/ MOH
QUALITY	Reduce the time to inpatient bed from the Emergency Department by 50%.	8.4 hours	4.2 hours	April to August: 3.9 Hours	✓			✓
	Increase patient-reported care ratings related to being treated with courtesy and respect from those patients who identify as gender diverse.	7.4/10	7.7/10	Q1: No Responses However 9.0/10 for Emergency Department Care	✓	✓	✓	✓
	Reduce the number of medication incidents reaching the patient and resulting in harm (severity levels 2-5) by 5%	25	24	Q1: 0	✓		✓	
FINANCIAL	Ensure financial stability by proactively engaging with Ontario Health and government stakeholders to secure funding, advocate for sustainable reimbursement models, and align resources with HGMH's strategic priorities to support high-quality, sustainable care.	\$35K Surplus	On Budget	YTD results: \$100K surplus		✓	✓	✓
	Increase endoscopy service days to expand procedural volumes and generate additional revenue.	-	Increase Revenue by \$25,000 in year 1	Currently in planning and pre-implementation phase – project February for additional volume.		✓		✓

STRATEGIC	Lead coordinated advocacy efforts with the Ministry of Health and Ontario Health, including scheduled engagement meetings, formal follow-ups, and documentation updates, to position HGMH for progression to Stage 1.2 of the Hospital Capital Planning Process.	-	All requested documentation submitted within established timelines and advocacy meetings held as opportunities arise, with quarterly progress tracking reported to the Board.	Currently engaged in a resubmission of pre-capital. Continuous engagements with Ontario Health on planning for future healthcare services.		✓	✓	✓
	Establish project governance, finalize infrastructure requirements, and initiate operational and clinical readiness planning for CT implementation.	-	Project governance structure established, infrastructure requirements confirmed, and a documented CT readiness plan approved	Currently project governance is in place, and planned contract finalization in progress. September 16 th MOH approved HGMH to continue to construction. Comprehensive CT implementation plan in place.		✓		
	Advance comprehensive Non-violent crisis intervention training across patient-facing teams to enhance de-escalation capability and reduce workplace violence risk.		30 staff members receive NVCI training	As of September 21, 2026: 26 Employees received NVCI training.		✓	✓	✓
	Achieve successful EPIC EMR go live by executing required clinical, operational, and technical readiness activities across the organization.	-	EPIC EMR Launched on time and on budget	As of September 30: Go live is still on target, and overall project under budget.		✓		✓



Personal Business Commitments (2026 - 2027)

Dr. Lisa MacKinnon, Chief of Staff

Introduction

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMG Board Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2023-2024 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting
Financial: 30% weighting
Strategic: 20% weighting

Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

	Goal	2025/2026 Performance	2026/27 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Reduce the time to inpatient bed from the Emergency Department by 50%.	8.4 hours	4.2 hours	On-going current YTD= 3.91 hours	✓			✓
	ED P4R Action & Goal - Access and Flow - Timely transitions – Reduce the 90 th percentile ED wait time to Physician Initial Assessment.	4.3 hours	3.2 hours	On-going current YTD= 3.27 hours		✓		
FINANCIAL	Increase endoscopy service days to expand procedural volumes and generate additional revenue.	-	Increase Revenue by \$25,000 in year 1	On-going		✓		✓
STRATEGIC	Advance comprehensive non-violent crisis intervention training across patient - facing teams to enhance de-escalation capability and reduce workplace violence risk	-	8 trained physician staff members	On-going Current YTD= 0		✓	✓	✓
	Create a comprehensive physician recruitment strategy		Completed by Q4	Initiated and progressing toward Q4 completion.		✓	✓	

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: September 30, 2026 Meeting Date Prepared for: October 8, 2026
 Subject: Hospital Efficiency and Workforce Optimization Measures
 Prepared by: Robert Aldred-Hughes, President & CEO

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

PURPOSE

The purpose of this briefing note is to provide the Board of Directors with an update on management's ongoing review of hospital operating efficiencies and to seek support for targeted workforce measures intended to reduce operating costs while maintaining current patient services, programs and access to care.

Following a review of staffing utilization, overtime and premium pay, peer benchmarking and current operating requirements, management is planning the following:

- A reduction of 2.8 FTE Personal Support Worker (PSW) positions; and
- An annualized reduction target of \$75,000 in overtime and premium pay.

These measures do not reduce the hospital's current service offerings, programs, beds or hours of operation, and achieve a targeted savings of \$218,000.

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 review its operations to identify opportunities to improve efficiency while protecting patient care and maintaining the programs and services relied upon by our communities.
- Management's approach has been to prioritize opportunities within the hospital's existing cost structure before considering measures that could affect service delivery. This is consistent with the broader sector direction toward the use of benchmarking, workforce optimization and other internal efficiencies. Ontario Health has specifically identified workforce optimization, staffing mix and reductions in overtime as examples of efficiency opportunities being pursued across hospitals.
- The review has included consideration of peer hospital staffing information, HGMH's current staffing models, utilization of available staffing resources, overtime and premium pay, operational requirements, and opportunities to better align staffing with organizations of similar size and scope.
- This work has identified an opportunity to reduce PSW staffing by 2.8 FTE while continuing to support the current clinical model and maintaining existing hospital services. The proposed change better aligns staffing resources with comparable organizations and represents an opportunity to reduce base operating costs without reducing clinical programs or patient access.

- Management has also identified overtime and premium pay as an area requiring greater discipline. Additional staffing resources and scheduling flexibility should, where possible, reduce reliance on overtime, call ins and other premium costs. A reduction target of \$75,000 has therefore been established, with ongoing monitoring of utilization and staffing practices to support achievement of this goal.
- The proposed measures reflect management's intention to focus first on efficiencies within existing operations rather than reductions to patient 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 proposed measures have been developed with the objective of achieving sustainable savings while minimizing impact on patients and frontline service delivery.
- The 2.8 FTE PSW reduction represents a permanent reduction in the hospital's base cost structure of approximately \$143,000. Importantly, the change does not involve the closure of beds, reduction of clinical programs, change in operating hours or elimination of a service. Staffing levels will continue to be managed according to patient needs, acuity and operational requirements.
- The \$75,000 overtime and premium pay target is intended to improve how existing staffing resources are utilized rather than establish a fixed reduction in necessary patient care. Management will continue to monitor overtime, call ins, staffing patterns and use of resource coverage to ensure available resources are being used effectively before additional premium costs are incurred.
- There are workforce and operational risks associated with any staffing change. These include the potential for increased workload, unanticipated changes in patient acuity, sick calls and short notice vacancies. These risks will require active management through scheduling, appropriate use of available resources and ongoing monitoring of quality and staffing indicators.
- The approach also reflects an important distinction in HGMH's efficiency work. Rather than reducing services to achieve savings, management is seeking to ensure that the resources supporting those services are appropriately aligned with operational requirements and comparable hospitals. Ontario Health's regional planning direction similarly distinguishes internal staffing mix initiatives that do not reduce services from initiatives that affect service volumes or access.
- Management believes these measures represent a reasonable balance between financial stewardship and the hospital's responsibility to maintain safe, accessible patient care.
- The objective is not simply to reduce staffing costs, but to ensure that staffing resources are being used effectively and are appropriate for the size, scope and activity of the organization. Continued monitoring will be important to confirm that the anticipated savings are realized and that the measures do not create unintended impacts on quality, patient access or workforce sustainability.

FINANCIAL IMPACT

The proposed changes will generate recurring operating savings through two mechanisms:

- PSW staffing: recurring salary and benefit savings associated with the reduction of 2.8 FTE, approximately \$143,000.
- Overtime and premium pay: targeted annualized savings of \$75,000 through improved scheduling, utilization of existing staffing resources and greater management of premium costs through scheduling considerations.
- As staff reductions have the potential to require exit costs, they could be as high as \$28,500. Which has the potential to impact our balanced position in this fiscal year as one time exit cost payments are required.

These measures contribute to HGMH's broader financial sustainability work and demonstrate that the organization continues to pursue internal efficiencies while maintaining its current scope of patient services.

CONSULTED WITH:

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

- Senior Leadership Team
- Vice President Clinical Services, Quality & Chief Nursing Executive
- Chief Human Resources Officer
- Vice President Corporate Services & Chief Financial Officer
- Managers of Clinical Programs

IMPLEMENTATION & COMMUNICATION PLAN

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

- A Human Resources Plan is being developed, with appropriate notices to unions and staff to occur in line with the applicable Collective Agreement.

October 1, 2026

Submitted by: Robert Alldred-Hughes, President & CEO
Hôpital Glengarry Memorial Hospital
Alexandria, Ontario

Sent via e-mail: *LTCHomes.Licensing@bursonglobal.com*

**Project #26-017: Submission to the Ministry of Long Term Care License Consultations -
Southbridge Cornwall 2 Long Term Care Development Proposal - Regarding the Proposed
Relocation of 70 Long Term Care Beds from The Palace, Alexandria**

To whom it may concern:

Hôpital Glengarry Memorial Hospital appreciates the opportunity to provide comments regarding the proposed Southbridge Cornwall 2 long term care development.

HGMH supports the modernization and redevelopment of long term care infrastructure in Eastern Ontario and recognizes the importance of ensuring residents have access to modern, safe and appropriate environments in which to receive care.

We are, however, concerned about the proposal to relocate all 70 licensed long term care beds currently operated at The Palace in Alexandria to the proposed development in Cornwall.

The Palace is currently a 70 bed long term care home located in the heart of Alexandria. Yorkville Development LP and Southbridge Care Home's proposal indicates that these beds would be incorporated into the new 320 bed Southbridge Cornwall 2 development and that The Palace would close following completion of the new home.

HGMH respectfully requests that the Ministry undertake further consideration of the health system and community impacts associated with removing this long term care capacity from North Glengarry before making a final decision regarding the relocation of these beds.

Maintaining health care capacity in rural communities

HGMH is a rural hospital serving North Glengarry and surrounding communities. Our experience demonstrates the importance of maintaining an appropriate continuum of care close to home, including hospital, rehabilitation, primary care, home and community care, and long term care. The removal of 70 long term care beds from Alexandria would represent a significant reduction in local health care capacity.

Ontario's long term care legislation recognizes the importance of geography in determining long term care need. The Fixing Long Term Care Act requires consideration of existing long term care

bed capacity, other available health services, and current and predictable continuing demand when determining the appropriate number of long term care beds in an area.

We believe these considerations warrant a specific assessment of North Glengarry before existing beds are permanently relocated to another community.

An aging rural population

North Glengarry and the broader communities served by HGMH have an aging population. HGMH's own long range planning anticipates substantial growth in the number of older adults requiring health services over the coming decades.

Long-term care infrastructure decisions being made today will therefore have implications well beyond the immediate redevelopment of an individual home.

Waiting lists represent only one measure of future need and can change over time. A long-term planning decision should also consider population aging, future demand, rural geography and the availability of other health and community services.

Impact on hospital capacity and patient flow

Access to long-term care is directly connected to hospital capacity.

HGMH operates acute medical and regional rehabilitation beds and regularly cares for patients who require additional support before they can safely return to the community or transition to another care environment.

A reduction in long term care capacity within the community has the potential to affect hospital discharge options, alternate level of care pressures, caregiver burden and the ability of residents to remain close to their families and existing supports.

Before the relocation is finalized, HGMH recommends that the Ministry, in collaboration with Ontario Health, assess the potential impact on hospital flow, alternate level of care, home and community care services and future long term care demand within North Glengarry.

Rural, linguistic and community access

HGMH is a designated bilingual hospital serving a community with a significant Francophone population. Maintaining access to health services within rural communities is particularly important for older adults, whose ability to travel may be limited and whose family and social supports are often closely connected to their home community.

Relocating long term care capacity approximately 40 kilometers away to Cornwall changes more than the location of a building. It can affect family involvement, continuity with local health providers, community connections and access to services in the resident's language of choice.

These impacts should form part of the Ministry's consideration of the proposal.

An opportunity to explore a local redevelopment solution

HGMH is not suggesting that an aging long-term care facility should be maintained indefinitely if it no longer represents an appropriate environment for residents.

Rather, we respectfully suggest that redevelopment of long-term care capacity and relocation of that capacity are two separate questions.

Before Alexandria's 70 long term care beds are permanently relocated, HGMH recommends that the Ministry, Southbridge Care Homes, Ontario Health, the Township of North Glengarry and local health system partners explore whether there is a viable option to retain long term care capacity within North Glengarry.

HGMH would be pleased to participate in those discussions.

The hospital is currently undertaking long range planning regarding the future of its campus and the integration of health and community services. This creates an opportunity to consider whether long term care could form part of a broader local health services strategy, either through redevelopment by the existing operator or through another partnership model.

HGMH is not proposing through this submission that the hospital become a long term care operator. We are, however, prepared to explore how our hospital, our campus, our clinical services and our community partnerships could contribute to a sustainable local solution.

Our request

HGMH respectfully requests that the Ministry:

1. Consider the impact of removing 70 existing long term care beds from North Glengarry as a distinct component of its review of the Southbridge Cornwall 2 proposal.
2. Assess current and projected long term care requirements for North Glengarry, including population aging, rural geography, Francophone access, hospital utilization, alternate level of care pressures and availability of community services.
3. Engage HGMH, the Township of North Glengarry, Ontario Health, Southbridge Care Homes and other appropriate community partners in discussions regarding opportunities to retain long term care capacity in North Glengarry.
4. Explore whether all or a portion of the existing 70 licensed beds could be redeveloped within North Glengarry rather than permanently relocated to Cornwall.

HGMH recognizes the need to modernize Ontario's long term care infrastructure and supports investments that improve the quality of care and living environments for residents.

At the same time, modernization should not unintentionally result in the erosion of essential health care capacity in rural communities.

The proposed relocation of 70 long term care beds represents a significant health system planning decision for North Glengarry. We believe there is an opportunity to work collaboratively with the Ministry, Southbridge, Ontario Health and our municipal and community partners to find a solution that supports redevelopment while preserving access to long term care for the residents of North Glengarry.

We would welcome the opportunity to participate in those discussions.

Sincerely,



Robert Alldred-Hughes
President and Chief Executive Officer

Cc.

Ryan Bell, CEO of Southbridge Care

Vicky Simanovski, Interim Chief Regional Officer, Ontario Health East

Carol Bonura, Director, Capacity, Access & Flow, Ontario Health East

Stephane Sarrazin, MPP, Glengarry-Prescott-Russell

Mayor Jamie MacDonald, Township of North Glengarry

Louise Boyling, HGMH Board of Directors Chair

Rachel Romany, Vice President of Clinical Services, Quality, & Chief Nursing Executive

