



BOARD OF DIRECTORS MEETING - OPEN
Wednesday May 6, 2026

1700-1815

Virtual via Teams / C.1.229

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Or call in (audio only)

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Phone Conference ID: 978 704 436#



AGENDA

Agenda Item * indicates attachment / TBC - to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER				
1.1 Territorial Acknowledgement		1700	L. Woeller	
1.2 Welcome		1703	L. Woeller	
1.3 Confirmation of Quorum (7)		1704	L. Woeller	Confirmation
1.4 Declarations of Conflict of Interest		1705	L. Woeller	Declaration
1.5 Consent Agenda <i>(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)</i>		1706	L. Woeller	Motion
1.5.1 Minutes of March 4, 2026*	4			
1.5.2 2025/26 Board of Directors Action Log*	9			
1.5.3 Board Attendance*	10			
1.5.4 Board Work Plan*	11			
1.5.5 Events Calendar*	20			
1.5.6 Committee Reports to the Board of Directors				
1.5.6.1 Audit Committee* (Apr 27, 2026)	22			
1.5.6.2 Digital Health Strategy Committee* (Apr 16, 2026)	23			
1.5.6.3 Executive Committee* (Mar 17, 2026)	25			
1.5.6.4 Governance and Nominating Committee* (Apr 20, 2026)	27			
1.5.6.5 Medical Advisory Committee* (Mar 3 & Apr 8, 2026)	30			
1.5.6.5.1 New Credentialed Physicians February 2026* (No New Physicians for March)	37			
1.5.6.6 Resources Committee* (Apr 27, 2026)	38			
1.5.7 Governance Policy Approvals*				
2-D-22 Annual Consent to Act	39			
1.5.8 Quality Monitoring Scorecard*	44			
1.5.9 CEO Certificate of Compliance* (February 28, 2026 – May 1, 2026)	74			
1.5.10 Bill S-211 Forced Labour in Canada Supply Chain Submission*	75			
1.6 Confirmation of Agenda		1709	L. Woeller	Motion
2. PRESENTATIONS				
2.1 EDUCATION SESION: Advancing Just Culture: A Shared Framework for Fair and Accountable Decision Making*	94	1710	K. Baldock / L. Barefoot	Information

Board Members: Lynn Woeller (Chair), Sara Alvarado, Tom Barker, Paulo Brasil, William Conway, Julia Goyal, Monika Hempel, Jayne Herring, Miles Lauzon, Dr. Margaret McKinnon, Jay Tulsani, Diane Wilkinson

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Minta Patel, Stephanie Pearsall

Guests: Kellen Baldock, Liane Barefoot

Agenda Item * indicates attachment / TBC - to be circulated	Page #	Time	Responsibility	Purpose
3. BUSINESS ARISING				
3.1 No Open Matters for Discussion				
4. NEW BUSINESS				
4.1 Chair's Update				
4.1.1 Board Chair's Report*	111	1740	L. Woeller	Information
4.1.2 CCDI UnConference 2026*	116	1745	J. Herring	Information
4.2 Quality Committee (Apr 15, 2026)				
4.2.1 Report to the Board of Directors*	121	1750	B. Conway	Information
4.3 Resources Committee (Apr 27, 2026)				
4.3.1 March 2026 Financial Statements and Year-End Forecast*	126	1800	P. Brasil	Motion
4.4 Patient Family Advisory Council (PFAC) Update (May 5, 2026)		1810	L. Woeller	Information
4.5 CEO Update				
4.5.1 No Open Matters for Discussion				
5. UPCOMING EVENTS <i>Visit GovHub for the most current listing of all upcoming events</i>			L. Woeller	Information
5.1 Grand Rounds: May 28, 2026 – 8:00-9:00am, virtual – Details to follow				
5.2 CMH Golf Classic, June 1, 2026, Galt Country Club, details to follow				
5.3 Sara Alvarado's Walk from Cambridge to Paris: June 14, 2026 (morning); Galt, Cambridge to Paris – Walk to Paris 2026 by Sara Alvarado - Cambridge Memorial Hospital Foundation				
6. DATE OF NEXT MEETING	Wednesday June 3, 2026 Location: Hybrid			
7. TERMINATION		1815	L. Woeller	Motion
Link: Board/Committee Evaluation Survey	<i>Following the meeting, please complete within one week.</i>			

Board Members: Lynn Woeller (Chair), Sara Alvarado, Tom Barker, Paulo Brasil, William Conway, Julia Goyal, Monika Hempel, Jayne Herring, Miles Lauzon, Dr. Margaret McKinnon, Jay Tulsani, Diane Wilkinson

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Guests: Kellen Baldock, Liane Barefoot

CMH Board of Directors Motions Page

Agenda Item	Motions Being Brought Forward for Approval			
1.5	Consent Agenda 1.5.7 1.5.10	<ul style="list-style-type: none"> • That, the CMH Board of Directors approves the Consent Agenda as presented/amended <i>The following motions are contained in the Consent Agenda:</i> <ul style="list-style-type: none"> ○ That, the CMH Board of Directors approves the following polices as presented/with amendments and upon recommendation of the Governance and Nominating Committee at its meeting of April 20, 2026. <table border="1" style="margin-left: 40px; width: 100%;"> <tr> <td style="width: 15%;">2-D-22</td> <td>Board of Directors and Non-Director Committee Member Declaration</td> </tr> </table> • That the CMH Board of Directors approves CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and authorizes the filing of the submission and report with the Government of Canada and the posting of the material on the CMH website on or before May 31, 2026 and upon recommendation of the Audit Committee at its meeting of April 27, 2026 	2-D-22	Board of Directors and Non-Director Committee Member Declaration
2-D-22	Board of Directors and Non-Director Committee Member Declaration			
1.6	Confirmation of Agenda	<ul style="list-style-type: none"> • That, the CMH Board of Directors approves the agenda as presented/amended 		
4.3.1	Financials	<ul style="list-style-type: none"> • That, the CMH Board of Directors receives the March 2026 preliminary unaudited financial statements as presented by management and upon recommendation of the Resources Committee at the meeting of April 27, 2026 		

Board Members: Lynn Woeller (Chair), Sara Alvarado, Tom Barker, Paulo Brasil, William Conway, Julia Goyal, Monika Hempel, Jayne Herring, Miles Lauzon, Dr. Margaret McKinnon, Jay Tulsani, Diane Wilkinson

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Minta Patel, Stephanie Pearsall

Guests: Kellen Baldock, Liane Barefoot

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, March 4, 2026
OPEN Session

Minutes of the open session of the Board of Directors meeting, held via hybrid model (video conference and within Cambridge Memorial Hospital, C.1.229) on Wednesday March 4, 2026.

Present:

L. Woeller, Chair
S. Alvarado
B. Conway
T. Barker
P. Gaskin
J. Goyal
M. Lauzon
J. Tulsani

Dr. W. Lee
P. Brasil
M. Hempel
S. Pearsall
D. Wilkinson
J. Herring
Dr. V. Miropolsky

Regrets: Dr. M. McKinnon, Dr. M. Patel

Staff Present: M. Iromoto, V. Smith-Sellers, Dr. J. Legassie, Dr. K. Rhee

Guests: L. Barefoot

Recorder: S. Fitzgerald

1. CALL TO ORDER

The Chair called the meeting to order at 1700h.

1.1. Territorial Acknowledgement

The Chair presented the Territorial Acknowledgement. This acknowledgement was provided in keeping with the Hospital's commitment to reconciliation.

1.2. Welcome

The Chair welcomed Board members and guests to the meeting.

1.3. Confirmation of Quorum (7)

Quorum was confirmed, and the meeting proceeded, as per the agenda.

1.4. Declarations of Conflict of Interest

Board members were asked to declare any known conflicts of interest related to the open session of the meeting. No conflicts were declared.

1.5. Consent Agenda

The consent agenda was presented to approve routine Board materials that had been reviewed in advance of the meeting and did not require further discussion.

Board members were asked whether they wished to have any items removed from the consent agenda for separate discussions. No requests were made by any member to remove an item.

The following motion was duly made, seconded and **CARRIED** with no members opposed:

MOTION: That, the CMH Board of Directors approves the consent agenda as presented.

- 1.5.1 Minutes of February 4, 2026
 - 1.5.2 2025/26 Board of Directors Action Log
 - 1.5.3 Board Attendance
 - 1.5.4 Board Work Plan
 - 1.5.5 Events Calendar
 - 1.5.6 Committee Reports to the Board of Directors
 - Digital Health Strategy Committee (February 19, 2026)
 - Governance and Nominating Committee (February 12, 2026)
 - Medical Advisory Committee (February 11, 2026)
 - 1.5.6.5.1 New Credentialed Physicians January 2026
 - Resources Committee (February 23, 2026)
 - 1.5.7 Governance Policy Approvals
 - That, the CMH Board of Directors approves the following polices as presented and upon recommendation of the Governance and Nominating Committee at its meeting of February 12, 2026
- | | |
|--------|--|
| 2-A-36 | Board and Committee Meeting Attendance |
| 3-D-06 | Board Meeting Agenda Preparation |
| 2-A-30 | Responsibilities of a Director |
| 2-A-32 | Responsibilities of a Non-Director |
- 1.5.8 Strategic Priorities Q3 Update
 - 1.5.8.1 Quality Monitoring Scorecard
 - 1.5.9 CEO Certificate of Compliance January 31, 2026-February 27, 2026

1.6. **Confirmation of Agenda**

The meeting agenda was presented for approval. Board members were provided with the opportunity to raise questions or propose amendments to the agenda as circulated. The Chair noted that agenda item 4.3 would be item 1.7

The following motion was duly made, seconded, and **CARRIED** with no members opposed:

MOTION: That the agenda be approved as amended.

1.7. **Resources Committee**

1.7.1. **January 2026 Financial Statements and Year-End Forecast**

The Chair of the Resources Committee reported that January results were strong and that the hospital is projecting a favourable year-end position, with an increased surplus forecast compared to the October update. Positive performance was attributed primarily to revenue maximization through PCOP and QBP, with an anticipated additional PCOP funding pickup later in the fiscal year. Overtime was identified as a continued area of pressure on the expense side. No questions were raised by the Board.

The following motion was duly made, seconded, and **CARRIED** with no members opposed:

1.8. **Motion to Move In-Camera**

The following motion was duly made, seconded, and **CARRIED** with no members opposed:

MOTION: That the Board of Directors move to IN-CAMERA

2. **PRESENTATIONS**

2.1. **Quality Improvement Plan**

Management presented the proposed Quality Improvement Plan (QIP), noting that it was developed following extensive review and discussion at a special Quality Committee meeting on February 5, 2026, and further reviewed and approved at the committee's February meeting. It was reported that the

committee reviewed all Ontario Health identified indicators, along with CMH's custom indicators, and reached consensus on the indicators recommended for inclusion, the indicators to be monitored on the quality scorecard, and the associated performance targets. Management also highlighted that a patient experience measure has been reintroduced into the QIP, supported by sufficient baseline data from the Qualtrics survey platform, marking the first time in several years that a patient experience indicator has been included.

Board discussion reflected support for the thorough review process and included clarification on the rationale for indicator selection and target setting, including the continued inclusion of ambulance offload time as a QIP metric to ensure sustained performance rather than one time achievement. The distinction between pay for results indicators and monitoring indicators was reviewed, and it was confirmed that pay for results funding remains separate from base funding. Questions were also raised regarding specific metrics, including emergency department flow measures, with management noting their role as proxies for system wide patient flow. The Board acknowledged the work of management and the Quality Committee and expressed confidence in the QIP as presented.

The following motions were duly made, seconded and **CARRIED** with no members opposed:

MOTION: That, the CMH Board of Directors approves the six 2026 Quality Improvement Plan (QIP) Metrics as presented below and upon recommendation of the Quality Committee at its meeting of February 18, 2026:

1. Reduce the 90th Percentile Ambulance Offload time from x min to 30 minutes
2. Reduce the 90th Percentile Physician Initial Assessment (PIA) time for CTAS 1's from x to 30 minutes
3. Reduce the 90th Percentile Physician Initial Assessment time for all CTAS levels combined from x hours to 4.5 hours
4. Reduce the daily average number of patients waiting in the ED for an inpatient bed at 8 AM from x to 9.15
5. Reduce the Medicine program conservable bed days from x to 27
6. Increase the % of respondents with the top box answer "completely" from x to 74.27%
- 7.

NOTE – 'x' for each metric will be updated to reflect current state at the time the QIP is loaded into the OH Navigator

MOTION: That, the CMH Board of Directors approves the 2026 Quality Improvement Plan (QIP) Narrative for the following sections and upon recommendation of the Quality Committee at its meeting of February 18, 2026:

- Overview
- Access and Flow
- Equity and Indigenous Health
- Patient/Client/Resident Experience
- Provider Experience
- Safety
- Palliative Care
- Population Health Management

Guests left the meeting.

3. BUSINESS ARISING

There were no open matters for discussion.

4. NEW BUSINESS

4.1. **Chair's Update**

4.1.1. **Board Chair's Report**

The Board Chair thanked Board members for their continued participation at CMH events. The Chair emphasized the value of “showing up” and the enjoyment of meeting staff and community members at various events. The recent council meeting was highlighted, which was described as a very positive and meaningful evening. The Chair noted that the shared dinner prior to the meeting was the most valuable part of the evening, allowing Board members and management to connect informally, have open conversations, and “be real people.” Strong attendance by both Board members and management was highlighted, and the Chair shared positive feedback from municipal councilors, who expressed appreciation for the discussion, dialogue, and insight gained into CMH.

4.2. **Quality Committee**

4.2.1. **Report to the Board of Directors**

The Chair of the Quality Committee provided an overview of the committee's recent work, highlighting discussions from the February meeting. The committee received a detailed presentation from the Medicine Program, which focused on patient flow, discharge planning, and interdisciplinary care. The discussion emphasized the complexity of the patient population served by the program and the importance of coordinated care, early discharge planning, and community supports. Committee members noted positive patient outcomes, strong family engagement, and examples of innovation, including the CMH at Home program, which has supported patients in transitioning safely out of hospital while reducing readmissions. The committee also noted improvements in staff engagement and joy at work through locally led initiatives.

In addition, the committee received an education session on embedding quality and best practices within the Hospital Information System (HIS), highlighting how quality improvement is being integrated into system design and workflows. This discussion reinforced the organization's culture of continuous improvement and staff driven innovation, supported by interprofessional collaboration and alignment with Accreditation Canada expectations. In addition, the committee reviewed the annual update to the Patient Declaration of Values and discussed efforts to strengthen feedback mechanisms to ensure the values remain meaningful and reflective of patient experience. Overall, the committee expressed confidence in the quality oversight processes and acknowledged the significant work undertaken by management and staff to advance quality, safety, and patient centred care across the organization.

4.3. **Patient & Family Advisory Council (PFAC) Update**

The Board received updates on PFAC activities from meetings held on March 3, 2026, highlighting several areas of focus related to patient experience, equity, and communication. PFAC received an update on the Hospital Information System (HIS), with discussion centered on new functionality that will allow patients, if they choose, to record their chosen name, pronouns, and gender identity, supporting more inclusive and patient centred care. The Council also reviewed the results of the most recent patient experience assessment survey, noting a strong increase in participation and improvement across all measured domains since the previous survey. Areas of strength included environment, equitable access, clinical outcomes, and Board engagement, while opportunities for improvement were identified in wait times, access to medical information and test results, and gathering and acting on feedback. PFAC further discussed next steps related to the Patient Declaration of Values, including the development of success measures and a dashboard to support ongoing evaluation. An update was also provided on the transition from Voice

interpretation services to a new provider, with implementation underway and full transition expected shortly. Overall, the update reflected PFAC's continued engagement in supporting patient centred care, equity, and meaningful use of patient feedback to inform organizational improvement.

4.4. **CEO Update**

No open matters for discussion.

5. **UPCOMING EVENTS**

The Chair reviewed the upcoming events

6. **DATE OF NEXT MEETING**

The next scheduled Board of Directors meeting will be held on May 6, 2026.

7. **TERMINATION**

MOTION: That, the meeting terminated at 1810hrs.
None opposed, **CARRIED.**

DRAFT

2025/26 Board of Directors Action Log

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
06-25-25	4.2.2 Care Cupboard	CMH Leadership to provide the Board with updates when items are needed	CMH Leadership	Complete – Directors can view the CMHF Wishlist and support should they choose to. https://cmhfoundation.ca/wishlist/

 **CMH** CAMBRIDGE MEMORIAL HOSPITAL **Board of Directors Attendance Report 2025/2026**

	89%	100%	100%	67%	100%	78%	78%	100%	89%	100%	100%	100%
Meeting Dates	Lynn Woeller	Bill Conway	Diane Wilkinson	Jay Tulsani	Jayne Herring	Julia Goyal	Margaret McKinnon	Miles Lauzon	Monika Hempel	Paulo Brasil	Sara Alvarado	Tom Barker
07-May-25	P	P	P	P	NA	P	P	P	P	P	P	NA
04-Jun-25	P	P	P	P	NA	R	P	P	R	P	P	NA
20-Jun-25	P	P	P	R	NA	P	P	P	P	P	P	NA
25-Jun-25	P	P	P	P	P	P	P	P	P	P	P	P
01-Oct-25	P	P	P	P	P	P	P	P	P	P	P	P
05-Nov-25	R	P	P	R	P	R	P	P	P	P	P	P
03-Dec-25	P	P	P	P	P	P	R	P	P	P	P	P
04-Feb-26	P	P	P	R	P	P	P	P	P	P	P	P
04-Mar-26	P	P	P	P	P	P	R	P	P	P	P	P

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
01-Oct-25	4a Corporate Culture					
	i	setting the tone for a culture throughout the Corporation that is consistent with the mission, vision and values and supports the Corporation's strategy	1-A-05		<ul style="list-style-type: none"> ➤ share, measure and improve culture by setting ABCDE goals a) Attend – attend Board/committee meetings b) Be engaged – be an active contributor to the committee and Board work c) Connect – attend staff huddles, events d) Donate – support the CMH Foundation e) Educate – undertake education, courses 	Complete
	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	<ul style="list-style-type: none"> ➤ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker 	Complete
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	<ul style="list-style-type: none"> ➤ review critical incident reports (as per the Excellent Care for all Act) 	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	<ul style="list-style-type: none"> ➤ receive and review the Quality Monitoring Metrics ➤ receive and review the Strategic Priorities Tracker 	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	<ul style="list-style-type: none"> ➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements 	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	<ul style="list-style-type: none"> ➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process 	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	<ul style="list-style-type: none"> ➤ receive the MAC Report to the Board of Directors 	Complete
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			<ul style="list-style-type: none"> ➤ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed 	Complete
	4i Board Effectiveness					
iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	<ul style="list-style-type: none"> ➤ review & approve Board policies as recommended by Governance Committee 	Complete	
4k Fundraising						
	The Board supports fundraising initiatives of the Foundation	2-A-30		<ul style="list-style-type: none"> ➤ review upcoming events ➤ reported through Directors ABCDE Goals ➤ receive CMH Board Giving Activity 	Complete	

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
November 5, 2025 (Generative Session)	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	Complete
	4a Corporate Culture					
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation	2-B-25 2-B-26	Executive	➤ receive & review the mid-year CEO and COS report and provide input	Complete
	4b Strategic Planning					
ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	➤ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	Complete	
4c Corporate Performance						
ii	monitor, mitigate and respond to the principal risks		Quality Audit / Quality / Resources	➤ review critical incident reports (as per the Excellent Care for all Act) ➤ receive mid-year IRM report	Complete Complete	
v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics ➤ receive and review the Strategic Priorities Tracker	Complete	
vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➤ receive & approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements ➤ receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual)	Complete	
4f Oversight of Medical/Professional Staff						
i	credential Medical/Professional Staff	1-C-13	MAC	➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process	Complete	
iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	Complete	

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
03-Dec-25	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			<ul style="list-style-type: none"> receive monthly reports/updates from: <ul style="list-style-type: none"> CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed 	Complete
	4i Board Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	<ul style="list-style-type: none"> review & approve Board policies as recommended by Governance Committee 	Complete
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		<ul style="list-style-type: none"> review upcoming events reported through Directors ABCDE Goals 	Complete
	4l Programs Required under the <i>Public Hospitals Act</i>					
	ii	ensure that policies are in place to encourage and facilitate <u>organ procurement and donation</u>		Quality	<ul style="list-style-type: none"> receive the annual Trillium Gift of Life Update 	Complete
iii	ensure that the Chief Executive Officer, Chief of Staff, nursing management, Medical/Professional Staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital		Quality	<ul style="list-style-type: none"> receive the annual Emergency Preparedness update 	Complete	
04-Feb-26	4n Director Recruitment, Orientation, and Evaluation					
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		<ul style="list-style-type: none"> approve the members of the Nominating Sub-Committee & Interview Team 	Complete
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	<ul style="list-style-type: none"> review critical incident reports (as per the Excellent Care for all Act) 	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	<ul style="list-style-type: none"> receive and review the Quality Monitoring Metrics 	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	<ul style="list-style-type: none"> receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements 	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	<ul style="list-style-type: none"> make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process 	Complete
iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	<ul style="list-style-type: none"> receive the MAC Report to the Board of Directors 	Complete	
4i Board Effectiveness						

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Complete
	4b Strategic Planning					
	iv	ensuring that key corporate priorities are formulated that help the Corporation accomplish its mission and actualize its vision in accordance with the strategic plan. The corporate priorities shall be reflective of the Board's primary accountability to the Ministry of Health ("MOH") and Ontario Health and any applicable accountability agreements with the MOH or Ontario Health		Quality Resources	<ul style="list-style-type: none"> ➤ review & approve Annual Quality Improvement Plan (QIP) ➤ review & approve Hospital Service Accountability Agreement (HSAA) ➤ review & approve Multi-Sector Service Accountability Agreement (MSAA) ➤ review & approve Community Accountability Planning Submission (CAPS) ➤ review & approve Hospital Accountability Planning Submission (HAPS) 	Due
	v	approving operating and capital plans	2-C-31	Resources	<ul style="list-style-type: none"> ➤ review & approve the annual Operating Plan ➤ review & approve the Annual Capital Plan 	Complete
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	<ul style="list-style-type: none"> ➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process 	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	Complete
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			➤ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Complete
	4h Financial Viability					
	i	establish key financial objectives that support the Corporation's financial needs		Resources / Quality	➤ review & approve Annual Operating & Capital Plans - service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies	Complete
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events reported through Directors ABCDE Goals	Complete

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
06-May-26	4.c Corporate Performance					
	i	identify principal risks to the Corporation in line with the Board's Integrated Risk Management policy	2-C-20	Audit Quality Resources	➤ review & approve the IRM process undertaken by management to identify and develop the in-year IRM risks and associated mitigation strategies	Due
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Due
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics ➤ receive and review the Strategic Priorities Tracker	Due
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Due
	4e Succession Planning					
	i	provide for Chief Executive Officer succession plan and process	2-B-10	Executive	➤ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Due
	ii	provide for Chief of Staff succession plan and process	2-B-12	Executive	➤ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Due
	iii	ensure that the Chief Executive Officer and Chief of Staff establish an appropriate succession plan for both executive management and Medical/Professional Staff leadership	2-B-10 2-B-12	Executive	➤ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Due
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process	Due
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	Due
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteer Association			➤ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Due
	4i Board Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Due
4k Fundraising						
	The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events ➤ reported through Directors ABCDE Goals	Due	

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
June 3, 2026 (Generative Session)	4a Corporate Culture					
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation	2-B-25 2-B-26	Executive	➤ receive & review the annual CEO and COS survey results & self-appraisal and provide input	
	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	➤ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources Audit	<ul style="list-style-type: none"> ➤ receive & approve Declaration of Compliance with MSAA Schedule F ➤ receive & approve Declaration of Compliance with BPSAA Schedule A ➤ receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual) ➤ receive the legislative compliance review ➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements 	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	<ul style="list-style-type: none"> ➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process 	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	
	4h Financial Viability					
	ii	ensure that the organization undertakes the necessary financial planning activities so that resources are allocated effectively and within the parameters of the financial performance indicators		Resources	<ul style="list-style-type: none"> ➤ receive updates on how the budget is being developed through the Resources Committee Report to the Board of Directors ➤ receive and approve the year-end financial statements 	
	4i Board Effectiveness					
	i	monitor Board members' adherence to corporate governance principles and guidelines		Governance	<ul style="list-style-type: none"> ➤ Declaration of conflict agreement signed by Directors ➤ Directors Consent to Act ➤ Governance Report to the Board of Directors 	
iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee		
4n Director Recruitment, Orientation, and Evaluation						
	The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		<ul style="list-style-type: none"> ➤ review recommendations for new Directors, non-Director committee members ➤ review the results of the annual evaluation surveys through the Governance Committee Report to the Board of Directors 		

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
24-Jun-26	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	➤ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➤ receive and review the Quality Monitoring Metrics ➤ receive and review the Strategic Priorities Tracker	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➤ receive the MAC Report to the Board of Directors	
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			➤ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	
	4i Board Effectiveness					
	iii	ensure ethical behaviour and compliance with laws and regulations, audit and accounting principles, accreditation requirements and the By-Laws		Audit	➤ review & receive the annual Audit Findings Report review & approve the year-end financial statements	
	4k Fundraising					
	The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events reported through Directors ABCDE Goals		
4l Programs Required under the Public Hospitals Act						
i	(i) ensure that an occupational health and safety program and a health surveillance program are established and regularly reviewed			➤ reported through annual attestations		

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed	
		4n Director Recruitment, Orientation, and Evaluation					
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		<ul style="list-style-type: none"> ➤ conduct the election of officers ➤ receive committee reports on work plan achievements ➤ review Board annual survey results 		
		4a Corporate Culture					
	iii	overseeing policies in respect of the Corporation's code of conduct	1-A-04		<ul style="list-style-type: none"> ➤ review the organizations code of conduct policy every three years (last reviewed May 9, 2024) 		
		4b Strategic Planning					
	i	ensuring that a strategic planning process is undertaken with Board, employees and Medical/Professional Staff involvement and approved by the Board from time to time			<ul style="list-style-type: none"> ➤ Strategic Plan: approve process, participate in development, approve plan - (last completed in 2022, will be done again in 2027) 		
	iii	contributing to the development of and approving the mission, vision, values, and strategic plan of the Corporation					
		4d Chief Executive Officer and Chief of Staff					
	i	select the Chief Executive Officer in accordance with the relevant Board policies	2-B-15	Executive	<ul style="list-style-type: none"> ➤ recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization 		
	ii	delegate responsibility for the management of the Corporation to the Chief Executive Officer and require accountability to the Board	2-B-05	Executive			
	iii	establish a Board policy for the performance evaluation and compensation of the Chief Executive Officer	2-B-20 2-B-25	Executive / Governance	<ul style="list-style-type: none"> ➤ review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-25 CEO Performance Review Policy (last reviewed May 25, 2022) 		
	iv	select the Chief of Staff in accordance with the relevant Board policies	2-B-16	Executive	<ul style="list-style-type: none"> ➤ recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization 		
	v	delegate responsibility for the management of the Corporation to the Chief of Staff and require accountability to the Board	2-B-06	Executive			
As Needed	vi	establish a Board policy for the performance evaluation and compensation of the Chief of Staff	2-B-20 2-B-26	Executive / Governance	<ul style="list-style-type: none"> ➤ review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-26 CEO Performance Review Policy (last reviewed May 25, 2022) 		

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
4j Effective Communication and Community Relationships						
	i	establish processes for community engagement to receive public input on material issues	1-A-05 2-D-09		<ul style="list-style-type: none"> ➤ Post meeting agenda packages and minutes publically on the CMH Website ➤ review & approve the Board policy 2-D-09 (last reviewed June 28, 2023) 	
	ii	promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission, and vision			<ul style="list-style-type: none"> ➤ Strategic Plan 	
4m Communications Policy						
		The Board shall establish a communications policy for the Corporation and oversee the maintenance of effective relations with stakeholders (e.g. MOH, Ontario Health, CND OHT, other health service providers, clients, patients, employees, volunteers, Medical/Professional Staff, CMH Foundation, CMH Volunteer Association, federal, provincial, regional and city politicians) through the Corporation's communications policy and programs	2-D-11	Governance	<ul style="list-style-type: none"> ➤ review & approve Board policy 2-D-11 every three years (last reviewed April 22, 2022) 	
General						
		On behalf of the Board, the Governance Committee shall review and assess the adequacy of the Board terms of reference at least every 3 years and submit proposed changes to the Board for consideration		Governance	<ul style="list-style-type: none"> ➤ review & approve the Board of Directors Terms of Reference (last reviewed June 28, 2023) 	

DELAYED

Date	ref #	Item	Rationale	New Due Date

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2026)
Board of Directors Regular Meetings													
5:00pm - 9:00pm		1		3		4	4		6	24			
Board Generative/Education Discussion Meetings													
Hospital Integration (Generative Discussion)			5										
Overtime & Sick Time: A Deeper Dive (Education)										3			
Fostering a Robust Emergency Preparedness Culture at CMH (Mini Education)						4							
Advancing Just Culture: A Shared Framework for Fair and Accountable Decision Making (Education)									6				
Board Committee Meetings													
Audit Committee 5:00pm - 7:00pm			17		19			27	25				
Digital Health Strategy Committee 5:00pm - 7:00pm	18		20			19		16	21	18			
Executive Committee 5:00pm - 7:00pm			18				17		19				
Governance & Nominating Committee 5:00pm - 7:30pm		9	13	11		12		20	14				
Quality Committee 7:00 am - 9:00am	17	15	19		21	18		15	20	17			
Quality Committee QIP Meeting 7:00 am - 9:00am						5							
Resources Committee 5:00pm - 7:00pm	22		24			23		27	25	22			
Medical Advisory Committee (MAC) 4:30pm - 7:00pm	10	8	12	10	14	11	11	8	13	10			
CMHVA Board Meetings 9:30am - 11:15am - In Person / Hybrid	3	1	5 20 AGM	3	7	4	4	1	6	3 18 AGM			
CMHF Board Meetings 4:30pm - 6:30 - In Person / Hybrid	30		25		27		24		26	23 AGM			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2026)
Patient Family Advisory Council (PFAC) 5:00pm - 7:00pm In Person / Hybrid	9	7	4	2	13	3	3		5	2			
OHT Joint Board Committee 5:30pm - 7:30pm - Virtual Zoom meeting	22	27	24	15									
2025-26 Events													
Staff Holiday Lunch 11:00am-2:00pm & 9:00pm-10:00pm				4									
Cambridge & North Dumfries Community Awards - Hamilton Family Theatre 5:00pm - 7:00pm		10											
Cambridge City Council Workshop - Meeting with City Council and CMH Board of Directors - February 9 5:00pm-7:00pm						9							
CMHF Diversity Dinner – CMH Celebration of Champions, Oriental Sports Club		22											
CMH Staff BBQ										11			
Career Achievement										11			
CMH Celebrate the Values						4							
CMH Golf Classic - Galt Country Club Details to Follow										1			
CMHF Reveal 2026 - Starlight Serenade - Tapestry Hall						27							
Board Social - 5:30-7:30 - Garden Events Centre								14					
Board Education Opportunities													
Governors Education Sessions													
Governance Essentials Program for New Directors (OHA)													
<i>Hospital Legal Accountability Framework</i>		16											
<i>Hospital Accountability Within the Health System</i>		23											
<i>Hospital Funding and Accountability</i>		28											
<i>Governance Management Partnership</i>			4										
<i>Current Issues and Emerging Themes</i>			11										

BRIEFING NOTE

Date: April 29, 2026
Issue: Audit Committee Report to Board of Directors May 6, 2026 – Open
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Jay Tulsani, Audit Committee Chair

Attachments/Related Documents: None

A meeting of the Audit Committee took place on Monday, April 27, 2026 at 1700h.

Present: Jay Tulsani (Chair), Tom Barker, Bonita Bonn, Bill Conway, Miles Lauzon, Margaret McKinnon, Brian Quigley, Taariq Shaikh, Chris Whiteley, Diane Wilkinson, Lynn Woeller

Regrets:

Staff: Steve Baker, Trevor Clark, Lisa Costa, Michelle D’Souza, Patrick Gaskin, Mari Iromoto, Dr. Winnie Lee, Wayne Li, Dr. Kunuk Rhee, Janet Short, Valerie Smith-Sellers, Jennifer Visocchi

Guests: Suk Bedi (KPMG), Esther Lin (KPMG), Rae Jerome (WRHN)

The Audit Committee completed its scheduled work for the April 27, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board awareness.

Committee Matters – For information only

- 1. Bill S-211 Forced Labour in Canada Supply Chain Submission:** the Audit Committee recommended that the Board approves CMH’s Fighting Against Forced Labour and Child Labour in Supply Chains Act (“Act”) questionnaire response and report, required to be filed with the Government of Canada and posted on the CMH website on or before May 31, 2026. (*Further information can be found in consent agenda item 1.5.10*)
- 2. 2025-26 Draft Year End Financial Statements:** Ref. April 2026 Resources Committee Board summary report.

BRIEFING NOTE

Date: April 17, 2026
Issue: Digital Health Strategy Committee Report to Board of Directors – April 16, 2026 – OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kristen Hoch – Administrative Assistant
Approved by: Mari Iromoto – VP, People & Strategy; & Sara Alvarado – Chair, Digital Health Strategy Committee

Attachments/Related Documents: None

A meeting of the Digital Health Strategy Committee took place on Thursday, April 16, 2026 at 1700h.

Present: Sara Alvarado (Chair), Joel Campbell, Masood Darr, Miles Lauzon, Paul Martinello, Richard Niedart, Gloria Ringwood, Suzanne Sarrazin, Jay Tulsani, Lynn Woeller (Ex-Officio)

Regrets: None

Staff: Jen Backler, Trevor Clark, Patrick Gaskin, Mari Iromoto, Dr. Winnie Lee (Ex-Officio), Kyle Leslie, Stephanie Pearsall

Guests: Lisa Costa, Diana Crawford, Maryam Kazar

The Digital Health Strategy Committee completed its scheduled work for the April 16, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board awareness.

Committee Matters – For information only

- 1. HIMSS Conference:** CMH Management presented key takeaways from the conference including the need for workflow simplification prior to AI adoption, leveraging data as a real-time operational asset, and prioritizing execution discipline. Strategic alignment with CMH’s Strategic Plan, Digital Health Plan, and Operational Excellence Plan were highlighted. CMH Management confirmed active work on workflow optimization, real-time data, and governance, while also noting that data migration and validation are in progress.
- 2. Innovation Showcase (March 25, 2026) Reflections:** Members reflected on the Health Tech Innovation Showcase, praising the mature and evolved process for evaluating innovations as well as the diversity of participating companies. The organizers were commended for their thoughtful planning, and attendees appreciated the awards given. Improved marketing was suggested to enhance future showcases.
- 3. Digital Health Plan – Highlights:** CMH Management presented key highlights of the plan. Priority themes include establishing a foundation; optimizing platforms; creating an integrated system; adopting innovative tools; and transforming data into insight. These

themes are aligned with the corporate plans for Digital Health, Operational Excellence, and Research & Innovation under the Reimagine Community Health pillar. Discussion was had around barriers to achieving goals: CMH Management emphasized that Project Quantum is critical for success. Additionally, Copilot was chosen over other AI tools due to its integration with Office 365 and closed-loop functionality, positioning it as an efficiency and wellness tool for leaders. *(Copy of the annual update in Package 2)*

BRIEFING NOTE

Date: March 25, 2026
Issue: Executive Committee Report to the Board of Directors, March 17, 2026– OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Lynn Woeller - Executive Committee Chair, Patrick Gaskin - President & CEO

Attachments/Related Documents: None

A meeting of the Executive Committee took place on Tuesday, March 17, 2026 at 1700h.

Present: L. Woeller (Chair), P. Brasil, B. Conway, J. Goyal, D. Wilkinson

Regrets: None

Staff: P. Gaskin, Dr. W. Lee

Guests: None

The Executive Committee has completed its scheduled work for the March 17, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board information and assurance.

Committee Matters – For information only

- 1. Executive Committee November 2025 Meeting Evaluation Results:** The committee reviewed the results of the post meeting evaluation from the November 2025 meeting. There were no comments or concerns arising from the survey.
- 2. Draft 2026/27 Board/Committee Meeting Dates:** The committee reviewed the draft Board and committee dates for the 2026/2027 Board cycle. Concerns were raised regarding the Governance & Nominating Committee (GNC) workload given its expanded responsibilities. CMH leadership will follow up with the Chair of GNC to confirm whether the number and length of GNC meetings are sufficient and will update the Executive Committee on the decision. The Board will review and approve the draft dates at the June 3, 2026, Board of Directors meeting.
- 3. Preparation for the CEO/COS Evaluation Review:** The committee approved the 360 performance feedback tool, with amendments, for evaluation of the CEO and COS performance for 2025-2026. This will be the last year this tool is used, with plans next year to migrate to a new tool that aligns with the organizational standard among leaders. The committee provided input and feedback for updates to the survey tool that will be implemented by management prior to the survey release. The committee also approved the participant list for the survey for both the CEO and COS. The committee acknowledged that while not all stakeholders can be included each year, the lists reasonably capture diverse perspectives.

- 4. Succession Plan for President & CEO and General Activities to Promote Leadership Development:** The committee reviewed and approved the succession plan for the CEO. The committee is comfortable with the plan in place.
- 5. Succession Plan for Critical Management Positions:** The succession plans for critical management positions were presented to the committee. Members acknowledged the importance of transparency and development planning. The committee is comfortable with the plans management has in place.
- 6. Succession Plan for Chief of Staff and General Activities to Promote Leadership Development:** The committee reviewed and approved the succession plan for the COS. The committee is comfortable with the plan in place.

BRIEFING NOTE

Date: April 21, 2026
Issue: Governance and Nominating Committee Report to the Board of Directors, April 20, 2026– OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Diane Wilkinson – Acting Committee Chair, Patrick Gaskin – President & CEO

Attachments/Related Documents: None

A meeting of the Governance and Nominating Committee took place on Monday, April 20, 2026 at 1700h.

Present: D. Wilkinson (Acting Chair), T. Barker, J. Herring, R. Ma, L. Woeller (ex-officio)
Regrets: J. Goyal, M. Protich
Staff: P. Gaskin, S. Pearsall
Guests: None

The Governance and Nominating Committee (GNC) has completed its scheduled work for the April 20, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board information and assurance.

Committee Matters – For information only

- 1. Relationship Management, Community Engagement & Advocacy CMH Relationship Management Tool:** CMH leadership provided an update on revisions to the Board Relationship Management Tool, noting that prior work had been advanced and reframed to simplify the presentation and improve readability without changing the underlying content. The revised format was intended to provide a holistic, one-page view of key relationships.

Committee members provided positive feedback, noting the tool was clear, concise, and easy to understand. Questions were raised regarding the distinction between “Opportunities for Growth” and “Future Directions,” and regarding the definition of the “influence level” field. Leadership acknowledged that both areas require further clarification through review of the original source material. The Committee expressed strong support for the progress to date and identified the need for additional definition to strengthen usability.

- 2. Review of Board / Committee Feedback Reports:** The committee reviewed feedback survey results from February and March 2026 Board and committee meetings as part of its continuous governance effectiveness review.

Discussion included clarification regarding expectations for committee chairs to complete evaluation surveys. Administration confirmed chairs' responses were included.

BOARD CLARIFICATION: GNC agreed that the expectation is that Board and committee chairs complete the meeting evaluation surveys following each meeting.

The committee discussed neutral responses noted in the February Digital Health Strategy Committee survey. Administration advised this may reflect user selection error and committed to confirming.

3. **2025-2026 Board and Committee Orientation Survey:** The committee reviewed the Board and committee orientation survey results and noted positive feedback across committees, including consistent improvement and appreciation for the efforts of staff, committee chairs, and Board leadership. Minor improvements were noted through the survey results and CMH leadership will review and update where applicable.
4. **Policy Review:** The Committee reviewed Policy 2-D-22 as part of the scheduled policy review cycle. Discussion focused on the employment verification section of the declaration form. The Committee noted that the current wording created unnecessary duplication and could imply that unemployment or retirement required explanation. The Committee supported revising the wording to confirm changes in employment status while maintaining the intent of the declaration.

The committee approved proceeding with the wording revision and recommended the policy to the Board for approval. *(Further information can be found in consent agenda item 1.5.7)*

5. **Ten Tips for Hospital Governance Compliance – Compliance Snapshot Audit:** The committee reviewed the OHA “Ten Tips for Hospital Governance Compliance” and the related internal audit assessing current CMH practices. The committee confirmed that the audit provided sufficient governance assurance and that CMH was largely compliant.

The committee reviewed each of the ten best practices and management's considerations and provided direction as follows:

- Supported development of a formal Board and Committee Minutes Policy incorporating OHA guidance and the Guide to Good Governance.
- Confirmed that consent agenda items should be included within a single meeting package, with clear identification of consent items.
- Agreed that Annual General Meeting agendas should be limited to statutory business.
- Supported addressing virtual meeting etiquette through orientation and limited policy language rather than a standalone policy.
- Confirmed that further review is required regarding records retention, draft minutes, written resolutions, and non-voting directors, with these items to return to a future meeting.
- Confirmed compliance with remaining governance areas and that no action was required.

The committee noted that none of the identified items represented urgent risk. CMH leadership committed to developing a phased timeline to address the identified actions, aligned with existing policy review cycles and priorities, for approval at the May 2026 GNC meeting and subsequently to the Board upon GNC's recommendation.

6. **Session 4: Unpacking What's New in the Guide to Good Governance:** The committee received Session 4 of the Guide to Good Governance materials as part of the ongoing education series. Committee members provided positive feedback, noting the clarity, structure, and usefulness of the checklists, summaries, and key takeaways, and confirmed alignment with current CMH governance practices.

Discussion included consideration of transparency and the distinction between open and closed session materials. Members noted the importance of maximizing open session content while recognizing that certain matters must remain in camera, including collective agreements, human resources matters, contracts, and other sensitive issues. It was acknowledged that guidance regarding open and closed session content is already addressed within existing policy.

It was confirmed that all five governance education slide decks will be shared with the full Board and posted as a reference resource.

BRIEFING NOTE

Date: March 3, 2026
Issue: MAC Report to the Board of Directors – March 3, 2026 OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Dr. Winnie Lee, Chief of Staff

Attachments/Related Documents: None

A meeting of the Medical Advisory Committee took place on Tuesday, March 3, 2026 at 1700h.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. I. Isupov, Dr. A. Nguyen, Dr. A. Sharma, Dr. M. Hindle, Dr. L. Green, Dr. V. Miropolsky, C. Witteveen, Dr. Y. Wang, Dr. T. Holling, Dr. J. Bourgeois, Dr. M. Patel, Dr. B. Courteau

Regrets: Dr. E. Thompson, Dr. J. Gill, Dr. M. Rajguru, Dr. A. Mendlowitz, Dr. R. Shoop,

Staff: P. Gaskin, Dr. K. Rhee, J. Visocchi

Guests: B. Conway

The Medical Advisory Committee (MAC) meeting held on March 3, 2026, highlighted significant achievements and strategic transition for Cambridge Memorial Hospital (CMH). Key highlights include the record-breaking success of the CMH Reveal gala, which raised over \$1 million for laboratory equipment, and the successful expansion of clinical services across both the Surgical and Medicine departments.

- 1. Financial and Community Engagement:** The meeting opened with a celebration of the CMH Foundation Starlight Serenade Gala, described as the most successful CMH Reveal to date. The event raised just over \$1,000,000, specifically earmarked for laboratory equipment. Dr. Bourgeois, Chief of Pathology and Medical Director of the Laboratory were commended for a speech that translated the "quiet, critical work" of the laboratory team into a compelling story that resonated with donors and patients. Contributions/donations continued to arrive even after the event, signaling strong community support for hospital initiatives.
- 2. Clinical Policy and Operational Updates:** Medical & Therapeutics Committee update focused on pre-printed orders and safety protocols.

Insulin and Specialized Care Orders:

- **Insulin Orders:** Updated orders for parenteral and enteral nutrition, previously limited to the ICU, have been extended to medical and surgical units to support continuous feeds.
- **CRRT (Continuous Renal Replacement Therapy):** Adjustments include an option for labs every 12 hours for long-term patients and more frequent calcium labs every 6

hours. A mandatory prompt was added to ensure nurses draw post-filter ionized calcium, a critical lab for treatment correction.

- **TGLN (Trillium Gift of Life Network):** Minor wording changes were made to circulatory and neurologic criteria to align with on-site coordinator feedback and lab standards.
- **Acetylcysteine (NAC) Protocol Change:** Effective April 1, 2026, the protocol for acetaminophen toxicity will be simplified province-wide standardized dosing, moving to a 150 mg/kg loading dose followed by a 15 mg/kg/hour maintenance infusion. This single-dilution model applies to all patients (capped at 100 kg), reducing complexity, improving safety and reducing risk. The danger of "overriding" pump guardrails was also discussed. The committee is working on a secondary, distinct protocol for non-acetaminophen-related liver toxicity to ensure clinicians do not bypass safety parameters.

3. Surgical Department Update: Dr. Lawrence Green, Chief of Surgery, reported on a year of "milestone" achievements and structural growth within the surgical department. Highlights from the department update included:

(a) Clinical Achievements and "Firsts" - CMH has established itself as a leader in specialized procedures:

- **Regional First:** The first diagonal upper gracilis free flap for breast reconstruction surgery.
- **National First:** Canada's first TMJ stock joint procedure.
- **Acute Care Surgery (ACS) Model:** Transitioned from a pilot to a standard of care, providing a dedicated surgeon daily (8 AM–4 PM) to expedite emergency cases (e.g., gallbladders/appendectomies), often allowing patients to return home the same day.

(b) Recruitment and Strategic Growth

- **New Hires:** Recent additions include specialists in Urology and General Surgery (expanding surgical oncology and advanced laparoscopic).
- **Current Vacancies:** Postings remain active for a plastic surgeon (specifically for breast reconstruction and hand surgery) and an orthopedic surgeon (foot and ankle specialty).
- **Partnerships:** Exploring expanded spine surgery collaborations with WHRN and improving interventional radiology (IR) clinical pathways to facilitate access for CMH to these procedures.

(c) Digital Transformation and Efficiency

- **Dictation Tools:** The implementation of **Fluency Flex** has eliminated telephone dictations, providing near-instantaneous reports in Meditech. This supports improved medical quality through completion of patient records.
- **Future Systems:** The department is preparing for HIS and **Novari** (a new booking software) to improve data accuracy and OR scheduling.

(d) Medical Quality Initiatives

- **Introduction of Gastrograffin Challenge studies:** In collaboration with Diagnostic Imaging, developed and implemented a new diagnostic study that aligns with best practice to manage small bowel obstructions. Improve medical quality through

reduction in length and stay and support identification and management of surgical small bowel obstruction cases earlier.

- **Resource utilization reviews:** Reviews by each surgical division to align utilization with OR grid planning.
- **Choosing Wisely Canada initiatives:** Anesthesia/Pre-operative referrals aligned with Choosing Wisely guidelines; Waste Stream Improvement project (PPE recycling in the OR).

4. **Medicine Department Update:** Dr. Augustin Nguyen, Chief of Medicine and Medical Director of Medical Programs, detailed the medical quality initiatives in the hospital's largest department, comprising 12 divisions. In addition, as patient complexity increases, expanding internal medicine subspecialties is a strategic necessity to manage hospital flow while maintaining high clinical quality.

(a) High-Acuity Infrastructure & Flow:

- **ICU Expansion:** The ICU has expanded to 20 beds, including six new step-down beds. This expansion provides the necessary capacity to manage escalating patient acuity in-house, reducing the risks associated with external transfers.
- **Urgent Dialysis (Continuous Renal Replacement Therapy):** The continuous renal replacement therapy program has seen a 20% volume increase, marking the hospital's growth in treating multi-organ failure.
- **Flow Initiatives:** The General Internal Medicine Rapid Assessment Clinic (GIMRAC) and newly introduced Expedited ED Endoscopy Access clinical pathway provides improved access to care while supporting diversion pathways from the Emergency Department, preventing unnecessary admissions and optimizing bed utilization.
- **GI/Hepatology Innovations:** Work underway to launching ultrasound elastography for liver disease staging and the introduction of new Endoscopic Ultrasound (EUS) procedures, including fiducial placement for pancreatic cancer treatment—a service previously unavailable in the region.
- **Cardiology:** Reintroduced stress ECHOs with planning for the launch of Transesophageal Echocardiogram (TEE) services in collaboration with regional partners. ECHO services at CMH achieved accreditation through Accreditation Canada (AC).

(b) Community and Outpatient Access

- **Endocrinology:** Successfully recruited two endocrinology specialists to the community, reducing wait times and allowing for the development of a transgender health program.
- **GIMRAC Clinic:** Continues to provide a dedicated referral pathway from the Emergency Department to avoid unnecessary admissions. Expansion of the clinic to 5 days per week to support ED/Organizational flow.
- **Neurology:** Reopened the neurology clinic to outpatient referrals after reducing wait times to manageable levels.

(c) Medical Quality initiatives

- **Data-Driven Quality Initiatives:** To aggressively target conservable bed days, the department has launched two new dedicated working groups focused on CHF (Congestive Heart Failure) and COPD (Chronic Obstructive Pulmonary Disease). As high-volume, high-complexity diagnosis groups, improving the management of these patients is central to reducing overall length of stay in hospital.

- **Expansion of specialized services:** The reintroduction of Stress ECHOS and the expansion of endoscopic ultrasound (EUS) procedures, CRRT with a Division of Nephrology, Endocrinology services, all support improved quality of care of patients in hospital and in the community.
- **Choosing Wisely Canada (CWC) initiatives:** Current collaborative initiative with Infectious Disease and Hepatology to reduce paracentesis testing, avoiding unnecessary cultures which supports unnecessary costs and strain on laboratory services.
- **Reestablishment of Transesophageal ECHO (TEE) services:** Strategic necessity, serving as a critical tool for physician recruitment and service line retention.
- **Expansion of Pre-Op/Medical Consult Services:** In collaboration with Anesthesia and Surgery to expand pre-operative medical consult services, supporting medical quality aligned with the increased complexity of patients we serve.
- **GI Bleed Service** – Introduction of a 24/7 GI Bleed services for ED/in-hospital patients by the GI Division which aligns with best practice for management of these clinical conditions.
- **Trillium Gift of Life Network (TGLN):** TGLN Hospital achievement award for the third consecutive year, testament to CMH's commitment and leadership in achieving a high percentage of potential organ donors becoming actual donors.

The Department of Medicine is positioned towards a growth trajectory. Three primary strategic directives for the program include:

- **Core Inpatient enhancements:** Continued refinement of foundational services that define our acute care capabilities.
 - **Supplemental Service Expansion:** Scaling supportive specialty services within the hospital and the community to bridge existing gaps in the care continuum.
 - **Full Realization of New Programs:** Accelerating the maturity of recently introduced services to ensure they reach optimal operational and clinical impact.
-
5. **Strategic Planning for CMH and Organization Flow:** The long-term capital needs of the hospital were addressed in the meeting. Data has indicated a five-year trend of market share “leakage” of patients to neighboring institutions. CMH is embarking on full master planning (12-15 months) to identify the needs for the next 10+ years. By fast-tracking an “abbreviated version” of the Master Plan, the hospital is securing capital funding placeholders to address the 10-15 year expansion required to combat market share leakage to regional competitors.

CMH secured one-time funding from Ontario Health to implement initiatives to support ED flow, including a Rapid Assessment Zone (RAZ), ED physician simulation education and equipment, which must be utilized by March 31, 2026.

The March MAC meeting emphasized medical quality initiatives that highlighted strategic partnerships and a shift to modernized care delivery, which will be supported with the upcoming new Health Information System (HIS). There is a strong commitment to clinical excellence, interdisciplinary collaboration, and medical quality as the hospital prepares for the next fiscal year.

BRIEFING NOTE

Date: April 8, 2026
Issue: MAC Report to the Board of Directors – April 2026 *OPEN*
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Jenny Legassie, Deputy Chief of Staff
Approved by: Dr. Jenny Legassie, Deputy Chief of Staff

Attachments/Related Documents: None

A meeting of the Medical Advisory Committee took place on Wednesday April 8, 2026, at 1700h.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. A. Sharma, Dr. J. Bourgeois, Dr. B. Courteau, Dr. A. Nguyen, Dr. T. Holling, Dr. L. Green, Dr. J. Gill, Dr. A. Mendlowitz, Dr. I. Isupov, Dr. V. Miropolsky, Dr. Yu Ming Wang Dr. M. Hindle, Dr. M. Patel

Regrets: Dr. M. Rajguru, C. Witteveen, Dr. E. Thompson, Dr. R. Shoop

Staff: P. Gaskin, S. Pearsall, M. Iromoto, Dr. K. Rhee, J. Visocchi

Guests: B. Conway

This briefing note highlights the critical advancements in patient safety, interdepartmental quality initiatives, and community health initiatives from the Medical Advisory Committee (MAC) on April 8, 2026.

Committee Matters – For information only.

1. **Medication Management and Therapeutics:** Several safety-driven changes to hospital protocols and the formulary were discussed as part of the Medication & Therapeutics Committee update.
 - a) **Safety Guardrails and IV Pump Updates:** In response to recent medication incidents, the committee has implemented specific programming changes to IV pumps.
 - Midazolam: to prevent over-administration, indications for the Midazolam have been separated for indications: (a) Sedation and (b) Status Epilepticus
 - Octreotide: The default starting rate of 25 mcg/hr has been removed to prevent under-dosing. By removing the default rate entirely, the system now forces a manual entry, eliminating the risk of default-error complacency.
 - b) **Opioid Stewardship:** To further bolster our Opioid Stewardship and environmental safety, a new narcotic destruction system is being implemented across the hospital and operating rooms by early May 2026. Highlights of the system include:
 - **Denaturation for security** – The system chemically renders narcotics and controlled drugs inactive, providing a definitive defense against internal diversion

- **Environmental Responsibility:** This process ensures that controlled substances are disposed of in a manner that prevents ecological contamination
 - **Policy-Driven Compliance:** Standardized protocols now mandate point-of-care destruction, ensuring high-compliance across all clinical areas
- c) **Access Optimization – IV Iron:** The criteria for outpatient IV iron administration has been expanded to include patients with a ferritin level of less than 30 and/or a Transferrin Saturation (TSAT) of less than 20%. The change aims to ensure that patients are no longer being excluded who would benefit from treatment. However, this inclusivity creates an immediate increased demand with limitations to deliver this expanded service, particularly within medical daycare and obstetrical clinics. To address this, several strategies are being explored:
- **Clinical Alternatives:** Other alternatives are being assessed, including Monopheric in the obstetrical population to streamline administration
 - **Preventative Management:** Integration of iron management into the perioperative program, specifically to optimize patients before surgery, thereby reducing the subsequent need for blood transfusions.
 - **Environmental Assessment:** An evaluation of other delivery models at other organizations is underway. This review is vital to balance financial stewardship, ensuring we can balance our expanded clinical criteria with our current physical footprint and resource constraints.
2. **Family Medicine Departmental Update:** Dr. Tamara Holling, Chief of the Department of Community and Family Medicine, presented a comprehensive update of the Department of Community and Family Medicine, which now consists of 53 physicians and several upcoming newly recruited family physicians. Highlights from the presentation include the following:
- a) **Clinical Services and Health Equity:** The Department is launching several initiatives aimed at unattached patients and marginalized populations.
- **Healthy Newborn Care Program:** In collaboration with the Department of Pediatrics, Family physicians are assisting with healthy newborns to free up pediatricians for more complex cases
 - **Stabilization Clinic:** A new initiative with the CND-OHT, Hospitalist program and Healthcare Connect, designed for unattached patients who have not had primary care for extended periods. The clinic provides screening, immunizations, and chronic disease management before connecting patients with a long-term primary care provider.
 - **Prenatal Care:** In collaboration with the Department of Obstetrics/Gynecology, offering an early prenatal care clinic for unattached patients to support obstetrical needs.
- b) **Collaborative Partnerships and Hospital Stability:** The integration of family physicians into hospital initiatives and serves is cited as a major success.
- **Surgical Assisting:** In collaboration with the Department of Surgery, Family physicians provide both daytime and after-hours surgical assistance, which has allowed the ORs to remain operational.
 - **SCOPE Program:** A collaborative project with the Cambridge North Dumfries- Ontario Health Team (CND-OHT) that utilizes a resource nurse to assist primary care providers navigate the system for difficult cases.
 - **Chronic Disease Pathways:** Partnerships with the CND-OHT are focusing on COPD and CHF pathways to manage patients in the community and reduce Emergency Room visits.

- c) **Workforce Retention and "Joy in Work":** CMH and Cambridge North Dumfries community are fortunate to have a highly engaged and active Department of Family Medicine. While providing primary care for the community, members of the Department are also highly engaged with local services and hospital-based programming. Dr. Holling emphasized that diversifying the clinical practice of family physicians—allowing them to work in the OR, hospitalist programs, and pediatrics—is a key retention strategy.

The goal of the Department of Family Medicine is to move forward with existing and new programs to create strong and sustainable services that will increase opportunities for Family Physicians seeking diverse clinical practices.

- 3. **Physician Leader Growth Development:** Department Chiefs and Deputy Chiefs were engaged in Value Based Conversations (VBCs) with the Chief of Staff in 2025, using the LEADS framework, allowing for the development of personal and departmental goals in 2025. VBCs will be starting again in April 2026.

BRIEFING NOTE

Date: March 3, 2026
Issue: New Credentialed Physicians – February 2026
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Dr. Winnie Lee, Chief of Staff

Attachments/Related Documents: None

A meeting of the Medical Advisory Committee took place on Tuesday, March 3, 2026 at 1700h.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. I. Isupov, Dr. A. Nguyen, Dr. A. Sharma, Dr. M. Hindle, Dr. L. Green, Dr. V. Miropolsky, C. Witteveen, Dr. Y. Wang, Dr. T. Holling, Dr. J. Bourgeois, Dr. M. Patel, Dr. B. Courteau

Regrets: Dr. E. Thompson, Dr. J. Gill, Dr. M. Rajguru, Dr. A. Mendlowitz, Dr. R. Shoop,

Staff: P. Gaskin, Dr. K. Rhee

Guests: B. Conway

Executive Summary

This past month, we are thrilled to announce the addition of new highly skilled medical professional staff to our hospital team. They bring a wealth of experience and expertise to our clinical services, further enhancing our commitment to providing exceptional patient care. The new medical professional staff joining CMH include:

1. Dr. Shawn Khan, Emergency Medicine (Associate)
2. Dr. Kelsi Cole, Emergency Medicine (Associate)

Please join us in welcoming our new medical professional as they embark on their journey with us, contributing to the health and wellness of our community. We look forward to having them join the CMH medical professional staff!

BRIEFING NOTE

Date: April 29, 2026
Issue: Resources Committee Report to Board of Directors May 6, 2026 – Open
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Paulo Brasil, Resources Committee Chair

Attachments/Related Documents: None

A meeting of the Resources Committee took place on Monday, April 27, 2026 at 1700h.

Present: Paulo Brasil (Chair), Amanda Forrest, Monika Hempel, Shannon Maier, Janet Richter, Diane Wilkinson, Lynn Woeller

Regrets: Sara Alvarado, Julia Goyal

Staff: Trevor Clark, Lisa Costa, Michelle D'Souza, Patrick Gaskin, Mari Iromoto, Dr. Winnie Lee, Stephanie Pearsall, Dr. Kunuk Rhee, Janet Short, Valerie Smith-Sellers

Guests:

The Resources Committee completed its scheduled work for the April 27, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board awareness.

Committee Matters – For information only

- 1. CMH Finance Team Transition Plan:** Management provided an update on the CMH Finance team transition, highlighting interim leadership, ongoing recruitment efforts, and succession planning to ensure continuity and capacity within the team. The Committee received the update with no comments or concerns.
- 2. 2025-26 Draft Year End Financial Statements (from the joint meeting with the Audit Committee):** The draft, unaudited financial statements as of March 31, 2026 were presented for the Resources Committee's approval and the Audit Committee's information. Cambridge Memorial Hospital (CMH) is in a \$9.6M year-to-date surplus position after building amortization and related capital grants. There was discussion concerning unrestricted working capital levels, and a request for greater clarity of the materiality of bad debt in the overall financial context. The Committees also requested greater clarity on whether insurer delays or individual payers are driving the receivables risk. *(Further information will be discussed during agenda item 4.3.1)*

BRIEFING NOTE

Date: April 20, 2026
Issue: Policy Review
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: Final Draft Policies for Approval

Recommendation/Motion

Board

That, the CMH Board of Directors approves the following policies as presented/with amendments and upon recommendation of the Governance and Nominating Committee at its meeting of April 20, 2026.

2-D-22 Board of Directors and Non-Director Committee Member Declaration

Governance and Nominating Committee

Following review and discussion of the information provided, the Governance and Nominating Committee recommends to the Board of Directors that the following policies be approved as with amendments: **CARRIED.**

2-D-22 Board of Directors and Non-Director Committee Member Declaration

Background

These policies were pre-circulated to the Governance & Nominating Committee (GNC) through a new policy review process designed to accommodate the considerable number of policies up for renewal this year. GNC members were provided with key factors to consider and supplementary rationale for each policy.

Attached to this briefing note is a clean version of the final draft of each policy. CMH leadership and the GNC have considered the feedback as well as audited the policies against the guidance of the most recent version of the OHA's Guide to Good Governance.

GNC Reviewed Policies

**These policies have undergone thorough review by the most relevant committee where applicable and the GNC. None of them involve significant process changes.*

Policy No.	Policy Name	Rationale
2-D-22	Board of Directors and Non-Director Committee Member Declaration	This policy was updated to incorporate the obligations under ONCA and aligns with the sample form included in the GtoGG. (Form 6.7), and updated to include feedback from the November 13, 2025. Further input was provided at the February 12, 2026 meeting to support declaration of current employment for Directors and non-Directors.

BOARD MANUAL

SUBJECT: Annual Declaration and Consent		NO.: 2-D-22
SECTION: Board Process		
APPROVED BY: Board of Directors		DATE: TBD

Purpose

To establish a process for ensuring that all Directors and non-Director committee members/expert advisors provide accurate and up-to-date information regarding their eligibility to serve on the Board and any potential conflicts of interest.

Policy

1. All Directors and non-Director committee members/expert advisors shall annually complete a Declaration of Consent in the form attached as Appendix A.
2. The Governance and Nominating Committee (GNC) will ensure that declarations are submitted and reviewed for completeness and compliance.
3. All Directors and non-Directors committee members/expert advisors shall report any changes in responses to the Declaration of Consent during the current Board year to both the Chair of the GNC and the CEO.
4. In cases where there are concerns about a Director or non-Director committee member/expert advisor's eligibility based on their declaration or reported changes, the GNC shall refer the concerns to the Board for further action.

DEVELOPED: March 30, 2011		REVISED/REVIEWED:
May 25, 2016	October 17, 2018	June 28, 2023
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
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Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

APPENDIX A ANNUAL DECLARATION AND CONSENT

To: Cambridge Memorial Hospital (“Corporation”) The
And To: Board of directors of the Corporation (“Board”)

Introduction

Annually we need to ensure that all new and returning Directors and non-Director committee members fulfill the requirements for the Board and/or Board Committees. If there are changes to any of your responses during the current Board year, please contact the Chair of the Governance and Committee and the CEO. Thank you.

Consent

I am an individual elected or appointed to the Board and hereby acknowledge and declare that I:

- consent to act as a director of the Corporation;
- am at least 18 years of age;
- have not been found under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property;
- have not been found to be incapable by any court in Canada or elsewhere;
- do not have the status of an undischarged bankrupt;
- am not a current employee of the Corporation;¹ and
- am not a current Medical/Professional Staff member;²
- am not the spouse, common law partner, child, parent, brother, sister, in-law, grandparent, or grandchild of a current employee or current Medical/Professional Staff member of the Corporation;³
- do not live in the same household as a current employee or current Medical/Professional Staff member of the Corporation;⁴
- have not been convicted of a criminal offence and not received a pardon; and
- am not an “ineligible individual” as defined in the *Income Tax Act* (Canada) or any regulations made under it.

¹ The Chief Executive Officer and Chief Nursing Executive are both exempted from this qualification.

² The Chief of Staff, President of the Medical/Professional Staff, and Vice-President of the Medical/Professional Staff are each exempted from this qualification.

³ The Board may make an exception.

⁴ The Board may make an exception.

I am an individual appointed to a Board committee and consent to serve the Corporation as a non- director Board committee member.

Meeting Participation Consent

I consent to the holding of Board and Board committee meetings by telephonic or electronic means that permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously during the meeting. I also consent to the participation by any director or Board committee member at a Board or Board committee meeting by such telephonic or electronic means.

Compliance with Policies

I confirm that I have read and understand all of the Board approved policies and codes of conduct of the Corporation applicable to me as such policies are amended or supplemented from time to time (the "**Policies**"), including but not limited to:

- [Code of Conduct](#)
- [Confidentiality Policy](#)
- [Conflict of Interest Policy](#)
- [Responsibilities of Director](#)
- [Responsibilities of Non-Director on Board Committee](#)

I agree to comply with the *Not-for-Profit Corporations Act, 2010* (the "**Act**") and the Corporation's articles, Corporate By-law, and Policies ("**Governance Documents**").

Conflicts

In accordance with the Act and the Corporation's Governance Documents, I make the following disclosure:

I have an interest, directly or indirectly, in the following entities, persons, or matters, which includes entities in which I am a director or officer:

Employment Verification *(Check 1)*

- I am not employed
- My employment has not changed since my previously submitted declaration
- My current employer is: *(provide name and address)*

This disclosure is a general notice of interest pursuant to the Act and the Corporation's Governance Documents, and accordingly, I should be regarded as interested in any of the above entities, persons, or matters.

I acknowledge that this disclosure is in addition to my obligations to comply with the Act and the Corporation's Governance Documents in respect of any specific conflict that may arise.

I declare the above information to be true and accurate as of the date hereof.

Notice

Notice for Board and/or Board committee meetings may be sent to me at the address set out below:

Address		
Email		
Telephone	Home:	Mobile:
Attention		

Dated this _____ day of _____, 20__.

Name (Please print):

Digital Signature (Optional):

BRIEFING NOTE

Date: April 15, 2026
Issue: Quality Monitoring Scorecard
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kyle Leslie, Director Analytics and Innovation and CIO
Approved by: Mari Iromoto, VP People and Strategy

Attachments/Related Documents: Appendix A – Quality Monitoring Scorecard

Alignment with 2025/26 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2025/26 CMH Priorities No <input type="checkbox"/>	2025/26 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input checked="" type="checkbox"/> Improve Patient Flow (AOT, PIA, ED Admits)	<input checked="" type="checkbox"/> Organizational Flow
<input checked="" type="checkbox"/> Reimagine Community Health	<input checked="" type="checkbox"/> Prepare for Digital Health Transformation	<input checked="" type="checkbox"/> Project Quantum
<input checked="" type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement Through Improved Staffing (Med, ICU, ED, Physicians)	<input checked="" type="checkbox"/> Optimization of Staff/Medical Staff Levels <input checked="" type="checkbox"/> Management/Medical Staff Partnership
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Earn the Maximum Eligible PCOP Funding	
<input checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Embrace Diversity, Build a Culture of Inclusion	

Executive Summary

The CMH Quality Monitoring Scorecard (Appendix A) provides an overview of our performance across key quality metrics. Overall, **11 indicators (37%) are not meeting target, 7 indicators (23%) are yellow status, and 12 indicators (40%) are exceeding target thresholds.** Current “red” indicators are primarily associated with **organizational patient flow and workforce availability/capacity pressures (sick time and overtime).** Despite these challenges, several indicators remain on target or near target, and our sustained focus on organizational flow aligns with our 2025/26 strategic priorities.

Background

The CMH Quality Monitoring Scorecard tracks key performance indicators aligned with our quality framework, many of which are publicly reported by the Canadian Institute for Health Information (CIHI). The scorecard monitors these metrics monthly to identify trends deviating from set thresholds. Internal forums regularly review the scorecard for action planning and awareness.

Analysis

Organizational patient flow remains a focal point within our Integrated Risk Management (IRM) strategy and our Quality Improvement Plan (QIP). These priorities are discussed routinely through weekly Senior Executive meetings and leadership huddles, and monthly at Director’s Council.

The following quality indicators are currently underperforming relative to target:

1. **Conservable Bed Days Rate:** Measures the proportion of conservable patient days compared to total acute patient days (lower is better, indicating length of stay closer to benchmark). **Target: 30.0%. YTD (Jan 2026): 46.77%**, trending away from target over the last three periods.
2. **Overtime Hours:** Tracks total overtime hours used per pay period. **Target: 1,723.06 hours or less. YTD (Feb 2026): 4,866.33 hours**, indicating sustained capacity pressure across several cost centres.
3. **Sick Hours: Sick Hours (average per pay period):** Tracks total sick hours per pay period. **Target: 2,359.11 hours or less. YTD (Feb 2026): 3,754.61 hours**, remaining above target.
4. **ALC Throughput:** Measures the ratio of ALC discharges to newly added/re-designated ALC cases (a throughput closer to 1.0 indicates more efficient ALC flow). **Target: 1.0. YTD (Feb 2026): 0.80.**
5. **30-day readmission rate CHF:** Measures urgent readmissions within 30 days of discharge for congestive heart failure (CHF). **Target: 14.0%. YTD (Dec 2025): 20.08%.**
6. **Ambulance Offload Time:** Measures total time from ambulance arrival at hospital to transfer of care. Our target is 30 mins or less, YTD Jan our ambulance offload time is 37 mins
7. **Daily admitted patients in ED waiting for bed:** Measures the number of admissions at 8 AM waiting for an inpatient bed in ED. Our target is on average 10 or less, YTD Jan we are averaging 12.9.
8. **ED Length of Stay for Admitted Patients (90% spent less, in hours):** Measures time from triage to inpatient bed arrival. **Target: 33.0 hours. YTD (Jan 2026): 54.2 hours.**
9. **ED Wait Time for Inpatient Bed (90% spent less, in hours):** Measures time from admission decision to bed arrival. **Target: 25.0 hours. YTD (Jan 2026): 45.8 hours.**
10. **ED Length of Stay for Non-Admitted Complex (CTAS 1-3) Patients (90% spent less, in hours):** Measures time from triage to disposition for complex non-admitted ED patients. **Target: 8.0 hours. YTD (Jan 2026): 10.1 hours.**
11. **ED Wait Time for Provider Initial Assessment (PIA) (90% spent less, in hours):** Measures time from triage to physician/nurse practitioner initial assessment. **Target: 4.0 hours. YTD (Jan 2026): 7.5 hours overall and 6.4 hours for CTAS 1-2.**

Consultation

Senior leadership committees, including Director's Council, Operations Committee, and the Clinical Operational Excellence Committee, continue to review these indicators and support action planning to address sustained performance gaps.

Next Steps

- The Quality Monitoring Scorecard will continue to be reviewed monthly.
- Red status indicators will be discussed at Director's Council, the Weekly Operations Huddle, and Senior Leadership Committee meetings.
- Action plans for flow-related indicators will continue to be advanced through our 2025/26 Strategic Priorities and department-specific goals.



Quality Monitoring Scorecard

Agenda Item 1.5.8

Status (Last 3 Periods)

Meeting Target ● 11 37%
 Within 10% of Target ▲ 7 23%
 Exceeding Target ◆ 12 40%

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Efficient	Conservable Days Rate	%	30.00	46.77	◆	Jan-26
	Overtime Hours - Average per pay period	hours	1,723.06	4,866.33	◆	Feb-26
	Sick Hours - Average per pay period	hours	2,359.11	3,754.61	◆	Feb-26
Integrated & Equitable	ALC Throughput	Ratio	1.00	0.80	◆	Feb-26
	Percent ALC Days (closed cases)	%	20.00	17.20	●	Jan-26
	Repeat emergency department visits for Mental Health Care	Patients	11.00	10.50	●	Jan-26
Patient & People Focused	Organization Wide Vacancy Rate	%	12.00	5.40	●	Feb-26
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	14.00	20.08	◆	Dec-25
	30 Day COPD Readmission Rate	%	15.50	16.24	▲	Dec-25
	30 Day In-Hospital Mortality Following Major Surgery	%	1.90	0.06	●	Jan-26
	30 Day Overall Readmission Rate	%	8.80	7.01	●	Jan-26
	Ambulance Offload Time (90% Spent Less, in Minutes)	minutes	30.00	37.00	◆	Jan-26
	Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	Average	10.00	12.88	◆	Jan-26
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	33.00	54.20	◆	Jan-26
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	8.00	10.10	◆	Jan-26
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	25.00	45.80	◆	Jan-26
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.00	7.50	◆	Jan-26
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours) CTAS 1,2	hours	4.00	6.40	◆	Jan-26
	Hip Fracture Surgery Within 48 Hours	%	83.10	91.40	●	Jan-26
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	100.00	92.31	▲	Jan-26
	In-Hospital Sepsis	per 1000 D/C	3.20	3.87	▲	Jan-26
	Long Waiters Waiting For All Surgical Procedures	%	20.00	5.69	●	Feb-26
	Low-Risk Caesarean Sections	%	17.30	18.08	▲	Jan-26
	Medication Reconciliation at Admit	%	95.00	95.00	▲	Feb-26
	Medication Reconciliation at Discharge	%	95.00	95.00	▲	Feb-26
	Obstetric Trauma (With Instrument)	%	14.40	3.26	▲	Jan-26
	Patient Safety Event - Falls with Harm	per 1000 PD	0.00	0.03	●	Feb-26
	Patient Safety Event - Medication Events with Harm	per 1000 PD	0.00	0.03	●	Feb-26
	Revenue - Achieve budgeted PCOP growth (IRM)	\$	7,463,029.20	11,828,193.58	●	Jan-26
	Revenue - Achieve Quality Based Procedure Funding (IRM)	\$	22,361,813.30	27,331,476.13	●	Jan-26



Description

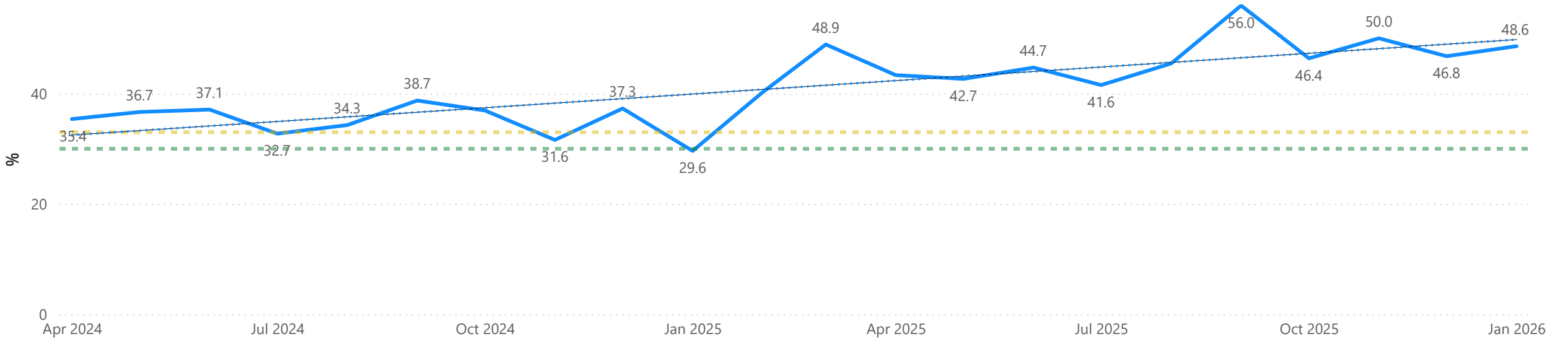
The total patient days over the benchmark LOS (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA/MEDB. The benchmark LOS is determined by case mix group, age, and resource intensity level of a discharge.

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
30.0	36.8	46.77	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	35.4	36.7	37.1	32.7	34.3	38.7	36.9	31.6	37.3	29.6	40.3	48.9
2025/2026	43.4	42.7	44.7	41.6	45.5	56.0	46.4	50.0	46.8	48.6		

Overtime, Average per pay period



Description

The total sum of overtime hours per pay period ending in a month, divided by the number of pay periods in a month

Data Source

Meditech Payroll

Target

1,723.1

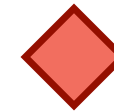
Previous YE

3,786.5

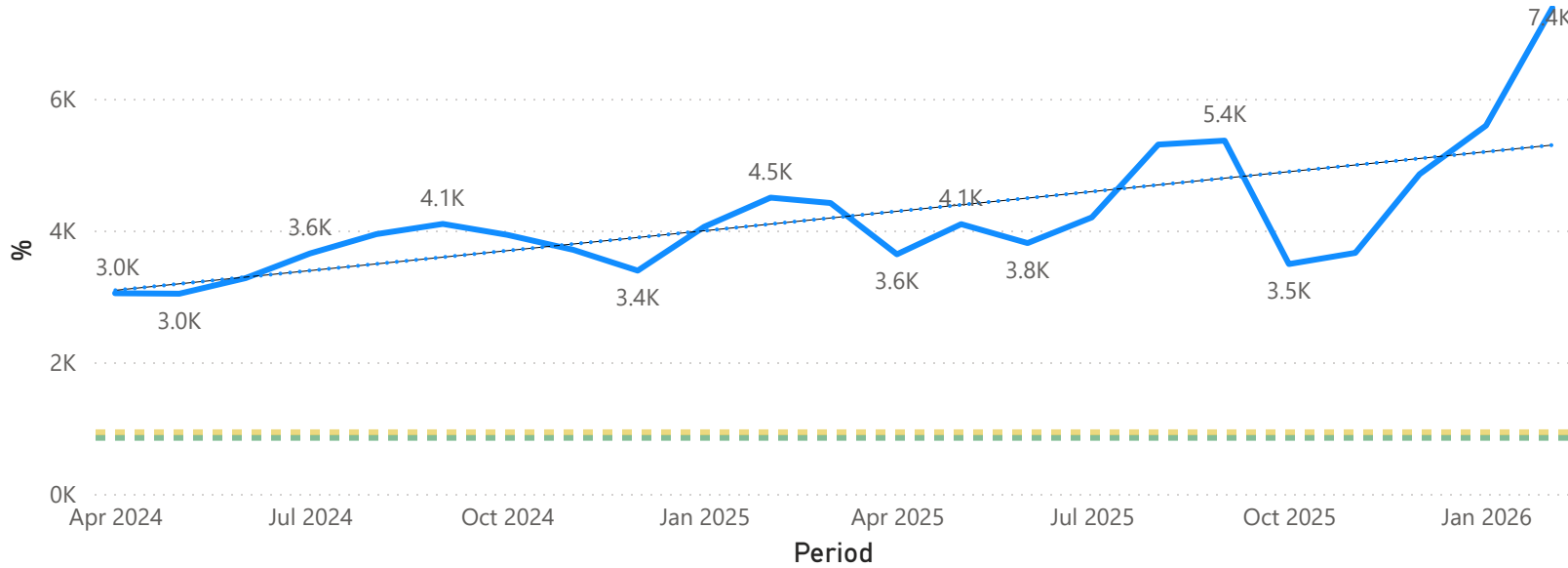
YTD

4,866.3

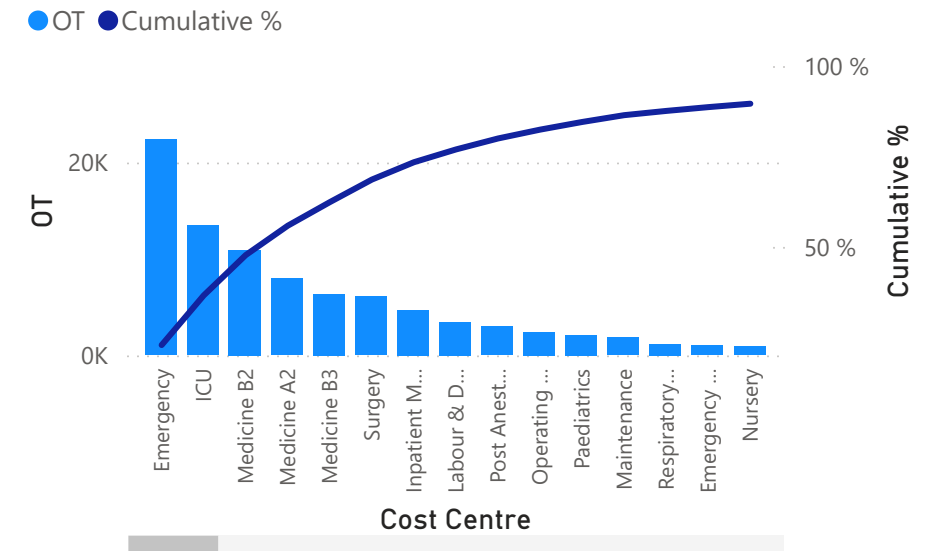
Status (Last 3 periods)



Average OT Hours per pay period, Trend



Total OT Hours, by Cost Centre



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	3,045.8	3,038.6	3,276.0	3,649.5	3,943.0	4,098.1	3,933.0	3,704.1	3,389.1	4,054.4	4,497.2	4,415.7
2025/2026	3,637.0	4,094.6	3,807.3	4,197.6	5,303.1	5,363.0	3,488.8	3,658.7	4,853.5	5,590.8	7,379.7	



Description

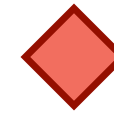
The total sum of sick hours per pay period ending in a month, divided by the number of pay periods in a month

Data Source

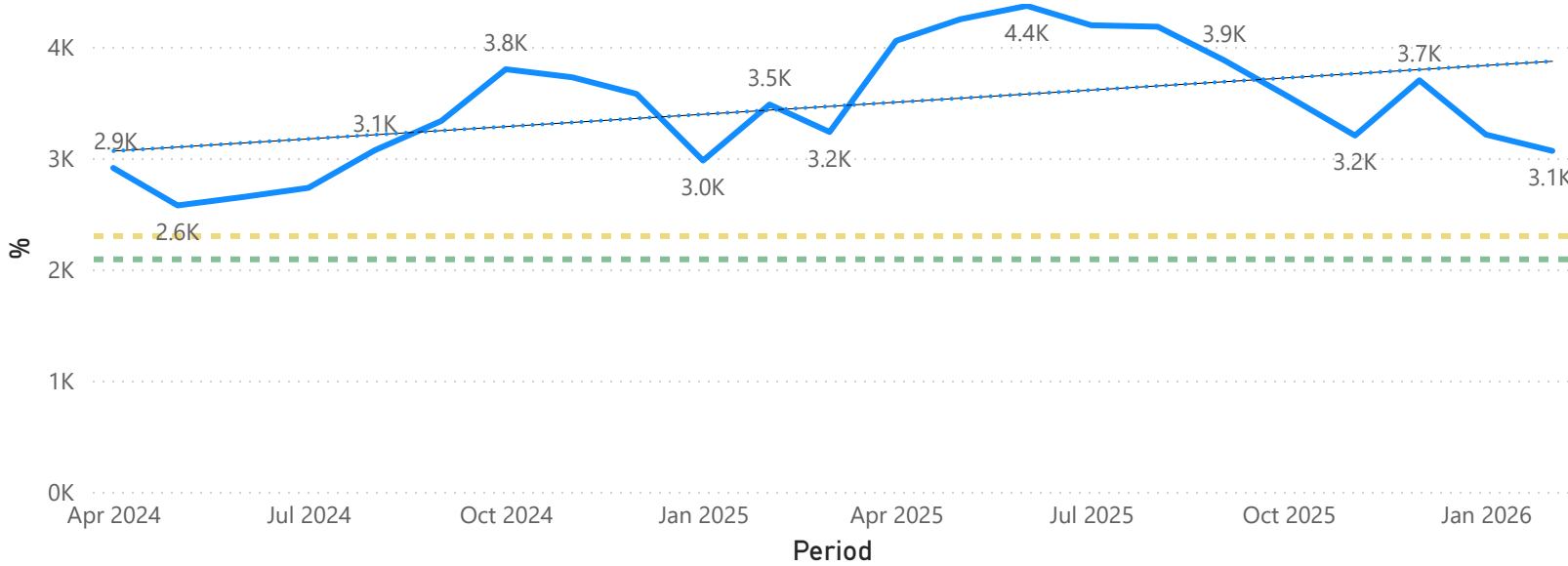
Meditech Payroll

Target	Previous YE	YTD
2,359.1	3,171.0	3,754.6

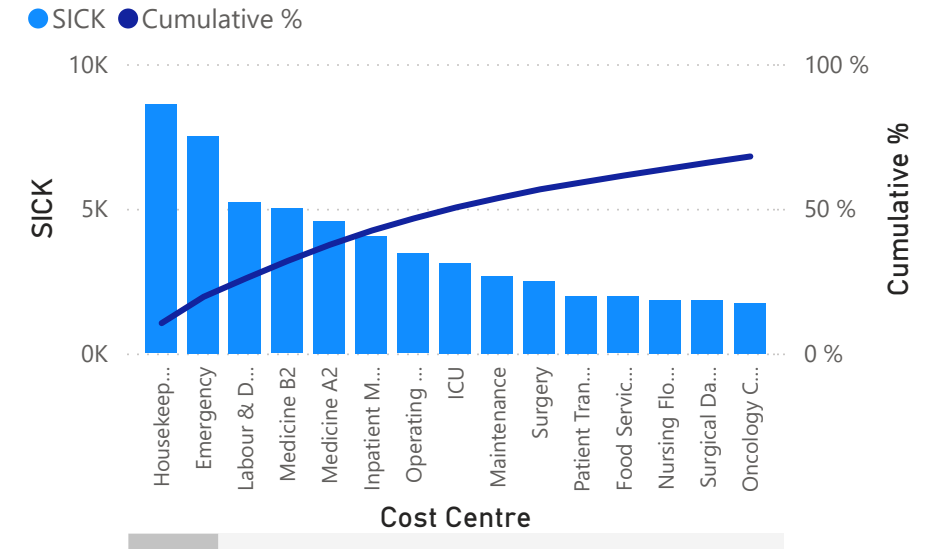
Status (Last 3 periods)



Average Sick Hours per pay period, Trend



Total Sick Hours, by Cost Centre



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2,911.2	2,574.4	2,651.6	2,732.5	3,070.8	3,334.1	3,798.6	3,726.4	3,576.9	2,977.7	3,481.6	3,234.7
2025/2026	4,054.1	4,248.5	4,368.5	4,194.0	4,181.0	3,879.0	3,551.1	3,202.8	3,699.5	3,211.4	3,064.8	



ALC Throughput

Description

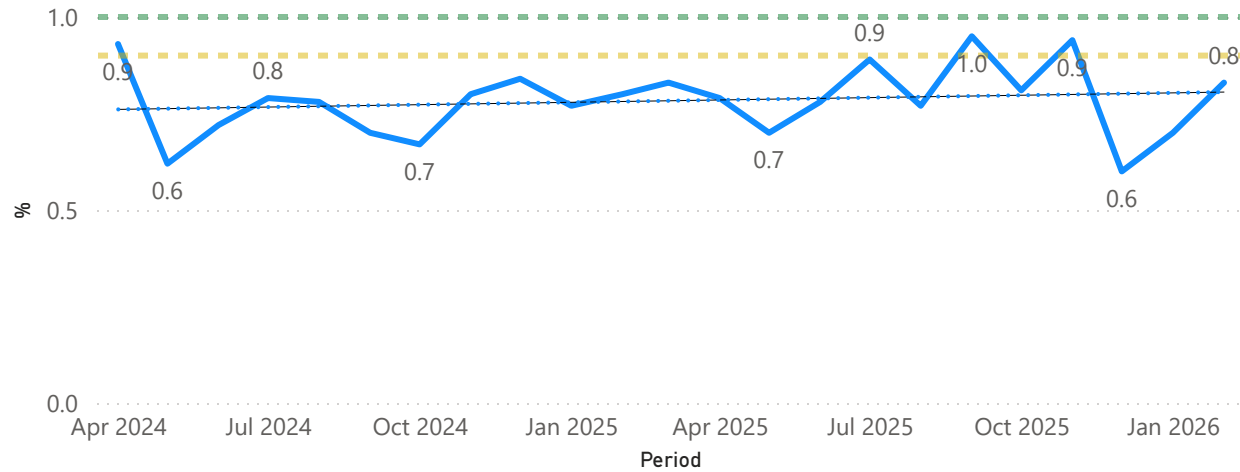
ALC Throughput is the ratio of the number of discharged ALC cases to the number of newly added and redesignated ALC cases

Data Source

WTIS

Target	Previous YE	YTD	Status (Last 3 periods)
1.0	0.8	0.8	

ALC Throughput Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.9	0.6	0.7	0.8	0.8	0.7	0.7	0.8	0.8	0.8	0.8	0.8
2025/2026	0.8	0.7	0.8	0.9	0.8	1.0	0.8	0.9	0.6	0.7	0.8	

ALC Rate

Description

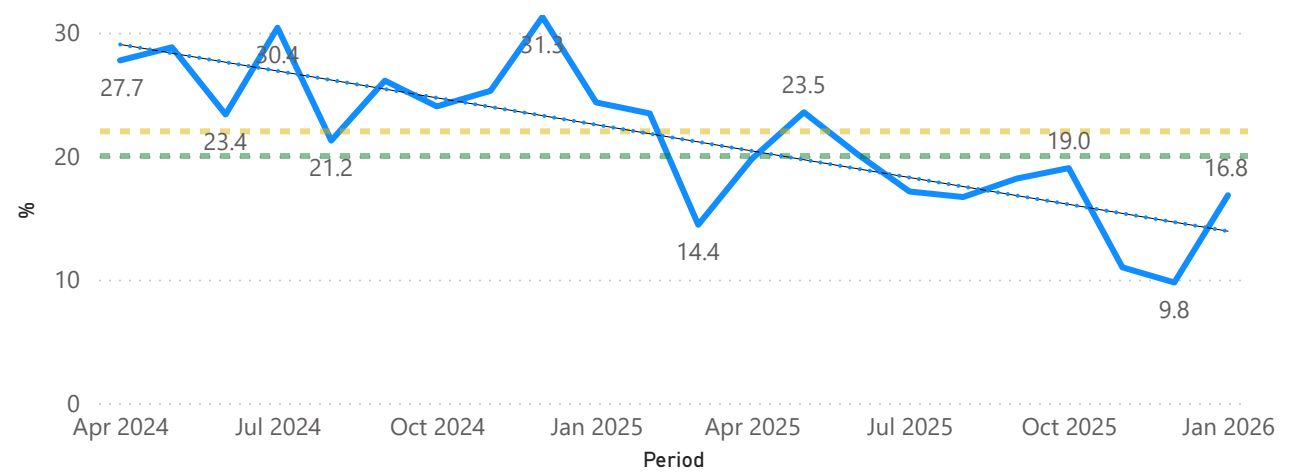
The proportion of total days that a patient was assigned to the alternate level of care (ALC) service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care services.

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
20.0	25.0	17.2	

ALC Rate Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	27.7	28.8	23.4	30.4	21.2	26.1	24.0	25.3	31.3	24.3	23.4	14.4
2025/2026	19.8	23.5	20.1	17.1	16.7	18.2	19.0	11.0	9.8	16.8		

Repeat ED Visits for Mental Health Care



Description

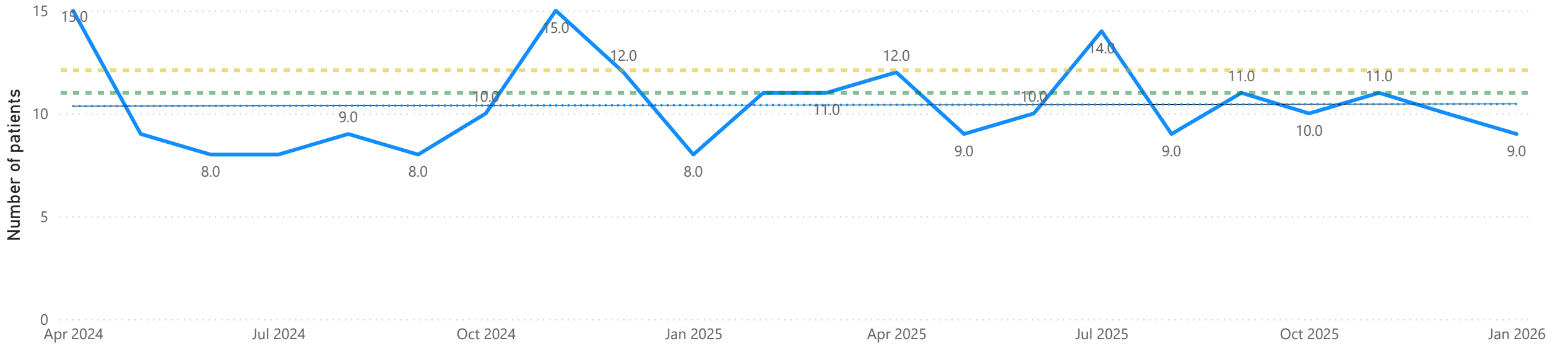
Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months for mental health or substance abuse condition

Data Source

National Ambulatory Care Reporting System (NACRS)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	15.0	9.0	8.0	8.0	9.0	8.0	10.0	15.0	12.0	8.0	11.0	11.0
2025/2026	12.0	9.0	10.0	14.0	9.0	11.0	10.0	11.0	10.0	9.0		

Organizational Vacancy Rate



Description

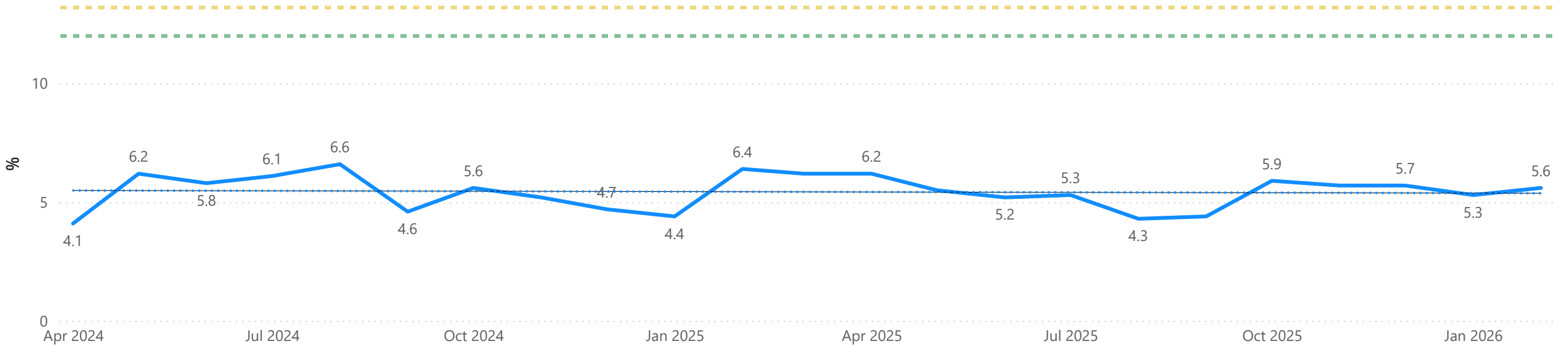
This indicator measures the organization wide vacancy rate for permanent full time and part time staff

Data Source

ICIMs Vacancy Report and Meditech Payroll

Target	Previous YE	YTD	Status (Last 3 periods)
12.0	5.5	5.4	●

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	4.1	6.2	5.8	6.1	6.6	4.6	5.6	5.2	4.7	4.4	6.4	6.2
2025/2026	6.2	5.5	5.2	5.3	4.3	4.4	5.9	5.7	5.7	5.3	5.6	



Readmissions within 30 Days: Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)



CHF Readmissions

Description
Rate of urgent readmission for any reason within 30 days of discharge for Congestive Heart Failure (CHF) at CMH

Data Source
Discharge Abstract Database (DAD)

COPD Readmissions

Description
Rate of urgent readmission for any reason within 30 days of discharge for Chronic Obstructive Pulmonary Disease (COPD) at CMH

Data Source
Discharge Abstract Database (DAD)

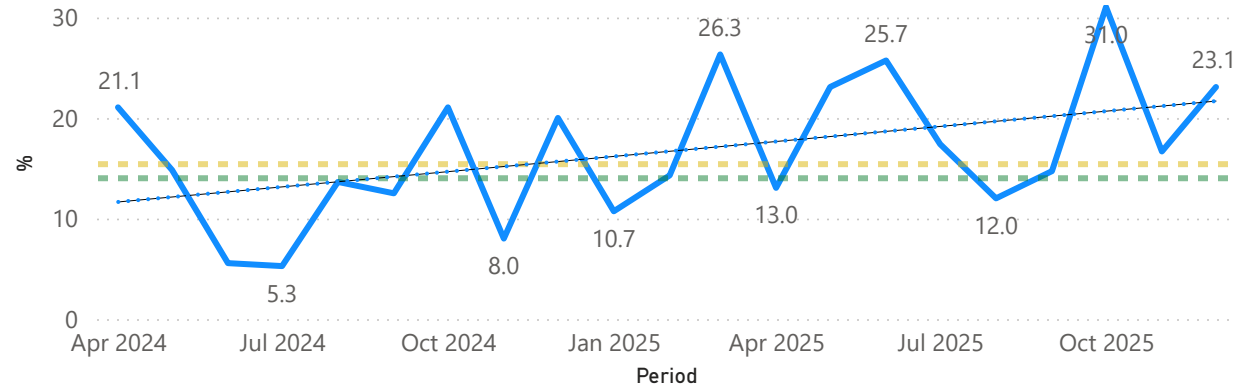
Target Previous YE YTD Status (Last 3 periods)

14.0 14.7 20.1

Target Previous YE YTD Status (Last 3 periods)

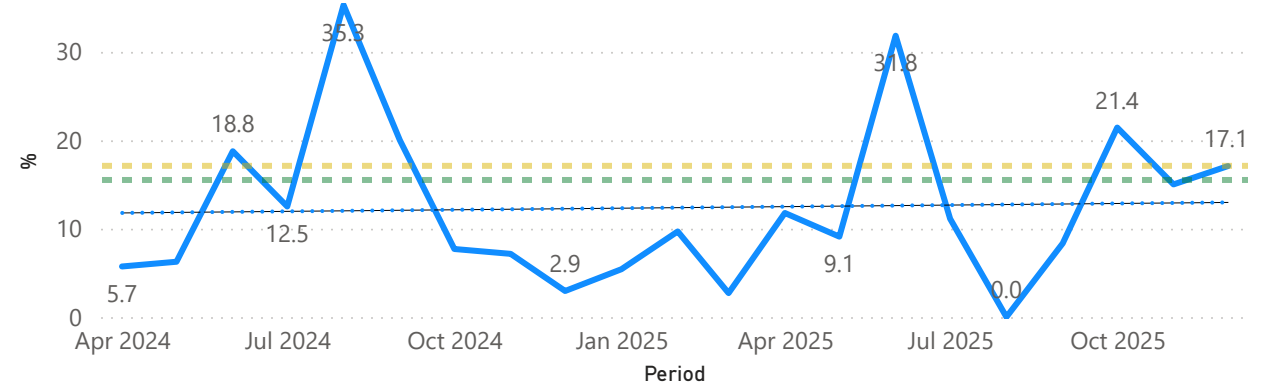
15.5 9.1 16.2

CHF Readmission Rate, Trend



Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	21.1	14.8	5.6	5.3	13.6	12.5	21.1	8.0	20.0	10.7	14.3	26.3
	Readmits	4	4	1	1	3	3	8	2	5	3	3	5
2025/2026	Rate	13.0	23.1	25.7	17.4	12.0	14.7	31.0	16.7	23.1			
	Readmits	3	6	9	4	3	5	9	3	6	4	0	

COPD Readmission Rate, Trend



Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	5.7	6.3	18.8	12.5	35.3	20.0	7.7	7.1	2.9	5.4	9.7	2.7
	Readmits	6	5	4	3	9	6	10	4	6	5	6	6
2025/2026	Rate	11.8	9.1	31.8	11.1	0.0	8.3	21.4	15.0	17.1			
	Readmits	7	8	16	6	3	6	15	6	13	10	0	

30 Day In-Hospital Mortality Following Major Surgery Rate



Description

Risk-adjusted rate of in-hospital deaths due to all causes occurring within 30 days of major surgery (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target

1.9

Previous YE

1.3

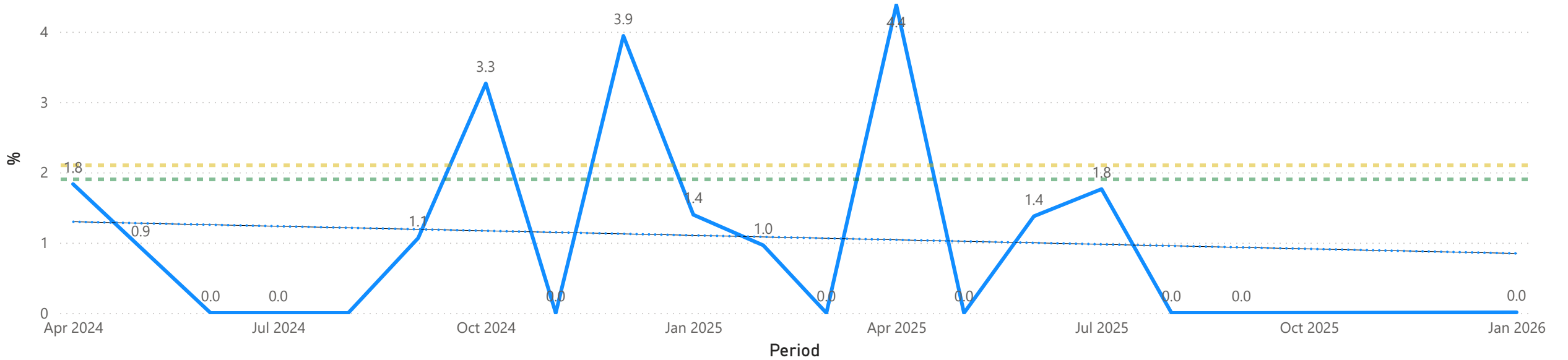
YTD

0.1

Status (Last 3 periods)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	1.8	0.9	0.0	0.0	0.0	1.1	3.3	0.0	3.9	1.4	1.0	0.0
2025/2026	4.4	0.0	1.4	1.8	0.0	0.0				0.0		

30 Day Overall Readmission Rate



Description

The rate of urgent readmissions within 30 days of discharge for episodes of care for the following patient groups: medical, obstetric, paediatric, and surgical. Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average

Data Source

Discharge Abstract Database (DAD)

Target

8.8

Previous YE

7.8

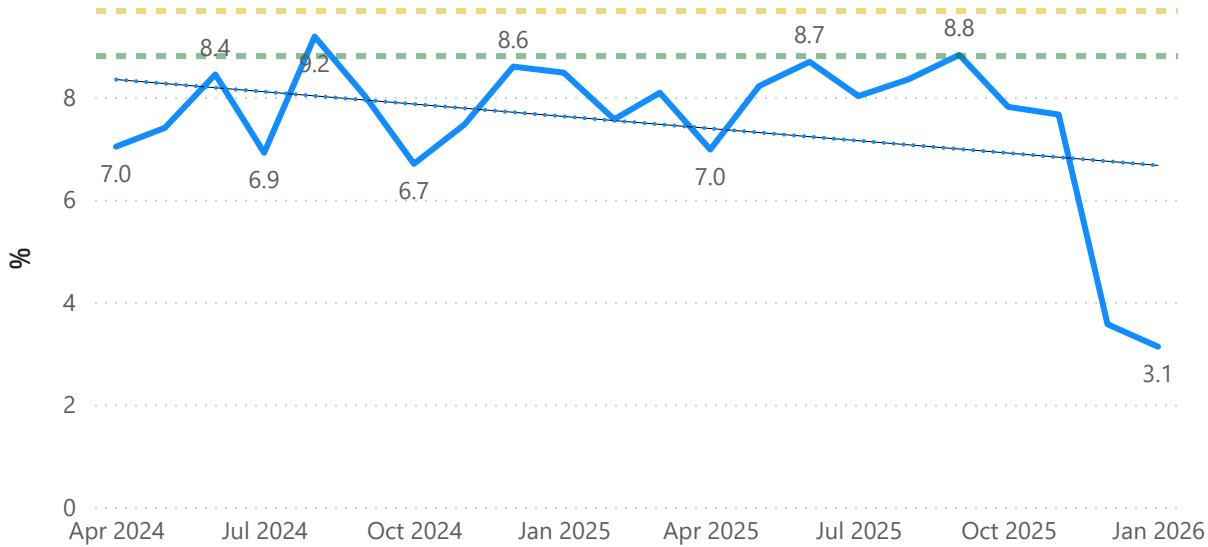
YTD

7.0

Status (Last 3 periods)







Trend

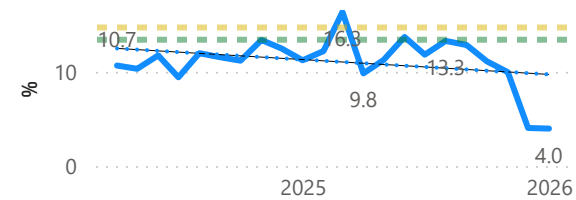


Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	7.0	7.4	8.4	6.9	9.2	8.0	6.7	7.5	8.6	8.5	7.6	8.1
2025/2026	7.0	8.2	8.7	8.0	8.3	8.8	7.8	7.7	3.6	3.1		

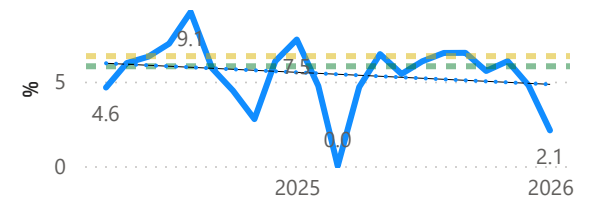
Readmissions, by Patient Group

IndicatorName	Target	YTD	Status (Last 3 periods)
30 Day Medical Readmission Rate	13.40	11.49	
30 Day Obstetric Readmission Rate	1.40	1.19	
30 Day Paediatric Readmission Rate	6.70	6.04	
30 Day Surgical Readmission Rate	5.90	5.91	

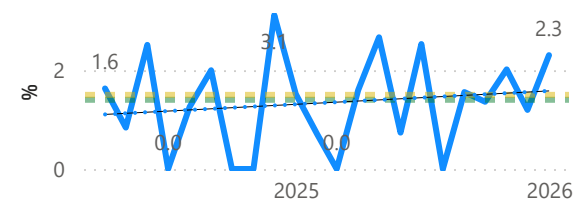
Medical Readmissions Trend



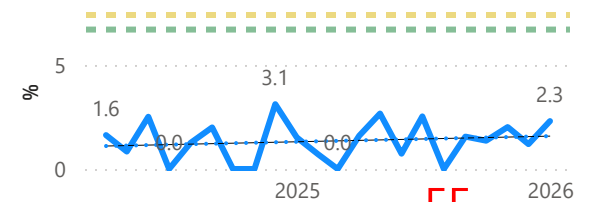
Surgical Readmissions Trend



Obstetric Readmissions Trend



Paediatric Readmissions Trend



Ambulance Offload Time, minutes, 90th percentile



Description

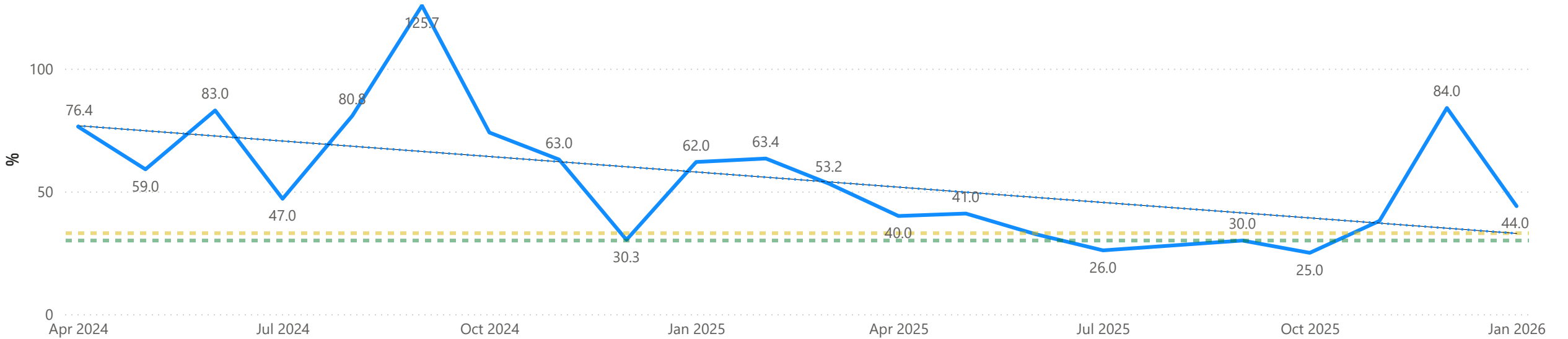
The total time, in minutes, in which 9 out of 10 patients who arrived via ambulance waited for transfer of care process to be completed, calculated as the total time elapsed from ambulance arrival to completion of transfer of care process.

Data Source

National Ambulatory Care Reporting System (NACRS)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	76.4	59.0	83.0	47.0	80.8	125.7	74.0	63.0	30.3	62.0	63.4	53.2
2025/2026	40.0	41.0	32.6	26.0	28.0	30.0	25.0	38.0	84.0	44.0		



ED LOS for Admitted Patients, hours, 90th percentile



Total ED LOS for Admitted Patients

Description

The total time, in hours, that 9 out of 10 admitted patients spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Time to Inpatient Bed

Description

The total time, in hours, that 9 out of 10 admitted patients spent waiting in the emergency department (ED) for a bed, calculated as the total time elapsed from disposition decision to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

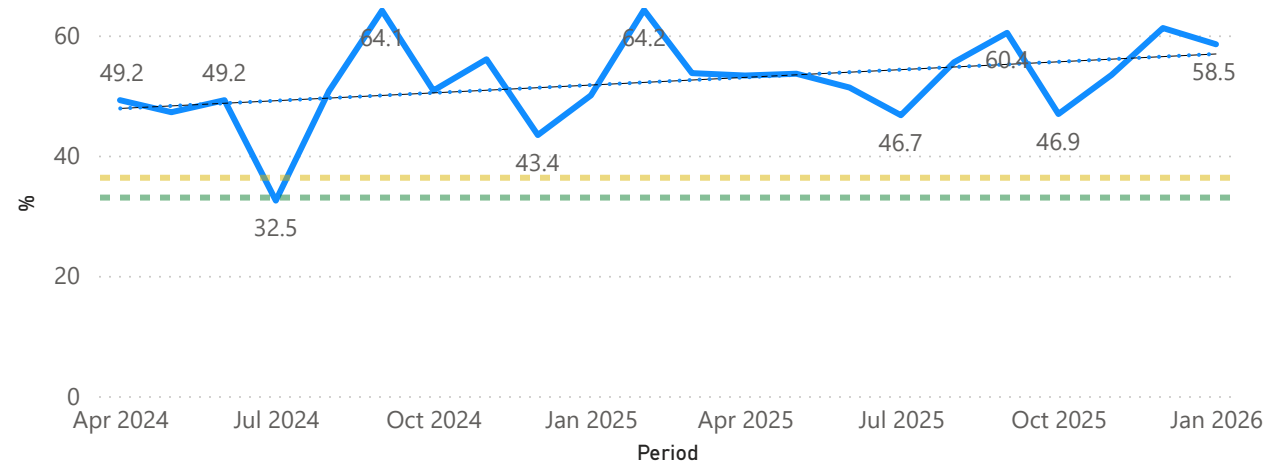
Target Previous YE YTD Status (Last 3 periods)

33.0 52.0 54.2

Target Previous YE YTD Status (Last 3 periods)

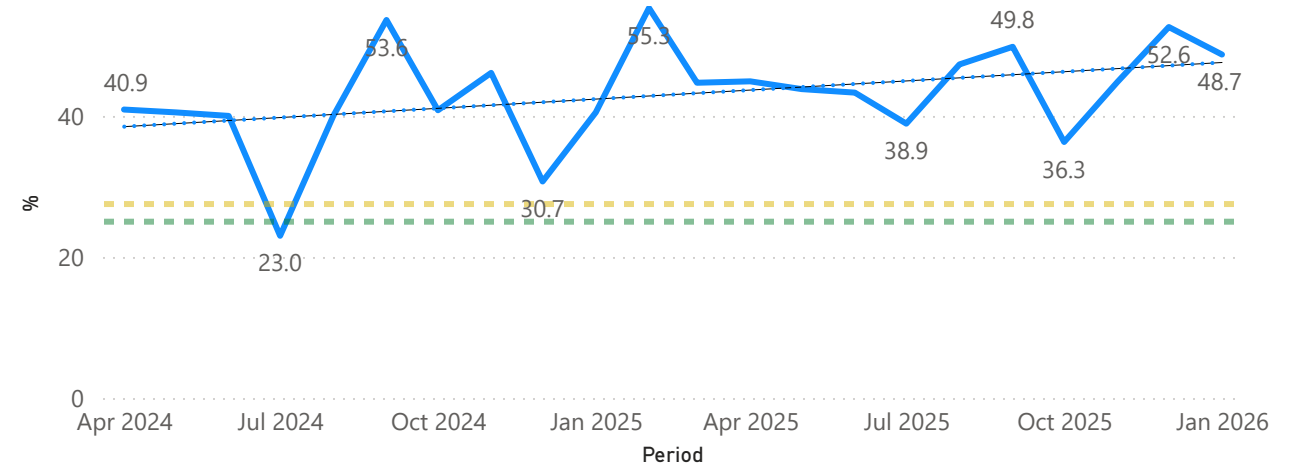
25.0 42.8 45.8

ED LOS for Admitted Patients, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	49.2	47.2	49.2	32.5	50.7	64.1	50.8	56.0	43.4	50.0	64.2	53.7
2025/2026	53.3	53.6	51.3	46.7	55.5	60.4	46.9	53.4	61.2	58.5		

Time to Inpatient Bed, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	40.9	40.5	40.0	23.0	40.0	53.6	40.8	46.1	30.7	40.5	55.3	44.7
2025/2026	44.9	43.8	43.3	38.9	47.3	49.8	36.3	44.8	52.6	48.7		

ED LOS for Non-Admitted, Complex Patients, hours, 90th percentile



Description

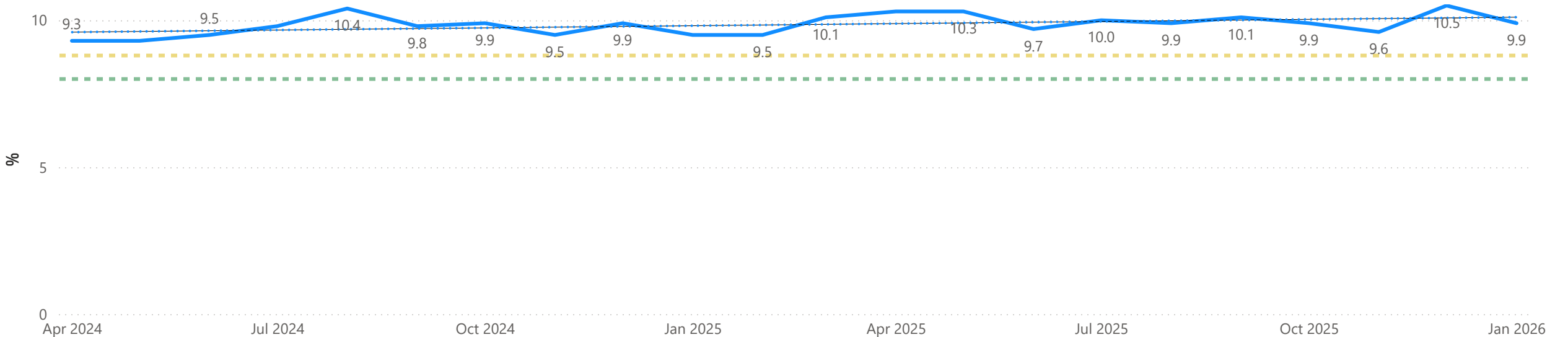
The total time, in hours, that 9 out of 10 high-urgency patients (CTAS 1-3) who were not admitted spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	9.3	9.3	9.5	9.8	10.4	9.8	9.9	9.5	9.9	9.5	9.5	10.1
2025/2026	10.3	10.3	9.7	10.0	9.9	10.1	9.9	9.6	10.5	9.9		

Provider Initial Assessment Time, hours, 90th percentile



Description

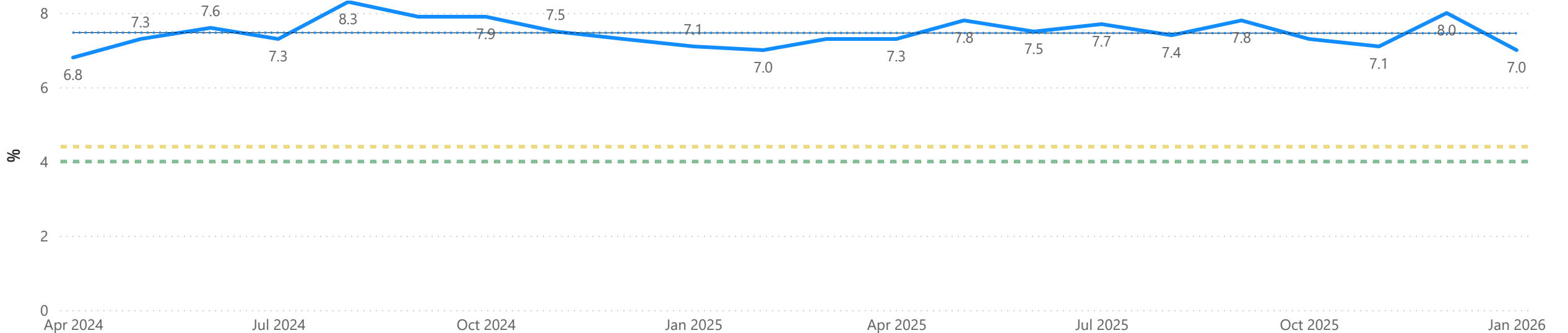
The total time, in hours, that 9 out of 10 patients spent waiting for their first assessment by a doctor or nurse practitioner in the emergency department (ED), calculated as the total time elapsed from triage to time of initial assessment

Data Source

National Ambulatory Care Reporting System (NACRS)



Trend



Fiscal Year	Period											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.8	7.3	7.6	7.3	8.3	7.9	7.9	7.5	7.3	7.1	7.0	7.3
2025/2026	7.3	7.8	7.5	7.7	7.4	7.8	7.3	7.1	8.0	7.0		



Urgent Provider Initial Assessment Time, hours, 90th percentile



Description

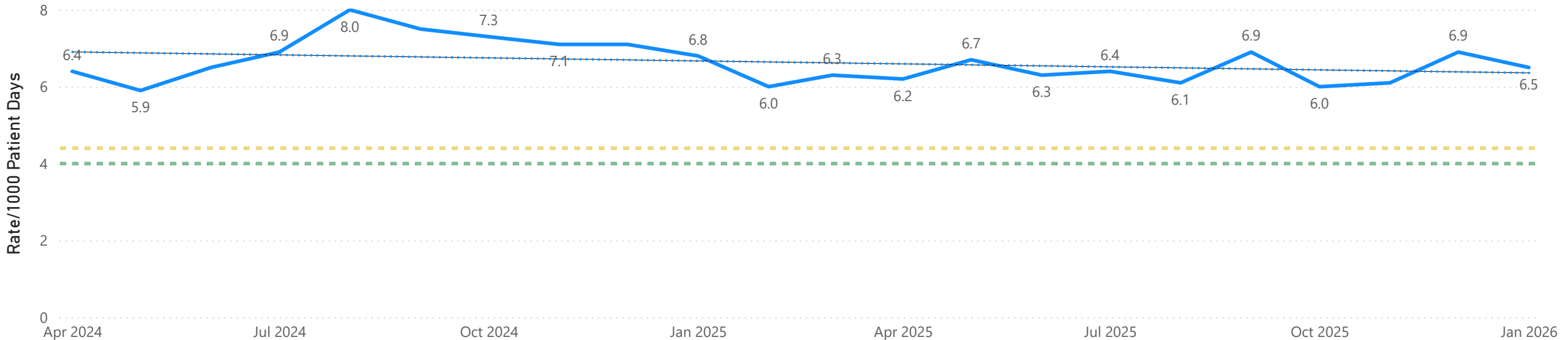
The total time, in hours, that 9 out of 10 patients spent waiting for their first assessment by a doctor or nurse practitioner in the emergency department (ED), calculated as the total time elapsed from triage to time of initial assessment

Data Source

National Ambulatory Care Reporting System (NACRS)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.4	5.9	6.5	6.9	8.0	7.5	7.3	7.1	7.1	6.8	6.0	6.3
2025/2026	6.2	6.7	6.3	6.4	6.1	6.9	6.0	6.1	6.9	6.5		

Hip Fracture Surgery within 48 Hours, %

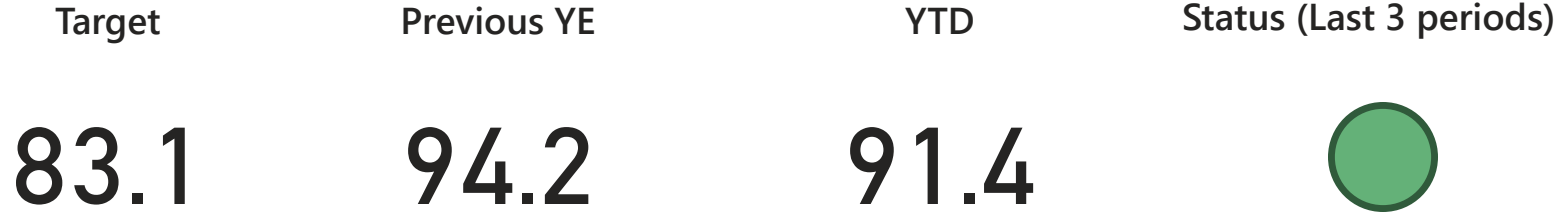


Description

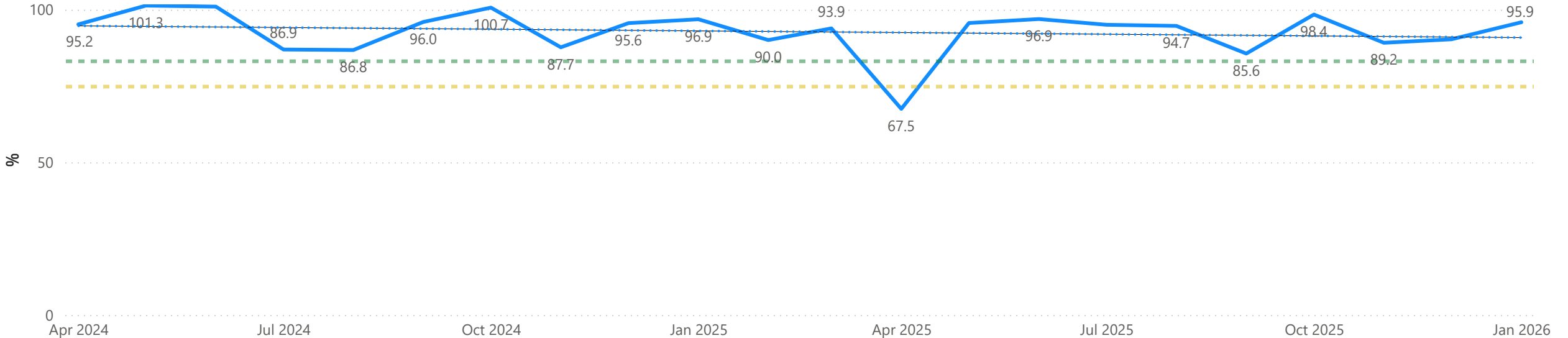
Risk-adjusted proportion of hip fractures that were surgically treated within 48 hours of initial admission (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	95.2	101.3	101.0	86.9	86.8	96.0	100.7	87.7	95.6	96.9	90.0	93.9
2025/2026	67.5	95.6	96.9	95.1	94.7	85.6	98.4	89.2	90.3	95.9		



Hospital Standardized Mortality Ratio (HSMR)



Description

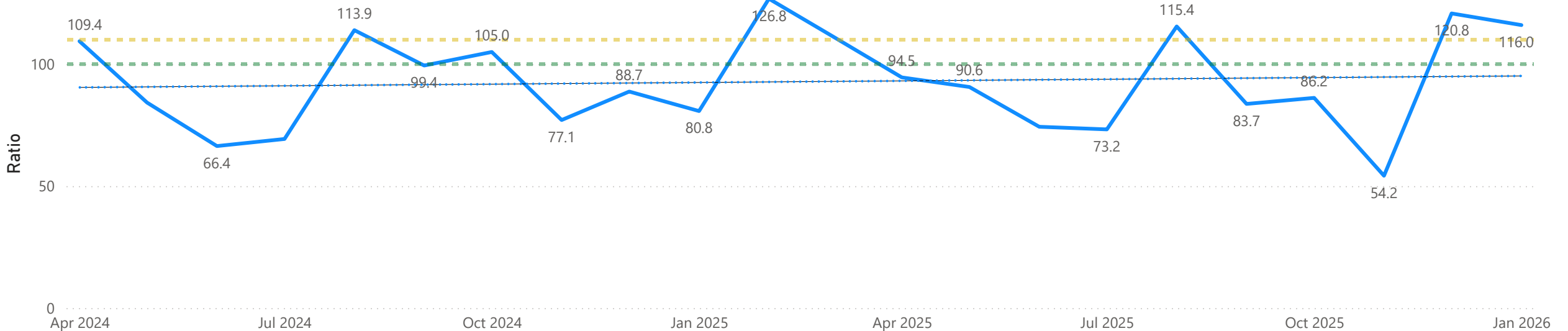
The ratio of the actual number of in-hospital deaths to the expected number of in-hospital deaths, for conditions accounting for about 80% of inpatient mortality

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
100.0	94.6	92.3	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	109.4	84.2	66.4	69.3	113.9	99.4	105.0	77.1	88.7	80.8	126.8	111.5
2025/2026	94.5	90.6	74.3	73.2	115.4	83.7	86.2	54.2	120.8	116.0		

In-Hospital Sepsis



Description

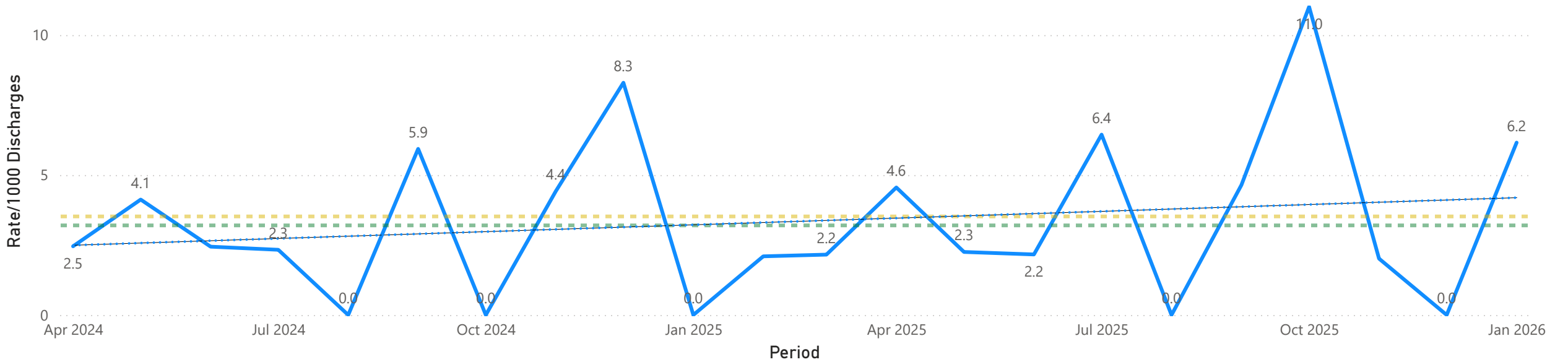
Risk-adjusted rate of sepsis that is identified after admission, per 1,000 discharges (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
3.2	2.9	3.9	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2.5	4.1	2.4	2.3	0.0	5.9	0.0	4.4	8.3	0.0	2.1	2.2
2025/2026	4.6	2.3	2.2	6.4	0.0	4.6	11.0	2.0	0.0	6.2		

Low-Risk Caesarean Section Rate



Description

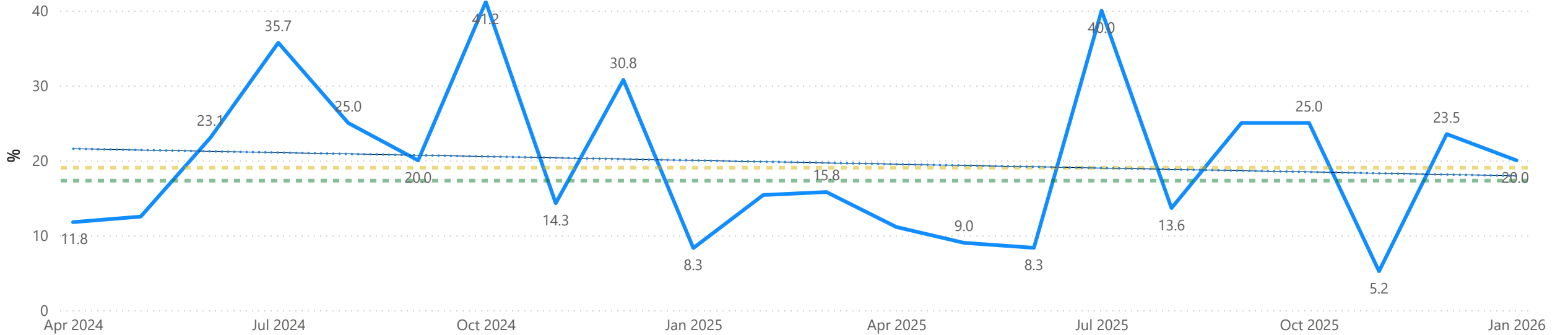
This indicator measures the rate of deliveries via Caesarean section among singleton term cephalic pregnancies for low-risk nulliparous women in spontaneous labour

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
17.3	21.1	18.1	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	11.8	12.5	23.1	35.7	25.0	20.0	41.2	14.3	30.8	8.3	15.4	15.8
2025/2026	11.1	9.0	8.3	40.0	13.6	25.0	25.0	5.2	23.5	20.0		

Obstetric Trauma (with Instrument)



Description

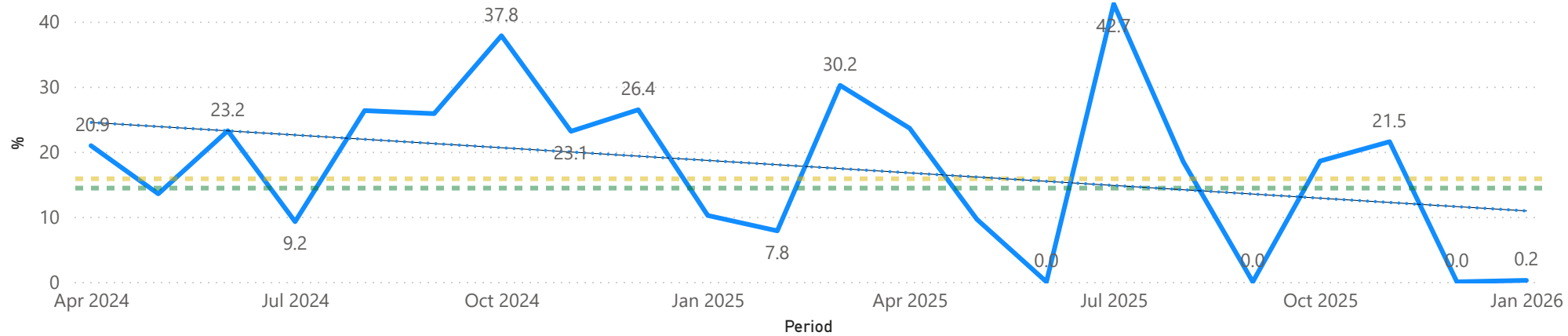
Risk-adjusted rate of obstetric trauma (lacerations that are third degree or greater in severity) for instrument-assisted vaginal deliveries
 (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average,18.4)

Data Source

Discharge Abstract Database (DAD)



Trend



Month	Observed
Jan-26	1.00
Dec-25	0.00
Nov-25	3.00
Oct-25	2.00
Sep-25	0.00
Aug-25	4.00
Jul-25	4.00
Jun-25	0.00
May-25	1.00
Apr-25	3.00

Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	20.9	13.5	23.2	9.2	26.3	25.8	37.8	23.1	26.4	10.2	7.8	30.2
2025/2026	23.6	9.6	0.0	42.7	18.5	0.0	18.6	21.5	0.0	0.2		

Long Waiters Waiting for Surgical Procedures



Description

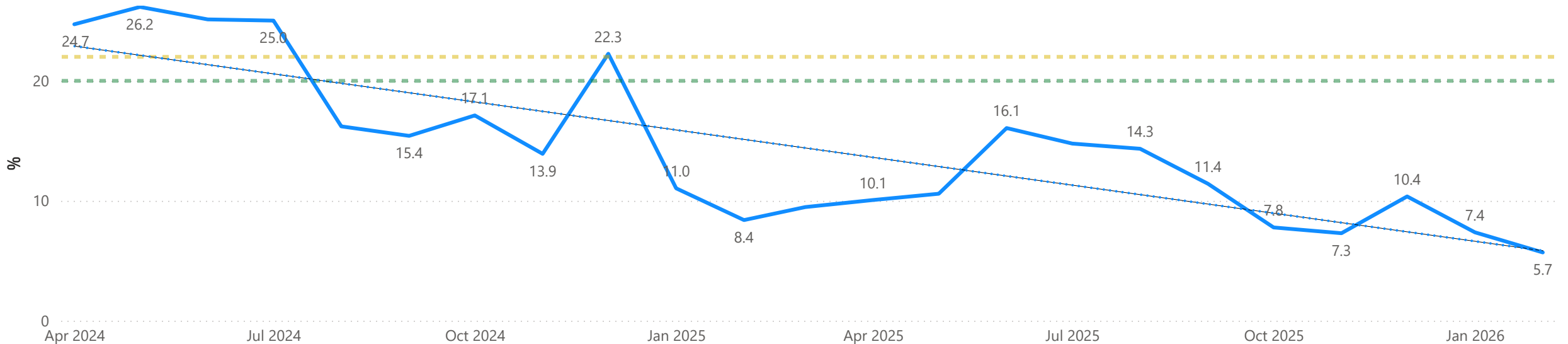
This indicator measures the percentage of patients waiting for a surgical procedure whose wait has exceeded the associated Priority Level Access Target (excludes DART days)

Data Source

WTIS



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	24.7	26.2	25.1	25.0	16.2	15.4	17.1	13.9	22.3	11.0	8.4	9.5
2025/2026	10.1	10.6	16.1	14.8	14.3	11.4	7.8	7.3	10.4	7.4	5.7	

Patient Safety Event - Falls with Harm Rate



Description

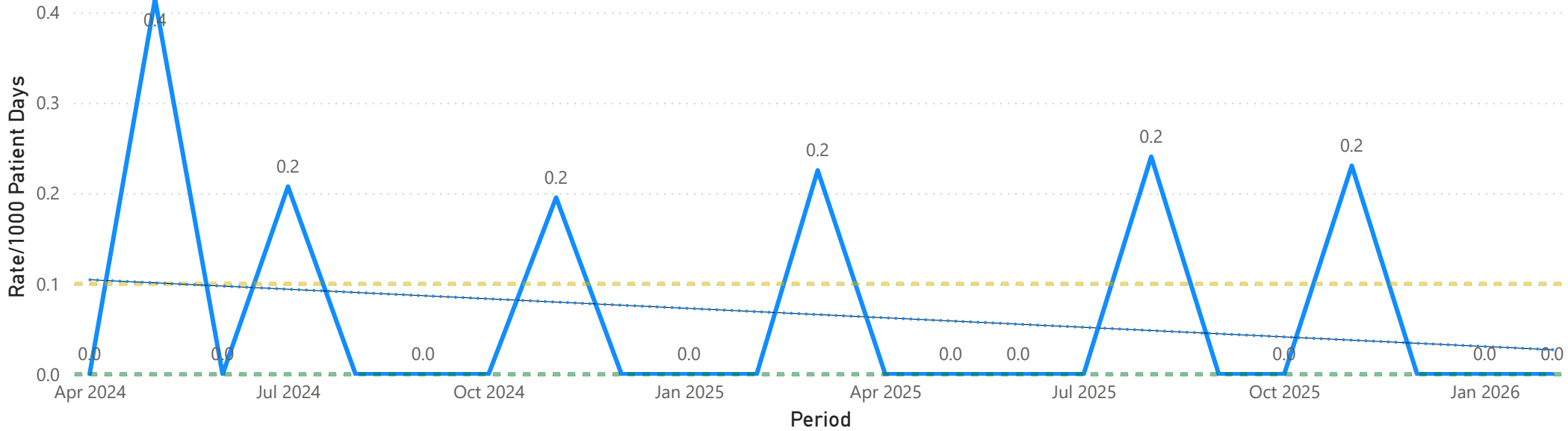
The number of falls with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.0	0.4	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2
2025/2026	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.0	0.0	

Patient Safety Event - Medication Events with Harm Rate



Description

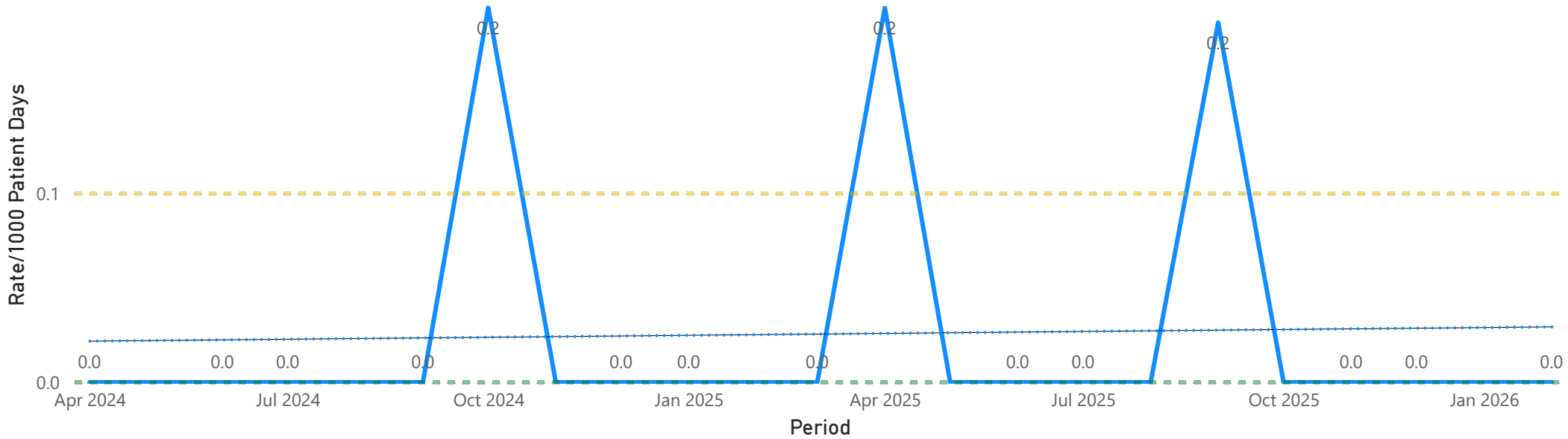
The number of medication events with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0
2025/2026	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0

Medication Reconciliation




Admission

Description

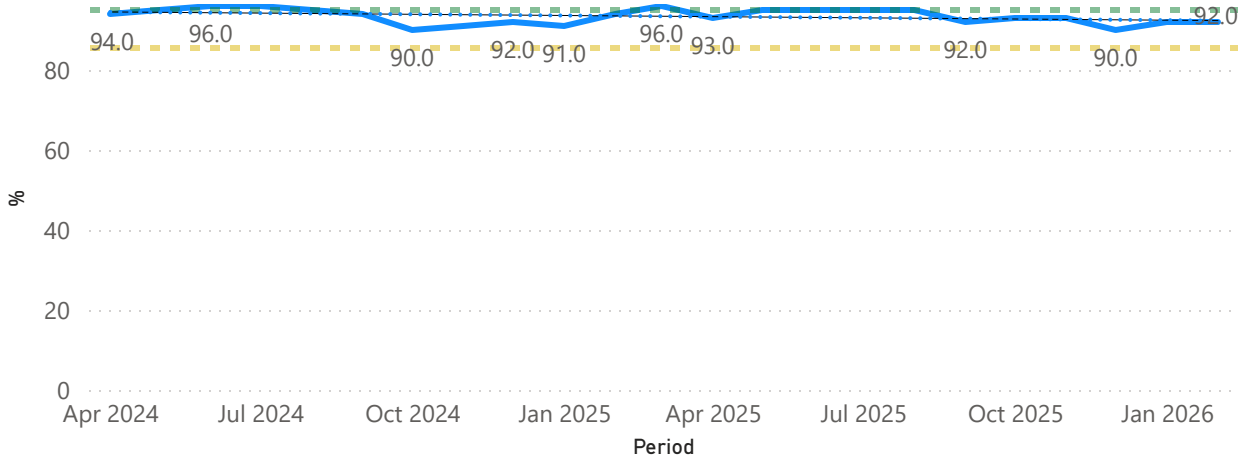
The total number of patients who were discharged who had a Best Possible Medication History (BPMH) completed divided by the total number of patients who were discharged home

Data Source

Meditech Pharmacy
Patient Profile

Target	Previous YE	YTD	Status (Last 3 periods)
95	97	95	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	94.0	95.0	96.0	96.0	95.0	94.0	90.0	91.0	92.0	91.0	94.0	96.0
2025/2026	93.0	95.0	95.0	95.0	95.0	92.0	93.0	93.0	90.0	92.0	92.0	

Discharge

Description

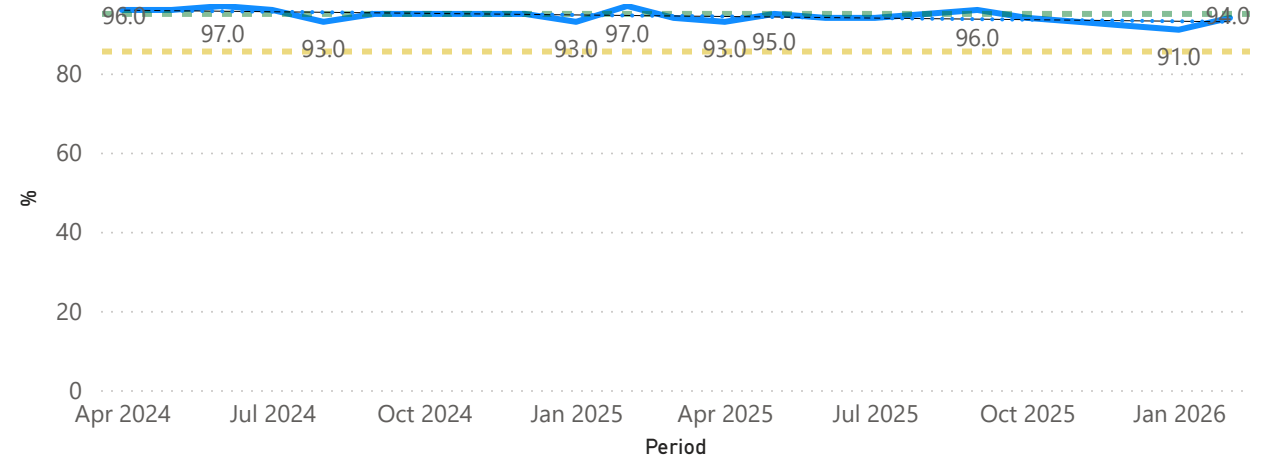
The percentage of Yes responses to the question "Was the CMH community pharmacy prescription completed?" for all inpatient locations participating in medication reconciliation at discharge

Data Source

Meditech

Target	Previous YE	YTD	Status (Last 3 periods)
95	96	95	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	96.0	96.0	97.0	96.0	93.0	95.0	95.0	95.0	95.0	93.0	97.0	94.0
2025/2026	93.0	95.0	94.0	94.0	95.0	96.0	94.0	93.0	92.0	91.0	94.0	



Post-Construction Operating Plan (PCOP) Revenue



Description

The revenue achieved through all PCOP service areas, including Acute Inpatient, ED, Day Surgery, Mental Health Day Hospital, Mental Health Inpatient, ECT, and Ambulatory Clinics (Mental Health, Paediatric, Fracture, Surgery)

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System, Meditech

Monthly Target

746.3K

YTD Target

7.5M

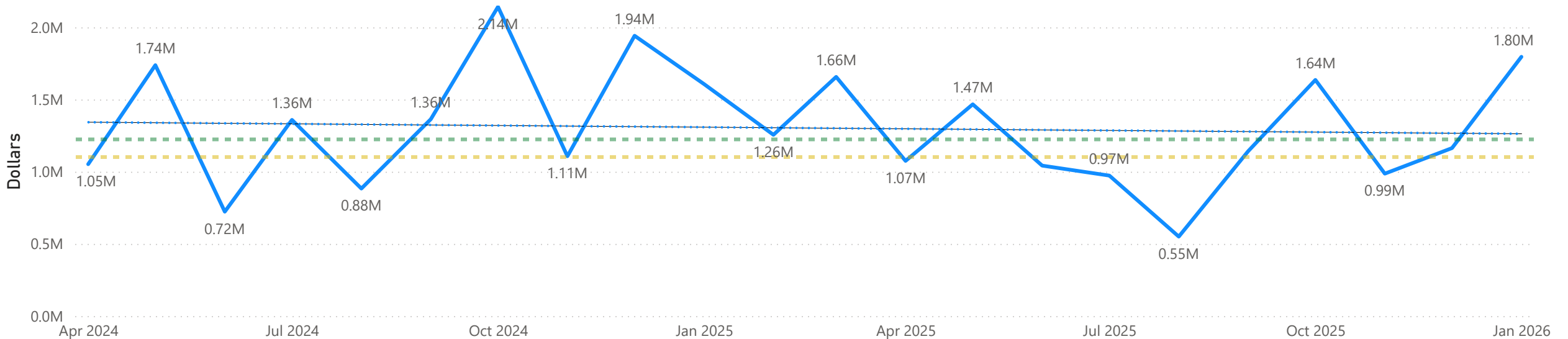
YTD Total

11.8M

Status (Last 3 periods)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	1,051,697	1,737,596	722,779	1,358,633	882,895	1,363,416	2,141,704	1,106,891	1,941,391	1,606,752	1,255,297	1,656,450
2025/2026	1,074,504	1,466,477	1,041,818	972,766	550,092	1,142,109	1,635,410	986,224	1,163,186	1,795,608		



Quality Based Procedure (QBP) Revenue



Description

The revenue achieved through all Quality Based Procedures, including Urgent QBPs & Non-Urgent Surgical QBPs (OH), Systemic Treatment (CCO), GI Endoscopy (CCO), and Cancer Surgery (CCO).

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System

Monthly Target

2.2M

YTD Target

22.4M

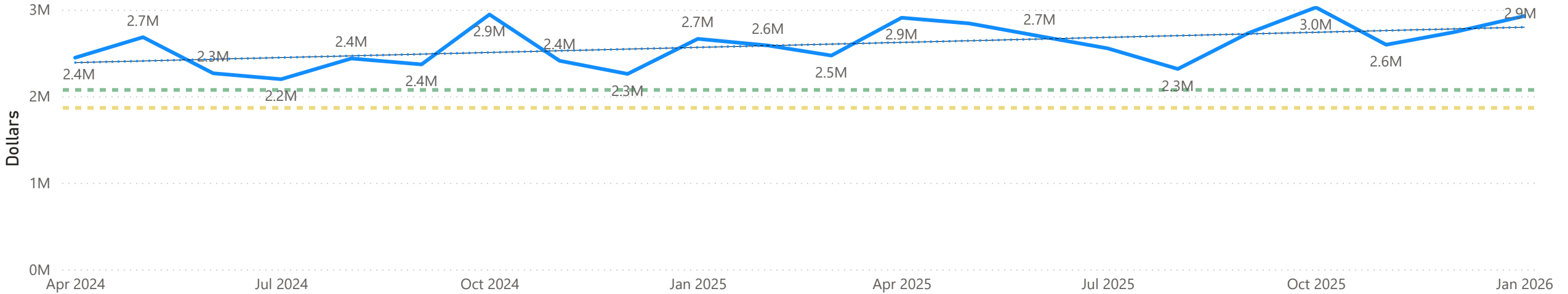
YTD Total

27.3M

Status (Last 3 periods)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2,445,693	2,682,601	2,265,445	2,197,474	2,436,657	2,368,276	2,944,766	2,409,880	2,258,532	2,663,573	2,586,914	2,470,610
2025/2026	2,907,448	2,841,324	2,694,206	2,553,614	2,315,777	2,727,955	3,027,090	2,595,678	2,741,042	2,927,343		

*Please note Actual QBP Revenue will be capped at the Funding Available for each category (Total Funding=\$28.2M: \$20.8M for OH Urgent + Elective QBPs; \$2.9M for Cancer Surgery QBPs; \$2.0M for GI Endo QBP, \$2.5M for Systemic Treatment QBP)



AVG Patients in ED at 8AM waiting for IP bed



Description

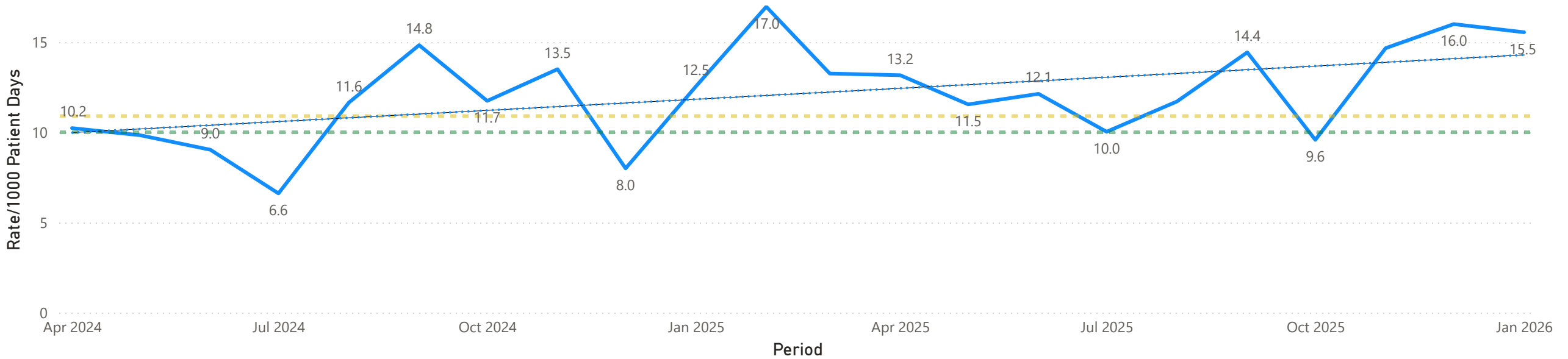
The number of patients in the emergency department waiting for an inpatient bed at 8 a.m. who have been waiting at least 2 hours since disposition. Average number of patients per day

Data Source

NACRS



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	10.2	9.8	9.0	6.6	11.6	14.8	11.7	13.5	8.0	12.5	17.0	13.3
2025/2026	13.2	11.5	12.1	10.0	11.7	14.4	9.6	14.7	16.0	15.5		



Description

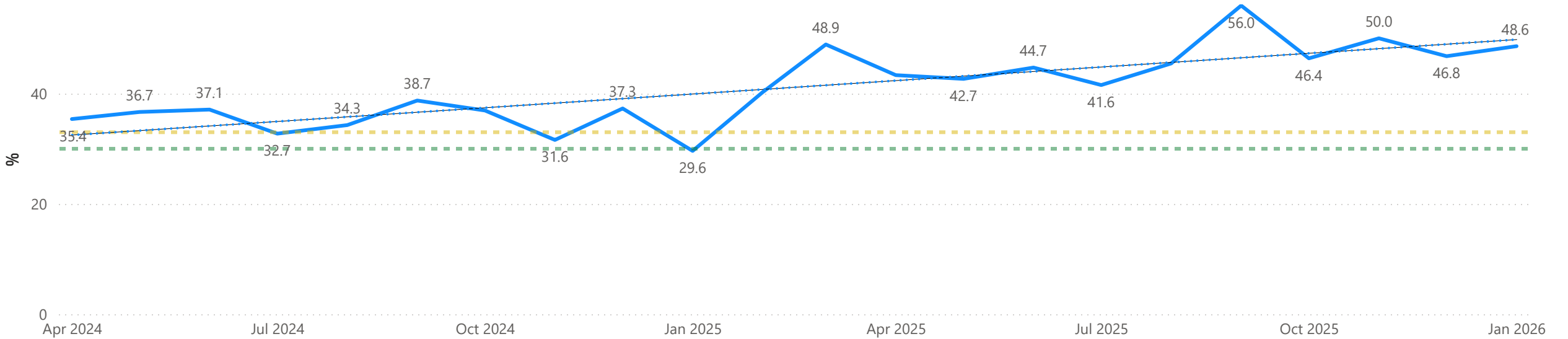
The total patient days over the benchmark LOS (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA/MEDB. The benchmark LOS is determined by case mix group, age, and resource intensity level of a discharge.

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
30.0	36.8	46.77	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	35.4	36.7	37.1	32.7	34.3	38.7	36.9	31.6	37.3	29.6	40.3	48.9
2025/2026	43.4	42.7	44.7	41.6	45.5	56.0	46.4	50.0	46.8	48.6		



Patrick Gaskin
President and CEO
Phone: (519) 621-2333, Ext. 2301
Fax: (519) 740-4953
Email: pgaskin@cmh.org

MEMORANDUM

TO: Board of Directors, Cambridge Memorial Hospital
DATE: May 1, 2026
REPORTING PERIOD: February 28, 2026 to May 1, 2026
FROM: Patrick Gaskin
President and CEO
RE: CEO Certificate of Compliance

I have reviewed, or caused to be reviewed, such files, books of account and records of CMH and have made, or caused to be made, such enquiries of the financial, accounting and other personnel of CMH as I have determined necessary for the purpose of this certificate.

In my capacity of President and CEO, and for the reporting period identified above, I hereby attest that to the best of my knowledge, except as set out below:

- a) Salaries, Wages and Benefits – CMH has met all of its obligations in respect of the payment of all employee salaries and wages, vacation pay, holiday pay, termination pay, severance pay and benefits.
- b) Statutory Deductions – CMH has met all of its obligations in respect of the deduction, withholding and/or remittance of funds under the Income Tax Act (Canada), the Income Tax Act (Ontario), the Employer Health Tax Act (Ontario) (EHT), the Excise Tax Act (Canada) (HST), Workplace Safety and Insurance Act (Ontario) (WSIB), the Employment Insurance Act (Canada) (EI), the Canada Pension Plan Act (Canada) (CPP), and if applicable, remittances for required deductions for payments to non-residents.
- c) Financial Statements – the CMH financial statements, as at the date of their preparation were accurate and complete in all material respects.

Exceptions: NIL

A handwritten signature in black ink that reads "Patrick M. Gaskin".

Patrick Gaskin
President and CEO

BRIEFING NOTE

Date: April 28, 2026
Issue: Bill S-211 Forced Labour in Canada Supply Chain Submission
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Steve Baker, Interim Manager of Purchasing & Supply Chain
Approved by: Trevor Clark, VP Finance & Corporate Services, CFO

Attachments/Related Documents:

1. CMH Report 2026
2. CMH's Statutory Questionnaire Response
3. Letter from Mohawk Medbuy Corporation
4. Board Attestation

Recommendation/Motion

Board

That the CMH Board of Directors approves CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and authorizes the filing of the submission and report with the Government of Canada and the posting of the material on the CMH website on or before May 31, 2026 and upon recommendation of the Audit Committee at its meeting of April 27, 2026.

Audit Committee

Following review of the information provided, the Audit Committee recommends to the Board of Directors, the approval of CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and that, upon approval by the Board of Directors, the submission and report be filed with the Government of Canada and posted on the CMH website on or before May 31, 2026.
CARRIED.

Background

The Act is a federal statute. CMH meets the definition of entity defined in the Act and must comply by completing a questionnaire and submitting a Board-approved report on actions taken in the previous fiscal year to combat forced and child labour in our supply chains. CMH will complete a questionnaire (see attached) and submit a report (see attached) on the 7 mandatory reporting requirements set out in the Act for the financial reporting year of April 1, 2025 to March 31, 2026. This report requires CEO and Board approval prior to submission and must be publicly posted on CMH's website.

Analysis

CMH is a member of a Shared Service Organization (i.e. Mohawk Medbuy Corporation (MMC)), which negotiates consumables, capital and service contracts on behalf of CMH. Most procurement activities at CMH are awarded to vendors who participate in a competitive process and are qualified by and managed through the initiatives run by MMC. Most goods procured by CMH in the last year are purchased from the Canadian market and delivered by a network of local distribution sites. Due to the specific needs of the medical community, some items are unable to be sourced locally and are therefore procured from international sources in accordance with Ontario's Broader Public Sector

Procurement Directive and related policies. MMC and CMH are not aware of any instances where forced labour or child labour exist within our supply chain.

CMH understands that fighting against forced labour and child labour requires a continuous review of its ever-evolving supply chain. Over the past reporting year, CMH has maintained its standard procurement and contract templates that include language and questions in support of the Act to help prevent and reduce the risk of forced and child labour in supply chains. CMH is a member of MMC's Environmental Social Governance (ESG) Committee and all CMH supply chain staff have completed MMC's ESG training video on this subject. CMH commits to ongoing education and supply chain policy review while continuing to work collaboratively with MMC to reduce the risk of forced and child labour in the supply chain.

MMC has attested to completing a supplier risk assessment in fiscal 2025-26 (see attached letter from MMC to members, March 2, 2026) and found no reported violations under the Act. MMC has also developed a "Supplier Code of Conduct" to further reinforce procurement standards and expectations of the vendor community. MMC and CMH have not been made aware of any instances where forced labour or child labour exist within its current supply chain. CMH is also committed to its obligations mandated by the government, such as Ontario Human Rights Code and Employment Standards Act and is guided by its corporate policies on Health & Safety, Human Rights Policy, Whistleblower Policy, Abuse – Child and Duty to Report, and Respectful Workplace Program. CMH does not currently have a dedicated policy on forced labour or child labour in direct relation to its supply chain.

Failure to comply with this Act or providing false or misleading statements are deemed an offence. The Act exposes directors, officers, agents or mandataries of an entity to personal liability of up to \$250,000 if they are found to have participated in the failure to comply.

Consultation

This report has been reviewed by CMH in-house legal counsel. CMH has also worked closely with its regional hospital partners when reviewing the structure of reporting and information included. CMH will include the letter from MMC which details work and steps they have taken so far on behalf of the hospitals for which it facilitates contracts. CMH's work completed over the past year continues to be in line with its peers.

Next Steps

Looking forward, CMH will continue to work with MMC via the ESG committee and our regional partners. CMH will review education opportunities and training for sourcing and supply chain roles. CMH's supply chain team is committed to maintaining this work in its ever evolving and continuous nature.



REPORT Fighting Against Forced Labour and Child Labour in Supply Chains Act (S.C. 2023, c. 9)

For the fiscal year ending March 31, 2026

**Approved by the Board of Directors on
May 6, 2026**

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- Subsection 11 response
- Subsection 11(3) response
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 - Section 2: Policies and due diligence processes
 - Section 3: Risks and management of risks
 - Section 4: Remediation of risks
 - Section 5: Remediation of loss of income to the vulnerable families
 - Section 6: Employee trainings and communications
 - Section 7: Ensuring effectiveness.
- Attestation
- References

Executive Summary

Cambridge Memorial Hospital (“CMH”) is committed to providing exceptional health care to the communities we serve as we look to create healthier communities, together. CMH is a values-based organization committed to a process of continuous quality improvement. Through the values of accountability and respect, we strongly believe that public reporting of performance indicators leads to system-wide benefits and best practices. CMH’s ethical standards are outlined in its “Human Rights”¹ and “Respectful Workplace Program”² policies. CMH employs just over 1,700 Physicians, Midwives and staff and is required to comply with several statutes, including the Ontario Human Rights Code³ and Employment Standards Act, 2000⁴.

CMH acknowledges and is committed to comply with Fighting Against Forced Labour and Child Labour in Supply Chains Act (“Act”). CMH views the Act as a necessary step forward to combat forced and child labour and to facilitate and track the work as the years progress. This annual report is CMH’s second report under this legislation and is prepared in compliance with section 11 of the Act for the financial reporting year of April 1, 2025, to March 31, 2026. It outlines CMH’s work completed in relation to this legislation.

Cambridge Memorial Hospital recognizes the continuous work required to help prevent and stop forced and child labour in supply chains. Through annual reporting, CMH commits to ongoing updates to develop adequate policies and provide training programs for staff who will work to ensure CMH’s supply chain is free of forced or child labour.

CMH’s annual report will be available to the public online for viewing and download at: www.cmh.org

Section 11 Response

During the 2025-2026 fiscal year, CMH continued to leverage the majority of its contracts through Mohawk Medbuy Corporation (MMC) for consumables, services and capital equipment. MMC is a national, not-for-profit, shared services organization that supports hundreds of health care providers across Canada, as well as child welfare agencies and other public sector organizations. MMC conducted a Supplier ESG Risk Assessment for the current reporting period, which included 34 suppliers (representing 70% of MMC's total contracted spend). As part of the assessment, we reviewed supplier disclosures on unethical labour practices, environmental violations, and overall regulatory compliance, as well as supply chain risk management practices and associated documentation. From the suppliers in our sampling, there were no reported violations under the Act (in accordance with their Modern Slavery report submission to Public Safety Canada). MMC intends to expand our Supplier ESG Assessment next fiscal to cover 90% of contract spend. CMH continues to include in its procurement templates and questionnaires modern slavery language. CMH is not currently aware of any instances of forced or child labour being used in contracts that are sourced outside of MMC. Moreover, MMC and CMH have not been made aware of any instances where forced labour or child labour exist in current supply chains. Should any issues be identified, CMH will investigate accordingly. CMH has joined MMC's ESG committee and will continue to work with MMC as their process develops to ensure the response from the healthcare industry remains cohesive.

Section 1: Structure, Activities and Supply Chains

Cambridge Memorial Hospital is an acute care hospital corporation based in Cambridge, Ontario and is governed by a Board of Directors. With an employee count of 1,720 physician & employees, CMH services the growing and diverse populations of Cambridge, North Dumfries and the Region of Waterloo and is a teaching hospital affiliated with McMaster University. CMH operates from its Cambridge, Ontario location and does not have any additional sites. A separately incorporated corporation not controlled by the hospital operates a gift shop on the hospital's premises and at times provides donations to the hospital through its proceeds. CMH also leases spaces to third-party entities for the provision of food services or clinical services. CMH sells medical supplies to patients for a fee where they are not otherwise funded by the provincial health insurance plan ("OHIP"). Examples include but are not limited to: orthopedic supplies such as casts; braces; premium cataract lenses.

CMH is a member of a Shared Service Organization, MMC, which negotiates capital, consumable and service contracts on behalf of CMH. Most procurement activities at CMH are awarded to vendors who participate in a competitive process and are qualified by and managed through the initiatives run by MMC. CMH also utilizes other

Shared Service Organizations such as Health Pro Canada, Ontario Education Collaborative Marketplace, Ministry of Ontario – Vendor of Records Arrangements and Kinetic GPO. The majority of goods procured by CMH in the last year have been procured from the Canadian market and delivered by a network of local distribution sites. Due to the specific needs of the medical community, some items are unable to be sourced locally and are therefore procured from international sources in accordance with Ontario’s Broader Public Sector Procurement Directive and related policies.

MMC and CMH are not aware of any instances where forced labour or child labour exist within our supply chain. CMH is committed to monitoring this matter and will make reports if applicable.

Section 2: Policies and Due Diligence Processes

CMH is a member of MMC, who facilitate the majority of the contracts it leverages. MMC has attested to issuing its supplier risk assessment survey cover 70% of its contract spend in fiscal 2025-26(see letter from MMC to members, March 2, 2026)⁵. CMH has maintained its standard contract language and competitive procurement templates as well as questionnaires to include language that supports the reduction of forced and child labour. MMC and CMH have not been made aware of any instances where forced labour or child labour exist within the current supply chain. CMH is also committed to its obligations mandated by the government, such as Ontario Human Rights Code³ and Employment standards Act⁴ and are guided by our corporate policies on Health & Safety, Human Rights Policy, Whistleblower Policy, Abuse – Child and Duty to Report, and Respectful Workplace Program. CMH has aligned our processes to those of Mohawk Medbuy and we are committed to reviewing their policies and practices.

Section 3: Forced Labour and Child Labour Risks

CMH acknowledges that procurement and supply chains can carry risk of forced labour or child labour in a direct or indirect way. CMH has not directly begun work to identify parts of its supply chain or activities that carry a risk of forced labour or child labour outside of the work completed by MMC. CMH is a member of MMC’s ESG committee to ensure it is up to date with best practices on Modern Slavery. As mentioned previously in the report, CMH leverages contracts set up through MMC, who have confirmed their due diligence and compliance with the Act⁵. CMH maintains its procurement templates, questionnaires and contract templates to obtain a commitment to combat modern slavery from the vendor community with any new contract signed. CMH and MMC have not currently been made aware of any instances where forced labour or child labour exists in the supply chain.

Section 4: Remediation Measures

CMH is committed to meeting its standard obligations set forth by the Provincial and Federal governments. CMH and MMC have not been made aware of any instances of forced or child labour within the supply chain. Accordingly, CMH has not taken any direct measures of remediation work aimed to counteract or address any human rights harms that may have occurred within the supply chain.

Section 5: Remediation of Loss of Income

CMH and MMC have not been made aware of any instances of forced or child labour within the supply chain. Accordingly, CMH has not taken any measures to combat or eliminate forced labour or child labour nor has it taken measures to remediate loss of income.

Section 6: Training

To date, all CMH supply chain staff have watched MMC's ESG training video on Modern Slavery. CMH is a member of MMC's ESG committee and is committed to keeping up with best practices on this subject.

Section 7: Assessing Effectiveness

Cambridge Memorial Hospital understands that fighting against forced labour and child labour requires a continuous review of the ever-evolving supply chain. CMH commits to ongoing reviews, when required, regarding its supply chain policies and to working collaboratively with MMC to reduce the risk of the use of forced labour and child labour in the supply chain. As a member of MMC's dedicated ESG committee, CMH will remain up to date on any current progress being made in the healthcare sector.

Attestation**Reporting Entity's Legal Name: Cambridge Memorial Hospital****Reporting Year: April 1, 2025 to March 31, 2026**

In accordance with the requirements of the Act, and in particular section 11 thereof, we attest that we have reviewed the information contained in the report for the entity listed above. Based on our knowledge, and having exercised reasonable diligence, we attest that the information in the report is true, accurate and complete in all material respects for the purposes of the Act, for the reporting year listed above.

We further attest that the Board of Directors of Cambridge Memorial Hospital has reviewed and approved this report.

We have the authority to bind Cambridge Memorial Hospital

Date: May 6, 2026

Signed Lynn Woeller

Director and Chair of the Board of Directors

Signed Patrick Gaskin

President & CEO, Cambridge Memorial Hospital and Secretary, Board of Directors

References

1. Human rights policy – available upon request
2. Respectful workplace program – available upon request
3. Ontario Human Rights Code, Ontario Human Rights Commission,

[The Ontario Human Rights Code | Ontario Human Rights Commission \(ohrc.on.ca\)](https://www.ohrc.on.ca/)

4. Employment Standards Act, 2000 (ESA), Government of Ontario, Employment Standards Act, 2000, S.O. 2000, c. 41,

[Employment Standards Act, 2000, S.O. 2000, c. 41 \(ontario.ca\)](https://www.ontario.ca/laws/statutes/2000/esa_2000.html)

5. MMC Reporting for the “Fighting Against Forced Labour and Child Labour in Supply Chains Act” letter – dated March 2, 2026

End of Report

CMH Proposed Submission for Government’s Online Questionnaire

May 31, 2026

Entities and government institutions must ensure that the information provided in the questionnaire is consistent with the information provided in their report(s). Entities and government institutions will be asked to confirm that they have read and understand the information in the data management disclaimer and privacy notice statement included at the beginning of the questionnaire. Entities and government institutions will also be asked to provide the name, title and email address of the person authorized to fill out the questionnaire. Public Safety Canada may use the contact information provided should it require additional details regarding the submission. The questionnaire may be used as a resource for the report. The questions found within the questionnaire can be viewed at any time without launching the questionnaire. Entities and government institutions may easily refer to the information as they prepare their report:

Part 1 - Submission information

1. This report is for: (Mandatory)

- An entity

2. State the legal name of the reporting entity or government institution (Mandatory)

- *Cambridge Memorial Hospital*

3. Reporting year (Mandatory)

Select from the drop down menu the applicable reporting deadline for which you are submitting a report:

- *May 31, 2026*

4. Financial year covered by report (Mandatory)

- *April 1, 2025 to March 31, 2026*

5. Is this a revised version of a report that was already submitted this reporting year? (Mandatory)

- No

6. For entities only: Business number(s) (if applicable, provide the business number of the entity completing this questionnaire):

- 118826270

7. For entities only: Is this a joint report? (Mandatory)

- No

8. For entities only: Is the entity also subject to reporting requirements under supply chain legislation in another jurisdiction? (Mandatory)

- No

9. For entities only: Which of the following categories apply to the entity? Select all that apply. (Mandatory)

- Canadian business presence (select all that apply):
 - Has a place of business in Canada
 - Does business in Canada
 - Has assets in Canada
- Meets size-related thresholds (select all that apply):
 - Has at least \$20 million in assets for at least one of its two most recent financial years
 - Has generated at least \$40 million in revenue for at least one of its two most recent financial years
 - Employs an average of at least 250 employees for at least one of its two most recent financial years

10. For entities only: In which of the following sectors or industries does the entity operate? Select all that apply. (Mandatory)

- Health care and social assistance

11. For entities only: In which country is the entity headquartered or principally located? (Mandatory)

- *Canada*

11.1 If in Canada: In which province or territory is the entity headquartered or principally located? (Mandatory)

- *Ontario*

12. For government institutions only: Is this a report for a parent federal Crown corporation or a wholly-owned subsidiary? (Mandatory)

- No

Part 2 - Annual Report

Reporting for entities

1. Which of the following accurately describes the entity's structure? (Mandatory)

- Corporation

2. Which of the following accurately describes the entity's activities? Select all that apply. (Mandatory)

- Importing into Canada goods produced outside Canada

3. What steps has the entity taken in the previous financial year to prevent and reduce the risk that forced labour or child labour is used at any step of the production of goods in Canada or elsewhere by the entity or of goods imported into Canada by the entity? Select all that apply. (Mandatory)

Other, please specify:

- *CMH procurement templates include language and questions that support the reduction of Modern Slavery*
- *CMH contract templates include language that combats forced and child labour*
- *CMH supply chain staff have all completed MMC's Environmental, Social Governance (ESG) training.*
- *CMH works primarily with MMC, a Shared Services Organization who conducts a Supplier ESG Risk Assessment involving 34 suppliers, representing 70% of its total contracted spend.*

4. Please describe the steps the entity has taken to prevent or reduce risks of forced labour or child labour in its supply chains (if applicable) (3,000 character limit).

- *CMH's procurement templates used in all public procurements include updated language to combat modern slavery. When using a questionnaires with vendors in the RFX process we include language and questions that help identify and*

combat risks of modern slavery in CMH's supply chain. CMH has standard contract templates to include language that helps support the reduction in child and forced labour. All CMH supply chain staff have completed MMC's ESG training and are educated on the Fighting Against Forced Labour and Child Labour in Supply Chains Act . CMH continues to belong to the Shared Service Organization called Mohawk Medbuy Corporation ("MMC") and is a member of its ESG committee who continues this work on our behalf as CMH leverages the majority of its contracts through this organization. CMH is in active contact with other Hospitals, the Ontario Hospital Association ("OHA") and other Shared Service Organizations (mainly MMC) to ensure we are aware of any new education or training opportunities and staying up to date with any market changes.

5. Does the entity currently have policies and/or due diligence processes in place related to forced labour and/or child labour? (Mandatory)

- No

6. Has the entity identified parts of its activities and supply chains that carry a risk of forced labour or child labour being used? (Mandatory)

- No, we have not started the process of identifying parts of our activities and/or supply chains that carry risks of forced labour or child labour being used.

7. Has the entity identified forced labour or child labour risks in its activities and supply chains related to any of the following sectors and industries? Select all that apply. (Mandatory)

- None of the above

8. Please provide details on the parts of the entity's activities and supply chains where the entity has identified a risk of forced labour or child labour and describe the actions taken to assess and manage those risks (if applicable) (3,000 character limit).

- *CMH and MMC have not been made aware of any instances where forced labour or child labour exist within our supply chain. MMC conducts an annual supplier risk assessment and has found no reported violations. CMH belongs to MMC's ESG committee and are committed to continuing a review of CMH's & MMC's internal policies and practices.*

9. Has the entity taken any measures to remediate any forced labour or child labour in its activities and supply chains? (Mandatory)

- Not applicable, we have not identified any forced labour or child labour in our activities and supply chains.

10. Has the entity taken any measures to remediate the loss of income to the most vulnerable individuals and families that results from measures taken to eliminate the use of forced labour or child labour in its activities and supply chains? (Mandatory)

- Not applicable, we have not identified any loss of income to vulnerable families resulting from measures taken to eliminate the use of forced labour or child labour in our activities and supply chains.

11. Does the entity currently provide training to employees on forced labour and/or child labour? (Mandatory)

- *Yes – to supply chain staff only*

11.1 If yes, is the training mandatory? (Mandatory)

- Yes, the training is mandatory for employees making contracting or purchasing decisions.

12. Does the entity currently have policies and procedures in place to assess its effectiveness in ensuring that forced labour and child labour are not being used in its activities and supply chains? (Mandatory)

- No

March 2, 2026

Reporting for the “*Fighting Against Forced Labour and Child Labour in Supply Chains Act*”

Dear Member,

We provide this letter in connection with the *Fighting Against Forced Labour and Child Labour in Supply Chains Act* (the “Act”) for the financial year April 1, 2025, to March 31, 2026 (the “Reporting Period”).

In providing this letter, we have exercised care and diligence that would reasonably be expected of a Chief Operating Officer and a Chief Marketing Officer and Senior Vice President - Strategy, in these circumstances.

The following steps have been undertaken by Mohawk Medbuy Corporation (MMC) during the Reporting Period to prevent and reduce the risk of forced labour or child labour being used within our supply chain, which may be included for completeness in legislative reporting by the hospital for compliance with the Act. This information will form part of MMC’s report once approved by the MMC Board of Directors.

Structure, Activities and Supply Chains

Mohawk Medbuy is a national, not-for-profit, shared services organization that supports hundreds of health care providers across Canada, as well as child welfare agencies and other public sector organizations. MMC provides value-driven contracting and procurement solutions for medical/surgical supplies, pharmaceutical products, local sourcing, capital (equipment, furniture, fixtures), redevelopment services, and nutrition solutions. Other services include data analytics, in-hospital support, warehousing and logistics, technology, procure-to-pay and accounts payable. The warehousing services are delivered through wholly owned subsidiary, Hospital Logistics Inc., that services hospitals in southern Ontario.

Mohawk Medbuy sources over 300,000 items utilized by health care providers and other public sector organizations. Most suppliers of these products are large multinational corporations with a Canadian presence that may produce or source globally.

Policies and Due Diligence Processes

Contractual Framework

Mohawk Medbuy includes standard contract language within the Representations and Warranties section of our Supplier Agreements that prohibits the use of forced and/or child labour:

“The goods and any services provided by the Supplier under this agreement are not the result of, and in no way involve, forced labour or child labour (as such terms are defined in Canada’s Fighting against Forced Labour and Child Labour in Supply Chain’s Act).”



Competitive procurement templates (e.g., RFPs) include language requiring suppliers bidding for hospital business to attest that they do not use forced labour or child labour.

“Warrants that the goods and services that the Proponent is proposing to provide to the Purchaser are not the result of, and in no way involve, forced labour or child labour (as such terms are defined in Canada’s Fighting Against Forced Labour and Child Labour in Supply Chains Act).”

Supplier Due Diligence During the Sourcing Process

Many of the suppliers that respond to Mohawk Medbuy procurements have a long history of working with our organization. When new suppliers respond, Mohawk Medbuy thoroughly reviews their responses to the attestation and Agreement redlining to ensure that they’re compliant with the Act. If Mohawk Medbuy is advised of any suspicious activity on this front, it is thoroughly investigated. If a supplier is found to not be adhering to the law, they will be eliminated from the procurement and any future procurements until such time that they can demonstrate compliance.

Supplier Engagement

MMC engages suppliers through annual business reviews and ad hoc communications to share our Environmental, Social and Governance (ESG) supply chain risk management efforts, including ESG risk assessments, and their compliance activities under the Act.

Formal Grievance Mechanism

Mohawk Medbuy is committed to supporting the highest standard of ethics in our business practices. Employees, contractors and suppliers must report any suspected irregularity as early as possible. MMC’s third-party Whistle Blower Reporting Line operates 24 hours a day, seven days a week, 365 days a year. It is provided by a confidential and anonymous external service to which employees and other third parties (e.g., contractors and suppliers) may make a good faith report about suspected irregularities. The Whistle Blower Reporting Line can be accessed by MMC through our website.

Supplier ESG Risk Management

Mohawk Medbuy conducted a **Supplier ESG Risk Assessment** for the Reporting Period, which included 34 suppliers (representing approximately 70% of MMC’s total contracted spend). As part of the Assessment, we reviewed supplier disclosures on unethical labour practices, environmental violations, overall regulatory compliance, as well as supply chain risk management practices and associated documentation. From the suppliers in our sampling, there were no reported violations under the Act (in accordance with their Modern Slavery report submission to Public Safety Canada). MMC intends to expand our Supplier ESG Assessment next fiscal to cover 90% of contract spend.

Supplier Standards

A “MMC Supplier Standards” document (Supplier Code of Conduct) has been developed to further reinforce the expectations and obligations of suppliers in meeting ethical, social, environmental and governance requirements, including the elimination of forced labour and child labour.

MMC’s Supplier Standards are planned for implementation in 2026 and are currently undergoing legal review prior to rollout. The implementation will follow a phased approach, beginning with MMC’s top suppliers.



Supplier ESG Maturity Assessment

Delivered in the form of a supplier survey, a Supplier ESG Maturity Assessment will be implemented in the next financial year. It will be rolled out to top suppliers to gain a clearer understanding of their overall ESG performance, including supply chain risk management, and to show potential areas for advancement.

Forced Labour and Child Labour Risks

Mohawk Medbuy recognizes there are inherent risks within the health care sector. Industry-related risks arise from the complexity and diversity of materials and services needed in health care operations. Geography-specific risks may arise from the variations in labour laws, enforcement and governance across global regions.

MMC's risk exposure is directly linked to that of our contracted suppliers, and we have implemented a multi-pronged approach to mitigate such risks. These include a comprehensive Supplier ESG Risk Assessment, contractual and RFX requirements strictly forbidding child labour and forced labour in our supply chain. MMC is developing a Supplier Code of Conduct, which will be implemented in 2026 to reinforce our expectation of suppliers to conduct business ethically, transparently and with the highest levels of integrity.

MMC will continue to strengthen our governance measures to more effectively track and assess how contracted suppliers are addressing forced labour and child labour risks within their operations, as well as the mitigation mechanisms they've implemented to manage those risks.

Remediation

Mohawk Medbuy has not been made aware of any instances where forced labour or child labour exists in current supply chains, and therefore has not taken:

- Any measures to remediate forced labour or child labour.
- Any measures to remediate the loss of income to the most vulnerable families that results from forced labour or child labour.

Training

Mohawk Medbuy has developed ESG training that has been completed by all MMC employees, and forms part of the mandatory onboarding training for new employees. The training includes a module addressing the *Fighting Against Forced Labour and Child Labour in Supply Chains Act* and provides guidance on relevant contract language, emphasizing that such language must not be removed during contract negotiations.

Mohawk Medbuy has also developed ESG training for Members, which includes content addressing the Act, and can be used by Members for employee training and compliance purposes.

More training will be developed in the next financial year to enhance the current training modules and provide further education to our Strategic Sourcing teams on supplier risk management best practices. These training resources will be available to our Members to use and support their efforts in meeting the requirements of the Act.



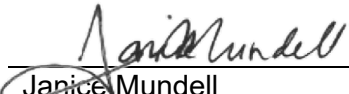
Assessing Effectiveness

Mohawk Medbuy is committed to supporting strong governance and driving continuous improvement across our supply chain. We recognize the importance of assessing the effectiveness of our actions to address forced labour and child labour. To that end, our evaluation process includes:

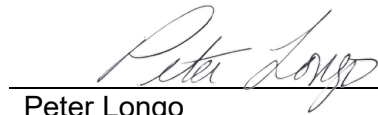
- Monitoring supplier performance through an annual Supplier ESG Risk Assessment.
- Enhancing current measures by implementing a Supplier ESG Maturity Assessment in 2026 to support the ongoing evaluation of supplier progress.

Sincerely,

MOHAWK MEDBUY



Janice Mundell
Chief Marketing Officer and
Senior Vice President,
Strategy



Peter Longo
Chief Operating Officer



Prepared in accordance with the requirements of the “Fighting Against Forced Labour and Child Labour in Supply Chains Act”, (the “Act”) and in particular section 11

To: The Board of Cambridge Memorial Hospital, (the “Board”)
From: Patrick Gaskin
President & Chief Executive Officer
Cambridge Memorial Hospital
Date: May 6, 2026
Reporting Period: April 1, 2025 to March 31, 2026

On behalf of Cambridge Memorial Hospital, in accordance with the requirements of the Act, and in particular section 11 thereof, I attest that I have reviewed the information contained in the report for the entity listed above. Based on my knowledge, and having exercised reasonable diligence, I attest that the information in the report is true, accurate and complete in all material respects of the purposes of the Act, for the reporting year listed above.

Patrick Gaskin
President & CEO
Cambridge Memorial Hospital
Date:

I have the authority to bind Cambridge Memorial Hospital

I certify that this attestation has been approved by the Board of Cambridge Memorial Hospital for the reporting year listed above.

Lynn Woeller
Chair, Board of Directors
Cambridge Memorial Hospital
Date:

I have the authority to bind Cambridge Memorial Hospital



Advancing Just Culture: A Shared Framework for Fair and Accountable Decision Making

Kellen Baldock, Patient Safety & Quality Lead



Our Game Plan

1. **See it** – Understand how we make decisions—what influences them, and why our interpretations matter.
2. **Know it** – Define **Just Culture** and recognize how it guides fair, consistent responses to events.
3. **Apply it** – Use CMH’s new Just Culture Decision Tree to analyze real scenarios and support everyday practice.



How do we process information from the world?

Combination of bottom-up and top-down factors

- Environment
- Context

- Experiences
- Skills
- Goals
- Expectations

1. See it – How we make decisions and what drives them

Interactive Activity

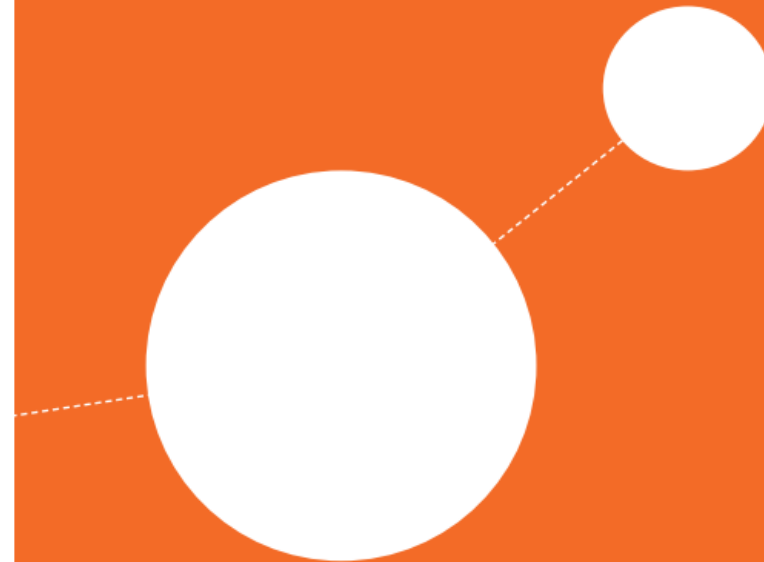
Why We See the Same Situation Differently

- What we notice, how we interpret it, and the conclusions we reach are shaped by where our attention is directed.
- Two people can experience the same situation and walk away with very different perspectives. Not because one is right and one is wrong – but because they are looking through different lenses.
- Take away: where you look is driven by **your goals and/or tasks**
- If perspectives differ, we need a shared way to interpret events

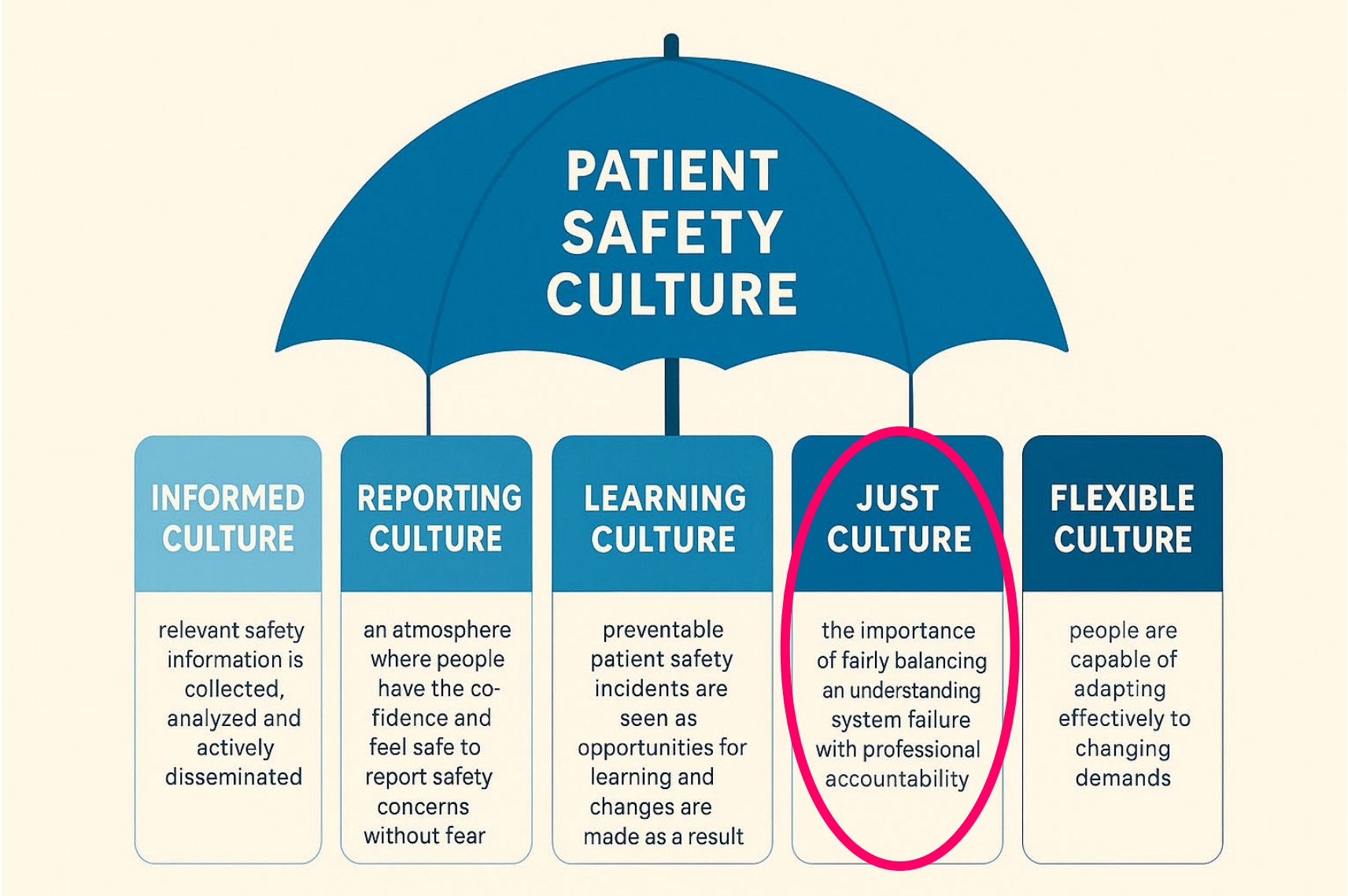
WHAT IS CULTURE?

Culture is the way we think — our values, our attitudes, our perceptions and our beliefs. It's also how we act — our habits and our typical behaviours.

It's not about one person; it's about all of us. Culture is the beliefs we share, what we expect of each other, what's considered normal and the way we behave. Ultimately, it determines how our organization functions. It's "the way we do things around here."



2. Know it – What **Just Culture** is and how to define it



Just Culture means having a culture of shared responsibility, fairly balancing system failures and professional responsibility

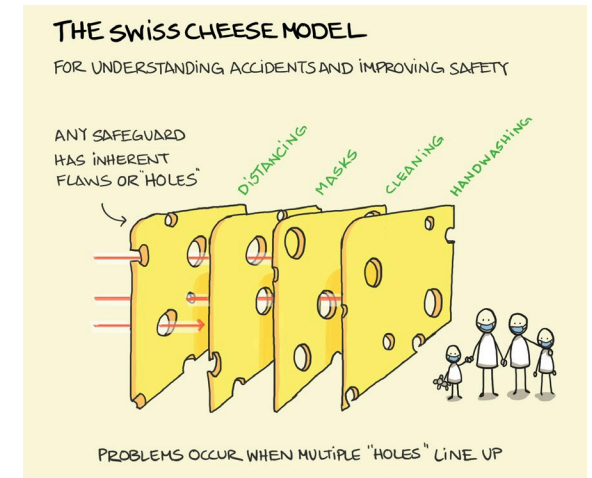


"The only thing people learn from being blamed is to become better at hiding their mistakes."

Foundations of Just Culture

James Reason

- Introduced a systems view of human error
- Demonstrated that harm is rarely caused by a single individual
- Showed how latent system conditions and human fallibility interact (i.e., Swiss Cheese Model)

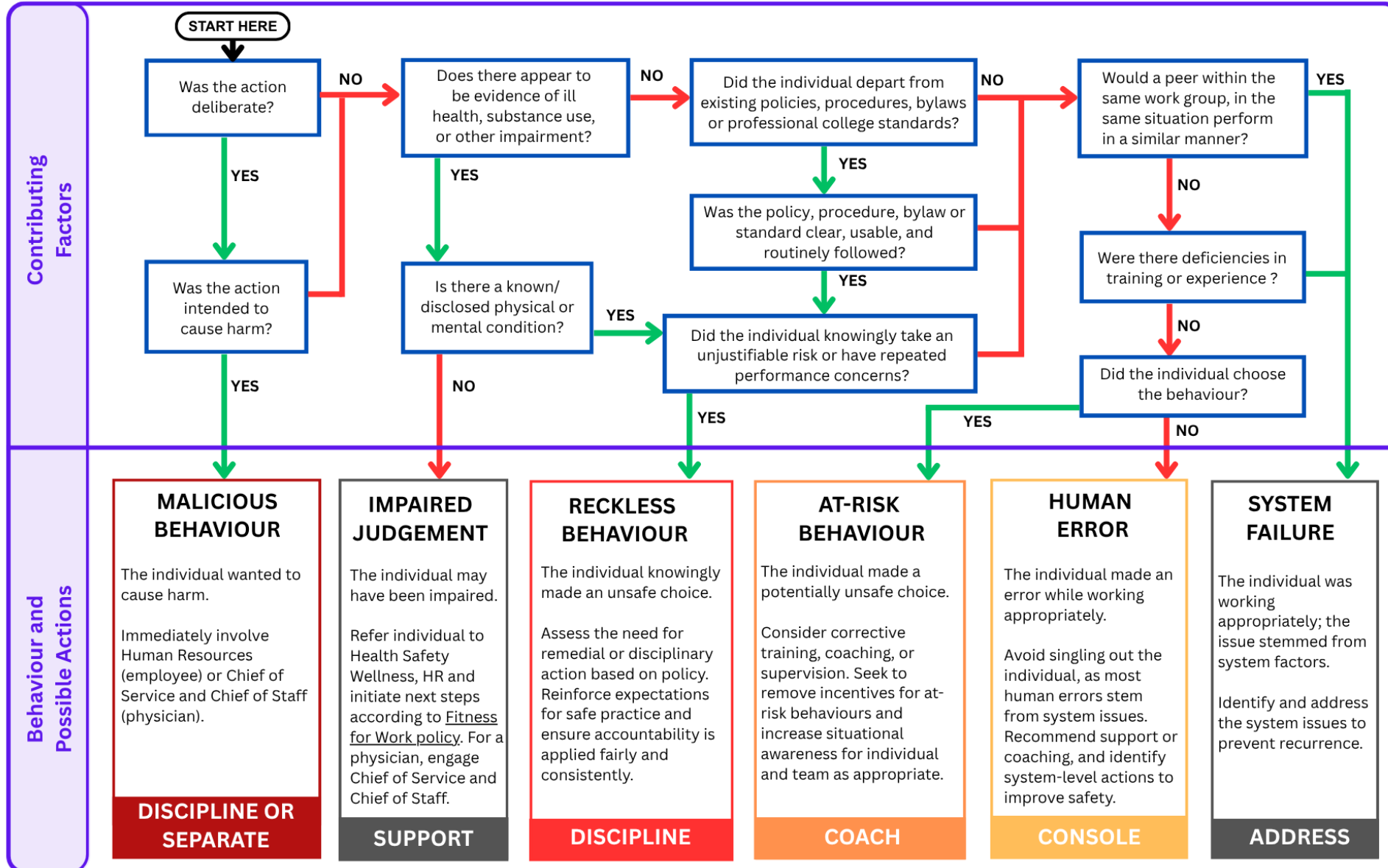


David Marx

- Applied Reason's work to organizational accountability
- Distinguished between: Human Error, At-Risk Behaviour, and Reckless Behaviour
- Emphasized fairness and consistency in response to events

*Together, this work reframed safety from **"who failed?"** to **"how did the system and the situation shape the outcome?"**

3. Apply it – Using CMH's new Decision Tree in practice



Case Study #1 – Salty Cookies

Scenario:

Julia Child pours salt instead of sugar into a cookie recipe



Additional context:

- Julia is an experienced baker and normally double-checks ingredients.
- Momentary distraction: she glanced away to check a timer
- Cookies are ruined, but no one is hurt.

Case Study #2a – Incident Identified via Social Media

Scenario:

A family member posts on social media and tags CMH, expressing concerns about care their immune-compromised mother received while admitted to the hospital. The post alleges that a named staff member repeatedly entered and exited the patient's room without performing hand hygiene, suggesting this posed a risk to the patient. The post gains traction online, and Board members inquired with management about the tagged content.



Additional context:

- The patient did not experience documented harm related to infection.
- Staff member has no prior history of hand-hygiene concerns or related performances issues.

Case Study #2b – Incident Identified via Social Media

Scenario:

A family member posts on social media and tags CMH, expressing concerns about care their immune-compromised mother received while admitted to the hospital. The post alleges that a named staff member repeatedly entered and exited the patient's room without performing hand hygiene, suggesting this posed a risk to the patient. The post gains traction online, and Board members inquired with management about the tagged content.



Additional context:

- The patient did not experience documented harm related to infection.
- **Colleagues report this to be a repeated behaviour of the staff member.**

Case Study #2c – Incident Identified via Social Media

Scenario:

A family member posts on social media and tags CMH, expressing concerns about care their immune-compromised mother received while admitted to the hospital. The post alleges that a named staff member repeatedly entered and exited the patient’s room without performing hand hygiene, suggesting this posed a risk to the patient. The post gains traction online, and Board members inquired with management about the tagged content.



Additional context:

- The patient did not experience documented harm related to infection.
- **The staff member reported working extended shifts with inadequate rest and experiencing significant fatigue during the shift, sharing, “I wasn’t at my best that day. I recognize I didn’t follow hand hygiene as I should have, and I’m sorry.”**

Case Study #2 – Incident Identified via Social Media

*The following are example considerations for management and Board oversight

Management Role

- Communicate with the patient/family and provide follow-up
- Support and follow up with the involved staff member
- Conduct an investigation using the Just Culture Decision Tree
- Implement and document appropriate individual and system actions



Board/ Board Committee Role

- Seek assurance that Just Culture framework was appropriately applied
- Ask high-level questions about systemic factors and trends (e.g., hand hygiene, PPE compliance)
- Reinforce governance focus: oversight of culture and risk
- Confirm individual performance issues, if any, are managed offline through established processes

Final Reflections

1. **Just Culture balances accountability with learning**

- intent and context matter

2. **Consistency builds trust**

- for staff, leaders, and patients

3. **The Just Culture Decision Tree helps us:**

- ask the right questions
- communicate with a shared language
- move away from relying solely on our individual judgement or personal approach

Thanks for playing 🏈

We've covered our Game Plan:

See it – Know it – Apply it

Keep leading with **Just Culture** – because how we respond shapes what people report, learn and trust.



Board Chair's Report



Board Chair's Report – March & April 2026

Message From the Chair



As we head into Spring, the hospital sector continues to face incredible challenges – funding not keeping pace with inflation, an aging population and patients with increasingly complex medical needs. On top of these sector challenges, CMH is implementing a new HIS and working diligently to address our organizational flow and front-line staffing needs.

We have an incredible management team, working tirelessly everyday to provide our community with high quality, patient-centred care.

We also have an incredible Board of Directors. I am tremendously thankful for the expertise and commitment each of you bring to your role as Director. The strategic guidance and risk oversight that you provide is critical to CMH's success. Over the coming months, we need to provide management the room and capacity to remain laser focused on these critical issues.

Thank you for the time you give, the care you bring to each discussion, the numerous times you show up to support staff, physicians and midwives and your ongoing commitment. It is truly appreciated!

Board Chair's Report – March & April 2026

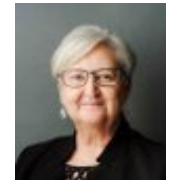
Medicine A&B Huddles

On March 3, Bill Conway and Jayne Herring joined the Medicine A and B huddles, providing an opportunity to hear directly from the Medicine teams. These visits offered valuable insight and created space to connect, listen, and express appreciation for the work happening across the units. Being present at these huddles continues to be an important way for the Board to stay grounded in the experiences of staff and to reinforce our ongoing support for their work.



Grand Rounds – Environmental Sustainability in Canadian Hospitals

On March 26, Bill Conway, Diane Wilkinson, Sara Alvarado, and Jayne Herring woke up early and joined Grand Rounds focused on Environmental Sustainability in Canadian Hospitals, presented by Dr. Miles Sergeant. The session provided a valuable learning opportunity, exploring planetary health, the healthcare sector's contribution to greenhouse gas emissions, and the role healthcare organizations can play in addressing climate challenges. It also prompted thoughtful discussion about sustainability in the context of an aging population.



HealthTech Innovation Showcase

On March 25, Sara Alvarado joined MACcelerate for an an inspiring evening where clinicians, health professionals, and innovators came together to turn great ideas into impactful solutions. The HealthTech Innovation featured pitches by six Medtech startups innovators addressing real clinical needs and a chance to collaborate directly with emerging innovators, share expertise, and help shape technologies that improve care for patients and providers alike.



Board Chair's Report – March & April 2026

Good Morning Cambridge – Conversation with Greg Durocher & Patrick Gaskin

On April 8, Board members Bill Conway, Diane Wilkinson, Jayne Herring, Sara Alvarado, Lynn Woeller, Miles Lauzon, Paulo Brasil, and Monika Hempel joined member of CMH's leadership, Mari Iromoto, Liane Barefoot, Kim Towes, Susan Toth, Stephan Beckhoff, and Dr. Winnie Lee, for a "Good Morning Cambridge" breakfast featuring a conversation with Patrick Gaskin, President & CEO of Cambridge Memorial Hospital, moderated by Greg Durocher, President & CEO of the Cambridge Chamber. The discussion focused on healthcare in Cambridge, including patient safety, community needs, and preparing the system to serve a growing and aging population.



Women Take Charge – A Conversation with Township of North Dumfries Mayor Sue Foxtan

On April 29, Monika Hempel and Lynn Woeller joined member of CMH's leadership, Angela Schrum, for the Women Take Charge conversation with Township of North Dumfries Mayor Sue Foxtan.

The event provided an opportunity to hear directly from local municipal leadership and to engage in dialogue alongside business and community leaders from across the region. Participation in events such as this supports ongoing connection between CMH and community partners and reinforces the Board's commitment to staying engaged in community conversations.



OHA Health Care Leadership Summit

From April 29 – May 1, 2026, Diane Wilkinson, Julia Goyal, and Patrick Gaskin, attended the OHA's Health Care Leadership Summit in Toronto.

The Summit brings together hospital CEOs and Board Chairs from Ontario's 135 public hospitals and comes at a pivotal time for the sector. Global trade disruptions, shifting economic conditions, and growing pressures to improve productivity and efficiency have created an unprecedented operating environment. While adaptability remains critical, the focus has clearly shifted to action. Through bold conversations and constructive dialogue, participants explored how hospitals can take on stronger leadership roles in system transformation, embrace new responsibilities, collaborate in new ways, and position themselves as centres of innovation and growth within their communities.



Board Chair's Report – March & April 2026

Board Social

On April 14, Members of the CMH Board, CMH Foundation Board, and CMH Volunteer Association Board came together at the Gardens Event Centre for a Tri-Board social event. The evening provided an opportunity to connect in a relaxed, social setting and to strengthen relationships across the three Boards. It also served as a sincere expression of appreciation for the time, commitment, and leadership each Board dedicates in support of CMH and the community we serve.





CCDI UnConference Summary

Jayne Herring CCDI Unconference March 4-5, 2026



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Conference Overview

This was a virtual conference offered on two half-day sessions by the Canadian Centre for Diversity and Inclusion (CCDI).

The theme is this year's conference was Belonging in Complex Times: Equity & Courage at Work.

The conference featured a different Keynote session each day along with multiple workshops (offered in French & English) and a networking opportunity each afternoon.

Key Learnings & Insights

- My hope for enrolling in this conference was to increase my awareness of equity issues
- As I do not work or have experience in the DEIA space, this workshop helped me to learn about some of the emerging issues and strategies that are being used to make meaningful and measurable impact in the workplace
- A session on Equity Data and some of the complexities with collecting data, consent and trust was very informative.

I found the Keynotes to be very inspiring and engaging:

Kim Thuy spoke about her experiences as a Vietnamese Immigrant to Quebec and how she now self-identifies as a Vietnamese/Quebecois and how we can all embrace many identities.

Rayhan Azmat, VP at Cineplex, who discovered he had a rare muscular disease at the beginning of his career spoke about visible disabilities and resilience and how he was assisted throughout his career by mentors. He encouraged and reminded leaders to look for opportunities to fulfil that role for others.

- A panel of Indigenous women discussing ReconciliAction and reminding us that we ALL have a role to play in the TRC Calls to Action was also very powerful.

Final Reflection

- I feel this learning opportunity has added to my role as a Board Member by increasing my equity awareness and my exposure to DEIA issues.
- I also learned that successful values-driven organizations can lead change by ensuring they have inclusive workspaces.
- I will be carrying some of the comments from the panel discussion on ReconciliAction with me when we meet with the IAC and continue our relationship and discussions.
- Thank you for this learning opportunity!

BRIEFING NOTE

Date: April 16, 2026
Issue: Quality Committee Report to the Board of Directors, April 15, 2026 – OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Jennifer Morgan, Administrative Assistant to Clinical Programs
Approved by: Diane Wilkinson, Quality Committee Acting Chair

Attachments/Related Documents: None

A meeting of the Quality Committee took place on Wednesday, April 15, 2026 at 0700h.

Present: D. Wilkinson (Acting Chair), Dr. W. Lee, N. Gandhi, A. Schrum, J. Herring, K. Baldock, S. Pearsall, D. Haughton, P. Gaskin, A. McCarthy, M. Adair, T. Mohtsham, M. McKinnon

Regrets: W. Conway (Chair), P. Brasil

Staff: Dr. J. Legassie, M. Iromoto, Dr. K. Rhee, L. Barefoot

Guests: L. Costa, Dr. S. Khan, K. Tows

The Quality Committee completed its scheduled work for the April 15, 2026 reporting period in accordance with its terms of reference and workplan. Key matters reviewed, discussed, and advanced by the committee are summarized below for Board awareness.

Committee Matters – For information only

1. Program Presentations: Emergency Department (includes Patient and Staff Stories):

The Interim Director of the Emergency Department provided an overview of current operations, noting stable nursing staffing and some physician staffing gaps over the past year, with full physician complement expected by July 2026. The Vice President, Medical Operations, Academic Affairs & Health System Partnerships (VPMO) reported that the 90th-percentile Provider Initial Assessment (PIA) time has remained unchanged over the past year, continuing to drive patient dissatisfaction and posing organizational risk. While overall PIA performance has not improved, ED return-visit sentinel events have decreased, and higher-acuity patients have seen meaningful gains: CTAS 1 PIA improved from 1.6 hours to 0.5 hours between July 2024 and January 2026, with modest improvement for CTAS 2. Leadership emphasized the importance of system redesign—including ED modernization, zoning, and informatics—with optimism that the upcoming Health Information System and segmentation work will support improvement. The ED has partnered with Unity Health and North York General Hospital, with Unity Health conducting an on-site review in January that identified strong team culture, frustration with flow barriers, desire for clearer roles, high engagement, and change fatigue. Seven recommendations were developed, prioritizing front-end and subacute flow. In response, the ED launched a five-week Rapid Assessment Zone (RAZ) pilot supported by ministry funding, targeting

ambulatory CTAS 3–5 patients. Early results showed modest PIA reductions and positive patient feedback, though the pilot was limited by duration, eligibility criteria, operating hours, and staffing variability. PIA improved slightly from 7.4 hours in 2025 to 7.22 hours in 2026. Next steps include continuing the RAZ model within the existing footprint, expanding eligibility, redesigning subacute flow, and strengthening communication, role clarity, and resource reliability, informed by insights from a recent North York General visit. A critical incident occurred in February, with a Quality-of-Care Review completed using a Just Culture approach; recommendations will be presented in May.

A Committee Member requested clarification on ED visit volumes by CTAS level to better understand workload and acuity. Leadership reported that in 2025–26, approximately 19.7% of visits were CTAS 4–5 (8,564 visits), about 23,000 were CTAS 3, and roughly 11,000 were CTAS 1–2. Noted that CTAS 4–5 patients are best suited for Rapid Assessment/fast-track flow, while CTAS 3 patients require more careful criteria. Clear role accountability and dedicated resources were identified as critical to preventing delays and improving flow in the Rapid Assessment Zone.

A Committee Member inquired about the assessment and triage of patients presenting with mental health concerns, including suicide risk screening, patient flow, and the number of patients leaving without being seen due to wait times. Leadership responded that suicide risk screening is conducted as part of the Emergency Department triage process and is a requirement under accreditation standards. Patients identified as requiring mental health support are directed to the designated mental health area. Noted that current data on mental health patients who leave without being seen was not immediately available. Advised that, in collaboration with the Mental Health Department, a dedicated mental health (PAN) nurse and an Emergency Department RPN support mental health patients, and all patients meeting criteria undergo screening as part of the standard process.

A Committee Member asked for clarification on physician remuneration and its impact on Emergency Department efficiency. Leadership explained that the current model is a salaried alternate funding plan, noting that fee-for-service or pay-per-patient models tend to better align incentives with higher throughput. Clarified that the remuneration model is a joint decision involving physicians, the hospital, and the Ministry of Health, with salaried models being the most common as they provide income stability during volume fluctuations. Further noted that ED physician staffing levels are constrained by Ministry-determined formulas based on patient volumes and estimated physician capacity per shift, which allocate a fixed number of funded physician hours annually to each hospital.

Leadership explained that under a fee-for-service model, increased patient volumes can be addressed more flexibly by adding physician capacity or remunerating additional work, whereas the current salaried model requires departments to absorb excess volumes until funded hours are adjusted in a subsequent year. He used the example of a “doctor at triage” model to illustrate these constraints, noting that such approaches require additional physician hours and are more feasible under fee-for-service funding. Further emphasized that beyond funding and scheduling, building strong teamwork and trust among physicians is critical to improving performance. He noted that the Emergency Department team is still in an early development phase and highlighted the importance of ongoing team-building initiatives, including structured sessions and retreats, to strengthen collaboration and effectiveness over time.

The Committee Member posed a question regarding trends in patient satisfaction (Qualtrics) metrics. Leadership reported that patient satisfaction results have remained relatively stable since the recent implementation of the Qualtrics survey. Key themes emerging relate to communication, particularly the need to better inform patients about their care journey, expected wait times, and next steps. Emphasized that clear, consistent communication—delivered by the full care team, including physicians, nursing staff, NPs, and volunteers—is critical to improving patient experience and managing expectations in the Emergency Department.

One Committee Member inquired about physician integration and plans to build a cohesive, interdisciplinary team within the Emergency Department. Leadership responded that team culture is being strengthened through shared quality improvement initiatives, such as Kaizen and other improvement efforts, which foster a common purpose. Emphasized the importance of intentional team-building activities, including regular social interactions and retreats, noting that high-performing EDs prioritize early investment in trust and collaboration. Progress is underway, with continued focus on shifting from an individual to a team-based care mindset.

A Committee Member inquired about the effectiveness of the one-time funded Emergency Department Flow Coordinator initiative. Leadership confirmed the initiative was successful and has been approved as a permanent role. The Emergency Department now has two Flow Monitors providing coverage until 9:30 p.m., supporting patient flow, facilitating communication with inpatient units, and contributing to initiatives such as the Rapid Assessment Zone.

The Committee Member expressed appreciation for ED care and advocated for the inclusion of a patient voice in future Kaizen and process improvement initiatives.

A Committee Member shared a patient perspective inquiry regarding whether triage and Provider Initial Assessment (PIA) differ for patients arriving by ambulance versus those arriving ambulatory. It was clarified that while the location of triage differs (EMS patients are triaged by a dedicated nurse upon arrival), the CTAS level determination and PIA process are the same for all patients. Higher-acuity patients are seen sooner regardless of arrival method, while ambulatory and stable CTAS 3–5 patients may be directed to the waiting area to ensure appropriate use of EMS offload space and resources. Confirmed that Provider Initial Assessment (PIA) is managed consistently based on CTAS level, regardless of whether patients arrive by ambulance or ambulatory means. Differences relate only to the triage location, not assessment priority.

In response to a question regarding volunteer roles, it was advised that volunteer support within the Emergency Department has recently increased. Volunteers assist primarily with wayfinding, monitoring the waiting room, offering comfort measures (e.g., blankets), answering basic questions, and directing issues beyond their scope to appropriate staff. A concern was raised regarding the Emergency Department wait time display not appearing to update consistently. It was noted that the wait time clock should update more frequently and acknowledged recent technical issues related to display content reverting to corporate messaging rather than ED-specific information. Work is underway with Communications to ensure accurate and timely updates, recognizing the importance of transparency in managing patient expectations. *(The program presentation is included in Package 2.)*

2. **Annual Review of ED Return Visit Quality Program:** The Interim Director of the Emergency Department presented an overview of the Emergency Department Return Visit Quality Program, which focuses on identifying, auditing, and understanding the causes of patient return visits within 72 hours, including both sentinel events—such as

subarachnoid hemorrhage, acute myocardial infarction, and pediatric sepsis—and non-sentinel cases. Last year's priorities included senior-friendly initiatives, improved pediatric access, and enhanced communication, with key achievements such as launching the Pediatric Rapid Assessment Clinic and having the ED team invited to present their work at the ED Return Visit Quality Forum. The Physician Lead for the ED Clinical Decision Unit and Senior Quality Lead, responsible for reviewing return visits, summarized findings from 50 cases, noting strong overall patient safety performance, appropriate discharges, good outcomes, and very few sentinel events. Key improvement themes included avoiding discharge when critical diagnostic tests remain pending, ensuring repeat and normalized vital signs before discharge, improving management and follow-up for frequent ED users, reducing return visits linked to patients leaving without being seen, and strengthening communication and documentation when patients decline admission. Opportunities were identified to embed several safeguards into the upcoming Cerner implementation, and the Physician Lead expressed commitment to ongoing chart reviews in collaboration with ED leadership to further reduce preventable return visits.

A Committee Member noted similarities between the proposed approach to supporting high-utilization Emergency Department patients and the former Health Links model, suggesting that care coordinators or system navigators could help provide more coordinated, wraparound support. Leadership confirmed that the Health Links program continues to operate through the Cambridge Collaborative and advised that discussions with the Ontario Health Team are underway to strengthen care navigation and develop more seamless supports for high-needs patients. *(The program presentation is included in Package 2.)*

3. **Clinical Services Growth Plan:** The Committee received an update on the Clinical Services Growth Plan, aligned with the Elevate Partnerships and Care strategic pillar and aimed at positioning CMH as a leading community hospital over the next five years. Under Priority Theme 1 – Elevating Specialized Care, key achievements included expanding advanced specialty services such as the region's only breast reconstruction program, enhancements to the Regional Liver Health Clinic through hepatologist recruitment and embedded ultrasound, and new rapid assessment clinics to reduce Emergency Department pressures. Additional developments included a first-trimester clinic, an integrated newborn care model, and strengthened oncology clinical trials infrastructure. Updates on Priority Themes 2 and 3 highlighted strengthened partnerships with the Ontario Health Team and Primary Care Network to improve navigation and coordinated care for high-utilization patients, as well as clinical advancements such as full-scope Level 3 ICU capabilities, improved diagnostic imaging pathways, and regional leadership in Choosing Wisely initiatives. Community-focused initiatives included expanded newborn care, installation of a new MRI, mental health outreach, reinstatement of the Mental Health Family Education Series, and continued growth of the liver health and pediatric rapid assessment clinics. Innovation was emphasized as a key enabler, with work underway in AI-driven predictive analytics, clinical decision support, robotic process automation, and digital transformation through Oracle Health. Under Priority Theme 5 – Access to Care, progress included implementation of external ED review recommendations, expanded expedited endoscopy programs, strengthened surgical models, and embedded diagnostics, contributing to CMH leading the region in surgeries completed within wait-time targets. Looking ahead, leaders noted a shift from rapid growth to optimization, with a focus on efficiency, sustainability, patient experience, and community integration, supported by strong infrastructure and alignment between medical and operational leadership.

A Committee Member requested clarification on the expansion of the Regional Liver Health Clinic and the use of elastography. Leadership explained that the clinic was

originally launched during the pandemic to address a regional gap in access to specialized liver care and has since expanded from part-time operations to a full five-day-per-week model in response to growing demand. This growth has been supported by the recruitment of hepatology and gastroenterology specialists. He noted that embedded point-of-care ultrasound enables a one-stop model that improves efficiency and patient experience. Elastography, an advanced ultrasound technique used to assess liver disease severity, has been adopted at CMH despite limited reimbursement because it aligns with emerging best practices. Ongoing partnerships with tertiary centres, including London Health Sciences Centre, ensure seamless transitions for patients requiring higher-level care.

A Committee Member commended the scope of clinical innovation at CMH and asked for clarification on the timeframe associated with the success measures presented. It was confirmed that the Clinical Services Growth Plan aligns with the hospital's strategic plan covering 2022–2027, with the current presentation reflecting progress over the past three to four years. Noted that several initiatives build on work from the previous growth plan and will serve as a foundation for the next phase beyond 2027. *(The full update is included in Package 2.)*

4. **Quality Monitoring Scorecard:** The Quality Monitoring Scorecard was reviewed, a typographical error on the cover page was noted indicating that 11 indicators were meeting target; this was corrected to note that 11 indicators are not meeting target. Of these, eight relate to patient flow, two relate to staffing (overtime and sick time) overseen by the Resources Committee, and one relates to CHF readmission rates, which are under review by the COEC Committee.

A Committee Member inquired about the significant increase in overtime hours reported for February. Leadership explained that the increase was multifactorial, citing high inpatient volumes, a large number of unfunded beds, Emergency Department staffing gaps, ongoing shower remediation that temporarily divided units and reduced staffing efficiency, and increased sick time requiring short-term replacements.

The Committee Member also asked for an update on the shower remediation. Leadership advised that remediation is nearing completion, with one remaining phase and a small number of rooms outstanding. Some areas require rework to address safety concerns. Completion is expected within the coming weeks, which will allow teams to be reunited and improve operational efficiency. *(Further information is included in the consent agenda item 1.5.8)*

5. **Medical Advisory Committee Update:** Provided a high-level summary of the March and April Medical Advisory Committee (MAC) updates. Key themes included continued focus on medical quality, with departmental updates from Surgery, Medicine, and Family Medicine highlighting initiatives such as targeted physician recruitment, expansion of subspecialty services (including nephrology), cross-department clinical pathways, and specialized surgical programs. Strong collaboration with primary care was emphasized, particularly the role of Family Medicine in supporting surgical assists, obstetrics, pediatrics, and hospital capacity, contributing to physician retention, diverse practice opportunities, and the organization's Joy in Work priority. Organizational flow remained a recurring theme, with consistent medical leadership support for ED-led flow initiatives across departments. Lastly, patient safety was underscored, notably the extensive work of the Medication and Therapeutics Committee and subject-matter experts in preparation for HIS go-live, focusing on standardization, medication safety, and risk mitigation to support a safe digital transformation. *(Further information is included in the consent agenda item 1.5.6.5)*

BRIEFING NOTE

Date: April 28, 2026
Issue: Financial Statements – March 2026
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Spencer Ogston, Financial Analyst
 Michelle D’Souza, Manager, Finance
Approved by: Valerie Smith-Sellers, Director, Finance
 Trevor Clark, VP Finance & Corporate Services, CFO

Attachments/Related Documents:
Financial Statements – March 2026

Alignment with 2025/26 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2025/26 CMH Priorities No <input type="checkbox"/>	2025/26 Integrated Risk Management Priorities No <input type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Improve Patient Flow (AOT, PIA, ED Admits)	<input type="checkbox"/> Organizational Flow
<input checked="" type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Prepare for Digital Health Transformation	<input checked="" type="checkbox"/> Project Quantum
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement Through Improved Staffing (Med, ICU, ED, Physicians)	<input type="checkbox"/> Optimization of Staff/Medical Staff Levels
		<input type="checkbox"/> Management/Medical Staff Partnership
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Earn the Maximum Eligible PCOP Funding	
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Embrace Diversity, Build a Culture of Inclusion	

Alignment with 2025/26 CMH Corporate Plans: Multi-Year Financial Plan

Recommendation/Motion

Board

That, the CMH Board of Directors receives the March 2026 preliminary unaudited financial statements as presented by management and upon recommendation of the Resources Committee at the meeting of April 27, 2026.

Resources Committee

Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the March 2026 preliminary unaudited financial statements as presented by management. **CARRIED.**

Executive Summary

Cambridge Memorial Hospital (CMH) is in a \$9.6M net surplus position at the end of March 2026. This is primarily due to higher revenue than budget for Post Construction Operating Plan (PCOP) funding (\$12.2M) due to higher volumes than budget in fiscal 2025-26 and a prior year PCOP reconciliation for fiscal 2023-24 (\$8.8M), offset by an unfavourable variance in salaries and wages (\$2.9M).

Analysis

CMH is in a \$9.6M year-to-date net surplus position at the end of March 2026. Actual results are \$9.6M favourable to budget.

The favourable variance is driven by:

- \$12.2M PCOP funding driven by higher weighted cases and prior year volume reconciliation
- \$5.6M in budgeted contingency
- \$2.8M QBP revenue due to increased hip, knee, and shoulder (“joint”) volumes and prior year funding reconciliation.

The favourable variance is partially offset by the following unfavourable variances:

- \$4.2M variance in salaries & wages and benefits, primarily due to higher overtime driven by sick time, training, staffing unfilled shifts due to absences and vacancies, and operating unfunded beds.
- \$2.3M variance in medical surgical supplies due to expensing of just-in-time inventory as part of the adoption of Healthcare Materials Management System (HMMS) as CMH's new just-in-time inventory vendor (\$0.5M), and higher spending on general and orthopaedic supplies, as a result of higher joint volumes.
- \$2.3M variance in medical remuneration driven by additional payments in Diagnostic Imaging due to high volumes of diagnostics completed and physician rate increases, which is mostly offset by additional recovery revenue.
- \$1.8M variance in drug expense driven by the high cost of cancer drugs. These costs are largely offset by a recovery from Cancer Care Ontario (CCO).

Revenue Highlights

- QBPs are \$2.8M favourable to budget due to higher bundled care and surgical volumes (\$2.5M) and cancer care volumes (\$1.2M). This is partially offset by a negative variance in non-elective QBP volumes (\$0.9M). As QBP funding has been reached for certain procedures, volumes over the QBP funding envelope are generating eligible for Incremental Surgical Recovery (ISR) funding (\$1.7M).
- The hospital budgeted to receive \$20.3M in PCOP funding in 2025-26, just over 86% of the available \$23.7M PCOP funding allocation. Funding recognition is dependent on meeting volume targets. CMH achieved full eligible funding in fiscal 2025-26 (\$23.7M). The \$12.2M favourable variance is due to prior year reconciliation (\$8.8M) and higher weighted cases in 2025-26 (\$3.4M).
- Billable patient services is \$1.6M favourable to budget. The variance is primarily driven by higher volumes and physician rate increases in Diagnostic Imaging (\$1.0M) and ER Alternative Funding (\$0.3M), which are fully offset by higher medical remuneration costs.
- Recoveries and other revenue is \$2.9M favourable to budget. The variance is primarily due to recovery for oncology drugs (\$1.6M) from Ontario Health (OH), which is fully offset by higher drug expenses, and \$0.7M driven by rebates from WSIB and insurance surplus proceeds, and additional Ministry of Health revenue to partially offset the additional Pathologist hired during the year (\$0.4M).

Expense Highlights

- Salaries and wages are \$2.9M unfavourable to budget. This is mainly due to higher overtime (\$3.9M), sick time (\$0.8M), and training (\$0.6M), partially offset by a favourable variance in worked salaries (\$2.7M). Higher overtime costs have been driven by sick time, training, staffing unfilled shifts due to absences and vacancies, and the operation of unfunded beds in the Emergency Department and surge beds on Wing B and Wing C. A working group continues to meet on a bi-weekly basis focusing on strategies to reduce the overtime spend rate. The \$2.7M favourable variance in worked salaries is largely due to a budget assumption that the rehabilitation program would come back on site in October 2025, which did not occur. The hospital is working to finalize an agreement to permanently transfer the program to the Waterloo Regional Health Network (WRHN). The resulting \$1.0M favourable variance in salaries and wages, is fully offset by the cost being paid to WRHN to operate the program, which is

accounted for in other supplies and expenses. The budget also assumed Health Information System (HIS) salaries would be included in operating expenses, but these costs are primarily being capitalized. This has resulted in a \$1.1M positive variance in salaries and wages.

- Employee benefits are \$1.3M unfavourable to budget. The variance is driven by higher in lieu of benefits payments to part-time staff, due to a higher number of hours worked by part-time staff compared to budget.
- Medical remuneration costs are \$2.3M unfavourable to budget. The variance is driven by additional remuneration paid to physicians in Diagnostic Imaging due to high volume of diagnostics completed, physician rate increases as part of the OHIP relativity payments (2.8%) offset by OHIP revenue, and retro payments to physicians offset by additional revenue.
- Medical and surgical supplies costs are \$2.3M unfavourable to budget. In November 2025, CMH adopted HMMS as the new just-in-time inventory vendor. As a result, supplies are delivered directly to the units and expensed upon their arrival. All items on hand that were a part of this program at the time of the switchover were expensed, resulting in higher expenses in November (\$0.5M). Additional negative variance is due to general and orthopedic medical surgical supplies driven by higher joint volumes (\$0.7M), and general medical supplies in part due to the operation of unfunded beds.
- Drug expenses are \$1.8M unfavourable to budget. The variance is due to higher cost of drugs for the Oncology Program (\$1.8M). 98% of oncology drug costs are reimbursed by Ontario Health.
- Unfavourable variances in other supplies and expenses is \$0.2M negative to budget, with negative variances mostly offset by budgeted contingency (\$5.6M). These unfavourable variances include: contracted out expenses for the rehabilitation program (\$1.6M) at WHRN, bad debt expense (\$1.4M) due to estimated uncollectible self-pay debt (\$0.9M) and forgiveness of the Volunteer Association's receivable (\$0.5M), professional fees (\$1.1M) due to one-time approvals, unexpected repairs and maintenance (\$1.0M), and minor equipment (\$0.6M).
- \$1.5M of expenses related to Project Quantum are included in the March 31 financial statements. These costs include compensation, software, and legal costs.

Balance Sheet and Statement of Cash

CMH's current cash position is \$80.5M, consisting of \$64.7M of unrestricted cash and \$15.8M of restricted cash. The working capital ratio is 1.43 and meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target range of 0.8 to 2.0.

Unrestricted working capital available at the end of March is \$14.8M, as summarized below:

	\$M
Unrestricted Bank Balance – March 31, 2026	64.7
Add: Other Current Assets	18.9
Less: Current Liabilities (\$3.7M due to MOH)	(58.3)
Subtotal – Net Current Assets	25.3
Add: Vacation Bank Accrual (consistent with MOH working capital calculation)	5.7
Working Capital Available – March 31, 2026	31.0
Add:	
CMHF & Third Party Funding for Approved Equipment	3.6
Less:	
Outstanding Health Information System Commitments	(8.8)
Outstanding 2025-26 Capital Budget Commitments	(1.7)
2025-26 Capital Budget Commitments to be completed in 2026-27	(7.2)
Outstanding Approved POs	(2.1)
Forecast Unrestricted Working Capital – March 31, 2026	14.8

This is \$2.1M positive to budgeted working capital (\$12.7M), driven by the surplus generated by the hospital in the year, and by certain capital projects being cancelled to generate cost savings.

Cambridge Memorial Hospital
Statement of Operations
For the period ending March 31, 2026

Confidential
(Expressed in Thousands of Dollars)

Month of March 2026					Year to Date				2025-26	2024-25 Prior Year Actuals	
Actual	Budget	Variance	% Variance		YTD Actual	YTD Budget	YTD Variance	% Variance	Budget	March 2025	2024-25 YE
Revenue:											
MOH Funding											
\$ 11,104	\$ 10,646	\$ 458	4%	MOH - Base	\$ 126,167	\$ 125,347	\$ 820	1%	\$ 125,347	\$ 10,265	\$ 120,936
1,034	1,947	(913)	(47%)	MOH - Quality Based Procedures	30,508	27,698	2,810	10%	27,698	111	27,732
9,253	1,726	7,527	436%	MOH - Post Construction Operating Plan	32,543	20,324	12,219	60%	20,324	7,794	24,284
1,746	4,253	(2,507)	(59%)	MOH - One Time / Other	12,657	12,844	(187)	(1%)	12,844	2,687	10,917
23,137	18,572	4,565	25%	Total MOH Funding	201,875	186,213	15,662	8%	186,213	20,857	183,869
1,943	1,390	553	40%	Billable Patient Services	17,913	16,349	1,564	10%	16,349	1,195	17,116
2,530	1,758	772	44%	Recoveries and Other Revenue	23,347	20,458	2,889	14%	20,458	3,116	22,151
257	281	(24)	(9%)	Amortization of Deferred Equipment Capital Grants	3,112	3,297	(185)	(6%)	3,297	336	3,861
909	421	488	116%	MOH Special Votes Revenue	5,063	4,899	164	3%	4,899	479	4,227
28,776	22,422	6,354	28%	Total Revenue	251,310	231,216	20,094	9%	231,216	25,983	231,224
Operating Expenses:											
9,811	9,285	(526)	(6%)	Salaries & Wages	109,037	106,127	(2,910)	(3%)	106,127	8,998	99,184
2,562	2,595	33	1%	Employee Benefits	29,899	28,575	(1,324)	(5%)	28,575	2,085	26,302
2,091	1,899	(192)	(10%)	Medical Remuneration	24,511	22,239	(2,272)	(10%)	22,239	2,044	22,511
1,420	1,236	(184)	(15%)	Medical & Surgical Supplies	16,798	14,528	(2,270)	(16%)	14,528	1,466	14,870
1,425	1,128	(297)	(26%)	Drug Expense	15,080	13,251	(1,829)	(14%)	13,251	1,177	13,346
6,987	2,869	(4,118)	(144%)	Other Supplies & Expenses	33,447	33,204	(243)	(1%)	33,204	8,075	32,872
458	498	40	8%	Equipment Depreciation	5,389	5,699	310	5%	5,699	514	6,636
915	422	(493)	(117%)	MOH Special Votes Expense	5,222	4,899	(323)	(7%)	4,899	797	4,545
25,669	19,932	(5,737)	(29%)	Total Operating Expenses	239,383	228,522	(10,861)	(5%)	228,522	25,156	220,266
3,107	2,490	617	25%	MOH Surplus / (Deficit)	11,927	2,694	9,233	343%	2,694	827	10,958
(830)	(893)	63	(7%)	Building Depreciation	(9,772)	(10,515)	743	(7%)	(10,515)	(1,039)	(8,162)
621	664	(43)	(6%)	Amortization of Deferred Building Capital Grants	7,451	7,821	(370)	(5%)	7,821	800	6,121
\$ 2,898	\$ 2,261	\$ 637		Net Surplus / (Deficit)	\$ 9,606	\$ -	\$ 9,606		\$ -	\$ 588	\$ 8,917

**Cambridge Memorial Hospital
Statement of Financial Position
As at March 31, 2026**

(Expressed in Thousands of Dollars)

	March 2026	March 2025
ASSETS		
Current Assets		
Cash and Short-term Investments	\$ 64,651	\$ 74,166
Due from Ministry of Health / Ontario Health	8,235	4,807
Other Receivables	5,798	5,831
Inventories	2,687	3,083
Prepaid Expenses	2,605	2,600
	83,976	90,487
Non-Current Assets		
Cash and Investments Restricted - Capital	15,811	13,629
Due from Ministry of Health - Capital Redevelopment	7,691	7,691
Due from CMH Foundation	45	475
Endowment and Special Purpose Fund Cash & Investments	225	218
Capital Assets	303,988	302,411
Total Assets	\$ 411,736	\$ 414,911
LIABILITIES & NET ASSETS		
Current Liabilities		
Due to Ministry of Health / Ontario Health	3,778	3,964
Accounts Payable and Accrued Liabilities	40,886	41,512
Deferred Revenue	13,867	22,680
	58,531	68,156
Long Term Liabilities		
Capital Redevelopment Construction Payable	317	168
Employee Future Benefits	3,864	4,085
Deferred Capital Grants and Donations	272,369	275,699
Asset Retirement Obligation	3,130	2,884
	279,680	282,836
Net Assets:		
Unrestricted	21,581	18,246
Externally Restricted Special Purpose Funds	225	218
Invested in Capital Assets	51,719	45,455
	73,525	63,919
Total Liabilities and Net Assets	\$ 411,736	\$ 414,911
Working Capital Balance	25,445	22,331
Current Ratio	1.43	1.33

Cambridge Memorial Hospital
Statement of Cash Flows
For the period ending March 31, 2026

(Expressed in Thousands of Dollars)

	March 2026	March 2025
Cash Provided By (Used In) Operations:		
Excess (Deficiency) of Revenue over Expenses	\$ 9,606	\$ 8,917
Items not Involving Cash:		
Amortization of Capital Assets	15,161	14,798
Amortization of Deferred Grants and Donations	(10,563)	(9,982)
Change in Non-Cash Operating Working Capital	(11,959)	(9,556)
Change in Employee Future Benefits	(222)	(138)
	2,023	4,039
Investing:		
Acquisition of Capital Assets & Capital Redevelopment Project	(16,738)	(21,077)
Capital Redevelopment Project Construction Payable	149	(3,867)
	(16,589)	(24,944)
Financing:		
Change in Non-Cash Capital Accounts Receivable	-	(4,374)
Capital Donations and Grants & Capital Redevelopment Project	7,233	898
	7,233	(3,476)
Increase (Decrease) In Cash for the Period	(7,333)	(24,381)
Cash & Investments - Beginning of Year	87,795	112,176
Cash & Investments - End Of Period	\$ 80,462	\$ 87,795
Cash & Investments Consist of:		
Unrestricted Endowment and Special Purpose Investments	30	30
Cash & Investments Operating	64,621	74,136
Cash & Investments Restricted	15,811	13,629
Total	\$ 80,462	\$ 87,795