



**Campbellford Memorial Hospital**  
**Board of Directors Meeting**  
 Tuesday, October 25th, 2022 @ 4:00 PM

**PRESENT:** Kevin Huestis (Chair), Carrie Hayward, Paul Nichols, Nancy French, Liz Mathewson, Michael Bunn, Trish Wood, Doug Hunt, Jennifer Glover, Sandra Conley, Glen Wood, Marg Carter, Bruce Thompson, Robbie Beatty, Sandra Chapman, Dr. Eshay Elia, Nicole Wood, Eric Hanna, Dr. Kelly Parks

**REGRETS:** Patricia McAlister, Sandra Simon, Claire Robertson

**GUESTS:** Peter Mitchell (Recorder), Karen Guy (HR Manager), Adam Kolisnyk (VP Corporate Services/CFO), Megan McCarrell (ED Manager)

AGENDA ITEMS & DISCUSSION	DECISION POINTS
<b>1. CALL TO ORDER</b>	Kevin Huestis called the meeting to order at 4:22 PM
1.1 Confirmation of Quorum	A quorum was confirmed.
1.2 Approval of Agenda	Bruce Thompson Moved that the Agenda be Approved as Circulated.  Seconded by Robbie Beatty.  Carried.
1.3 Declaration of Conflicts of Interest	No conflicts of interest were declared.
<b>2. EDUCATION SESSION</b>	
2.1 ED Information Session	

Megan McCarrell presented to the board a report that included current issues the ED is facing as well as steps to address the falling market share and low satisfaction rates we are seeing.

Megan explained to the board that our left without being seen number is consistently triple the Provincial average of 3%. Dr. Eshay Elia noted however that given our small size and associated volumes, even having 2 or 3 patients leave in a day creates a high average and that it is thus important to look at total numbers as well as percentages when analyzing this statistic.

Dr. Elia further informed the board we need 5 full time ED physicians to fill the schedule on a monthly basis, and currently we have the equivalent of 3. He further explained that we do not get that many resident doctors which leads to low exposure in medical schools which negatively impacts recruiting. Dr. Elia informed the board that given CMH's unique location, having family doctors in the area work in the ED is essential, which is not something that is currently being done.

Megan also noted that some of these same factors impact nursing recruitment and highlighted some specifics related to the difficulties we are experiencing in the ED and some actions we will be taking to address them.

Some highlighted current issues leading to decreasing market share were:

- Recruitment and retention of staff being a challenge
- Bottlenecks in existing workflow causing delays in access to care
- Expectation wait times will be shorter at another hospital
- Low patient satisfaction and recommendation rates

Action plan steps included:

- Gleaning data to understand the changing demographics (higher numbers of admitted patients in the ED, decrease in availability of primary care in community)

- Connecting with other sites to share information about their solutions to similar issues
- Engaging in Patient Experience Surveys and follow-up discussions to learn from our patients
- Working with PFAC to shape service delivery
- Hospital site visits
- Patient Experience Surveys
  - Phoning patients who have visited the CMH ED in last 6 months
  - Asking 7 Questions about visit
  - Part of the Experience Strategic Pillar
  - Mix of Yes/No and Open Ended Questions
  - Manager pulling themes for Qualitative Analysis and reporting purposes
  - So far we have contacted 24 patients who were seen since January 2022, mixed results
- Hospital site visits
  - Group of individuals to travel to ED sites with similar demographics and volumes (also larger volumes)
  - Nurses, Administrators, PFAC, and Clinicians represented
  - Plan to visit: Napanee, Arnprior, Picton, Cobourg, and Bowmanville
  - Happening over next 6-8 weeks
  - Looking at workflow, novel spaces, patient flow, and staffing ratios

Liz Mathewson noted that we need to have someone who has experience creating surveys in order to make sure the right questions are being asked. For instance, don't just ask did you have to wait long as that is too open ended and doesn't give us the information on how long the person actually waited.

There was a general conversation about how the hospital should respond to negative comments on social media. Nicole Wood noted that directing them to the person most capable of addressing their concerns would be the most appropriate and to avoid directly engaging with people over social media would be advised.

<p>There was a brief conversation regarding the recent nursing staff realignment and the difficulties that the perception that it was layoffs has created.</p> <p>Liz Mathewson asked that Megan report back to the board on the results of the ED site visits that are occurring over the next few weeks, Megan said in the new year she would be happy to do so.</p>	
<p>2.2 Patient Story – Deferred</p>	
<p><b>3. CONSENT AGENDA</b></p> <p><i>(The following items/recommendations have been identified as part of the consent agenda for the regular meeting. Directors are encouraged to contact the Board Chair, CEO or EA to the CEO/Board in advance of the meeting if there are questions about a listed consent agenda item. Any Director may request that any of the Materials be moved to the Board or Committee meeting agenda.)</i></p> <p>There was a brief discussion about how to address items in the consent agenda if a director wants to speak to them or requires more information prior to making an informed decision on whether to vote in favour or not. Michael Bunn noted that if it's simply clerical than the EA can make changes. If it's more substantive it should be brought to the attention of the board and committee chair for further discussion to potentially be looked at during the regular agenda, or sent back to the committee.</p>	<p>Liz Mathewson Moved that the Consent Agenda be Approved as Circulated.</p> <p>Seconded by Sandra Conley.</p> <p>Carried.</p>
<p>3.1 Summary of Motions in Consent Agenda</p>	
<p>3.2 Board Meeting Minutes, September 27<sup>th</sup>, 2022</p>	
<p>3.3 Quality Committee Meeting Minutes, October 12<sup>th</sup>, 2022</p>	
<p>3.4 Quality Committee Terms of Reference (Policy 4-060)</p>	
<p>3.5 Point of Care Testing (Policy 4-050)</p>	
<p>3.6 Foundation Report and Minutes of September Board of Directors Meeting</p>	
<p>3.7 Auxiliary Report</p>	
<p><b>4. BUSINESS ARISING/COMMITTEE MATTERS</b></p>	
<p>4.1 Criteria for Permanent Discontinuation of a Clinical</p>	

<p>Program at CMH</p> <p>Eric Hanna noted this policy was approved by both the resource and quality committee and that this is the process that would be used if the was hospital was looking to discontinue a clinical program. Sandra Conley noted she felt the policy is missing a risk to reputation section that should be considered when making the decision to discontinue a clinical program. The board agreed.</p>	<p><b>Motion:</b></p> <p>The Board of Directors Approves the <i>Criteria for Permanent Discontinuation of a Clinical Program at CMH</i> and directs senior management to add a risk to reputation section.</p> <p>Moved by Bruce Thompson.</p> <p>Seconded by Carrie Hayward.</p> <p>Carried.</p>
<p>4.2 Mock Ethics Framework Review, Bill 7</p> <p>Nicole Wood spoke to the specifics around the ethics framework and highlighted the questions and steps that the hospital would go through while making a decision with ethical implications. She gave a few examples of the questions that would need to be asked related to moving a patient as it pertains to bill 7. Including what stakeholders to reach out to, what reputational questions to consider, and the risk to the patient.</p> <p>Liz Mathewson asked whether the hospital has the discretion to use the powers granted by bill 7. Nicole noted that yes it does and that regionally community care has decided they do not want to use them without the consent of the patient and further explained that, for now, the hospital is taking the same stance. There was a further discussion about the contents of bill 7 and what it would mean more broadly for CMH if we did start using the powers it gives us.</p>	
<p>5. <b>DINNER BREAK</b></p>	
<p>6. <b>NEW BUSINESS</b></p>	
<p>6.1 Communications Work Plan Review</p>	

<p>Peter Mitchell when through the communications work plan and highlighted the areas that were not completed on time and informed the board as to why. Glen wood asked if stakeholder outreach was included and Eric Hanna noted it is being done, but was not included on the work plan, but that he could include it in his CEO report more going forward.</p> <p>Kevin Huestis noted in the past board members would meet with key stakeholders more often and floated whether doing something of that nature might be beneficial going forward. Sandra Conley agreed that this might be a good idea. Kevin also informed the board that he is hopeful to start a sub committee with members of the board and the new Trent Hills council to discuss redevelopment advocacy.</p>	
<p>6.2 CIS NewCo Update –Referred to Resource Committee</p> <p>Doug Hunt provided the board a brief update related to EPIC governance and the proposed New Corporation being considered to take it over. As of right now, Scarborough Health Network is the lead organization in terms of governing the regional EPIC cluster, but they no longer wish to do so. Doug noted that a motion will likely come to the board next month designed to give the CEO authority to move forward with doing what needs to be done to create the new company. It will still require final board approval prior to the final implementation. He noted the creation of the new company will still take some time even once all seven hospitals pass the resolution.</p> <p>The board was informed there are no major issues related to the governance structure of this New Corporation still needing discussion. Much of what is left to do is fine tuning, such as determining liabilities and ensuring that everything we currently have in place will be still be in place under a new company.</p>	<p>More information on the proposed motion and background details will be presented to the Resource and Audit Committee at their November meeting.</p>
<p>6.3 New Medical Staff Bylaws</p> <p>Dr. Eshay Elia noted that there was a document included in the board package that contained all the major changes that are being proposed in the new Medical Staff By-Laws.</p>	<p><b>Motion:</b></p> <p>The Board of Directors Approves the new <i>Medical Staff By-Laws</i> as circulated and notes that going forward they will be a stand alone document separate from the corporation’s by-laws.</p>

<p>Many of the major changes are designed to streamline administrative processes, such as credentialing and suspensions. Eric Hanna also noted that these bylaws are based on an acceptable template endorsed by both the OMA and OHA.</p> <p>Marg Carter noted that the bylaws refer to a CNE (Chief Nursing Executive) where as CMH employs a CNO (Chief Nursing Officer). Nicole Wood noted the term is used interchangeably through the sector. Eric Hanna suggested we could consider changing to ensure continuity.</p>	<p>Moved by Trish Wood.</p> <p>Seconded by Liz Mathewson.</p> <p>Carried.</p>
<p>6.3.1 List of Changes to Campbellford Professional Staff Bylaw</p>	
<p>6.4 Site Selection Announcement Debrief and Next Steps</p> <p>Kevin Huestis informed the board that the announcement went very much according to plan and garnered a lot of positive media coverage. He further informed the board that the following day he and Eric Hanna met with the Chief of Staff to the Minister of Health and that it was, regrettably, a somewhat disheartening meeting as it did not seem like a planning grant was imminent. He noted that he was informed that many of the projects already approved are now over budget due to inflationary pressures making new projects unlikely to receive funding until cost overruns of approved projects are addressed.</p> <p>Eric Hanna noted that several service clubs around the area want to do a lawn sign campaign to try and keep the narrative going.</p> <p>The board had in depth conversation regarding the renovations that would be needed if a new hospital is not built and how much money that would cost. Eric was asked whether he has any sense of if the Government would close the hospital rather than invest in redevelopment or renovations. Eric noted that he doesn't get that impression, that the greater push back is related to why redevelop at all, and why the hospital can't just redevelop/renovate the existing site.</p>	

<p>There was a discussion about sending out a newsletter regarding redevelopment and other ways to advocate and put pressure on the government to approve the project.</p>	
<p>6.5 Board Meeting Evaluation  <a href="https://www.surveymonkey.com/r/5BR5673">https://www.surveymonkey.com/r/5BR5673</a></p>	<p>Kevin Huestis advised the board to complete the survey by the end of the week.</p>
<p><b>7. REPORTS</b></p>	
<p>7.1 Chief of Staff Report</p> <p>Dr. Eshay Elia presented his report as circulated prior to the meeting. He noted November still has a few open shifts in the ED but he is confident those will get covered.</p>	
<p>7.2 Interim President and Chief Executive Officer Report</p> <p>Eric Hanna presented his report as circulated prior to the meeting. He informed the board that the CEO search is underway and is hopeful that the short listed interviews will start towards the end of November.</p> <p>Eric also informed the board the Chief of Staff search is going well and he is optimistic there will not be a significant period where this is not a Chief of Staff.</p>	
<p><b>8. FUTURE AGENDA ITEMS</b></p>	
<p><b>9. Next Meeting Date – November 29<sup>th</sup>, 2022</b></p> <ul style="list-style-type: none"> <li>• <b>Mock Accreditation Survey, Monday November 7<sup>th</sup> at 3PM.</b></li> </ul>	
<p><b>10. MOTION TO ADJOURN THE OPEN MEETING &amp; MOVE INTO THE IN-CAMERA MEETING</b></p>	<p>Glen Wood Moved to Adjourn the Meeting and move into the In-Camera Session.</p> <p>Seconded by Bruce Thompson.</p> <p>Carried.</p>