



Campbellford Memorial Hospital
Board of Directors Meeting
 Tuesday, September 27th, 2022 @ 4:00 PM

PRESENT: Carrie Hayward (Chair), 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, Jane Lakatos, Sandra Simon, Claire Robertson, Dr. Eshay Elia, Nicole Wood, Eric Hanna,

REGRETS: Kevin Huestis, Patricia McAlister,

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

AGENDA ITEMS & DISCUSSION	DECISION POINTS
1. CALL TO ORDER	Carrie Hayward called the meeting to order at 4:02 PM.
1.1 Confirmation of Quorum	A Quorum was confirmed and board members went around the table and introduced themselves.
1.2 Approval of Agenda	Glen Wood Motioned that the Agenda be Approved as Circulated. Seconded by Trish Wood. Carried
1.3 Declaration of Conflicts of Interest	No conflicts of interest were declared.
2. EDUCATION SESSION	
2.1 Principle Based Care and Decision-Making: Ethics Nicole Wood introduced Josh Landry and his role at CMH and thanked him for the support he has provided to the Ethics team at the hospital.	

The presentation focused on:

- Exploring the Board's role in ethical governance
- Clarifying Accreditation Canada's Ethics Governance Standards in relation to the role of the Board Directors.
- Highlighting key features of the CMH Ethics Framework tools.

Josh Landry informed the board what Accreditation Canada will be looking for in terms of ethical governance and leadership and highlighted three main topics the board will need to ensure are occurring:

1. Demonstrating that ethics is a priority
 - EG, use of IEF, CEREN
2. Communicating clear expectations for ethical practice
 - Mission and Values, IEF, etc.
3. Integrating ethical decision-making into practice at all levels.
 - Clinical consults, policy review, pandemic planning, etc.

He further explained how the board can fulfil its role:

1. Defining and Being Guided by the Organization's "Moral Compass"
2. Approving, adopting, and following the Ethics Framework used in the Organization
3. Making Ethical Decisions

The presentation further elaborated on these points and how the board can ensure they are following them.

Josh Landry also presented "A Framework for Ethical Decision-Making" and how the board can use it when making decisions. There was a brief discussion about how this framework might apply to CMH's decisions around bill 7.

<p>The board had a question regarding the hospital’s values statement and whether it was typical or too broad. Josh noted that organization value statements are often general and non-specific and it is important not to focus as much on changing the values, but rather focus on what they mean specifically at the organization.</p> <p>The board discussed briefly examples of ethical decision-making they have made in recent years and talked about how they can ensure these decisions have a more formal process going forward using the framework presented.</p> <p>There was a conversation regarding how to bring a mock ethical decision to the board to give the board practice on how to go through the ethics framework. Eric Hanna suggested discussing the capital budget in that the capital requests will outnumber the amount of money available. There was also a suggestion that using the framework to determine the hospitals reaction to bill 7 would be a good exercise.</p>	
<p>3. CONSENT AGENDA</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>Carrie Hayward noted there was some concern from members of the board regarding how to amend minutes after they have been submitted to the board in the consent agenda. Eric Hanna informed the board that committee-meeting minutes are included for the board to review, they are not approved until they go back to the committee, and anyone with concerns should speak with the respective committee chair to have them addressed. Any other concern with the Consent Agenda should be brought to the board chair prior to the meeting and the chair will determine if the item needs to be removed from the consent agenda and added to new business.</p>	<p>Liz Matheson Moved to Approve the Consent Agenda as Circulated.</p> <p>Seconded by Bruce Thompson.</p> <p>Carried.</p>
<p>3.1 Board Meeting Minutes, June 22nd, 2022 (pre-AGM)</p>	
<p>3.2 Board Meeting Minutes, June 22nd, 2022 (post-AGM)</p>	
<p>3.3 Governance Committee Minutes, September 6, 2022</p>	

3.4 Governance Committee Terms of Reference (policy 5-210)	
3.5 Board Chair Selection (policy 5-060)	
3.6 In-Camera Sessions of the Board (policy 5-220)	
<p>3.7 Customer Relations – Complaints (policy 5-040)</p> <p>Several board members expressed concerns about how this policy references that all complaints are handled through the CEO’s office; however, it does not reference a different process for a complaint about the CEO.</p> <p>Michael Bunn noted that the policy would be revised by the Governance Committee in the near future taking into account the new administrative policy that has been developed which is far more elaborate than the existing policy.</p>	
3.8 Director Recruitment Policy (new)	
3.9 Resource & Audit Committee Minutes, September 20, 2022	
3.10 Resource & Audit Committee Terms of Reference (policy 3-040)	
3.11 Quarterly Compliance Certificate - Q1	
3.12 Foundation Report and Minutes of August Board of Directors Meeting	
3.13 Auxiliary Report	
3.14 CEO Transition Committee Minutes, September 21 st , 2022	
4. BUSINESS ARISING/COMMITTEE MATTERS	
<p>4.1 Risk Management Reporting</p> <p>Adam Kolisnyk summarized how risk reporting will take place as outlined in the presentation that was circulated prior to the meeting. Adam noted that he would provide</p>	

<p>the highest risk items to the board on a quarterly basis based on the risk assessments determined by a newly created risk management committee that he will serve as chair of.</p>	
<p>4.2 Risk Management Policy (5-310) – New</p> <p>Adam Kolisnyk presented the new Risk Management policy and highlighted that the policy is direct, to the point, and follows HIROC’s guidelines. Adam noted that if we change our risk management policies to be in line with HIROC recommendations we can save 5% on our insurance. Adam also noted he has created an updated administration policy for the hospital.</p>	<p>Motion:</p> <p><i>That the board approve Risk Management Policy (5-310) as circulated.</i></p> <p>Moved by Jennifer Glover.</p> <p>Seconded by Glen Wood.</p> <p>Carried.</p>
<p>5. DINNER BREAK</p>	
<p>6. NEW BUSINESS</p>	
<p>6.1 Accreditation Update</p> <p>Nicole Wood provided an update as to the status of accreditation at the hospital and highlighted the areas that still need work. She noted that the board will be having a mock accreditation survey in November and that similar mock exercises will be occurring throughout the hospital.</p>	
<p>6.2 Bill 7: More Beds, Better Care Act – Implications for CMH</p> <p>Nicole Wood provided the board an update on how Bill 7 is designed to work and what the implications at CMH will be. She informed the board the implementation is on hold until late November as Community Care needs to determine what they are allowed to do compared to what they feel comfortable doing. Nicole noted that our radius in which we can send patients is only 120 km so there will only be limited additional spaces that will become available. Nicole spoke to the potential reputational risks to the hospital by</p>	

<p>sending ALC patients outside of our catchment area/their preferred LTC location and that the family’s ability to help with their care will be diminished if they are far away.</p> <p>Nicole also noted there is still some ambiguity as to how this process will work and what a hospital would need to do to implement it. Glen Wood asked whether the regulations for the bill have come out yet, and Nicole noted they have not which leaves a lot of leeway to the hospitals in planning how to make these decisions.</p> <p>Liz Mathewson noted this bill can lead to people not being sent home, but rather to LTC homes far away and makes it difficult to age in place, which is an ideal solution in many cases. Nicole noted that this is always the first option the hospital explores and will always look at what supports would be needed so that a patient can go home.</p>	
<p>6.3 Chief of Staff Search Committee</p> <p>Eric Hanna highlighted the ongoing search for a permanent Chief of Staff and that Dr. Elia has reiterated he has no desire to take over on a permanent basis. Eric noted the company that has been hired, The Medfall Group, has recently worked with other area hospitals to find a Chief of Staff and he is optimistic they will find a suitable candidate.</p> <p>The board was informed the recruitment process would require the creation of a Chief of Staff Search Committee that will be tasked with working with The Medfall Group to recruit and hire a new Chief of Staff.</p>	<p>Motion:</p> <p><i>The Board of Directors will establish a Chief of Staff Search Committee, in accordance with the Chief of Staff Search Committee Terms of Reference, tasked with working with the Medfall Group to recruit and recommend to the board the hiring of a permanent Chief of Staff.</i></p> <p>Moved by Marg Carter</p> <p>Seconded by Bruce Thompson</p> <p>Carried.</p> <p>Motion:</p> <p><i>The Board of Directors extends the appointment of Dr. Eshay Elia as Acting Chief of Staff for an additional month up to and including October 31st, 2022.</i></p>

	<p>Moved by Trish Wood.</p> <p>Seconded by Robbie Beatty.</p> <p>Carried.</p>
<p>6.3.1 Chief of Staff Search Committee Terms of Reference (2-035) – New</p> <p>Eric Hanna presented the new Chief of Staff Search Committee Terms of Reference to the board. Sandra Conley noted that the person the board hires should understand the culture of the organization and the challenges it faces, not just someone with the best credentials. Eric Hanna agreed and noted that the Chief of Staff is one of only two employees employed by that board so the board needs to make sure it is someone the board can trust and rely on.</p>	<p>Motion:</p> <p><i>The Board of Directors Approves the Chief of Staff Search Committee Terms of Reference (2-035). Furthermore, the board appoints Carrie Hayward, Michael Bunn, and Nancy French to serve on the Chief of Staff Search Committee and appoints Trish Wood as an alternate.</i></p> <p>Moved by Trish Wood.</p> <p>Seconded by Robbie Beatty.</p> <p>Carried.</p>
<p>6.4 Board Work Plan Review</p> <p>Carrie Hayward presented the work plan that had been circulated prior to the meeting. There were no concerns with the plan.</p>	<p>Motion:</p> <p><i>The Board of Directors Approves the Board Work Plan as Circulated.</i></p> <p>Moved by Bruce Thompson</p> <p>Seconded by Robbie Beatty.</p> <p>Carried.</p>
<p>6.5 CEO Transition Committee</p>	<p>Motion:</p>

<p>Doug Hunt informed the board that the hospital received three proposals in response to the RFP the hospital issued to find an executive search firm to assist with the recruitment process. He noted that Waterhouse Executive Search was the preferred firm of the leadership transition committee. He highlighted that they were also significantly less expensive than the other two proposals, despite a similar scope of work. He also noted that the hospital has used them in the recent past with the recruitment of new VP Corporate Services/CFO Adam Kolisnyk. Doug Hunt also noted he has done several reference checks so far and they have all responded positively.</p>	<p><i>The Board of Directors accepts using the search firm Waterhouse Executive Search as recommended by the leadership transition committee and gives Board Chair Kevin Huestis authority to create the membership of the CEO search committee.</i></p> <p>Moved by Sandra Conley.</p> <p>Seconded by Nancy French.</p> <p>Carried.</p>
<p>7. REPORTS</p>	
<p>7.1 Chief of Staff</p> <p>Dr. Elia presented his report as circulated and informed the board that since the report was written, there has been one new locum physician sign up for an ED shift, but in general there has been little movement in recruiting physicians to the ED. He noted that Michele Haddow went to a job fair yesterday and had some positive conversations. He also noted that the ED COVID funding for physicians has been extended until March 2023. This allows us to pay for overlap in the ED or offer bonus hourly rates.</p> <p>He further informed the board we have a physician coming from the US to work in the inpatient unit and he is hopeful that all the licencing will be complete before the end of the year. He also noted that ED volumes have been between 40-70 people a day which is a little high for this time a year and that the inpatient unit is consistently operating above capacity.</p> <p>He also highlighted the bylaw changes that are occurring and how the medical staff bylaws are going to be separated from the corporate bylaws. He noted that chart completions have been an issue among some physicians, but most have been very good at completing outstanding charts once prompted. Eric Hanna noted that the new by laws are approved by the OMA and OHA.</p>	

<p>7.2 Interim President and Chief Executive Officer</p> <p>Eric Hanna noted his report was circulated prior to the meeting and he highlighted some of the notable elements. Sandra Conley asked about the partnership section and noted it seems like partners do not want to work with us. Eric acknowledged this concern and informed the board we have a partner meet and greet event planned later in October.</p> <p>Michael Bunn asked for clarity regarding the After Discharge Summaries, as the board was not familiar with this process. Nicole Wood noted it is a new document, related to EPIC, that details what happened to a patient while they were in the ED.</p> <p>Michael also asked about ED volunteers and Nicole noted that they help with after ED survey phone calls and offer comfort to those waiting. Nicole also provided an update on how NRC Picker has been discontinued as the vendor for after visit surveys and we are working with PRHC, ROSS, Lakeridge, and Scarborough to find a new vendor.</p> <p>Liz Mathewson commented that she feels we are missing an opportunity to recruit ED volunteers who are retired with health care backgrounds, those who can provide more of a service than volunteers who do not have a health care background. Karen Guy and Nicole noted they would discuss it.</p>	
<p>8. FUTURE AGENDA ITEMS</p> <p>Board of Directors Declaration (Form to be reviewed/ revised at next Governance Committee Meeting and brought back to the board in November)</p>	
<p>9. Next Meeting Date – October 25th, 2022</p>	
<p>10. MOTION TO ADJOURN THE OPEN MEETING & MOVE INTO THE IN-CAMERA MEETING</p>	<p>Michael Bunn Moved to Adjourn the Meeting and move into the In-Camera Session.</p> <p>Seconded by Bruce Thompson.</p>

	Carried.
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