Campbellford Memorial Hospital
Board of Directors Open Meeting - Minutes
Tuesday, March 25th, 2025 @ 4:00 PM

PRESENT: Carrie Hayward (Chair), Jeff Hohenkerk, Liz Mathewson, Michael Bunn, Sandra Conley, Marg Carter, Dr. Dimitri Louvish, Doug Hunt, Glen Wood, Dr. Ellen Buck-McFadyen, Heather Campbell, Robbie Beatty, Jennifer Glover, Dr. Danish Chippa, Greg Clarke, Fiona Harrington, Bruce Thompson
REGRETS: Trish Wood, Deanna Baker
GUESTS: Peter Mitchell (Recorder), Adam Kolisnyk, Jessica Brandon

1. CALL TO ORDER

Carrie Hayward called the meeting to order at 4:00 PM.

1.1 Land Acknowledgement

Carrie Hayward welcomed directors to the meeting and read a Land Acknowledgement.

1.2 Confirmation of Quorum

A Quorum was confirmed.

1.3 Approval of Agenda

Motion: Be it resolved that the Board of Directors approves the agenda.

Moved by: Glen Wood
Seconded by: Liz Mathewson
Carried

1.4 Declaration of Conflicts of Interest

There were no conflicts of interest.

2. LAB ACCREDITATION RECOGNITION

The board acknowledged the successful lab accreditation and presented a certification of recognition to lab manager Zoe Neilly and Senior Lab Technologist Tammy Pye.

3. CONSENT AGENDA

(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.)

3.1 Summary of Motions in Consent Agenda

Motion: Be it resolved that the Consent Agenda be approved, including all motions listed in section 3.1 - Summary of Motions in Consent Agenda.

Moved by: Dr. Ellen Buck-McFadyen
Seconded by: Marg Carter
Carried

3.1 Summary of Motions in Consent Agenda

3.2 Board of Director Meeting Minutes of January 28th, 2025

3.3 Mission, Vision & Values

3.4 CEO Search Committee Terms of Reference (Policy 2-030)

3.5 CEO Selection and Succession Planning (Policy 2-040)

3.6 Communications & Engagement Plan

3.7 Executive Committee Terms of Reference

3.8 Point of Care Testing (Policy 4-050)

3.9 Quality Improvement Plan 25/26

3.10 Operating Statements Q3

3.11 Quarterly Compliance Certificate – Q3

3.12 HSAA (Hospital Service Accountability Agreement) Extension

3.13 MSAA (Multi-Sector Service Accountability Agreement) Extension

3.14 Foundation Report

3.15 Auxiliary Report

3.16 Multi Care Lodge Report

4. BUSINESS ARISING/COMMITTEE MATTERS

4.1 Governance Committee Report

Michael Bunn provided an overview of key items discussed at the most recent Governance Committee meeting. He highlighted the policies that were reviewed and updated during the meeting, all of which were subsequently approved by the Board as part of the Consent Agenda. He also noted that the Executive Committee Terms of Reference were newly developed and formally approved. In addition, he outlined the proposed changes to the hospital's bylaws and the articles of amendment to the letters patent that will be required to support the proposed name change. He indicated that further information regarding these changes will be presented at the next Board meeting.

4.2 Quality Committee Report

Liz Mathewson presented the Accessibility Plan Report to the Board, noting several improvements that have been made over the past year. However, she acknowledged that certain accessibility requirements remain challenging to implement due to the age of the building and existing infrastructure limitations—for example, the difficulty of widening bathroom doorways. She also highlighted new clinical initiatives shared with the committee, including the introduction of a dedicated mobility team. In addition, Heather Campbell reported an increase in ambulance offload wait times, alongside an improvement in the rate of patients leaving the Emergency Department prior to being seen. She also drew attention to the recent wound prevalence study, emphasizing the need for continued efforts to reduce the incidence of wounds acquired during hospital stays.

4.3 Resource & Audit Committee Report

Glen Wood reported that the committee received a high-level Human Resources Plan at its previous meeting, which will serve as a framework for ongoing measurement and evaluation. He noted that the hospital's staff turnover rate remains low, which is a positive indicator. He also highlighted that the hospital continues to operate with a deficit and remains structurally underfunded. CFO Kolisnyk affirmed this assessment, stating his professional opinion that the hospital is indeed underfunded.

4.3.1 Operating Budget 2025/26

Glen Wood noted that the budget reflects a projected $9 million deficit, though it is factoring in the inclusion of pressure funding which if received, will lower cut the deficit in half. He emphasized to the Board that this level of deficit extends beyond Campbellford Memorial Hospital and is indicative of broader, system-wide financial challenges. He reported that hospital management has committed to developing a comprehensive plan to address the deficit, with the goal of returning to a balanced budget by the 2028–2029 fiscal year. CFO Kolisnyk added that, from an efficiency standpoint, Campbellford Memorial Hospital does not stand out

negatively, a position that is supported by Ontario Health. However, he acknowledged the risk that more aggressive deficit reduction directives could be issued in the future.

Motion: Be it resolved that the Board of Directors approve the 2025/26 Operating Budget as recommended by the Resource & Audit Committee

Moved by: Sandra Conley
Seconded by: Robbie Beatty
Carried

4.3.2 Capital Budget 2025/26

The Capital Budget was submitted for approval.

Motion: Be it resolved that the Board of Directors approve the 2025/26 Capital Budget as recommended by the Resource & Audit Committee.

Moved by: Bruce Thompson
Seconded by: Liz Mathewson
Carried

4.3.3 Community Accountability Planning Submission (CAPS) Budget 2025/26

The Community Accountability Planning Submission (CAPS) Budget was submitted for approval.

Motion: Be it resolved that the Board of Directors approve the 2025/26 Community Accountability Planning Submission Budget as recommended by the Resource & Audit.

Moved by: Greg Clarke
Seconded by: Robbie Beatty
Carried

5. NEW BUSINESS

5.1 CEO Succession Plan

Chair Carrie Hayward highlighted the requirements of the CEO succession plan, noting that all relevant details were outlined in the accompanying briefing note that had been circulated in the meeting package prior to the meeting. There were no questions or comments from the Board regarding the plan.

5.2 Land Acknowledgement

Chair Carrie Hayward informed the Board of the consultation process undertaken by the hospital to develop the land acknowledgement, which included engagement with the Chief of Alderville First Nation and their Consultant Coordinator. She noted that the hospital received thoughtful feedback during this process and made revisions accordingly. The version presented in the Board package represents the final proposed land acknowledgement. A question was raised regarding how the Board and hospital can ensure the acknowledgement is meaningful in practice. Chair Hayward emphasized the importance of the hospital's ongoing work with Alderville First Nation, including partnerships aimed at expanding health services within the community and ensuring appropriate consultation throughout the redevelopment process.

Several directors noted that incorporating personal reflections when reading the acknowledgement can help foster a deeper connection, and suggested inviting Elders to lead educational sessions for the Board. A number of ideas were discussed to support the development of a meaningful and respectful relationship with local Indigenous communities. Directors expressed a strong interest in participating in an educational session. Heather Campbell informed the Board that the hospital is working with Indigenous Navigators to initiate this work from an organizational perspective. The Board requested that invitations to any related sessions also be extended to directors to allow for their participation. Directors additionally recommended that the land acknowledgement be visibly displayed throughout the hospital.

Motion: Be it resolved that the Board of Directors approves the Land Acknowledgement.

Moved by: Sandra Conley
Seconded by: Liz Mathewson
Carried

6. REPORTS

6.1 Chair Report

The report will be discussed in-camera.

6.2 President/CEO Report

CEO Hohenkerk informed the Board that information regarding potential tariffs and their implications for the healthcare sector was included in the Board package. He noted that the hospital continues to monitor and evaluate the situation; however, it remains challenging to plan effectively at this time, as the status of the tariffs continues to evolve and remains uncertain.

6.3 Chief of Staff Report

Chair Hayward noted that Dr. Louvish's report was circulated in the meeting package.

7. CORRESPONDENCE

8. NEXT MEETING DATE – April 29th, 2025

9. MOTION TO ADJOURN THE OPEN MEETING

Moved by: Bruce Thompson
Seconded by: Glen Wood

Carried