# Campbellford Memorial Hospital
# Board of Directors Open Meeting - Minutes
**Tuesday, May 27th, 2025 @ 4:00 PM**

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

## 1. CALL TO ORDER

Carrie Hayward called the meeting to order at 4:04 PM.

### 1.1 Land Acknowledgement

Glen Wood offered a Land Acknowledgement.

### 1.2 Confirmation of Quorum

A Quorum was confirmed.

### 1.3 Approval of Agenda

Agenda item 4.3.2 is being deferred to the June meeting.

**Motion:** Be it resolved that the agenda be approved as amended.

**Moved by:** Bruce Thomson
**Seconded by:** Robbie Beatty

### 1.4 Declaration of Conflicts of Interest

No conflicts were declared.

## 2. EDUCATION SESSION – RURAL STOP GAP PROGRAM

Heather Campbell and GotCare CEO Chenny Xi provided the Board with an overview of the Rural Stop Gap program and its implementation to date at the Hospital. The presentation included a summary of the program's objectives, operational structure, and early outcomes.

Board members engaged in a discussion regarding the program's impact on both the hospital and participating patients. Questions were raised about the role and qualifications of the Health Care Ambassadors involved in the program, the nature of their interactions with patients, and overall patient response. Additional discussion focused on the program's funding model and various logistical considerations related to its ongoing rollout.

It was also noted that the Rural Stop Gap program, alongside initiatives such as the Mobility Team and the Geriatric Emergency Medicine Specialist, is contributing significantly to the hospital's efforts to reduce its Alternative Level of Care (ALC) rates.

## 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**: Glen Wood
**Seconded by:** Trish Wood
***Carried***

### 3.2 Board of Director Meeting Minutes of April 29th, 2025

### 3.3 Accessibility (policy 4-010)

### 3.4 Accreditation (policy 4-020)

### 3.5 Occupational Health & Safety (policy 4-030)

### 3.6 Quarterly Compliance Certificate – Q4

### 3.7 BPSAA Compliance Reports Expense Claims

**3.8 BPSAA Compliance Reports Use of Consultants**

**3.9 Contract Approvals**

- **Voyago Patient Transfer Services Inc.**
- **Harbridge & Cross Limited**
- **PRHC IT Support Services Agreement**

**3.10 Operating Statements – Q4**

**3.11 Business Report Approval – Revenue & Expense Report (Actual vs. Budget)**

**3.12 Conflict of Interest (Policy 5-200)**

**3.13 Community Engagement and Communications Policy (Policy 6-020)**

**3.14 Board Policies - Creation, Approval & Revision (Policy 5-150)**

**3.15 Foundation Report**

**3.16 Auxiliary Report**

**4. BUSINESS ARISING/COMMITTEE MATTERS**

**4.1 Quality Committee Report**

Quality Committee Chair Liz Mathewson presented the Quality Committee report to the Board, highlighting key developments and positive trends. She noted improvements identified in the most recent Infection Prevention and Control (IPAC) report, particularly the reduction in hospital-acquired infections and the increase in hand hygiene compliance rates among staff.

Chair Mathewson also provided an update on the ongoing development of the Clinical Program Decision-Making Framework, which is intended to support evidence-based service planning and resource allocation.

In response to interest from Directors, it was requested that the presentation on the Rural Stop Gap program, originally delivered to the Quality Committee, be shared with the full Board for information and context.

### 4.2 Resource & Audit Committee Report

Resource & Audit Committee Chair Glen Wood presented the Committee's report to the Board, highlighting several key developments. He noted positive progress within Human Resources, including the ongoing development of the hospital's People Plan and encouraging improvements in staff turnover rates.

Chair Wood also reported on the hospital's financial position, noting that the 2024/25 fiscal year has closed with a deficit, and that additional cash flow infusions will be required throughout the 2025/26 fiscal year to maintain operations. He emphasized that the hospital continues to face structural underfunding and shared that emerging indications suggest future pressure funding from the province may be structured as repayable rather than one-time support, which could present additional financial challenges.

### 4.3 Governance Committee Report

Governance Committee Chair Michael Bunn presented the Committee's report to the Board, noting that a number of policy updates had been included for approval within the consent agenda. He also provided a brief overview of upcoming by-law revisions that are currently in development. In addition, Chair Bunn shared that work is ongoing to enhance the Board portal, with the goal of improving usability and access to key governance materials.

### 4.3.1 By-law Updates

It was noted that the full suite of proposed changes will be brought forward for further discussion and approval at the June 17th Board meeting. Chair Bunn highlighted a specific proposal to amend the terms of the Board Chair and Vice Chair from one-year terms to two-year terms, to support greater continuity in leadership.

The Board also discussed a proposed change to the minimum number of Board meetings per year, reducing the requirement from the current minimum number of nine to six. Directors expressed general comfort with this adjustment, emphasizing that the intent is not to limit the number of meetings to six, but rather to allow greater flexibility in scheduling based on the needs of the organization.

### 4.3.2 Resolution Approving Articles of Amendment, By-laws and Policies – Deferred

## 5. NEW BUSINESS

**5.1 Board Chair Evaluation Form**

It was noted that all Directors had completed the annual Board evaluation. Chair Hayward extended thanks to the Directors for their participation and timely completion of the process.

**5.2 Board Meeting Evaluation Form**

It was noted that the evaluation results were included in the meeting package for review. No concerns were raised by the Directors regarding the results.

**5.3 Notice of AGM**

Directors were reminded that the Annual General Meeting will take place on June 24th at 4:00 p.m. in the Hospital Board Room.

**6. REPORTS**

**6.1 Chair Report**

Chair Carrie Hayward informed the Board that she has been working in collaboration with CEO Jeff Hohenkerk to plan the board committee structure for the upcoming board year. As part of this process, some Directors will transition to different committees to support broader engagement and governance development.

It was also noted that new Directors will be appointed to the Board from both the Auxiliary and the Foundation for the upcoming term.

Chair Hayward additionally provided a brief update on the recent Ontario Hospital Association (OHA) Leadership Summit, which she attended, highlighting key themes and takeaways relevant to hospital governance.

**6.2 President/CEO Report**

CEO Jeff Hohenkerk provided an update on several upcoming initiatives at the hospital, including the launch of the new Strategic Plan and the upcoming Staff Appreciation Week activities.

He also shared reflections from the recent Ontario Hospital Association (OHA) Leadership Summit, noting that much of the discussion focused on potential changes to the broader healthcare landscape and what those shifts may mean for hospitals moving forward.

In addition, CEO Hohenkerk informed the Board that he recently spoke to the local Rotary Club about the hospital's redevelopment project and noted that there is strong enthusiasm within the community, particularly around the beginning of the fundraising process to support the redevelopment project.

**6.3 Chief of Staff Report**

Dr. Louvish provided an update, reporting that the credentialing software implemented last year has proven highly effective during this year's reapplication process. He noted that the system significantly improved efficiency and ease of use for both applicants and those responsible for approving credentials. Additionally, Dr. Louvish highlighted a substantial increase in the utilization of the Emergency Department scheduling software.

**7. CORRESPONDENCE**

There was no correspondence.

**8. NEXT MEETING DATE – June 17th, 2025**

**9. MOTION TO ADJOURN THE OPEN MEETING**

**Moved by**: Marg Carter
**Seconded by:** Bruce Thompson
***Carried***