



Board of Directors  
Policy Manual

Subject: **BOARD POLICIES:  
CREATION, APPROVAL and REVISION**  
Policy # 5-150  
Approved by: Board of Directors  
Issue Date: April 29, 2021

Revised (R) / Reconfirmed (RC) Dates

**POLICY**

Board policies will reflect and support the responsibilities of the Board including, Strategic Direction, Excellent Management, Quality Safety and Effectiveness, Financial Viability, Effective Governance, and Stakeholder Relationships. The policies will be consistent with the Hospital By-Law, and compliant with applicable legislation.

**PURPOSE**

This policy is intended to provide guidance for the creation, revision, and approval of Board policies.

**PROCEDURE**

1. Each policy will be developed using a standard “template”: (Example below)
  - a. Title: Arial, Bold, 14pt, all caps, no underline
  - b. 3 Sections: Policy, Purpose, Procedure, each section and sub-section divided by 2 spaces
  - c. Headings: Arial, Bold, 12 pt., all caps, no underline
  - d. Subheadings: Ariel, Bold, 12 pt., first letter capitalized, no underline
  - e. Text: Arial font, regular 11 pt., single spaced
  - f. Primary numbering: Regular numbers (1., 2., 3., etc.)
  - g. Secondary numbering: small cap letters. (a., b., c., etc.)
2. New policies will be developed as required to meet changes in the Governance model, or legislation.
3. Policies will be reviewed or revised every 4 years or more frequently if necessary, by the appropriate Committee, and brought to the Board for final approval.
 

Terms of Reference for the committees of the Board will be reviewed annually in September. Minor changes such as correcting spelling, grammar, etc. can be made without the approval process.

Once approved, the policy will be posted by the secretary in the format/template developed for the policy manual, noting the revised/reviewed date.

**NOTE:** Terminology in policies will follow the format in Policy Definitions: (below)

- a. If a new term is introduced that is not in the definitions, it will be added in the individual policy in full for its first reference followed by a shortened term in brackets.
- b. Subsequent references in that policy will be the shortened version.
- c. If it is expected that this term will be used in other policies as well, it should be added to the Definitions page of this policy.

## **POLICY DEFINITIONS**

### **IN THIS BOARD POLICY MANUAL**

**“Auxiliary”** means an organized group of volunteers who support the hospital in its fundraising efforts;

**“Board”** means the Board of Directors of Campbellford Memorial Hospital;

**“By-Law”** means regulations adopted by the hospital to provide a framework for its operation and management;

**“Chair”** means the chair of the Board;

**“CEO”** means the President and Chief Executive Officer of the Corporation ;

**“CNE** means Chief Nursing Executive: Coordinator, Patient and Client Services employed by the Corporation who reports directly to the CEO and is responsible for nursing services provided in the hospital;

**“Community Member”** means a person appointed as a public member at large to sit on a Committee of the Board;

**“COS”** means Chief of Staff or the Medical Staff member appointed by the Board, in accordance with the Professional Staff By-law, to serve as Chief of Staff in accordance with the regulations under the Public Hospitals Act;

**“Corporation”** means Campbellford Memorial Hospital, or the “hospital”;

**“Director”** means a member of the Board whether elected or Ex-officio;

**“Ex-officio”** means membership “by virtue of office” and includes all rights, responsibilities and power to vote unless otherwise specified;

**“Foundation”** means the Campbellford Memorial Hospital Foundation;

**“Hospital”** means Campbellford Memorial Hospital or the Corporation;

**“Management”** means the CEO and the executive staff of the hospital;

**“Ministry”** means the Ontario Ministry of Health and Long-Term Care or MOHLTC;

“**OHT**” means Ontario Health Team;

“**OHT-N**” means Ontario Health Team Northumberland;

“**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

“**Policy**” is a plan which guides the action and decision-making of the Board;

“**Professional Staff**” means the Medical Staff, Dental Staff and members of the Extended Class Nursing Staff who are not employees of the Corporation;

“**Public Hospitals Act**” means the Public Hospitals Act (Ontario) and includes the regulations made thereunder;

“**Stakeholder**” means any person, or groups having an interest in the hospital’s affairs.