

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

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| Guideline | | Policy Number | ADM-BO-009 | |
| Title Communication between Directors and Staff | | Policy category | | <input type="checkbox"/> Departmental |
| | | | | <input type="checkbox"/> Organization Wide |
| | | <input checked="" type="checkbox"/> Board | | |
| | | Manual | | Board |
| | | <input checked="" type="checkbox"/> New | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Origination Date | | | Developer Governance Committee | |
| Effective Date | | | | |
| Cross References (NBRHC or legacy organization policies) Not applicable | | Comparable Policy from service provider within NBRHC Facility Not applicable | | |

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

1.0 Preamble

Communication between directors and staff should be carried out with recognition of the distinct reporting relationship between the Board and the CEO as its only employee. Similarly, the reporting relationships between the CEO and the Vice-Presidents and other need to be respected by the Board. In keeping with these distinct relationships, preferred communication practices are outlined below to assist Directors, the CEO and staff in maintaining effective communications within the hospital while ensuring that the Board is able to obtain all required information.

1.1. Board Meetings

There are two situations that arise during Board meetings involving Director/staff communication. The first is where an agenda item is identified with a staff member other than the CEO as the presenter. In this case, questions to and/or dialogue with the named staff are appropriate. The Chair or the staff in question should redirect to the CEO questions that go clearly beyond the topic being presented. The second situation involving general discussion will see questions to staff being directed through the Chair. The Chair will normally refer the questions to the CEO who may respond directly, may request a response from staff or may defer a response if internal discussion or decisions are required. The Chair may also defer a response based on his/her responsibility to ensure the effectiveness of the meeting.

1.2. Committee Meetings

The relationship between the Chair of a Board Committee and the senior staff that is the primary support for the Committee (usually a Vice-President) is an important communication avenue. Interaction should only be with the VP and not with staff within the hospital departments which provide information to the committee. If there are issues with regard to the functioning of the committee the CEO should be advised quickly in order that feedback to the VP in question can be provided by the CEO. There is a choice about whether the communication to the CEO by the

Director is informal or within the Board process, depending on the magnitude of the issue. The CEO can reasonably expect that feedback on staff performance is communicated to her/him privately.

1.3. Non-Voting Directors

Recent regulatory changes have mandated non-voting Directors on hospital Boards: Chief Executive Officer; President of the Medical Staff; Chief Nursing Executive; and Chief of Staff. The latter two individuals are mandated as members of the Quality Committee; they are also members of the Senior Leadership Team.

The Chief of Staff, as chair of the Medical Advisory Committee, reports directly to the Board on that committee's legislated responsibilities for monitoring clinical care and for managing the credentialing of professional staff. The Chief Nursing Executive has always held the mandate of reviewing and ensuring continuing high quality nursing care. The regulation appointing this position as a non-voting Director and as a voting member of the board Quality Committee is evidence of the importance that the Ministry of Health puts on the role of nursing within overall quality of care. Directors need to be sensitive to the multiple roles these individuals perform and adjust questioning appropriately.

1.4. Staff Presentations

There should be dialogue between Directors and any staff member making a presentation to the Board or a committee. However, there needs to be sensitivity on the part of Directors to keep questions directed to junior staff focused on the presentation and their role within the subject. Policy-related or corporate queries should be directed to the Board or Committee chair. (As described in the Board meetings section above)

1.5. One-on-one Discussions

It is inevitable with Directors that are visible within the hospital and North Bay that interactions with staff will occur. Staff and sometimes volunteers have used these occasions in the past to raise specific operational issues. Directors should listen carefully to the issue and commit to passing it along with the agreement of the staff or volunteer. It is appropriate for the Director to pass the agreed upon message to the CEO and to the Chair. Depending on the circumstances, it may be appropriate to also raise the issue at a closed Board session. This approach also holds for similar discussions with a member of the general public.

2.0 Content Experts/Stakeholders

| Content Expert/Stakeholder | Date Sent |
|----------------------------|--------------|
| Governance Committee | June 2015 |
| Board of Directors | October 2015 |

3.0 Signing Authority Approval

| Position | Date Signed |
|---------------------------|------------------|
| Chair, Board of Directors | October 16, 2015 |