**BOARD MANUAL**

| SUBJECT: Guidance for Decision Making Process | |
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| | **NUMBER: 2-D-10** |
| **SECTION:** Board Processes | **APPROVED BY: Board of Directors** |
| **DATE:** January 15, 2014 | **REVISED/REVIEWED: January 28, 2015, September 27, 2017, May 26, 2021** |

**Policy**

The intent of this guidance is to support the Board in its role as the ultimate decision-making body in the organization. This guidance will help:

- Facilitate rigorous, comprehensive discussion on difficult decisions
- Ensure that risk and ethics are appropriately addressed in the decision-making process
- Include an appropriate hierarchy of decision-making authority within the organization

**Context for Decision-Making**

The health care environment is characterized by a variety of factors, including but not limited to the following, which provide the context for decision-making:

- Limited resources
- Changing demographics and shifting cultural values in society
- Increased emphasis on patient and family member/care giver involvement in decision making
- Increased public awareness and interest in health care issues
- Changing public expectations and increased requirement for public accountability and transparency
- New and evolving technologies and approaches to care
- Emphasis on individual rights and freedoms
- Privacy and confidentiality issues
- Increased need for interdisciplinary and inter-institutional collaboration, co-operation and integration
- Evolving governance structures and accountabilities
- The Board's accountability as outlined in the appropriate Board policy

**Guiding Principles**

The following principles will guide decision-making at the Board level:

- Consistency with the organization's mission, vision and values.
- Commitment to quality and patient centred care
- Appropriate engagement with those impacted – patients, families and/or staff, physicians, volunteers
- Appropriate due diligence to assess available options and the impact on all

stakeholders
- System capacity and sustainability
- Effective and efficient use of resources
- Social costs and benefits including access and equity
- Open, transparent and accountable processes
- Evaluation of and learning from outcomes
- Healthcare regulations and legislative responsibilities

**The Decision-Making Framework**

In addition to using the guiding principles above, the Decision-Making Framework includes five components:

1. Decision-making criteria and evidence of due diligence
2. Risk management
3. Financial oversight
4. Ethical Considerations
5. Delegation of Authority

## 1. Decision-Making Criteria

Decisions will be made based on key criteria and evidence that due diligence has occurred. The Board makes informed decisions, based on the best information available at the time, including an evaluation of alternatives and criteria for the reviewing options and the rationale for a recommended option, if applicable. In general, materials prepared for the Board meetings provide detailed information that incorporates the decision-making criteria in Appendix A when appropriate.

## 2. Risk Management

The Integrated Risk Management Policy outlines categories of risks which the Board oversees. Management is responsible for the implementation of policies and processes to mitigate the risks. In making decisions, the Board will consider what risks the Corporation will need to assume, the probability  those risks may occur and any action to mitigate the impact of occurrences.

## 3. Financial Oversight

The Board's financial policies, practices and processes exist to guide the Board in fulfilling its responsibilities for governing the overall financial health and viability of the Corporation.

Decisions about program changes or expansions, replacements/changes to the medical/professional staff, and capital projects will be considered on the basis of a complete and thorough business case or impact analysis.

## 4. Ethical Considerations

The Ethical Decision-Making Process – the You Observe Deliberate Act (YODA) model outlines a process that can guide the Board through ethical considerations. The process identifies potential questions to consider through the decision-making process. The extent to which the questions and/or process is applied will be dependent on the nature of the decision. The Board has access to the resources that support ethics within the organization.  Further information is detailed in the following documents:
- Ethics Framework for Health Care Providers – YODA model
- Ethics Framework for Leaders – YODA model

## 5. Delegation of Authority

The role descriptions for both the CEO and Chief of Staff identify decisions delegated to the CEO and Chief of Staff.

**Related Policies**

2-B-5    Role Description of the CEO
2-B-6    Role Description of the Chief of Staff
2-C-20   Integrated Risk Management
2-C-30   Financial Objectives
2-C-31   Financial Planning and Performance
2-C-34   Approval and Signing Authority

**Appendix A**

**BOARD OF DIRECTOR'S DECISION MAKING SUPPLEMENTARY GUIDE**

| CRITERIA | DEFINITIONS |
|---|---|
| Quality & Safety | • outcomes are measurable and as good as can be achieved<br>• services are safe and error free and where appropriate in alignment with best practices<br>• personnel are qualified and demonstrably competent<br>• relevant staff/providers/patients have been consulted about the option(s)<br>• program/service meets the health needs of intended service recipients by providing the right service in right place at right time<br>• decisions are evidence-based |
| Sustainability | • resources are available to fund capital and/or operating expenditures required to pursue the proposed option(s) (affordability)<br>• the option is not obsolete in the foreseeable future and can accommodate changing circumstances and needs (adaptable)<br>• qualified providers can be recruited and retained<br>• desired outcomes are achieved, consuming minimal resources (efficiency)<br>• waste and redundancy are minimized<br>• Medical/Professional Staff use their knowledge and skills to the maximum extent possible |
| Equity, Diversity, Inclusion and Access | • the needs of high risk, high needs, marginalized populations are effectively met and health disparities are reduced<br>• reasonable and fair geographic access to services is achieved<br>• timely access to services in relation to need is provided<br>• need governs where services are located and how services and benefits are distributed |
| Maximum Benefit to Health / Risk of Not Proceeding | • greater improvement in health status than the alternatives is achieved or achievable<br>• benefits more people than the alternatives |
| Public Consultation | • public affected have been consulted with the option(s) under consideration<br>• public affected are willing to use the services as organized and located |
| Consistency / Alignment with Vision | • the option(s) under consideration is consistent and aligned with the CMH Vision |
| Patient and Family Engagement | • patients and families are provided the opportunity to engage in a meaningful way in considering the option(s)<br>• patient values, experiences and perspectives have been incorporated into the option(s) |