

**Board of Trustees Meeting
MINUTES of Meeting
Wednesday, January 21, 2015
6:00-8:00 p.m.
Holland Bloorview, Room 5E100**

Present:	M. Ballantyne C. Hunt (via teleconference) A. Maharaj H. Ort	R. Cranston G. Milo-Manson L. Torneck	L. Hicks J. Kustec J. Morrison	J. Hanigsberg J. Lam T. Muir	C. Hopper R. Laxer W. Onuwa
Sr. Management:	T. Bailey	T. Chau	D. Kline	D. Savage	B. Sybring
Regrets:	R. Carmichael	W. Howes	J. Hunter	R. McLeod	
Guests:	J. Andrysek	B. Rogers	V. Tsang		
Recorder:	B. Webster				

Opening Remarks by Chair

J. Morrison called the meeting to order at 6:00 pm. She indicated that we would re-order the agenda and move Item 4.1 to immediately following the Education Session.

Education Session: Governance Role in Quality

R. Laxer indicated that this presentation was prepared based on questions regarding the Board's role in quality and feedback from Trustees that important decisions related to the Quality Improvement Plan and Executive Compensation have felt rushed in the past. G. Milo-Manson was asked to present on behalf of the Quality Committee of the Board.

G. Milo-Manson explained that much of what we do is driven by legislation. There are many committees at Holland Bloorview where quality is discussed in detail. All include clinicians, senior leaders and clients and families. The Quality Committee membership includes 2 family members. She explained that the Excellent Care for All Act (ECFAA) is legislation that was implemented in 2010 to ensure an emphasis on transparency, public engagement and accountability. The Quality Improvement Plan must contain a narrative section describing our quality plan, key priority indicators, annual performance targets and change plans and indicators that are linked to executive compensation. Dr. Milo-Manson reviewed the new provincial priorities that were announced by Health Quality Ontario related to patient engagement, integration and coordination and quality and funding.

One of the key indicators the Board has focussed on over the past several years has been wait times (Autism wait times specifically). In 2010/11 Holland Bloorview received 570 referrals. There has been a 125% increase in referrals with 1286 referrals projected for 15/16.

The percentage for Pay at Risk was reviewed for both the President & CEO and the Vice Presidents. Twenty one percent (4 of 19) of indicators are attached to executive compensation. J. Hunter will provide the Board with a more detailed presentation on executive compensation at an upcoming meeting. G. Milo-Manson explained how indicators are selected based on targets and performance corridors.

J. Hanigsberg indicated that we will focus our targets on what is important to clients and families and which indicators are key to providing the best quality of care. As a result, she cautioned that this may prohibit us from being able to provide an "all green" report card.

Declaration of Conflict of Interest for Meeting

The Chair asked whether anyone wished to declare a conflict of interest on any of the items slated for discussion at this Board meeting, and there were none.

J. Morrison introduced Diane Savage, Interim Vice President for Programs and Services. She also introduced our newest Board member, Marg Rappolt.

1.0 Consent Agenda

The Chair asked for a Motion to approve the Consent Agenda as indicated.

MOTION: It was MOVED by Tom Muir and SECONDED by Ron Laxer that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda with the following amendment to the Minutes:

Under Item 3.1, "...At this point in the discussion, Dr. Ron Laxer declared a conflict of interest and excused himself from the meeting".

- 1.1 Agenda – January 21, 2015**
- 1.2 Minutes – December 10, 2014**
- 1.3 Board Standing Committee Reports - January**

Muir / Laxer

CARRIED

2.0 President & CEO Report

J. Hanigsberg indicated that she has had a very warm welcome from everyone and thanked the Board for the opportunity to take on the President and CEO role. Her senior management team has been very supportive and has asked them to create as many experiential opportunities as possible as she learns more about the organization.

A question was raised regarding the Autism proposal and whether or not \$500,000 was enough to bring our wait lists down. D. Kline clarified that the TC LHIN has offered us \$25,000 to spend between now and March 31st. We will use the funds to begin running clinics on Saturdays and reassess after March 31st.

3.0 Business Arising

3.1 Board of Trustees Committee on President and CEO Transition: Membership

J. Morrison reported that the membership of the committee has been determined – it will include C. Hunt, B. Cranston, T. Muir, L. Hicks, W. Onuwa and D. Kline. An initial meeting will be held in the coming weeks.

4.0 New Business

4.1 Update on Commercialization at Holland Bloorview

J. Hanigsberg indicated that she met with Dr. Tom Chau recently and asked if he could provide a presentation to the Board on commercialization. T. Chau thanked the Board for the opportunity to present. He introduced Dr. Jan Andrysek, Scientist in the Bloorview Research Institute and Ben Rogers, Director, Technology Transfer and Scouting at MaRS Innovation. T. Chau indicated that the commercialization work happening at Holland Bloorview is well aligned with the hospital's strategic plan as well as BRI's strategic plan.

B. Rogers provided an overview of our tech transfer strategy and IP policy. He explained that MaRS Innovation is a commercialization agency that provides services to hospitals that don't have a tech transfer team on site.

J. Andrysek presented a case study on his company Legworks which was established about a year ago and is on its way to commercializing the AT-Knee. It is a product that is suitable for individuals with an above-the-knee amputation. It is durable, easy to repair and maintain, cost-effective to manufacture and high quality. They have conducted clinical trials, long-term field trials and product evaluations in 10 countries. An adult version exists and a paediatric version is being developed. The AT-Knee has 3 patents; Holland Bloorview has 20% equity in the company.

T. Chau presented a case study on a device that non-invasively determines the swallowing patterns of clients with dysphagia. Currently there are 8 American hospitals collecting data involving over 200 patients. The Phase I launch will have the product go head to head with the gold standard. The details of this work are confidential.

J. Morrison thanked the team for their excellent presentation.

5.0 Reports

5.1 Quality Committee Report – December 2014

R. Laxer presented the Quality Committee Report. A question arose regarding our risk assessment checklist and our current state of compliancy regarding implementation.

5.2 Medical Advisory Committee Report

The Medical Advisory Committee Report was presented.

5.3 Foundation Report

T. Bailey reported that the Foundation received \$1.5M in cash in December. The WB Foundation provided a \$1M gift for Access Innovations. This is their second \$1M gift during this campaign. The overall goal of the campaign is \$80M – they have closed the gap significantly and now have \$9M to raise by March 31st.

She asked Trustees to go to www.changeforkids.ca and see the YOUfie's that have been made to date and to make their own YOUfie. She reported that 30% of those who post YOUfie's make a donation – on average the donation is \$40. They have 100 YOUfie's; the target is 800.

6.0 Adjournment

The meeting of the Board adjourned at 7:45 p.m.

7.0 Date of Next Meeting Wednesday, February 18, 2015 6:00-8:00 pm, Room 5E100

*Janet Morrison, Chair
Board of Trustees*

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