

**Board of Trustees Meeting  
MINUTES of Meeting  
Wednesday, January 23, 2013  
6:00 – 8:00 p.m. Boardroom 5E100  
150 Kilgour Road, Toronto, ON**

<b>Present:</b>	D. Allgood C. Hopper J. Kustec	B. Alman C. Hunt J. Lam	B. Cranston S. Jarvis G. Milo-Manson	C. Everson M. Kardos Burton J. Morrison	J. Hanigsberg A. Kawamura H. Ort
<b>Regrets:</b>	J. Hunter	R. Laxer	T. Muir	J. Schleifer Taylor	
<b>Sr. Management:</b>	T. Chau	B. Sybring			
<b>Guests:</b>	T. Bailey	L. McAdam	O. Szabo	M. Walkington	
<b>Recorder:</b>	B. Webster				

The Chair called the meeting to order and invited Dr. G. Milo-Manson to introduce the speaker for the Education presentation.

Dr. Laura McAdam is a Pediatrician in the Child Development Program and Acquired Brain Injury Program at Holland Bloorview. Her clinical focus is with children who have neuromuscular conditions and acquired brain injuries. She is involved in neuromuscular clinical research and is involved in many projects including a national neuromuscular disease registry and a novel genetic treatment for duchenne muscular dystrophy. She is a past recipient of the Young Investigators Award from the annual meeting of the Child Neurology Society and has recently won an award at the World Muscle Society meeting. She is also responsible for a Summer Medical student scholarship program at Holland Bloorview.

Dr. McAdam shared information about her research with young men with Duchenne Muscular Dystrophy. She highlighted the importance of prevention and ongoing education to our clients and their families that will be truly life saving.

S. Jarvis introduced Mr. Michael Walkington, the new Director/Principal of the Bloorview School Authority who began on January 7, 2013.

***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.

**1.0 Approval of the Consent Agenda**

As there were no additions or amendments for the items in the Consent Agenda for this meeting, the Chair asked for a Motion to approve the Consent Agenda.

**A MOTION for the Board of Trustees to approve:**

- 1.1 Agenda – January 23, 2013
- 1.2 Minutes – December 12, 2012
- 1.3 Board Standing Committees Report for January, 2013

***was made by John Kustec, and seconded by Esme Carroll. The MOTION was CARRIED.***

## **2.0 President & CEO Report**

Trustees asked for clarification on some topics in the President & CEO Report for January. S. Jarvis explained that the Wait Two funding provides 6 month funding (Jan-June) for a group of clients with Cerebral Palsy waiting for OT/PT/Speech services. The funding will allow the children to be seen quickly to get them off the wait list.

She clarified that ALC stands for Alternate Level of Care. We have 6-8 clients currently at Holland Bloorview that have very medically complex needs and who are over the age of 18 that should be in an alternate level of care but have not been able to find a suitable place in the community. At the Think Tank held in December we discovered that March of Dimes has accessible housing spaces opening up with vacancy to accommodate these clients. The Rehab & CCC team is working with the families to prepare them and their children for the move as well as seeking funding from the LHINs involved.

A question was raised about our negotiations with CNIB – S. Jarvis indicated that we continue to have ongoing conversations with their CEO. The question was raised regarding a Joint multi-user healthcare campus in partnership with UHN – as a possible future opportunity. We continue to explore all opportunities for collaboration with our neighbouring facilities.

## **3.0 Business Arising**

### **3.1 Accreditation Update**

S. Jarvis indicated that she had nothing further to report on from what was noted in the President & CEO's Report. The Governance Committee will address the red/yellow flags noted by Accreditation Canada over the next few months and report back to the Board on an action plan.

### **3.2 Board Recruitment**

R. Cranston reminded Trustees that we currently have 4 vacancies on the Board. The Governance Committee actively reviews potential candidates at each of their meetings. The committee is ready to bring a recommendation for a candidate to the next Board meeting. An interview with another potential candidate is scheduled for early February. We are still seeking names of 2 other potential Board members with skills in the communications/marketing field and the health care field. He asked Trustees to contact Governance Committee members with suggestions.

## **4.0 New Business**

### **4.1 Review Long Term Financial Plan 2013-2017**

C. Hunt reported that the Business & Audit Committee reviewed the Long Term Financial Plan at their November meeting. At that time it did not include a mitigation strategy. She noted that the Business & Audit Committee have not yet reviewed the strategy being presented today – they will discuss it in detail at their upcoming meeting.

B. Sybring presented on the financial plan that considered 2 scenarios – A) "As Is" Facility and B) Acquisition of Property. The discussion at this meeting primarily focused on Scenario A. He noted that the hospital has investments of over \$30 million, but this is expected to decline by approximately \$2 million over the next 5 years as the hospital meets expected capital requirements in a very challenging fiscal environment. He explained that Information Systems will be our largest capital expenditure, as our reliance on technology continues to increase – we expect to spend \$9.8 m over the next 5 years. In addition, medical and x-ray equipment that was purchased around the time of the move into the new building will largely need to be replaced. In operations, we anticipate 0% funding from the government over the next 5 years with salary increases expected to be approximately 1.5-2.5% as we attempt to keep our salaries as competitive as possible. 2013/14 will be the biggest individual year shortfall based upon known collective bargaining agreements. Over a five year period ending in 2018, we will need to have found nearly \$5 million over and above regular revenue increases (close to 7% of our operating budget). As a result of the Long Term Financial Planning exercise, a 5-part mitigation strategy was developed focusing primarily on process and productivity improvement, but also on revenue generation, overhead reduction, other expense savings and finally service reduction/elimination. The Operating Plan will be brought to the Board for discussion next

month which will highlight some of the tough choices we will have to consider. S. Jarvis indicated that we will likely begin to see a pattern of more 'short term funding' opportunities in the future from the TC LHIN. Our unique mandate in the world of paediatric disability and rehabilitation will be a benefit to us.

The Board suggested the Business & Audit Committee look 3-4 years out and consider a wider range of assumptions (e.g. funding) and develop a contingency plan.

#### **4.2 Board Policy on Evaluation of the President & CEO**

R. Cranston reported that a decision was made to defer this topic at this time. The item is under review by the Governance Committee and be brought back to the Board in February.

#### **4.3 Board Policy on Executive Team Evaluation and Compensation**

R. Cranston reported that a decision was made to defer this topic at this time. The item is also under review by the Governance Committee and be brought back to the Board in February.

### **5.0 Reports**

#### **5.1 Quality Report**

J. Morrison highlighted information presented at the January meeting. She encouraged Board members to sign up to attend Quality Committee meetings if they haven't yet done so.

The Q.I.P. for 2013-14 will be presented at the March meeting.

#### **5.2 Medical Advisory Committee Report**

G. Milo-Manson reported on the outbreak that occurred prior to the Christmas holidays. We were in outbreak for 2 weeks with 4 cases of Influenza A. Two of the children went to the ICU at SickKids and have since recovered; the other 2 children were managed here. We were closed to admissions during this time but staff were able to ramp up quickly to receive admissions once the outbreak was over. She reported that staff that had refused the flu shot were asked to take Tamiflu or stay off work (vacation days) until the outbreak was over. We had 68% uptake for the flu shot which is considered very good compared to a 50% uptake of health care workers overall.

#### **5.3 Foundation Report**

T. Bailey highlighted information presented in her January report. She noted that the 2<sup>nd</sup> paragraph mentioned that \$1.7 million was received in donations over the holidays – she clarified that they were not solely in the area of Autism but were for multiple programs.

The current radio campaign has prompted questions to Trustees regarding Holland Bloorview's work in the area of Autism. A question asked of J. Morrison was related to drug testing. S. Jarvis indicated that Dr. Evdokia Anagnostou is currently conducting clinical trials and is in the pilot testing phase using an old drug for a new purpose. Further information on her work can be found on Pg. 5 of the January President & CEO's Report.

It was suggested that Trustees be provided with an 'elevator speech' related to Holland Bloorview's research work in the area of autism.

#### **6.0 Fill-out Meeting Feedback Form – All Trustees**

Trustees were requested to comment on today's meeting by filling out the meeting Feedback Form.

#### **7.0 Adjournment**

The Chair asked for a Motion to adjourn the Board of Trustees meeting at 7:50 p.m.

**MOTION: It was MOVED by Carolyn Everson, and seconded by Julia Hanigsberg, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the adjournment of the Board of Trustees meeting held January 23, 2013.**

**Everson/Hanigsberg**

**CARRIED**

***Date of Next Meeting***

*February 20, 2013, 6 – 8 p.m.  
at Holland Bloorview, Room 5E100*

*David Allgood, Chair  
Board of Trustees*

*:bw*