

**Board of Trustees Meeting
MINUTES of Meeting**

Wednesday, January 20, 2016

6:00-8:00 pm

Holland Bloorview, Executive Boardroom, Room 5E100

Present:	E. Anagnostou J. Lam J. Morrison L. Torneck	M. Ballantyne R. Laxer T. Muir	B. Cooper A. Maharaj W. Onuwa	L. Hicks R. McLeod H. Ort	C. Hunt G. Milo-Manson M. Rappolt
Sr. Management:	T. Chau B. Sybring	J. Hanigsberg L. Ward	S. Hawken	J. Hunter	D. Savage
Guests:	J. Carmichael	N. Reed	V. Tsang		
Regrets:	C. Hopper				
Recorder:	B. Webster				

Opening Remarks by Chair

J. Morrison called the meeting to order at 6:00 pm.

J. Hanigsberg introduced the speakers for the education session. Dr. Nick Reed is the Co-Director of the Concussion Centre and a Clinician Scientist within the Bloorview Research Institute. His work focusses on developing, delivering and evaluating clinical and educational programs specific to youth and concussion. Jason Carmichael is the Co-Director of the Concussion Centre, responsible for leading the business development, strategic partnerships, marketing and operations side of the business.

Education Session - "Positioning Holland Bloorview as a global leader in concussion"

Dr. Reed thanked the Board for the invitation to attend today's meeting. He noted that concussion is currently a very hot topic in the media as an estimated 10-15% of kids enrolled in organized sports will suffer a concussion. There is a gap in education amongst all stakeholder groups, a gap in research in the pediatric population as well as a gap in care/availability of good services. He feels confident that the Holland Bloorview Concussion Centre can address all of those gaps. J. Carmichael shared the vision of the Concussion Centre – "To be a world leader in youth concussion care, research & education". They apply business principles to everything they do and all revenues are reinvested back into the program to achieve sustainability. One of their key foci is to help build capacity in the community.

Their baseline testing service was launched in mid-August. The cost is \$90 and to date they have tested 500 kids – they will break even by the end of the fiscal year. They offer free weekly education sessions which have been extremely well attended and can be accessed in person or as a webinar.

Currently the team consists of 31 staff; by summer 2016 they will have up to 44. A number of key partnerships have been developed over the past year including a 5-year collaboration agreement with the Greater Toronto Hockey League (the GTHL has a membership of 40,000 kids).

They highlighted some of Concussion Centre's challenges including alignment, communication, investment & staffing and change management. They are working to differentiate themselves from other services and want to ensure there is no overlap with other work being done by other providers. They have set revenue goals and feel they are attainable – Year 1's goal is \$290K; they are currently at \$60K. They indicated that one of the biggest lessons learned has been to get the information to the parents of the kids participating in sports (not the coaches).

J. Morrison thanked Dr. Reed and J. Carmichael for their excellent presentation.

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 Consent Agenda

The Chair asked for a Motion to approve the Consent Agenda as pre-circulated.

MOTION: It was MOVED by Harry Ort and SECONDED by William Onuwa that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of January 20, 2016 as pre-circulated.

1.1 Agenda – January 20, 2016

1.2 Minutes – November 18, 2015

1.3 Board Standing Committee Reports – January 2016

Ort / Onuwa

CARRIED

2.0 President and CEO Report

J. Hanigsberg asked if there were any questions regarding any items in the report. She announced that the new Vice President of Communications, Marketing and Advocacy, Stewart Wong, will start on Monday, January 25th. He comes to us from the Arthritis Society and before that spent 11 years at the Multiple Sclerosis Society.

A question was raised about the projected \$1M surplus. It was noted that the \$650K from capital gains and the \$150K from Qatar billing are not recurring in nature. The senior management team took some funds from the surplus for spending in clinical areas with the greatest need. B. Sybring indicated that the ultimate projected surplus is in line with other TAHSN hospitals.

J. Hanigsberg asked Trustees to provide her with feedback regarding the content, length and format of her monthly report. A question was raised about the digital media metrics and how to interpret them. J. Hanigsberg indicated that communications metrics (including digital media metrics) will be an item for S. Wong to review.

A question was raised asking the reason for not going forward with the Medal of Excellence this year. J. Hanigsberg explained that there was not a good plan in place for sustainability. After consultation with members of the committee, it was decided to present the award every other year at least for the next few years. The goal is to make it a highly sought-after international award. Work will be undertaken this year in conjunction with the Foundation to ensure that we have a sustainable program for the success of the Medal.

3.0 Business Arising

3.1 Strategic Plan Report to the Board

J. Hanigsberg presented the mid-year report to the Board on our progress with the strategic plan. We are on track with all deliverables. A full report will be presented at the June meeting.

3.2 Interim Report on Strategic Goals

J. Hanigsberg presented her mid-year check in on the Board-approved strategic goals for 2015/16. She noted that Goal #3 is not on track as she has been awaiting the arrival of the new VP of Communications. She will work with him to develop a 3 year plan.

With respect to Goal #6, she noted that S. Hawken is presenting to the Foundation Board at their meeting on January 28th and will have her present to the Hospital Board at an upcoming meeting.

Trustees indicated that an interim report on goals is useful to the Board.

4.0 New Business

4.1 Quality Improvement Plan (QIP)

D. Savage presented an overview of the plans for development of the 2016/17 Quality Improvement Plan. She briefly discussed some of the relevant changes to the legislation and helped set the context in the planning of the document. A 5-year review was conducted of our targets and noted that they have advanced year over year with many commencing with lofty goals and aggressive targets. The senior management team continues to review data and explore how we can advance and challenge ourselves. This year we are striving to have 8-10 indicators in our plan with 4-6 aligned with Executive Compensation. The proposed indicators for the QIP / executive compensation will be brought to the Board for discussion at the February meeting and for approval in March to align with the April 1 filing deadline with Health Quality Ontario.

4.1.1 Executive Compensation

J. Hunter reviewed the executive compensation component of our Quality Improvement Plan. She reminded the Board that the Excellent Care for All Act legislation indicates that all executives that report to the CEO have a portion of their pay linked to quality improvement. The legislation gives Boards of Trustees discretion to determine the percentage of salary, number of targets, weighting of targets and performance corridors. The principles we have used in the past and will continue to use this year include:

- Keep plan design simple
- Uniformity in design for all executives
- Ensure % of base pay at risk associated with Quality Improvement Initiatives is 'meaningful'
- Weight each indicator equally
- Plan consistent with OHA guidelines and CAHO and TAHSN practice

The senior management team is recommending the same formula be used as last year for percentage of pay at risk - 25% QIP and 75% Strategic for the President/CEO and the VPs.

4.2 Enterprise Risk Management

This item was deferred to the February meeting. There is no time sensitivity for this item.

4.3 M.A.C. Credentialing Approval – Dr. Mohammad Zubairi and Dr. Alysha Ladha

Dr. Milo-Manson presented the qualifications for Drs. Zubairi and Ladha. Dr. Zubairi has requested privileges as an active medical staff in the Child Development Program and Dr. Ladha has requested privileges as an active medical staff in the Acquired Brain Injury Program and noted that she will work closely with the Concussion Team. Their qualifications have been reviewed by our Credentials and Medical Advisory Committees and have met the criteria for appointment to our medical services.

MOTION: It was MOVED by Robin McLeod, and seconded by Ron Laxer , that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the recommendation from the Medical Advisory Committee for the appointment of Dr. Mohammad Zubairi and Dr. Alysha Ladha

McLeod / Laxer

CARRIED

5.0 Reports

5.1 Quality Committee Report

R. Laxer presented the November 2015 Quality Committee report. There were no further questions at this time.

5.2 Medical Advisory Committee Report

G. Milo-Manson presented the Medical Advisory Committee report and indicated that it was discussed at today's Quality Committee meeting.

5.3 Foundation Report

S. Hawken presented the Foundation Report. She announced that the Foundation has received 100% giving from Holland Bloorview Trustees. She indicated that the launch of Change for Kids takes place

on January 25th – Breakfast Television will be on site from 5:30-9:30 am to bring awareness to the campaign.

6.0 Adjournment

J. Morrison asked Trustees and members of the senior management team to stay for a New Year's Reception to be held immediately following the Closed Board Meeting.

*Janet Morrison, Chair
Board of Trustees
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