

## Holland Bloorview Board of Trustees

### MINUTES of Meeting

Wednesday, March 21, 2018

6:00-8:00 pm

Holland Bloorview, Room 5E100

<i>Present:</i>	M. Ballantyne A. Kaplan W. Onuwa C. Wood	C. Cowan-Levine J. Lam H. Ort	J. Hanigsberg G. Milo-Manson P. Puri (via teleconference)	L. Hicks T. Muir (via teleconference)	C. Hunt M. Rappolt
<i>Sr. Management:</i>	T. Chau	T. Millar	D. Savage	B. Sybring	S. Wong
<i>Regrets:</i>	B. Cooper L. Torneck	S. Hawken	M. Johnson	A. Maharaj	S. Smile
<i>Guests:</i>	E. Berezovskaia	S. Pagura	A. Williams		
<i>Recorder:</i>	B. Webster				

#### Call to Order

The Chair called the meeting to order at 6:00 p.m.

#### Board Education – “The Research Ethics Board: Minimizing Risk and Promoting the Welfare of Research Participants”

G. Milo-Manson introduced Dr. Alison Williams. Dr. Williams is Holland Bloorview’s Research Ethics Board Chair. She has a PhD in ethics and philosophy of education from the University of Toronto.

Dr. Williams explained that the Research Ethics Board (REB) is an independent, inter-disciplinary committee of volunteers who bring their knowledge and perspective to the review, deliberation and approval of all research studies involving human participants. The REB reports quarterly to the Research, Teaching and Learning Committee of the Board and provides oversight and approval of all REB activities. In this dedicated role of REB Chair, it ensures that the risk for real or perceived conflict of interest is minimized. She explained that there are 2 different types of reviews – Delegated Review (eg. Chart reviews, focus groups, questionnaires) which accounts for 80% of the reviews that take place and usually only involve 2 or 3 reviewers. Full Board Reviews (e.g. clinical trials, medical or device interventions) account for 20% of reviews.

A question was asked regarding who has governance oversight over Clinical Trials Ontario. The information was not available and a commitment was made to report back.

C. Hunt thanked A. Williams for her excellent presentation.

#### Opening Remarks by Chair

C. Hunt welcomed everyone to the meeting.

She reviewed the contents of Trustees’ folders and reminded all Trustees to complete their evaluation form.

#### 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 Carol Cowan and SECONDED by Laurie Hicks that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of March 21, 2018.**

**1.1) the Agenda for meeting of the Board of Trustees March 21, 2018**

- 1.2) ***the Minutes of the meeting of the Board on February 21, 2018***
- 1.3) ***the Board Standing Committee Report for March 2018***

***Cowan / Hicks***

***CARRIED***

## **2.0 President & CEO Report - March**

J. Hanigsberg indicated that she had a few additions to her pre-circulated report.

- the Toronto Academic Health Science Network (TAHSN) is undertaking work in the area of conflict of interest to ensure a process of consistency between TAHSN hospitals and the University of Toronto in light of new legislation. J. Hanigsberg will provide a presentation to the Board when more information becomes available.
- Dr. Kevin Smith has been appointed as the new President and CEO of University Health Network as of May 22
- J. Hanigsberg will provide a report on any implications for Holland Bloorview from the recent throne speech
- G. Milo-Manson reported that we recently received \$400,000 in funding to support clients receiving a new procedure – Selective Dorsal Rhizotomy. The surgery is performed at SickKids and clients receive rehabilitation services at Holland Bloorview and are followed at their local children's treatment centre.
- In S. Hawken's absence, J. Hanigsberg reported on the amazing success of Capes for Kids. Over \$600,000 was raised this year which means over \$1 million has been raised in the first two years of the campaign. Both Boards did an outstanding job fundraising and their leadership and partnership were greatly appreciated.

## **3.0 New Business**

### **3.1 2018-2019 Operating Plan**

B. Sybring explained that the purpose of the plan is to align our fiscal 2018/2019 operational priorities against strategy as defined by No Boundaries, the organizational strategic plan that covers 2017-2022 and is guided by clearly defined five-year expected impacts.

The plan also covers off highlights of the 2017/18 year that transitioned us from the former plan "Leadership in Childhood Disability", to the current plan "No Boundaries". It identifies issues and risks for the organization and includes targets for both service and financial. He assured Trustees that the plan was reviewed in depth by both the Quality and Business & Audit Committees.

***MOTION: It was MOVED by Marg Rappolt, and seconded by William Onuwa, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2018/2019 Operating Plan as recommended by the Business & Audit Committee.***

***Rappolt / Onuwa***

***CARRIED***

## **4.0 Business Arising**

### **4.1 2018-2019 Quality Improvement Plan**

S. Pagura indicated that this was the third of three discussions of the Quality Improvement Plan (QIP) at the Board. The Quality Committee had 6 discussions of the QIP over the course of its development.

A new measure and target have been developed in regard to assessing access to autism diagnostic services: percentage children seen within 137 days (all sites); the target will be 55% in the first year. This target will be re-evaluated each year.

A new measure and target have been developed in regard to assessing access to neuromotor services: percentage children seen within 90 days for therapy services (physiotherapy or occupational therapy); the target will be 40% in the first year. Again, this will be re-evaluated annually.

The 3 measures linked to pay at risk are:

1. % of kids seen within 137 days for autism diagnostic assessment for all sites (NEW)
2. % of families and clients reporting they felt they were adequately supported in preparing for discharge (No Change in Target/Measure)
3. % of families rating 'strongly agree or agree' that health care providers gave an understandable explanation of medicines (change target to 95%)

**MOTION:** It was **MOVED** by Laurie Hicks, and seconded by Carol Cowan, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2018/2019 Quality Improvement Plan as recommended by the Quality Committee.

Hicks / Cowan

**CARRIED**

**MOTION:** It was **MOVED** by Laurie Hicks, and seconded by Carol Cowan, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2018/2019 Quality Improvement Plan – Pay at Risk as recommended by the Quality Committee.

Hicks / Cowan

**CARRIED**

The approved plan is submitted to Health Quality Ontario by April 1<sup>st</sup> and posted on the Holland Bloorview website. Two infographics will be posted – one for families and one for children.

The Chair thanked S. Pagura for an excellent presentation. She also thanked the Quality Committee for their incredible commitment to the QIP process.

## **5.0 Reports**

### **5.1 President & CEO Performance and Compensation – process**

C. Hunt reviewed the key dates for this year's process. She explained that a hard copy of the questionnaire was put in everyone's folder today; an electronic copy will be emailed tomorrow. The completed forms are to be sent to Tracey Millar by March 29<sup>th</sup> in order for the responses to be collated and prepared for discussion with the Performance & Compensation Committee the week of April 9<sup>th</sup>. A report and recommendations will be brought to the April 18<sup>th</sup> Closed Meeting of the Board for review and approval.

### **5.2 Holland Bloorview Performance Scorecard – Q3**

D. Savage reported that in Q3, of the 33 measures, 85.0% of reported measures met or exceeded target, 3% of the measures were in the warning range and 12% measures were below the lower acceptable ranges of performance.

We are pleased to report that performance exceeded target in Neuromotor with the longest wait being 88 days. Increases in physician staffing and reductions in referrals has been responsible. The team feels that this is sustainable.

### **5.3 Quality Committee Report**

L. Hicks presented the Quality Committee Report. She commented on the significant engagement process this year related to the QIP. The meetings were very productive and committee members appreciated the involvement of both families and youth at meetings. On behalf of the committee she thanked S. Pagura and D. Savage for a successful process.

### **5.4 Medical Advisory Committee Report**

G. Milo-Manson reviewed the Medical Advisory Committee report. She indicated that the report was reviewed in detail at the Quality Committee earlier today. She explained a 'good catch' incident related to iPads installed on the walls in the patient rooms. A wire became exposed and a client was close to putting the wire in their mouth. As a result, all equipment in patient rooms has been checked to ensure all wires are safely out of reach.

## **6.0 Adjournment**

The Board Meeting adjourned at 7:30 p.m.

*Cally Hunt, Chair  
Board of Trustees  
:bw*