

M. Rappolt expressed that she is impressed with J. Hanigsberg and the senior management team in their ability to manage the hospital during the pandemic while also being aware and addressing pressing issues like anti-black and anti-Indigenous racism during the last staff virtual Town Hall.

J. Hanigsberg welcomed the new Trustees, expressed that the whole team is excited to have them on board and thanked Trustees for their leadership of the organization.

Before providing Trustees with an executive update, she announced that P. Harpula, Senior Executive Assistant to the President will be going on maternity leave in September and A. Rascanu who is currently supporting senior management would be covering her duties. The Board congratulated P. Harpula and thanked her for her outstanding work.

J. Hanigsberg elaborated on the virtual Town Hall that M. Rappolt was referencing and stated that the Town Hall focused on two items, COVID-19 and the profound and moving protests that we are seeing across North America and across the globe regarding racism and police oppression. The hospital's public statement on the issue is communicated on the front page of the website and in last Friday's all-staff email. This email, highlighting the first steps of an action plan will be forwarded to the new Trustees. J. Hanigsberg expressed that she looked forward to discussions with Trustees for insights and advice as the hospital advances its anti-racism plan. She underlined the importance of addressing systemic racism as a hospital and the opportunity provided to make changes that ensure a safe space for staff while providing equitable care and services for all.

J. Hanigsberg provided Trustees with an executive update and referred Trustees to the written report, which outlines many of the organization's activities and accomplishments since the last report. She thanked S. Wong, vice president, Communications, Marketing and Advocacy and the entire Communications and Public Engagement team for the annual Impact Report. She invited Trustees to pose any questions that they may have about the report at the end of her reporting.

J. Hanigsberg gave an update on the search for the new vice president Programs and Services and Chief Nursing Executive, which was paused, as management of the pandemic became a priority. M. Ballantyne, Chief Nurse Executive generously agreed to postpone her retirement until the end of September. As the hospital is planning for recovery, the search has resumed. The job ad is being finalized and is expected to be posted in the next week.

J. Hanigsberg drew attention to the audited financials and explained that like all other hospitals Holland Bloorview has been financially affected by the impact of the pandemic. As a hospital, spending has increased while revenues have dramatically reduced from what was expected.

The ministry has indicated that there will be funding for pandemic expenses, but the percentage of expenses to be reimbursed by the Ministry is still uncertain. All new expenses are being closely monitored and recorded and the senior management team are going to be reviewing the operating plan, priorities, and targets and reviewing them in light of the circumstances with a view to updating Trustees early in the fall about where changes are expected to be made.

J. Hanigsberg reminded the Board that when the Operating Plan was approved shortly after the pandemic was declared, it was done so with the understanding that under the circumstances, the plan reflected what the hospital expected to be doing and not necessarily, the full scope of what the hospital was in fact going to end up being able to do. The senior management team will be reviewing the priorities identified in the recovery plan in the next 2 to 3 weeks to identify how the recovery planning will impact the current fiscal picture and will then provide a status report to the Board in the fall for its input.

Since the Board does not meet until September, J. Hanigsberg informed that Trustees will be apprised of organizational developments and activities through her Friday update emails and a mid-summer report as previously done. She will be in communication with M. Rappolt over the summer and communicate any urgent matters that require a board attention. Any critical decisions will be made by the executive committee who have the full authority to act on behalf of the board, however if there is a decision that would otherwise be a board decision, Trustees would be invited to attend that executive committee and a report from that meeting would be provided to all trustees.

3.0 Business Arising

3.1 Financial Statements as of March 31, 2020*

E. Dininio introduced herself as the hospital's Chief Financial Officer and continued with highlights from the Draft Audited Financial Statements, which were reviewed with the Auditors by the Business & Audit Committee.

She referred Trustees to the Draft Audited Financial Statements for the year ended March 30th which was included in the AGM package. The audit was completed virtually this year for the first time with a few hiccups, but received an unqualified opinion. KPMG did not identify any significant control deficiencies nor were there any significant accounting policies or practice changes that would need to be brought forward to the Board.

E. Dininio summarized details from the variance report for the year ended March 30th and briefly reported on the more significant variances contributing to the year end result. The hospital ended their year with an unexpected deficit of \$550,000 because of COVID-19 pandemic spending.

The hospital filed its first financial report related to COVID-19 expenses with Ontario Health for March, April and May on June 17. The Ministry of Health has requested that hospitals track and report incremental expenses related to COVID-19, separately from all other spending lines, but the recovery amount of the expenses is still unknown.

E. Dininio highlighted the lost revenues at year-end with an estimate of \$300,000. March is always a month where significant revenue is generated, but the loss of revenue this year end is notably higher due in part to lower activity in Dental, Prosthetics and Orthotics and Aquatics. She brought to the Board's attention that although the Ministry of Health requested that hospitals track and report incremental expenses related to COVID-19 late in May, it has indicated that it does not intend to cover lost revenues—a significant impact at Holland Bloorview as at other hospitals.

Another area of impact is the growth in vacation banks and impatient spending. She attributed the vacation bank increase to residual impact of the vacation freeze from the first part of the year when Meditech expense was implemented and the cancellation of vacations in March due to the pandemic.

Inpatient operations ended the year with a deficit of about \$950 000, likely due to a higher census in the last part of the year, increased costs and complexity. In addition, costs were incurred from January in preparation for the pandemic with the recruitment of full time nurses.

The senior management team will review priorities and capital plans in the coming weeks. They will be reviewing the 2020 Operating Plan and reassess priorities in light of the new financial picture. E. Dininio expressed that the lack of clarity on recovery funding is a challenge for all hospitals because it makes it very difficult to project financial scenarios and develop possible mitigation strategies.

MOTION: It was MOVED by Bruce Cooper, and SECONDED by Catherine Roche, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Financial Statements as of March 31, 2020, as pre-circulated.

B. Cooper/C. Roche

CARRIED

3.2 Update on Recovery Planning

J. Hanigsberg gave an overview of the hospital's Recovery Plan.

Ontario Health has issued guidance for recovery planning, with recommendations for reintroducing scheduled surgical and procedural work, as well as the basis on which to prioritize this work. G. Milo-Manson represents the hospital at the Toronto Region Hospital Operations Table (along with D. Savage) and the Pediatric Table of Toronto Region for guidance on recovery planning.

All hospitals are expected to meet a set of criteria that would determine when they can reintroduce and increase on-site activities. Holland Bloorview has fulfilled those obligations, by setting up a robust structure, with a Recovery Planning Leadership Team and 4 working groups for streams of work that has representation from across the organization, including 2 family leaders. The recovery working groups are Bloorview Research Institute/Teaching Learning Institute recovery working group, Corporate, Admin, Foundation recovery working group, Volunteers, Ambulatory, Dental, Orthotics and Prosthetics, and Aquatics recovery working group, Inpatient recovery working group.

During the pandemic, the hospital's inpatient units continued to be open and operational, while ambulatory activities were reduced significantly in terms of on-site activities. Only urgent appointments that required an on-site visit were seen on site. The hospital took advantage of virtual care for other non-urgent care.

Recovery planning will not mean that operations will resume as before; instead, the hospital is advancing new and efficient practices that have emerged over the course of the pandemic. Virtual care will continue to be part of how care is provided, where appropriate; it has made care even more accessible to families who found it a challenge to get to the hospital. Work from home has been an important addition for some employees and employees with disabilities find it enhances accessibility.

A great benefit that has resulted from the pandemic management is advancement of the hospital's data-driven decision-making. Decision Support from the Information Services team has developed an outstanding pandemic dashboard that allows the hospital to be very data-informed as the hospital resumes on-site services. The dashboard is anticipated to remain as an essential tool for decision-making.

The hospital has in place, various tools and strategies for recovery planning based on guidelines and recommendations from Ontario Health and the Ministry of Health, e.g. in relation to infection prevention and control, optimizing the hospital workforce, and assigning limited resources in a rational, ethical, and organized way.

A new Day Respite Program is being piloted in the month of June in phase one of the recovery planning to offer families expressing high need for care support temporary relief while delivering recreational activities for children and youth. Feedback has been positive.

Phase one of the recovery planning commenced on June 15th, with an increase to on-site activity by 50% on average across ambulatory services and the Bloorview Research Institute as scientists and trainees resume. J. Hanigsberg announced that the first scans from the new research MRI started this week.

J. Hanigsberg highlighted that as acute care children's hospitals resume scheduled procedures and surgeries there will be an impact on Holland Bloorview's inpatient census, which is currently at about 65%.

M. Rappolt thanked J. Hanigsberg for the update on the recovery planning and invited Trustees to make further comments. No further comments were made.

4.0 New Business

4.1 Annual Appointment Medical/Dental Consulting Staff 2020-2021

G. Milo-Manson welcomed the new Trustees, and presented the appointments/re-appointments of the Medical, Dental and Consulting Staff for Holland Bloorview for approval.

MOTION: It was MOVED by Carol Cowan-Levine and SECONDED by Dale Ponder, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the annual appointment of the Medical/Dental Consulting Staff for 2020-2021, as pre-circulated.

C. Cowan-Levine/D. Ponder

CARRIED

5.0 Adjournment

There being no further business for discussion, the meeting was adjourned at 6:10 p.m.

Marg Rappolt
Chair, Board of Trustees
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