

**Holland Bloorview Board of Trustees**  
**Wednesday, September 16, 2020**  
**6:00 p.m. to 8:00 p.m.**  
**ZOOM**

**Attendance**

**Present:** Marg Rappolt, Chair; Poonam Puri, Vice Chair; Catherine Wood, Secretary; Bruce Cooper, Treasurer; Marilyn Ballantyne; Alycia Calvert; Carol Cowan-Levine;; Julia Hanigsberg; Mark Johnson; Suzanne Jorisch; Allan Kaplan; Alice Keung; Jean Lam; Golda Milo-Manson; Dale Ponder; Jennifer Quaglietta; Catherine Roche; Michael Wasserman; Allyson Whyte Nowak

**Sr. Management:** Tom Chau; Enza Dinino; Sandra Hawken; Tracey Millar, Bohodar Rubashewsky; Diane Savage; Meenu Sikand; Stewart Wong

**Guests:** Sean Peacock

**Regrets:** Peter Rumney

**Leave of Absence:** Laura Dottori-Attanasio (on one-year leave as of April 20, 2020)

**Recorder:** Adwoa Rascanu

**1. Call to order**

M. Rappolt, Chair, noting a quorum present, called the virtual meeting of the Holland Bloorview Kids Rehabilitation Hospital Board of Trustees to order at 6:00 p.m.

Chair's remarks

M. Rappolt welcomed Trustees and leadership attendees to the meeting and recognized the senior team and the Foundation for their outstanding work during the COVID-19 Pandemic. She indicated that the new Trustee orientation, which took place on September 10 2020, went well and included M. Wasserman, A. Keung, J. Quaglietta and A. Calvert. M. Rappolt announced that the format of the virtual board meeting has changed to make it more interactive, by prioritizing conversations over presentations. She confirmed that future board meetings, including the Board retreat would be virtual and that C. Wood and the Governance Committee were planning and considering best practices in conducting a virtual retreat.

Approval of agenda

The Chair requested approval of the agenda as pre-circulated.

**MOTION: It was MOVED by Suzanne Jorisch, and seconded by Jennifer Quaglietta, that the Board of Trustees approve the agenda.**

**S. Jorisch / J. Quaglietta**

**CARRIED**

Disclosure of Conflicts of Interest

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.

Announcement

M. Rappolt reminded Trustees to complete their feedback survey and to sign up to attend both a Family Advisory Committee meeting and a Quality Committee meeting. She referred to the letter in Trustees' folder explaining the annual completion of forms and referenced the Governance Quality Indicator Report that tracks attendance. New Board of Trustees members were also prompted to complete their vulnerable sector screening. All forms should be completed and forwarded to A. Rascanu.

M. Rappolt announced that this meeting was M. Ballantyne's last as she was retiring and on behalf of the Board, M. Rappolt thanked M. Ballantyne for her phenomenal leadership at Holland Bloorview and impact at the Board through her knowledge, expertise and experience as an ex officio board member. M. Rappolt also congratulated M. Ballantyne on being an inaugural Fellow of the Canadian Academy of Nursing, it is the highest honour for Canada's

nursing leaders and is a celebration of the most accomplished nurses in clinical practice, education, administration, research and policy across the country.

## 2. Discussion Agenda

### 2.1 Recovery Planning:

J. Hanigsberg introduced the recovery planning discussion and the senior management team as they reported on developments relating to COVID-19 pandemic recovery planning and the impact on capacity, workforce wellbeing, lessons learned, organizational resilience and innovation.

#### i. Financial

E. Dininio, referred to the Q1 summary from the CEO summer report highlighting the hospital's position and challenges as of the end of Q1. She referred to the Ontario Hospital Association's (OHA) *Update on Ontario Hospital Sector's Finances* included in the package and recognized that the issues raised in the report reflect the financial challenges Holland Bloorview has been dealing with over the last six months of the pandemic. E. Dininio confirmed that while the hospital's current financial position reflects a lower working capital than typical, and a significant operating deficit, Holland Bloorview is in a favourable position compared to other hospitals in the sector. The hospital entered the pandemic in a very strong financial position, which helped to manage its cash flow and working capital pressures. The hospital reported a ratio of .72 at the end of Q1 and this has steadily improved over the summer, and will continue to improve as fee for service programs resume and funding related to COVID-19 expenses is realized.

The hospital has incurred \$1.5 million of incremental COVID-19 expenses for the period of March to July. Unlike organizations funded by other provincial ministries, hospitals are still waiting for reimbursement of their incremental COVID-19 expenses. There is confirmation that the minister has signed off on funding letters related to COVID-19 incremental expenses, however, expenses will only be covered for the months of March and April, which will amount to about \$500,000 for the hospital. Lost revenue will not be recovered.

Thirty-four percent of the hospital's revenue comes from sources other than the provincial government. This revenue is comprised of fees from Client Services, Foundation support, investment income and direct research. During the pandemic, Foundation funds continued to flow to the hospital in alignment with commitments. First quarter investment returns closely matched the hospital's targets. While research grant dollars were still available to fund staff costs because of the risks posed to meeting research related commitments, research funding from various sources, including federal government and Ministry of Health has been announced to support some of these research costs. Revenues from client services (orthotics, prosthetics, dental products) and revenue such as parking and semi-private fees have plummeted and pre COVID-19, they represented 15% of total revenues. The hospital has also had to absorb the full payroll cost of staff in the absence of offsetting revenue. Where possible staff have been redeployed to areas such as screening, which is fully eligible for recovery by the COVID-19 incremental expense pathway, allowing the hospital to manage up to 50% of the payroll costs.

The rate of deficit spending on many of the fee for service programs has slowed considerably and in many programs, it has now plateaued and capped off as at the end of August. The OHA is advocating very aggressively to the government to acknowledge the implication of the pandemic on hospital revenues and to provide financial support to hospitals. Fortunately, Holland Bloorview, received a dividend from its energy audit, which has helped to offset a large portion of this revenue loss. In terms of investments, the hospital has rebounded quite well and investment value is almost back to where it was before the market plummeted in March. The August financial statements will be presented at the Business and Audit Committee.

#### ii. Foundation

S. Hawken covered three topics relating to recovery planning:

*Financial performance of the Foundation and risk associated to the hospital*-nearly \$100 million of the hospital's endowment has rebounded from market volatility and confirmed by the Foundation's Outsourced Chief Investment Officer (OCIO). From a revenue perspective, in July, the Foundation Board of Directors unanimously approved a COVID-19 adjusted budget that reflects a 7% decrease in net revenue compared to the original budget that was approved in March. However, it is still a growth plan as it represents a 5% increase over revenue from last year. The Holland Bloorview Foundation is an outlier in its sector, as numerous benchmarking studies have been completed that show an expected 20 to 40% decline in net revenues from charities across the country. As a result, there is no risk to the annual grant commitments to the hospital from the Foundation.

The Bloorview Research Institute's (BRI) Growth Strategy of \$32 million has also seen some continued strong momentum and is on track to completion as committed.

The Foundation has negotiated early pledge payments from some of its larger multi-year donors in order to provide the much-needed cash flow to the hospital earlier than promised. Where the majority of hospital foundations have seen multi-year gifts slowed or stopped, Holland Bloorview's Foundation has seen a record number of multi-year gifts of six and seven figure amounts for a total of nine multi-year gifts for highest priority hospital needs as well as the BRI Grow Strategy in the first quarter of the year.

From a COVID-19 fundraising perspective, the Foundation exceeded its family support fundraising goals by doubling its commitment to the hospital. The Azrieli Foundation has also contributed \$1,050,000 to support the shortfalls in operations for research. In-kind donations continue to come in at record level, for example, the hospital has received more than half a million dollar donation of personal protective equipment (PPE) in the form of level one masks.

*Risk mitigation strategies for the remainder of the fiscal year-* In terms of upcoming risk mitigation for the remainder of the fiscal year, most of the third party events either have been canceled or have pivoted. The Foundation is optimistic about the momentum that Capes for Kids has already gathered, where they are most vulnerable is in their in person events. This year the signature event, Evening of Possibilities, which raises between a half a million dollars a year will still go ahead virtually. S. Hawken thanked trustees who already indicated their support through sponsorship or buying a table.

Year 4 of the Dear Everybody campaign launched on August 31.

*Foundation Recovery Planning & Donor Tours-* From an operations recovery planning perspective, as of September, 4% of the Foundation staff are back on site at the hospital with the plan to increase to 19% in November. The majority of the Foundation's staff will continue offsite for the foreseeable future in their pledge to ensure that infection controls are maintained. The Foundation has received approval from the Recovery Planning Leadership Team to restart donor tours and already one booking has been confirmed. Tours will be done on exceptional basis, and only three to four per month and they will be done under very strict infection control protocols.

S. Hawken acknowledged the tireless work of the Foundation staff, putting the Foundation in the strong position compared to its peers in the market and across the country. She thanked J. Hanigsberg for her leadership and the entire hospital and the senior management for their strong partnership in making fundraising for the hospital a priority during these complex times. She also recognized the Foundation Board of Directors for its strong commitment and help in making fundraising a success.

### iii. **Operations**

D. Savage provided an operational update.

The hospital is in phase 2 of recovery planning with the overall goal of increasing on site activity and access to services. Phase 3 by the end of October is designed to integrate recovery planning back into day-to-day operations.

Projected onsite activity for ambulatory services is 90% onsite and the hospital is exceeding that target at this time. The hospital is driving increased access, tracking and reducing wait lists and building out a sustainable model for virtual activity. No show and cancellation rates are at about 10% which is lower than one year ago, attributed to virtual care in part. The hospital had some clients who had been triaged to virtual care who, in retrospect needed to be seen on site for a physical assessment. In response, the hospital is refining the criteria for who needs to be seen initially in person and for whom virtual assessment is not comprehensive or may put them at risk.

New admissions to inpatient services are received on a regular basis, however the numbers are lower with average occupancy rate hovering around 65%. An additional contributing factor is due to limited access to weekend passes and open family visiting because of infection prevention and control, families are also choosing to leave hospital before completing their course of rehabilitation. The hospital has successfully opened its persistent pain program, Get Up and Go, and has added sleep studies back in and increased inpatient respite. The hospital has added weekend therapy and expanded weekend programs and is slowly increasing weekend passes to promote real world learning and the practice needed to return to home.

The hospital is extremely proud of its teams who have been redeployed, asked to take on new programs, work with children at risk and deal with their own unique family challenges at the same time.

The next step in recovery planning is intensive focus on surge planning to be in place by the end of September and maintaining as much activity as is safe and possible.

**iv. Research**

T. Chau reported that currently, Bloorview Research Institute (BRI) has moved 43 of its studies strictly virtual; this represents 13% of 350 open studies. Research project recovery to date has focused on safely restarting studies that require instrumentation that are strictly onsite, ramping up MRI studies, and resuming inpatient studies. Onsite activity at the BRI is currently below 40% on average, with a very limited number of participants actually coming on site.

In terms of financial recovery, Holland Bloorview has received funding confirmation from the Canada Research Continuity Emergency Fund (CRCEF) for \$456, 874 to cover incremental costs associated with restarting research. The Azrieli Foundation has also contributed \$1,050,000 to support the shortfalls in operations for research.

There was a significant data loss as a result of sudden interruption to data collection. For example, developmental milestones that were being documented periodically were missed over the period of shutdown making the data no longer useful to the projects.

BRI has also been planning for training recovery, since trainees were delayed due to lack of lab access, time required to set up remote access and or ethics amendments as their projects changed. Graduate students are encouraged to revise their projects to be less reliant on human data collection, due to timelines, and the need to finish academic programs on time. Many of the trainees have applied for extensions at the University of Toronto to extend their academic program and for tuition waivers for the upcoming fall term.

In terms of recovery efforts around the growth strategy at the Research Institute, there have been both schedule and budgetary impacts. The building expansion proposal originally was scheduled to go before the committee of adjustments in March of 2020 however due to COVID, it was canceled. This and other related delays has introduced an anticipated 2 to 5% increase in our budget. The project management team is actively working on value engineering and schedule optimization.

**v. Teaching and Learning Institute**

G. Milo-Manson reported that in cooperation with the Toronto Academic Health Science Network (TAHSN), the hospital has welcomed students back on-site with a hybrid approach to teaching and learning that includes a mix of in-person, online, and virtual practicum delivery. Priority is given to students who are required to complete a practicum or training placement to fulfill program requirement. As of September, the hospital has 97 students from a variety of professional groups, including research, therapy, psychology, and social work. That number will increase to up to 120.

Currently, approximately half of the students are on site. Measures put in place to ensure social distancing has created a need for special consideration in how learners are able to establish competent and effective practices during their practicum under the guidance of their supervisors. The safety of students, supervisors, and clients is a top priority and supervisors are urged to explore adaptations with discretion and in a way that best serves their students, while maintaining an expected standard of competency and ethical practice. Students have benefited from engaging virtual weekly team huddles involving other interprofessional colleagues.

G. Milo-Manson thanked the hospital's Information Systems department for swiftly providing laptops and VPN access. In addition to coordinating for adequate space, and technology, the personal protective equipment (PPE) is closely monitored so that students have access and so that the supply is accounted for.

The Evidence to Care (EtC) team has facilitated a series of rapid fire After Action Review processes with teams exploring key lessons from virtual care roll-out and decision-making and communications during the reactive phase of the COVID-19 pandemic capturing recommendations for our pandemic plan.

**vi. Team**

T. Millar reported that over the last six months, the team at Holland Bloorview has demonstrated resilience, adaptability, and commitment to supporting clients and families in new and different ways.

She reported that in June the hospital administered a pandemic pulse survey for all employees (divided by leaders and staff) to assess how the pandemic and changes to work and the workplace during COVID19

were affecting staff. The information gathered, was instrumental in the hospital's recovery planning efforts. Thirty percent of employees (n=255) and forty-five percent of leaders (n=30) responded to the survey. Five dimensions were explored:

- *Working remotely*- many expressed the desire for a hybrid approach to work.
- *Physical safety*- concerns were expressed around arrangements for physical distancing, screening protocols and how the hospital was going to deal with a second wave.
- *Psychological health and safety*- approximately 40 to 50% of employees indicated that out of all the available resources, the most helpful resource was talking to their managers.
- *Redeployment*- those who were redeployed to other roles, mostly felt prepared and supported.
- *Engagement and communication*- Staff were exceedingly satisfied with the communication provided and wanted to be more involved in the recovery.

T. Millar highlighted that leadership will build up the hospital's resources around mental health and wellness, working remotely, and support and education in relation to safety concerns and returning to work onsite. The informative all staff town halls will also continue along with regular communications that employees receive from the senior management team (SMT). Team meetings are encouraged to check-in and support one another. To offer opportunities for employees to connect with peers on relevant topics like working remotely and resuming work onsite, mini town halls have been created.

The hospital will also continue to develop and evolve its community of practice model for the leadership team.

T. Millar recognized the laudable efforts of the dedicated staff and leaders.

J. Hanigsberg echoed T. Millar regarding leadership and staff efforts and their resilience during these unprecedented times. She commented on the learnings and the innovations developed as solutions to the challenges that the hospital has faced due to the pandemic.

M. Rappolt invited the Board for input.

C. Wood asked how the hospital was supporting scenario planning. J. Hanigsberg responded that the hospital is very much in support of scenario planning as a management strategy. There is scenario planning on the financial side, including the revised operating plan. BRI's team has also done scenario planning on various approaches to research. J. Hanigsberg acknowledged that C. Wood's question is a reminder to the hospital to be structured about the different scenarios across all of the dimensions, and making sure that the hospital gives the board adequate line of sight so they are able to discharge their due diligence that this hospital is actually considering all relevant scenarios.

A. Kaplan asked about the number of cases at the hospital and how the hospital has been impacted with Sick Kids needing to increase capacity anticipating the need for transferring patients from community hospitals. J. Hanigsberg answered that the hospital has had zero COVID-19 cases among clients. In regard to the impact of the pandemic, much of the planning in the early phases among the children's hospitals was creating system capacity for community hospitals. However, although Holland Bloorview responded very effectively and was prepared to sensibly take on any cases required for Sick Kids, it was never needed. She added that part of the hospital's surge planning is to be equally as prepared in the fall.

## 2.2 Revised 2020-21 Operating Plan

The revised Operating Plan was included in the meeting package for review. J. Hanigsberg introduced S. Peacock, Manager of Strategy and Centres for Leadership who joined the meeting and was a key part of the team working on the revised operating plan. J. Hanigsberg mentioned that when the operating plan was initially approved in March, it was with the expectation that changes would be required once the impact of the pandemic was clearer. A significant amount of time has gone into reviewing the operating plan by priority. The revised Operating Plan resulted from input from the senior management team, staff, and S. Hawken and her team with a lens to donor risk.

C. Cowen-Levine acknowledged J. Hanigsberg and the team for their tireless efforts to keeping the Board informed through the process. She commented that the Quality Committee were satisfied with the scorecard results for safety and effectiveness, but had concerns over access and confirmed that a meeting took place to discuss the issues to understand the challenges. She was impressed with the transparency of D. Savage with regard to the targets that

were set. The Quality Committee is also interested in understanding how the hospital will continue to mitigate issues with regard to access to care.

B. Cooper referred to the pause and reduce categories and asked if there has been further prioritization calibration, to determine which priorities would be first to start to up again if the external environment changed, or if there was slightly more capacity than expected.

S. Peacock highlighted the importance of teams scaling back on some of their priorities, and focusing on meeting key objectives, which will still take a tremendous amount of effort. The approach is to revisit the priorities in the planning cycle in January and February and to identify priorities for 2021-22.

**MOTION: It was MOVED by Jean Lam, and seconded by Dale Ponder, that the Board of Trustees approve the Revised 2020-21 Operating Plan.**

**J. Lam/D. Ponder**

**CARRIED**

### 2.3 Medical Advisory Committee Report

A report from the Medical Advisory Committee (MAC) was included in the meeting package. For the new Board members, G. Milo-Manson explained that the report was reviewed and formally approved at the Quality Committee of the Board and brought to the Board for information purposes to highlight some of the quality and risk issues, as well as the depth of MAC oversight.

There was a discussion on the term “good catch”. A “good catch” is the reporting of near miss incidents and looks at indicators of potential safety risks. Risks are reviewed and appropriate corrective action is taken to prevent future safety risks.

### 2.4 President & CEO Report

The President and CEO's report was included in the meeting package.

### **3.0 Consent Agenda**

The Chair referred Trustees to the consent agenda items. No questions were raised.

**MOTION: It was MOVED by Catherine Wood and SECONDED by Carol Cowan-Levine that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of September 16, 2020 as pre-circulated.**

**C. Wood/ C. Cowan-Levine**

**CARRIED**

**3.1 Minutes of Board Meeting June 17 2020**

**3.2 Board Annual Work Plan 2020-21**

**3.3 Credentialing-Dr. Debra Katzman, Dr. Julie Johnstone, Trevor Kwok**

**3.4 Board Standing Committees' Report September 2020\*3.5 Board Quality Indicator Report**

### **Adjournment**

There being no further business for discussion, the meeting was adjourned. At 7:15 p.m.

Marg Rappolt  
Chair, Board of Trustees  
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