

**Holland Bloorview Board of Trustees**  
**Wednesday, October 21 2020**  
**6:00 p.m. to 8:00 p.m.**  
**ZOOM**

**Attendance**

**Present:** Marg Rappolt, Chair; Catherine Wood, Secretary; Bruce Cooper, Treasurer; Irene Andress; Alycia Calvert; Julia Hanigsberg; Suzanne Jorisch; Allan Kaplan; Alice Keung; Jean Lam; Golda Milo-Manson; Dale Ponder; Jennifer Quaglietta; Catherine Roche; Peter Rumney; Michael Wasserman; Allyson Whyte Nowak

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

**Regrets:** Mark Johnson; Poonam Puri, Vice Chair

**Leave of Absence:** Carol Cowan-Levine (on leave as of October 21 2020); 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.

Approval of agenda

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

**MOTION: It was MOVED by Catherine Roche, and seconded by Jean Lam, that the Board of Trustees approve the agenda.**

**C. Roche / J. Lam**

**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 announced that C. Cowan-Levine will be on leave effective immediately for 2 months from the Board. Catherine Roche will be leading the Quality Committee as interim Chair in C. Cowan-Levine's place. She congratulated M. Wasserman for his appointment to the Toronto Innovation Acceleration Partners (TIAP) investment advisory board. She explained that Holland Bloorview is a TIAP member and recently, with the assistance of the hospital's Director of Commercialization Sharon Wong, scientist Dr. Elaine Biddiss has received TIAP investment in her spinoff company.

M. Rappolt announced that A. Kaplan's the November Board Retreat would be A. Kaplan's last meeting as a Trustee. She explained that A. Kaplan sits as a designate of the Dean of the Termerty Faculty of Medicine and A. Kaplan's term as a Vice Dean in the Faculty ends at the end of the calendar year. A. Kaplan joined the board in June 2016 and has been an outstanding contributor including as Chair of the Research, Teaching and Learning Committee. He has been an enthusiastic and knowledgeable supporter of the Bloorview Research Institute (BRI) Growth Strategy. M. Rappolt mentioned that celebrations for A. Kaplan's contribution to the Board will be delayed to the spring AGM when it may be more likely for the Board to meet together in person.

M. Rappolt welcomed I. Andress on behalf of the Board and J. Hanigsberg introduced her as the newest member of the Senior Management Team and ex-officio Board Trustee.

To make providing feedback more convenient for Trustees, the post-meeting feedback form has been redesigned with a new set of questions to be responded to through Survey Monkey. M. Rappolt reminded Trustees to fill out the new feedback through the SurveyMonkey link provided.

## 2. Discussion Agenda

### 2.1 Board Education Session “*Children’s Healthcare in Ontario –Current Status of Policy Advice and Advocacy*”

J. Hanigsberg presented on the status of policy advice and advocacy in children’s healthcare in Ontario. She gave some background on the Kids Health Alliance (KHA), of which Holland Bloorview is a founding member; some work that KHA is doing, collectively as part of the children’s health care system to try to advance system integration. She also provided information about the Children’s Healthcare Coalition, a newly formed coalition in fall 2020 to draw attention to the impact of COVID-19 on children during “back-to-school season” to advocate for crucial investments in children’s health care.

The provincial government has passed new legislation, the People’s Health Care Act, to create a more integrated system that provides higher quality of care to Ontarians through improved access and accountability. The legislation creates a new health agency- Ontario Health, to set the framework for a patient-centric integrated public health care delivery system. Under the legislation, government agencies like Cancer Care Ontario, Health Quality Ontario, and Trillium Gift of Life) and the Local Health Integration Networks have been consolidated and Ontario Health will subsume the programs and operations of these organizations. The legislation also calls for the creation of Ontario Health Teams (OHT) which are teams of health care providers who work together to design a system for their population and deliver care to allow for a seamless transition for patients accessing health care. J. Hanigsberg raised that even at maturity, not every OHT will be able to offer highly specialized care such as transplant or specialized pediatrics. As a result, the five children’s hospitals in Ontario have come together in collaboration with children’s treatment centers and children’s mental health, to advise the government, on providing a comprehensive and tailored child and youth health system of services to children in the care of local Ontario Health Teams. J. Hanigsberg gave an example of a specialty children’s services health team, called Kids Come First, with an innovative model for delivering home and community care services for children in partnership with the two Ottawa-region OHTs.

J. Hanigsberg highlighted that locally in the Greater Toronto Area, children’s health care is fragmented and that there is still more work to be done to help better integrate services.

M. Rappolt asked Trustees for input. There was discussion about the extent to which OHTs have been providing integrated care and the success if realized to date. Although it is still early to evaluate impact the Kids Come First and the East Toronto Health Partners OHTs provide a best practice model through their community- based approach. I. Address provided some examples of success factors for the East Toronto Health Partners.

### 2.2 Quality Committee Report

C. Roche presented the summary report on behalf of the Quality Committee (QC). A copy of the report was pre-circulated. C. Roche noted the impact of the pandemic on access to care, with many patients deferring their urgent services and appointments to avoid exposure. This poses a challenge to quality of care as well as to wait times for referrals and service. The committee is working on recommendations to address the challenges to access to care and will report to the Board in January.

### 2.3 Credentialing

Briefing notes for the appointment of Dr. Manohar Shroff and Dr. Pradeep Krishnan were pre-circulated in the meeting package. G. Milo-Manson explained that Dr. Manohar Shroff and Dr. Pradeep Krishnan’s expertise were required to support the research MRI at Holland Bloorview for incidental findings.

**MOTION: It was MOVED by Dale Ponder and seconded by Jennifer Quaglietta, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the recommendation from the Medical Advisory Committee for the appointment of Dr. Manohar Shroff and Dr. Pradeep Krishnan.**

**D. Ponder/J. Quaglietta**

**CARRIED**

### 2.4 Medical Advisory Committee Report

G. Milo-Manson presented the summary report on behalf of the Medical Advisory Committee (MAC). A copy of the report was pre-circulated.

### 2.5 Board of Trustees Virtual Retreat

C. Wood gave an overview of the November Board Retreat. The virtual retreat will take place on Thursday November 25 and will be shortened to 8:30 a.m.-12:00 p.m. The retreat will incorporate frequent wellness and social breaks, short engaging sessions and use of virtual features such as breakout rooms, polling and whiteboards. C. Wood presented to the Board, the three topics proposed for exploration at the retreat: accessing virtual care and the impact of the pandemic on children, youth and families, agile workforce, and advancement of inclusion, diversity, equity and accessibility at Holland Bloorview.

There were no concerns on the proposed retreat objectives, or format. There was discussion on best practices for the virtual retreat and some suggestions were provided (e.g. providing a zoom meeting tutorial).

### 2.6 Trustee Retirement and Appointment of New Trustee

A briefing note was pre-circulated in the meeting package including Dr. Lisa Robinson's biography for review. C. Wood recognized A. Kaplan for his Board contribution.

**A MOTION to approve: It was MOVED by Catherine Wood and seconded by Catherine Roche that the Board of Trustees Holland Bloorview Kids Rehabilitation Hospital approve Lisa Robinson as Trustee candidate as recommended by the Governance Committee.**

**C. Wood/ C. Roche**

**CARRIED**

### 2.7 President & CEO Report

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

#### 2.7.1 Update on COVID-19 Current Status and planning

J. Hanigsberg gave an update on the hospital's recovery planning. She gave an overview of the hospital's structure and approach to COVID-19 response in the second wave. The hospital has incorporated learnings from the process and decision making around the early stages of the pandemic to ensure a seamless decision making process that serves the hospital very well.

J. Hanigsberg reported on the status of cases at the hospital. There is currently zero active staff cases, and three recovered staff, zero active client cases, and zero recovered clients.

In terms of onsite activity, overall the hospital is at approximately 95%, of targeted on site activity, this reflects programs and services, trainees and research, with approximately, a third of the staff working from home. Concerning ambulatory activity, with both onsite and virtual is approximately 88% of pre-COVID-19 activity. Staff illness and sick time continue to be low.

Of concern is the low inpatient census, which is a combination of ongoing backlog from COVID-19 and possible changing, patterns of referral. J. Hanigsberg explained that with over 5000 pediatric surgeries in the queue across Ontario, the hospital is not seeing the significant proportion of the children who would come to Holland Bloorview for post-operative rehabilitation. In the interim, the team at the hospital is instead offering creative solutions, like respite, admissions, and sleep studies in order to utilize bed capacity.

As the hospital operates under COVID conditions, it is aware of the impact that its visitor restrictions are having on families and is helping families cope through weekend activities, and Child Life support.

J. Hanigsberg reported that waitlist and access to care is a concern for ambulatory service. The team is exploring ways to accelerate seeing families and looking at redeploying clinicians from the inpatient unit into ambulatory care services to deliver more care for ambulatory visits and to address wait times while also assessing the need and urgency for care.

J. Hanigsberg also provided an update on the hospital's work to support advocacy on behalf of children and families. The Children's Health Coalition, a collective including Ontario's pediatric hospitals and health associations is calling on the Ontario government to invest \$375 million in children's health and social care to alleviate the backlog of care that has been compounded by the pandemic.

M. Rappolt invited Trustees for input. There was a question about critical-medication shortages due to supply chain disruption. Although the hospital like many others across the sector has experienced drug shortages, clients have always received the medication they needed in time through excellent planning of the hospital pharmacy.

There was discussion about the Bloorview Research Institute's (BRI) expansion disruptions and staffing impacts due to funding. B. Rubashewsky explained that in regards to the BRI's playground and two story construction disruptions; there has been legal (Committee of Adjustments appeal) and weather (wet conditions) contributions. T. Chau explained that since preservation of staff salaries was prioritized at the initial stages of the pandemic there has been no departures as a result of COVID disruptions. As well, the Federal funding that has already been received has been extremely helpful in helping teams preserve both trainees and staff. Scientists are also working to secure external funding, as grant programs are starting to get resurrected.

### **3.0 Consent Agenda**

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

#### 3.1 Minutes of Board Meeting September 16 2020

**MOTION: It was MOVED by Suzanne Jorisch and SECONDED by Allyson Whyte Nowak that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the minutes of the September 16 2020 Board Meeting.**

**S. Jorisch/ A. Whyte Nowak**

**CARRIED**

#### 3.3 September Foundation Board Report

S. Hawken thanked trustees who already indicated their support through sponsorship or buying a table for the Virtual Evening of Possibilities (EOP) and encouraged Trustees who have yet to, to do so. She gave an overview of the Virtual Evening of Possibilities event.

### **Adjournment**

There being no further business for discussion, the meeting was adjourned. At 7:35 p.m.

Marg Rappolt  
Chair, Board of Trustees  
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