

**Board of Trustees Meeting
MINUTES of Meeting
Wednesday, November 16, 2016
6:00-8:00 pm
Holland Bloorview, Room 5E100**

Att 1.2
Board 2016.12.14

Present:	E. Anagnostou C. Hunt T. Muir	M. Ballantyne J. Lam W. Onuwa	C. Cowan-Levine A. Maharaj H. Ort	J. Hanigsberg G. Milo-Manson	L. Hicks J. Morrison
Sr. Management:	T. Chau S. Wong	S. Hawken	J. Hunter	D. Savage	B. Sybring
Regrets:	B. Cooper L. Torneck	C. Hopper	A. Kaplan	P. Puri	M. Rappolt
Guests:	D. Miron	K. Parker	V. Tsang		
Recorder:	B. Webster				

Opening Remarks by Chair

C. Hunt called the meeting to order at 6:00 pm. She reviewed the handouts in Trustees' folders and encouraged members to complete their evaluation forms.

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 Tom Muir SECONDED by Jean Lam that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of November 16, 2016.

1.1 Agenda – November 16, 2016

1.2 Minutes – October 19, 2016

1.3 Board Standing Committees' Report

Muir / Lam

CARRIED

2.0 President & CEO Report

J. Hanigsberg reported on the exemplary written report we received from the Schwartz Center on our recent Accreditation.

J. Hanigsberg was asked to provide an update on the litigation related to the facility leak. At this point, L. Hicks declared a conflict and left the meeting room. J. Hanigsberg provided a brief update. After the discussion, L. Hicks was asked to return to the meeting.

A question was asked about the results of Canada's Top 40 Research Hospitals. T. Chau indicated that the Bloorview Research Institute (BRI) dropped in the overall rankings from 33rd to 34th. Two factors impacted this change: Research Infosearch changed its methodology to using headcount rather than full time equivalent (FTE); "intensity" went from \$430K per investigator to \$300K per investigator. Our ranking in the small hospitals remains consistent at #7. Notable is that included in the list is any hospital with revenues under \$400M. T. Chau will present on his BRI Growth Strategy at the December meeting.

3.0 New Business

3.1 Innovation Strategy

C. Hunt welcomed Kathryn Parker and Doug Miron, Co-Leads of the Centre for Leadership in Innovation to the meeting. Last year, they facilitated a session on Innovation at the Board Retreat.

Their presentation updated Trustees on the innovative projects underway and the key accomplishments in the last year. The vision of the Centre for Leadership in Innovation is to become the most innovative Academic Health Science Centre. To achieve this vision, the Centre is cultivating an ambitious and collaborative environment that rewards and invests in innovation through working on the following objectives:

1. Supporting the exploration, implementation and evaluation of innovative ideas that impact clients and families.
2. Moving innovative ideas to the broader community by knowledge sharing and commercialization
3. Building organizational capacity in supporting innovative and risk taking ideas

They shared the accomplishments from the last 12 months focusing on the three funded projects that have been completed: Infant Prosthetic Hand; Expanding ScreenPlay; and Hiring Simulation Circuit.

They reported that a Call for Projects was sent out and 14 letters of intent were received. Seven of those were invited to do a project charter and the hope is to fund 4-5 projects in 2017-18.

Revenues are possible for some of these innovations and the BRI is actively building a commercialization pipeline.

C. Hunt thanked D. Miron and K. Parker for their excellent update.

3.2 Financial Statements to September 30, 2016

B. Sybring reported that with the current surplus, we are \$1.1M better than budget. He noted that Clinical Technology continues to realize the benefits of improved management and a number of efficiencies that have been put into place over the last year. Dental revenues are also up due to the demand for general anesthesia services. We expect a surplus of approximately \$950K by the end of the year. The Senior Management Team is looking at current programming that needs funding and reinvesting the dollars in areas that have wait lists.

MOTION: It was MOVED by William Onuwa, and seconded by Carol Cowan-Levine, that the Board of Trustees approve the Preliminary Financial Statements for the period ended September 30, 2016 for Holland Bloorview Kids Rehabilitation Hospital, as pre-circulated.

Onuwa / Cowan-Levine

CARRIED

4.0 Business Arising

4.1 Kids Health Alliance (KHA)

C. Hunt reminded Trustees that she and J. Hanigsberg attended a meeting with the CEOs and Board representatives of the other two hospitals in early October. J. Hanigsberg explained that the purpose of the Kids Health Alliance is to create a network that brings together like-minded participants in children's healthcare to improve health outcomes and greater economic efficiency. Participation will be voluntary. We are one of three founding members and costs will be shared proportionate to size of the organization. No specific details related to costs have been determined as of yet. The Ministry of Health and Long-Term Care is very supportive of the Alliance and will provide some initial seed funding.

KHA will have its own corporate identity with its own Board. The governance of each of the three hospitals and KHA will remain separate.

MOTION: It was MOVED by Harry Ort and seconded by, Janet Morrison THAT, the Board of Trustees approves in principle the KHA initiative and authorizes management to proceed with the formation of the KHA corporation and for Holland Bloorview Kids Rehabilitation Hospital to become a founding member along with The Hospital for Sick Children and the Children's Hospital of Eastern Ontario.

Ort / Morrison

CARRIED

5.0 Reports

5.1 Strategic Planning Update

J. Lam reported that the strategic planning process is well underway. Twenty-seven pollination sessions have been held to date. There has been a tremendous amount of engagement by staff, clients and families. We have had feedback on 2 'Big Questions' so far. The 3rd Big Question is about to go live on Monday. Telephone interviews with global leaders are being conducted by members of the Strategic Planning Task Force. The next Task Force meeting is scheduled for November 30th.

5.2 Quality Committee Report

L. Hicks reported that the Accreditation planning is on schedule and on track with all deliverables. Two new members have joined the Quality Committee – Suzanne Jorisch, a family leader and Dr. Gaetan Tardif, Medical Director at the Toronto Rehab Institute, University Health Network.

5.3 Medical Advisory Committee Report

A question was raised regarding the October Medical Advisory Committee report. It states that the medication adverse event rate was 0.18. G. Milo-Manson will report back on this at the next meeting.

5.4 Foundation Report

S. Hawken reported that a record-breaking \$545K was raised at Monday night's 10th Evening of Possibility. She thanked the Trustees who attended or sponsored a table. She also announced the \$3M gift from The Ron Kimel Foundation Trust to support research innovations for kids with disabilities.

Order forms for holiday cards are in Trustees' folders – the deadline to order is November 30th.

She encouraged Trustees to attend the Speaker Series on December 5th which will feature Dr. Evdokia Anagnostou. It will also be an opportunity to celebrate her appointment to the Dr Stewart Sims Chair in Autism.

Capes for Kids is a new initiative coming in March. She will bring more details to the next meeting.

6.0 Adjournment

The Board Meeting adjourned at 7:45 p.m.

*Cally Hunt, Chair
Board of Trustees
:bw*