

**Holland Bloorview Board of Trustees**  
**Wednesday, December 16<sup>th</sup>, 2020**  
**6:00 p.m. to 7:00 p.m.**  
**ZOOM**

**Attendance**

**Present:** Marg Rappolt, Chair; Catherine Wood, Secretary; Bruce Cooper, Treasurer; Irene Andress; Alycia Calvert; Julia Hanigsberg; 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; Tracey Millar, Bohodar Rubashewsky; Diane Savage; Meenu Sikand; Stewart Wong

**Regrets:** Sandra Hawken, Suzanne Jorisch

**Quests:** Mazen Almaoui

**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.

Announcement

M. Rappolt recognized the Bloorview Research Institute for being named among the Canada Top 40 Research Hospitals and ranking at 33, up 3 places from last year and number one for research intensity for small hospitals (under \$400M) for the second year in a row.

M. Rappolt commended the team, D. Savage, executive lead; M. Almaoui, operational lead for pandemic response including testing for the launch of Holland Bloorview's COVID19 testing centre for kids with disabilities and medical complexity.

She applauded J. Hanigsberg for receiving the WXN (Women's Executive Network) Top 100 Most Powerful Woman Award 2020 for the third time and winning the Canada's most powerful CEOs award, which recognizes three Canadian Female CEOs who are a "compelling force behind their organizations".

M. Rappolt announced that she visited Holland Bloorview onsite on December 2 and gave the Board insight into the pandemic impact on operations. She shared that many changes made in adherence to pandemic restrictions, have proven to be a challenge for clients, families, and staff. In addition to the challenge of maintaining a positive culture under these circumstances, M. Rappolt learned about the socioeconomic and psychological implication of the pandemic on clients.

M. Rappolt raised some better practices for virtual Board meetings. One that she proposed to try is to have more casual smaller group meetings in between or in advance of the formal Board meeting starting in January 2021. A. Rascanu will send out three 45-minute time slots and ask that trustees sign up for one if they are available. The goal is to give opportunity for small group, less formal interaction on issues relevant to the board and strategy. The first pre-board meeting will also be used to prepare for the education session with Anthony Dale, CEO of the Ontario Hospital Association in January.

**2. Discussion Agenda**

**2.1 COVID-19**

**I. Pandemic response [D. Savage/ S. Wong]**

S. Wong referred the Board to the comprehensive pre-circulated report, which outlines some of the major activities over the last month. S. Wong, announced the launch of COVID-19 testing centre for kids with disabilities and medical complexity in partnership with Sick Kids and the launch of the flu vaccination clinic for ambulatory care clients. He

indicated that the hospital has implemented online prescreening for those who are coming to the hospital to help expedite the on-site entry process for all clients, caregivers, research participants and visitors. This tool will help to prevent unnecessary travel to the hospital if screening requirements are not met, and will allow for a quicker screening process for those able to come on site for appointments and visits.

The hospital continues to advocate for the health of children in Ontario that have been affected by the backlogs resulting from the pandemic.

The hospital also has in place an effective contact tracing process for when staff or clients and families tests positive for COVID-19 and to date, these processes have proven to be effective in mitigating spread of COVID-19.

S. Wong also shared that the hospital is closely working with the Bloorview School Authority (BSA), which Toronto Public Health has declared to be in outbreak as of December 10<sup>th</sup> due to two linked cases. The hospital in collaboration with BSA, acted expediently to make sure that the impacted cohort were placed into isolation and the hospital continues to learn from each experience to enhance communication and processes while supporting families and team members.

M. Almaoui, Senior Director of Programs and Services, who acts as the pandemic operations lead, provided further information regarding the COVID-19 testing service for children with physical, developmental and complex medical conditions. Holland Bloorview, in partnership with SickKids, is offering a COVID-19 testing service, supported by Ontario Health and Toronto Public Health. The service, launched on December 9<sup>th</sup> and will operate every Monday, Wednesday, and Saturday. Since December 14<sup>th</sup>, the service was made available to children with disabilities and families outside of Holland Bloorview's client population. To meet the needs of this group of children and families, the new COVID-19 testing sites provide timely and convenient access to pediatric resources and accommodations for mobility, communications, behavioral and other specialized healthcare needs at the time of testing. A common intake line is open from 8:00 a.m. to 8:00 p.m. seven days a week, which is staffed by Holland Bloorview and Sick Kids. Staff and families can book their appointments through the Toronto Public Health website.

At Holland Bloorview, the testing clinic runs every Monday and Wednesday from 5:00 p.m. until 9:00 p.m. and Saturdays from 8:00 a.m. until 4:00 p.m. However, together with Sick Kids, testing is provided seven days a week. Holland Bloorview's testing is conducted either indoors just inside the BSA entrance or in the car. Twenty-four client family swabs have been taken since the first week of operation, with a maximum capacity of 50 swabs per week. Services will be offered through the holidays, except for December 25<sup>th</sup> and 26<sup>th</sup>, and January 1<sup>st</sup> and 2<sup>nd</sup>. The hospital is prepared to increase its testing capacity if needed, in order to support any potential surge.

D. Savage provided additional content related to onsite and virtual activity across the organization. Although sick time has not posed a significant issue for the hospital, the hospital is starting to see some incremental increases due to staff self-isolation, and staff awaiting testing results at home. If schools were to close or move back to virtual education, this would have an important impact on the health services workforce across the system, and raises significant concerns for the hospital.

In regards to inpatient occupancy, the hospital's census is still low at 54% compared to last year this time at 90-100% capacity. Teams in ambulatory programs are challenged to continue to optimally match the most appropriate care service and approach to each child's needs, whether that's virtual or on site. Although there are periods where cancellation increases for access to services due to clients and families' apprehensiveness influenced by the news, their own schools, their own level of comfort; the hospital is close to its pre-COVID-19 activity with 45% of activities on site and 54% virtual in ambulatory services.

D. Savage, confirmed that teams in ambulatory care are doing everything they can to catch up from the waitlists created during the ramp down of scheduled and elective services during the first few months of COVID-19. However, it is going to take time and increased resources to be able to catch up fully.

## **II. Occupational health/team mental wellness [T. Millar]**

T. Millar noted that although, it has been a challenging 10 months since the pandemic, teams including the senior management team have demonstrated resilience, adaptability, and commitment to not only supporting clients and families but each other as well.

T. Millar shared some data on employee health and wellness at the hospital. She reported that compared to 51 employees accessing the Employee and Family Assistance Program in 2019, only 41 employees accessed services in 2020. The data shows that employees accessed more mental health and personal stress services compared to 2019. In the personal relationships category, counseling services increased within the couple and relationship category and this has gradually been increasing year to year. The report provides insights that will help assist the

team in developing and providing resources that are relevant for employees that will continue to support their health and wellbeing.

With the onset of the pandemic, teams effectively and quickly mobilized to develop and populate a COVID-19 resource site. Resources include articles, ideas and tools for employees and leaders around mental wellness, engaging teams and staying connected. Data shows that half of the most frequently downloaded resources, articles and tools had a focus on mental and physical wellness with over 1100 documents downloaded from January 1 to December 13, showing the importance of monitoring and supporting employees in their mental and physical wellness journey.

T. Millar indicated that the People and Culture team have recently completed a review of the hospital's non-monetary rewards program. Although most of these services are on pause now, the review showed that the hospital is among 59% of other organizations who provide stress reduction programs like onsite massage, fitness programs. In addition, the hospital offers healthy cafeteria options, including nutritional information, an onsite fitness center, and mindful self-compassion programs and Schwartz Rounds, which offers a safe place for employees to discuss the emotional impact of their work.

To continue serving the needs of employees, T. Millar said that a pulse survey in the new year may be initiated. As well, the hospital is awaiting the results of its employee engagement survey, to help inform initiatives and programs around mental health and wellness. The team will continue to engage staff and keep them at the forefront of the decisions being made, helping them navigate through these uncertain times, listening, supporting and enabling them to be able to continue to compassionate care.

### **III. Client and Family Experience Update [D. Savage]**

D. Savage provided an update on client and family experience. Clients and families were satisfied with the option of virtual care, from the time that it saves to the stress that it reduces to the confidence of having a trained clinician see the child in their home environment, to new ways of delivering service. They are also happy with the range of virtual programs that the hospital has offered, like virtual Santa, and the adaptive music therapy summer camps. Families also value the opportunity to access services onsite and they appreciate the alternative care opportunities.

Families however have significant concerns over delayed access to critical services like dentistry and surgeries (at referring hospitals, with wait times for some surgeries exceeding a year). Other major concerns are around caregiver's mental health and wellbeing. The pandemic has left many families feeling lonely and isolated, dealing with the care recipient's anxiety and stress over COVID-19 and its restrictions, and are unable to take the breaks or access the social interaction they need. Although families are more in need of respite, understandably amid COVID-19 restrictions, they are having a harder time getting the break they need.

The financial impact for families is notably increased. Families are concerned about job insecurity and uncertainty, and financial challenges. They are also concerned about their children missing peer interaction, the decreased socialization, and the decrease in community opportunities. Families have raised concerns around the lack of connection to critical support services, like special needs assistance, behavior consultants, and intensive support programs.

### **IV. Research [T. Chau]**

T. Chau provided an update for the Bloorview Research Institute (BRI). The Research Institute is essentially maintaining status quo with research activities. Recruitment of research participants remains an elusive challenge for the majority of studies, regardless of whether participation is on site or virtual.

Since June 15, there has been 340 research participant visits on site, which is about 10% of the volume that same period in 2019. The Research Institute has been receiving pandemic relief funding from various sources, the federal government, the provincial government, Tri-agencies (three federal research funding agencies—Canadian Institutes of Health Research (CIHR); the Natural Sciences and Engineering Research Council (NSERC); and the Social Sciences and Humanities Research Council (SSHRC)) and private philanthropic donations, which has enabled BRI to protect staff positions, especially those that are strictly on soft funding. Currently, four industry partners are using the hospital's MRI facility that was launched earlier this year.

T. Chau announced that BRI is continuing with its expansion plan. The space on the fourth floor that is occupied by BRI will be undergoing a major renovation starting February 1<sup>st</sup> 2021. The department is currently in the process of decanting offices and labs in a safe manner, and we will be fully vacated by January 25<sup>th</sup>. The project management team has worked closely with infection control at the hospital to determine building access that will keep Holland Bloorview safe for clients, families and staff during construction. The area to be renovated will be sealed from the rest

of the hospital and access to the fourth floor will be facilitated through an external hoist and to mitigate the impact of the extended exile for the Research Institute, the team is developing robust communication and engagement plans to stay connected with staff.

Trainees continued to be impacted, many thesis projects have been delayed, because they are not able to collect data or recruit participants. A number of students are defending their thesis now with smaller sample sizes than they originally targeted. The University of Toronto has been supportive and accommodating to the graduate students who have had to prolong their program of study due to the impact of COVID-19.

#### **V. Teaching and Learning Institute [G. Milo- Manson]**

G. Milo-Manson offered updates on hospital learners. In the fall, there was an increase in students, although not what it was pre-COVID (70% of the general capacity). G. Milo-mansion reported that there is growing concern over student placements restricted by the pandemic. Nursing students, who are graduating in 2021, are not getting the placements that they need to fulfill their requirements. G. Milo-Manson, who represents the hospital at the Toronto Academic Health Science Network (TAHSN) Education Committee and the Toronto Region Education Table commended the hospital's internal team, both the Teaching and Learning Institute, as well as the hospital's nursing leadership, for going above and beyond to accept a large number of nursing students who will start their placements in the winter in order to fulfill their graduation requirements. The uptake will increase the hospital's learner capacity to close to pre-COVID-19 levels.

G. Milo-Manson shared that Holland Bloorview's Developmental Pediatrics Subspecialty Residency program was reviewed during a two weeks accreditation visit from the Royal College of Physicians and Surgeons of Canada and received a full approval with not one weakness identified for improvement. In addition, the Royal College reviewers are recommending the hospital's program for a leading practice award as a result of the hospital's collaboration with its family leadership family as faculty program.

There was a discussion about vaccine allocation. Allocation of the vaccine will be phased prioritizing long-term care facilities and staff in congregate care settings. Currently, University Health Network and the Ottawa Hospital will be administering the vaccines and as more vaccines become available, 13 hospitals are expected to conduct COVID-19 vaccinations. The current phase does not include Holland Bloorview's staff and clients.

J. Hanigsberg said the children hospital leaders are offering advice to government on some of the issues in relation to safeguarding children's health, not necessarily by vaccinating children, but thinking about who would need to be vaccinated in order for children to be able to safely attend school (e.g. teachers, daycare, parents and caregivers of children with medical complexity, siblings of those children if they're of age to receive the vaccine).

J. Hanigsberg added that the hospital would be working with colleagues to advocate for equitable access to the vaccine, particularly for racial and ethnic minority groups and people with disabilities, who are bearing the disproportionate burden of the virus.

There was a brief discussion on vaccine hesitancy and J. Hanigsberg stated that uptake of the seasonal influenza vaccination was very high at Holland Bloorview, at 30% higher than most hospitals. Staff at Holland Bloorview may reasonably similarly be responsive to the opportunity for the COVID-19 vaccination.

#### **VI. Health system [J. Hanigsberg]**

J. Hanigsberg indicated that the Ontario Hospital Association (OHA) held an emergency Board of Directors meeting to discuss and prepare for surge capacity as COVID-19 case rates increase. With the increasing numbers, the OHA is very concerned that the healthcare system will be beyond its capacity by January. Already, critical care capacity exceeds the height of where it was in wave one and even hospitals in regions that are not in lockdown are still at their peak capacity because they are serving long-term care homes.

The OHA will be issuing a public letter signed individually by every member of the board to the Premier, who has indicated his willingness to taking additional public health measures.

During wave one; the Ontario Health issued a memo advising Ontario hospitals to ramp down elective surgeries and non-emergent activities in order to preserve capacity. However, taking into consideration the 5300 children awaiting surgery province wide and the detrimental impacts seen from the wave one shutdowns on children's health care, Holland Bloorview, along with other children's hospitals like Sick Kids and Children's Hospital of Eastern Ontario (CHEO) have decided to not ramp down any elective procedures as the directive was for adult hospitals. Currently, children's hospitals have sufficient capacity to meet demands.

J. Hanigsberg also mentioned that school closure as a public health measure to reduce the spread of COVID-19 s discussed with the Premier at the OHA Board meeting. Their strong advice to the government would be to treat shutting schools as the very last option as there is no data to support the argument that schools are causing community spread. Considering the impact of the school closures in the early part of the pandemic, it would be highly dangerous to children to do that, again. In addition, J. Hanigsberg noted that school closures could have negative impacts on parents, including healthcare workers, through an increase in unmet childcare needs. School closures can also have negative impacts on family finances, and lead to a decline in mental health and emotional well-being.

J. Hanigsberg shared that the Sick Kids-led recommendations document regarding safe school reopening amid the COVID-19 pandemic is currently being updated to offer further guidance. G. Milo-Manson continues to represent Holland Bloorview in providing advice and input on this paper.

#### **Adjournment**

There being no further business for discussion, the meeting adjourned at 7:00 p.m.

Marg Rappolt  
Chair, Board of Trustees  
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