

**Board of Trustees Meeting**

**MINUTES of Meeting**

Wednesday, March 23, 2016

6:00-8:20 pm

Holland Bloorview, Executive Boardroom, Room 5E100

<b>Present:</b>	E. Anagnostou J. Lam T. Muir	M. Ballantyne R. Laxer W. Onuwa	L. Hicks A. Maharaj H. Ort	C. Hopper G. Milo-Manson M. Rappolt	C. Hunt J. Morrison
<b>Sr. Management:</b>	T. Chau L. Ward	J. Hanigsberg S. Wong	J. Hunter	D. Savage	B. Sybring
<b>Guests:</b>	S. Keenan	L. McAdam	V. Tsang		
<b>Regrets:</b>	B. Cooper	S. Hawken	R. McLeod	L. Torneck	
<b>Recorder:</b>	B. Webster				

**Opening Remarks by Chair**

J. Morrison welcomed everyone to the meeting. She called the meeting to order at 6:00 pm.

Holland Bloorview has been working with the Ontario Medical Association on a new video featuring one of our Developmental Paediatricians, Dr. Melanie Penner. The video showcases the work Dr. Penner is doing with children with autism. J. Hanigsberg introduced M. Halsey, Senior Communications Associate who helped in the coordination of the making of the video. The shorter 30 second video was shown to Trustees. There is a longer 3 minute version which includes interviews with Dr. Penner and several parents. Trustees expressed very positive feedback with the overall message of the video.

**Education Session - "Advancing the integration of care and research: An update on the clinical study and team investigators initiative"**

J. Hanigsberg introduced the speakers for the education session. Sarah Keenan is a Life Skills Coach and has been a Clinical Team Investigator for 3 years at Holland Bloorview. Her research focuses on friendship, in particular identifying and developing evidence-informed interventions to support young people with a disability to create and maintain meaningful social connections. Dr. Laura McAdam has been a Clinical Study Investigator for 3 years and has recently been promoted to Clinical Investigator in the Bloorview Research Institute with support in part by generous funding from donors to the Dr Biggar Endowment. She is currently working as a Pediatrician in the Child Development Program and her clinical focus is with children who have neuromuscular conditions.

Dr. T. Chau indicated that this work dates back 4 years when it became more evident that many questions were being posed, but there wasn't support or mechanisms in place to formulate research studies to answer those questions. Two new appointments, Clinical Team Investigator and Clinical Study Investigator, were created geared to front line clinicians that focus on the importance of integrating research and clinical practice. Good clinical practice and good clinical research both aim to improve the quality of life and community participation of children with disabilities and their families.

As a Clinical Team Investigator, S. Keenan's research is primarily focussed on friendship. There is mounting evidence of the mental and physical health impacts of friendship and its role in healthy development. The research states that young people with a disability are at risk of having fewer, and poorer quality friendships than their typically developing peers. Over the last few years, friendship has emerged as an area of clinical need, with many clients and their families identifying friendships as a priority. She highlighted a few of the main projects she has been involved with over the past 3 years.

L. McAdam indicated that as a Clinical Study Investigator, it provides her with a formalized connection with the Bloorview Research Institute, facilitated interactions with other researchers and educational opportunities. She recently participated in a one year program through the Harvard Medical School that provided clinicians and clinician-scientists advanced training in the methods and conduct of clinical research. It was also an opportunity for personal growth focusing on developing research focused skills. She highlighted some of the research projects she is conducting with clients with Duchenne Muscular Dystrophy including transition to adult health care and addressing the human dimensions of progressive illness experience.

J. Morrison thanked the speakers for their presentations.

### **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 Cally Hunt and SECONDED by Harry Ort that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of March 23, 2016 as pre-circulated.**

**1.1 Agenda – March 23, 2016**

**1.2 Minutes – February 17, 2016**

**1.3 Board Standing Committee Reports – March 2016**

*Hunt / Ort*

**CARRIED**

### **2.0 President and CEO Report**

J. Hanigsberg indicated that copies of letters recently sent to government were in Trustees' folders. We have not yet received a response but has heard that government is determining next steps based on all the feedback received. We will consider following up by scheduling meetings with the Deputy Minister and Assistant Deputy Ministers of Health and Long-Term Care. She indicated that London Health Sciences Centre was supportive of the letter sent to Minister Hoskins but were unable to meet our deadline. They will be invited to be part of any next steps going forward.

She asked if there were any questions regarding any items in her written report. Trustees were pleased to hear about the changes made to the inpatient admissions procedure to make it more client and family centred.

### **3.0 Business Arising**

#### **3.1 Quality Improvement Plan (QIP)**

R. Laxer reported that a lengthy discussion was held at the February meeting of the Quality Committee. He highlighted the change made to the indicator regarding resolution of complaints – it was changed to “% of **moderate** complaints resolved within **21** days” – 70%. The committee felt that this was more of a stretch goal based on feedback received. He also commented that the joint indicator with SickKids was not part of this year's Plan but the intention to do the work and to have a joint indicator next year is in the narrative. He commended the team for the excellent work done this year to engage clients and families in the process.

**MOTION: It was MOVED by Ron Laxer, and seconded by Marg Rappolt, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2016/2017 Quality Improvement Plan as recommended by the Quality Committee of the Board.**

*Laxer / Rappolt*

**CARRIED**

**MOTION: It was MOVED by Laurie Hicks, and seconded by Ron Laxer , that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2016/2017 Quality Improvement Plan – Executive Compensation as recommended by the Quality Committee of the Board.**

*Hicks / Laxer*

**CARRIED**

**4.0 New Business**

**4.1 2016-17 Operating Plan**

C. Hunt reported that the Operating Plan was reviewed in detail at a joint meeting of the Business & Audit and Quality Committees in February. It then came back to the Business & Audit Committee for final approval. B. Sybring highlighted some of the key elements of the plan including achievements from 2015/16, highlights of strategic goals for 2016/17, financial assumptions and outcomes of financial optimization and the financial plan for 2016/17. The Plan will guide our work for the next operating year.

D. Savage reported that rehab volumes have increased close to 20% or more than 2,000 days over the last 4 years. Complex Continuing Care days, in turn have decreased more than 35% or close to 3,000 days over the same period as we have through hard work and partnership been able to discharge some of our long term clients into appropriate community settings. These types of clients have not been replaced which has been the experience in the adult sector as well. Outpatient levels have also gone down due partially to some service reductions that were made last year, but also due to unanticipated factors i.e. staff illnesses and vacancies. We believe this is short term and should trend upwards again next year. Day volumes as measured in days have decreased about 20% this year, although total numbers of clients is only down a little over 5% from the past three years.

B. Sybring noted that because we were successful in achieving our financial optimisation target and beyond, we were able to invest over \$500,000 towards strategic and operational priorities next year. He also indicated that there were no major staffing changes this year.

Trustees agreed that it was a well written plan and management was commended for the narrative on risk.

**MOTION: It was MOVED by Cally Hunt, and seconded by Harry Ort, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2016/2017 Operating Plan as recommended by the Business & Audit Committee.**

*Hunt / Ort*

**CARRIED**

**4.2 President and CEO Performance and Compensation Committee 2015/16**

J. Lam indicated that it is at this time of year we are required to create a Performance and Compensation Committee to conduct the evaluation of the President and CEO for 2015/16. According to the Policy on "Evaluation of the President and CEO" the committee is required to include a minimum of five Trustees.

**MOTION: It was MOVED by Jean Lam, and seconded by Marg Rappolt, that the Governance Committee recommends that the Performance and Compensation Committee for 2015/16 will consist of the following members:**

**Janet Morrison, Board Chair**

**Cally Hunt, Vice Chair/Treasurer**

**Jean Lam, Secretary**

**Ron Laxer, Chair, Quality Committee**

**William Onuwa, Chair, Research, Teaching and Learning Committee**

**Lam / Rappolt**

**CARRIED**

#### **4.3 Equity, Diversity and Inclusion at Holland Bloorview**

J. Hunter explained that Holland Bloorview is committed to understanding our employee population and experience, enhancing policies & procedures to create a culture of trust and justice and recruiting and retaining an employee population that reflects our city. The hospital's 'health equity' approach is to understand who we serve, to train employees to recognize and respond to differences, and develop a population health approach to address identified inequities.

She provided background on the equity, diversity and inclusion (EDI) journey at Holland Bloorview including the establishment of an EDI Steering Committee and Council, the launch of the TC LHIN Data Tool, Employee Diversity Survey, Health Literacy Plain Language Project and the recent Respect Campaign. The recent Employee Diversity Survey results were very impressive with a 59% response rate. The data from the survey results will require further analysis.

Next steps include:

- Finalize and broaden the utility of the health equity lens across the hospital
- Advance training and further awareness-building across the hospital
- Identify gaps from the surveys and develop plans to address gaps

J. Hunter encouraged Trustees to read the articles in their package regarding best practices and the research demonstrating improved outcomes generated by diverse boards.

#### **4.4 Board Matrix – Part B**

J. Lam reminded Trustees that Part A of the Matrix was approved at the last meeting. Part B is composed of demographic information about prospective candidates for the Board. The collection of this information is consistent with good governance practices. The business case for diversity is well demonstrated in the literature. The primary purpose of the Matrix is to be used as a tool by the Governance Committee for recruitment and succession planning. Part B is non-mandatory and all information collected in Part A & B is strictly confidential and for use by the Governance Committee only. Discussion ensued regarding the fact that *family income* is not one of the categories and whether or not we should ask that question of our Trustees. J. Hanigsberg noted that the Centre for Addiction and Mental Health (another Toronto Academic Health Sciences Network hospital) asks questions on its matrix about low income. The Governance Committee will take this question back for further discussion.

J. Lam indicated that Part A and B will be distributed to Trustees for completion in the coming weeks.

**MOTION: It was MOVED by Jean Lam, and seconded by William Onuwa, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Board Matrix - Part B as recommended by the Governance Committee.**

**Lam / Onuwa**

**CARRIED**

#### **5.0 Reports**

##### **5.1 Quality Committee Report**

R. Laxer indicated that there was an excellent presentation on Schwartz Rounds at the last meeting. He recommended all Trustees attend at least one Schwartz Rounds next year. B. Webster will distribute the schedule to Trustees.

##### **5.2. Medical Advisory Committee Report**

Dr. G. Milo-Manson presented the Medical Advisory Committee report. She indicated that a fulsome discussion was held at the last Quality Committee. There were no questions at this time.

**5.3 Foundation Report**

J. Hanigsberg presented the Foundation Report on behalf of S. Hawken. A comprehensive presentation on the Foundation's new strategic and operating plan will be presented at the April Board Meeting.

**6.0 Adjournment**

The regular Board meeting adjourned at 8:00 pm.

J. Morrison asked Trustees and to stay on for the Closed Board Meeting.

*Janet Morrison, Chair  
Board of Trustees  
:bw*