

Holland Bloorview Board of Trustees

MINUTES of Meeting

Wednesday, January 16, 2019

6:00-8:00 pm

Holland Bloorview, Room 5E100

Present: M. Ballantyne C. Cowan L. Dottori-Attanasio J. Hanigsberg M. Johnson
S. Jorisch (via teleconf) G. Milo-Manson T. Muir W. Onuwa
Y. Pavri (via teleconf) D. Ponder (via teleconf) P. Puri (via teleconf) M. Rappolt
S. Smile L. Torneck C. Wood

Sr. Management: T. Chau E. Dininio S. Hawken T. Millar B. Rubashewsky
D. Savage M. Sikand S. Wong

Regrets: B. Cooper L. Hicks (Leave of Absence) A. Kaplan

Guests: E. Berezovskaia D. Miron T. Young

Recorder: B. Webster

Call to Order

The Chair called the meeting to order at 6:00 pm. He introduced Dr. Trevor Young, Dean, Faculty of Medicine and Vice Provost, Relations with Health Care Institutions, University of Toronto.

Education Session

Dr. Trevor Young explained that the University of Toronto (U of T) is a tri-campus system that spans the Greater Toronto Area. The Faculty of Medicine operates on two of these campuses – the St. George Campus located in downtown Toronto, and the Mississauga campus, which is home to the Mississauga Academy of Medicine. U of T consistently ranks among the world's top research institutions. Over the past year, U of T has ranked number one in Canada in all the major rankings and is ranked third in the world for research output after Harvard and Stanford. U of T is a member of the Toronto Academic Health Science Network (TAHSN). Within the network, collaboration is enabled in medicine, practice and research. As a result of these partnerships, they have been able to establish numerous centres for research, education and professional development.

Dr. Young reviewed the process of engagement for the new strategic plan. The new plan consists of three strategic domains of focus – Ecosystem of Collaboration, Groundbreaking imagination and Excellence through Equity and two enablers – Support Health and Wellbeing in everything we do and Infrastructure, Policies and Technology that Compel Collaboration and Support Sustainability. Seven goals has been identified for development in year one with eight working groups charged with developing and implementing the necessary interventions.

J. Hanigsberg noted that the U of T plan has several similarities with our No Boundaries Strategic Plan. Discussion ensued related to TAHSN interest in creating new high impact collaborations e.g. in data and artificial intelligence.

W. Onuwa thanked Dr. Young for his very informative presentation.

Opening Remarks from the Chair

W. Onuwa shared with the Board that one of our Trustees, L. Hicks has made a decision to take a leave of absence from the Board for health reasons. We are making arrangements for a 'thank you' gift for Laurie that we will present to her earlier than the June meeting.

He reviewed the contents of the folders and indicated that there will be a Closed Meeting immediately following the regular Board meeting as well as a brief Meeting without Management. He reminded Trustees to complete their feedback forms after the meeting.

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 Lynda Torneck and SECONDED by Carol Cowan that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of January 16, 2019 as pre-circulated.

- 1.1) Agenda for meeting of the Board of Trustees January 16, 2019**
- 1.2) Minutes of the meeting of the Board on December 12, 2018**
- 1.3) Board Standing Committees' Report January 2018**

Torneck / Cowan

CARRIED

2.0 President & CEO Report

J. Hanigsberg presented the President & CEO Report. She highlighted her update on Kids Health Alliance and the recent meeting with two members of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Dr. Rueben Devlin's first report is expected in the next few weeks. The hope is to see more references to paediatrics in the report. We will provide an update once available.

The Bloorview Research Institute will undergo an external review from January 22-24. These reviews occur on a 5-year cycle. T. Chau explained that the report contains progress reports on the recommendations from the previous review. He expects the final report will contain operational recommendations as well as strategic items.

3.0 Business Arising

3.1 Update on Holland Bloorview-Safehaven Program Proposal

D. Savage reminded the Board of the proposal with Safehaven that was approved at the last meeting. She indicated that we are getting closer to the transition date for the 2 clients who are expected to be discharged under the program to Safehaven. The Memorandum of Understanding between Holland Bloorview and Safehaven has been reviewed by legal counsel and meetings have been held with the TC LHIN to solidify the new partnership funding model.

The clients, family and staff are all being well supported for this transition to ensure everyone feels comfortable for the move on February 15th.

4.0 New Business

4.1 LEADS Health Leadership Capabilities Framework

J. Hanigsberg introduced D. Miron, Director of Organizational Development & Learning. D. Miron explained that the LEADS in a Caring Environment health leadership capabilities framework (LEADS) is a leadership framework that has been adopted by health care organizations across Canada. LEADS is becoming the common leadership language across all levels and roles within organizations contributing to health system transformation. Holland Bloorview adopted LEADS this year.

LEADS Canada is part of The Canadian College of Health Leaders and supports organizations in implementation of the LEADS framework including through coach certification and a LEADS Community for Practice. The LEADS Community for Practice provides opportunities, venues and platforms for those using LEADS in different roles to connect, share resources, tools, experiences and learn from each other.

The LEADS framework is a strengths-based approach that outlines the key skills, behaviours, abilities, and knowledge required to lead in the health system. Holland Bloorview is adopting LEADS to mobilize our leaders to drive forward the No Boundaries strategic plan, and to embody our mission, vision and values.

Leaders at Holland Bloorview will be participating in LEADS 360 to identify areas of strength and opportunities for growth – individually and organizationally – in line with the LEADS capabilities. Participation in this development opportunity will result in professional development plans for each participant and will inform our organizational leadership strategy.

To support the development and integration of the LEADS capabilities, we are offering the LEADS learning series to provide opportunities for leaders to leverage their strengths in line with the LEADS capabilities. This will support the discovery, integration and application of the LEADS capabilities to our mission, vision, values and our work on the No Boundaries strategic plan.

4.2 Employee Engagement Survey results

T. Millar provided an overview of the employee engagement survey results with a focus on engagement drivers and the hospital's implementation strategy.

In the period May 23 to June 19, 2018, Holland Bloorview administered its bi-annual Employee Engagement Survey. The survey includes standardized questions that are used to measure employee engagement over time.

Employee engagement is defined as the heightened emotional and intellectual connection that an employee has for their job, organization, manager and co-workers that, in turn influences them to apply discretionary effort to their work. Overall employee engagement is at 82%, (vs 83% in 2016) +10 points above our comparator organizations.

The response rate for the 2018 employee engagement survey is 76% for all active staff (full-time, part-time and casual), and exceeds the hospital industry benchmark of 58%.

4.3 Quality Improvement Plan (QIP)

D. Savage indicated that this is the first of three meetings for the Board regarding the Quality Improvement Plan. She reminded Trustees that the Board and the Quality Committee have fiduciary oversight for the implementation of all elements of the QIP mandated by the Excellent Care for All Act (ECFAA). The Board's key responsibilities include:

- Ensure priorities are aligned with the strategic plan
- Take a system lens
- Targets are meaningful
- Executive compensation is connected to the achievement of targets
- A fulsome engagement process is used
- Data has informed selection of priorities

The proposed measures and targets will be brought to the Board for discussion at the February meeting. The March meeting will focus on Executive Compensation associated with the QIP and final approval of targets and measures.

5.0 Reports

5.1 Holland Bloorview Performance Scorecard – Q2

D. Savage reported that in Q2 2018/19, of the 33 measures that we track, 83.3% met or exceeded their targets, 6.6% were in the warning range and 10 % were below their lower acceptable ranges of performance.

There is no target associated with the workplace violence events indicator as we are taking this fiscal year to understand our data since this is a new mandatory measure for all Quality Improvement Plans. Of the 35 incidents reported in Q2 over half were from the spiral garden summer programs where we typically experience a seasonal trend of increased incidents reported during the summer months. All of these incidents except one (34 of 35) incidents were client directed to staff and 12 of the 35 were mild harm with the remaining being no harm events. The most common incidents were biting, hitting and spitting.

She noted that there were five cases of newly acquired pressure injuries in the second quarter; and two in the previous quarter. Two of the five injuries were the same patient who had a history of past breakdown at a similar site. Contributing causes are all related to casting, equipment usage and friction of the device on the skin.

With regards to Medication Adverse Events, out of nearly 60,000 doses administered there were 5 mild harm incidents, placing the indicator in the warning range for this quarter. The 5 incidents resulted from administration of an earlier dose, an extra dose or a dose omission requiring increased client observation.

5.2 Quality Committee Report

L. Torneck presented the Quality Committee report from the December meeting where they discussed the operating plan review, quarterly performance report for Q2 2018/19, initial planning for the 2019/20 Quality Improvement Plan and an update on the workplace violence prevention initiative.

5.3 Medical Advisory Committee Report

G. Milo-Manson presented the Medical Advisory Committee report. She indicated that there were no medication incidences to report. The Brain Injury Rehab Team were in outbreak in December. She explained the Clinical Process incident that occurred – a client had blood drawn which was then sent to Sunnybrook for testing; Sunnybrook indicated there was insufficient blood for testing so the client had to have blood drawn again.

5.4 Foundation Report

S. Hawken thanked the Board for reaching 100% Trustee giving. She expressed her appreciation for the support from Trustees who have opened doors to so many new donors.

We have received a number of significant gift commitments towards the BRI Growth Strategy including \$1M from the Kimel family. The Foundation has secured almost \$16M with just over \$9M left to achieve our goal of \$25M.

Capes for Kids has launched with over 125 registered fundraisers so far. It will run from March 5-11 and the Foundation staff are available to set up fundraising pages for each Trustee. J. Hanigsberg will be the hospital board's team captain.

C. Wood asked to hear more about Foundation donor options relating to giving of stocks, insurance policies and other tax reduction strategies for donors at a future meeting.

6.0 Adjournment

The Board Meeting adjourned at 8:05 p.m. Trustees moved into a Closed Meeting.

*William Onuwa, Chair
Board of Trustees
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