Holland Bloorview Board of Trustees MINUTES of Meeting Wednesday, March 20, 2019

6:00-8:00 pm Holland Bloorview, Room 5E100

Present:	M. Ballantyne B. Cooper C. Cowan J. Hanigsberg S. Jorisch A. Kaplan G. Milo-Manson T. Muir		W. Onuwa Y. Pavri D. Ponder P. Puri M. Rappolt S. Smile C. Wood		
Sr. Management:	T. Chau	T. Millar	B. Rubashewsky	D. Savage	M. Sikand
Regrets:	E. Dininio L. Torneck	L. Dottori-Attanasio S. Wong	S. Hawken	L. Hicks (LOA)	M. Johnson
Guests:	E. Berezovskaia	N. Tanel			
Recorder:	B. Webster				

Call to Order

The Chair called the meeting to order at 6:00 pm.

Opening Remarks from the Chair

W. Onuwa reviewed the contents of the folders and indicated that there will be a Meeting without Management immediately following the regular Board meeting. He reminded Trustees to complete their feedback forms and provide specific comments wherever possible.

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. Two questions were raised regarding the Governance policies 1) The Vice President's title is incorrect in the Board of Trustees Whistle Blower Policy (#00024) in 2 locations – should read "Vice President, People, Corporate Innovations and Services"; 2) Is there a reason why the numbering of policies is not sequential (J. Hanigsberg will investigate and report back).

MOTION: It was MOVED by Bruce Cooper and SECONDED by Carol Cowan that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of March 20, 2019 with the noted corrections to the Board of Trustees Whistle Blower Policy.

- 1.1) Agenda for meeting of the Board of Trustees March 20, 2019
- 1.2) Minutes of the meeting of the Board on February 20, 2019
- 1.3) Board Standing Committees' Report March 2019
- 1.4) Governance Policies

Cooper / Cowan

CARRIED

2.0 President & CEO Report

J. Hanigsberg presented the President & CEO Report. She provided an update on the Federal Budget 2019 highlighting the items most relevant to Holland Bloorview, the Bloorview Research Institute and our clients and families. She referenced the Press Release in Trustees' folders from the Ministry of Health and Long-Term Care identifying the slate of Directors for Ontario Health. She asked Trustees to review the list and identify those with whom they may have a relationship. She will ask the same of the Foundation Board. Not all agencies that will be part of Ontario Health have yet been

determined. The process is ongoing and iterative. Further updates to the Board will be provided as they become available. Kids Health Alliance (KHA) will be a valuable resource.

J. Hanigsberg reported that she and 2 frontline staff have been invited to a consultation session by the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Holland Bloorview has been invited to participate in an information gathering session organized by the Ministry of Children, Community and Social Services reviewing a new definition of disability. Sally Lindsey, Senior Scientist and Meenu Sikand, Executive Lead, Equity, Diversity & Inclusion will attend.

C. Cowan asked if 48 recommendations from the BRI External Review was a concerning number. T. Chau and A. Kaplan confirmed that they were good quality recommendations and not at all worrisome. There were no surprises and lots of validation in terms of where we are already putting our energy. An action plan is being developed to respond to the recommendations.

3.0 Business Arising

3.1 BRI Growth Strategy Expansion Project

T. Chau reminded Trustees of the vision and overall mandate of the growth strategy – to create the most meaningful and healthy futures for all children, youth and families by reaching critical mass in childhood disability research. There are 5 main components of the growth strategy:

1) Creation of a new commercialization zone and incubator space – this new space will enable us to further our ability to foster innovation and ensure our research and researchers products make it into the lives of those who need it most;

2) Creation of discovery hubs that will house state of the art equipment;

3) Recruitment of new scientists and the creation of new research chairs in priority areas;

4) Creation of a fully accessible, pediatric friendly, research MRI facility; and

5) Creation of a 10,000 addition to accommodate the growth

In the last 6-8 months, the majority of energy has been put into the expansion and MRI facility. He introduced Nadia Tanel, Director, Research Operations, to provide an update on these two items. N. Tanel reported that the project started to take shape in January 2019. Both the architectural firm and the construction management firm have been secured and are committed to completing the project on time and on budget. They have conducted an extensive engagement process, gaining feedback from all relevant stakeholders including researchers, research staff, trainees, families/clients – over 100 stakeholders have participated to date. The next steps include Functional Program and Design. With assistance from the urban planners, a minor variance will submitted to the committee of adjustments to obtain the necessary permits. Construction is planned to begin in Spring 2020. A preliminary rendering of the 10,000 sq ft expansion was shared. She shared the next steps which include a comprehensive internal and external communication strategy.

The work on the MRI suite has been progressing smoothly and is on track for a December 2019 golive date. The design will be finalized in the next few weeks and construction is scheduled for begin in May. It will be a fully-accessible, self-contained suite complete with assessment rooms, waiting space, tech office, change rooms, equipment rooms and MRI procedure room. Assessment rooms will be equipped for medical/clinical assessments as well as being able to accommodate other data collection activities including psych testing, interviews, etc. N. Tanel shared renderings of the waiting area and MRI suite. The waiting room can accommodate up to 3 families with flexible configurations of furniture. Artistic elements will be throughout the space i.e. mobile on the ceiling, interactive features using light and shadows.

The next steps include:

- Creation of a MRI Safety Committee
- Development of policies and procedures
- Source and develop resources to support participants in preparing for an MRI
- On-going internal and external communications
- Procure technology for the MRI procedure room (projections, screens and lighting)
- Creation of artistic elements of the MRI suite

W. Onuwa thanked N. Tanel for her great presentation.

3.2 2019/20 Quality Improvement Plan (QIP)

D. Savage reminded Trustees that we are seeking approval for the 2018/20 Quality Improvement Plan. The plan has been approved by the Quality Committee and endorsed for approval by the Board. Measures and targets remain unchanged from the presentation at the February meeting. She reviewed the indicators associated with Pay at Risk. On April 1st the Plan including the narrative will be submitted to Health Quality Ontario as well as posted on our website. A Family and Child Infographic will also be made available.

It was MOVED by Carol Cowan, and seconded by Suzanne Jorisch, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2019/2020 Quality Improvement Plan as recommended by the Quality Committee.

Cowan / Jorisch

CARRIED

It was MOVED by Carol Cowan, and seconded by Tom Muir, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2019/2020 Quality Improvement Plan and Pay at Risk as recommended by the Quality Committee.

Cowan / Muir

CARRIED

D. Savage thanked Laura Oxenham-Murphy for her exemplary leadership with this year's process.

3.3 President & CEO Performance and Compensation – process

T. Millar provided an update on information and activities relating to the President and CEO compensation review for 2018-19.

She reminded Trustees of the membership of the Performance and Compensation Committee that was approved at the February 2019 Board meeting.

The performance evaluation questionnaire (populated by the President & CEO) was provided in hard copy in Trustees' folders and will be distributed electronically on March 21st to the following: -Holland Bloorview Trustees

-Members of the Senior Management Team

-Chair of the Holland Bloorview Kids Rehabilitation Hospital Foundation Board

-Co-Chairs of the Family Advisory Committee

Respondents will be asked to complete the survey by April 5, 2019 and return in confidence to T. Millar, Chief People and Culture Officer.

The Performance and Compensation committee will meet the week of April 29, 2019 to review the results of the multi-rater evaluation and will discuss the performance goals and objectives for the forthcoming year as provided by the President and CEO. A final report will be provided to the Board at the May 15th meeting with a recommendation on proposed 2018-19 performance pay and the recommended performance goals and objectives for the President and CEO for the forthcoming year.

4.0 New Business

4.1 2019/2020 Operating Plan

J. Hanigsberg explained that the 2019/20 Operating Plan has been thoroughly reviewed and approved at a joint meeting of both the Business & Audit and Quality Committees on February 26th. She noted that the briefing note captured the highlights of the plan. Trustees appreciated the clarity and transparency of the plan and the comprehensive risk analysis.

It was MOVED by Marg Rappolt, and seconded by Bruce Cooper, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2019/2020 Operating Plan as recommended by the Business & Audit Committee

Rappolt / Cooper

CARRIED

4.2 Financial Statements as of January 30, 2019

B. Rubashewsky presented the financial statements as of January 31, 2019. He indicated that the current ratio stands at .90 – a slight decline from November 2018. Although we have a strong balance sheet, we are monitoring cash flow closely and will redeem funds from our investment portfolio when necessary. Our operating position for the ten months ended January 2019 reflects a surplus of \$1,256,298 or \$1,416,259 better than budget excluding building depreciation. We anticipate a \$764,000 surplus by the end of the year.

It was MOVED by Bruce Cooper, and seconded by Suzanne Jorisch, that the Board of Trustees approve the Preliminary Financial Statements for the period ended January 31, 2019 for Holland Bloorview Kids Rehabilitation Hospital, as recommended by the Business & Audit Committee.

Cooper / Jorisch

CARRIED

4.3 Trustee Pipeline Diversity

P. Puri explained that each year the Governance Committee develops a trustee profile to assist with recruitment of new trustees and to develop a pipeline of highly skilled experienced directors for our board. The Board has approved a matrix of knowledge and expertise, experience, personal characteristics, reach and demographic characteristics (diversity) to guide recruitment and selection. The Board has done an outstanding job of recruitment across all of these dimensions and the Governance Committee would like advice on how to continue to recruit a highly diverse and qualified talent pipeline for the Board. Trustees provided input and advice for recruitment methods used in their various networks.

5.0 Reports

5.1 Holland Bloorview Performance Scorecard – Q3

D. Savage presented the Q3 report. She noted that of the 32 measures that we track, 77.4% met or exceeded their targets, 12.9% were in the warning range and 9.6% were below their lower acceptable ranges of performance. As a result of high occupancy, particularly on the Specialized Orthopaedic and Developmental Rehab (SODR) unit, there were rehabilitation clients admitted to Complex Continuing Care (CCC) in Q3.The team has been developing a complex rehab transition to community program with funding received toward the end of Q1 to build the program. As a result of the new program it is expected that the downward trend will level off by Q4. The new SickKids EPIC software system has influenced the flow of clients – it was much slower than anticipated at launch but we have already started to see improvements.

She also noted that although the target for percent clients seen within wait time was not met for augmentative communication, there was month over month improvement in the 80th percentile wait time from 111 days in October to 89 days in December. There was a change in the service delivery model and there is now a committed number of new (as opposed to follow-up) appointments per week (5) which will reduce the wait time over the next quarter.

5.2 Quality Committee Report

C. Cowan presented the Quality Committee report. She commented on the excellent presentation on strengths-based nursing – the panel provided an overview of stories and insights which was followed by a clinician panel.

5.3 Medical Advisory Committee Report

G. Milo-Manson presented the Medical Advisory Committee report. She noted that there was an incident with a client who was registered under a name that was not his legal name. Staff were able to catch the error and correct the documentation.

5.4 Foundation Report

J. Hanigsberg provided the Foundation Report in S. Hawken's absence. She thanked the Board for their incredible support and leadership with our 3rd annual Capes for Kids. We reached \$630,000 raised against our \$605,000 goal, with money still coming in so we expect to reach at least \$650,000 total. We had a record breaking 725 fundraisers this year. We surpassed all expectations for media, with hits on all the major channels every day of Capes for Kids week. We even had a media team that did fundraising for us - 680 News. We had the CN Tower light up for us at the beginning of the week,

and LEGO hosted an amazing party mid-week. The week finished off at the Eaton Centre pop up, which was our most successful to date. There were lineups out of kids and parents wanting their photo taken, all of which contributed to our overall goal of increasing our email list.

The Trustee team finished 2nd overall raising over \$45,000!

6.0 Adjournment

The Board Meeting adjourned at 7:50 p.m. Trustees moved into a Meeting without Management.

William Onuwa, Chair Board of Trustees :bw