

Board of Trustees Meeting
MINUTES of Meeting
Wednesday, February 15, 2017
6:00-8:00 pm
Holland Bloorview, Room 5E100

Present:	E. Anagnostou L. Hicks J. Lam H. Ort	M. Ballantyne C. Hopper (via teleconference) A. Maharaj (via teleconference) P. Puri (via teleconference)	B. Cooper	C. Cowan-Levine C. Hunt G. Milo-Manson M. Rappolt	J. Hanigsberg A. Kaplan W. Onuwa L. Torneck
Sr. Management:	T. Chau	S. Hawken	J. Hunter	B. Sybring	
Regrets:	J. Morrison	T. Muir	D. Savage	S. Wong	
Guests:	E. Berezovskaia	S. Pagura	S. Ramdial	B. Zrnc	
Recorder:	B. Webster				

Opening Remarks by Chair

C. Hunt called the meeting to order at 6:00 pm. She informed the Board that a brief Closed Meeting will be held immediately after the regular Board meeting. She announced that the May Board meeting date has been changed to May 10th. B. Webster has updated the meeting invitation. The March meeting is a key meeting for all Trustees to attend as we will meet jointly with the Strategic Planning Task Force from 4-6 pm followed by a regular Board Meeting from 6-8 pm. C. Hunt indicated that the Governance Committee has created a Board Profile which, along with the Matrix, is now posted on the website. Trustees were encouraged to share the profile with individuals who may be interested in joining our Board. Lastly, she urged everyone to participate in Capes for Kids.

Board Education

C. Hunt explained that there has been a change to the education session. A revised agenda was provided. J. Hanigsberg introduced the education session on "Clinical Technology Operational Turnaround". B. Sybring introduced Sandra Ramdial, Operations Manager and Betty Zrnc, Business Office Coordinator in Clinical Technology (CT). B. Sybring explained that Clinical Technology is a fee for service operation. Their goal is to improve the independence, mobility and abilities of clients through integration and provision of assistive technologies. In 2013, revenues, particularly on the Prosthetics side, were struggling with costs increasing and profits declining to almost zero. The Employee Engagement survey that year revealed results for this team were one of the worst in the hospital. A new business model was required to address both operations and finances. He implemented split leadership with 2 different positions – a clinician manager (S. Ramdial) to lead operations and a business office coordinator (B. Zrnc) to lead the office and business side. They began to implement a more efficient technical workflow as well as better systems for tracking billings and collections. They improved communications amongst the staff which included Tuesday morning huddles to monitor workload and identify issues. Orthotic referrals have seen a 50% improvement – wait times have reduced from >60 days to an average of 39 days (with an ultimate target of 3 days). Prosthetics is seeing improvements in attendances and number of devices being dispensed. Payments are being made quicker and they have minimized their bad debt expense, as of January's month end it is under \$1500, compared to \$145K bad debt expense in 2013. CT now has a financially sound operation and staff feel more supported and engaged.

C. Hunt thanked the speakers for this great news presentation.

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 Marg Rappolt SECONDED by Carol Cowan-Levine that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of February 15, 2017.

1.1 Agenda – February 15, 2017

1.2 Minutes – January 18, 2017

1.3 Board Standing Committees' Report

Rappolt / Cowan-Levine

CARRIED

2.0 President & CEO Report

J. Hanigsberg verbally reported on a few additional updates:

- Our 10th Schwartz Rounds was held today. Holland Bloorview has taken a leadership role in Canada- we are participating in training for 2 other hospitals in Canada who have recently joined.

- a new Clinical Bioethicist has been appointed – Dolly Menna-Dack. She is a current staff member in Participation and Inclusion and a former Holland Bloorview client who recently completed her Master's Degree in Clinical Bioethics.

-Dr. Milo-Manson reported on new funding available for educational programs to train in the area of client and family centred care. We will submit a proposal to the Ministry of Child and Youth Services.

3.0 New Business

3.1 Financial Statements ending December 31, 2016

B. Sybring presented the financial statements ending December 31, 2016. He indicated that we continue to see a surplus in our operating position due to continued profits in our fee for service areas. We have a \$2.2M surplus but expect that to decrease to approximately \$1.5M by the end of the fiscal year. He does not anticipate a surplus this large next year. There are no concerns at the moment regarding the amount of the surplus.

MOTION: It was MOVED by Marg Rappolt, and seconded by Bruce Cooper, that the Board of Trustees approve the Financial Statements for the period ended December 31, 2016 for Holland Bloorview Kids Rehabilitation Hospital, as pre-circulated.

Rappolt / Cooper

CARRIED

3.2 West Wing Roofing Replacement

B. Sybring reported that the Business & Audit had a fulsome discussion on this item at their last meeting where they recommended we proceed with an RFP. They agreed that the procurement should begin quickly to ensure the work begins by April or May. The Business & Audit committee was confident with the estimated costs.

MOTION: It was MOVED by Christopher Hopper, and seconded by William Onuwa, that the Hospital Board of Trustees endorse the recommendation from the Business & Audit Committee to approve management's request to proceed with the Request for Proposal (RFP) process and contracting for the roof replacement. The RFP and contracting process will be in accordance with the Hospital Procurement Policy and under the advisement of Plexus and technical consultants, Fishburn Building Sciences Group.

Management will seek further approval to enter into a contract if the costs are more than \$2,200,000.

Hopper / Onuwa

CARRIED

3.3 Update on new Executive Compensation framework

J. Hunter reviewed the Executive Compensation regulation requirements and the key decision points for the Board. We will seek final Board approval of the framework in June 2017 and be ready to post on our website by the deadline of September 5, 2017. Interviews with the Board Chair, Board Performance & Compensation Committee, President & CEO, Vice President Human Resources will take place over the next few weeks. We have asked the Performance and Compensation Committee to take the lead on this work as well as the work related to the President & CEO Performance and Compensation.

3.4 President/CEO Performance and Compensation Committee – Proposed Membership

J. Lam indicated that the Governance Committee recommends that the Performance and Compensation Committee for 2016/17 consist of the following members:

Cally Hunt, Board Chair

William Onuwa, Vice Chair / Chair, Research, Teaching & Learning Committee

Jean Lam, Secretary / Chair, Governance Committee

Marg Rappolt, Treasurer / Chair, Business & Audit Committee

Laurie Hicks, Chair, Quality Committee

MOTION: It was MOVED by Carol Cowan-Levine, and seconded by Lynda Torneck , that the Board of Trustees approve the proposed membership for the President & CEO Performance and Compensation Committee for 2016/17 as recommended by the Governance Committee.

Cowan-Levine / Torneck

CARRIED

3.5 Governance Policies

Of the policies brought forward for approval, the Chair indicated that she had some questions related to Policy #00076, 00077, 00027, 00033. These policies were removed from the batch being brought forward for approval. The questions will be addressed and the policies will be brought forward to the next meeting. J. Lam indicated that most of the policies had minor updates.

A question was asked regarding how we make employees aware of the Whistle Blower Policy. Management was asked to look at best practice and report back to the Board.

MOTION: It was MOVED by Jean Lam, and seconded by Marg Rappolt , that the Board of Trustees approve the pre-circulated Governance policies as recommended by the Governance Committee with the exception of Policy #00076, 00077, 00027, 00033.

Lam / Rappolt

CARRIED

4.0 Business Arising

4.1 Quality Improvement Plan

S. Pagura reported that this is an 'evergreen plan', building upon the measures, targets and change initiatives from the previous year. There has been significant staff and family/client engagement to date – over 100 staff voices and over 70 family and client voices including Family Advisory, Youth Advisory and Children's Advisory.

The following recommendations have come forward to date:

- No change in the number of measures from last year – 10 is a solid number
- Remove the 72 hour discharge process measure from the QIP and replace with outcome measure
- No changes to measures or targets from last fiscal year as many of the change ideas associated with each measure are still in process
- Continue exploration with SickKids on a Joint Measure – 2018/19

The proposed measures were reviewed. One (1) new measure is proposed under Transitions: “% of families and clients reporting they felt they were adequately supported in preparing for discharge” – Target 90%.

The measures associated with At Risk pay were reviewed – 25% of 'at risk pay' is allocated to QIP targets.

The Quality Committee will review the recommended indicators, targets and executive compensation at the March 8th meeting and bring a recommendation to the Board for approval on March 22nd. Sign off is required by March 31st and the final QIP must be posted on our website by April 1st.

5.0 Reports

5.1 Strategic Planning Update

J. Lam reported that eight (8) Strategy Hives have been completed. It has been a very rich process to date. The facilitators have done an outstanding job and she has been impressed with the level of engagement from families, staff, and external partners.

The Strategic Planning Task Force will meet in early March and then again jointly with the Board at a mini-Retreat on March 22nd. The final Board approval for strategic themes and outcomes is planned to occur at the April 19th Board meeting. The development of goals and operational plans will occur April through June with the all-staff launch of the new strategic plan in June.

5.2 Medical Advisory Committee Report

G. Milo-Manson reported that the Medical Advisory Committee report was reviewed at the Quality Committee. There were no questions at this time.

5.3 Quality Committee

L. Hicks indicated that the Quality Committee's discussion focused primarily on the Quality Improvement Plan and Accreditation. A joint meeting with the Business & Audit Committee was held on February 8th to review the operating plan. She encouraged Trustees to review the proposed Quality Improvement Plan measures and targets and provide feedback to either her, J. Hanigsberg or C. Hunt by March 8th.

5.4 Performance Reporting Scorecard – Q3

J. Hanigsberg indicated that the Q3 report was reviewed by the Quality Committee. She reported that we are currently in Outbreak but prior to that had gone 350 days without an outbreak. Two clients fell ill with a stomach virus but are now on the mend. We are pleased to report that our influenza vaccination rate for staff, volunteers and students is at 95% - well above target. This is the first quarter for which we have data for the new measure "Outcomes utilized in inpatients and outpatient therapy". We expect continued improvement over time with the target being achieved in 2017/18. With regards to 'Inpatient days', J. Hanigsberg reported that we are below target for Complex Continuing Care and above target for the Brain Injury Rehab Team and Specialized Orthopaedic Developmental Rehab units – this is a consistent seasonal variation experience year over year. We are submitting a proposal to the Toronto Central LHIN to convert several complex continuing care beds to complex transitional care beds to address the shift in demand. With regards to the spike in Autism wait times, it was reported evening and weekend clinics have commenced to address the wait. With the addition of a full time physician and enhanced coverage for unanticipated absences, we can meet target within the next 15 months.

6.0 Adjournment

The Board Meeting adjourned at 7:50 p.m.

*Cally Hunt, Chair
Board of Trustees
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