

Board of Trustees Meeting
MINUTES of Meeting
Tuesday, March 24, 2015
6:00-8:00 p.m.
Holland Bloorview, Room 5E100

Present:	M. Ballantyne J. Kustec G. Milo-Manson L. Torneck	R. Cranston J. Lam J. Morrison	J. Hanigsberg R. Laxer T. Muir	C. Hopper A. Maharaj W. Onuwa	C. Hunt R. McLeod H. Ort
Sr. Management:	T. Bailey	T. Chau	D. Savage	B. Sybring	
Regrets:	R. Carmichael B. Webster	L. Hicks	W. Howes	J. Hunter	D. Kline
Guests:	S. Pagura	V. Tsang			
Recorder:	R. Rajkumar				

Opening Remarks by Chair

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

Education Session: *Strong Partners: Holland Bloorview and U of T Medicine*

Dr. Trevor Young is the new Dean, Faculty of Medicine and Vice-Provost, Relations with Health Care Institutions at the University of Toronto (U of T). His presentation focused on how the U of T and its Toronto Academic Health Science Network (TAHSN) partners can work together to leverage the enormous talent and capacity of the university and the hospitals. J. Morrison introduced Dr. T. Young, By way of background he indicated one of U of T's main goals is to maintain its global competitiveness and remain an ideal and preferred partner for others. The Times Higher Education Supplement ranks U of T as 13th overall. U of T will have to advocate with the government for a differentiated system that allows them to focus on their strengths as a research-intensive centre university.

Dr Young emphasized the close relationship that the U of T has with its TAHSN partners including Holland Bloorview. For example, there are a range of shared academic and research roles including Tom Chau, Vice President of Research, Jan Andrysek, Scientist, Sharon Smile, Clinical Study Investigator and Darcy Fehlings, Senior Clinician Scientist.

In terms of the future, Dr. Young emphasized a need to optimize technology, to help facilitate learning with captivating online courses which are supported by value-added in class experiences and to ensure that the quality of research output matches its quantity. In this funding climate he argued, we need to pay attention to the quality of research-stream graduate education, and also to ensure that the professional program students can take advantage of the "research firepower that defines U of T." The Faculty of Medicine has shining examples of how synergistic the multi-faculty activity can be: the Institute for Human Development reaches across the Faculty of Medicine, Ontario Institute for Studies in Education, Social Work, University of Toronto Mississauga, SickKids and Mount Sinai to answer fundamental questions about childhood development, health and disease. The Faculty of Medicine's international presence takes many forms. The faculty, students and staff spearhead more than 100 global health initiatives that include capacity building, education and research sectors. The members of the U of T community benefit from institutional agreements with international partners around the world on University and Faculty levels, and the faculty co-published close to 27,00 papers last year with peers in every corner of the world. Big ideas need big resources; fundraising and engagement with the community and partners are key. Thinking big also means thinking globally; there are already outstanding relationships with Brazil and China and more can be developed. The U of T is in many

ways the connection between this city and the world. In that, there is an important role to continue playing as the university continues to refine its role and its outward-facing identity.

J. Morrison thanked Dr. Young for his excellent 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

It was requested that item 4.1 Quality Improvement Plan be presented first, prior to item 2.1 President's Report March, 2015.

The Chair asked for a Motion to approve the Consent Agenda as amended.

MOTION: It was MOVED by William Onuwa and SECONDED by Cally Hunt that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda as amended:

- 1.1 Agenda – March 24, 2015**
- 1.2 Minutes – February 18, 2015**
- 1.3 Board Standing Committee Reports - March**

Onuwa / Hunt

CARRIED

2.0 President & CEO Report

J. Hanigsberg presented the President & CEO report. She reported that there are currently 265 families registered for connect2care which is well ahead of its goal. Families have been providing feedback on what they would like to see improved and what they would like to see next.

Feedback from the Family Advisory Committee (FAC) was sought as to how to best utilize the Trustees that attend their meetings. The FAC asked that Trustees spend 5-10 minutes introducing themselves and explaining how they got involved with Holland Bloorview. Trustees should ask for feedback on one question that they have for FAC members. This could include an item the Board is currently working on or about something that they feel would be important to discuss in their role as a Board member.

T. Chau announced that Dr. Elaine Biddiss won the Early Researcher Award from the Ministry of Research and Innovation. Bloorview Research Institute has won this award two years in a row.

J. Hanigsberg updated the Trustees on the unusually high demand in the inpatient units. The entire organization is working together to manage this situation. The lessons learned and new quality improvement initiatives that come from this situation will be presented back to the Board. There are major impacts from the surge in clients: Brain Injury Rehabilitation Team and Specialized Orthopedic and Developmental Rehab clients are cross using beds, there are not enough therapeutic recreational and nursing staff, there is delay in client care, slower response rate to calls, more stressed families and staff. There are many strategies in place to help mitigate the issues and risks. At the same time therapeutic outcomes for children continue to be excellent and families continue to express appreciation for the care their children are getting.

3.0 Business Arising

3.1 There was no new business at this time.

4.0 New Business

4.1 Quality Improvement Plan (QIP) 2015-16

J. Morrison welcomed Sonia Pagura, Senior Director, Quality, Safety & Performance to the meeting.

J. Hanigsberg began the presentation by outlining the approach that was taken this year when developing the QIP. Through feedback from last year's process, the QIP was added to the Board agenda one additional time. This was done to give Trustees more opportunity to engage in the development of indicators. The Trustees that were not present at the last meeting were all contacted by phone and given the chance to provide feedback.

The Quality Committee of the Board has done its due diligence in deliberating on all the feedback from the Board of Trustees, Senior Management Team, family members and all other stakeholders that were part of the development process. Today's presentation will be the last presentation before asking for Board approval. After reviewing all the feedback, there were no major changes. Most of the feedback conversation was around which service should be chosen as an indicator for purposes of executive compensation – Autism or Neuromotor. Autism was chosen to remain on as the indicator with a promise to continue to closely monitor Neuromotor wait times.

J. Hanigsberg thanked Sonia Pagura for her leadership role in this Quality Initiative.

R. Laxer, Chair, Quality Committee of the Board, reminded the Board that the QIP must be signed and posted by April 1st, reviewed the due diligence carried out by the Quality Committee, and confirmed the Quality Committee was recommending the QIP indicators, targets and indicators for executive compensation for approval by the Board.

D. Savage explained that the outcome of today's presentation is to approve the QIP indicators, targets and executive compensation on the organizations behalf, understanding that due diligence has occurred in the creation of the QIP. Through approval the Board ensures:

- 1) Alignment with broader organizational, sector and system strategies
- 2) The organization has done due diligence in seeking, exploring and integrating the feedback from stakeholders, committees, Board members and families.
- 3) The organization has anchored all of the indicators in data from the literature, historical data, benchmarks and industry standards
- 4) Finally to ensure that the indicators linked to executive compensation will challenge the senior management team in committing to and moving key organizational initiatives.

The QIP is a smaller subsection of the organization's larger Quality Improvement Strategy. Targets are established through historical review of data, external benchmark review, literature and the feedback from stakeholders, committees and families. All targets have been deemed reasonable. The autism wait times target is considered an especially stretch target. Health Quality Ontario is very supportive of organizations stating multi-year strategies as a commitment to longer term quality initiatives.

Health Quality Ontario is clear that pay at risk should be attached to indicators that are meaningful, require senior management oversight and that the percentage of pay at risk be appropriate. Holland Bloorview has taken a simple approach in ensuring equal weighting, meaningful indicators and setting targets that will require organizational push to implement. The four indicators selected continue to be meaningful, require stretch and oversight.

MOTION: It was MOVED by Ron Laxer, and SECONDED by John Kustec, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2015/2016 Quality Improvement Plan as recommended by the Quality Committee of the Board.

Laxer / Kustec

CARRIED

MOTION: It was MOVED by Christopher Hopper, and SECONDED by Tom Muir, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2015/2016 Quality Improvement Plan – Executive Compensation as recommended by the Quality Committee of the Board.

Hopper / Muir

CARRIED

4.2 2015-16 Operating Plan

B. Sybring explained that the operating plan is an important part of our annual planning process at Holland Bloorview. It allows us to establish that the annual goals and objectives align with our Strategic Plan, review and optimize our resource utilization and ensure that our allocations will support our strategic and operational priorities. We are midway through our strategic plan which launched in June 2012. Work on the operating plan began 8 months ago and the plan is very much focused on our objective to be a leader in the field of childhood disability and on the four strategic directions. Among the achievements of the past year were the expanded autism program from the North York General Hospital that has led to even greater volumes and wait times that need to be addressed, we have launched the connect2care Client Family Portal, we have also become the first hospital in Canada to become a member of the Schwartz Centre for Compassionate Healthcare.

Some major areas of focus for this year are to provide quality service to higher volumes of clients through design implementation and evaluation of new models of service, improve how clients, families and referring providers access our services, and collaborate on the chronic pain program between Holland Bloorview and SickKids with funding from the Ministry of Health and Long Term Care.

Patient days have dropped last year due to the discharge of some of our long term complex continuing care clients into the community. In turn we have seen significant increase in our rehabilitation clients, an increase of 2% this year. Outpatient levels are trending down slightly as a result of the elimination of adult based services, some service redundancies and decline in the Cleft Lip & Palate program. Day Patient volumes as measured in days have decreased about 10% this year although total number of clients is the same as the last couple of years.

The inpatient targets reflect trends observed in the past several years as well as expectations of a greater number of post orthopedic rehabilitation clients coming from SickKids, the new chronic pain service and complex respiratory populations.

The plan and budget was based on an estimated 0.75% funding increase. Although the letter confirming funding allocation has not yet been received, we still expect a 1% increase. Roughly 80% of the total operating cost is allocated to wages. The Human Resources plan outlining all the staff changes that have been made is in the Operating Plan. There was a total reduction of about 7.0 FTE's although all but 1.0 FTE were achieved through attrition and reductions.

J. Hanigsberg, on behalf of the Quality Committee of the Board, commented that the Quality Committee had a robust discussion on the operating plan. It will be brought back to the Quality Committee in 6 months to highlight any impacts to the quality of care as a result of these changes.

The 2015-16 Financial Plan has achieved savings of roughly \$1.3 million dollars through revenue generation, service realignment, infrastructure savings, process and productivity improvements and other initiatives. In addition to the financial target being met, we have also received an additional \$244,000 from the Foundation. With this, we were able to add about \$850,000 of new initiatives such as the connect2care portal, enhanced narcotics management, pharmacy, seating, increased grants for research and client and family centred care.

The total capital budget this year is just under \$2 million, excluding any renovations. This building is over nine years old and many of the equipment items require replacing including ventilators, wheelchairs, commodes and psychology tests. The information services portion of the capital budget includes plans to enhance our Intranet, patient portal and strengthen our security and disaster recovery systems. The renovation budget includes plans to design and construct a larger presence for our Teaching & Learning Institute.

Despite the economic challenges, we believe the Operating Plan is the right balance between protecting essential services, investing in areas with greater demand and need, moving forward on our strategic priorities, managing risk and ensuring long term financial sustainability.

MOTION: It was MOVED by Cally Hunt, and SECONDED by Robert Cranston, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the 2015/2016 Operating Plan as pre-circulated.

Hunt / Cranston

CARRIED

4.3 President & CEO Performance and Compensation Committee 2014/15

R. Cranston provided the Board with the proposed President and CEO performance and compensation process for 2014-15 for the previous and current CEOs. The Performance and Compensation Committee is to be composed of the Executive Committee of the Board with the addition of R. Laxer and J. Kustec.

MOTION: It was MOVED by Robert Cranston, and SECONDED by Tom Muir, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the recommendation from the Governance Committee for the composition of the President and CEO Performance and Compensation Committee for 2014/15 and the process to be followed this year for the former President and CEO and the new President and CEO.

Cranston / Muir

CARRIED

4.4 Governance Policies (Policy BG-124, BG-109, BG-017, BG-130, BG-060, 00014)

R. Cranston presented several Board Governance Policies that were reviewed by the Governance Committee at their last meeting. It was decided to remove Policy BG-060 in its entirety.

MOTION: It was MOVED by Robert Cranston, and SECONDED by Jean Lam, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the recommendation from the Governance Committee to approve the Governance Policies as pre-circulated.

Cranston / Lam

CARRIED

5.0 Reports

5.1 Quality Committee Report – February 2015

G. Milo-Manson presented the Quality Committee Report on behalf of R. Laxer.

5.2 Medical Advisory Committee Report

G. Milo-Manson presented the Medical Advisory Committee Report.

5.3 Foundation Report

T. Bailey presented the Foundation Report.

6.0 Adjournment

The meeting of the Board adjourned at 8:00 p.m.

<p>7.0 Date of Next Meeting Wednesday, April 15, 2015 6:00-8:00 pm, Room 5E100</p>

Janet Morrison, Chair
Board of Trustees
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