

Holland Bloorview Board of Trustees
MINUTES of Meeting
Wednesday, February 20, 2019
6:00-8:00 pm
Holland Bloorview, Room 5E100

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

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

Regrets: L. Hicks (LOA) S. Jorisch A. Kaplan T. Millar T. Muir
M. Rappolt

Guests: E. Berezovskaia D. Menna-Dack C. Rosebrugh

Recorder: B. Webster

Call to Order

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

Education Session

J. Hanigsberg introduced Catherine Rosebrugh, Vice President and General Counsel at Sunnybrook Health Sciences Centre. In her role, she is responsible for Legal, Privacy, Risk, Compliance, Telecommunications and Pharmacy.

C. Rosebrugh explained that a Toronto Academic Health Science Network (TAHSN)-wide steering committee has been working on harmonizing the approach to conflict of interest (COI) disclosure and management. There is value in TAHSN institutions undertaking this work together in order to ensure consistency across TAHSN in managing important and valuable relationship e.g. with industry. TAHSN CEO endorsement has ensured a common approach can be implemented in a timely fashion.

The TASHN Relationship Management Committee has researched and developed ways for institutions to improve conflict of interest disclosures and have recommended that we refer to "relationships" instead of "conflicts of interest" to eliminate the stigma that conflicts are bad and to be avoided and to ensure that the existence of a conflict or perceived conflict is objectively determined. The Committee recommended that TAHSN CEOs agree to a TAHSN-wide acceptance of common principles, as opposed to acceptance of one common policy. Therefore, Holland Bloorview will have several policies containing the common principles implemented by their peers from which to develop their own policy.

TAHSN institutions are at different stages of implementing Relationship Management disclosure and management processes. However, with the credentialing cycle starting now, most TAHSN hospitals will have initiated their first disclosure cycle. Given the interconnectedness between the TAHSN institutions, it is critical to ensure that the institutions are aligned in the work they are doing in this area.

The new areas that will be addressed in 2019/20 include:

- Disclosing relationships to patients and the public
- Vendor presence in hospitals
- Relationships involving hospital and physician owned IP used in hospital
- Hospital-University jurisdictional protocol for managing clinical faculty relationships

J. Hanigsberg indicated that Dr. G. Milo-Manson is leading this initiative at Holland Bloorview with additional support from S. Wong. The current agreement includes physicians, dentists and senior

management team; next year the Board of Trustees will participate with oversight by the Governance Committee.

W. Onuwa thanked C. Rosebrugh for her very informative presentation.

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.

MOTION: It was MOVED by Bruce Cooper and SECONDED by Lynda Torneck that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of February 20, 2019 as pre-circulated.

- 1.1) Agenda for meeting of the Board of Trustees February 20, 2019**
- 1.2) Minutes of the meeting of the Board on January 16, 2019**
- 1.3) Board Standing Committees' Report February 2019**
- 1.4) Foundation Report**
- 1.5) Governance Policies**
- 1.6) Membership – CEO Performance and Compensation Committee**

Cooper / Torneck

CARRIED

2.0 President & CEO Report

J. Hanigsberg presented the President & CEO Report. There were no questions at this time.

2.1 Public Policy Update

J. Hanigsberg provided an update on several new reports/developments within the provincial government. She reviewed the key findings from the Devlin Report which include:

- Healthcare system is hard to navigate and people wait too long for services. This negatively impacts individuals and their caregivers.
- Healthcare system does not have the right mix of services, beds and digital tools for short or long-term needs
- There needs to be more effective coordination at system level and at point of care. Fixing these problems could achieve better quality and value (i.e. efficiency)

Overall, Holland Bloorview would agree with the findings of the report which are very consistent with what we are hearing from families.

She provided an update on what she has heard to date regarding the development of "MyCare Groups" and the "SuperAgency." Discussion ensued regarding the negative reaction of families to the recent autism funding announcement.

3.0 Business Arising

3.1 Bioethics

J. Hanigsberg welcomed Clinical Bioethicist Dolly Menna-Dack to the meeting. Prior to the last Accreditation, the Board received a presentation on Bioethics and requested a follow-up presentation to discuss bioethics in a broader sense.

D. Menna-Dack explained both clinical and organizational ethics and how the Bioethics Service at Holland Bloorview supports:

- discussions about "everyday ethics" issues that may involve questions of what is "fair" or "right"
- providing an ethical analysis of client care issues, resource allocation, or operational decisions

- encouraging dialogue and reflections about the relationships, practices or perspectives involved in caring for children, adolescents, young adults and their families who have specialized rehabilitation and complex continuing care needs.

The key functions of the Bioethics Services are:

- To support an integrated, Hospital-wide approach to ethics as it relates to pediatric rehabilitation and research.
- To foster exemplary bioethics practices and strengthen the ethics capacity across the entire hospital.
- To improve client and family well-being and organizational integrity.

The Bioethics Forum meets 10 times per calendar year; there are over 30 members on the forum from across different areas of the Hospital. They review an average of 45 consults / year.

3.2 Quality Improvement Plan (QIP)

D. Savage explained that the briefing note highlighted the 2018-19 progress to date. The presentation focused on the proposed indicators for 2019-20 and the proposed indicators connected to executive compensation.

Based on previous discussion with the Quality Committee along with hospital committees, relevant clinical care teams, family and youth leaders and alignment with existing hospital priorities, she reviewed the six indicators being proposed for inclusion on the 2019/20 QIP. They include:

1. Number of workplace violence incidents reported by hospital staff
2. % of children seen within 137 days for first diagnostic assessment appointment in autism
3. % of clients seen within 91 days for first therapy service (Occupational & Physical Therapy) in the Neuromotor service
4. % 'excellent' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview
5. % of families contacted post resolution of a concern to Client and Family Relations to evaluate the experience
6. % of families and clients reporting they felt they were meaningfully supported in preparing for discharge

Trustees were reminded that legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be. Measures attached to 'at risk pay' are typically across varied domains and are associated with significant work and stretch measures.

The proposed indicators linked to executive compensation include:

1. Number of workplace violence incidents reported by hospital workers
2. % of children seen within 137 days for first diagnostic assessment appointment in autism
3. % of clients seen within 91 days for first therapy service (Occupational & Physical Therapy) in the Neuromotor service

At the March Board meeting, the Quality Committee will recommend the finalized measures/targets and a subset of measures/targets tied to pay at risk for approval. Sign off from the Board Chair and the President & CEO is required by March 31st in order to submit the completed plan to Health Quality Ontario and have our 2019-20 QIP posted by April 1st.

3.3 Update on Holland Bloorview-Safehaven Program Proposal

D. Savage reported that we have received confirmation of funding from the Toronto Central Local Health Integration Network for the development of a residential service model. We will receive \$97,000 for the remainder of this fiscal year and \$280,000 base funding commencing in 2019-20. As a result our Hospital Service Accountability Agreement will be amended. Finally preparations for discharge are underway with the clients and their family.

4.0 New Business

4.1 Frequency of Board of Trustees Meetings

W. Onuwa indicated that at each meeting the Governance Committee reviews the comments on Board Feedback forms from the previous month's Board meeting. Periodically both the frequency and duration of meetings is raised.

Several other Toronto Academic Health Science Network (TAHSN) hospitals were informally consulted to learn about their Board Meeting schedules. There is a great deal of variety from quarterly (SickKids, Baycrest) with a significant load borne by the executive committee, to monthly (North York General Hospital), to something in between (e.g. Michael Garron Hospital meets bi-monthly).

The following recommendation was put forward for approval:

- 1) Eliminate 2 Board Meetings per year – the meeting in early June and the December meeting (starting in June 2019);
- 2) Maintain duration of each meeting at 2 hours extending on an as needed basis;
- 3) Evaluate at the end of 2019/2020 Board year.

There was discussion in support of reducing by 2 meetings per year with the suggestion by a trustee that the Board work plan for 2019/2020 be reviewed and consideration be given to which meetings should be cancelled (one each in the fall and spring).

MOTION: It was MOVED by Bruce Cooper, and seconded by Catherine Wood, that the Board of Trustees approve the following recommendations:

- 1) Eliminate 2 Board Meetings per year –starting in June 2019;**
- 2) Maintain duration of each meeting at 2 hours extending on an as needed basis;**
- 3) Evaluate at the end of 2019/2020 Board year.**

Cooper / Wood

CARRIED

5.0 Reports

5.1 Quality Committee Report

L. Torneck presented the Quality Committee report from the January meeting. She indicated that this year there is a more intentional focus on clinician stories which has been a valuable addition to the meetings.

5.2 Medical Advisory Committee Report

G. Milo-Manson presented the Medical Advisory Committee report. She explained that there were 3 infections in January which is identical to our numbers from last year at this time. Two clinical process/procedure client incidents were highlighted related to a delay in a physician answering a page. In one case, the physician was in a parking garage at the time and did not receive the page. A change in process has taken place as a result of the incident.

6.0 Adjournment

The Board Meeting adjourned at 7:55 p.m. Trustees moved into a Meeting without Management.

*William Onuwa, Chair
Board of Trustees
:bw*