

Holland Bloorview Board of Trustees

MINUTES of Meeting

Wednesday, October 17, 2018

6:00-8:00 pm

Holland Bloorview, Room 5E100

Present:	M. Ballantyne G. Milo-Manson S. Smile	J. Hanigsberg T. Muir L. Torneck	L. Hicks Y. Pavri C. Wood	S. Jorisch D. Ponder	A. Kaplan P. Puri, Acting Chair
Sr. Management:	T. Chau S. Wong	E. Dininio	S. Hawken	T. Millar	D. Savage
Regrets:	B. Cooper M. Rappolt	C. Cowan	L. Dottori-Attanasio	M. Johnson	W. Onuwa
Guests:	E. Anagnostou	E. Berezovskaia	L. Ettin	J. Marangos	M. Pilkington
Recorder:	B. Webster				

Call to Order

The Chair called the meeting to order at 6:00 pm. P. Puri indicated that Board Chair W. Onuwa was unable to attend today's meeting.

S. Hawken introduced a video of one of our Ambassadors who spoke recently at the closing ceremonies of the "All for One Cup" hosted by the MLSE Foundation and Toronto FC -

<https://www.youtube.com/watch?v=-hUxIh-Ebzk&feature=youtu.be>

Board Education Session

P. Puri welcomed Dr. Evdokia Anagnostou and Martha Pilkington to the meeting. E. Anagnostou introduced Dr. Melanie Penner who is the co-lead with her on the ECHO Ontario Autism Program.

E. Anagnostou explained that until recently access to Autism Spectrum Disorder (ASD) assessments has been limited to specialist evaluations in tertiary centres; however, this model no longer meets the systems requirements associated with the high prevalence of ASD. Building capacity for community-based care models is now essential to providing timely care to children with ASD and their families. Delays in accessing intensive behavioral intervention have been estimated to cost the Ontario government nearly \$53,000 per child with ASD over their lifespan, with an estimated total of \$90 million when considering the number of children waiting for these services.

Holland Bloorview has initiated efforts to train more practitioners at the primary and secondary levels of care in the identification and diagnosis of ASD, running one day workshops for pediatricians over several years.

The Extension of Community Healthcare Outcomes (ECHO) model™ is a platform for both delivery of services and outcomes research. The ECHO approach aims to erase barriers between specialty and primary care. More specifically, it aims to bring specialty care to rural and underserved communities by using relatively simple to use and inexpensive video-conferencing technology. It links expert specialist teams at an academic 'hub' with primary care clinicians in local communities. Holland Bloorview will run an ECHO cycle every 7-8 months. We provide an annual 2-day face-to-face, hands-on skills "boot-camp" for participants to consolidate information and practice new skills with expert feedback. Ongoing evaluation is conducted and progress reports are sent to the Ministry of Health. The advisory board has members from advocacy organization, the Ontario Medical Association, pediatricians and expert clinicians across the province

The Holland Bloorview ECHO Program receives funding of \$549k to \$560k a year.

Opening Remarks by Board Chair

P. Puri asked Trustees to complete their feedback forms and provide specific comments whenever possible. She encouraged everyone to sign up to attend at least one Family Advisory Committee and one Quality Committee. There will be a Meeting without Management after the regular Board meeting and noted that our next meeting is a full day Board Retreat on November 21st at The Estates of Sunnybrook.

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. She noted that one additional physician was being put forth for credentialing and a note on his credentials indicated Medical Advisory Committee approval and recommendation to the Board was included in Trustees' folders.

MOTION: It was MOVED by Lynda Torneck and SECONDED by Yezdi Pavri that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of October 17, 2018 as pre-circulated.

- 1.1) Agenda for meeting of the Board of Trustees October 17, 2018**
- 1.2) Minutes of the meeting of the Board on September 17, 2018**
- 1.3) Board Standing Committees' Report October 2018**
- 1.4) Governance Quality Indicator Report 2017-2018**
- 1.5) Credentialing**
- 1.6) Foundation Report**

Torneck / Pavri

CARRIED

2.0 President & CEO Report

J. Hanigsberg asked S. Hawken to report on the Leaside Block Party held this past Saturday. S. Hawken reported that the event was a huge success with over 1500 people in attendance throughout the day. It was a pilot event with all new sponsors. The goal was \$100K which they came very close to achieving. She thanked the Foundation team for all their hard work.

J. Hanigsberg highlighted the upcoming fully-inclusive Mission to Israel in February 2019. Holland Bloorview was invited to participate along with the March of Dimes, Reena and Israel4all. D. Savage will attend on behalf of the hospital and will provide a report upon her return.

In relation to the legalization of recreational cannabis use, she indicated that all of our relevant policies and procedures have been updated in consultation with other with the other academic hospitals in the Ontario. Dr. Kaplan referenced an article that appeared in the Globe & Mail recently on cannabis use and psychosis in children – <https://www.theglobeandmail.com/opinion/article-cannabis-use-and-psychosis-young-people-need-to-know-their-risks/>. We will continue to keep the Board updated on any issues that may arise related to this item.

She noted that there is a big change this year regarding our vaccinate or mask policy. Due to an arbitration decision involving the Ontario Nurses' Association and St Michael's Hospital we are no longer able to enforce the wearing of a mask if a staff or volunteer chooses not to get the influenza vaccine. We will continue to hold flu clinics and make masks available throughout the hospital. We will continue to report on our compliance and rates of infection.

3.0 New Business

3.1 Update on Kids Health Alliance (KHA)

J. Hanigsberg welcomed Lauren Ettin, KHA Executive Director and Jessica Marangos, KHA Project Manager to the meeting.

L. Ettin indicated that 5 community hospitals have joined KHA to date representing a diversity of hospital organizations (urban, rural, regional hub) and geographies; 13 partnership discussions are

underway. Their work with community hospitals was focused on emergency departments and planning is underway to extend to the neonatal intensive care unit (NICU) and inpatient pediatric areas. Additionally, they are conducting a feasibility study to determine whether there are opportunities to integrate corporate and operational services (e.g. Finance, Human Resources, Organizational Learning, HR, Legal, Payroll) across SickKids, CHEO and Holland Bloorview.

The next KHA priority strategic area for discussion is child development and rehabilitation. Exploratory workshops are underway with leaders from Holland Bloorview, CHEO, SickKids, Ontario Association of Children's Rehabilitation Services, the Children's Treatment Network (York & Simcoe) and Grandview Kids (Durham & Oshawa). They are in the process of further defining opportunities. With regards to whether home care ought to be another priority area for KHA, she indicated that each of the founding institutions have projects underway which will continue and all have committed to sharing their learnings. Any further discussions are on hold until early 2019 due to competing priorities and limited resources.

J. Hanigsberg indicated that we will continue to bring updates to the Board on a regular basis.

3.2 Brand Awareness Update

S. Wong reported on the success of the creation of the single communications and public engagement team which was created just over 2 years ago. The one-team approach has brought together leadership, expertise and resources from both the hospital and foundation and has shifted us organizationally from internal-facing to external-facing in terms of primary focus and orientation. The intentional shift to brand building is to support aggressive fundraising targets, increase our influence as an academic health sciences leader and support our strategic objective to lead and model social change.

To measure impact, an external online survey of brand awareness was conducted in April 2018. S. Wong highlighted the key findings from the survey, demonstrating that organizational efforts to build the Holland Bloorview brand are meaningful but that progress is slow and efforts will have to be sustained to continue to make impact.

3.3 Extension of Board Chair Term

P. Puri indicated that in order for W. Onuwa to complete his 2 year term as Chair, his term as a Trustee must be extended by 1 year. The Governance Committee recommends his term be extended until June 2020.

MOTION: It was MOVED by Tom Muir, and seconded by Yezdi Pavri, that the Board of Trustees approve the recommendation from the Governance Committee for a 1 year extension of the Board Chair term therefore ending in June 2020.

Muir / Pavri

CARRIED

3.4 Board Profile – 2018-19

P. Puri indicated that L. Hicks and L. Torneck's terms will be ending in June 2019. The Governance Committee has reviewed the skills and competencies we will require in the coming Board year as we look to replace these Trustees and build our pipeline for the future. The Governance Committee recommends the updated Board Profile for approval. She noted that once approved, the updated profile will be posted on our website. Trustees are encouraged to share the [profile](#) with their networks.

MOTION: It was MOVED by Tom Muir, and seconded by Suzanne Jorisch, that the Board of Trustees approve the updated Board Profile for 2018-2019 as recommended by the Governance Committee.

Muir / Jorisch

CARRIED

4.0 Reports

4.1 Quality Committee Report

L. Torneck presented the Quality Committee report. There were no questions at this time.

4.2 Medical Advisory Committee Report

G. Milo-Manson reported that the Medical Advisory Committee report was reviewed in detail at the Quality Committee.

An error was noted in the report for the July data. B. Webster will circulate the correct version of the report as soon as possible.

5.0 Adjournment

The Board Meeting adjourned at 7:45 p.m.

*Poonam Puri, Secretary
Board of Trustees
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