



**Board of Trustees Meeting**  
**MINUTES of Meeting**  
**Wednesday, January 15, 2014**  
**6:00-8:00 p.m. Room 5E100**  
**150 Kilgour Road, Toronto, ON**

**Present:** J. Hanigsberg, Chair G. Black R. Carmichael L. Hicks R. Cranston (via teleconf)  
C. Hopper C. Hunt S. Jarvis M. Kardos Burton J. Kustec  
J. Lam R. McLeod G. Milo-Manson J. Morrison W. Onuwa  
H. Ort L. Torneck

**Sr. Management:** T. Bailey T. Chau D. Kline J. Schleifer Taylor B. Sybring

**Regrets:** J. Hunter R. Laxer T. Muir

**Guests:** J. Maheu T. Millar O. Szabo M. Walkington

**Recorder:** B. Webster

The Chair called the meeting to order. She indicated that O. Szabo would be taking photographs during the meeting for the hospital website.

***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 indicated that at this time she would like to re-order the Agenda and move Item 4.1 forward to occur after Item 1.0. The Chair asked for a Motion to approve the Consent Agenda as indicated.

**A MOTION for the Board of Trustees to approve:**

- 1.1 Agenda – January 20, 2014**
- 1.2 Minutes – November 20, 2013**
- 1.3 Board Standing Committees Report – January 2014**

***was made by Jean Lam, and seconded by Laurie Hicks. The MOTION was CARRIED.***

**2.0 President & CEO Report**

S. Jarvis presented the President and CEO Report and specifically referred to the item on Page 6 "North York General Hospital Child Development Clinic Transfer". She indicated that several members of the senior management team have been involved in these plans. This clinic will be held twice a week and involves approximately 120 children annually. We anticipate the transfer of funds to be complete by April 1, 2014 with \$300K flowing into our base budget. We will monitor wait times cautiously to determine any impact. We do not anticipate this becoming a trend from other GTA hospitals.

A question was asked about the length of time Holland Bloorview was without power during the ice storm. S. Jarvis clarified that the power went out at approximately 8:00 pm on Saturday night, December 21<sup>st</sup> and was restored during the evening, December 23<sup>rd</sup>.

Reference was made to our vaccination goal of 100%. S. Jarvis commented that we had very good results this year and have strategies in place for next year to improve on these results.

**3.0 Business Arising**

**3.1 Meeting without Management/Closed Meetings**

R. Cranston referred to the pre-circulated materials. After review of this issue by the Governance Committee, it was felt that no changes to either policy were required at this time. Trustees expressed their appreciation for the very clear material that was provided on this item and agreed that there were no further issues to discuss on this matter.

J. Hanigsberg thanked R. Cranston for his leadership on this item.

### **3.2 Diversity Leadership Study in the Healthcare Sector**

J. Hanigsberg indicated that the Board received a copy of the Diversity Report in their November folders but because diversity is such an important focus for our Board, it was felt that time should be allotted for discussion. S. Jarvis noted that under the "Inspire Our People" theme, we have created an Equity, Diversity and Inclusion Committee at Holland Bloorview. We have gathered good data and identified opportunities for change and improvement the next time the DiverseCity survey is conducted. It was noted that consistent with instructions from DiverseCity, the Board data was not self-reported. The Report included self-reported data from our Management Team (n=42) but did not include all staff.

## **4.0 New Business**

### **4.1 Enterprise Risk Management**

S. Jarvis indicated that Enterprise Risk Management is a topic that is brought to the Board on an annual basis. Judy Maheu, Director, Quality & Risk Management and Ben Sybring, Vice President, Corporate Services have prepared a presentation that will demonstrate how Holland Bloorview assesses risk and how we mitigate risk. B. Sybring explained how our risk management program has evolved over the last several years and is grounded in two proactive risk assessment methodologies. About 8 years ago we realized our need to be more proactive around risk and started using the Healthcare Insurance Reciprocal of Canada (HIROC) Risk Management Self-Appraisal Modules (RMSAM) self-assessment tool (along with 600 other health care organizations in Canada). We are awaiting a recently revised Risk Assessment Checklist (replacing the HIROC RMSAM modules), which identifies risk issues based on health sector specific claim profiles.

Holland Bloorview also assesses potential risk using an Enterprise Risk Management framework which is based on 8 pillars /categories of risk, and uses the risk response map to determine if the potential risk is low, moderate, high or critical.

Our risk predominately lies in the moderate to low range across the organization. J. Maheu reviewed examples of our risk/potential risk issues. The high priority areas of potential risk which have been identified through our Enterprise Risk Management assessment include:

- Unpredictable external economic and political environmental factors
- Reputation and integrity as the result of issues in quality and patient safety
- Recruitment and retention of experienced employees in areas such as IT
- New areas of research in Bloorview Research Institute i.e. management of clinical drug trials and biological specimens, legal/research contracts, and international, multi-site research projects

In regards to external audits of risk, J. Maheu explained that a thorough review of our Enterprise Risk Management process was conducted during our recent Accreditation survey in September 2013. The surveyors reviewed our documentation, met with teams, individual staff and asked very pointed questions about risk during their interviews. Holland Bloorview sought a review of our outpatient medication management practices by the Institute of Safe Medication Practices and have implemented practice changes based on recommendations from the review.

The Chair thanked J. Maheu and B. Sybring for their informative presentation.

### **4.2 Strategic Plan Progress Report**

S. Jarvis indicated that this report focused on Year 2 deliverables and highlighted some early progress in each area. The next report in the spring will focus on metrics and track progress in a clearer

## **Holland Bloorview**

Kids Rehabilitation Hospital

manner. A question was raised regarding what we see as the more challenging aspects of the implementation of the goals of this plan. S. Jarvis indicated that her senior team feels satisfied with progress to date and no significant challenges have arisen. Staff are much more engaged with this plan than they have been in the past. There has been a concerted effort across the organization to embed the themes wherever possible i.e. agendas, staff meetings, reports. At this point all original goals still seem relevant but recognized that some goals could change or shift over time as the external environment changes.

### **4.3 Trustee Recruitment-June 2014**

R. Cranston reported that there is one planned retirement in 2014 (M. Kardos Burton) and two scheduled retirements in 2015 (R. Cranston and J. Kustec). The skill set we are seeking this year is a candidate with strong legal and governance experience. He asked Trustees to bring any suggestions for potential candidates to the attention of himself, J. Hanigsberg or S. Jarvis.

## **5.0 Reports**

### **5.1 Quality Committee Report**

M. Kardos Burton chaired the January Quality Committee in R. Laxer's absence. She indicated that they had a presentation on the successful realignment of therapeutic recreation services to a 7 day a week service model, a presentation on activities in Evidence to Care, a presentation on scope of practice changes and good discussion on the process for the development of the 2014/2015 Quality Improvement Plan.

### **5.2 Medical Advisory Committee Report**

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

### **5.3 Foundation Report**

T. Bailey indicated that there were no additional items to report at this time.

### **6.0 Fill out Meeting Feedback Form**

The Chair asked Trustees to complete the feedback form in their folders.

### **7.0 Adjournment**

The Chair asked for a Motion to adjourn the Board of Trustees meeting of January 15, 2014.

**MOTION: It was MOVED by Janet Morrison, and seconded by John Kustec, that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the adjournment of the Board of Trustees meeting held January 15, 2014.**

Morrison / Kustec

**CARRIED**

The Closed meeting of the Board began at 7:15 p.m.

### **8.0 Date of Next Meeting**

**Wednesday, February 19, 2014, 6:00-8:00 pm  
Room 5E100, Holland Bloorview, 150 Kilgour Road**

*Julia Hanigsberg, Chair  
Board of Trustees*

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