Call to Order
The Chair called the meeting to order at 6:00 p.m.

Opening Remarks by Chair
C. Hunt welcomed everyone to the meeting. She made several administrative announcements. She also mentioned that she and Dr. Milo-Manson recently attended a meeting at the TC-LHIN with CEOs and Board Chairs of other healthcare organizations. The focus was on Governance to Governance and the TC-LHINs openness to exploring the full range of integration opportunities. C. Hunt indicated that what they heard from the TC-LHIN was perfectly aligned with the Connect the System area of the new strategic plan and the discussions at the October Board of Trustees’ retreat.

Board Education Session – Summer Medical Student Program
G. Milo-Manson introduced the speakers for the Education Session. Dr. Laura McAdam is a developmental paediatrician in the Child Development Program. Her clinical focus is with children who have neuromuscular conditions. She is involved in neuromuscular clinical research and is a Clinical Investigator with the Bloorview Research Institute. Dr. Angela Orsino is a developmental pediatrician who has been working in the Child Development Program at Holland Bloorview for the last 9 years. As part of her practice she is also involved in medical education and education scholarship.

L. McAdam explained that the program has been offered for over 40 years and began as a way to attract physicians to Holland Bloorview. The program involves 4 second year medical students and is run for approximately 12 weeks in the summer. A faculty mentor (Holland Bloorview physician) is assigned to each cohort. The program provides both inpatient and outpatient clinical experiences and didactic sessions aimed at promoting interest in paediatrics. Recently a research study explored the educational value of the program and its influence on career-decision making. The study identified 52 eligible individuals using student records; 26 were contacted by email and 18 agreed to participate.

A. Orsino indicated that during the interviews they learned that there were many positive unintended learning benefits of the program which related to the relationships built with patients, staff and peers - she is hoping to publish the results of the study shortly.

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 Lynda Torneck and SECONDED by Tom Muir that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of November 15, 2017.
2.0  President & CEO Report
J. Hanigsberg noted the item on Page 4 of her report on a recent initiative between our Concussion Centre and SickKids using an evidence-based tool developed at the Children’s Hospital of Eastern Ontario (CHEO)-OCTC. This is an excellent example of “Connect the System”.

She reported that KHA has just completed a search for a new Executive Director. Orillia Soldier’s Memorial Hospital has just signed on and they expect 3-5 more hospitals to join by the end of fiscal.

3.0  New Business
3.1  Accessibility for Ontarians with Disabilities Act
N. Killey, Director, Organizational Development & Learning, joined the meeting to provide an update on the Accessibility for Ontarians with Disabilities Act (AODA).

The purpose of the AODA is to develop, implement and enforce standards for accessibility in Ontario related to goods, services, employment, accommodation and buildings by the target date of 2025. As a designated public sector organization, Holland Bloorview has two obligations under this Act:
1. Develop an annual accessibility plan, make it available to the public, and follow through on the implementation of the plan.

She assured the Board that Holland Bloorview is exceeding our legislative obligations as an organization in the area of accessibility.

One of the outcomes of the No Boundaries strategy is to become a model employer of people with a wide range of disabilities. N. Killey reported on a new joint initiative of the Transitions Strategy and Human Resources in support of this outcome.

4.0  Business Arising
4.1  Update on Accreditation Results
J. Hanigsberg referred to the letter from Accreditation Canada congratulating the hospital on achieving Accreditation with Exemplary Standing and achievement of 100% for the second cycle in a row. A copy of the Executive Summary of the Accreditation report was provided in Trustees’ folders.

In the past we have generally been given 18 months’ to 2 years’ notice of the surveyor’s visit but going forward, Accreditation Canada is moving to a ‘just in time’ format where the hospital will receive only several weeks’ notice of a visit. Other hospitals have implemented monthly mock surveys and mock tracers to ensure readiness. Leslee Thompson, President & CEO of Accreditation Canada will be invited to the hospital in January to present at a Knowledge Connection (Rounds) session where we will learn more.

4.2  Update on implementation of No Boundaries
J. Hanigsberg indicated that our goal is to better align the implementation of No Boundaries with our other planning cycles i.e. operating plan, financial optimization, quality improvement plan, foundation grants process, etc. This will lead to more efficient and coordinated planning overall and event better alignment to strategy.

The three key priorities that we will focus on over the next 18 months are:
1. Evolve and embed “No Boundaries” culture, processes and supports across Holland Bloorview
2. Reimagine first point of contact to enable a meaningful and personal experience for every child, youth and family
3. Define the required leadership, structures and objectives for equity, diversity and inclusion at Holland Bloorview.

The newly created Strategy Council will meet twice a year (Fall and Spring) to ensure these priorities are on track and momentum continues. Membership in the council will be both by appointment and self-nomination as we strive to continue to build leadership capacity across the organization and keep the momentum, engagement and spirit of the No Boundaries planning process. Reports will come periodically to the Board and through operating reporting. In response to a question J. Hanigsberg indicated that this year’s operating plan will be a ‘hybrid’ as it bridges from accomplishments under the previous plan to objectives under the new plan. The 2019-2020 operating plan will be the first to be entirely under the No Boundaries plan.

5.0 Reports
5.1 Holland Bloorview Performance Scorecard – Q2
D. Savage reported on the areas the senior management team are paying particular attention to:
  i) Medication Reconciliation – there was a slight fluctuation this quarter; focused attention will be held in Q3 to clarify process and documentation requirements.
  ii) 2 Client Identifiers – staff sometimes default to ‘facial recognition’ only especially with very long-term clients; this is not acceptable and therefore continued focused reminders are being provided.
  iii) Outcome Measures – conversations continue with staff to further evaluate effectiveness of these measures for specific disciplines.
  iv) Attendances – this is a seasonal variation and expect to see increases over Q3 and Q4.
  v) Wait Times – staff have tried many different strategies and continue to focus on changes in models of service delivery. In the area of Augmentative Communication, a review of referral information for Toronto region has seen a 41% increase in the number of referrals without an increase in resources. In addition there has been a rise in cancelled appointments. Early predictions for fiscal year 17/18 suggest referrals for Toronto will be in similar volumes with demand outpacing capacity. In Q3 the service will be increasing the Toronto number of slots for screening through shifting of resources, and will be focusing on a longer term plan including exploring new models of service.

5.2 Quality Committee Report
L. Hicks presented the Quality Committee report. Focus of the committee is on quality performance and evaluation of the measures used.

5.3 Medical Advisory Committee Report
G. Milo-Manson presented the Medical Advisory Committee report. She highlighted a mild client incident – a child was given expired orange juice. Better practices will be put in place to monitor expiration dates on the units.

5.4 Foundation Report
S. Hawken thanked Trustees for attending the most recent Evening of Possibility. It was the most successful year yet. The team set a goal of $540,000 but the evening resulted in a total of $620,000. The highlight of the night was the 4 client MCs. The two keynote speakers – Jadine and Maddy – were very inspiring.

The Foundation has received two significant gifts recently - $1 million from Jack Cockwell and $500,000 from Cadillac Fairview via its CEO and grateful family member, John Sullivan.

Capes for Kids will run from March 5-11, 2018. Lego has been announced as the new title sponsor.

Holiday cards are now available for ordering.

6.0 Adjournment
The Board Meeting adjourned at 7:40 p.m.

Cally Hunt, Chair
Board of Trustees