Holland Bloorview Board of Trustees  
MINUTES of Meeting  
Wednesday, May 27th, 2020  
6:00-8:00 pm  
Zoom

Present:  
A. Whyte Nowak  
S. Jorisch  
C. Wood  
G. Milo-Manson  
W. Onuwa  
M. Ballantyne  
M. Rappolt  
P. Runney  
C. Cowan-Levine  
D. Ponder  
J. Hanigsberg  
J. Lam  
Y. Pavri  
A. Kaplan  
P. Puri  
C. Roche  
M. Johnson  

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

Regrets:  
L. Dottori-Attanasio  
B. Cooper

Recorder:  
A. Rascanu

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

Opening Remarks from the Chair  
W. Onuwa welcomed everyone and commended J. Hanigsberg and the senior management team for their resilience and successful management. He reminded the Trustees to fill out the questionnaire at the end of the meeting.

Declaration of Conflict of Interest for Meeting  
There were no declarations of Conflict of Interest from any Board Trustee participating at the meeting.

1.0 Consent Agenda  
The pre-circulated Consent Agenda was approved. However, M. Rappolt asked if any substantial changes in the Governance Policies should be brought to the attention of the Board. P. Puri, answered that there were no significant substantive changes, the changes provided clarification in terms of existing practices and were appropriate for the Consent Agenda.

MOTION: It was MOVED by Marg Rappolt and SECONDED by Yezdi Pavri that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the Consent Agenda of May 27, 2020, as pre-circulated.

1.1 Agenda for Meeting May 27, 2020  
1.2 Minutes of Board Meeting April 15, 2020*  
1.3 Board Standing Committees’ Report May 2020*  
1.4 Medical Advisory Committee Report*  
1.5 Quality Committee Report*  
1.6 Governance Policies*  

M. Rappolt/Y. Pavri  
CARRIED

2.0 President & CEO Report  
2.1 President’s Report to the Board – COVID-19  
J. Hanigsberg thanked W. Onuwa for his kind remarks and the Senior Management Team for their outstanding work and leadership during this time. J. Hanigsberg provided an update on the Hospital from a COVID-19 lens and a systems perspective on the Province’s response to COVID-19, and what the Hospital is anticipating going forward.
From an internal perspective, the Hospital continues to have zero COVID-19 cases among clients and families. This success is attributed to the excellent infectious control processes and all the hard work that the Hospital is doing. J. Hanigsberg pointed out that although the Hospital currently has zero cases, it is not an indication that the Hospital will continue to have none in the future; a positive case also does not mean that the Hospital failed in doing all the right things. The Hospital is still active screening and continues to review all guidelines and changes in screening and have many members of the senior management and senior directors sitting at various systems tables to keep the Hospital aligned with Ontario health system partners.

The Hospital’s inpatient census is currently low at 40 clients; however, the Hospital is anticipating an increase to that number as acute care children’s hospitals across the Province begin to increase their schedules and electives surgeries. The Hospital is mindful and anticipating not only an increase in volume but in the level of complex cases that may be received and is prepared to offer high-quality care.

There is no update on finance to the Board as of yet. J. Hanigsberg noted unprecedented changes in care delivery and the uncertainty around government pandemic related funding. The Hospital is tracking all pandemic related costs and continues to work with colleagues in government to communicate the challenges that the Hospital is facing. The Hospital will be having their Business and Audit meeting in June and will be able to offer an update after the June AGM meeting.

The Hospital continues to focus on communication through virtual Town Halls answering COVID-19 related questions and weekly email blasts, along with virtual Schwartz Compassionate Care Rounds, virtual Family Leaders and virtual Family Advisory Committee Town Halls in the effort to engaging and responding to the needs of clients and families in a meaningful way. The Hospital is also very focused on the wellness and resilience of staff, with the deployment of various support resources and a wellness hub. The current situation has provided the opportunity to accelerate and optimize the health and wellness initiative from the Thrive Together People Strategy. J. Hanigsberg brought to attention the many important non-pandemic related activities that are taking place; the HB Info Line navigation tool, the launch of the Alumni Network, and the Thrive Together Plan. All these activities are future-focused and consistent with the No Boundaries and Strategic Plan.

J. Hanigsberg provided an overview of the systems approach and response to the pandemic.

3.0 Business Arising
3.1 Recovery Planning*

The Hospital is preparing for recovery and currently starting the process of looking at the Operating Plan, internal targets, financial targets, and the No Boundaries Strategy priorities to identify areas of focus. The Board of Trustees will be informed about where the Hospital stands once the internal analysis is complete. W. Onuwa asked the Trustees to provide input from their perspective and their learnings about recovery planning.

A. Kaplan highlighted that the measures put in place to slow the spread of the virus, such as social distancing, business and, school closures, have had a substantial impact on mental health.

C. Roche asked what we need to have in terms of testing availability to manage spread in the community and to bring the transmittal rate confidently below 1. J. Hanigsberg confirmed that the Hospital continues to have the capacity to test and screen clients and families.

C. Roche shared that in her field of work in the bank, staff are not entirely confident and have fears of returning to work due to uncertainties around the spread and control of the virus.

C. Wood commented on unemployment and equality and, asked how the Hospital can potentially give more to families. D. Savage answered that the Hospital is aware of the extraordinary challenges that families are facing, challenges impacted by the effects of delayed services that families have already been waiting for, lack of access to childcare, and the need to homeschool, naming a few stressors. As part of the virtual care strategy, the Ambulatory Team immediately responded by contacting every single one of the families to be informed about their needs and then provided support in any way possible. The Ambulatory Team also took the opportunity to connect families with resources that the Foundation has made available and also expanded the criteria and access to the Family Supported Fund. Families at risk are contacted to follow-up on their needs and mental health.
C. Cowan-Levine commented on physical distancing and what it entails. D. Savage confirmed that planning is in place, the Hospital will not be offering services in the same manner pre- COVID-19, some care will be provided on the weekends and evenings. Services will be spaced out and in smaller groups to ensure that there is less activity to maintain social distancing.

M. Rappolt highlighted from the Recovery Planning, the focus on innovation that will build capacity and equality of outcomes, and asked about the measures put into place to maintain families' trust and ensure that families are knowledgeable. J. Hanigsberg explained that communication and discussions with families are critical to helping them understand the steps the Hospital is taking and why.

J. Lam recognized that innovations such as virtual service has benefitted clients, and asked if there are assessments and evaluations in real-time to determine which services will remain virtual and the infrastructure required to provide equality of services. J. Lam mentioned that knowing the needs will assist the Foundation by way of fundraising and approaching donors.

J. Hanigsberg commented that the Hospital has integrated virtual and face to face care, repurposed the No Boundaries funds (the innovation fund) to fund COVID-19 related needs, i.e., funded laptops to loan out to clients.

G. Milo-Manson provided a lens on virtual assessment/appointments. She reported that families are appreciative of virtual care so far; however, 75% of children are still going to need to come in for procedures like hip x-ray and be examined. Since many of the issues have been screened by phone, follow up slots can be much shorter, and 25% of the cases she has assessed can be followed-up a year from now because the clients do not have a lot of physical challenges.

D. Ponder agreed with comments heard and shared her experience based on experience in her law firm. M. Johnson asked questions about mental health needs for families and success. A. Kaplan advised that the Hospital focuses on families’ mental health and support over the summer.

J. Hanigsberg mentioned that the success of the Hospital’s zero COVID-19 cases I due to active screening, excellent infection control processes, and significant cultural change on wearing personal protective equipment for both staff and families.

W. Onuwa said that there is an excellent opportunity for the Trustees to share their learning and experience. He commended the Hospital’s senior management team and the Foundation’s extraordinary work thus far and encouraged them to continue being resilient and optimistic. W. Onuwa also thanked everyone for the opportunity to serve on the Board and commented that his involvement and support for Holland Bloorview would not end with his retirement from the Board.

4.0 Reports
4.1 Foundation

S. Hawken provided a brief update on COVID-19 fundraising, contingency planning for the Foundation, and vision for moving forward. She highlighted that the Foundation exceeded many of its goals in corporate fundraising, tribute giving, and general acquisition this fiscal year, and underlined the culture of philanthropy at the Hospital. Five years ago, only 0.3 percent of staff were contributing to fundraising, and now that number is well over 35 percent. Sandra acknowledged that the increase was due to J. Hanigsberg and the Hospital’s senior management’s exemplary and commendable leadership. In terms of COVID-19 fundraising, the Foundation has exceeded its $575 000 goal for the Family Support Fund and raised $616 000 as of date. The Foundation has also raised $130 000 in an in-kind donation of goods to support families and on-site staff during these complex times.

There have also been new donors, the Weston Family Foundation, who has donated $300 000 to fund the BRI Growth strategy and to support research trainees specifically. The Barb Underhill Family Foundation also assisted in rapidly launching multiple virtual programs for youth to reduce feeling isolated.

Beyond COVID-19 funding, the Foundation has also been able to fund for other priority needs; there has been a signed agreement for a donation of 1.5 million shares to BRI Growth. One donor has delayed their pledge, but they are comfortably able to fulfill their commitment by the end of the year.
Another donor who was unable to complete their pledge due to the pandemic had their $500,000 pledge fulfilled by a unanimous donor.

In terms of contingency planning, the Foundation has explored cost containment strategies, they have a hiring freeze and have the intention to review with the Foundation Board of Directors in July a potential new budget that will reflect a realistically achievable revenue goal, based on the collected data from other hospital Foundations and the Foundation’s own experience. While other Foundations have seen a 25-40 percent decline in revenue, Holland Bloorview’s Foundation has experienced its best April and May ever. Although they have not shared the same decrease in revenue, they are cognisant that the economy is changing and have put into place multiple contingency strategies.

S. Hawken noted that the event portfolio is at risk; however, the Foundation has multiple contingency strategies plans, several of the events have been moved to virtual, like the BRI launch; Poppy will be sending the sponsorship package to the Board of Trustees. Other events have been delayed to later in the year. The Foundation’s goal is not to reduce funding for the Hospital, they are open to pivoting and funding areas and needs different from what was approved in March’s budget if there are different needs than what was agreed. They invite the Hospital to identify in the January budget, any changes to their funding priorities.

S. Hawken, commended the Foundation staff and Board of Directors, who have assisted in timely launching innovations, processes, and policies. S. Hawken is proud of the way the Foundation has worked together and noted that the innovations that have been established will in the long term, enable the Foundation to be effective, efficient, and even more compelling. S. Hawken also reported that in her conversations with the community and stakeholders, she heard nothing but commendable remarks about Holland Bloorview’s work. J. Hanigsberg thanked S. Hawken and acknowledged S. Hawken and the Foundation for being the gratitude squad at the Hospital, by providing in-kind gifts to staff, holding pot-banging sessions, and gratitude sign-holding.

5.0 Fill out the feedback form (fillable)*
W. Onuwa asked the Trustees to fill out their feedback forms and to return them to P. Harpula.

6.0 Adjournment
The Board Meeting adjourned at 8:00 pm.

William Onuwa
Chair, Board of Trustees