

Holland Bloorview Board of Directors Meeting Minutes

Wednesday, January 21, 2026

5:30 p.m. – 7:45 p.m.

Virtual Meeting via Microsoft Teams

Attendance

Present: Irene Andress; Alycia Calvert, Treasurer; Michelle Caturay; Jonathan Davey; Sonya Fraser; Megh Gupta; Helen Hayward, Secretary and Interim Vice Chair; Sarah Kramer; Jean Lam; Golda Milo-Manson; Ivona Novak; Melanie Penner; Catherine Roche, Chair; Paul Spafford; Michael Wasserman, Heather Watt

Sr. Management: Evdokia Anagnostou; Enza Dininio; Sandra Hawken; Joanne Maxwell; Tracey Millar; Stewart Wong

Regrets: Lisa Richardson, Rhonda McEwen

1.0 Call to order

Chair's remarks

The Chair, C. Roche called the meeting of the Holland Bloorview Kids Rehabilitation Hospital Board of Directors to order at 5:30 p.m. and extended a warm welcome to everyone to the first meeting of 2026. With this being a virtual meeting due to inclement weather, the Chair walked through a few housekeeping guidelines with respect to presenting online. She further expressed thanks to the coordinators for organizing today's meeting.

J. Maxwell, Vice President, Experience Transformation and Social Accountability (ETSA) accompanied by Stewart Wong, Vice President, Communications, Strategy and Sustainability presented a land acknowledgment with reflection on the importance of the work that the hospital has done over the past year to support indigenous clients and their families.

In response to a request for smudging accommodation, an all-staff event was held to introduce the establishment of a designated out-door smudging space with government representatives and other external partners in attendance. In addition, to developing a smudging policy, the hospital created a smudging cart which contains the necessary tools required for smudging; recognizing them as sacred medicine, which are secured as other medications in the hospital.

In summary, it was felt that the hospital is moving in the right direction to ensure that indigenous families feel appreciated and welcome at Holland Bloorview and to project the hospital as a safe environment for all clients and families.

On behalf of the Board of Directors, the Chair acknowledged Dr. Golda Milo-Manson and extended appreciation and thanks to Dr. Milo-Manson for stepping into the leadership position in assuming the role of Interim President and CEO for the month of January. The incoming President and CEO,

Bruce Squires joins the hospital on February 2, 2026. Schedules permitting, members were invited to join Bruce on site at 4:30pm for a social hour prior to the start of the March 25th Board meeting. Members wishing to meet with him in advance were asked to advise C. Roche.

The Chair reminded members that it's that time of year again, when we come together to rally behind Capes for Kids. Capes for Kids is celebrating its 10th year and will take place March 6th – 13th. The Foundation's 'ask' is for members to continue to engage as they always do, working as a team through new sponsors or leveraging current connections for the success of this meaningful campaign. All questions pertaining to Capes for Kids can be forwarded to either the Board Chair, C. Roche or the Foundation President and CEO, S. Hawken.

Members were reminded of their obligation to attend at least one Family Advisory Committee (FAC) meeting and one Quality Committee meeting for the year if they have not already done so.

1.1 Approval of agenda

The Chair then requested approval of the agenda.

MOTION: It was MOVED by M. Caturay, and seconded by J. Lam, that the Board of Directors approve the agenda as pre-circulated.

Caturay/Lam

CARRIED

Disclosure of Conflicts of Interest

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.

1.2 Board Education and Patient Story

J. Maxwell, VP, ETSA introduced Lyndsay Tchegus-Veiga, Senior Director, Child and Family Integrated Care (CFIC) who co-facilitated the Board Education and Patient Story with Family Leader Monica Halsey. Bios for both L. Tchegus and M. Halsey were pre-circulated in the meeting materials.

L. Tchegus-Veiga provided an overview of the family leadership program while M. Halsey shared her lived experience as a mother of two neurodivergent sons and her involvement as a Family Leader in the re-design of Holland Bloorview autism diagnostic pathway. The presentation demonstrated the impact of family leadership through lived experiences used to teach, train, and educate a variety of learners, including staff, students, and families showing families as not just recipients of care but as partners in leading-edge solutions.

Holland Bloorview's Family as Faculty training course is delivered on an annual basis and facilitated in partnership with the Teaching and Learning Institute. It is the first known program of its kind in Canada that prepares families with lived experience in disability to take on teaching roles in a learning environment and has been recognized as a leading practice by Health Standards Organization.

2.0 Discussion Agenda

2.1 Caring Safely Update

2.1.1 Safety Story

I. Andress commented on a safety story in which a nurse, during a routine verification of a client's nasogastric (feeding) tube placement obtained a low PH reading and recognized that the PH test strip had lost its accuracy. In recognizing the discrepancy, the nurse investigated the pack of PH strips and realized that the strips had been left open at the bedside for an unknown length of time. The nurse was able to achieve the required results by repeating the test with a new unopened pack of PH strips.

Despite this being a good catch, this situation reinforces the importance of:

- Having a questioning attitude and using error prevention such as **Stop and Resolve**, and using **Qualify, Validate and Verify** to pause and troubleshoot when results do not align with clinical expectations
- Following label guidance on storage and disposal of opened PH strip packages may reduce the risk of inaccurate readings.

2.1.2 Quarterly Performance Report

J. Maxwell provided an update on the quarterly performance report focusing on trends that are out of alignment for the year. Caring Safely – Patient Experience is a new indicator that is not performing as anticipated, may need to change language so that it is more consistent and easier for families to remember.

Team Experience – Staff Attrition Rate increased to 7.06% from 2.9% in Q1 which is partially attributable to temporary and seasonal staff completing summer employment contracts which ends around August; a return to typical baseline levels in Q3/Q4 is anticipated.

Operational Excellence – Day Program Visits, Q1 visits increased to 526, up from 409 in Q4 of the previous fiscal year mainly due to higher referral and admission volumes, particularly among inpatient populations.

Health Equity and Client & Family Experience – Social Needs Screening Tool Completion, have been able to expand the number of areas in the hospital where social needs information is being captured and are very pleased with the upward trend for this indicator. Sociodemographic Survey Responses shows a significant dip in Q2, the plan is to look at language change for clarity and determine what volumes need to be established going forward.

In response to a question on Workplace Violence, J. Maxwell confirmed that this indicator remains above target for Q1 and Q2, 2025/26. For Q1, 19 workplace violence incidents were reported, with 16 involving multiple patients. It was noted that Extensive Needs Services program appears to be attracting client with more challenging behaviours. Most incidents were linked to a single client within the Specialized Orthopedic and Developmental Rehab (SODR) program, the plan for next year is to try to reduce behavioral incidents that result in staff injuries.

2.1.3 Quality Improvement Plan

J. Maxwell provided an overview of the Quality Improvement Plan (QIP) indicators which are a subset of the information shown on the scorecard. Continuous monitoring of performance relative to targets for 2025/26 is on-going.

In response to a question raised on violent incidents ratio and what safety plan is in place for staff, J. Maxwell informed members that the hospital provides training on managing escalated behaviours, implements initiatives to combat challenges which is usually successful. Staff are provided with intervention training on how to best manage codes by involving the right people to support de-escalation of the situation. When staff recognizes a client with behavioural challenges a safety plan is developed and several initiatives are implemented to reduce challenging behaviours. It was suggested that this is an item that could be brought forward at a future meeting for further focus.

2.1.4 Quality Improvement Plan – Executive Compensation

J. Maxwell provided an overview of the Quality Improvement Plan (QIP) for Executive Compensation. The QIP for Executive Compensation is reviewed and approved by the Quality Committee and recommended to the Board of Directors for approval annually. Continuous monitoring of performance relative to targets for 2025/26 is on-going as a follow-up to the following three Executive Compensation indicators approved by members at the March 26, 2025 Board of Directors Meeting.

- Number of pressure injuries Greater than Stage 2 and Unstageable per 1000 patient days
- Percentage of Medication reconciliation completed for inpatients at discharge
- Number of survey responses for clients who completed the Sociodemographic Survey

2.1.5 Medical Advisory Committee Report

G. Milo-Manson provided the Medical Advisory Committee report for September, October and November and confirmed that this report has been approved by the Quality Committee. Medication administered for September and October decreased with November up compared to last year. In terms of infection control, there was a decrease in September – November compared to the previous year with a possible up-tick in December.

In looking at a mild harm incident, G. Milo-Manson shared an example which referenced a nursing student giving a flu-shot with the appropriate supervision. The way the needle went into the patient's deltoid muscle did not allow for release of the medication. Even though the correct standard of care was followed, it was realized that neuromuscular patients do not have the same muscle mass as that of a typical child of a similar age. This forced us to look at how we adapt with clients whose muscle mass is not the same as someone of the same age. Since then, our process has been revised to implement changes to avoid this type of incident going forward. This was considered a mild-harm example as the child needed to have a second injection.

In addition, G. Milo-Manson shared a second scenario in which a Holland Bloorview in-patient client was discharged from Holland Bloorview to their treatment Centre as is normal practice. The child's treatment Centre rejected our referral because the child's diagnosis was not typical of what they usually treat. The child required continued therapy and with some negotiations between us

and the treatment Centre they agreed to accept the client. Unfortunately, during the negotiation period, the client was unable to receive the required therapy. We appreciate the family for taking the initiative to inform our team of the situation, but we also learned that we need to be more proactive to ensure that clients get the required therapy on discharge and to encourage parents to not wait to contact us when therapy is not readily available to them.

S. Kramer suggested that a standard of hearing back on a referral within a specific timeframe on the transfer note for parents to better inform them could be helpful as not all parents/clients may be aware of the physician standard of care.

2.2 Bloorview Research Institute (BRI) Update

E. Anagnostou commenced the BRI Update by recognizing two major awards presented to the following individuals for their work in Research.

- Dr. Tom Chau awarded as Officer of the Order of Canada and inducted into the Disability Hall of Fame as a leader, contributor and inspiration to all
- Dr. Darcy Fehlings awarded a Lifetime Achievement Award from the American Academy for Cerebral Palsy and Developmental Medicine (AACPD).

Several research grants received in 2025 were highlighted as resources in support of infrastructure and operational goals for 2026. With respect to Research Expansion, E. Anagnostou accredited BRI's continued growth to Holland Bloorview's Kids Rehabilitation Hospital Foundation as per our strategic plan priorities.

Members were informed of contracts being signed with two new employees

- Dr. Silvia Orlandi, PhD Biomedical engineering Pediatric BCI from the University of Bologna who will be joining Dr. Chau as a second pediatrics scientist with a start date of July 1, 2026.
- Dr. Marlee Vandewouw, PhD Biomedical engineer Precision Health from Harvard University working with precision health and precision interventions, with a start date of August 4, 2026.

In closing, E. Anagnostou shared a snapshot of BRI's operational deliverables for FY 2026 and celebrated the success of the 2025 BRI Symposium with more than 400 registrants across six countries.

In response to a question pertaining to donor contributions for specific areas, S. Hawken informed members that about 60% of donors prefer to give to research and 40% prefer to give to other aspects of Holland Bloorview. Members were informed that overall, a significant percentage of funds raised to date for the \$100M campaign are undesignated, which indicates that there are donors who believe in the global center for excellence.

Responding to another question on whether funding cuts in the United States (US) has impacted any of the research on which Holland Bloorview would have been a participant, E. Anagnostou confirmed that with all US funding currently on hold, this alternatively affects the Precision Health Initiative for Autism and related conditions team. As this was not a significant amount of our budget, there is no consequential impact.

2.3 Financial Reports

2.3.1 Financial Statements as of September 30, 2025

E. Dininio referred directors to the Q2 Financial Statements and Financial Report briefly highlighting key areas of the financial statements as of September 30, 2025. The Financial Statements and Financial Report were presented at the Business and Audit Committee meeting on December 4, 2025.

HSAF Funding Allocation for Q2 has been finalized with Ontario Health (OH) and a one-time one-year funding has been received for the Extensive Needs Services (ENS) program. The ENS pilot ended March 2025, but the hospital continues to advocate to have ENS funding transferred to base funding.

The following funding confirmations remain outstanding and are expected in the coming months.

- Funding for Autism Diagnostic and Respite Services is still pending.
- Funding letters for Safehaven Transitional Beds and the Mental Health component of the Make Kids Count funding (MKC) are also outstanding.

Due to some unexpected funding from two health infrastructure funding requests for the storm outfall project and our fire panel upgrade applications, we are now in a more positive position than budgeted in our last quarter submission.

MOTION: It was MOVED by A. Calvert and seconded by S. Fraser that the Board of Directors approve the Financial Statements as of September 30, 2025, as presented.

Calvert/Fraser

CARRIED

2.3.2 Interest Rate Swap Facility (IRS) Recommendation for BRI Expansion Cash Flow Gap

E. Dininio presented a submission seeking the Board's approval subject to confirmation of any required Ministry approval, the establishment of an Interest Rate Swap (IRS) Facility in the amount of \$7M for a term of three (3) years for the purpose of managing the cash flowing timing difference related to the Bloorview Research Institute (BRI) expansion. The IRS protects the hospital from rising interest rates, allows the hospital to achieve a predictable interest rate for a set period, even if the loan has a variable rate.

For discussion, members were presented with a comparative analysis between the IRS Facility and the Cost of Funds (COF). Based on Management's recommendation the Business and Audit Committee by way of electronic vote approved and recommended this option to be presented to the Board for final approval. As per the Ministry of Health (MOH) there is no approval required from them.

MOTION: It was MOVED by M. Wasserman, and seconded by P. Spafford, that the Board of Directors of Holland Bloorview Kids Rehabilitation Hospital approve, subject to confirmation of any required Ministry approval, the establishment of an Interest Rate Swap Facility in an amount not to exceed \$7M for a term of three (3) years for the purpose of managing the cash flow timing difference related to the Bloorview Research Institute building expansion.

Wasserman/Spafford

CARRIED

2.4 Environmental Sustainability

To support Holland Bloorview's continued effort to drive environmental sustainability and to support the global effort to combat climate change, S. Wong, VP, Communications and Sustainability provided an update as a follow-up to the overview presented at the May 21, 2025 Board of Directors meeting.

In February 2025, the hospital began installation of about 5,400 LED light fixtures. Ensuring that there was no impact on operations, heat, lighting, ventilation and air conditioning usage were reduced on weekends which resulted in a significant reduction in electricity cost. In addition to electrical, water and paper saving measures implemented throughout the hospital, S. Wong informed members of the following additional achievements to date:

- October 2025 – Holland Bloorview released its first Environmental Sustainability Impact Report
- December 2025 – Holland Bloorview received the **2025 Climate & Health Award: Best in TAHSN** for low Carbon and Sustainable Buildings.

For 2026/27 the hospital will continue to drive environmental sustainability with a focus on optimizing space for efficiency as we maintain our efforts on building sustainability by working closely with energy service providers to continue to escalate energy reduction. In response to a concern on the management of plastic or one-time use items, S. Wong advised members that another sustainability initiative in clinical care is to find ways to reuse items for a different purpose.

2.2 Bioethics Update

In keeping with our annual Bioethics Education to the Board of Directors, D. Menna-Dack, Senior Bioethicist and Interim Senior Director, Collaborative Practice and Clinical Education provided a high-level overview with background and contextual information to the Board of Directors regarding Holland Bloorview Kids Rehabilitation Hospital's (Holland Bloorview) Bioethics Service. The aim of the overview was to ensure a common understanding of the Bioethics Service, role of the senior bioethicist, and to highlight the integration of spiritual care into the Bioethics Service. Integrating spiritual care into the Bioethics service demonstrated the important step in expanding spiritual care services across the organization beyond Rehab & Complex Continuing Care (CCC) clients and families.

The presentation focused on the three main categories of ethics at Holland Bloorview:

- Clinical ethics relates to ethical issues in the delivery of health care
- Organizational ethics relates to ethical issues that arise in the structures, processes and operations of being a healthcare organization
- Research ethics relates to ethical issues that arise in health research. The Holland Bloorview Research Ethics Board (HBREB) is an independent hospital committee that reports to the Board of Directors through the Research, Teaching and Learning Committee.

The six common ethical issues arising at Holland Bloorview were identified as Access, Best Interests of the Client, Consent and Capacity, Equity, Moral Distress and Privacy.

Members were reminded of the two ethics frameworks used by Holland Bloorview which are the IDEA Ethics Framework – generally used for individual client cases and the Accountability for

Reasonableness (A4R) for priority setting (resource allocation) decisions. As a refresher, members were provided with a demonstration of the Hub and Spoke Organization Ethics Model.

In closing, D. Menna-Dack asked members as a Board to collectively think of where they see risk, potential harm or opportunities for benefits and whether Artificial Intelligence (AI) used in Healthcare and Ethics are in sync, being mindful of AI being used as tool and not as a replacement for clinical judgement.

2.6 President and CEO Report

G. Milo-Manson, Interim President and CEO presented the President and CEO report for January 2026 drawing attention to two recent staff events. On December 2nd, our retiring President and CEO, J. Hanigsberg's retirement was celebrated and attended by Board members, government officials, staff, HB clients and their families, as well as members of Julia's family. In addition, over 1,000 members of staff enjoyed the hospital's 2025 Annual Holiday Luncheon catered by Sodexo.

Reflecting on continued growth, to date 396 clients and families have been supported by the Bridging to Adulthood (BTA) team, which is an increase of 270 clients compared to the previous fiscal year.

Employment Pathways continues to advance their services for 2025/26 by completing a refresh and update of their website with the Winter VolunteerABLE program running from January to March for approximately 8 youths. The Employment Action Coaching program operates from November to April – the team is working with 10 youth/families with the first of 3 “Headed to college or university” sessions supporting 63 participants across Ontario.

3.0 Consent Agenda

The Chair noted the following items under the Consent Agenda requiring Board approval.

- 3.1 Minutes of Board of Directors Meeting – November 19, 2025
- 3.2 Appointment of Credentialed Staff – Dr. Arfeen Malick

3.3 Terms of Reference and Work Plan

- 3.3.1 Business and Audit Committee Terms of Reference
- 3.3.2 Business and Audit Committee Work Plan
- 3.3.3 Investment Sub-committee Terms of Reference
- 3.3.4 Governance Committee Terms of Reference

3.4 Governance Policies

- 3.4.1 Board and Director Evaluation
- 3.4.2 Board of Directors Standing Committees
- 3.4.3 Recruitment of Board of Director Members
- 3.4.4 Secretary Duties, Expectations and Conduct
- 3.4.5 Selection Process for the Chair or Vice Chair, Board of Directors

MOTION: It was MOVED H. Hayward and seconded by M. Caturay that the Board of Directors approve the Consent Agenda subject to some minor housekeeping edits to the Terms of References.

Hayward/Caturay

CARRIED

The following items were provided as part of the Consent Agenda for information only

- 3.5 Director Recruitment
- 3.6 Executive Committee Approval – Interim President and CEO
- 3.7 Board Standing Committees Meeting Report
- 3.8 Foundation Update

4.0 Adjournment

There being no further items for discussion, the meeting was adjourned at 8:00pm

Catherine Roche
Chair, Board of Directors
:cw