

**Holland Bloorview Board of Trustees**  
**Wednesday, January 20, 2021**  
**6:00 p.m. to 8:00 p.m.**  
**ZOOM**

### **Attendance**

**Present:** Marg Rappolt, Chair; Poonam Puri, Vice Chair, Catherine Wood, Secretary; Bruce Cooper, Treasurer; Irene Andress; Alycia Calvert; Carol Cowan-Levine; Laura Dottori-Attanasio; Julia Hanigsberg; Mark Johnson, Suzanne Jorisch; Allan Kaplan; Alice Keung; Jean Lam; Golda Milo-Manson; Jennifer Quaglietta; L. Robinson; Catherine Roche; Peter Rumney; Michael Wasserman; Allyson Whyte Nowak

**Sr. Management:** Tom Chau; Enza Dininio; Sandra Hawken; Tracey Millar, Bohodar Rubashewsky; Diane Savage; Meenu Sikand; Stewart Wong

**Guests:** Anthony Dale, *CEO, Ontario Hospital Association*; Nathan Ho, *Pharmacy Director*; Pakizah Kozak, *Chief Information Officer*; Dolly Menna-Dack, *Clinical Bioethicist*

**Regrets:** Dale Ponder

**Recorder:** Adwoa Rascanu

### **1. Call to order**

M. Rappolt, Chair, noting a quorum present, called the virtual meeting of the Holland Bloorview Kids Rehabilitation Hospital Board of Trustees to order at 6:00 p.m.

#### Chair's remarks

M. Rappolt welcomed Trustees and leadership attendees to the meeting and began the meeting with a Land Acknowledgment. M. Rappolt explained that land acknowledgements are an important contribution to reconciliation and decolonization and expresses gratitude and appreciate to those whose territory we work and live on, and a way of honouring the Indigenous people who have been living and working on the land from time immemorial. She respectfully acknowledged that the Board Meeting was taking place on the treaty and traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River.

#### Announcement

M. Rappolt welcomed back L. Dottori-Attanasio who was on leave since April 2020. The chair also welcomed Dr. L. Robinson to the Board as a trustee replacing Allan Kaplan.

M. Rappolt announced the upcoming Capes for Kids campaign, the hospital's most important public-facing fundraiser of the year. Christine Hill, the Foundation's Senior Officer, Donor Relations will be registering all trustees for their personal Capes for Kids fundraising page over the next 2 days. The Chair encouraged all trustees to participate in the fundraising and asked that trustees interested in signing up their families or corporate teams, contact S. Hawken or C. Hill.

#### Recognition

M. Rappolt, shared that Michael Garron Hospital has been designated by Ontario Health as the COVID-19 vaccination provider for Holland Bloorview staff. As of January 13, 469 Holland Bloorview staff in direct care roles for both inpatient and outpatient services have received the vaccine. She thanked the team at Michael Garron for their tremendous work and the executive sponsors for Holland Bloorview: I. Andress, T. Millar and D. Savage.

Reminder

M. Rappolt reminded Trustees who have yet to sign up for a Quality Committee (QC) or Family Advisory Committee (FAC) meeting to contact A. Rascanu. Trustees must attend one QC and one FAC meeting each year. She also reminded trustees that performance on these targets are reviewed by Accreditation Canada as part of the governance component of the survey.

Approval of agenda

The Chair introduced an amendment to the agenda to make item 2.4.2 (Quality - Quarterly Performance Report) for decision (instead of discussion). The Chair requested approval of the agenda.

**A MOTION to approve: It was MOVED by Carol Cowen-Levine, and seconded by Jennifer Quaglietta, that the Board of Trustees approve the agenda.**

**C. Cowen-Levine / J. Quaglietta**

**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.

## **2. Discussion Agenda**

### **2.1 Board Education Session with A. Dale, President and CEO, Ontario Hospital Association (OHA)**

M. Rappolt introduced A. Dale and commended him for his leadership at the OHA. A. Dale recognized J. Hanigsberg for her leadership and guidance as a board member at the OHA during the pandemic.

A. Dale provided an overview of the pandemic in Ontario, its impact on the health care system and its lasting consequences. He highlighted that pre-pandemic the health system was already going through significant transition due to restructuring and pressure to address hospital capacity and hallway healthcare. The onset of the pandemic intensified the challenges that the health care system was already facing. He shared the advocacy role of the Ontario Hospital Association and his observations on a number of topics such as system capacity, vaccination planning and roll-out, fiscal implications of the pandemic, future challenges (including wait times) and lessons learned.

A. Dale shared the OHA's 2022 strategic planning process. The OHA has elected to extend its current strategic plan by an extra year to map out the meaning and implications of COVID-19. With the integration on the Council of Academic Hospitals of Ontario (CAHO) into the OHA, a very important new aspect of the strategic planning process is embedding the research and teaching mandates of academic hospitals within OHA's long-term strategy and operations. He also drew attention to anti-Black and anti-Indigenous racism and equity. The COVID-19 pandemic has highlighted social and health inequities with which OHA members are needing support.

M. Rappolt thanked A. Dale for his insightful presentation and invited Trustees to ask questions.

There was a discussion on hospital personnel burnout and the plans if any put in place to address it. There was also a discussion on the net deficit faced by hospitals and financial stability post pandemic and more appropriate funding methodologies for the future.

## 2.2 Caring Safely: Safety Story

D. Savage reported that in leadership meetings at Holland Bloorview, safety stories are shared to help keep safety top of mind. Aligned with Caring Safely the team will be embedding the practice of sharing safety stories at Board of Trustee meetings, once every quarter. Last year, Holland Bloorview joined the Solutions for Patient Safety Network, a network of more than 140 children's hospitals across North America, all committed to eliminating preventable harm for children, caregivers and staff. There is a standard structure for sharing these stories that includes a summary of what occurred, how it occurred, the impact that it had, how it might have been prevented and how to support together a culture of safety, and always ending with gratitude for staff's commitment to safety.

D. Savage shared a story about a parent who contacted Client and Family Relations (the hospital's concerns and complaints process) to share her concerns that screeners were not wearing masks behind plexiglas. The parent reported that other hospitals follow this practice and especially did not feel the hospital was providing optimal safe care for clients and staff. In making this decision, the hospital had used the best available evidence and information in its initial decision to not require masks for staff who worked behind plexiglas. This was intended to conserve supplies of masks, and promote optimal communication. Although the hospital had done its due diligence and was compliant at the time, it conducted an updated scan of hospital partner practices and learned that other hospitals had recently moved to wearing mask while behind Plexiglas. A new consideration was that where plexiglas was not fully surrounding the area or the individual there was a risk that could be reduced through masking. Using the best judgment and evolving practices, the hospital elected to require that masks be worn by staff working behind plexiglas going forward.

In this case, evidence was changing and evolving and the hospital was compliant, however the parent's concern gave an opportunity for continued improvement. The team responded accordingly by welcoming evaluation and responding as appropriate.

The Caring Safely initiative guides the hospital, and its board members, by ensuring high quality care is a fundamental expectation at Holland Bloorview.

## 2.3 Holland Bloorview COVID-19 Staff Vaccination Framework

D. Menna-Dack and N. Ho provided an overview of the ethical decision-making framework that has been adopted at Holland Bloorview to prioritize individuals for the initial doses of the COVID-19 vaccine. The overview provided trustees an understanding of what has gone into making the decisions that have taken place to date, for the board's governance oversight of the organization and focus on ethical decision-making.

As demand for COVID-19 vaccines will initially exceed the supply available, prioritization of eligible and willing health care workers is required. Holland Bloorview has implemented a prioritized selection process to support its vaccine rollout strategy, guided by the Province of Ontario's ethical framework. This work continues internally through the engagement of a wide range of stakeholders, and at a system level, to ensure equitable access to the vaccine. In addition, the hospital has made significant efforts to ensure that decision-making processes and plans for COVID-19 vaccine roll out are clear, understandable, and communicated regularly.

Responding to this quickly evolving opportunity to vaccinate Holland Bloorview health care workers has required redeployment of administrative and leadership resources to manage the vaccine roll out program effectively. Executive leadership is being provided by I. Address, D. Savage, and T. Millar.

The COVID-19 Vaccine Strategy Working Group will continue to engage in an iterative process to monitor and adapt the local ethical framework and vaccine roll out plan.

#### 2.4.1 Quality Committee Report

C. Roche gave a report of the Quality Committee. A detailed briefing note was pre-circulated. At the December meeting, the results of the October, 2020 Patient Safety Culture Survey were shared. As part of accreditation preparations all employees that interact with clients and families were invited to complete a short, online survey that asked them for their perceptions and opinions about the patient safety culture at the organization. Action plans to address areas for improvement will be developed in collaboration with stakeholders. The survey results and action plans will be shared with Accreditation Canada surveyors before their onsite visit in October, 2021.

A family leader shared with the committee her patient story and experience of COVID-19 responses and associated restrictions that has posed challenges to getting access to services for her son. The story identified areas of need and support and underscored for the committee, the importance of being family advocates.

#### 2.4.2 Quality - Quarterly Performance Report (Q1 &Q2)

D. Savage reported that meeting goals related to inpatient and ambulatory volumes set before the pandemic started was challenging during the first six months of the fiscal year. Adjustments to the targets for autism and neuromotor therapy were approved by the Quality Committee in October 2020 taking into consideration the best possible performance in a hybrid in person and virtual service delivery model.

On the other hand, core safety and experience goals were met in the same period. The hospital's infection and adverse event rates remained low and many clients and families reported satisfaction with the care and services received. Staff and leaders have been commended for their ability to maintain standards and meet expectations in a rapidly changing and evolving health care environment.

Work is underway to address metrics that are performing below expectations. This includes pressure injuries (a hospital acquired condition that is a focus of Caring Safely work), falls in high-risk client groups, and ambulatory and inpatient access measures that have been impacted by pandemic-related challenges.

The Chair asked for approval as recommended by the Quality Committee, that the performance targets for wait times for first therapy service in the Neuromotor Service and Autism Diagnostic Services (all sites) be amended for 2021 in response to unavoidable access pressures caused by the COVID19 pandemic, as presented to the Board.

**A MOTION to approve: It was MOVED by Catherine Wood and seconded by Poonam Puri that the board approve as recommended by the Quality Committee, at its October 2020 meeting, that the performance targets for wait times for first therapy service in the Neuromotor Service and Autism Diagnostic Services (all sites) be amended for 2021 in**

**response to unavoidable access pressures caused by the COVID19 pandemic, as presented to the Board.**

**C. Wood/ P. Puri**

**CARRIED**

#### 2.4.3 Medical Advisory Committee Report

G. Milo-Manson presented the summary report for November and December on behalf of the Medical Advisory Committee (MAC). A copy of the report was pre-circulated. She reported that pharmacy, therapeutics, medication, infection control, and client incidents were low for the months of November, and December compared to a year ago. There was only one mild incident in November related to a child who received their medication late. In December, none of the incidents resulted in any harm. In November, there was one upper respiratory tract infection (rhinovirus) and one infection incident (urinary tract infection) in December. 55 safety events were entered in November 2020 and 41 safety events were entered in December 2020 for client incidents.

#### 2.5 Digital Health Strategy

B. Rubashewsky introduced P. Kozak, Chief Information Officer who provided an overview of the refreshed Digital Health Strategy 2020-2021 and provide an update on the hospital's yearly Cyber Security plan.

Holland Bloorview's Digital Health Strategy 2018-2023 (DHS) was approved by the Board of Trustees on February 21, 2018, with the objective of enabling No Boundaries through information technology. In that 5-year strategy, 37 Digital Health Initiatives were planned within three phases over the period of April 2018 to April 2023.

One of the largest and most significant projects was the implementation of Holland Bloorview's health information system, Meditech Expanse on June 1, 2019. Given the significant involvement of clinical and non-clinical stakeholders across the organization, the Meditech Expanse project Go Live and stabilization was prioritized over other DHS projects/initiatives for 2019/20.

Of the 16 initiatives outlined for Phase One, 10 were completed including the implementation of Meditech Expanse in 2019/20.

The hospital's Digital Health Strategy and Information Systems (DHSIS) steering committee reviewed current progress against the original DHS plan and undertook a re-planning and re-prioritization exercise over an 8-month period (March to Oct 2020). The revised DHS plan was reframed with a 2 year planning horizon and aligned with the organization's fiscal year capital budget planning process.

P. Kozak, provided an update on the hospital's yearly Cyber Security.

There was a discussion about cyber security and the actions being taken to strengthen network security.

The Chair asked for approval of the Holland Bloorview's refreshed Digital Health Strategy 2020-2022.

**A MOTION to approve: It was MOVED by Bruce Cooper and seconded by Carol Cowen-Levine that the Board of Trustees of Holland Bloorview Kids Rehabilitation**

**Hospital approve as recommended by Business and Audit Committee at its December, 2020 meeting, the Holland Bloorview's refreshed Digital Health Strategy 2020-2022.**

**B. Cooper/C. Cowen-Levine**

**CARRIED**

## 2.6 President & CEO Report

The President and CEO's report was included in the meeting package.

### 2.6.1 Update on COVID-19 Current Status and planning

J. Hanigsberg discussed a number of issues including school reopening.

J. Hanigsberg referred to the pandemic dashboard, which provided data on vaccinations of hospital staff. Vaccination completion is currently being self-reported by staff creating some data reliability challenges. The Board reviewed data on the percentage of staff vaccinated and the percentage of staff who deferred or refused the vaccine. The Board will continue to be updated on vaccination uptake.

J. Hanigsberg reported that overall inpatient occupancy and ambulatory visits are still low compared to last year, however the numbers are gradually increasing. The hospital is also experiencing more no shows and cancellations which correlates to the beginning of the stay at home order and may reflect family concerns about safety. The team is in communication with clients and families about the importance of coming for their scheduled visits.

There was a discussion on the causes and consequences of vaccination hesitancy.

## **3.0 Consent Agenda**

The Chair referred Trustees to the consent agenda item. No questions were raised.

### 3.1 Minutes of Board Meeting October 21<sup>st</sup> and December 16<sup>th</sup> 2020

**MOTION: It was MOVED by Allyson Whyte Nowak and SECONDED by Jennifer Quaglietta that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve the minutes of the October 21<sup>st</sup> and December 16<sup>th</sup> 2020 Board Meeting.**

**A. Whyte Nowak/ J. Quaglietta**

**CARRIED**

### 3.3 Governance Policies

- 00387 Trustees' and Community Representatives Commitment to Confidentiality
- 00288 Accountability for Use of Funds Directed to Bloorview Research Institute received from the Holland Bloorview Kids Rehabilitation Hospital Foundation
- 00991 Equity, Diversity and Inclusion

**MOTION: It was MOVED by Allyson Whyte Nowak and SECONDED by Jennifer Quaglietta that the Board of Trustees of Holland Bloorview Kids Rehabilitation Hospital approve as recommended by the Governance Committee the pre-circulated Governance Policies with the proposed changes discussed.**

A. Whyte Nowak/Jennifer Quaglietta

CARRIED

**Adjournment**

There being no further business for discussion, the meeting was adjourned. 8:00 p.m.

Marg Rappolt  
Chair, Board of Trustees  
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