

BOARD MEETING

Minutes of the meeting of the Board (Board) of Alberta Health Services (AHS) held at the Royal Alexandra Hospital – Community Services Centre Gym (Rm 167), Community Service Centre, 10240 Kingsway Avenue, Edmonton, Alberta, on December 2, 2010 at 1:15 p.m., Mountain Standard Time.

Present:

Board Members: Mr. Ken Hughes (Chair)
Ms. Catherine Roozen (Vice Chair)
Ms. Teri Lynn Bougie
Mr. Strater Crowfoot
Dr. Kamallesh Gangopadhyay
Mr. John Lehnert
Ms. Irene Lewis
Mr. Don Sieben
Mr. Gord Winkel

Management: Dr. Chris Eagle, Acting President & Chief Executive Officer
Ms. Tamara Shawa, Corporate Secretary

Regrets Mr. Stephen Lockwood, Q. C.

Mr. Hughes acted as Chair of the meeting and Ms. Shawa acted as Secretary.

Mr. Hughes called the meeting to order at approximately 1:15 p.m. Notice of the meeting had been properly given and quorum was met.

1. Review of Agenda

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda in relation to the December 2, 2010 meeting of the Alberta Health Services Board.

2. Conflict of Interest

Mr. Hughes requested that any conflicts of interest, other than those previously declared, relevant to the meeting or items noted on the agenda be declared. None were declared.

3. Approval of Minutes

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the meeting of the Alberta Health Services Board dated October 15, 2010, in substantially the form before them; and directed the Chair of the Alberta Health Services Board and the Corporate Secretary to sign the minutes in substantially this form.

4. Comments to the Board

a) Chair's Report

Mr. Ken Hughes, Chair, welcomed everyone to the Royal Alexandra Hospital gymnasium. He noted that the facility was similar to many such community gymnasiums around this province, and felt familiar for those who grew up in that kind of a setting. He said that the public board meetings are moved to locations around the province, videotaped for posting on the website and telecast to staff and physicians in order to be as accessible as possible.

He said that the Board also tours facilities and meets with local healthcare providers in order to learn firsthand about the challenges, opportunities, and successes in each community. He emphasized the importance of making decisions in a public meeting in order to be transparent and accountable, and so that the decisions can be recorded as a matter of the public record.

He noted that the previous two weeks had been difficult for the members of the board. He said they had needed to make difficult decisions, and take time to reflect and decide whether they believed they could still be effective in their roles. He said he would not comment on the decisions made by members who have decided not to continue, except to express appreciation for the contributions of the members who had decided to step down, adding that Linda Hohol, Tony Franceschini, Gord Bontje and Dr. Andreas Laupacis are all good citizens. He noted that there was and is deep respect among all of the members of the board, current and past. He said it is his heartfelt belief, and that of the other members who chose to stay, that the work to be done is incredibly important. The critical thing, he said, is to ensure that patients get the care that they need, when they need it.

He said Alberta Health Services is two-and-half-years into a complex building process. A solid foundation has been laid, and a strategic plan is in place with a set of operational plans and accountability measures to ensure that Albertans know what is occurring in their health system. He said it was important to recognize the role of Dr. Stephen Duckett, in leading the creation of that foundation.

He noted that going forward, senior leadership is being led by Acting President and CEO Dr. Chris Eagle, who is committed to delivering on the Premier's mandate of creating the best-performing, publicly funded health system in the country. He pointed out that AHS has a five-year funding commitment from the government of Alberta, which is unusual, and provides the stability needed to meet its mandate. He said the organization is in good financial standing, as would be discussed when the quarterly financial report was presented. He stated that the most important enabler of success is Alberta Health Services' staff and physicians, pointing out that every moment of the day, right across the province, those 90,000-plus people provide dedicated, quality health care and services. The system in which they work, he said, must provide them with the support and resources they need to do their jobs. A sustainable and efficient health system will ensure that every dollar possible goes where it should go: supporting patient care. He said the board has immense faith in them, and deep gratitude for the work they do. He encouraged everyone to continue to work in good faith with Dr. Eagle to improve access and quality throughout the system.

He noted that extensive work is already underway toward those goals, and that the Board had learned more about one aspect the previous day in a presentation about the Critical Care Clinical Network. The CCCN is made up of clinicians from critical care units, which are also known as intensive care units. He said the Critical Care Clinical Network did incredible work during the H1N1 pandemic last winter that few people know about. For the population at large, the pandemic has been characterized as mild, but there were many very sick people across this province and in other places who needed intensive, specialized care. The province-wide integrated pandemic response included provincial clinical practice guidelines, wherein the lessons being learned about the treatment of this emerging, challenging illness were shared rapidly among clinicians. Linked by video conferencing, each critical care unit in one of the smaller centers was linked to one of the units in either Edmonton or Calgary, with daily teleconferences sharing challenges and successes. They shared ventilators among the group, depending upon need, and sometimes deployed staff to help harder-hit units. This provided consistently high quality care across the province, and in a number of instances was instrumental in averting the need to transport patients from other communities to Edmonton or to Calgary. He said it was incredible work, and serves as a fantastic example of the potential quality and access gains in having a single system such as Alberta Health Services. The Critical Care Clinical Network was much stronger working together than each ICU could have been on its own. He said the level of care they were able to provide to patients and the level of support they were able to provide each other were phenomenal - and just the beginning. As another example, he mentioned the grand opening of the Orthopedic Surgery Centre at the Royal Alexandra Hospital that day. The Centre is a facility designed to meet the specific needs of patients who require low-intensity hip and knee surgeries – which is about 90% of the patients who need hip and knee surgeries. He said the surgical suites and patient rooms are purpose-built to accommodate the equipment and care they need. The high-efficiency surgical environment meets the latest standards for infection prevention, and allows a workflow that makes the best possible use of staff and physicians' time. New computerized laser navigation equipment, which guides the placement of implants with exact precision, will be available in the operating rooms. He said this kind of technological advance is a great support to the expertise and ability of the surgeons. In addition, the rooms are larger than standard acute care rooms so patients and caregivers such as physiotherapists can move around the room easily and safely with the mobility aides. The centre features onsite rehabilitation and diagnostic imaging, and incorporates consistent care pathways and processes to ensure the highest quality care for every patient, every time. He said that in the short time the centre has been opened, staff have been able to reduce the length of stay to 3.2 days from the previous 4.2 days - an improvement of 20-25 per cent, and will allow the centre to serve more patients over time. He said it also means people are up on their feet and recovering more quickly, and they get home more quickly. And by working collaboratively with the Alberta Bone and Joint Institute, the Orthopedic Surgery Centre will be part of the first integrated province-wide network of bone and joint care. This connected model of research and treatment will mean that best practices are developed faster, and discoveries and improvements are shared right across the province more quickly. He said that all of the improvements taking place in Edmonton and across the province are part of the five-year health action plan released earlier that week, which was developed in partnership with Alberta Health and Wellness as well as stakeholders across the province, including: the College of Physicians and Surgeons; the Nurses Association; the College of Pharmacists; and Dr. John Cowell and the Health Quality Council of Alberta. The action plan

clearly defines short- and long-term goals for Alberta Health Services that will ensure Albertans have access to quality healthcare. AHS has also made a number of commitments to Albertans about the performance of the health system. He said Albertans can expect to see reduced wait times for hip surgery; reduced wait times for cancer patients who need to see a radiation oncologist; an increase in the percentage of patients treated and admitted to hospital within eight hours from the emergency department; and an increase in the percentage of children receiving scheduled mental health treatment within 30 days. He said they can also expect to see fewer people waiting in hospital for a continuing care space. He noted that AHS will report back to Albertans on the progress being made on clearly defined goals, because transparency and accountability are core values of the organization.

He then asked Acting President and Chief Executive Officer Dr. Chris Eagle to make a few comments.

a) Acting President & CEO's Report

Dr. Eagle said that Alberta Health Services had witnessed an extraordinary few weeks, but that staff and physicians had not been distracted from their focus on delivering outstanding patient care. He thanked them for that. He said that as a former clinician, he feels there is an exciting opportunity to be seized in Alberta's health system. He said Alberta Health Services has the opportunity to rapidly improve patient care, and to deliver better services on a day-to-day basis to communities, to clients and to patients across this province. This opportunity is unique, he said. He said there is also opportunity in the five-year action plan. The Health Action Plan is a joint strategy and shared commitment. He said the five-year Health Action Plan is rooted in the strategic directions that were created in 2009 in Alberta Health Services and the health plan that was approved by the board earlier in 2010. He said the new and unique aspect is that there is a set of measurable goals, backstopped by a five year funding commitment. This provides AHS with the certainty and stability needed to make long-term clinical plans or operational services improvements that we need to make to improve care. The five-year Health Action Plan provides a road map for the health system through 2015, including many service improvements already underway and those yet to come, and includes a range of health services measures by which the transformational journey will be measured. He said it is an ambitious plan, but is also achievable in that it sets reasonable targets. He said he is ready to stand behind them, as is the leadership team. The overarching goals of the organization haven't changed, because what matters most to patients hasn't changed: quality, access and sustainability. He noted that the previous week he also talked about how AHS can more quickly achieve these objectives. One way is by listening to front line leaders. He said greater decision-making authority must be given to frontline staff, and the organization has to be more transparent about what it is doing and why it is doing it.

Dr. Eagle said that going forward, executives, managers – all leaders – must listen to staff about the most effective ways to move forward on the five-year action plan. He said they are the people who know the business, and how it can improve. There is tremendous knowledge and energy within the front lines and that has to be captured. He said there is no single answer, and no single solution that fits every care facility across this province. Everything will need to be customized to meet the context in which care is delivered.

He said he wanted to talk about transparency. The five-year Health Action Plan is a commitment to the province, to Albertans and to staff and physicians, he noted, saying that AHS will stand by it and be held accountable for it. He said it is an open, transparent, public statement of what AHS expects to achieve and what it believes in, which is caring for patients. He said the performance report being presented to the board that day illustrated the principle, and noted that the targets set were not easy targets because effective, continuous improvement demands ambitious targets. He said it is important to remember that the performance report is a snapshot of a moment in time, and noted that results are being seen as the resources in the five-year funding agreement are provided to the health system. He noted that included new transition beds, as well as 1300 additional continuing care beds this year – which is 300 more than was previously approved by the Board. He said that is capacity that will improve the flow in emergency departments. To illustrate the point, he said that every day he receives a report on the number of inpatients who are housed in emergency departments because there is no hospital bed available to them. They are referred to as EIPs. In all nine major hospitals, there has been modest improvement month-over-month for the past two months since AHS has been more aggressively moving to ease ED pressures. There are fewer patients waiting in the emergency department for a hospital bed. He said it is a small change, but a change in the right direction. He added that new surge capacity protocols for emergency departments were in development, and would be implemented in all of the major hospitals across this province by the third week of December. He said the new protocols would have an impact on emergency department capacity, and that he hoped the data he presented showed that improvement is underway.

As a final comment, he said that when AHS released the five-year Health Action Plan, he was asked if he was intending to give greater decision-making authority to leaders. He said his answer was simple: “We have to.” He said he wanted to go further and say: “We want to.” He said that in his time as acting CEO he would emphasize another theme personally important to him: Albertans can and should have confidence in their healthcare providers. He invited the Board members to join him - when they meet the men and women of Alberta Health Services - in extending their own votes of confidence to them.

5. Executive Leadership Changes

Ms. Irene Lewis explained that the Board has considered changes to the role and title of some executives as a result of the appointment of Dr. Chris Eagle as Acting President and Chief Executive Officer.

Once a permanent President and Chief Executive Officer has been recruited, Ms. Lewis indicated that Dr. Eagle will assume his previous role and title and the other named executives will also reassume the roles and titles they currently have.

a) President and Chief Executive Officer

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the:

- I. End of Employment Contract between Alberta Health Services President and Chief Executive Officer dated the 23rd day of March, 2009 ("employment contract")
 - A. The Board of Alberta Health Services (the "Board") approved the end of the employment contract of Dr. Stephen Duckett as the President and Chief Executive Officer of Alberta Health Services, with effect as of the 24th day of November, 2010.
 - B. In the event that there are found to be any defects related to the end of the employment contract of Dr. Stephen Duckett on the 24th day of November, 2010, the Board ended the employment contract of Dr. Stephen Duckett as the President and Chief Executive Officer of Alberta Health Services, effective immediately.
 - C. The Board directed and delegated to the Human Resources and Legal departments of Alberta Health Services, the authority to negotiate the reasonable terms of any settlement or agreement with Dr. Stephen Duckett in connection with the end of his employment contract as President and Chief Executive Officer.
 - D. The Board ended the Delegation of Authority made on the 24th day of November, 2010 under which Dr. Chris Eagle was delegated certain authority by the President and Chief Executive Officer of Alberta Health Services.
- II. Appointment of Acting President and Chief Executive Officer
 - A. The Board approved the appointment of Dr. Chris Eagle as the Acting President and Chief Executive Officer (Acting P&CEO) of Alberta Health Services, with effect from the 24th day of November, 2010, subject to the approval of the Minister of Alberta Health and Wellness.
 - B. The Board directed and delegated to the Human Resources and Legal departments of Alberta Health Services, the authority to amend the employment agreement that exists between Alberta Health Services and Dr. Chris Eagle to reflect his new title and role as Acting P&CEO and to make such amendments to that employment agreement that the Human Resources and Legal departments consider to be necessary or advisable,

and such amended terms shall be applicable until such time as the Board appoints a permanent President and Chief Executive Officer.

III. Other Actions

The Board directed and delegated to the Human Resources and Legal departments of Alberta Health Services, the authority to do all such other acts and things that they consider to be necessary or desirable to give full effect to the foregoing resolutions.

b) Appointments of Acting Executive Vice Presidents

UPON MOTION duly moved, seconded and unanimously carried, the Board approved:

- I. the appointment of Dr. David Megran as the Acting Executive Vice President of Quality and Service Improvement of Alberta Health Services, with immediate effect;
- II. the appointment of Dr. François Bélanger as the Acting Executive Vice President and Chief Medical Officer of Alberta Health Services, with immediate effect; and
- III. authorized management to do all such additional acts and things that management considers to be necessary or desirable to give full effect to the foregoing resolutions.

Ms. Lewis concluded by indicating that the Request for Proposal regarding recruitment of a permanent President and Chief Executive Officer would be issued shortly and the search would begin early in the New Year.

6. Audit and Finance Committee

a) Report to the Board

Mr. Don Sieben, Chair, Audit and Finance Committee, provided an update with respect to the following Audit and Finance Committee items from the meeting held on October 28, 2010.

b) AHS Covenant Health Cooperation Services Agreement

Mr. Sieben advised the Board that AHS has a close relationship with Covenant Health in that they provide services on contract to AHS including acute care, continuing care, assisted living, hospice, rehabilitation, respite care and seniors housing.

He commented that AHS has been working with Covenant Health to finalize a comprehensive cooperation agreement between the parties and was pleased to report that such an agreement has been reached.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Cooperation and Services Agreement between Alberta Health Services and Covenant Health, in substantially the form tabled, and authorized and directed management to enter into the said agreement on behalf of Alberta Health Services and to do all such other acts and things that management considers to be necessary or advisable in connection therewith.

Mr. Hughes commented that the relationship between AHS and Covenant Health is extremely constructive and that Covenant Health is AHS' largest contractor.

b) Second Quarter Financial Reports

Mr. Sieben next suggested that second quarter financial reports be considered for submission to Alberta Health and Wellness within 30 days of the quarter end in accordance with Financial Directive 2, issued pursuant to the *Regional Health Authorities Act* and the *Governance Accountability Act*. He also highlighted the key results from the financial reports.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved:

1. the Quarterly Financial Report to Alberta Health and Wellness, for the quarter ended September 30, 2010, prepared in accordance with requirements of the Minister of Health and Wellness, and authorized and directed management of Alberta Health Services to deliver this report to Alberta Health and Wellness; and
2. the Quarterly Financial Statements, for the quarter ended September 30, 2010, and authorized and directed management of Alberta Health Services to publicly publish this report.

Mr. Hughes summarized the statements made by Mr. Sieben by stating that AHS is on track and on budget for this fiscal year.

c) Alberta Infrastructure Transition Term Sheet

Mr. Sieben explained to the Board that AHS management has been working with Alberta Infrastructure to ensure a smooth transition of all future health facility capital project work with a value of \$5 million or more, from AHS to Alberta Infrastructure for completion by the end of December 2010.

AHS will assist the province in the reconciliation of the funding within the Consolidated Cash Investment Trust Funds accounts and transfer of \$324,999,892 to Alberta Infrastructure, subject to a reduction by any amounts spend by AHS between June 30, 2010 and the date of the transfer.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Alberta Infrastructure “term sheet” which:

- a. sets out the fundamental terms relating to the transition of approximately twenty current health facility capital projects, each with a value of \$5 million or more, to Alberta Infrastructure; and
- b. contemplates the transfer of Consolidated Cash Investment Trust Funds used for major capital projects from Alberta Health Services to Alberta Infrastructure,

in substantially the form tabled, with such reasonable changes that Alberta Health Services management and Alberta Infrastructure may agree upon and management of Alberta Health Services is authorized and directed to execute the said term sheet on behalf of Alberta Health Services and to do such other acts and things that management considers to be necessary or advisable, including to negotiate the terms of and execute, upon approval by the Senior Vice President and General Counsel of Alberta Health Services, a master agreement based substantially on the terms and conditions set out in the term sheet and such other matters as the parties may agree upon.

7. **Governance Committee**

a) **Committee Membership**

Mr. Ken Hughes proposed changes to the committee memberships due to the recent changes of membership to the Board. He also advised the Board that he wished to reach out to various deans of medical facilities to serve on the Quality and Safety Committee.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the appointment of members of the Alberta Health Services Board to its committees as follows:

	GOVERNANCE	HEALTH ADVISORY	HUMAN RESOURCES	AUDIT & FINANCE	QUALITY & SAFETY
Chair	S. Lockwood	J. Lehnars	I. Lewis	D. Sieben	G. Winkel
Members	T. Bougie K. Gangopadhyay	S. Crowfoot K. Gangopadhyay	S. Crowfoot S. Lockwood	S. Lockwood G. Winkel	T. Bougie K. Gangopadhyay

c) **Mandate and Roles Document**

Mr. Hughes explained to the Board that the Mandate and Roles Document serves to define the working relationship between AHS and Alberta Health and Wellness. This relationship depends on goodwill and collective efforts to codify legislative requirements. The Mandate and Roles Document replaces the previous Memorandum of Understanding and satisfies AHS’ legislative requirement for creation of such a document.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Mandate and Roles Document substantially in the form discussed by the Committee of the Whole, and authorized the Chair to execute the document on behalf of Alberta Health Services, and to forward the signed document to the Minister for his consideration, approval and execution.

8. **Health Advisory Committee**

a) **Report to the Board**

Mr. John Lehnert, Chair of the Health Advisory Committee, provided an update with respect to the health advisory council developments since the last Board meeting.

b) **Health Advisory Council Appointments**

Mr. Lehnert advised the Board that a recruitment process had begun on Tuesday, June 8, 2010 to facilitate a full complement of 15 members per council. Recruitment to fill 26 vacancies across 7 councils concluded on Friday, July 9, 2010 and all applicants were interviewed by the Community Engagement Officer and the Zone Vice President or their delegate.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the appointment of the following individuals as members of the health advisory councils read after their names for the term length indicated, with all such appointments to be effective immediately:

Candidate Recommended for Appointment	Health Advisory Council	Location	Term Length (in years)
Karina Pillay-Kinney	Lesser Slave Lake Health Advisory Council	Slave Lake	3
Christy Fong	Wood Buffalo Health Advisory Council	Fort McMurray	3
Peter Forster	Wood Buffalo Health Advisory Council	Fort McMurray	2
David Beale	Lakeland Communities Health Advisory Council	Fort Kent	3
Patricia Palechuk	Lakeland Communities Health Advisory Council	Smoky Lake	3
Patricia Joy Clarke	Lakeland Communities Health Advisory Council	Bonnyville	2
Daniel Pritchard	Tamarack Health Advisory Council	Blue Ridge	3
George Turk	Tamarack Health Advisory Council	Sangudo	2
Douglas Heine	Tamarack Health Advisory Council	Hinton	3
Don Whittaker	Yellowhead East Health Advisory Council	Marwayne	3
Barb Shepherd	David Thompson Health Advisory Council	Lacombe	2
Darren Kuz	David Thompson Health Advisory Council	Red Deer	3
Landa O'Neill	David Thompson Health Advisory Council	Red Deer	2

Janice Lockhart	David Thompson Health Advisory Council	Wetaskiwin	3
Grace Higgins	David Thompson Health Advisory Council	Red Deer	2
Natasha Ruskowski	Palliser Triangle Health Advisory Council	Medicine Hat	3
Robert Oliver	Palliser Triangle Health Advisory Council	Oyen	2
Marjorie Moncrieff	Palliser Triangle Health Advisory Council	Bow Island	3

9. Human Resources Committee

a) Report to the Board

Ms. Irene Lewis, Chair of the Human Resources Committee, provided an update with respect to the following Human Resources Committee items:

- Human Resources Status Report on Alberta Health Services' Human Resources Strategy and Transformational Improvement Program #4 – Enabling our People
- Human Resources Committee Indicators
- Alberta Health Services Workforce Engagement Strategy
- Workplace Health and Safety Initiative
- Human Resources Management System Update
- Compensation and Job Evaluation Update
- President and Chief Executive Officer (CEO) and the CEO's Direct Reports 2010/2011 Pay at Risk Review and Approval Process
- Enterprise Risk Management and Second Quarter Risk Management Strategies Report

10. Quality and Safety Committee

First and Second Quarter 2010/2011, AHS Performance Report

Mr. Ken Hughes explained to the Board that AHS requires an integrated performance report to provide for a clear overview of strategic targets and process against the outcomes of quality, access, sustainability, and operation performance targets. The AHS quarterly performance reports incorporate all the key targets established in the 2010-2015 Health Plan in that they record both the short and longer term targets and include key Quality and Safety Committee-sponsored indicators.

He also advised the Board that the Q2 2010/11 Performance Report was modified to incorporate pro-rated quarterly targets for all quarterly indicators. The “staggering” of targets throughout the year allowed AHS to determine whether they were achieving the level of performance expected for the end of each quarter.

Mr. Hughes emphasized two things: First, Albertans should have confidence in the men and women of AHS, who provide exceptional care across our health system. Second, the performance measures were created, by design, to help improve performance.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the “Alberta Health Services Q1 and Q2 Performance Report, 2010/11” in substantially the form tabled, with such non-substantive changes that management of Alberta Health Services considers to be necessary or advisable and authorizes Alberta Health Services management to release these Performance Reports publicly.

11. Termination of Meeting

There being no further business, the meeting was terminated at 2:27 p.m.

Chair

Corporate Secretary