

BOARD MEETING

Minutes of the meeting of the Board (Board) of Alberta Health Services (AHS) held at the Red Deer Regional Hospital Centre – Boardroom, South Complex Building, 3rd Floor, 3942 – 50A Avenue, Red Deer, Alberta, on March 10, 2011 at 1:15 p.m., Mountain Standard Time.

Present:

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

Management: Dr. Chris Eagle, Acting President & Chief Executive Officer
Ms. Melinda Ando, Acting Associate General Counsel, Corporate

Regrets: Dr. Ruth Collins-Nakai
Mr. Strater Crowfoot
Dr. Eldon Smith
Ms. Sheila Weatherill

Mr. Hughes acted as Chair of the meeting and Ms. Ando 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 March 10, 2011 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 January 27, 2011, 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 and deliver a copy to the Minister of Health and Wellness.

4. **Comments to the Board**

a) **Chair's Report**

The following is an abstract of Mr. Ken Hughes', Board Chair, remarks at the meeting. It is not an official transcript:

Mr. Ken Hughes, Board Chair, welcomed everyone to the Red Deer Regional Hospital Centre. 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 health care 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 advised that the new Board members had been appointed to the Board, however, some were not in attendance due to other previous scheduling conflicts.

Mr. Hughes recognized members in the audience from the David Thompson Health Advisory Council. He stated that Health Advisory Councils are clearly a very important link between Alberta Health Services in the many communities that we serve right across the province. One of the key principles of how Alberta Health Services operate is to plan provincially but clearly deliver locally ensuring that the programs and services are genuinely well designed to serve the needs of the people in the communities where we serve them. He commented that Health Advisory Councils are really important and have an integral role to play and a really important link with communities to ensure that we at the Board and the senior administration within Alberta Health Services actually really understand well the needs of the communities.

Mr. Hughes welcomed David Thompson Health Advisory Council members Bob Reid, Lou Soppet, Linda O'Neil, Bruce Boruma, Janice Lockheart and Stephan Perot who were in attendance at the public Board meeting and thanked them for attending and as well their commitment to the community and ensuring that we all work together more effectively.

Mr. Hughes advised that the Board was provided with a presentation earlier in the day from Diana Row, Chair of the David Thompson Health Advisory Committee, and he commented it was an uplifting experience to hear about the exciting work that this Health Advisory Committee is doing and the outreach, and the engagement with the community and helping the Board understand the diversity of the community that has served central Alberta. He reiterated it was a fabulous presentation and stated the Council is doing great work and thanked them very much for the work that were doing.

Mr. Hughes provided introductory comments and reflected upon the journey that the Board has been on over the past three years within Alberta Health Services and what it really means for the quality of healthcare for all Albertans. He stated that no other healthcare system in Canada has a five year funding commitment from the provincial government. A 6% funding increase last year, 6% again this year, 6% the following year and 4 ½ % in each of the two years following that. No other health system in Canada has a certainty of funding and no other health system will be able to do what I know Alberta Health Services will be able to do this year, 2011 and the years ahead. He advised that through that certainty and the framework of the five year health action plan, Alberta Health Services was able to turn the corner in 2010 and accelerate in a number of initiatives already now underway in 2011. He stated that there is a lot of work to be done but when the fiscal year ends this month, AHS will have opened 360 more beds this past year and 1300 more continuing care beds, and AHS will open 1000 more continuing care beds a year in each of the next four years and we will add 5000 surgeries and 9000 addition MRIs. He further advised that AHS is also working to improve access in cancer care. He advised that a lot of construction was taking place outside the Red Deer Regional Hospital Centre and the cancer corridor footprint in Red Deer is where AHS will now be able to offer radiation therapy for residents in this part of the province. He advised when this cancer corridor is completed, radiation therapy will be available for 92% of Albertans within 100km of where they live, which is an exceptional level of service and access that is a very high standard and AHS is very proud to be able to achieve and such is also being achieved at the Jack Ady Cancer Centre in Lethbridge, which opened earlier last year. He further advised there will also be expansions in the cancer care facilities in Edmonton and Calgary, and Grande Prairie is next in the network in the corridor of cancer care throughout the province.

Mr. Hughes commented that AHS made many difficult decisions in 2009 to streamline administration, but because of that, Alberta's health system today has Canada's only fully integrated purchasing system for drugs and medical equipment. AHS actually spends three billion dollars a year on purchased goods and services so it is incumbent upon us to spend that money as wisely as we possibly can. Through the streamlining AHS has eliminated duplication, and saved more than 660 million dollars on an annualized basis. Mr. Hughes stated that he raises these points because they have made it possible for AHS to turn the corner in 2010 and now put more

resources behind clinical initiatives with the focus on the patient needs. He indicated it has been a turbulent three years for AHS but the Board members and the 90 thousand men and women of Alberta Health Services and our partners, have put a collective shoulder to the wheel to meet the challenge together. He closed by commenting that AHS is leading the way in Canada, and has made the difficult decisions that needed to be made and because of that, the greater part of amalgamation is behind us and we can move forward with confidence and conviction.

b) Acting President & CEO's Report

The following is an abstract of Dr. Chris Eagle's, Acting President and Chief Executive Officer, remarks at the meeting. It is not an official transcript:

Dr. Chris Eagle, Acting President and Chief Executive Officer, advised that in his opening remarks he would like to focus on a question he put to all of AHS staff last week and he would relate that question to one of AHS' most important commitments to staff and physicians, which is trust and transparency. Dr. Eagle advised that he asked the men and women of AHS a simple and straightforward question, "What do you need from us?" He advised last week AHS launched "Ask Dr. Eagle" on AHS' internal webpage which provides a questionnaire that allows people to ask direct questions to him so that he can answer or he can relay those questions to anyone on his team to answer. He indicated that in the first week they received about two hundred questions and they were answering each and every one of them. As he advised in the update, there is no question to big or too small because what matters to people should matter to everyone and to all team members. He advised that they asked staff in a survey last October how we could better connect with employees and about five thousand people responded. Among other questions asked, "What is the most preferred method of receiving internal communication?" He advised that staff responded as follows: Email from my manager – 65%, Staff meeting – 63%, in person and from my manager – 61%, all staff emails – 45%, electronic news letters – 41%. In short, about 2/3 of people want to hear directly from their team leaders and the people with whom they work. He indicated it is easy to forget that communication works both ways, and when people talk about staff engagement, it should be based on the idea that we want and need to hear from our staff as part of an ongoing conversation. He commented back to his question, "What do our staff need to know?" Their answer is important to us as an organization because in one way or another, our success depends on their direct and personal involvement. If they don't have an answer to that question or at least don't know how to get an answer, we need to go back to square one. This is a discussion, not a memo and it's about people not process. Part of that discussion needs to include trust and transparency.

Dr. Eagle further provided information regarding a review of emergency department patient care. He started by quoting from the AHS Safe Disclosure Policy, and advised AHS will not take or condone any adverse action including demotion, suspension, termination, harassment or denial of services or benefits against any AHS personnel or other individual who is the propertied perpetrator of the improper activity in the absence of reasonable evidence or in good faith or

without malice or desire for personal benefit, reports proper activity in accordance with this policy. He advised basically, what this is saying is that people should feel free to report quality and safety activities and the issues that concern them. They should be able to report that freely and without fear of retribution. He advised that AHS created that Policy and he stands behind it and he wants every staff member and every physician to know that. He indicated that AHS would like to resolve any concerns and partnership with the physicians. He advised that they were preparing a letter to the emergency physicians that will outline the mandate of the Quality Assurance review and highlight its focus on safe and quality patient care and system improvement. He commented that it is unfortunate the review would be characterized and has been in some media reports. He advised the review team is comprised of members of the clinical community including two external physicians who are practicing emergency room physicians. He stated AHS has no concerns whatsoever about the impartiality or the integrity of that team. AHS have and will uphold the highest standards of openness, trust and transparency for all our staff and physicians. He indicated he has no reason to doubt that their first commitments are to AHS patients and we wouldn't want to have that any other way. He stated there will be no repercussions for raising concerns and asking that those concerns be addressed and reviewed. AHS support and encourage our staff and physicians to tell us when they see or become aware of safety issues and care issues. We want them to do this and we need them to do this. The identity of any individual who has identified a case for review for this or any review for any circumstances that concern patient care, the identity of any staff member or physicians involved in the care of those cases will be held by the Quality Assurance Committee. He stated he can say this without hesitation because of his trust in AHS staff and physicians to do the right thing in all situations and in all circumstances.

Dr. Eagle concluded by saying if anyone has concerns to talk about it, it is the right thing to do for AHS and most importantly, it's the right thing to do for our patients.

5. Audit and Finance Committee - Report to the Board

Mr. Don Sieben, Chair, Audit and Finance Committee, advised the Board that AHS is on budget for the 2010/11 fiscal year and in addition, the budget for next fiscal year is expected to be a balanced one. He added that the Audit and Finance Committee anticipates that the 2011/12 budget will be brought forward to the Board for approval at its March 2011 meeting. Mr. Sieben also advised that the Audit and Finance Committee had received the findings of an interim audit and that they were contemplating the receipt of a clear audit opinion on March 31, 2011.

6. Human Resources Committee - Report to the Board

Ms. Irene Lewis, Chair of the Human Resources Committee, advised that no Human Resources Committee motions were being brought forward and she provided an update with respect to Transformational Improvement Program (TIP) 4 – *Enabling our People*, which focuses on ensuring that staff, physicians, and volunteers have educational opportunities, the required tools and

competencies, a safe work environment and work opportunities necessary to provide high quality and safe care.

Ms. Lewis further commented that workforce planning and performance measurement initiatives which are being undertaken and implemented at AHS will ensure AHS has an appropriately skilled and adequate workforce in the future. Ms. Lewis provided an example by mentioning that a TIP 4 team is developing an employee value proposition to clearly articulate reasons as to why AHS is a workplace of choice as well as what employees can expect as part of the employment relationship and AHS' expectations of them. She also added that work is underway to enhance a 'just and trusting culture' within AHS.

7. Governance Committee - Report to the Board

Mr. Stephen Lockwood, Chair of the Governance Committee, reported that the Mandate and Roles Document was executed by the Minister of Health and Wellness and by Mr. Ken Hughes, on behalf of AHS, on December 2, 2010. Mr. Lockwood explained that the document outlines the roles and responsibilities of Alberta Health and Wellness and Alberta Health Services and that this document replaces the memorandum of understanding that was previously in place.

Mr. Lockwood advised the Board that the Governance Committee will be utilizing the Mandate and Roles Document to thoroughly review all the terms of reference for the various Board committees and will seek the Board's approval of any suggested changes to these documents. He further advised that the Mandate and Roles Document can be accessed on the Alberta Health Services website.

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 meeting held among Health Advisory Council Chairs on December 14, 2010 and advised that discussions occurred with respect to new initiatives to increase community engagement and finding new ways to enable the Councils to ensure they are able to make an positive impact in their communities.

b) Foundations and Health Trusts Bylaws and Appointments

i. Approval of Bylaws and Appointments of Trustees to Lacombe Hospital and Care Centre Foundation

Mr. Lehnern advised that members of the community in Lacombe and surrounding areas have made a commitment to work with both the hospital and care centre to support their prioritized initiatives, where possible, through fundraising initiatives. The Alberta Health Services Board was pleased to support this community commitment and reviewed the establishing bylaws and appointments.

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

1. approved the Establishing Bylaws of the Lacombe Hospital and Care Centre Foundation in substantially the form tabled; and
2. appointed certain individuals as trustees to the Foundation, for the term length indicated, with all such appointments to be effective on the day the Minister of Alberta Health and Wellness approves the Establishing Bylaws of the Foundation:

Name	Term Length
Mary Gish	Three Year Term
Marianne Gustafson	Three Year Term
Pauline Prins	Three Year Term
Jim Kimmel	Three Year Term
Kenneth Cruickshank	One Year Term
Bonny Snihur	Two Year Term
Stephen Christie	Two Year Term
Jim Dixon	Three Year Term
Harley Blaine Lindquist	Three Year Term

ii. **Approval of Amended Bylaws and Appointments of Trustees to Peace River Community Health Centre Foundation**

Mr. Lehnern advised that members of the Peace River Community Health Centre Foundation (Foundation) was established in 2003. Although the Foundation has not been active since that time, they are members of the community who wish to activate the Foundation to support health care in their area. The Alberta Health Services Board reviewed their updated bylaws which better reflect their updated objectives and was pleased to support this Foundation.

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

1. approved the Establishing Bylaws of the Peace River Community Health Centre Foundation in substantially the form now tabled; and
2. appointed certain individuals as trustees to the Foundation, for the term length indicated, with all such appointments to be effective on the day the Minister of Alberta Health and Wellness approves the Establishing Bylaws of the Foundation:

Name	Term Length
Iris Callioux	Three Year Term
Will Petluk	Three Year Term
Peter Clarke	Three Year Term
Wayne George	Three Year Term
Fritz Dijk	Two Year Term - Non-voting
Ray Johnson	One Year Term - Non-voting
Marie Dyck	Two Year Term

iii. Approval of Bylaws and Appointments of Trustees to Ponoka and District Health Foundation

Mr. Lehnert advised that the community in Ponoka and surrounding areas have made a commitment to work with both the hospital and care centre to support their prioritized initiatives where possible through fundraising initiatives. The Alberta Health Services Board was pleased to support this community commitment and has reviewed the establishing bylaws and appointments.

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

1. approved the Establishing Bylaws of the Ponoka and District Health Foundation in substantially the form tabled; and
2. appointed certain individuals as trustees to the Ponoka and District Health Foundation, for the term length indicated, with all such appointments to be effective

on the day the Minister of Alberta Health and Wellness approves the Establishing Bylaws of the Foundation:

Name	Term Length
Ada Ashton	Two Year Term
Jim Hamilton	Two Year Term
Joanne McMillan	Two Year Term
Linda Steinmann	Two Year Term
Dr. Brendan Bunting	Three Year Term
Sybil Daphne Evans	Three Year Term
Gerry Hildebrand	Three Year Term
Nell Liddle	Three Year Term
Brenda Verhiere	Three Year Term
Howard Rowland	Three Year Term

iv. Approval of Amended Bylaws to Alberta Hospital Edmonton and Community Mental Health Foundation

Mr. Lehnert advised that the Board had reviewed the amended bylaws in June 2010, approving the name change to the Mental Health Foundation. Based on feedback from the Deputy Minister of Alberta Health and Wellness, the Board would like to now specify within the bylaws, that the Foundation will work in the greater Edmonton area.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the amendment of the Establishing Bylaws of the Alberta Hospital Edmonton and Community Mental Health Foundation by adding the following italicized words to Section 4.1(c) of the Bylaw:

To further addiction and mental health education, awareness and research for the residents *of the greater Edmonton area*.

v. Foundations and Health Trusts Appointments

Mr. Lehnert commented that the Board is pleased to support the many members of the communities across Alberta who dedicate themselves to support local health care facilities and programs. He added that the Board was pleased to appoint additional trustees to these Foundations and Health Trusts and to continue to partner with them.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the following individuals as trustees to the foundation or trust, for the term length indicated, with effect from January 27, 2011:

Foundation or Trust	Name	Term Length
Brooks and District Health Foundation	Sherri Halsted	Two Year Term (non-voting)
Calgary Health Trust	David Routledge	Three Year Term
	Sandy Edmonstone	Three Year Term
Stettler Health Services Foundation	Greggory Jackson	Three Year term
Oyen & District Health Care Foundation	Maxine Girletz	Three year Term
	Rod Briggs	Three year Term
Fort Saskatchewan Community Hospital Foundation	Ed Coleman	Two Year Term
	Howard Johnson	Two Year Term
	Don Morgan	Two Year Term
	Anne Weir	Two Year Term
	Margaret Wade	Three Year Term
	Tanya Ristoff	Two Year Term
	Len Goodman	Two year Term
	Randy Kjenner	One Year Term

Mr. Hughes acknowledged the importance of involving health advisory councils and thanked those who have expressed an interest in being involved.

Ms. Bougie thanked Mr. Larry Albrecht, Prairie Mountain Health Advisory Council Chair, for meeting with Alberta Health Services Board members earlier in the day. Ms. Bougie advised that there are currently four vacant positions on the Prairie Mountain Health Advisory Council and that it was hoped these vacancies would be filled in the near future.

9. Quality and Safety Committee

a) Report to the Board

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the Quality and Safety Committee is working extensively on all fronts in order to support best practice in clinical care associated with its delivery, ethics and quality and will continue to report on the work they do as they move forward. Mr. Winkel noted that the Quality and Safety Committee appreciates the appointment of Dr. Philip Baker and Dr. Thomas Feasby as members and welcomes their future contribution.

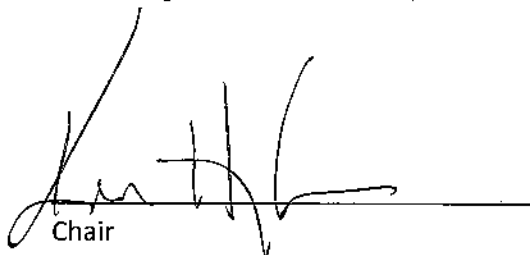
b) Tobacco and Smoke Free Environments Policy

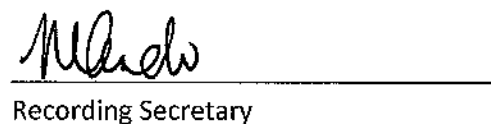
Mr. Winkel advised that in support of its patients, visitors and staff, AHS is consolidating the tobacco and smoke free environments policies of all the former health regions. There will be a phased-in approach to ensure compliance and, where appropriate, there will be flexibility for some patients and clients on compassionate grounds.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Tobacco and Smoke Free Environments Policy, in substantially the form tabled.

11. Termination of Meeting

There being no further business, the meeting was terminated at 1:57 p.m.


Chair


Recording Secretary