

BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Canmore General Hospital, Mountain Lakes Room, 1100 Hospital Place, Canmore, on March 15, 2012.

Present:

Board Members: Ms. Catherine Roozen (Interim Chair)
Mr. Don Sieben (Interim Vice Chair)
Dr. Ray Block
Ms. Teri Lynn Bougie
Dr. Ruth Collins-Nakai
Dr. Kamallesh Gangopadhyay
Mr. Don Johnson
Mr. John Lehnert
Ms. Irene Lewis
Mr. Stephen Lockwood
Dr. Eldon Smith
Mr. Gord Winkel

Management: Dr. Chris Eagle, President & Chief Executive Officer
Ms. Patti Grier, Chief of Staff & Corporate Secretary

Regrets: Ms. Sheila Weatherill

Ms. Roozen acted as Chair of the meeting and Ms. Grier acted as Corporate Secretary.

Ms. Roozen called the meeting to order at approximately 1:30 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 for the meeting of the Board held on March 15, 2012, which was provided to the Board in advance of the meeting.

2. Conflict of Interest

Ms. Roozen 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 Board dated February 2, 2012, in substantially the form before them, and the Chair of the Board and the Corporate Secretary were authorized and directed to sign the minutes in the form so approved and the Corporate Secretary was directed to file them in the corporate records of AHS 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 Ms. Roozen', Interim Chair, remarks at the meeting. It is not an official transcript:

Good afternoon.

I would like to welcome everyone here in person and those watching through Telehealth to the AHS public board meeting, being held this month at the Canmore General Hospital. We move our meetings to different locations throughout Alberta to help us stay in touch with communities across the province.

As a governance board, our public meetings are an important aspect of being transparent and accountable. The decisions made by the Board are voted on publicly and recorded as public record.

We have had a great couple of days here at the Canmore General Hospital. Earlier today, we toured the facility, which provides a full range of medical services to Canmore and area. I would like to personally acknowledge and thank the staff of the Canmore General Hospital for hosting us, and for all the care they provide to patients each day.

Since our inception, AHS has been on a journey with one clear goal in mind: to build the progressive, responsible, patient-focused health care system Albertans want and deserve.

As we move forward this year, we do so with a sense of confidence thanks to the momentum that has carried us into 2012. That momentum is due in large part to two things. First, the shared understanding all of us at AHS have of the importance of looking at the health system through the eyes of our patients, clients, residents and their families. Second, the hard work and dedication of our team, as they continue to provide the highest quality health care to our patients and their families.

Our organization is built on a culture of safe, compassionate and quality care. Care in this sense extends beyond the care we provide for our patients and families. It means the care we provide to the communities where we live and work, the care we provide to one another, and the care we have for the health and wellness of all Albertans.

Taking care of people is why we are here and it is what we, as an organization, do best. It is why we push ourselves to accomplish intentionally ambitious goals, and stretch ourselves beyond everyday expectations to achieve something bolder.

The spirit of AHS is reflected in our values of respect, accountability, transparency, safety, performance, learning and engagement. These values unite the men and women of AHS, and drive all of us to work hard in delivering the best possible care to Albertans.

Looking forward toward the coming months, we anticipate both challenges and success alike. We are embarking on the third year of our 5-Year Health Action Plan and five-year funding commitment with the Government of Alberta. We are looking at our strategic direction for the next three years, which might be better thought of as a renewal of our commitment to the strategies outlined in the 5-Year Health Action Plan.

I used the word renewal because we are building on the groundwork established in the last three years. We are taking the necessary actions to accomplish our number one priority – improved and accessible patient care.

We will continue to focus on our five key strategies:

1. Improving access and reduce wait times:

This means ensuring Albertans have more timely access to services and reduced wait times for surgeries, cancer treatment and continuing care. Our goals include reducing wait times for hip and knee surgeries to 14 weeks by 2015. We aim to see wait times for radiation therapy improve further – currently patients wait 3.1 weeks, and our target is to get this down to two weeks by 2015. We continue to focus on reducing wait times for emergency care, with a goal of ensuring 90% of patients treated in emergency departments at our busiest sites are admitted within eight hours.

2. Provide more choice for continuing care:

This means we are focused on adding new continuing care beds to the health system. We added 1,155 beds to the system last year, and are adding another 1,000 this year, with a total of 5,300 new beds by 2015. We are enhancing home care services to help seniors and adults with disabilities maintain independence as long as it is safe to do so. Our goal is to reduce the number of people waiting in hospital and the community for continuing care spaces, and provide the right care, in the right place, to meet the growing needs of an aging population.

3. Strengthen Primary Health Care:

We are focused on ensuring Albertans have convenient access to a doctor or health care team when first entering the system. There are currently 40 Primary Care Networks operating in Alberta, with 2,379 physicians. Primary Care Networks are groups of family doctors working with a team of other health care professionals, such as nurses and dietitians. As of April 2011, 72% of Albertans are attached to a Primary Care Network, and there are five more networks in development with another 54 physicians.

4. Be Healthy, Stay Healthy:

This means that we continue to provide Albertans support to achieve and maintain health and wellness and prevent injury and illness. We expect as Alberta's population grows and ages, the number of people with chronic diseases will increase, meaning more demand for hospital beds, continuing care and other services. Our goal is to help Albertans live longer, healthier lives. We do this by promoting healthy eating and active living to families, schools and communities throughout Alberta, and continue with our efforts to screen for colorectal, breast and cervical cancers.

5. Build one health system:

It will take all of us working together to build the progressive, responsible, patient-focused, fully-integrated health system that meets the needs of Albertans. Our goals include improving standards for patient safety and implementing a province wide system for tracking and controlling disease outbreaks.

With every goal, we have a set of very specific performance targets to help us accomplish and measure our success. We are committed to being accountable and transparent about our progress as we move towards accomplishing these goals.

With that in mind, I now turn to business.

Today, the Board will review and approve the third quarter investment report, a memorandum of understanding for health capital projects and hear reports from the Audit and Finance, Health Advisory, Human Resource and, Quality and Safety Committees of the Board.

I would now like to turn things over to Dr. Chris Eagle for his remarks.

b) President & CEO's Report

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

Thank you Madam Chair and good afternoon everyone.

It is great to be here in Canmore. We had a really great and energizing community recognition event last night that I think everyone enjoyed, and today we had a meeting with the Board of Covenant Health.

Today, I would like to speak with you about AHS' ongoing commitment to transparency and accountability. We are building on the stability and direction provided by the 5-Year Health Action Plan and the five-year funding commitment with the Government of Alberta. We continue to challenge ourselves and answer the tough questions about how and where we can focus our efforts to improve patient care. We have outlined very aggressive targets, and set the bar high. No organization accomplishes the kind of transformation we are after by setting easily achieved targets.

Let me now tie back to the main theme of today's introduction, which is transparency and accountability.

In February, the Health Quality Council of Alberta ("**HQCA**") released its review on health system improvement. I would like to thank the HQCA for its thorough and thoughtful report. In partnership with the Ministry of Health and Wellness and the HQCA, we have already begun implementing the report's recommendations. The report adds urgency to our already deeply embedded commitment to tackle the health priorities outlined. For example, our targets for emergency department wait times are intentionally aggressive, they are public and we are accountable for achieving them, and a day does not pass when we are not pushing to achieve them. Albertans are being seen, treated and discharged from our emergency departments faster than they were a year ago, following the launch of multi-pronged strategies to address wait times.

We have introduced overcapacity protocols, and opened new acute and continuing care beds in Edmonton and Calgary where we see the greatest pressure on emergency departments. A Winter Capacity Action Plan was introduced last fall, and has improved patient flow and wait times. As recommended in the HQCA report we are and have been tackling hospital occupancy rates across the province which range from 100% on average in Calgary to 82% on average in Lethbridge. We are focused

on bringing down these rates, and much of the work is underway already. Our target is 95% average occupancy at the seven, urban adult-care hospitals in the province, which is an ambitious target, but we are committed to making all efforts to achieve it.

Capital growth, such as the opening of Calgary's South Health Campus and Strathcona Community Hospital in the Edmonton zone, will add new hospital beds. Embracing innovative pilots, such as our real-time dashboard for patient flow information in the Calgary zone, are helping inform capacity decision making at the unit, hospital site and zone levels. Our hope is to take this pilot and implement the standard across the province.

And finally, I would like to underscore that we have not and will not give up on our unqualified support of physicians and other health care professionals in their advocacy efforts for patient care. This commitment was made a year ago and it has not changed and it will not change. We are fully behind our physicians and staff who advocate on behalf of their patients. I cannot speak for the past, although I can say categorically that AHS today recognizes advocacy as a shared duty with our care providers across the system.

Let me finish today by saying that I am optimistic, and I point to the progress I have outlined here today to help you understand why. Fundamentally in health services, we are focused first on people, and we are working to serve our patients and their families to the very best of our collective and individual abilities. The progress we are making is the direct result of the dedication, passion and innovative thinking of the men and women of AHS. My support for them has not changed and will not change.

Going forward, I ask Albertans to recognize their efforts, and help us live up to our commitment to all of you to improve access to health services in this province.

5. Audit and Finance Committee

a. Report to the Board

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the Audit and Finance Committee met on February 15 and 16, 2012 and that there are six to put forward for approval.

b. [AFC12-18] Third Quarter Investment Report

Mr. Don Sieben, Chair of the Audit and Finance Committee, spoke to the Third Quarter Investment Report prepared by Phillips Hager & North Investment Management Ltd. and advised that the Audit and Finance Committee reviews reports prepared by the investment managers, which summarizes the activities and performance of AHS' investment portfolios, on a quarterly basis. He advised that the third quarter report details investment transactions AHS entered into, income earned, realized and unrealized gains and losses, and investments held, for the nine months ending December 31, 2011.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ratified the investment transactions described below, made on behalf of AHS by Phillips, Hager & North Investment Management Ltd. ("PH&N") and Standard Life Canada ("Standard Life") as follows:

- (a) as at December 31, 2011, AHS held restricted and unrestricted funds managed by PH&N and Standard Life totaling \$1.473 billion (the “Funds”);**
- (b) these Funds were invested in short term treasury bills, federal, provincial and corporate fixed income bonds, pooled mortgage funds, bond funds and equity funds; and**
- (c) all of the Funds invested during the quarter ended December 31, 2011, were invested in accordance with the Investment Bylaw and Investment Policy.**

c. [AFC12-20] Shortfall Payment to Local Authorities Pension Plan

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that following consolidation of the former health regions in 2009, employees of the Alberta Alcohol and Drug Abuse Commission, Alberta Cancer Board and Forzani and McPhail Colon Cancer Screening became employees of AHS. He further advised that these former entities participated in the Public Service Pension Plan, whereas AHS participates in the Local Authorities Pension Plan (“LAPP”). He commented that this required benefits earned as of April 1, 2009 under the Public Service Pension Plan to be transferred to the LAPP, and for all employee records to reflect all service, salary and contribution information as though the employees had continuously participated in the LAPP. Mr. Sieben advised that the Minister of Finance’s methodology for this transfer determined that AHS is responsible to contribute the shortfall amount between the assets available to be transferred from the Public Service Pension Plan and the amount required by the LAPP to recognize the new liabilities.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- a) approved payment of funds by AHS, in the amount agreed upon by management of AHS and the Government of Alberta, to cover the shortfall amount to the Local Authorities Pension Plan with respect to the 2009 transfer of AHS employees from the Public Sector Pension Plan to LAPP; and**
- b) authorized and directed management of AHS to take all such actions as management of AHS considers necessary or advisable to give effect to the foregoing.**

d. [AFC12-22] Memorandum of Understanding for Health Capital Projects

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that following the formation of AHS, Alberta Health and Wellness, Alberta Infrastructure and AHS formed a transition team to develop a change management plan, accountability document and memorandum of understanding regarding the management of all major health capital projects. He spoke to the purpose of the memorandum, which is to provide a framework for the funding, design and construction of major health capital projects, costing over \$5 million, and infrastructure maintenance program projects. He advised that AHS and Alberta Infrastructure met in December, 2011 and agreed in principle to the final draft of the memorandum of understanding for health capital projects.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- a) approved the Memorandum of Understanding for Capital Health Projects amongst AHS, the Minister of Health and Wellness, and the Minister of Infrastructure (the “MOU”), in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and
- b) authorized the Board Chair to execute the MOU on behalf of AHS and to forward the MOU to the Minister of Health and Wellness and the Minister of Infrastructure for their approval and execution.

e. [AFC12-23] Medicine Hat Emergency Medical Services Lands Buy Back

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the former Palliser Health Region entered into an agreement with the City of Medicine Hat in 2008 to purchase a residential lot in a new subdivision for the purposes of building an EMS station. He further advised that in late Fall 2011, EMS Operations determined that the location of the lot did not fit with their service delivery plan for the Medicine Hat area, and as a result AHS has asked the City of Medicine Hat to exercise the buy-back option contained in the original agreement.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- a) approved the sale of the land located on Somerset Road S.E., Medicine Hat, Alberta, and legally described as “Plan 0812753, Block 6, Lot 97”, from AHS to the City of Medicine Hat for consideration of \$124,808.00 (the “Land Sale”), subject to approval from the Minister of Health and Wellness; and
- (b) authorized and directed management of AHS to request that the Minister of Health and Wellness approve the Land Sale.

f. [AFC12-40] Restricted Grant Funding Agreements

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the next item for approval are Restricted Grant Funding Agreements for the provision of physician on call services and cancer pharmaceuticals to outpatient cancer patients at no cost for the fiscal year 2011/12 in the amounts of \$90,795,000 and \$119,000,000, respectively. He commented that as per the AHS policy on Delegation of Authority and Establishment of Controls for Commitments, the President and Chief Executive Officer has the authority to approve and execute related commitments up to \$90 million, and therefore, the Board is asked to delegate authority to the President and Chief Executive Officer regarding these Grant Agreements.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services delegated authority to the President and Chief Executive Officer of AHS to approve and execute the following Grant Agreements, and any amendments thereof:

1. the On Call Programs Grant Agreement effective April 1, 2011 between AHS and the Minister of Health and Wellness for the funding of the operation and management of the Physician on Call Program for a one year term ending March 31, 2012, and in the maximum amount of \$90,795,000; and

- 2. the Grant Agreement effective April 1, 2011 between AHS and the Minister of Health and Wellness for the funding of the cost of cancer pharmaceuticals AHS provides to outpatient cancer patients for a one year term ending March 31, 2012 and in the maximum amount of \$119,000,000.**

g. [AFC12-41] 2012/2013 Interim Operating Funding Approval

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the AHS 2012/2013 operating budget has not yet been finalized, and therefore, the Board is asked to delegate authority to the President and Chief Executive Officer to expend operating funds up to the same rate that was expended during the final quarter of the 2011/2012 fiscal year.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services delegated to the President and Chief Executive Officer of AHS the authority to expend operating funds in the amount up to \$3.15 billion between April 1 and June 30, 2012.

6. Health Advisory Committee

a. Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, spoke to the presentation to the Board from the Chair of the Tamarack Health Advisory Council and advised of the current issues facing that council area, such as the quality of the food in the AHS facilities. Mr. Lehnert commented that AHS is in the process of implementing many of the suggestions from this council.

Mr. Lehnert commented that AHS appreciates the comments and assistance that the Health Advisory Councils throughout the province provide.

Mr. Lehnert advised that the Health Advisory Committee met on February 17, 2012 and provided a summary of the four items being put forward for approval.

b. [HAC12-01] Health Advisory Council – Bylaw and Charter Amendments

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the Health Advisory Councils have been established to enhance and develop partnerships between AHS and communities throughout the province. He noted that through this connection, Council members provide feedback about what is working well within the health system, suggest areas for improvement, and engage their local communities in dialogue about health service delivery. Mr. Lehnert advised that following their first two years of operation, it has become clear that the role of the Councils should be further defined, and that in consultation with Council members and zone leadership, an amended bylaw and charter have been put forward for approval.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- (a) approved the Amended Bylaw for AHS Establishing Health Advisory Councils (the “Bylaw”) and the amended Health Advisory Council Charter (the “Charter”) in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers**

necessary or advisable, and subject to approval of the Bylaw by the Minister of Health and Wellness; and

- (b) authorized and directed management of AHS to request that the Minister of Health and Wellness approve the Bylaw.

c. [HAC12-02] Health Advisory Council Member Appointments

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the *Regional Health Authorities Act* (Alberta) and AHS require that the Board approve appointments of members to the Health Advisory Councils. He further advised that following a recruitment campaign this fall to fill vacancies on the Lesser Slave Lake Health Advisory Council, combined with recent community realignments in the Tamarack and Greater Edmonton Health Advisory Councils, a total of seven members are being put forward for appointment.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

1. appointed the following individuals as members to the Health Advisory Council ("HAC") indicated for a term of three years effective March 15, 2012:

Health Advisory Council	Location	Candidate
Lesser Slave Lake	Wabasca	Ernie Grach
Lesser Slave Lake	Slave Lake	Tyler Warman
Lesser Slave Lake	Slave Lake	Angel Meinecke
Lesser Slave Lake	Slave Lake	Helen Taylor
Greater Edmonton	St. Albert	Sara Hassen Parker

2. appointed the following individuals as members to the HAC indicated in the table below for a term of three years effective pending approval of the HAC boundary changes in the Amended Bylaw for AHS Establishing Health Advisory Councils by the Minister of Health and Wellness:

Health Advisory Council	Location	Candidate
Tamarack	Swan Hill	Mark Pickering
Lakeland Communities	Redwater	Mel Smith

d. [HAC12-13] Appointment of Trustees to Foundations

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that appointments are made to foundations and health trusts that fall under the *Regional Health Authorities Act* (Alberta) based on recommendations made to the Board.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed or re-appointed, as applicable, the following individuals as trustees to the foundation indicated for the term as set forth in the table below, effective March 15, 2012, unless otherwise indicated below:

Foundation	Name	Period of Appointment
Alberta Cancer Foundation	John Osler	One Year Term (effective September 2012)
Alberta Cancer Foundation	Dr. Paul Grundy	Three Year Term
Brooks & District Health Foundation	Rolf Bander	Three Year Term
Brooks & District Health Foundation	Kasey Olsen	Two Year Term
Mental Health Foundation	Dr. Patrick Joseph White	Three Year Term
Peace River & District Health Foundation	Doug Dallyn	Three Year Term
Peace River & District Health Foundation	Monique Lavoie	Three Year Term

e. [HAC12-14] Philanthropic and Honorific Naming and Recognition Policy

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the AHS has developed the Philanthropic and Honorific Naming and Recognition Policy in order to set a consistent process for governing the recognition of contributions to AHS entities by its 64 partner foundations and health trusts. He further advised that these partners provide critical financial support and advocacy that helps transform health service delivery in Alberta. Mr. Lehnert noted that this policy provides a consistent and equitable process while ensuring all partner foundations and health trusts have the opportunity to solicit funding with naming and recognition benefits attached. He stressed that this is an AHS policy and does not replace the donor recognition policies or grid that foundations may have in place, except as it specifically applies to the naming of AHS buildings, structures, spaces, departments, divisions, programs, research chairs, institutes and centres.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- (a) approved the Philanthropic and Honorific Naming and Recognition Policy in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to take all such other action as management considers necessary or advisable in order to give full effect to the foregoing.**

7. Human Resources Committee

Ms. Catherine Roozen, Interim Chair, advised that this is the last Board meeting that Ms. Irene Lewis will attend before her term as Board member ends on March 31, 2012. She commented that Ms. Lewis has been a member of the Board since AHS' inception in 2008 and is the current Chair of the Human Resources Committee.

On behalf of the Board, Ms. Roozen thanked Ms. Lewis and recognized the great contributions she has made to AHS over the years. She also thanked Ms. Lewis for her guidance and leadership.

Ms. Lewis, Chair of the Human Resources Committee, thanked Ms. Roozen and the Board for the kind words and commented that the progress that has been made by AHS has been a team effort by all.

Ms. Lewis advised that the Human Resources Committee met on February 10, 27 & 29, 2012 to discuss topics such as workforce planning, engagement and workforce health and safety.

Ms. Lewis advised that on March 12, 2012 a tentative agreement was reached with the Alberta Union of Provincial Employees ("**AUPE**") for employees in the general support services bargaining unit, and that both AHS and AUPE are recommending ratification to their perspective principles. She commented that the Board is pleased to have an agreement with 22,000 essential health care workers from across the province.

8. 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 met on February 29, 2012 and provided a summary of the items discussed at this meeting.

He advised that the Board has always been very much engaged in supporting the key area of quality and safety and that he is pleased to report that the Board is continuing to adopt protocols that clearly demonstrate AHS' values: safety, learning, performance, respect, accountability, transparency and equity.

Mr. Winkel advised that when it comes to quality and safety, it is known that safety, learning and performance are a great platform to build from. He commented that the Board had a tour of the Canmore General Hospital and observed a positive work environment that very much supports the values of quality and safety.

b. [QS12-11] AHS Strategic Direction 2012-2015

Ms. Teri Lynn Bougie, Vice-Chair of the Quality and Safety Committee, spoke to the AHS Strategic Direction 2012-2015, which is being put forward for Board approval. She advised that this report will be made available to the public on the AHS website.

Ms. Bougie commented that the strategic direction of AHS is only made possible with the continued commitment of AHS' employees and clinicians. She further commented that this report reflects the

Board's ongoing commitment to better health for all Albertans and to reducing disparities across the province with respect to health outcomes.

Ms. Bougie noted that AHS is entering the third year of Alberta's 5-Year Health Action plan and funding commitment from the Government and that the AHS Strategic Direction 2012-2015 document is the foundation that will take the organization forward to 2015. She advised that AHS continues to be accountable for its performance measures and targets as outlined in the 5-Year Health Action Plan.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:

- (a) approved the "Alberta Health Services Strategic Direction 2012 - 2015" in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to make this report available to the public through the AHS website.**

9. Adjournment of Meeting

There being no further business, the meeting was adjourned at 2:10 p.m.

Ms. Catherine Roozen, Interim Chair, thanked everyone for attending the meeting and extended an invitation to attend the May 3, 2012 Public Board meeting in Medicine Hat.

Ms. Roozen advised that although the meeting is adjourned, she wanted to recognize the great effort that Dr. Chris Eagle, President and Chief Executive Officer, and his executive team have been putting into the health care system. She commented that the Board is very appreciative to Dr. Eagle for all the positive changes that have occurred due to his leadership and she expressed that the Board is very supportive of him and the work that he does.

Catherine Roozen
Interim Chair

Patti Grier
Corporate Secretary