



PUBLIC BOARD MEETING

September 24, 2009

**Alberta Health Services (former Northern Lights Health Region) Corporate Offices
7 Hospital Street
Boardroom
Fort McMurray, AB**

MINUTES

PRESENT:

Board Members: Mr. Ken Hughes, Board Chair
Ms. Catherine Roozen, Board Vice-Chair
Mr. Jack Ady
Ms. Lori Andreachuk
Mr. Gord Bontje
Ms. Teri Lynn Bougie
Mr. Jim Clifford
Mr. Strater Crowfoot
Mr. Tony Franceschini
Ms. Linda Hohol
Dr. Andreas Laupacis
Mr. John Lehnars
Ms. Irene Lewis
Mr. Don Sieben
Mr. Gord Winkel

Executive & Staff: Dr. Stephen Duckett, President and Chief Executive Officer
Ms. Patti Grier, Chief of Staff, Board Secretariat
Mr. David Weyant, Senior Vice President and General Counsel

CALL TO ORDER

The meeting was called to order at 1:15 p.m.

DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared relevant to the agenda.

APPROVAL OF AGENDA

MOVED BY MR. JIM CLIFFORD, SECONDED BY MR. GORD WINKEL, that the agenda for the Alberta Health Services Board (the “Board”) public meeting of September 24, 2009, be approved.

MOTION UNANIMOUSLY CARRIED

APPROVAL OF MINUTES

MOVED MR. JACK ADY, SECONDED BY MS. LINDA HOHOL, that the minutes for the Board public meeting dated June 30, 2009, be approved.

MOTION UNANIMOUSLY CARRIED

CHAIR’S REMARKS

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

“Good afternoon to everyone, and welcome to the Alberta Health Services (“AHS”) public board meeting.

I’d like to thank you all for joining us today, whether in person or through TeleHealth at locations around the province.

This meeting is being transmitted to a number of health care sites throughout Alberta and through the TeleHealth network and will also be posted on the AHS website for Albertans to view should they choose to.

We are pleased to be back in this city for the second time. Fort McMurray is a vibrant community and like all other parts of the province, they are experiencing changes.

We were here in about October of last year, those of us who were on the first interim board of AHS, and we’re really pleased to be back and see how life has evolved, and how things have changed in Fort McMurray.

If there are any members of the public who have questions, there are question cards at the table at the back of the room. Please make good use of those. We will provide answers to all the questions and also make them available on the AHS website prior to the next Board meeting.

The Board moves around the province to a different location for each meeting. We arrived in Fort McMurray yesterday. We had meetings throughout the day for the Board Committee of the Whole. Last evening we had a chance to meet with individuals from within the community and we have done this as we've traveled around the province, because community engagement is absolutely necessary to ensure that we, as a board, are well informed on the important issues in communities, and we want to ensure that the senior administration is also well aware of issues in communities that need to be addressed. This community interaction helps us all raise the bar a bit and ensure that we're meeting the needs of the people that we serve and our community engagement strategy of ensuring we're accessible and available is an important part of that. We heard a very impassioned presentation and very thoughtful interventions by individuals from the community, folks who are community activists, who shared with us their insight into the needs of this community, and we found that very compelling and very interesting and very helpful to us as a board, to have that very personal exchange and discussion with people from the community here in Fort McMurray.

Then this morning we had more meetings and we also did a tour of the facilities including the 3rd and 4th floor here at the Fort McMurray Hospital.

And, I'm pleased to report that this morning, while on the tour, we learned that the physician recruitment initiative that has been underway in many rural communities in Alberta has been dramatically successful here in Fort McMurray.

There have been 15, no less than 15 new family physicians recruited here in Fort McMurray, over the last 18 months, which is a remarkable accomplishment and a real demonstration of success of the leadership in this community. That is an important accomplishment not just for the Fort McMurray community, but is also a great example of how we can achieve great success, locally, within AHS. It's a great measure of success, and it helps us achieve our objective of ensuring that every Albertan has access to a primary care physician, and that primary care, is obviously a critical front line of providing health care services for keeping Albertans healthy. So it's a fabulous result, we were really delighted to see that happen here.

We haven't yet appointed Health Advisory Councils, but will be doing that over the next few months.

The Health Advisory Councils, once we establish them this fall, will be an important part of our engagement with communities throughout the province. We've had a great response to our call for applications for membership on the nine Health Advisory Councils. The application deadline for the Fort McMurray area Health Advisory Council was last Friday, and I'd like to thank everybody who applied. Your interest and commitment to health care in this community is critical if we are to build the health care system Albertans want and deserve and for the folks who live in this part of the province want and deserve.

Every person who applied will be interviewed. The Board expects to approve recommendations for members of the Health Advisory Council in this area at our December public meeting.

If you didn't apply, you still have a role to play, providing the feedback that the Council will be asked to gather as well.

The ways you can provide that feedback will be developed and shared with the community once the councils are up and running.

Now, this is our first public meeting of the Board after the summer break – we met very late in June, and at that point we addressed a number of very important matters like the strategic directions document, budget, and a number of other important matters.

Over the summer, the integration and strategic planning within AHS has continued quite intensively. Because of that work, we've been able to roll out two important pieces of information over the past week.

Last week we announced a 3-step plan to expand community living options, address the pressure on emergency departments, and make sure acute care beds are being used for acute care patients in Calgary and in Edmonton.

The pivotal element of that plan is the expansion of community living options for people who are waiting in hospital beds for more appropriate care elsewhere.

These are people who have recovered from illness or surgery to the point where they actually no longer need to be in a hospital, in an acute care setting, but really need the proper supports to be able to get out and back into the community.

Hospitals exist to meet acute care needs. They are busy, they are high intensity, and they are often noisy.

Staff are moving at the pace they need to move to save lives.

Now, we all know that a hospital is not a home. Eating meals in bed alone, with limited mobility and contact with other people – that's not the quality of life any of us want for our parents or grandparents, or ourselves.

We have to start the dialogue with the single most important question: What is right for the patient?

Whether it's in a hospital, supported living or a continuing care facility, where can we best serve their needs? Where can we provide the best quality of care?

Given that we can't do everything we want to do all at once, where can we have the greatest impact?

We know that there are people waiting for continuing care in other cities as well, and that there is a need for community-based seniors care options here in Fort McMurray.

We heard a very compelling case for that last evening with some of the community members that we met with, and we are very sensitive to that.

I would note that the spaces in which most of the people are staying in the hospital here are equipped and staffed for continuing care.

The Community Living expansion plan has attracted a great deal of attention over the past week, and I'm really glad. I think it's an important and very timely discussion.

It illustrates the fact that we are not going to just talk about the challenges we face in Alberta's health system. Enough of that has been done over time.

We've known for a long time that one of the critical pressures in acute care, in the hospitals, is the number of patients who are ready and could live outside of the hospital in the community with the right supports and the right setting, but they just can't do that because there is no capacity for them.

This isn't news. What is news - and has attracted a great deal of attention - is that we're not going to talk about this anymore, we're going to do something about it.

This isn't abstract policy. It is about every single one of those people who are stuck in a hospital bed waiting for a more appropriate setting, and we're going to address that.

And it's about every one of those people stuck in an Emergency Department cubicle waiting for a bed.

Those are some of my opening comments. We're clearly going to be moving forward. We have important initiatives to discuss today and I very much look forward to the meeting. So with that, I'd like to ask Dr. Duckett to say a few words. Dr. Stephen Duckett, President and CEO of AHS.

COMMENTS FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

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

"Thanks very much Ken. As Ken said, it's been roughly three months since we met in June and in that time, the organizational structure has been populated, and we are now running as a fully fledged organization ought to run. We're addressing the issues, developing the strategies and so on.

We've also got some challenges ahead of us though with the issue of the H1N1 pandemic. It's something that AHS is spending a lot of energy on, developing how we're going to respond, what are the critical issues and have we got enough intensive care beds.

Six weeks or so ago we purchased additional ICU ventilators to help us in our preparations but obviously one of the big challenges in front of us is ensuring that we also meet the budget targets that have been established by the Board and approved at the June meeting, and that is a challenge for us, for all the staff and it's something that we are working on as we speak.

Last week, as the Chair said, we announced the Right Care in the Right Place strategies to ensure that we have enough community care beds so that people that are occupying acute hospital beds are able to be better placed and receive better care in those community beds. That strategy is an important one because it brings together some of the critical issues that we're thinking about when we're addressing the budget challenges that we face.

We've got to ensure that we do address those budget challenges in a way that protects access and quality as well.

Also, last week we released our first quarterly performance report so that Albertans can track how we're doing on those critical issues of access and quality. So we're moving ahead, and you, as Albertans, can now track how we're moving ahead as an organization. Thanks."

RECOMMENDATION(S) FROM STANDING COMMITTEE(S)

Audit and Finance Committee, September 10, 2009

Mr. Don Sieben, Chair, Audit and Finance Committee, provided an update with respect to the Audit and Finance Committee meeting held on September 10, 2009.

AF09-71 2009/2010 Modified Internal Audit Plan

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that the 2009/2010 Internal Audit Plan was presented to the Audit and Finance Committee on April 8, 2009, and approved by the Board on April 27, 2009. Five critical success factors were identified in that plan:

1. efficient and timely establishment of an integrated internal audit function;
2. appropriate resources to implement the plan;
3. organizational readiness and management capacity to support the audit plan;
4. approval of the required operating budget; and
5. management and Board support for implementation.

A requirement within the AHS Internal Audit Charter is that the "Chief Audit Executive will ensure any significant changes to the audit plan are brought forward to the Board Audit and Finance Committee for review and approval".

Mr. Sieben further advised that the two major changes being made in the internal audit plan, from the original document, have to do with the general ledger integrity as a result of combining 12 former entities plus EMS into one organization. AHS needs to ensure that the general ledger has integrity; in other words that the ledger is accurate and timely so that the Board is able to get detailed financial statements in order to make fully informed decisions.

Mr. Sieben thanked Mr. Steve Hardcastle for acting as Interim Chief Audit Executive and wished him well.

Mr. Sieben announced that Ms. Mary Persson will assume the role of Vice President, Internal Audit Services, effective October 5, 2009, and advised that Ms. Persson is from the University of Alberta and is highly regarded for her audit work as well as her work in the community.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD WINKEL, that the Board approve Report AF09-71, 2009/2010 Modified Internal Audit Plan, in principle, and request the Vice President, Internal Audit Services, to provide comment on the Plan.

MOTION CARRIED UNANIMOUSLY

AF09-79 First Quarter Investment Report

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that as part of the first quarter reporting a consolidated summary of the entities' investment portfolios has been completed.

He further advised that currently investment management practices across the former entities continue to be mixed and managed by various investment managers and brokers. As part of the first quarter reporting, a consolidated summary of the former entities has been completed, reviewed by the Audit and Finance Committee and recommended for acceptance by the Board. Mr. Sieben concluded by saying that in the future, with respect to AHS investments, the organization will be looking to liquidating the unrestricted funding to help manage cash forward requirements which will be done over the next two reporting periods.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. TONY FRANCESCHINI, that the Board approve Report AF09-79, First Quarter Investment Report.

MOTION UNANIMOUSLY CARRIED

AF09-81 Appointment of Auditors

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that Section 13 of the *Regional Health Authorities Act* (Alberta) requires a regional health authority to have an auditor and to appoint its auditor, if the Auditor General is not appointed the auditor by the Minister of Health and Wellness (the "Minister").

He further advised that the Board appointed the Auditor General auditor of AHS for the year ended March 31, 2009. The Auditor General was also the auditor of Calgary Laboratory Services, Capital Care Group Inc., and Carewest last year. An auditor needs to be appointed for the March 31, 2010 audit and the Auditor General has agreed to be the auditor of AHS if appointed.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. JIM CLIFFORD, that the Board approve Report AF09-81, Appointment of Auditors, and that the Auditor General be appointed the auditor of AHS until removed by the Board.

MOTION UNANIMOUSLY CARRIED

AF09-82 Seniors Action Strategy

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that seniors' care in Alberta requires a radical transformation. He further advised that Alberta needs to add about 1,000 places per year to meet seniors' continuing care needs and such growth is neither sustainable nor likely without change to community and proprietor expectations.

Mr. Sieben stressed that Alberta has an opportunity, as we add more capacity, to introduce greater choice and to better match client needs with available services. Currently, at the end of quarter one, 777 seniors are waiting placement in acute care and 1,152 are waiting in the community along with many more living in an environment which does not match their care needs. Ultimately, AHS' goal is to provide increased home care services to assist seniors to remain safely in their own homes even during times of frailty and illness. A comprehensive Continuing Care Communication Plan has been developed which addresses all stakeholders and their role in the strategy.

Mr. Sieben further advised that the policy framework to effect this change has been set by the government's continuing care strategy, "Aging in the Right Place". Further, this strategy now needs to be operationalized by AHS.

Mr. Sieben stated that AHS is committed to supporting Alberta seniors in their choice of the appropriate level of care for their needs. Access to continuing care services will be provided consistently across the province by using one common assessment tool labeled Resident Assessment Instrument Home Care (RAI-HC). This tool will measure individuals' care needs, and also identify the options where those care needs can be best provided.

Mr. Sieben advised that AHS will support our partners and care providers in the delivery of care options, will engage with the community to educate the public on options and alternate levels of care so informed decisions can be made, and will look at implementing activity based accounting.

Dr. Stephen Duckett, President and Chief Executive Officer, advised that what is critical to providing the key principles Mr. Sieben outlined, is ensuring that the right care is in the right place. Further, that if a senior needs to be in a nursing home, they are in a nursing home. If a senior needs to be able to stay at home with home care supports, they're able to stay at home with home care supports. If they need to be in a designated assisted living facility, they're able to be in a designated assisted living facility. He further advised that what's important about this is that AHS will try to make sure that seniors have choices for the facility based on where they need to be.

Dr. Duckett referenced the tool RAI-HC and advised that it has been developed over the past 20 years or so, and provides a means of measuring seniors' care needs. Further, AHS is going to ensure that staff across the province are able to use this instrument to ensure that a consistent approach is used in identifying the care needs of older people. Also, this instrument will allow AHS to track whether the care needs have changed over time.

Mr. Sieben stated that the Audit and Finance Committee would be working very closely with the Quality and Safety Committee to ensure that the quality and safety aspect is a significant component of the strategy.

MOVED BY MR. DON SIEBEN, SECONDED BY MS. LORI ANDREACHUCK, that the Board approve Report AF09-82, Seniors Action Strategy, for implementation.

MOTION UNANIMOUSLY CARRIED

AF09-99 Interim Borrowing Bylaw

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that establishment of an interim borrowing bylaw for AHS is required.

Mr. Sieben further advised that AHS is required to make bylaws (the "Borrowing Bylaw") respecting debt, guarantees, indemnities and capital leasing powers and limitations pursuant to the Regional Health Authorities Regulation. The Borrowing Bylaw must then be approved by the Minister.

On March 25, 2009, the Board approved a draft of the Borrowing Bylaw and provided such bylaw to the Minister for review and approval. The originally submitted Borrowing Bylaw is currently under review and subject to further discussion with the Minister's office.

In light of that, Mr. Sieben advised that AHS does need to approve an interim borrowing bylaw in order to meet some commitments that it has coming due. Mr. Sieben concluded by saying that he understands there have been ongoing discussions between the Ministry and AHS administration and there appears to be a favourable response to this interim borrowing bylaw being processed as soon as possible.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD BONTJE, that the Board approve Report AF09-99, Interim Borrowing Bylaw, and that it be provided to the Minister for approval.

MOTION UNANIMOUSLY CARRIED

Human Resources Committee, September 14, 2009

Ms. Irene Lewis, Chair, Human Resources Committee, provided an update with respect to the Human Resources Committee meeting held on September 14, 2009.

HR09-32 Exempt Staff Flexible Benefits Program

Ms. Irene Lewis, Chair, Human Resources Committee, advised that one aspect of the Board's role is to ensure financial responsibility, transparency, consistency and accountability across AHS, so the recommendation before the Board achieves five objectives:

1. it will be cost-neutral with the potential for cost-savings;
2. it will provide consistency in the scope of flexible benefit programs across our organization, which currently employs a wide range of programs that are legacies of former regions and organizations;
3. within the scope and financial constraints, it provides for employee choice based on individual needs and circumstances;
4. it is based on an impartial, third-party analysis by Towers Perrin; and
5. it will enable AHS to be competitive, within the range of similar programs in health care organizations across the country.

Ms. Lewis stated that it is important that AHS is able to attract the best and brightest from across Canada and around the world by having a program that is both competitive and cost-neutral.

Dr. Stephen Duckett, President and Chief Executive Officer, further advised that this is a very important initiative in order to standardize AHS conditions of employment and benefits programs for our management and non-union staff. He stated this will be a very important development in that it allows people to make choices, and tailor their benefits package to their own needs within the constraints of a cost-neutral program, within a budget that will be established.

MOVED BY MS. IRENE LEWIS, SECONDED BY MR. JACK ADY, that the Board approve Report HR09-32, Exempt Staff Flexible Benefits Program, and authorize the President and Chief Executive Officer to go to market within the constraints of a cost-neutral program.

MOTION UNANIMOUSLY CARRIED

Health Advisory Committee, September 15, 2009

Mr. John Lehnerns, Chair, Health Advisory Committee, provided an update with respect to the Health Advisory Committee meeting held on September 15, 2009.

Mr. Lehnerns advised that AHS has had two groups of Health Advisory Council selection committees that have been working very hard at interviewing for membership on the Community Health Councils. He further advised that the deadline for receipt of applications was extended in some of the north and south areas in order to receive more applications, and that AHS was successful in doing that. He stated that the Community Engagement portfolio has ensured that all applicants are interviewed in order to ensure we get a good cross section of Albertans that have a real vested interest in the future of health care.

**HAC09-22 Appointment of Members to the Alberta Hospital
Edmonton & Community Mental Health
Foundation**

Mr. John Lehnerns, Chair, Health Advisory Committee, advised that the Alberta Hospital Edmonton & Community Mental Health Foundation has recruited two new members to serve on its board in order to continue with their fundraising activities. He further advised that in accordance with the bylaws these appointments require Board approval.

MOVED BY MR. JOHN LEHNERS, SECONDED BY MS. TERI-LYNN BOUGIE, that the Board approve Report HAC09-22, appointing the following Members to the Alberta Edmonton and Community Mental Health Foundation:

- **Brigitte McDonough to a three-year term (September 2012), and**
- **Louise Morose Charach to a three-year term (September 2012).**

MOTION UNANIMOUSLY CARRIED

HAC09-23 Appointment and re-appointment of Trustees to the Brooks and District Health Foundation

Mr. John Lehnert, Chair, Health Advisory Committee, advised that the Brooks and District Health Foundation has recruited a new Trustee and a current Trustee has agreed to serve another term, in order to continue with their fundraising activities. He further advised that in accordance with the bylaws these appointments require Board approval.

MOVED BY MR. JOHN LEHNERS, SECONDED BY MS. CATHERINE ROOZEN, that the Board approve Report HAC09-23, appointing the following Trustees to the Brooks and District Health Foundation:

- **Kimberly Penner to a three-year term (September 2012), and**
- **Debbie Piper re-appointed to a three-year term (September 2012).**

MOTION UNANIMOUSLY CARRIED

HAC09-24 Appointment of Members to the Stettler Health Services Foundation

Mr. John Lehnert, Chair, Health Advisory Committee, advised that the Stettler Health Services Foundation has recruited an additional board member in order to continue with their fundraising activities. He further advised that in accordance with the bylaws this appointment requires Board approval.

MOVED BY MR. JOHN LEHNERS, SECONDED BY MR. STRATER CROWFOOT, that the Board approve Report HAC09-24, appointing the following Trustee to the Stettler Health Foundation, be approved:

- **Doug McKay to a three year term (September 2012).**

MOTION UNANIMOUSLY CARRIED

Governance Committee, September 17, 2009

Ms. Linda Hohol, Chair, Governance Committee, provided an update with respect to the Governance Committee meeting held on September 17, 2009.

GOV09-37 Review and Approval of Alberta Cancer Foundation Bylaws

Ms. Linda Hohol, Chair, Governance Committee, advised that in order to comply with the Alberta Cancer Foundation Regulation, AHS must review and submit the Alberta Cancer Foundation Bylaws (the “ACF Bylaws”) to the Minister. She further advised that the *Health Governance Transition Act* (Alberta) effectively repealed the *Cancer Programs Act* (Alberta) as well as the Alberta Cancer Foundation Regulation, and replacing this is the Alberta Cancer Foundation Regulation, which requires AHS to submit the ACF Bylaws to the Minister within six months of such regulation coming into force. She stated that the ACF Bylaws have been reviewed and approved by the Alberta Cancer Foundation trustees and AHS Legal and Privacy, and that Alberta Health and Wellness legal counsel have also reviewed them.

MOVED BY MS. LINDA HOHOL, SECONDED BY MS. CATHERINE ROOZEN, that the Board approve Report GOV09-37, Alberta Cancer Foundation Bylaws.

MOTION UNANIMOUSLY CARRIED

GOV09-40 Rescission of Policies of Former Entities

Ms. Linda Hohol, Chair, Governance Committee, advised that the Board had previously directed that, as of September 30, 2009, Board and management approved governance documents/policies of the former entities, their subsidiaries, their departments, or their facilities are rescinded, unless otherwise directed by the Board (the “Sunset Clause”).

Management has requested that the Board’s earlier direction be modified to ensure that appropriate policies will be available to replace the ones being rescinded.

Mr. Ken Hughes, Board Chair, commented that this review is a substantial undertaking. He stated that a great deal of work has already been done but clearly there is more work to do. Mr. Hughes thanked Legal & Privacy for the enormous amount of time and effort being devoted to this initiative.

MOVED BY MS. LINDA HOHOL, SECONDED BY MR. JACK ADY, that with respect to Report GOV09-40, Rescission of Policies of Former Entities, the Board approve that:

- a) as of November 30, 2009, all board-approved policies, procedures and similar governance documents of the former entities are rescinded, unless otherwise determined by the Board; and
- b) all management-approved policies of the former entities are to be dealt with by management in an orderly manner over the next 12 months. As new policies are approved provincially, existing policies addressing the same subject matter will be rescinded. All management-approved policies will be rescinded on September 1, 2010, unless determined otherwise by the President and Chief Executive Officer or his designee.

MOTION UNANIMOUSLY CARRIED

GOV09-41 Review of Terms of Reference:

- **Audit and Finance Committee**
- **Human Resources Committee**
- **Health Advisory Committee**

Ms. Linda Hohol, Chair, Governance Committee, advised that it is the responsibility of the Governance Committee to oversee the recommendations of changes to the terms of reference (the "TORs") of all five Committees established by the Board. The Governance Committee reviewed three TORs: the Audit and Finance Committee; the Human Resources Committee; and the Health Advisory Committee. The changes were minor in nature and were mostly to address consistency of wording.

MOVED BY MS. LINDA HOHOL, SECONDED BY MR. TONY FRANCESCHINI, that the Board approve Report GOV09-41, Review of Terms of Reference, and adopt the following amended TORs:

- **Audit & Finance Committee;**
- **Human Resources Committee; and**
- **Health Advisory Committee.**

MOTION UNANIMOUSLY CARRIED

<p>Ms. Hohol advised that at their meeting of September 17, 2009, the Governance Committee also discussed a process and timeline for the development and implementation of a board evaluation which the Board has committed to undertake. The internal evaluation would include an evaluation of the Board, Board Committees and of individual Board members. She advised that the Governance Committee has proposed to conduct the evaluation early in 2010 and then annually after that.</p> <p>Ms. Hohol further advised that the Governance Committee also received for information, a report, as they regularly do, from Noela Inions, the Ethics and Compliance Officer.</p> <p>Ms. Hohol concluded by providing an update on the status of the Code of Conduct (the “Code”), which was introduced earlier this year. Ms. Hohol advised that a lot of feedback was received regarding the Code. Previous codes of conduct did exist in the former regional health authorities and a lot of the wording and the content of the current Code was taken from these previous codes of conduct. Ms. Hohol advised that the Governance Committee will oversee the re-drafting of the Code based on the feedback received and concluded by saying that once a re-draft of the Code has been completed, it will be posted on the website in order to give staff a further opportunity to provide feedback. Ms. Hohol thanked all those who took the time to provide their thoughts on the Code.</p>	
<p><u>Quality and Safety Committee – Verbal Update</u></p> <p>Dr. Andreas Laupacis, Chair, Quality and Safety Committee, advised that the next Quality and Safety Committee meeting will take place October 7, 2009.</p> <p>Dr. Laupacis advised that there has been considerable work done since the last Board meeting related to quality and how AHS will assess the quality of care provided.</p> <p>Dr. Laupacis further advised that the approval of the Strategic Plan gives AHS the opportunity to really look at the performance measures used and align them with the strategic plan.</p> <p>Dr. Laupacis provided an update on the Quality Measures Consultation Session led by Dr. Chris Eagle, Executive Vice-President, Quality and Service Improvement, held on September 14, 2009, in Edmonton, in which he and Board member Mr. Jack Ady had the opportunity to attend, along with approximately 50-60 people from across Alberta, including clinical caregivers, pediatricians, gastroenterologists, intensive care and primary care physicians, managers and researchers.</p>	

<p>The discussion included what measures AHS is going to use to evaluate on a regular basis the quality of care that AHS will provide. AHS staff had provided detailed information about a large number of potential measures to look at. The purpose of the meeting was to allow people to rank these measures and focused particularly on how important the measures are, how reliably they can be measured, and how actionable they are.</p>	
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<p>Dr. Laupacis advised that the report from that meeting will be forwarded to the Quality and Safety Committee in the next week or two and forwarded to the Board in the next few months along with a concrete proposal regarding the performance dashboard with how AHS will measure the quality of care provided.</p>	
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OTHER BUSINESS

No other business was discussed.

NEXT PUBLIC MEETING

Date: **October 29, 2009**

Location: **Red Deer, AB**

Time: **TBD**

ADJOURNED

<p>MOVED BY MR. JIM CLIFFORD, SECONDED BY MR. GORD WINKEL, that the meeting of the Board adjourn at 2:00 p.m.</p>
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<p>MOTION UNANIMOUSLY CARRIED</p>
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Thank you

Chair

Recording Secretary