

**PUBLIC BOARD MEETING**

**March 25, 2010**

**Chinook Regional Hospital  
County Hall  
960 – 19 Street South  
Lethbridge, AB**

**MINUTES**

**PRESENT:**

**Board Members**      Mr. Ken Hughes, Board Chair  
                             Ms. Catherine Roozen, Board Vice-Chair  
                             Mr. Jack Ady  
                             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. Lynn Redford, Chief of Staff, Board Office and  
                             Vice President, Community Engagement

**REGRETS:**           Ms. Lori Andreachuk

**CALL TO ORDER**

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

Mr. Ken Hughes, Board Chair, welcomed the public in attendance today.

**DECLARATION OF CONFLICT OF INTEREST**

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

### **APPROVAL OF AGENDA**

**MOVED BY MR. STRATER CROWFOOT, SECONDED BY DR. ANDREAS LAUPACIS, that the agenda for the Alberta Health Services Board Public Meeting of March 25, 2010 be approved.**

**MOTION UNANIMOUSLY CARRIED**

### **APPROVAL OF MINUTES**

**MOVED BY MS. TERI LYNN BOUGIE, SECONDED BY MR. JOHN LEHNERS, that the minutes for the Alberta Health Services Board Public Meeting dated February 18, 2010 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. My name is Ken Hughes, I'm Chair of Alberta Health Services and I would like to welcome everyone here today for this public board meeting in Lethbridge, Alberta.

I would like to make a few opening comments today and then move into the rest of the meeting. For those of you who are watching today through the Telehealth network, we have a very robust Telehealth network in this province. It is generally used for collaborative purposes amongst professionals within Alberta Health Services and we also make good use of it, as one small use of many, to use the Telehealth facility to enable people to follow and observe these meetings in other rooms similar to this around the province. Telehealth is also the network used for clinical purposes for actual interactions between physicians and nurses and practitioners and patients as well, so it is a real asset that we have in Alberta.

There are question cards available and if anybody has any questions, I'd encourage you to make a note of them and hand them into us at the end of the meeting. We do want to respond to questions that people have. There is no format here today in terms of the way the governance of Alberta Health Services works for public questions but we do want to ensure that people are well informed and that people get a chance to get their questions raised and responded to. So please make use to the question and answer cards.

In addition, this meeting will be posted on the website of Alberta Health Services so you can go back and check on specific facts or details. If somebody wanted to follow what was going on today and did not get a chance to, encourage them to go to the website and follow the video.

We have been holding meetings for a day and a half here in Lethbridge with the Board and the Executive. We also had a chance to spend some time with Minister Gene Zwozdesky as well. This Board, through me as Chair, reports to Minister Gene Zwozdesky and that is a really important relationship to all parties.

We spoke a great deal about the new era that we are in, in the wake of the provincial budget that was announced in February, and that new era relates to the fact that we have been provided by the Government of Alberta with a very substantial commitment on their part of a funding commitment for five years. This is really important to Alberta Health Services and to all folks who work within Alberta Health Services because it gives stability and a long term perspective and ability to plan on a long term basis.

The province has committed to not only a five year commitment, but also to addressing the historical deficit that had accumulated over the last couple of years as a result of previous year's decisions.

They also increased the base funding effective April 1st. The 2010/2011 fiscal year of Alberta Health Services, we start with funding based upon what was actually spent in the previous year. In terms of health care delivery in this province, it really means that we have the ability to plan and to invest in initiatives that might not yield real returns for a couple of years but that will be aimed at delivering on the promise of creating the best possible health care system in Canada and the highest performing one.

We also had the chance today to tour Covenant Health's St. Therese Villa. This Designated Assisted Living facility is part of St. Michael's Housing Association which has roots going back to 1929. It is really a fine commitment on meeting the needs of seniors and we need to recognize our partners in this initiative. Covenant Health has done a fabulous job of learning from others, learning themselves and improving what they are doing to ensure that people have choices in seniors care, that they are well looked after, that they have the kind of care that any one of us would want for ourselves, for members of our family, for our parents if they need that kind of support. It is a real tribute to Covenant Health for the work they do.

Here at the Chinook Regional Hospital, there are great things going on as well, such as the Chinook Regional Flow Project. The Minister, Dr. Stephen Duckett and I had a chance to go for a tour for about an hour in the hospital and we learned a lot about the flow project that has been going on here for a year and a half or two years.

This \$2.1 million initiative was invested through the Wait Times Management Steering Committee of Alberta. The teams here went through an intensive process of analyzing every step of a patient's journey through the hospital. They identified and removed barriers and unnecessary duplication. Everyone involved took on the challenge of finding more efficient and effective ways to get patients the care they need, when they need it.

They have made measurable successes here and the whole team deserves credit for this.

In the Emergency Department, the team is meeting the target of seeing patients with less acute needs within 60 minutes, from the door to the doctor time.

In the Diagnostic Imaging area, a strategy to address the back log of CT Scans reduced wait times to four days from the previous 32 days for outpatient CT. That is an impressive and important contribution to the quality of service that we are able to provide to Albertans and that is a great success. There is also same day access for inpatient CT needs, patients who are actually in the hospital and need it, receive their scans right away.

The start time of the Emergency Room physician rotations was adjusted in order to respond to the times where people are showing up to emergency. It is a very responsive initiative.

In Diagnostic Imaging, radiologists are using a new dictation system that allows them to do much quicker reporting. All these are processes that piece by piece may not look like much but accumulatively ensure that we have a system that really meets the needs of people that show up in the emergency room or need support within the hospital itself.

Between 90 and 100 per cent of the time, the operating room is now able to start its first cases of the day on time as a result of process and improvements. This is a 20 to 30 per cent improvement over previous start times. Just small things but accumulatively, big changes in terms of how we function as an organization, and more importantly the impact upon the patient experience.

These are impressive gains made through the collaborative efforts of many people within this hospital. On behalf of the Board, I would like to congratulate all of them. I was delighted to be able to meet some folks last evening and to learn about these accomplishments. This is a pillar in this province, this is a high water mark of how we hope we can achieve this everywhere in the province of Alberta. We're very proud of it, so thank you for all of the work that all of you have done.

I would like to also highlight a couple of other projects. The first is the relocation and expansion of the Lethbridge Cancer Centre. Being able to receive radiation treatments close to home will make an enormous difference to southern Albertans who are fighting cancer. The Lethbridge Cancer Centre will provide radiation treatments for a number of different cancers, including lung cancer, breast cancer, prostate cancer and gastrointestinal cancers. It will also provide pain management for palliative care patients.

Very soon patients will be able to receive these incredibly important services close to home, close to family and to friends and it delivers on a commitment that we have to ensure that we try to deliver the services as close to where people live as we possibly can and that we ensure that we provide the highest quality care to Albertans as close to the community in which they live.

You do not need a very big family to be touched by cancer and I know that this means a lot to people in southern Alberta in terms of being able to access these services directly here in this community. The Cancer Center's move into their great new space will begin Monday, and the first patients should be receiving radiation therapy there in June. There will be an official opening and we are going to celebrate this because it is a great celebration and we will invite all of you to attend at that time.

This \$44 million dollar project will make a real difference for patients during a very difficult time in their lives. I know it will also mean a great deal to the physicians and staff here to be able to serve their patients here in the community in which people live. All of this, the initiatives that I have talked about, is a reflection on the very good work of the team that came before Alberta Health Services, the Chinook Regional Health Authority, and there is one gentleman here who was Chair of that Board, Mr. Jack Ady, who has been a pillar in southern Alberta and a pillar in helping to provide leadership in Alberta and I think we all owe him a great debt of gratitude for where we are at today and where we can go from here today. Jack, thank you.

A second project will be formally announced here this afternoon. It is related to the construction of the \$30 million, multi-level parking structure adjacent to the Chinook Regional Hospital which will begin this summer. It will be funded by a borrowing resolution that we will be passing before the Board today.

The 772-stall parkade includes a new helipad to accommodate STARS air ambulance service which is an important service throughout Alberta but particularly important because they tend to deliver patients here from around southern Alberta.

No health care dollars are being used for this project - the loan will be paid off through parking revenues throughout the province. We are borrowing funds for this project because our funding through Alberta Health and Wellness should go to focus on health care delivery as opposed to non-health facilities such as parkades. But it is still an important aspect of how we are able to provide services to this hospital and respect surrounding neighbourhoods.

The Chinook Regional Hospital is unique in the fact that it is built in the middle of a residential community, and we see that in many other communities as well, but the lack of parking at this site has been a long standing matter.

We have got approximately 1,100 clinical and support staff working at this site every day and around 360 people on a waiting list for parking. So that has led to staff unfortunately parking in the neighbouring community while waiting for a parking spot to become available. We want to be good neighbours to our neighbours and so this is an initiative to be a good neighbor, to ensure that we have parking onsite that is adequate to meet the needs of this facility and all the patients and staff who work here.

Like all projects of this kind, there is sometimes some “short term pain for long term gain” and we’re working on the logistics. We will be asking staff to park at a central location and use a free shuttle service to get to and from the site during the eight to ten month construction period. I encourage staff to use that service so as not to create further capacity issues in the surrounding residential communities during the construction. We will also work with the City of Lethbridge as well to ensure that any challenges that arise will be dealt with them and address them as quickly as possible.

Moving on to today’s agenda, there are several Committees of this Board and that is where a lot of work gets done and then each of those Committees reports to the Board as a whole. The Human Resources Committee will present recommendations regarding the selection of Employee Benefit Insurance Providers, the Audit and Finance Committee will bring forward a number of reports and recommendations, and the Health Advisory Committee will bring recommendations for the appointments of trustees to foundations and trusts.

But before we move into the other issues, I would like to ask Dr. Stephen Duckett, the President and Chief Executive Officer of Alberta Health Services to say a few words.”

#### **PRESIDENT AND CHIEF EXECUTIVE OFFICER’S REMARKS**

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

“The results of months of planning and development are beginning to unfold as Alberta Health Services reaches its one-year anniversary as a legal entity next week.

A solid strategic foundation, and the 5-Year Funding agreement provided by the province earlier this year, have created the opportunity to pursue aggressively our quality and access goals on a number of fronts.

I would like to talk today about improving the range of support options we provide to seniors and adults with disabilities. A number of seniors’ living facilities are coming on stream here in the south zone over the next few months and we visited one of the more recent ones as Mr. Hughes said earlier today.

Legacy Lodge, a 109-space bed Designated Assisted Living facility in North Lethbridge, is scheduled to open in July, and a 140-bed supportive living facility is scheduled to open in South Lethbridge in November. This facility will replace a 120-space long term care facility in North Lethbridge.

In Raymond, Prairie Ridge Designated Assisted Living facility partially opened in November, with the remainder of the beds to open in the future, and another facility in Cardston is scheduled to open in late August to replace the Grandview Nursing Home, which has served the community well but is reaching the end of its life cycle.

An expansion at the supported living facility in Pincher Creek, Vista Village, is now complete and will soon provide additional supported living and spaces for patients with dementia. These are all part of Alberta Health Services' ongoing commitment to expand senior's living options.

We must ensure that we are able to provide seniors with a full spectrum of supports so that their health needs are met in the most independent setting possible. To that end, I am hoping that over the next year or so we will see significant improvements for seniors in this province.

We are going to set this ambitious goal of almost halving the number of patients assessed and approved for seniors accommodation but waiting in our hospitals. Alberta has more than 370,000 seniors, or about one in ten Albertans. Each month, the population of seniors in Alberta rises by about 1,000 and this growth is accelerating as more Baby Boomers reach 65.

In 10 years, Alberta can expect to have 555,000 seniors; in less than 20 years, the number of seniors in Alberta will double; in 2031, when all Baby Boomers have reached the age of 65, Alberta is projected to have 880,000 seniors. One in five Albertans will be a senior.

So it is pretty obvious that we may need to expand significantly our provision of senior's accommodation into the future.

Alberta Health Services currently funds about almost 20,000 continuing care beds including 14,300 or so long term care beds and 5,600 or so in Designated Assisted Living and Enhanced Living facilities. Our estimates are that we may need to provide about 800 to 1,000 additional beds every year to meet the growing need.

Depending on the success of our home care strategy, we may moderate that growth and need fewer additional senior's beds every year than the low end of the currently projected need. When we are talking about access, it is really important to talk about what sort of access, to what sort of facilities.

Most seniors, even the very old, live at home. They are proud of their independence and they want to keep it. We should help them do that. This is not just a job for Alberta Health Services, it is a job for all of us. It is a job for friends and neighbors. It is a job for community groups, for churches, and these are jobs that are big and small. It is about being a friendly neighbor.

About seventy-five per cent of all the seniors beds in Alberta are in long term care facilities, facilities appropriate for people with the greatest need of support. By definition, these facilities provide the least opportunities for independence.

What we need to do as part of our access strategy is to increase the choice that our seniors have to meet their accommodation needs. In parts of the province, seniors have no choice: one hundred per cent of the beds are in long term care.

So what we need to do over the next five years is to increase significantly the number of supported living beds right across the province so that seniors everywhere are both able to get into seniors accommodation when they need it but have a choice of the type of accommodation so that the accommodation available to them is tailored to their needs.

That is our access agenda: to expand provision and to increase choice for seniors.

Before concluding, I would like to comment on one of the initiatives underway now which has particular local interest, and that is the use of Liquid-based Cytology for pap smears throughout Alberta.

This is a superior method of testing to that which is currently used because it uses standardization and automation of processing, superior preservation of the cells, fewer “inadequate” cervical smear tests, reducing the number of women recalled for repeat testing, and provides a higher standard of care for women across Alberta.

Right now, not all women in Alberta have access to this type of testing. Depending upon where they live, the lab in their area may be using older testing methods. With the new system, women will not experience any change in the way the test is done, as physicians will send specimens to a lab to be analyzed as they always have done, but there will be an improvement in testing time. The lab guarantees a turnaround time of seventy-two hours from the time a specimen reaches the lab at least ninety-five per cent of the time. The current standard is five days.

Province wide Liquid-based Cytology is the right thing to do for health care and more importantly it is the right thing to do for women. Both of these are fundamentally about improving quality and access, the foundation of our commitment to Albertans.

Thank you.”

#### **RECOMMENDATION(S) FROM STANDING COMMITTEE(S)**

##### **Human Resources Committee Report – March 8, 2010**

##### **HR10-09      Selection of Employee Benefit Insurance Providers**

Ms. Irene Lewis, Chair, Human Resources Committee, advised that as part of Alberta Health Services’ Total Compensation Project, Towers Watson was contracted to review and recommend changes that support AHS’ Human Resources objectives. One component of AHS’ Total Compensation program was the creation of an Exempt Staff Flexible Benefits Program. An outcome of this review supported the need to consolidate the myriad of legacy regional benefits plans and associated insurance carriers. As a result, a project charter was completed, a steering committee was formed and Contracting, Procurement and Supply Management was engaged to initiate an Employee Benefit Request for Proposal.

An evaluation team reviewed all aspects of each proposal and an overall cost summary was completed based on all of the financial components impacting each benefit plan. Interviews with the highest ranking vendors were performed to provide the evaluation committee with an opportunity to seek additional clarity on bids.

**MOVED BY MS. IRENE LEWIS, SECONDED BY MR. JIM CLIFFORD, that the Alberta Health Services Board approve Report HR10-09, and the Selection of Employee Benefit Insurance Providers. And further, the Board delegates to the President and Chief Executive Officer the ability to execute contracts with the preferred Providers on the terms set out in the Report.**

**MOTION UNANIMOUSLY CARRIED**

**Audit and Finance Committee Report – March 11, 2010**

**AF10-21 Red Deer Hospital Additional Parking Options**

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that there is a current shortage of parking for staff and visitors at the Red Deer Regional Hospital.

The Red Deer Regional Hospital site does not presently have a long term land strategy however the long term service role will be reviewed over the next year as part of the regional hospitals acute care strategic plan.

In the meantime, we are requesting Ministerial approval to enter into a five-year lease with Bettenson's Holdings Ltd. to use the 1.9 acre property at \$360,000 annually for a 200 stall parking lot. Parking lot development by AHS will require an estimated additional cost of \$750,000.

Once the Red Deer long term care site development plan and parking needs have been confirmed, AHS will initiate planning for a long term parking expansion, likely by way of a suitably sized and located parkade structure.

**MOVED BY MR. DON SIEBEN, SECONDED BY MR. STRATER CROWFOOT, that the Alberta Health Services Board request Ministerial approval to lease 1.9 acres of land, at 4320 – 52 Avenue in Red Deer, for a five year term with a five year extension option, for use as a 200 stall staff parking lot at annual cost of \$360,000/annum and a capital cost up to a maximum of \$517,000 funded from internal capital.**

**MOTION UNANIMOUSLY CARRIED**



**AF10-24 Continuing Care Strategic Plan**

Mr. Sieben advised that as part of the Alberta Health Services Health Plan, the “Progressing the Continuing Care Strategy: The Right Care in the Right Place” has been developed which outlines AHS’ long term continuing care strategy.

The high level pillars of this strategy include:

- Meeting demand of an aging population – it is our plan to increase the number of continuing care spaces in a manner that meets the growing needs of an aging population
- Standardized assessments to ensure that seniors get the right care – we will focus on increasing the number of supportive living spaces and ensuring all services are consistently matched with client need through standardized assessments.
- Supporting independence through choice of options for care – home care will become the hub of seniors’ care practising within a case management model to strengthen integration and assist clients to navigate the complex health system.
- Assuring quality of care – we will continue to introduce mechanisms to ensure quality care is developed.
- Equitable Funding to Providers – we will provide equitable funding to providers based on patient need.

This strategy will be reviewed by Alberta Health and Wellness and released at a later date.

**MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD WINKEL, that the Alberta Health Services Board approve the document “Progressing the Continuing Care Strategy: The Right Care in the Right Place”.**

**MOTION UNANIMOUSLY CARRIED**

Ms. Teri Lynn Bougie advised that Ms. Pam Whitnack, Executive Vice President, Rural, Public and Community Health, and her team have done outstanding work with respect to the Continuing Care Strategic Plan and the Board was very pleased to hear her presentation the previous day.

Dr. Andreas Laupacis advised that he was pleased to see there is a focus on the quality of care that is provided in a variety of facilities.

Mr. Ken Hughes advised that the Continuing Care Strategic Plan will be released publicly in the near future.

**AF10-25      Manning Land Sale**

Mr. Sieben advised the Town of Manning wishes to acquire approximately three acres of the Manning Health Centre site for the construction of a new fire hall to serve the Town and Municipal District, and also to accommodate a proposed RCMP detachment. The Town proposes to trade ownership of the ambulance building to AHS in exchange for the three acre site.

The proposal has been reviewed by AHS Capital Management planning and real estate staff, in consultation with the North Zone clinical and management staff. This review indicates that the proposed transfer of a portion of the site would not adversely impact future facility growth or health services operations in the area.

**MOVED BY MR. DON SIEBEN, SECONDED BY MS. TERI LYNN BOUGIE, that the Alberta Health Services Board request Ministerial approval to enter into a conditional land sale agreement with the Town of Manning to transfer approx. 3.0 acres of surplus land to the Town in exchange for the Town transferring ownership of the Manning Emergency Medical Services Building to AHS subject to the following principles:**

- **The transaction must be at or greater than the appraised market value of the land;**
- **That the land sale agreement includes measures to mitigate any risk of incompatible future development adjacent to the health centre; and**
- **All costs of transfer, including subdividing and rezoning the surplus site, are to be paid by the Town.**

**MOTION UNANIMOUSLY CARRIED**

**AF10-34 Chinook Regional Hospital Parking Structure**

Mr. Sieben advised that the Chinook Regional Hospital in Lethbridge has a long standing parking issue at the site. With the recent approval from Alberta Health and Wellness allowing Alberta Health Services to borrow funds for the construction of various parking structures throughout the province, parkade construction work can now commence in Lethbridge. With Board approval, we expect parkade construction will start this summer and be open for service by late 2011. It was noted this parking structure is not part of the Alberta Health and Wellness' overall capital plan.

**MOVED BY MR. DON SIEBEN, SECONDED BY MR. JACK ADY, that the Alberta Health Services Board approve construction of a 772 stall, above ground, multi story parking structure (including elevated helipad) at the Chinook Regional Hospital with an estimated total project cost of \$30 million to be financed by debt.**

**MOTION UNANIMOUSLY CARRIED**

**Health Advisory Committee Report – March 16, 2010****HAC10-02 Appointments of Trustees to Individual Foundations/ Health Trusts**

Mr. John Lehnert, Chair, Health Advisory Committee, advised Alberta Health Services works with a number of Foundations across the province and have responsibility for appointing Trustees to many of them. Mr. Lehnert advised of the following individuals appointed to seven of these Foundations:

<b>Trust</b>	<b>Name</b>	<b>Period of Appointment</b>
Cardston and District Health Foundation	Noel Burt	Three-Year Term (December 2012)
Cardston and District Health Foundation	Cheryl McCarthy	Three-Year Term (December 2012)
Crowsnest Pass Health Foundation	Diane Nummi	Three Year term (December 2012)
Fort Macleod and District Health Foundation	Susan Koots	Three Year term (December 2012)
Jasper Healthcare Foundation	Kelly Bruni-Bossio	Two Year term (December 2011)
Jasper Healthcare Foundation	Olga Dowling	Two Year term (December 2011)

Jasper Healthcare Foundation	Janis Marks	Two Year term (December 2011)
Jasper Healthcare Foundation	Bryn Thomas	Two Year term (December 2011)
Northwest Health Foundation	Calvin Coleman	Three Year Term (March 2012)
Northwest Health Foundation	Helen Dyck	Three Year Term (March 2012)
Northwest Health Foundation	Richard Nahas	Three Year Term (March 2012)
Northwest Health Foundation	Audrey Saxton	Three Year Term (March 2012)
Stettler Health Services Foundation	Murray Wahlund	Three Year term (December 2012)
Windy Slopes Health Foundation	Jordon Koch	Three Year term (December 2012)
Windy Slopes Health Foundation	Dr. Gavin Parker	Three Year term (December 2012)
Windy Slopes Health Foundation	Lori Robertson	Three Year term (December 2012)
<p><b>MOVED BY MR. JOHN LEHNERS, SECONDED BY MS. TERI LYNN BOUGIE, that the Alberta Health Services Board approve Report HAC10-02, appointing the Trustees to the Foundations as outlined in the above schedule.</b></p> <p style="text-align: center;"><b>MOTION UNANIMOUSLY CARRIED</b></p>		

<p><b><u>Governance Committee Report</u></b></p> <p>Ms. Linda Hohol, Chair, Governance Committee, provided an overview of the review of the Medical Staff Bylaws and outlined the process for approval by the Board in June, 2010.</p>	
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<p><b><u>OTHER BUSINESS</u></b></p> <p>No other business was discussed.</p>
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### **NEXT PUBLIC MEETING**

**Date:** April 29, 2010  
**Location:** Grande Prairie, AB  
**Time:** TBD

**ADJOURNED**

**MOVED BY MR. GORD BONTJE, SECONDED BY MR. TONY FRANCESCHINI, that  
the meeting of the Alberta Health Services Board adjourn at 2:00 p.m.**

**MOTION UNANIMOUSLY CARRIED**

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Recording Secretary