

Alberta Health Services

PUBLIC BOARD MEETING

Minutes of the meeting of the Board (Board) of Alberta Health Services (AHS) held at the Medicine Hat Regional Hospital, Auxiliary Dining Room – Lower Level, 666 – 5th Street SW, Medicine Hat, Alberta, on August 26, 2010 at 1:15 p.m., Mountain Standard Time.

Present:

Board Members: Mr. Ken Hughes (Chair)
Ms. Catherine Roozen (Vice Chair)
Mr. Jack Ady
Ms. Lori Andreachuk
Mr. Gord Bontje
Ms. Teri Lynn Bougie
Mr. Jim Clifford
Mr. Strater Crowfoot
Mr. Tony Franceschini
Mr. John Lehnars
Ms. Irene Lewis
Mr. Don Sieben
Mr. Gord Winkel

Management: Dr. Stephen Duckett, President & Chief Executive Officer
Ms. Tamara Shawa, Corporate Secretary

Regrets Ms. Linda Hohol
Dr. Andreas Laupacis

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

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

1. Administrative Matters

a) Conflict of Interest

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

b) Agenda

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the agenda for the Board meeting held on August 26th, 2010 is approved.

2. Confirmation of Minutes

Board members acknowledged having received the minutes of the Public Board meeting held on June 29, 2010.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the minutes of the meeting of the Public meeting of the Alberta Health Services Board dated June 29, 2010, are approved.

3. Comments to the Board

a) Chair's Report

Mr. Ken Hughes, Chair, made the following remarks at the meeting:

I would like to welcome members of the public who are here today in this room and also all of those watching on the Telehealth Network around the province. As you know, we move these meetings around the province to different locations so that we can really keep in touch with what's going on around the province and stay in touch with the different communities. Every time we go to a different community we visit facilities and we get a chance to hear first hand from patients, from staff, from administration with respect to successes and challenges, and opportunities for improvement as well. And of course as a Corporate Governance Board, the public meeting that we are holding here today really is an important aspect of our commitment to transparency and accountability. The decisions are voted on publicly and recorded as a matter of public interest. Even though we hold these public Board meetings nine times a year around the province, it's really important to note that I, as Chair of the Board and Dr. Stephen Duckett, on my left here as the President and Chief Executive Office, are always open to responding to concerns of Albertans and questions that they might have. We both have Alberta Health Services e-mail accounts that we welcome people to send us notes on and concerns, whether you are employed with Alberta Health Services or a member of the public with a matter that you would like to bring to our attention. And of course if you want to chat, I'll be around after the meeting as well today.

In addition, if people have questions, we have a question form at the table at the back of the room and by all means fill those out and if you have a question, leave it with one of the staff and we will ensure that that is answered back to you directly and also we post the questions and answers on the Board website of the Alberta Health Services website. You can also submit questions anytime through that website as well. We welcome public engagement, we welcome the chance to receive feedback and we welcome the opportunity to engage with Albertans throughout the province. Also, as I mentioned, we do broadcast these meetings internally within the Alberta Health Services system so that staff and physicians right across the province can view what's going on and have a

sense of the dynamics and what issues are coming before the Board and what decisions are being made. We also record these meetings and we publish them on the Alberta Health Services website usually within a few hours or a day or so after the conclusion of the meeting.

Prior to coming to Medicine Hat yesterday, I made a stop in Taber the night before last to attend an event which was a great celebration event for the recognition of Dr. Robert Wedel, who is a family physician in the Taber community and he was awarded the Rural Physician Award of Distinction. This is a great recognition program and part of an initiative that ensures that we recognize, support and recruit rural physicians within the Province of Alberta. It's not directly a responsibility of Alberta Health Services but it is an important commitment to ensure that we have an appropriate number of physicians in rural Alberta. I was pleased to be able to be there to represent the ninety thousand strong members of the Alberta Health Services team in recognizing Dr. Wedel and his very significant contributions to healthcare, particularly around a compassionate patient care initiative formed by a really strong commitment to evidence based practice, visionary leadership in research and in program improvement was well deserving of the award. When he stood up to speak, Dr. Wedel mentioned that a long time ago somebody advised him "when you're going to give a public speech and you're nervous, just imagine the whole crowd as being naked" and he then looked around the crowd and there were some two to three hundred people there from the Taber community and he said, "Of course that's easy in this community, because many of you are my patients." So, anyway, it was a fun evening and great recognition of a rural physician who is doing fabulous work, just like many other rural physicians throughout Alberta.

Yesterday, the Board met with members of the local Health Advisory Council here in Medicine Hat. This is a really good opportunity to engage with those folks and to hear them out on what concerns they are hearing on the street or what is discussed when they get together with their fellow residents of Medicine Hat and surrounding communities. It was very helpful to us and I believe helpful to the Health Advisory Council as well. Health Advisory Councils play a really important role in connecting the community and the Board. So we had a pretty constructive discussion with the Health Advisory Council as well and we see them as a really important link to the community. Well, today we had a tour of the Medicine Hat Regional Hospital. As all of you well know, development work is underway for the recently announced capital improvements made by the Province of Alberta and I know that those initiatives, particularly the expansion of the hospital here in Medicine Hat will be very welcomed to the Alberta Health Services team within this community but also to the community on a wider basis. We can expect to learn more about that plan over the months to come. There are several facility projects in the south zone of Alberta and those are highlighted in the first phase of the announcements that were made by the Government of Alberta recently. They are really important investments that will go a long way to ensuring that we are able to meet the future needs of Albertans for their health needs here in southern Alberta.

Now turning to today's meeting, we've got a number of matters to deal with. We have the Audit and Finance Committee that will present the first quarter financial reports. The Governance Committee has reports regarding General By-laws, Conflict of Interest and Communications and other matters that have been reviewed by that committee. The Health Advisory Committee will present Foundation and Trust Board Appointments and the Human Resources Committee will provide an

update on their activities as well. We also have a request from our Emergency Medical Services leadership for armorial bearings. So I'd like to get started but first I'd like to ask Dr. Stephen Duckett to make some comments.

b) President & CEO's Report

Dr. Stephen Duckett, President and Chief Executive Officer, made the following remarks at the meeting:

Thanks Ken. Like many of you, I took a break this summer. In my case, taking time off for a trip home to Australia, a mix of business and pleasure as well as a stop in Hong Kong. One area of focus for me since I got back about a month ago has been the workplace engagement working group which is driving forward on the workplace engagement plan. The recent poor performance on the workplace engagement survey prompted action by the Executive, including a requirement that senior leaders develop and implement workplace engagement strategies. The working group has now developed a draft workplace engagement plan by identifying actions to be taken over the next twelve months. Ensuring that the Alberta Health Services workforce is fully engaged in the mission, purpose and values in the organization will help to ensure that patients and clients receive the best care possible. While this work is underway, we experimented with a new form of engagement, a chat room. We've had a couple of live chats so far and the discussions have been vigorous. We had 829 people register for the first session and 491 for the second. In both sessions, about a quarter of the people who registered posted comments, the other chose just to observe and there were 279 people who attended both sessions. It was a rapid learning process with tweaks being made as the conversation evolved and also from one session to the next based on the feedback from participants. So far, we're seeing that it can be a good opportunity for staff to express some deeply held views and a good listening opportunity for the leadership team. Engagement is one of Alberta Health Services core organizational values and workplace of choice is one of eight areas of focus in our strategic direction in 2009/2012. Workforce engagement should not be seen as a special project for this year, but as the way Alberta Health Services goes about its everyday work. Every leadership decision should consider the impact of and input of staff, physicians and volunteers as appropriate. The default question about engagement should be not whether, but how. Here in the southeast part of the province, I know one priority for many people over the summer is dealing with the severe flooding. The south zone emergency operation centre was activated for eight days to ensure a coordinated health services response. Advisories were issued in six towns; two of the advisories directly affected our rural hospitals. Alternate portable water supplies were secured for these facilities so that programs and services including renal dialysis at one site were not disrupted. The first priority was to ensure that the affected communities had safe drinking water. South zone environment Public Health and Mental Health staff also travelled door to door together in areas that were hardest hit by the floods to provide outreach and support to flood victims. It was a massive response and I want to personally recognize the energy, dedication and compassion that the men and woman of Alberta Health Services demonstrated throughout that crisis. Thank you for all that you did at that time of crisis and for what you continue to do on a daily basis. As we get into the fall, Alberta Health Services will continue to work with Alberta Infrastructure and Alberta Health and Wellness to move ahead on major capital projects, including the work here at Medicine Hat Regional

Hospital. We'll also be focused to delivering on the commitments on this year's Business Plan, including increased access to community care, seniors care and primary care. There is a great deal of work already underway and you'll be hearing more about it in the months to come as we drive towards our goals in improving access, quality and sustainability.

4. Quality and Safety Committee

a) Report to the Board – August 3, 2010

Mr. Gord Winkel, Vice Chair of the Quality and Safety Committee, advised that the Committee met on August 3, 2010 and reviewed the work done on the AHS Performance Report (Report). The Report will provide quarterly performance reporting about AHS' progress towards meeting quality, access, sustainability, and operational performance targets. Mr. Winkel stated that the Committee will concentrate on opportunity areas and review associated plans to encourage continuous improvement in these areas. Further, he commented that the establishment of key performance measures is a priority and the Quality and Safety Committee will support AHS' work to achieve the establishment and use of key performance measures. On behalf of the Board, Mr. Winkel congratulated and thanked the management team lead by Alison Tonge, Executive Vice President, Strategy and Performance.

Mr. Winkel also advised the Board that the Quality and Safety Committee considered other matters at their meeting, including health planning and leveraging supportive technologies.

In conclusion, Mr. Winkel commented about the excellent tour the Board members were given of the Medicine Hat Regional Hospital and the striking examples of good work and cleanliness they saw. Mr. Winkel recognized the staff at the facility and their efforts in keeping the facility in excellent condition, for the benefit of everyone.

5. Audit and Finance Committee

a) Report to the Board – August 5, 2010

Mr. Sieben, Chair of the Audit and Finance Committee advised the Board that his Committee met on August 5, 2010, and discussed the following items:

- A report from Internal Audit Services regarding an RFP process for cardiac rhythm products and the concern that resulted from that documentation. He explained that AHS is looking to develop a more robust process that allows all vendors to get involved in the RFP process.
- An Internal Audit report that outlined outstanding recommendations from the Office of the Auditor General as well as Internal Audit Services. He stated that the Committee

was currently in the process of looking at all outstanding audit issues in order to ensure that the Auditor General's findings are addressed. In addition, he advised the Board that the Committee is looking at the internal structure of AHS through Internal Audit Services.

- An Enterprise Risk Management Report (ERM Report) which identified some of the organizational risks and how AHS can mitigate some of those risks. The ERM Report will be provided to the various Board committees to determine what needs to be done to mitigate risks and in particular the highest risk situations. Mr. Sieben advised that in the future, the Committee will be receiving a number of internal audit reports which are very comprehensive and will address topics such as H1N1, EMS and payroll advisory services.
- First Quarter Compliance Certificate indicating finance and payroll compliance for the period April 1 to June 30, 2010.
- Legal and Privacy Report which sets out various legal issues, the risks and what trends are there to make sure AHS can mitigate these risks.
- An update on the capital project management transition to Alberta Infrastructure. Mr. Sieben commented that all concerned need to be aware of the risks in transitioning projects of this magnitude and mitigate such risks as much as possible.

b) First Quarter Financial Report

Mr. Sieben advised the Board that AHS has an accumulated surplus, for the first time, of \$143 million as of June 30, 2010 and that AHS is forecasting a \$630 million operating surplus at the end of the year. Notwithstanding the current and short term expectations for surpluses, he stated that accumulated surplus, by the end of March 31, 2011 will actually be zero and that the Board and management looks forward to ensuring that happens since the current and short term surplus relate, in many instances, only to the timing of expenditures.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board approve Quarterly Financial Statements for the quarter ended June 30, 2010, and authorize and direct management of Alberta Health Services to publicly publish this report.

6. Governance Committee

a) Report to the Board – August 15, 2010

Mr. Francheschini, Vice Chair of the Governance Committee, advised the Board that the

Governance Committee met on August 16, 2010 and continues to make good progress on a number of items and in particular, the Medical Staff Bylaws and the Mandate and Roles Document. He advised these documents will come forward at future board meetings once they are completed.

b) General Bylaws – Review and Revisions

Mr. Franceschini advised that the general bylaws of an organization are a fundamental governance document which set out the form, manner or procedure in which an organization should be run. The current “*Alberta Health Services Board General Bylaws*” are now being updated as a result of the continuing evolution that is occurring within the organization and changes to various aspects of its governance. These Bylaws will come into effect upon approval by the Minister.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board approve the General Bylaws, in substantially the form attached.

c) Conflict of Interest Bylaw – Revised Declaration Form

Mr. Franceschini advised that the Governance Committee considered and reviewed the Conflict of Interest Declaration Form and has made suggestions for minor changes to the Declaration Form which relates to the Conflict of Interest Bylaw. He clarified that no changes are being proposed to the Conflict of Interest Bylaw itself.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board approve the revised Conflict of Interest Bylaw Declaration Form, substantially in the form attached, with such changes proposed by the Governance Committee at its August 15, 2010 meeting and that management considers necessary and advisable.

d) Communications Policy

Mr. Franceschini advised that in April 2010, the Governance Committee reviewed a proposed new Communications Policy to address concerns about the ability of staff and physicians to publicly comment in both their official capacity as AHS administrators and leaders, and when speaking as patient advocates. The proposed policy was circulated to staff and physicians for comment, and the updated policy was developed to address concerns raised.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board approve the Alberta Health Services Communications Policy, in substantially the form attached.

7. Health Advisory Committee

a) Report to the Board

Mr. Lehnert, Chair of the Health Advisory Committee, advised that AHS will actively be engaging with Health Advisory Councils this fall to discuss their work plans for the next year.

Mr. Lehnert also advised that members of the Board had the pleasure, yesterday, to meet the Health Advisory Council from Medicine Hat and area. He indicated that such meetings really ground the Committee in what some of the issues are locally, which is very important.

b) Calgary Health Trust (Trust) Board Appointments

Mr. Lehnert advised that the Board is responsible for appointing Trustees to the Foundations and, as such, are supporting the Trust and the excellent work that they do. He stated that the Trust has a number of members that have been actively involved in the Trust for many years, and as a technicality, the Board is required to reaffirm past commitments and nominate members for future commitments.

Mr. Lehnert, on behalf of the Board, reaffirmed their appreciation for all the hard work the members of the Trust do and their continued commitment.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board: (i) ratify the prior initial appointments of the eight individuals listed below, as of the date appearing after their respective names; (ii) appoint the individuals listed below as trustees of the Calgary Health Trust for a three year term, with effect from August 26, 2010 and expiring on August 25, 2013:

Mr. Carlo Bellusci – April 12, 2006
Dr. T. Chen Fong – March 1, 2004
Mr. Kevin Gregor – April 1, 2001
Mr. Tim Hamilton – November 1, 2001
Mr. Bobby Libin – November 1, 2005
Mr. Sherrold Moore – April 24, 2002
Ms. Cynthia Moore – April 12, 2000
Mr. Peter Valentine – October 20, 2005; and

(iii) appoint Ms. Brenda Huband as a trustee of the Calgary Health Trust, without voting rights, for a three year term, with effect from August 26, 2010 and expiring on August 25, 2013.

c) **Viking Health Foundation Appointment (Foundation)**

Mr. Lehnern advised the Board that at the June 29, 2010 Public Board meeting, appointments were made to the Foundation; however, one individual's name was inadvertently excluded at that time and thus, requested that this individual be appointed to the Foundation.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board appoint Mr. George Roddick as a trustee to the Viking Health Foundation with effect from June 29, 2010, for approximately a three term expiring on June 30, 2013.

8. **Emergency Medical Services (EMS) Request for Armorial Bearings**

Dr. Duckett advised the Board that EMS is a uniformed service and is now within the responsibility of AHS. He stated that about two-thirds of ambulance transport in Alberta is provided by AHS directly and the balance by services under contract, be they municipal or private services. In summer of 2009, the EMS Branding Committee was established to provide recommendations about uniforms, vehicles and crests for EMS. Dr. Duckett further advised the Board that the effort resulted in a design of an EMS crest which would be used throughout Alberta and which contains the provincial floral emblem as part of the standard EMS cross. Dr. Duckett invited the Board to petition the Chief Herald of Canada to grant armorial bearings from the Canadian Crown for the EMS crest he displayed at the meeting and which is shown below.

UPON MOTION duly moved, seconded and unanimously carried, it was **RESOLVED THAT** the Alberta Health Services Board petition the Chief Herald of Canada for a grant of armorial bearings from the Canadian Crown under the powers exercised by the Governor General of Canada for the Emergency Medical Services crest as shown.



9. **Termination of Meeting**

There being no further business, the meeting was terminated at approximately 2:00 p.m.

Chair

Secretary