

BOARD MEETING

Minutes of the meeting of the Board ("Board") of Alberta Health Services ("AHS") held at the Queen Elizabeth II Hospital – Discovery Room, Lower Level, 10409 – 98 Street, Grande Prairie, Alberta, on April 14, 2011 at 11:00 a.m., Mountain Standard Time.

Present:

Board Members: Mr. Ken Hughes (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
Mr. Don Sieben
Dr. Eldon Smith
Ms. Sheila Weatherill
Mr. Gord Winkel

Management: Dr. Chris Eagle, Acting President & Chief Executive Officer
Mr. David Weyant, SVP and General Counsel

Regrets: Ms. Catherine Roozen (Vice Chair)

Mr. Hughes acted as Chair of the meeting and Mr. Weyant acted as Recording Secretary.

Mr. Hughes called the meeting to order at approximately 11:00 a.m. Notice of the meeting had been properly given and quorum was met.

1. Review of Agenda

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda in relation to the April 14, 2011 meeting of the Alberta Health Services Board.

2. Conflict of Interest

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

3. Approval of Minutes

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the meeting of the Alberta Health Services Board dated March 10, 2011, in substantially the form before them; and directed the Chair of the Alberta Health Services Board and the Corporate Secretary to sign the minutes in substantially this form and deliver a copy to the Minister of Health and Wellness.

4. Comments to the Board

a) Chair's Report

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

I would like to welcome everyone here in person and watching via Telehealth across the province to the Alberta Health Services public board meeting, being held this month at the Queen Elizabeth II Hospital in Grande Prairie.

We move the meetings to different locations to help us stay in touch with communities across the province.

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

We have had a couple of very productive days here in Grande Prairie. This morning a few of us attended the launch of the "Walk On Program."

This is a Health Promotion campaign taking place in 24 North Zone communities that encourages people to get out and walk. It is a great way to become more active – and few of us can say we get too much exercise!

Helping people keep healthy is a key investment to make sure the sustainability of the health system is possible and a strategic priority for Alberta Health Services.

The "Walk On Program" is, of course, just one of many initiatives underway in the North Zone to improve health care delivery.

Intensive planning is underway and an architectural firm has been selected by the government of Alberta to design Grande Prairie's new \$520 million regional health care centre. This will be a very important initiative for this corner of the province and for those people living in British Columbia seeking services in Alberta.

Here at the Queen Elizabeth II Hospital, there are strategies in place to address emergency department wait times, including the potential use of fast-track and ambulatory care areas if there are capacity pressures.

We know that addressing Emergency Department capacity pressures is just one part of a larger commitment to increasing access – and that means working across the system, in primary care, mental health and community care. There is a great deal of work going on across the North Zone in all of these areas as well.

This week in the North Zone we announced a new mental health walk-in clinic in Cold Lake that provides quick access for area residents in mental-health crisis - so they can get the help they need as soon as possible.

In La Crete, an Advanced Ambulatory Care service is being established at the La Crete Community Health Centre, designed to meet the needs of patients with a sudden illness or injury that could normally be cared for in a doctor's office, but cannot wait for a scheduled visit. We've also launched a public awareness campaign in the zone, providing information about the options available for primary and preventative care.

These are just a few of the new investments we are making across the system in order to advance our strategic priorities. And this is work that is possible through the strong foundation of an unprecedented five-year funding agreement with the provincial government.

Before turning to business, if I may, I would like to make a personal comment. The critical component in achieving our goals at Alberta Health Services is our staff and physicians. Day in and day out across the province, they save and change lives, and dedicate themselves to improving the health and wellness of Albertans.

Their work is incredibly important, and should not be overshadowed by self-serving rhetoric that too often dominates the public conversation. Let us not forget, amid the cacophony of comment and opinion – some of it valid or at least well meaning, but too much of it vitriolic – let us remember that our staff and physicians act in good faith, often under difficult and demanding circumstances. They are public servants who are not in a position to respond to critics, even though they deserve our gratitude and utmost respect - and nothing less.

At Alberta Health Services, we are open to criticism and constructive engagement. It will make us stronger, better and we believe that and take it on. I am less inclined to see good people on the frontlines sideswiped by sweeping, self-serving statements that rely on innuendo, or insinuate that they are anything less than committed to the highest standards of honesty and integrity, or that they are not working as hard as they can on behalf patients and their families.

They are people within the Alberta Health Services, the physicians and employees - they have earned and deserve better. Yes, sometimes mistakes are made, because we are all human, and we can always do better.

But I have yet to meet anyone in health care who is not here for the right reasons. So let me say this to all of our staff and physicians: the Board, your Board Chair and your CEO are completely behind you.

We are focused on serving our patients today and ensuring we can serve them today, this week, this month and in the months and years ahead.

We have put a very firm stake in the sand: physicians and other health care professionals are free to speak and advocate for their patients. There is clear evidence that physicians feel free to speak out – and I welcome that. We have learned much at Alberta Health Services from past history and previous organizations. Dr. Eagle and the senior leadership of AHS have made it clear that the “tone at the top” of this organization is one of openness and a willingness to engage and work with physicians.

However, we are obliged and we must focus on what we need to do, here and now, and today and tomorrow. We have made the changes that are showing clear, demonstrable progress. As just one example, by the end of March this year, the average number of patients waiting for admission to hospital from our Emergency Departments since September 2010 has changed dramatically – just six months ago – it is down 62 per cent in Calgary, 48 per cent in Edmonton and 38 per cent in Red Deer.

That is exceptional success and effort put into the system and I commend all of the frontline people – in Emergency and across the health system – who have achieved this success.

So, in summary, we focus, day in and day out, on what we need to accomplish today to serve our patients. Of course, Alberta Health Services has and will cooperate with the current Health Quality Council of Alberta (HQCA) review – and we look forward to additional learning's we can glean from that important work.

At the same time, we will not be distracted from our work by allegations about things that might have happened 3, 5, 10 and even 15 years ago before AHS was created. Those discussions are largely taking place in the Legislature. I would simply encourage all participants in that debate to act responsibly and recognize that there are 90,000 people deeply committed within the Alberta Health Services and physician community to do the right thing.

Now to business.

Today, we are accelerating the clinical and support improvements that will yield measurable benefits for our patients. Measurement is critical, a reflection of not only our commitment to quality improvement, but to transparency and accountability.

The Performance Measures that will be brought to the Board today play an important role in checking our progress against our targets. Equally if not more important are the investments we are making to improve performance – and ultimately the quality of patient care – which is the focus of much of today's meeting.

And on that note I am pleased to announce that today marks another watershed in the young history of Alberta Health Services. Personally and on behalf of the Board, I would like to welcome Dr. Chris Eagle to his new role as President and CEO of Alberta Health Services. We will be passing the motion formally, shortly.

The Board has worked with Dr. Eagle for three years now and more recently and directly in his time as the Acting President and CEO, we are impressed by his thoughtful, patient-centred approach to leadership in health care.

Alberta Health Services emerged from 2010 having put the greater part of the amalgamation work that the early couple of years consumed and have put it behind us. We did the right things for the right reasons – emphasizing the importance of ensuring Alberta Health Services was on a sound financial footing, including most importantly, the province's commitment to a Five-Year Health Funding Plan.

Many initiatives flowed last year from that commitment, including more hospital and continuing care beds and of course action last fall on Emergency wait times. 2010 drew to a close with the announcement of the Five-Year Health Action Plan which matches the Five-Year Health Funding Plan, with its emphasis on achieving the highest standards of clinical care here and across Canada.

Dr. Eagle is the right leader at the right time for our organization. We turned the corner in 2010, and in the years ahead we see Alberta Health Services yielding the benefits of amalgamation, with a renewed emphasis on connecting with the communities we serve. We completed a comprehensive search for the new President and Chief Executive Officer. Dr. Eagle won that competition fair and square.

Dr. Eagle has demonstrated his appreciation for the need now to redouble our efforts on the clinical initiatives that will help define Alberta Health Services as a leader in creating Canada's best-performing publicly funded health system.

Most importantly, Dr. Eagle is guiding our system to see health care through the eyes of patients and we look forward to working with him to deliver what promises to be an innovative and ambitious plan.

Dr. Eagle, over to you...

b) Acting President & CEO's Report

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

Thank you Mr. Chair and thank you for the kind words.

A few minutes ago I sent a note to all of the staff, physicians and volunteers of Alberta Health Services, making a commitment to recognize, every day, the hard work they do to deliver excellent patient care. I trust in their abilities, and I respect them and their contributions to health care.

I would like to follow up this morning by focusing on why their commitment to all us, as Albertans and as patients, is so important, and how we will work together with Alberta Health Services' partner organizations and care providers to improve the health care available to all Albertans.

Albertans deserve, expect and pay for a high-performing health system. As our patients have said many times in many surveys, the care we provide once they get into the system is good and often exceptional.

But while we recognize that parts of our health system perform at an exemplary level, it is not uniform across all of our programs and across all communities in Alberta and too often early access is a barrier to quality care.

We can and will make many of these improvements and innovations alone, within our hospitals and other care facilities, with the outstanding people, our staff and physicians, with whom we work with

everyday. At the same time, in many areas, such as primary care, and seniors care, we require strong and effective partnerships with physicians, the Alberta Medical Association, unions, professional associations and colleges, partner providers and post-secondary institutions in order to improve and better coordinate care across the system. The roadmap for this activity is the Alberta Five-Year Health Action Plan and the Five-Year Health Funding Agreement. I believe there is no stronger statement of government support for health care in Canada today.

Now, how are we putting this to work?

Over the past year we have begun to significantly increase capacity and focus on wait times across the system. The pace of that work is accelerating, and we will provide recommendations and details at future Board meetings to demonstrate this.

We are also announcing today four initiatives to underscore our commitment to increase access and reduce wait times. This timing is not coincidental. As CEO I want to see, and Albertans want to see, greater emphasis on the areas where we can make the greatest difference in the quality of patient care provided.

In the days, weeks and months ahead we will do more consultation and engagement with staff and physicians than Alberta Health Services has ever done, and I have made my personal views on the importance of patient advocacy clear and unequivocal.

At the same time, we must also set an ambitious pace and agenda.

With that in mind and with the support of the Five-Year Health Funding Plan, we are announcing today that we will commit \$190 million to new funding to improve performance in high-priority areas. The additional funding is directed to emergency department wait time reduction; cancer care access; reduction in wait times for cardiac, cataract, cancer and orthopaedic surgeries and enhanced access to continuing care beds. More information is included in the news release and more details will be provided when the full budget is presented and approved later this year. At that time I will talk more about our clinical networks and how we will reorient the health system so that we better see and understand it through eyes of our patients.

Until then, I believe it is important to make it clear now, today, that we are serious about putting resources behind our priorities and that our priorities are all about patient care.

I can make these commitments today confident that we have the necessary people and resources. The amalgamation phase of the history of Alberta Health Services is behind us and we are moving forward.

Let me end where I began. We will do this together: with the men and women of Alberta Health Services, with our communities, and with the many people and organizations we count on as essential partners in improving the health care available to all Albertans.

Thank you Mr. Chair.

5. Audit and Finance Committee

a) Report to the Board

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised he was bringing forward to the Board three recommendations: Internal Audit Plan, Internal Audit Charter and the Medical Resident's Salaries and Benefits Grant Agreement. Mr. Sieben further advised members that the Audit and Finance Committee is on target in forwarding the Audited Financial Statements to the June 10, 2011, Board meeting.

b) Internal Audit Plan

Mr. Sieben, Chair of the Audit and Finance Committee, advised the Terms of Reference of the Audit and Finance Committee require that the Committee annually review and approve the Internal Audit Plan.

The Audit and Finance Committee and the Committee of the Whole reviewed the three year Internal Audit Plan which is based on the previous audit plan and feedback was received from several stakeholders including the Committee, management, the Office of the Auditor General and the audit team.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Internal Audit Plan, in substantially the form reviewed and recommended by the Committee of the Whole and with such non-substantive amendments as management considers necessary or advisable.

c) Internal Audit Charter

Mr. Sieben, Chair of the Audit and Finance Committee, advised that the Terms of Reference of the Audit and Finance Committee also require that the Committee annually review and approve the Internal Audit Charter.

The Audit and Finance Committee and the Committee of the Whole have reviewed the Charter and have concluded that no changes to the Charter are necessary based on the current activities and plans for the function in the next three years.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved Internal Audit Charter, in substantially the form reviewed and recommended by the Committee of the Whole and with such non-substantive amendments as management considers necessary or advisable.

d) Medical Residents' Salaries and Benefits Grant Agreement

Mr. Sieben, Chair of the Audit and Finance Committee, advised that to be eligible for licensure to practice medicine in their particular area of specialization, physicians are required to undertake residency training following the completion of their undergraduate medical degree. As part of their training, medical residents work in AHS facilities under supervision.

The role of these residents is important for patients and families and we are pleased to support them.

Recently, AHS received the Grant Agreement between Alberta Health and Wellness, AHS, the University of Alberta and University of Calgary for the purpose of funding the salaries and benefits of postgraduate medical residents employed by AHS.

The amount of funding to be released under the Grant Agreement exceeds the financial authority delegated to the President and Chief Executive Officer of AHS under the Delegation of Authority and Establishment of Controls for Commitments Policy, therefore:

UPON MOTION duly moved, seconded and unanimously carried, the Board approved that the President and Chief Executive Officer of Alberta Health Services be delegated the authority to enter into and execute the Grant Agreement on behalf of AHS; and furthermore, that:

1. the President and Chief Executive Officer be authorized and directed to take all such other acts and things that he considers to be necessary or advisable in connection with the forgoing resolution, including any amendments thereof; and
2. such authority be delegated to the President and Chief Executive Officer for the period of April 1, 2010 to March 31, 2013.

6. Human Resources Committee

a) Report to the Board

Ms. Irene Lewis, Chair of the Human Resources Committee, advised she was bringing one motion to the Board: the Appointment of the President and Chief Financial Officer.

b) Appointment of the President and Chief Executive Officer

Ms. Lewis, Chair of the Human Resources Committee, advised that Pursuant to the Alberta Health Services General Bylaws, the Board has an obligation to appoint an individual to serve as the President and Chief Executive Officer of AHS. In addition, the Mandate and Roles Document requires the Board to recruit and determine the compensation (including benefits) and the contract terms and conditions of the CEO subject to the approval of the Minister of Health and Wellness.

In the fall of 2010, a special committee of the Board was created for the purpose of overseeing the recruitment of a CEO. She confirmed that the search for the AHS President and CEO began after the termination of the contract of the former President and CEO. The international executive recruiter firm Egon Zehnder, retained as a result of a competitive process, conducted a worldwide search which yielded excellent candidates to be interviewed for this position. The Recruitment Committee as well as the Human Resources Committee and Committee of the Whole of the AHS Board, considered the matter and recommended that Dr. Chris Eagle, the Acting President and CEO at the time, be appointed as the President and Chief Executive Officer of AHS.

The Minister of Alberta Health and Wellness also gave his approval to the appointment of Dr. Chris Eagle and the terms and conditions of his employment.

UPON MOTION duly moved, seconded and unanimously carried, the Board appointed Dr. Chris Eagle as the President and Chief Executive Officer of Alberta Health Services, effective as of April 1, 2011 and approved the employment agreement made effective April 1, 2011, between Dr. Chris Eagle and AHS, in the form reviewed at the Committee of the Whole, which sets out the terms and conditions applicable to Dr. Eagle's role as President and Chief Executive Officer;

In addition, the Board authorized and directed the Chair of the AHS Board to enter into and execute the Employment Agreement on behalf of AHS;

And furthermore, the Board moved that the management of AHS be authorized and directed to take all such other acts and things that they consider to be necessary or advisable in connection with the foregoing resolutions.

7. Governance Committee

a) Report to the Board

Mr. Stephen Lockwood, Chair of the Governance Committee, advised there were a couple of items to report. Mr. Lockwood shared that Board members had their first formal Board orientation on Tuesday, April 12, 2011 and commended the management team for putting together a comprehensive reference manual and great orientation.

b) Strategic Governance Framework

Mr. Lockwood, Chair of the Governance Committee, advised that the creation of Alberta Health Services (AHS) presented a unique opportunity to design and implement a single, cohesive and strategic framework for the governance documents that facilitate the clinical and corporate business operations of AHS. The initial Strategic Governance Document Framework was approved by the Board in February 2009.

As part of the continuing commitment on the part of the Executive Committee, and the clinical and corporate policy departments to ensuring a high standard and quality of governance, and in consultation with a range of stakeholders, the Framework has been revised to better meet the needs of the organization and those who work within or on behalf of AHS.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the delegation of the regular updating of the Strategic Governance Document Framework to the management of Alberta Health Services, with any fundamental changes made to the document to receive prior approval by the Alberta Health Services Board.

8. Health Advisory Committee

a) Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that two meetings took place and several motions were coming forward. He further advised one main issue is the upcoming annual Province-wide Health Advisory meeting on June 10 and 11, 2011, in Calgary. The Health Advisory Committee is working extensively on the agenda to make it as productive as possible and they hope all other board members can attend this event.

b) Approval of Bylaws and Appointments of Trustees to Vulcan County Health and Wellness Foundation

Members of the community in Vulcan County and surrounding areas have made a commitment to work with both the hospital and care centre to support their prioritized initiatives, where possible, through fundraising initiatives. The Board is pleased to support this community commitment and has reviewed the established bylaws and appointments.

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

1. approved the Establishing Bylaws (Bylaws) of the Vulcan County Health and Wellness Foundation in substantially the form reviewed and recommended by Committee of the Whole, be approved subject to the approval of the Minister of Alberta Health and Wellness; and
2. appointed the following individuals as trustees to the Foundation, for the term length indicated, with all such appointments to be effective on the day the Minister of Alberta Health and Wellness approves the Establishing Bylaws of the Foundation:

| NAME | ROLE | APPOINTMENT |
|----------------|---------|--|
| Scott Mitchell | Trustee | Three Year Term (March 2014) |
| Donna Graham | Trustee | Three Year Term (March 2014) |
| Lorna Pasolli | Trustee | Three Year Term (March 2014) Non-voting |
| Donna Anderson | Trustee | Three Year Term (March 2014) |
| Peggy Hovde | Trustee | Two Year Term (March 2013) |
| Brenda Findlay | Trustee | Two Year Term (March 2013) Non-voting |
| Howard Dirks | Trustee | Three Year Term (March 2014) |

| | | |
|-----------------|---------|------------------------------|
| Myrna McLellan | Trustee | Two Year Term (March 2013) |
| Rick Geschwendt | Trustee | Three Year Term (March 2014) |
| Jim McNiven | Trustee | Two Year Term (March 2013) |

c) Approval of Amended Bylaws of Grimshaw/Berwyn & District Hospital Foundation

The Grimshaw/Berwyn & District Hospital Foundation (Foundation) was established in 1998. All Foundations were directed to amend their bylaws following changes made in 2007 to the *Regional Health Authorities Foundations Regulation* (AR 28/2007). This foundation did not amend their bylaws at that time and are requesting approval of at this time. The Board is pleased to support this community commitment and has reviewed the amended established bylaws.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the Bylaws of the Grimshaw/Berwyn & District Hospital Foundation in substantially the form reviewed and recommended by the Committee of the Whole; upon approval by the Minister of Alberta Health & Wellness.

d) Foundations and Health Trusts Appointments

The Alberta Health Services Board is pleased to support the many members of the community across Alberta who dedicate themselves to support local facilities and programs.

UPON MOTION duly moved, seconded and unanimously carried, the Board appointed the following individuals as trustees to the foundation listed in the table below, for the term length indicated, with effect from April 14, 2011:

| Foundation | Name | Role | Period of Appointment |
|---|------------------|---------|------------------------------|
| Mental Health Foundation | Heather Stephens | Trustee | One year Term (March 2012) |
| Jasper Healthcare Foundation | Eleanor Bye | Trustee | Three Year term (March 2014) |
| Medicine Hat & District Health Foundation | Jeremy Robinson | Trustee | Three year Term (March 2014) |
| Windy Slopes Health Foundation | Donna Schauerte | Trustee | Two Year Term (March 2013) |

| | | | |
|--|------------------|---------|------------------------------|
| Strathcona Community Hospital Foundation | Keith Paterson | Trustee | Three year Term (March 2014) |
| | Arlene Mazoleski | Trustee | Three year Term (March 2014) |
| | Vic Bidzinski | Trustee | Three year Term (March 2014) |
| | Doug Enders | Trustee | Three year Term (March 2014) |
| | Bob Horton | Trustee | Three year Term (March 2014) |
| | Marg Marciak | Trustee | Three year Term (March 2014) |
| | Wilma Sanford | Trustee | Three year Term (March 2014) |

e) Health Advisory Council Appointments

The Alberta Health Services Board is committed to support councils in their important work and as a result have undergone a recruitment process for councils who would benefit from additional members.

UPON MOTION duly moved, seconded and unanimously carried, the Board appointed the following individuals as members to the Foundation, listed in the table below, for the term length indicated, with all such appointments to be effective on the day the Minister of Alberta Health and Wellness approves:

| Health Advisory Council | Name | Term Length |
|-------------------------|--------------------------|-----------------|
| Wood Buffalo | Tracy Czuy McKinnon | Three year Term |
| | Cathy Payne-Davis | Two year Term |
| | David Hodson | Three year Term |
| | Abbi Pittman | Two year Term |
| Tamarack | Maryann Chichak | Three year Term |
| Prairie Mountain | Carole Goruk | Three year Term |
| | Jean Quigley | Two year Term |
| | Beth Kish | Three year Term |
| Oldman River | Jill Bruder | Three year Term |
| | Dory Rossiter | Two year Term |
| | Kevin Nemeth | Three year Term |
| | Willemina (Wilma) Mulder | Two year Term |

f) Provincial Advisory Council – Cancer

Mr. John Lehnert, Chair of the Health Advisory Committee, provided the following background to this matter: in May 2008, with the announcement of the formation of AHS, the Minister of Alberta Health and Wellness also requested the establishment of a Provincial Advisory Council - Cancer.

The Provincial Advisory Council will provide advice and suggestions to the AHS Board and management on service delivery and program design for a province-wide cancer system.

Due to the nature of cancer care, it is appropriate for the Provincial Advisory Council - Cancer to balance the representation of experts in the area with consumers and/or family members whose experience includes cancer care, or members of the public. It is also important that cancer care be considered within the context of chronic disease and it is the expectation of the Board that they work within this context.

Mr. Lehnert presented the motion to approve the Terms of Reference and Establishing Bylaws of the Provincial Advisory Council – Cancer, in the form reviewed by the Committee of the Whole, subject to and effective on the date the Bylaws are approved by the Minister of Alberta Health and Wellness.

Mr. Hughes asked if there was any discussion on this item.

Ms. Bougie requested to speak in favour of this motion and advised that there are three reasons behind it:

1. Commitment: request was made by the Minister of Alberta Health and Wellness some time ago and should be honoured by the Board.
2. Engagement: there has been a long process of engagement with Dr. Anthony Fields, Vice President, Cancer Care, and other members of his team with respect to Cancer Care in this province, to move forward with this agenda. It is important at a Board level that it is respected.
3. Connection: she as well as many others, has a direct connection to Cancer Care and many of us have lost family to cancer and feel a personal connection on that basis; this is the right thing to do and it is important that the Board accomplish this.

Dr. Smith requested to speak in opposition to this motion and offered due to several reasons for his position. He advised that one of AHS' strengths is that it allows the delivery of health care in the province to be organized provincially and integrated across the province. The Health Advisory Councils as structured are very important as they provide community input and on a geographical basis to the health care system.

Dr. Smith further advised that creating disease-specific health councils seems to be going against the overall organizational structure that is in place and perhaps retrogressive from the point that it seems to be creating a silo of diseases rather than integrated systems - not to deny Cancer's importance in this province – it is the leading cause of death in Canada. It affects many people and we do need to provide it with as much support as possible.

[Ms. Sheila Weatherill exited the meeting at 11:45 a.m.]

Dr. Smith commented if AHS was going to have the Health Advisory Council on Cancer then why not a Health Advisory Council on seniors, a Health Advisory Council on children, a Health Advisory Council on cardiovascular disease or the other diseases. He also commented it seems to separate cancer from many of the other chronic diseases with which it shares many of the risk factors and solutions. It also seems to not be in-keeping with the trends that we see happening internationally, where the focus is on chronic diseases rather than individual diseases.

Dr. Smith continued by explaining that one of the aspects of this particular motion is that council be created to provide expert opinion as well as community of cancer victims or members of the community to have input. He commented that input is very important but suggested there are many other mechanisms that can be created.

Dr. Smith concluded by saying he was against the motion.

Mr. Hughes asked if there were any further comments.

Dr. Collins-Nakai also requested to speak against this motion not because cancer is not important or because cancer does not have a major strategy going forward in this province. She expressed concern regarding the precedent that this might set such as Dr. Smith had mentioned; if AHS creates a separate health advisory council for one disease or body part or section of the population, we may be pressured into doing it for many other segments and therefore lose the ability to look in terms of our prevention strategies in a holistic way. Dr. Collins-Nakai advised that cancer, diabetes, hypertension and a variety of bone and joint abnormalities all share many of the similar risk factors and will make it much more difficult unless cancer is included under a chronic disease strategy.

Dr. Collins-Nakai further advised if given Ms. Bougie's point about a previous commitment, we may have to move ahead this time but clearly noting that over time the Provincial Health Advisory Council on Cancer needs to be amalgamated into a Provincial Health Advisory Council on Chronic Diseases so that AHS can look at future planning which will help prevent many of the diseases and not only focus, solely on Cancer.

Mr. Johnson expressed appreciation for Dr. Collins-Nakai's comments regarding the obtrusiveness in the future. He explained that if the right reasons existed then AHS was ready to move forward and agreed with Ms. Bougie's comment about the Minister of Alberta Health and Wellness' commitment.

Mr. Johnson advised that the Board make the decision to approve the motion and consider the additional rational to be brought forward to provide that continuum to be more inclusive of some of the other chronic diseases.

Prior to Board members voting on the proposed motion, Dr. Smith recommended an amendment to the motion being presented. The Board did not concur with the amendment proposed. Members proceeded to vote on the presented motion.

UPON MOTION duly moved, seconded and carried by a majority of six to five, the Board approved the Terms of Reference and Establishing Bylaws of the Provincial Advisory Council – Cancer, in the form reviewed by the Committee of the Whole, subject to and effective on the date the Bylaws are approved by the Minister of Alberta Health and Wellness.

The following members voted “yes” to the aforementioned motion: Ms. Teri Lynn Bougie, Mr. John Lehnert, Ms. Irene Lewis, Mr. Stephen Lockwood, Mr. Gord Winkel and Mr. Don Johnson.

The following members voted “no” to the aforementioned motion: Dr. Kamal Gangopadhyay, Mr. Don Sieben, Dr. Ray Block, Dr. Ruth Collins-Nakai and Dr. Eldon Smith.

However, it was further proposed that an additional motion be included for this item. Members voted unanimously on the additional motion.

Motion Arising:

UPON MOTION duly moved, seconded and carried by a majority of six to five, the Board approved that within two years of the approval of the Bylaws by the Minister of Alberta Health and Wellness, the Alberta Health Services Board undertake an evaluation of this Provincial Advisory Council to ensure that the operation continues to be aligned with the priorities of AHS.

The following members voted “yes” to the aforementioned motion: Dr. Kamal Gangopadhyay, Ms. Irene Lewis, Mr. Don Sieben, Dr. Ray Block, Dr. Ruth Collins-Nakai and Dr. Eldon Smith.

The following members voted “no” to the aforementioned motion: Ms. Teri Lynn Bougie, Mr. John Lehnert, Mr. Stephen Lockwood, Mr. Gord Winkel and Mr. Don Johnson.

9. Quality and Safety Committee

a) Report to the Board

Mr. Gord Winkel, Chair of the Quality and Safety Committee presented the motion to approve the Third Quarter 2010/2011, Alberta Health Services Performance Report.

b) Third Quarter 2010/2011, Alberta Health Services Performance Report

The Third Quarter 2010/2011, Alberta Health Services Performance Report shows that AHS is improving patient access to services in several areas, including community mental health treatment for children and radiation therapy. These are areas of care in which they have made strategic improvements – with AHS staff and physicians finding ways to get children in crisis and patients with cancer the help they need more quickly.

The report also provides information about where AHS needs to intensify its efforts. With this information, Alberta Health Services will be making strategic investments in several areas to accelerate improvements.

AHS is investing approximately \$190 million for improvement related to high-priority initiatives which they link directly to performance targets, and are in addition to annual funding in these areas.

AHS is investing an additional \$19 million to support emergency department wait time reductions for patients waiting for admission to hospital, and for patients who are treated and discharged.

AHS is investing an additional \$15 million to reduce wait times for patients who need radiation therapy, and an additional \$46 million to reduce surgical wait times in key areas, including cardiac and cancer surgeries, hip and knee replacement surgeries, and cataract surgeries.

And also investing an additional \$110 million to reduce the number of people waiting in hospital or in the community for a continuing care bed. This in turn is directly linked to other strategies that will enhance action.

The \$190 million AHS is investing in these targeted improvements is part of the 2011/12 Budget and Business Plan still in development.

AHS has set intentionally aggressive targets, and will be driving hard to reach them. It is known that the care patients receive once they are in the system is quality care – they just need to get in the door more quickly.

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the “Alberta Health Services Q3 Performance Report 2010/11” in substantially the form reviewed and recommended by the Committee of the Whole, with such non-substantive changes that management of Alberta Health Services considers necessary or advisable; and furthermore approved that management be authorized and directed to deliver this report to the Minister of Alberta Health and Wellness and thereafter management will make the report available to the public through the Alberta Health Services website.

Mr. Don Johnson commended Mr. Winkel on his positivity. He further commented that it was necessary to find linkages to other ministries as discussed, particularly, children and senior’s services. Mr. Johnson advised that prevention is critical as well the need to look into the various preventative measures and social determinants of health in order to relieve pressure on the system. He further advised that there needs to be further discussion on how to establish linkages and to take advantage of resources which are already available, especially, rural.

Mr. Hughes commented see here; see change in the way in which AHS creates accountability for the delivery of health care services in this province. We have set a very high bar in terms of transparency and accountability. We can all hold ourselves accountable as an organization and as a community, this empowers us to help bring others to the table to solve the challenges we face.

Mr. Lehnert commented that as AHS moves forward there are many initiatives being dealt with that deal with the quarterly Performance Report. They are reactive initiatives and a number of activities are involved with public health, trying to transform our society and to inform. He further

commented that there is an ongoing effort to try to increase the funding on public health initiatives although every time money is invested there is reactive feedback.

Mr. Winkel asked how can AHS be proactive moving forward? He advised that even though the scorecard shows preventative opportunities it is in fact balanced; it talks about investments in health and wellness, strategies that look at addressing what AHS can do to improve the quality of life and the health of people. Mr. Winkel advised these are the priorities of the day, we have a large system, we have a culture and we are here to do the best we can with finite resources.

Mr. Winkel further advised that Mr. Lehnert's and Johnson's feedback will be forwarded to the Quality and Safety Committee and extended an open invitation to participate in Quality and Safety Committee meetings.

10. Adjournment of Meeting

There being no further business, the meeting was adjourned at 12:09 p.m.

Chair

Recording Secretary