

BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Carewest Colonel Belcher Care Centre – Auditorium Room, 1939 Veterans Way NW, Calgary on June 10th, 2011.

Present:

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

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

Regrets: Mr. Stephen Lockwood
Ms. Sheila Weatherill

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

Mr. Hughes called the meeting to order at approximately 1:16 p.m. Notice of the meeting had been properly given and quorum was met.

1. Review of Agenda

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda in relation to the June 10, 2011 meeting of the 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 Board dated April 14, 2011, in substantially the form before them; and directed the Chair of the Board and the Recording 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 today at the Carewest Colonel Belcher Care Centre in Calgary, those who are watching on the Telehealth service, and also those who will watch later online on the AHS website. We move our meetings to different locations to allow the Board to get a better feel for the diversity of Alberta, and to have the chance to connect with people in the communities that we serve.

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

We have had a great couple days here in Calgary at the Carewest Colonel Belcher Care Centre. The Board toured this facility today, which is home to 175 residents, 135 of whom are veterans and 40 community seniors.

The Board also attended the 50th anniversary of Carewest yesterday evening. That is quite a record of service in this community. We would like to acknowledge and thank the team at Carewest for hosting us and we would like to pay a special tribute to all of the Carewest team who provide services to the seniors in our communities. Colonel Belcher is obviously an important historical figure from this part of Canada and it is entirely appropriate that his name grace this facility where 135 veterans live and enjoy a fabulous facility and a great quality of life. We are very proud to offer that quality of life to the veterans who have served this great country.

Before I say much more, I would like to make a special acknowledgment of the selfless efforts of the many Albertans who worked together to respond to the challenges of the fires in Slave Lake. We all watched with great concern the day that Slave Lake came under threat from the forest fires in which so many people lost their homes and businesses. Thousands of people were evacuated without injury thanks to the coordinated effort, which is quite an accomplishment. The AHS team was very much a part of that as well. The staff and physicians showed tremendous dedication and professionalism. Many of them actually lost their homes, and even though their own houses were burning, their dedication to public service came first. That is a tremendous tribute to the professionalism of those individuals. We are all very proud of them and we are deeply indebted to them for their efforts. Their efforts saved lives and on behalf of the Board, I would like to thank them for their incredible tireless and timely efforts.

Today, the people of Slave Lake are moving forward and the importance of moving forward is the theme of my comments today. No matter how great the challenge, no matter how big the obstacles, AHS has made great strides as an organization. We have done so by focusing on what we can do for today and the future and not on the past. We emphasize what we can change and we build on what has been achieved.

AHS today is focused on clinical priorities, encouraging greater engagement of staff and physicians, enabling greater local decision making and community engagement, and ensuring that we have the organizational structure and the financial foundation to deliver on the performance targets outlined in the Five-Year Health Action Plan and the Five-Year Funding Agreement. As all of you know, it is an unprecedented agreement that we have here in Alberta, and that allows us to achieve exceptional things for Albertans. Moving forward means growing at a pace likely unmatched across the country. I have had a chance in the last week to speak to people in other health care organizations across Canada, and they are watching with great interest what we are doing here in Alberta and they are beginning to appreciate the successes that we are able to accomplish.

Moving forward means a budget in this current fiscal year is much more closely aligned with targets and performance measures than was ever possible before. It will allow us to focus on key priorities, such as wait times, increased number of beds, and timely access. Moving forward means setting intentionally ambitious targets. We know we are setting targets that are ambitious and knowing that in some cases they will take years to achieve, but we know we should not apologize for striving to be the very best that we can be. That is the advantage of having a five-year plan.

AHS also has exceptional transparency and accountability relative to nearly any other jurisdiction in the country. Our quarterly performance report is an important element of this, and it reflects the progress we have made as an organization. It is progress not just in the past quarter, but in the very short time that AHS has existed as a single health system.

It is really as simple as this, when we say we will do something, we do it. We hold ourselves accountable, we ask Albertans to hold us accountable, and we ask all members of AHS to hold themselves accountable to the objectives that we are all trying to achieve. We said we would improve access by adding more beds to facilities across the province and we are doing it. We have added more than 300 acute care beds in the last year. We said we would provide more options for continuing care and we are doing it. We have added over 1100 continuing care beds. As a result, we know that there are far fewer Albertans waiting for placement in continuing care beds, the lowest rates we have seen in three years. We said we would do more to make surgical procedures like hip and knee replacements more accessible. Our budget makes this a priority.

We also said we would support healthy living for all Albertans. Today, AHS is pleased to officially launch our Healthy Eating Environment Policy. This program will be implemented throughout our facilities across the province and is designed to help Albertans make healthy food and beverage choices both at our facilities and at home. This is part of a long-term strategy to ensure that Albertans live a healthy life. Helping Albertans get and stay healthy is one of the key priorities for AHS and the Healthy Eating Environment Policy demonstrates that as an organization we stand by our commitments.

AHS is unique in so many ways. We came to be as a result of the largest merger in Canadian history and we advanced that by securing the first five-year health funding commitment in Canada. That alone, sets us apart. That alone, gives us exceptional opportunity to deliver for Albertans. It enables us to reach our goal of the best performing, publicly funded health care system in the nation. Today, we take several more major steps forward in achieving that goal.

With that in mind, I now turn to the business before us at this meeting. Today, the Board will review and approve the Fourth Quarter Investment Report, the Year End Financial Statements, the Annual Report, and the Operating Budget and Business Plan for the next year. Additionally, the Board will be reviewing and approving the Performance Agreement for the President and Chief Executive Officer, Dr. Chris Eagle, and hearing reports from the Audit and Finance Committee, the Human Resources Committee, the Governance Committee, the Health Advisory Committee and the Quality and Safety Committee.

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

b) President & CEO's Report

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

Thank you, Mr. Chair.

Today's agenda reflects AHS' focus on the clear and direct link between resources and health care priorities. Firstly, the 2011/2012 budget recommendations allocate resources in our highest priority objectives. Secondly, our first quarter performance results show progress on several fronts in meeting our objectives, the result of investments made in 2010 backstopped by the Province's Five-Year Health Action Plan and Five-Year Health Funding Plan. Third, my Performance Agreement, which is before the Board today for approval, is linked directly to the achievement of our targets.

I will begin with the budget. Priority areas for investment in the \$11.9 billion budget being recommended to the Board today, include, emergency department wait times, radiation therapy wait times, growth in continuing care beds and services, and improved access to a range of surgical procedures, including cataracts, hip and knee replacements, and cardiac surgery. We propose to allocate \$550 million in new investments directly related to the Five-Year Health Action Plan. This includes:

- \$110 million to reduce the number of patients waiting in acute care hospitals for continuing care beds and to reduce the number of Albertans waiting in the community for continuing care beds;
- \$46 million to reduce wait times for cardiac, cataract, and cancer surgery, as well as hip and knee replacement surgeries;
- \$15 million to reduce wait times from referral to consultation for patients who need radiation therapy; and
- \$19 million to support emergency departments and their wait time reduction efforts for both those patients waiting for admission to hospitals and those who will be treated and sent home.

This has been a great success story for AHS, as you have heard in our regular updates to the community. I applaud all of the people who are involved in working on the emergency department wait times, but as you know, our work is not done yet.

I would like to turn now to the first quarter performance measures and underscore the link between the target and our investment in resources. We are performing at or above target in the percentage of patients admitted to the emergency department within eight hours at all sites, patient satisfaction rates in hospitals, in radiation therapy wait time ready-to-treat to first radiation therapy, in admissions to ambulatory care for sensitive conditions, and in the number of users accessing the Netcare Electronic Health Record system.

We have made great improvement, but we will need to redouble our efforts in some areas, for example, in reducing wait times for scheduled Coronary Artery Bypass Grafts. To that end, we have introduced a computerized "flagging" system to identify patients who are close to exceeding the allowable wait time and a clinical assessment is made to ensure patient safety. We have also implemented a new process for daily triage of urgent and semi-urgent cardiac cases based on patient needs and operating room availability.

We continue to reduce the number of people waiting in acute or sub-acute beds for continuing care placement. Currently it is 471 people, down from 707 people a year ago, which in itself represents a significant achievement, but not yet reaching our target of 400. As you know, we will add 1000 new continuing care beds in 2011/2012, on top of the 1166 beds added last year.

I would like to highlight one other area. We are also taking aggressive steps to reduce hip surgery wait times. We have introduced a care pathway based on the bone and joint pilot done several years ago, which will allow patients to access services through central intake and will offer a "next available surgeon and site" option to interested patients. The project is now underway at all 12 facilities performing hip and knee replacements.

I would also like to provide the Board with a brief update on the AHS realignment and emphasize the link between the realignment and improved performance. One of my first actions as the CEO was to launch a realignment of our organizational structure to better support delivery of patient care and meet our targets more quickly. The realignment is simply a means to that end. The executive restructuring was completed the first week of May. The new zone executive leads - the top medical leader and top operational leader - in each of AHS's five zones, were appointed late last month. These teams are now working with our executive group and with staff and physicians in their zones on how to yield the best results from the realignment. I have asked the zone leaders to make achievement of our performance targets their top priority. Innovation and improvement was one of our five priorities (along with greater local decision making and community engagement, staff and physician engagement, partnerships with care providers), and realignment is related to all five of those issues. Greater local decision making means faster turn-around on decisions that can affect patient care. Patient care is a front line activity. We need to respond with greater urgency and immediacy to the needs of the front line.

Also to that end, staff and physician engagement are more critical than ever as we begin to focus more and more on critical, clinical needs. The changes we need to make simply cannot be achieved without their active and ongoing engagement. Innovation and performance do not occur in isolation. In fact, it is best led by people closest to the patient.

A third priority is working more closely with our partner care providers outside of AHS, which includes professional colleges, the Alberta Medical Association and other similar organizations. And, finally, we are developing patient care pathways, one of which I mentioned a few moments ago. Patient care pathways are simply laymen's language to reflect, to a great extent, the impact of the work of the strategic clinical networks that we have been creating across the system in order to make the patient's health care journey less complex and easier to understand. Our strategic clinical networks did not and could not exist across the former regions. These are true provincial enterprises and we are not going to lose that momentum. AHS today has five zones working collaboratively within one health system on behalf of all Albertans.

So let me conclude and be clear that we are not returning to the model of the former regions. That would certainly not serve our patients or their communities. It would also undo years of great and difficult work needed to create single platforms for Information Technology, Human Resources and other support systems. We have realized hundreds of millions of dollars in cost savings from administrative costs that have now been reinvested in health care.

What has changed is that the zones will now have a greater scope for local decision making and that more decisions are being made closer to where healthcare is provided.

We chose the word "realignment" carefully. This is not a case, to quote from the movies, of going "Back to the Future". We are taking the best that we have been able to achieve with amalgamation, which has been considerable, and we are evolving towards an organization that can direct more resources to patient care. This is an achievement that no other province in Canada can claim, and it would not be possible without the men and women of AHS who helped make that possible. 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 that the Audit and Finance Committee is bringing forward the following five recommendations for Board approval: the 2010/2011 Year End Financial Statements and Financial Analysis, the 2010/2011 AHS Annual Report, the 2011/2012 Operating Budget and Business Plan, the Fourth Quarter Investment Report and the BMO Financial Group Corporate Card Facility.

b) 2010/2011 Year End Financial Statements and Financial Analysis

Mr. Don Sieben, Chair of the Audit and Finance Committee, spoke to the 2010/2011 Year End Financial Statements and Financial Analysis. He advised that the consolidated financial statements have been audited by the Office of the Auditor General and are prepared in accordance with Canadian generally accepted accounting principles and reporting requirements of financial directives issued by Alberta Health and Wellness.

Mr. Sieben advised that in February 2010, the Province of Alberta announced the Five-Year Funding Plan, and this Plan has enabled AHS to strategize for the long term and also to move forward on key strategic initiatives. The 2010/2011 financial year ended with a final accumulated surplus of \$116 million. AHS annual expenditures for the year totaled \$10.976 billion.

Total expenses in 2011 increased by 4.8 percent from the prior year, but were lower than budgeted amounts by 1.8 percent. This was primarily due to labor and contract inflations and expansion of services. Inpatient nursing, diagnostic and therapeutic services made up over 40 percent of total expenses.

Mr. Sieben advised that AHS realized cost savings in administration in 2011, resulting in a positive variance of \$68 million. This was due to vacancy management initiatives and decreased discretionary spending, such as travel and consulting services.

The financial statements also reflect pay-at-risk for executives, in which a portion of compensation is released based on achievement of defined, measurable performance targets.

Mr. Sieben stated that overall, the 2010/2011 year ended in a positive fiscal position, which has AHS positioned well to invest in priority areas this year and beyond.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved, in the form reviewed and recommended by the Committee of the Whole, the following:

- 1. The internal restriction of:**
 - a) \$777.07 million of accumulated net assets to represent the amount invested in capital assets as at March 31, 2011;**
 - b) \$50 million of accumulated surplus to assist with startup costs for opening South Health Campus; and**
 - c) \$16.72 million of parking services surplus within accumulated surplus to create a parking infrastructure reserve for future major upgrades, maintenance and construction;**
- 2. The Alberta Health Services:**
 - a) Consolidated Financial Statements for the year ended March 31, 2011; and**

b) Financial Statement Analysis for the year ended March 31, 2011 for inclusion in the Alberta Health Services Annual Report;

both with such non-substantive changes that management of Alberta Health Services considers necessary or advisable;

- 3. And furthermore, management of Alberta Health Services be authorized and directed to take all such other action as management of Alberta Health Services considers necessary or advisable in order to give full effect to the foregoing.**

c) 2010/2011 Alberta Health Services Annual Report

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that he is pleased to present the 2010/2011 AHS Annual Report, which outlines the transformation of AHS and what it has undergone in the past year. He noted that the 2010/2011 AHS Annual Report charts progress and outlines some of the personal success stories that occur every day within the health care facilities of AHS.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved the “2010/2011 Alberta Health Services Annual Report”, in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of Alberta Health Services considers necessary or advisable;

And furthermore, authorized and directed management of Alberta Health Services to deliver this report to the Minister of Health and Wellness and thereafter management will make the report available to the public through the Alberta Health Services website.

d) 2011/2012 Operating Budget and Business Plan

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the 2011/2012 Operating Budget and Business Plan outlines a \$11.9 billion expense budget targeting priority investments in emergency department wait time reductions, radiation therapy wait time reductions, growth in continuing care beds and services, and timely access to a range of surgical procedures. Approximately \$550 million in innovation investments relate directly to key performance targets outlined in the Five-Year Health Action Plan.

Mr. Sieben stated that the Province's long term funding commitment enables AHS to focus on patient care initiatives. With stable funding, AHS is now able to accelerate initiatives outlined in the Five-Year Health Action Plan, and continue efforts to build Canada's best performing, publicly funded health care system.

The budget provides a solid foundation for improving access to care. AHS is directing funds into priority areas and delivering on what Albertans say they want from their health care system - faster and more equitable access to a range of services and programs.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved the "2011/2012 Operating Budget and Business Plan", in 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, authorized and directed management of Alberta Health Services to deliver this report to the Minister of Health and Wellness and thereafter management will make the report available to the public through the Alberta Health Services website.

e) March 31, 2011 – Fourth Quarter Investment Report

Mr. Don Johnson, Vice Chair, Audit and Finance Committee, advised that the Fourth Quarter Investment Report was prepared by Phillips Hager & North Investment Management Ltd., and it highlights the performance of AHS' investment portfolio in 2011. He commented that the Audit and Finance Committee reviews these reports, summarizing the performance of AHS' investment portfolio on a quarterly basis.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board ratified the investment transactions described below, reviewed and recommended by the Committee of the Whole, and made on behalf of Alberta Health Services by Philips, Hager & North Investment Management Ltd. ("PH&N") and Bissett Investment Management Ltd. ("Bissett") (such investment services from Bissett were up to and including March 15, 2011) as follows:

- A.** at March 31, 2011, Alberta Health Services held restricted and unrestricted funds totaling \$1.776 billion (the "Funds");
- B.** Alberta Health Services has retained the services of PH&N and Bissett to invest the Funds in accordance with Alberta Health Services' Investment Bylaw and Investment Policy;
- C.** both PH&N and Bissett, as well as management of Alberta Health Services, have confirmed that all of the Funds invested by PH&N and Bissett during the quarter ended March 31, 2011, were invested in accordance with the Investment Bylaw and Investment Policy; and
- D.** the Funds were invested in short term treasury bills, federal, provincial and corporate fixed income bonds and equity funds.

f) BMO Financial Group Corporate Card Facility

Mr. Don Johnson, Vice Chair, Audit and Finance Committee, advised that the BMO Financial Group Corporate Card Facility was prepared in response to changing needs that AHS has within operations. The AHS purchasing cards are an effective tool to facilitate low dollar transactions, thereby gaining efficiencies in procurement and accounts payable activities.

He confirmed that AHS awarded the purchasing card contract to BMO Financial Group in 2010 following a formal Request for Proposal process.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved, in the form reviewed and recommended by the Committee of the Whole, the increase from the current \$3 million credit facility to \$10 million with BMO Financial Group for Corporate MasterCard Purchasing Cards;

And furthermore, authorized any two officers named in the Banking Resolution Amendment, made February 18, 2010, to execute and deliver on behalf of AHS such agreements, documents and other writings and to take such actions as they consider necessary or advisable to give effect to the foregoing.

Mr. Ken Hughes, Board Chair, clarified that this Corporate Card Facility allows AHS greater transparency, ease and certainty around small procurements done by AHS staff. It was confirmed that such purchasing cards have a maximum spending amount of \$3,300 per card.

6. Human Resources Committee

a) Report to the Board

Ms. Irene Lewis, Chair of the Human Resources Committee, advised she was bringing one motion forward to the Board: the 2011-2012 President and Chief Executive Officer Performance Agreement.

b) 2011 – 2012 President and Chief Executive Officer Performance Agreement

Ms. Irene Lewis, Chair of the Human Resources Committee, advised that there has been much discussion, and many weeks of debate with respect to the 2011-2012 Performance Measures, which have been developed in accordance with the Board's commitment to link compensation to measurable progress on performance targets outlined in the AHS Five-Year Action Plan and to the "Tier 1 Performance Measures". She commented that compensation of the President and CEO includes an annual base salary plus pay-at-risk of up to 25 percent of the base which is tied directly to successful achievement of goals outlined in the Five-Year Health Action Plan.

Ms. Lewis advised that the President and CEO Performance Agreement focuses on four key goals, those being: to improve the performance of the health system, to improve staff and physician engagement, to improve local decision making and community consultation, and to create a responsive, high-functioning, results-orientated organization.

Ms. Lewis acknowledged that the Board realizes that Dr. Eagle and his leadership team are completely focused on achieving these ambitious goals, and, on behalf of the Board, she thanked Dr. Eagle.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved the 2011-2012 President and Chief Executive Officer Performance Agreement, in the form reviewed and recommended by the Committee of the Whole;

And furthermore, management of AHS was authorized and directed to take all such other actions as management of AHS considers necessary or advisable in order to give full effect to the foregoing resolution, including publishing the Agreement on the AHS website.

7. Governance Committee

a) Report to the Board

Dr. Kamallesh Gangopadhyay, Vice Chair, Governance Committee, provided a status report of the Governance Committee's work in progress.

Dr. Gangopadhyay spoke to the Governance Review of Subsidiaries, and stated that last fall AHS sought advice and assistance from Meyers Norris Penny in reviewing the existing governance models of Carewest, Calgary Laboratory Services Ltd. and Capital Care Group. He indicated that the purpose of this review was to identify best practices as well as find alignment between the objectives, principles and practices of each subsidiary related to the AHS. Currently the Governance Committee is awaiting the final report from Meyers Norris Penny, and once this is received, the Governance Committee will review and provide the findings and recommendations to the Board.

Dr. Gangopadhyay further advised that each Committee is in the process of reviewing their respective Terms of Reference. Once completed, all Terms of References will be reviewed by the Governance Committee and then brought forward for approval to this Board.

8. Health Advisory Committee

a) Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, spoke to the Health Advisory Council meeting he recently attended in Paddle Prairie, Alberta.

Mr. Lehnert further advised that approximately a month ago he attended a meeting with the Foundation Chairs, Mr. Hughes and Dr. Eagle. He discussed issues from this meeting, including the alignment of the current projects with the direction that AHS heading and the fact that some Foundations receive funding and others do not.

Mr. Lehnert spoke to the Province-wide Health Advisory Council meetings, which are taking place later that evening and the next day. He stated that these meetings are a good tool for listening and finding ways to help the health care system through the various councils.

Ms. Teri Lynn Bougie commented that the Board heard from Mr. George Keay, Chair, Lesser Slave Lake Health Advisory Council, and that it was useful to hear him highlight some of the concerns that are being brought to his Council and some of the excellent work they are doing. On behalf of the Board, Ms. Bougie thanked Mr. Keay for his presentation to the Committee of the Whole.

Mr. Ken Hughes, Board Chair, further reiterated the appreciation the Board has for people who have volunteered to be members of the Health Advisory Councils. He stated that these councils provide AHS with very important and useful insight into the needs of the communities and, further, it is a very important engagement process that the Board works with the Health Advisory Councils to ensure that AHS is well aligned with local needs throughout the province.

Mr. Gord Winkel thanked Mr. Lehnert for his hard work and he stated that it has taken a lot of work to engage all of these communities and that he has done an excellent job of doing so.

9. Quality and Safety Committee

a) Report to the Board

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

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

Mr. Winkel advised that the Fourth Quarter 2010/2011, Alberta Health Services Performance Report shows that AHS is making progress in several areas, including a high rating of patient satisfaction in hospitals across the province, wait times at emergency departments within our targeted range of eight hours, and better than target performance on admissions for ambulatory care, use of the electronic health care record system, and radiation treatment wait times.

He commented that this Report also showed that AHS has room for improvement in these and other areas. AHS is investing in areas of priority focus, such as reduced wait times and improved service access, and moving forward with strategies to improve care. For example, investing in further reducing wait times at emergency departments across the province. AHS' strategies to accomplish this include the opening of 360 new beds by the end of June this year, as well as an additional 40 hospital beds by the end of March 2012.

Mr. Winkel further advised that AHS also plans to inform Albertans about their care options, as many emergency department visits could be treated by a family doctor or drop-in clinic, and AHS is increasing home care spending in an effort to keep seniors safe, healthy and independent in their homes and reduce the number of avoidable emergency visits.

Mr. Ken Hughes, Board Chair, stated that performance reports are not provided in most other provinces, if any other provinces across Canada. He commented that this Performance Report is a creation that AHS has been able to put together as a result of having a single health care system.

UPON MOTION duly moved, seconded and unanimously carried, the Alberta Health Services Board approved the "Alberta Health Services Performance Report Q4 2010/11" in the form reviewed and recommended by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable;

And furthermore authorized and directed management to deliver this report to the Minister of Health and Wellness and thereafter management will make the report available to the public through the AHS website.

10. Other Business

Mr. Ken Hughes, Board Chair, advised that Dr. John Irwin, a well known family physician in Crowsnest Pass, recently passed away. He spoke to Dr. Irwin's accomplishments and to the fact that he will be greatly missed.

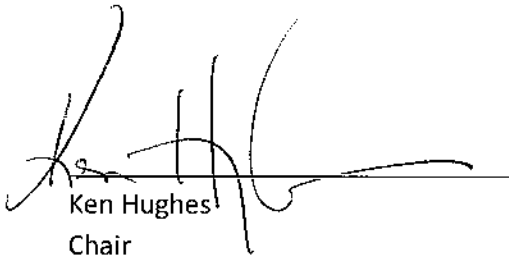
Mr. Don Johnson echoed Mr. Hughes comments about Dr. Irwin. He stated that Dr. Irwin was an extraordinary individual and Alberta was fortunate to have had him as a dedicated physician who was very passionate about, not only, seniors but about all of the people of Crowsnest Pass.

Mr. Johnson commented that he has come to gain a great appreciation for what he considers to be an absolutely remarkable job that the AHS staff and the Board have accomplished in the last three years. He commended Mr. Hughes, as Board Chair, the Board members, Dr. Chris Eagle, and all of the AHS staff who have done an extraordinary job in helping to make this happen.

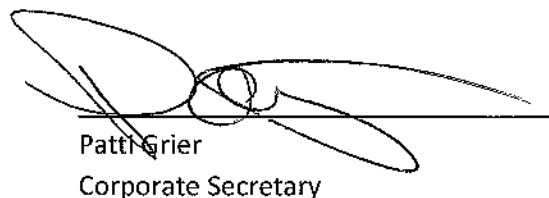
Mr. Hughes advised the next public Board meeting is scheduled to be held on September 15, 2011, in Medicine Hat, Alberta.

11. Adjournment of Meeting

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



Ken Hughes
Chair



Patti Grier
Corporate Secretary