

## **BOARD MEETING**

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Medicine Hat Regional Hospital, 666 – 5<sup>th</sup> Street SW, Medicine Hat, on May 3, 2012.

### **Present:**

**Board Members:** Ms. Catherine Roozen (Chair)  
Mr. Don Sieben (Vice Chair)  
Ms. Teri Lynn Bougie  
Dr. Ruth Collins-Nakai  
Dr. Kamallesh Gangopadhyay  
Mr. Don Johnson  
Mr. John Lehnars  
Mr. Stephen Lockwood  
Mr. Gord Winkel

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

**Regrets:** Dr. Ray Block  
Dr. Eldon Smith  
Ms. Sheila Weatherill

Ms. Roozen acted as Chair of the meeting and Ms. Grier acted as Corporate Secretary.

Ms. Roozen called the meeting to order at approximately 1:15 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 for the meeting of the Board held on May 3, 2012, which was provided to the Board in advance of the meeting.

### **2. Conflict of Interest**

Ms. Roozen 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 March 15, 2012, in substantially the form before them, and the Chair of the Board and the Corporate Secretary were authorized and directed to sign the minutes in the form so approved and the Corporate Secretary was directed to file them in the corporate records of AHS and deliver a copy to the Minister of Health.

#### 4. Comments to the Board

##### a) Chair's Report

**The following is an abstract of Ms. Roozen's, Board Chair, remarks at the meeting. It is not an official transcript:**

Good afternoon.

I would like to welcome everyone here in person at the Medicine Hat Regional Hospital, and those watching through Telehealth, to the AHS' monthly public Board meeting.

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

As a governance board, our 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 great couple of days here in Medicine Hat. Last night, we met with members of the community to talk about our successes and challenges as a health system, and the partnerships that exist between AHS and local community groups, foundations and other organizations. I was heartened by the number and depth of existing partnerships, and also challenged to build on these relationships to ensure we understand local health care needs and are responsive to them. We are making progress and I thank members of this community for engaging with AHS and sharing their perspectives with us.

I would like to take a moment to acknowledge and thank the staff of the Medicine Hat Regional Hospital for hosting us, and for the care they provide to patients each and every day. I would also like to recognize the South Zone leadership team of Medical Director Dr. Vanessa Maclean and Senior Vice President Sean Chilton. We call this model a 'dyad' and they exist in all five zones of AHS. In a dyad, local clinical leaders have joint planning and decision-making authority with operational leaders and they work together with their teams to plan local service delivery and ensure local decision-making. Sean and Vanessa are likely a familiar pair to many of you.

This spring marks four years since we began this journey and our third anniversary since we became a provincial health entity. One of the main reasons for merging twelve formerly independent health regions was to ensure all 3.7 million Albertans benefit from being closely connected to their local health care providers as well as the innovations and high standards expected across the entire system. That is what drives every transformation, strategy and decision we have made, and will continue to make.

We have built an organization on a culture of safe, compassionate and quality health care. We continue to focus on the five key strategies outlined in our Five-Year Health Action Plan.

First, we are helping Albertans be as well as they can be, by reducing disparities in health outcomes, strengthening early intervention, illness and injury prevention, and enabling Albertans to manage their care.

Second, we are strengthening primary care, expanding services to increase access, targeting early intervention, and improving support for at-risk groups, including Albertans with addiction and mental health issues.

Third, we are continuing to reduce emergency department wait times by implementing improvement plans across the health system. Albertans are being seen, treated and discharged from emergency departments faster than they were a year ago despite an increasing volume of patients. We know we still have work to do and we will continue to direct resources to further reduce wait times in our emergency departments.

Fourth, we are continuing to expand choices for continuing care, through a shift to community-based and home care options, and promoting health and independence. This year alone, AHS is adding 1,000 new continuing care beds and expanding home care services so more seniors and adults with disabilities can remain safe, healthy and independent in their homes. Today, we announced a \$3-million investment in our South Zone Home Care program, to further support these Albertans. We are hiring nurses, health care aides, social workers and rehabilitation workers across the South Zone to improve access to home care services, and we expect to add as many as 300 new home care clients in Medicine Hat and area this year.

And fifth, we are maximizing the benefits of being one integrated health system. Among those benefits: AHS has the lowest administration costs among Canadian health authorities and these savings are directed into high-quality patient care, consistently delivered and measured across the province.

Within each of these priorities, we have a series of specific performance targets, as we are determined to improve access and reduce wait times for surgical services, emergency department care, radiation therapy and continuing care placement, among others.

Reducing wait times is an urgent priority requiring coordinated action across the continuum of care. We will reduce the average hospital occupancy rate to 95 per cent at the seven major urban hospitals, decrease the number of patients waiting in acute and sub-acute beds for continuing care placement by 50 per cent, and standardize the process to discharge patients from inpatient beds and ensure community supports are in place to assist with their transition.

As we work towards each of these priorities, we remain constant in our commitment to measure and report on our performance. We are accountable and we are transparent about our progress.

It remains our priority to continue working closely with our partners in government, industry and the community to better serve the needs of the people of this province. We are committed to deeper engagement with Albertans about our progress and local health needs. We will remain open and transparent about our challenges and accomplishments alike.

With that in mind, I now turn to business.

Today, the Board will review and approve appointments to Foundation Boards, approve the Health Plan and Business Plan for 2012 – 2015, ratify the collective agreements with the Alberta Union of Provincial Employees (General Support Services) and the Health Sciences Association of Alberta and hear reports from the Quality and Safety, Human Resources and Governance Committees.

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

**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, Madame Chair.

Good afternoon everyone.

It is good to be back in Medicine Hat.

On today's agenda you will see that our Board reviewed the latest performance report, which is the Third Quarter 2011 – 2012 Performance Report.

Before I touch on that I would like to go back a month or so ago and reference some national data that came out from the Canadian Institute of Healthcare Information, which was the Canadian Hospital Reporting Project. Although reported approximately a month ago, I do not believe it received the attention that it deserved. Basically it describes how Alberta is doing in a national context.

There are 21 indicators in the report, with 6 of these indicators being financial in nature. Note that Alberta performed in the top three provinces out of 12 of those 21 measures for the most recent years that the data was available.

Alberta is performing the best in Canada on a couple of measures: 30 day in hospital mortality following stroke and 28 day readmission after myocardial infarction.

Alberta rates second best in the country in the 30 day hospital mortality for myocardial infarction, 30 day readmission rate for obstetrics, and importantly hip fractures surgery procedures being performed within 48 hours. These are substantial achievements.

Alberta rated third best in the country in the following areas: 5 day hospital mortality following major surgery, 30 day readmission rate for pediatrics, 30 day readmission rate for adult surgery, 30 day readmission rate overall, nursing sensitive adverse events for surgical patients and use of coronary angiography following acute myocardial infarction.

The vision for AHS is to become the best performing, publicly funded health care system in Canada. This shows that we are heading in the right direction and I think it is a good external validation to some of the things that we are seeing improvement in. It does not mean that we are home free in anyway. We have some areas where Alberta is not performing as well, but AHS is always ranking higher than fifth or sixth place.

A few of the areas that AHS is in fifth or sixth place include: 90 day readmission after knee replacement, obstetrical trauma, 90 day readmission after hip replacement, 30 day readmission rate for general medical patients, nursing sensitive adverse events for medical conditions and obstetrical trauma for vaginal delivery. There are areas where we need to improve but we are also performing well in other areas. I think if you were to look at this data overall, you would see that Alberta is doing particularly well.

Looking at the year to year data in the Third Quarter 2011 – 2012 Performance Report, you will see that Alberta has improved significantly. There are 43 measures that indicate year to year improvement. Of these 43 measures, 19 are improved over last year. Six measures were worse than last year and eight, remained static. Overall we are seeing a general trend for improvement and I think that is very important.

Let me provide some examples of these improvements. We have had a decreased wait time for cataract surgery from 47 weeks to 37 weeks and reduced the number of people waiting for acute and sub-acute beds for continuing care. Therefore, people in our hospitals who were waiting for placement decreased by 25.5 per cent in that period and their wait times also decreased by 21 per cent. Access to radiation therapy improved so that the wait time was down by 13 per cent and patient satisfaction with health care services received was up over 8 per cent.

We are hiring more graduating nurses and are up over 20 per cent over last year.

Patient satisfaction with our children's emergency departments increased over 7 per cent.

The number of health care professionals using our net care system is up over 22 per cent.

Wait times for urgent coronary bypass surgery increased by 7 per cent and the wait times to admit patients from emergency have improved by over 12 per cent for the 15 larger hospitals and over 6 per cent for hospitals overall.

We compared ourselves to the province of Ontario, which uses different measures for emergency department access. We used the same measures as those employed in Ontario to see how Alberta would perform in comparison. We found that the 90<sup>th</sup> percentile length of stay for complex patients in Alberta was 16 per cent lower with a wait time of 23.4 hours in comparison to Ontario with a wait time of 27.8 hours.

For the length of stay for uncomplicated patients, Alberta was again lower by 7 per cent at 3.9 hours versus Ontario at 4.2 hours. If you look at the comparatives, we are seeing that Alberta is performing quite well in terms of the health care services delivered in the province. We would like to recognize the work being done by our frontline staff in making sure that those measures are achieved and continue to improve.

Obviously there is further improvement to be made. We accept that and we are putting our resources to those areas to make sure that those improvements continue.

That work will continue with our 2012-2015 Health Plan and Business Plan. It is our roadmap for the next three years and builds on our successes and challenges.

Access, quality and sustainability remain foundational goals for AHS. The plan also requires that we embrace new ideas and strategies to better meet the needs of Albertans.

Today, we are putting forward to the Board the 2012-2013 Operating Budget, which provides the financial resources needed to focus on priority areas of care, such as wait times, health system access and Strategic Clinical Networks.

Established last year, Strategic Clinical Networks bring together physicians, clinicians, researchers, partners and patients to develop models and pathways for care.

We are also focused on local decision-making and community engagement. We recognize that each community in Alberta, like the community of Medicine Hat, has unique health needs and concerns, and we have structured ourselves so that even within a single health system, decisions can be made closest to where care is provided.

Last year, we began a series of community events to report back on our targets and where we are headed. We will continue such efforts this year as part of our commitment to being open and transparent.

Locally, we have seen some significant success thanks to the dedicated efforts of our staff and community partners.

For example, throughout 2012 and 2013, 80 new continuing care spaces, including 40 beds for dementia patients, will open in Medicine Hat.

In addition, a new 10-bed community hospice operated by Covenant Health will open in St. Joseph's Hospital this June.

This is part of our overall commitment to add 5,300 continuing care spaces to communities across Alberta and to provide a range of options to preserve dignity and independence for our patients.

We will continue to add capacity for health care in the South Zone, through the redevelopment of the Medicine Hat Regional Hospital and the Bow Island Health Centre.

What Albertans are saying they want to see from AHS is continuous improvement and that is a realistic, attainable goal.

By listening to community needs, and by taking appropriate and coordinated action, AHS is improving health care delivery in this province.

Most importantly, we are building a foundation that will allow us to provide the same quality of care to all Albertans, no matter where they live in the province, in the weeks, months and years to come.

Thank you.

Ms. Roozen advised that going forward a standing item on the Public agenda would be a "Quality and Safety Moment" presented by Mr. Gord Winkel, Chair of the Quality and Safety Committee. She further advised that the Board has appreciated Mr. Winkel's commitment to the promotion of quality and safety in health care and felt it would benefit AHS colleagues to share his knowledge with them.

**c) Comments from the Quality and Safety Committee Chair**

**The following is an abstract of Mr. Gord Winkel's, Quality and Safety Committee Chair, remarks at the meeting. It is not an official transcript:**

Workplace safety has proven to be a challenge for AHS. “How can AHS take this challenge and make it into an opportunity? How can AHS use the related field of risk management so that safety and risk management could be used as an engagement strategy to improve performance and then transform the workplace?

Is it not interesting that those same kind of strategies definitely share utility application in all the good things that AHS works on, whether that be quality, cost efficiency and effectiveness. It is slightly about a cultural change and moving forward on that kind of a front. When we look at our society, I think we only need to look at newspapers, or on the internet, or listen to radio broadcasts to hear that calamity, downgrading incidents, industrial incidents and injury are quite prevalent and those are the kind of things that cause people to pause and be concerned. We do not often reflect on the fact that all incidents are preventable.

Incidents, and especially injury, in the workplace are things that are unacceptable and preventable in every case. So, how can AHS start to embrace the notion that injuries are not part of doing work but rather should be an exception and treated as something to be corrected and improved upon? First, AHS is going to have to introduce the notion of leadership. The Board wants to assert and set a tone at the top that reflects leadership in safety. To do that we first have to ask ourselves the question “So what do we really do as a Board?”.

The Chairman of Exxon Mobile, a \$400 million market cap corporation, one of the largest in the world, was asked exactly the same question. The Chairman answered this question with: “You know what? We are in the business of risk management.” That is correct. When you think about it, we, as a Board, are given and held responsible to be stewards and to use, with utility and effectiveness, a finite resource.

Now the question becomes how can AHS take that finite resource and apply it to quality and safety so that it can in fact minimize loss and increase efficiency? Can we eliminate all risk? No, of course not. But can we manage risk? Yes; and where does risk management happen? It does not only happen at the Board level, it happens in the executive room, in the hospital, right on the frontline between the physicians, the nurses and the patients.

Who are the risk managers in AHS? The answer is that all the men and women of AHS have a role to play in the job of risk management for this organization. When we think and reflect about what that means, we also come back to some statistical relationships. Relationships that show that those incidents that are reported in the news, the ones that cause concern at the corporate board table because of their seriousness, represent only the very top of a very large relationship.

It is interesting to reflect on the fact that for every serious incident, there are 10 additional minor ones.

There are many “near miss” incidents that occur each year.

Near misses are events with no consequence or visible trail but was the kind of event where someone almost fell or almost got hurt. A near miss event could be as simple as a hose across a walkway that becomes a tripping hazard leading to serious injury and if we think about that kind of relationship, we

soon understand that we all need to be engaged and committed towards getting those kinds of conditions and at risk practices out of the workplace.

And who does that? We all do. It involves a new mindset. It also involves looking at performance and not only what we call lagging indicators like injury where once you have incurred it, you really cannot go back, but what are some of the leading indicators AHS can measure? What are some of the good near miss reports? What are some of the things that people can do to regularly promote safety and quality in the workplace that AHS can measure and give an indication ahead of time that it is improving? It seems like a lot to ask but when you think of all the men and women in AHS, all the power that they wield in correcting things right at the front line and also making those wonderful improvements that get us towards a safer workplace, it really does become something that AHS can strive for and is feasible to do if everyone is involved.

And why? Because it is about focus that puts safety first and looks at us all working hard to prevent that unacceptable major incident through preventing all the precursors from occurring. This does involve change. Organizations are designed to get the results they get. So if you do not change anything, why would you expect a different result? And this really then is about how we work and how we interact as employees, team members and leadership towards setting a culture where we do have consistency of action with words, we understand that safety is a responsibility, we promote open communication and we respect and very much need, from all of our team members, their timely feedback on improvements.

It is important to feel you are part of a team that can succeed and have pride in being part of an organization that can excel in safety leadership. Every team in AHS has to be connected when it comes to safety.

It is well known in AHS' management circles that you cannot really manage what you cannot measure. One of the things that AHS is going to be working hard on is to ensure that we can drill down into the organization to find areas of challenge and areas of success in safety performance by actually measuring it. When we measure it and see how that contributes to the bottom line in the form of say an injury frequency, but which does provide us a normalized indication of performance, we can start to see where it is we can learn from those that achieve good safety and how we can apply that to other areas where we may be challenged by the same. Through it all we maintain a line of sight so that when you do that planned inspection, when you do put in that near miss report and when you do have that incident investigation, you are basically reminded that this is what we support, that this is something that is going to connect and take us to our goal of zero incidents and that this safety leadership happens at every level of the organization.

That is the safety moment.

Thank you.

Ms. Roozen thanked Mr. Winkel for providing a very thoughtful and thought provoking presentation. She commented that she is looking forward to the next presentation.



**5. Quality and Safety Committee**

**a. Report to the Board**

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the Quality and Safety Committee met on March 28 and April 18, 2012 and provided a summary of the items being put forward for approval.

**b. [QSC12-09] AHS Performance Report, Q3 2011/12**

Mr. Gord Winkel, Chair of the Quality Safety Committee, advised that the third quarter performance report for 2011 – 2012 shows AHS is making progress year over year on a number of performance targets, including access to cataract surgery, wait times for radiation therapy, reducing emergency department wait times and access to continuing care. He commented, in areas where AHS is not yet reaching targets, AHS continues to take action and implement strategies for improvement, such as access to hip and knee surgeries with the addition of more than 1,000 procedures in 2011/12, new and improved referral programs, and recruitment of additional staff.

Mr. Winkel stated that overall, the Board was satisfied and appreciative of the good work from staff of AHS as reflected in the performance and progress described in the report.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the “Alberta Health Services Q3 Performance Report 2011/12” in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management to deliver this report to the Minister of Health, and thereafter to make this report available to the public through the AHS website.**

**c. [QSC12-30] AHS Health Plan and Business Plan 2012-2015**

Mr. Gord Winkel, Chair of the Quality Safety Committee, brought forward the second item for approval: the Health Plan and Business Plan 2012-2015. Mr. Winkel advised that AHS is committed to open and transparent communications about its efforts to build a progressive, responsive and patient-focused health care system. He stated this year marks the third year of Alberta’s Five-Year Health Action Plan and a five-year funding commitment from the Government of Alberta. Further, the Health Plan and Business Plan sets out the strategic direction, key priorities, actions and budget for the organization for 2012-2015 and reflects the strategies outlined in the Five-Year Health Action Plan and the five legislated responsibilities of AHS under the *Regional Health Authorities Act*. He noted the Plan also outlines the 2012/13 Operating Budget that focuses on investments in priority areas, such as reducing wait times and improving access.

Mr. Winkel then introduced Mr. Don Sieben, Chair of the Audit and Finance Committee, to put forth the motion for the Health Plan and Business Plan 2012-2015.

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that AHS was putting forward for approval a \$12.684 billion Operating Budget for 2012-2013 contained within the Business Plan. He advised that AHS continues to make priority investments in key areas outlined in the Five-Year Health

Action Plan and Health Plan and Business Plan 2012-2015. He noted that the Operating Budget for 2012-2013 includes investments in reducing emergency department wait times, growth in continuing care beds and services, addiction and mental health programs and services, Strategic Clinical Networks and primary care.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the “Alberta Health Services Health Plan and Business Plan – 2012 – 2015” in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to deliver the Health Plan and Business Plan to the Minister of Health for approval, and after receiving such approval, to make the Health Plan and Business Plan available to the public through the AHS website.**

**6. 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 met on March 19, March 29 and April 19, 2012 and provided a summary of the five items being put forward for approval.

**b. [AFC12-19] Third Quarter Financial Report**

Mr. Sieben, Chair of the Audit and Finance Committee, spoke to the third quarter financial report indicating that AHS is positioned to meet its annual budget targets. He advised that in June 2011, AHS approved an \$11.994 billion expense budget that included priority spending in key areas such as emergency department wait times, radiation therapy wait times, growth in continuing care, and timely access to surgical procedures. Mr. Sieben noted that for the third quarter, total current revenue is at \$8.661 billion and total current expenses are \$8.489 billion.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) ratified and approved the Quarterly Financial Report to Alberta Health and Wellness for the quarter ended December 31, 2011 in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable;**
- (b) approved the Quarterly Financial Statements for the quarter ended December 31, 2011 (the “Q3 Financial Statements”) in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (c) authorized and directed management of AHS to make the Q3 Financial Statements available to the public through the AHS website.**

**c. [AFC12-43] Linen Services Contract: K-Bro Linen Systems Inc.**

Mr. Don Sieben, Chair, Audit and Finance Committee, advised that AHS conducted a Request for Proposal process to find a suitable vendor for linen and laundry services in the Edmonton area with

K-Bro Linen Systems Inc. being the successful vendor. He further advised that K-Bro Linen Systems Inc. was awarded a ten year contract with an option to extend for five years.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the Agreement for the Provision of Laundry and Linen Services between AHS and K-Bro Linen Systems Inc., effective April 1, 2013 (the "K-Bro Agreement"), on substantially the terms and conditions reviewed by the Committee of the Whole; and**
- (b) authorized the President and Chief Executive Officer of AHS to execute the K-Bro Agreement on behalf of AHS.**

**d. [AFC12-50] Internal Audit Charter**

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the Audit and Finance Committee is required to review the Charter for Internal Audit Services on an annual basis and make a recommendation for approval to the Board if substantive changes are made to the Charter. Further, Internal Audit Services recommended that changes to the Charter are necessary based on current activities and plans for the function in the next three years.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the amended Internal Audit Charter (the "Charter") in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to make the Charter available to the public through the AHS website.**

**e. [AFC12-51] Internal Audit and Enterprise Risk Management Plan**

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the Terms of Reference for the Audit and Finance Committee require review of the Internal Audit Plan and a recommendation to the Board for approval. Further, the plan is based on the previous audit plan and includes feedback from several stakeholders including the Committee, management, the Office of the Auditor General and the audit team. Mr. Sieben advised the Enterprise Risk Management portion of the plan was reviewed by the Enterprise Risk Committee.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the April 2012 to March 2015 Internal Audit Plan in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to take all such other action as management considers necessary or advisable in order to give full effect to the foregoing.**

**f. [AFC12-78] DynaLifeDX Consolidated Agreement**

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that on April 1, 2012, all individual contracts that AHS held with DynaLifeDX were consolidated into a single agreement. He further advised that prior to this consolidation former health regions, including the former Capital Health, Peace Country, Aspen County, David Thompson and East Central regions, were paying different prices for the same laboratory services. Mr. Sieben noted the consolidated agreement provides for standardized pricing for all AHS and DynaLifeDX contracts and represents potential contract savings of 5.8 per cent over the next three years.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the DynaLifeDX Consolidated Agreement (the “DL Agreement”) effective April 1, 2012, on substantially the terms and conditions reviewed by the Committee of the Whole; and**
- (b) authorized the President and Chief Executive Officer of AHS to execute the DL Agreement on behalf of AHS.**

Ms. Roozen, Board Chair, congratulated and thanked the management group on the great work done with respect to this agreement.

**7. Health Advisory Committee**

**a. Report to the Board**

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the Health Advisory Committee met on April 11, 2012 and provided a summary of the discussion. Mr. Lehnert commented that the Board had the opportunity to talk with the Chair and former Chair from the Lakeland Health Advisory Committee earlier in the day and had a good discussion with them about some of the issues that they are currently involved with.

Mr. Lehnert also advised that there were three items being put forward for approval.

**b. [HAC12-15] Provincial Advisory Council on Addiction and Mental Health Appointments**

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the first item for approval was the appointment of 15 members to the Provincial Advisory Council on Addiction and Mental Health. He noted the Council provides an opportunity for Albertans to provide their insight and feedback into addiction and mental health issues and care. Mr. Lehnert noted that the 15 individuals put forward for appointment represent members of the public and experts, and offer diverse perspectives in this area which will help strengthen our addiction and mental health network.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed:**

- i) Mr. Geoffrey Tagg as Chair of the Provincial Advisory Council on Addiction & Mental Health for a three year term, effective May 3, 2012; and**
- ii) the individuals in the table below as members to the Provincial Advisory Council on Addiction & Mental Health for the term indicated, effective May 3, 2012.**

Candidate	Zone Represented	Term (Years)
Loretta Lynn Anderson	Calgary	2
Karen Andresen	Central	2
Trevor Berard	Edmonton	3
Judy Bogdan	North	2
Gerry Lynn Carter	South	3
Heather Hanberg	Calgary	3
Kaj Korvela	Calgary	3
Peter LeBlanc	Central	3
Bill Leggat	South	2
Monique Maisonneuve	North	3
Austin Mardon	Edmonton	3
Barbara Murray	South	3
Bavie Sara	Edmonton	2
Geoffrey Tagg	Central	3
Kathryn Wiebe	North	3

**c. [HAC12-16] Health Advisory Council Member Appointments**

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the second item for approval is the appointment of members to the Peace, Prairie Mountain, Palliser Triangle and Oldman River Health Advisory Councils. Mr. Lehnert further advised that Health Advisory Councils were established to enhance and develop partnerships between communities throughout the province and AHS. He commented that Council members provide feedback regarding what is working well within the health system, suggest areas for improvement and engage their local community in dialogue about health service delivery. Mr. Lehnert advised that following an annual recruitment campaign in August 2011, candidates for these four councils were selected and approved by the council chairs. Mr. Lehnert noted that the Board approves all Health Advisory Council appointments.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed the following individuals as members to the Health Advisory Council indicated in the table below for a term of three years, effective May 3, 2012:**

Health Advisory Council	Location	Candidate
Peace	Wanham	Connie Hansen
Prairie Mountain	Calgary	Tracy D. Mah
Palliser Triangle	Medicine Hat	Dianna Jossa
Oldman River	Lethbridge	Tracy Oosterbroek

**d. [HAC12-23] Appointment of Trustees to Foundations**

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the final item for approval is the appointment of trustees to foundations and health trusts. He noted that candidates were selected for the Bow Island & District, Brooks & District, Canmore & Area, Cardston & Area, Medicine Hat &

District, Mental Health and Windy Slopes Foundations and that the Board is required to approve all trustee appointments to foundations.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed or re-appointed, as applicable, the following individuals as trustees to the foundation indicated for the term as set forth in the table below, effective May 3, 2012:**

Foundation	Name	Term (Years)
Bow Island & District Health Foundation	Charlaine Brocklesby	3
	Myrna Cecchini	2
	Brenda Garrecht	2
	Ann Geldreich	3
	Dianne Hyland	2
	Nan MacLean	3
	Dallas Mitchell	3
	Pam Moen	2
	Kathy Ressler	2
	Maria Sprenkels	2
Brooks & District Health Foundation	Martin Shields	3
	James Burton	3
Canmore & Area Health Care Foundation	Rodger Conner	3
	Carla Helder	3
	Harold McBain	3
Cardston & District Health Foundation	Kathy Selk	3
Medicine Hat & District Health Foundation	Dr. Adeel Azam	3
	Michael Dolan	3
Mental Health Foundation	Peggy Garritty	3
Windy Slopes Health Foundation	Adrian Hartman	3
	Sylvia Inabnit	3
	Sahra Hancock	3

Ms. Roozen, Board Chair, thanked the Foundations and Health Advisory Committees for their hard work.

## 8. Human Resources Committee

### a. Report to the Board

Mr. Stephen Lockwood, Vice Chair of the Human Resources Committee, advised that the Human Resources Committee met on March 19 and 21, 2012. Mr. Lockwood commented that he was reporting on behalf of the former Chair of the Human Resources Committee, Ms. Irene Lewis.

Mr. Lockwood advised that three items were being put forward for approval and provided a summary of each item.

**b. [HRC12-19] HRC Chair and Board Committee Appointments**

Mr. Stephen Lockwood, Vice Chair of the Human Resources Committee, advised that the first item for approval was the appointment of the Chair for the Human Resources Committee and several Board members to various Committees.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed:**

- a) Dr. Ruth Collins-Nakai as Chair of the Human Resources Committee;**
- b) Ms. Sheila Weatherill as a member of the Human Resources Committee;**
- c) Dr. Ray Block as a member of the Audit and Finance Committee; and**
- d) Dr. Eldon Smith as a member of the Quality and Safety Committee and removed him from the Audit and Finance Committee.**

Mr. Lockwood thanked all of the members for agreeing to serve on the Committees.

Ms. Roozen, Board Chair, advised that in addition to Mr. Lockwood thanking members individually for agreeing to serve on these Committees, she also wanted to thank all Board members for the work that they do, and certainly the Chairs of each Committee for their support.

**c. [HRC12-20] Alberta Union of Professional Employees (General Support Services) Collective Agreement**

Mr. Stephen Lockwood, Vice Chair of the Human Resources Committee, advised that the second item for approval was the ratification and approval of the Alberta Union of Professional Employees (“AUPE”) (General Support Services) Collective Agreement. He commented that AHS is firm and unwavering in its belief that staff make a very important contribution to the health and well-being of Albertans and an important segment of AHS staff is the General Support Services group. Mr. Lockwood took the opportunity to thank these fine people for all their hard work and their dedication to AHS on behalf of the Board. In addition, he thanked both the AHS’ and the AUPE’s negotiation teams for the professional manner in which this Collective Agreement was reached. Mr. Lockwood advised that the two negotiation teams have reached a tentative agreement and this agreement has been ratified by the General Support Services membership. He advised the Board has been briefed on the terms and conditions of the Collective Agreement and as such AHS is now set to ratify the collective agreement with the AUPE, as it is believed that an agreement has been met that works for AUPE union members, AHS, and for the patients. Mr. Lockwood concluded by saying that ratification represents AHS’ ongoing effort to work collaboratively to achieve exceptional patient care.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the renewal of the Collective Agreement between the Alberta Union of Provincial Employees (General Support Services) and AHS for the three year term commencing April 1, 2011 and ending March 31, 2014 (the “AUPE Agreement”) on substantially the terms and conditions reviewed by the Committee of the Whole; and**

- (b) authorized the President and Chief Executive Officer of AHS to execute the AUPE Agreement on behalf of AHS.**

**d. [HRC12-21] Health Sciences Association of Alberta Collective Agreement**

Mr. Stephen Lockwood, Vice Chair of the Human Resources Committee, spoke to the third item for approval: the Health Sciences Association of Alberta (“**HSAA**”) Collective Agreement. He reiterated AHS’ belief that all staff, including HSAA members, have a critical impact on the care of Albertans and their families and indicated, as for AHS’ General Support Services members, AHS staff that are members of HSAA are another important segment of AHS’ overall staff. Mr. Lockwood thanked them all for their hard work and dedication. He also thanked the AHS negotiation team and the HSAA negotiation team for reaching an agreement in such a professional manner. Mr. Lockwood advised the agreement reached has been ratified by the HSAA membership, and, further, the Board has been briefed on the agreement and is set to ratify this agreement. Mr. Lockwood concluded by saying that ratification represents AHS’ ongoing commitment to work collaboratively with union partners to deliver high quality, accessible patient care.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the renewal of the Collective Agreement between the Health Sciences Association of Alberta (Paramedical Technical & Professional Employees) and AHS for the three year term commencing April 1, 2011 and ending March 31, 2014 (the “HSAA Agreement”) on substantially the terms and conditions reviewed by the Committee of the Whole; and**
- (b) authorized the President and Chief Executive Officer of AHS to execute the HSAA Agreement on behalf of AHS.**

**9. Governance Committee**

**a. Report to the Board**

Mr. Stephen Lockwood, Chair of the Governance Committee, advised that the Governance Committee met on April 4, 2012 and provided a summary of the items being put forward for approval.

**b. [GOV12-16] Code of Conduct and Safe Disclosure/Whistleblower Policy**

Mr. Stephen Lockwood, Chair of the Governance Committee, advised that the Governance Committee was bringing forward two items for approval with the first being the approval of certain revisions to the AHS Code of Conduct and the second being approval of revisions to AHS’ Safe Disclosure Policy. Mr. Lockwood commented that the Ethics and Compliance Officer reports to the Governance Committee on a quarterly, and on an as needed basis, and annually makes recommendations for revisions to the AHS Code of Conduct. He noted that the Ethics and Compliance Officer provided the AHS’ Governance Committee with recommendations for revisions to the Code of Conduct. Mr. Lockwood stated that the review of the AHS’ Code of Conduct is in accordance with the policy requirement for review every year, and the key change to the Code is the addition of AHS’ three new



values: safety, learning and performance. He acknowledged the addition of these values to the Code represents the commitment to being a values-led organization focused on quality patient care.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the amended Alberta Health Services Code of Conduct in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management to make such code available to the public through the AHS website.**

Mr. Lockwood also advised that the review of the Safe Disclosure/Whistleblower Policy is in accordance with the requirement for review every three years and that the Ethics and Compliance Officer has provided recommendations for revisions and they have been endorsed by the Governance Committee. He noted the key change is to the name of the policy, specifically adding in the word “whistleblower”, which reflects AHS’ commitment to be transparent and to encourage reporting and supporting those who disclose improper activity within AHS. Mr. Lockwood stated other changes include additional language adjustments for consistency with other governance documents.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services:**

- (a) approved the amended Safe Disclosure/Whistleblower Policy in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management to make such policy available to the public through the AHS website.**

Ms. Roozen, Board Chair, thanked everyone for attending the meeting.

**10. Adjournment of Meeting**

There being no further business, the meeting was adjourned at 2:15 p.m.

---

Catherine Roozen  
Chair

---

Patti Grier  
Corporate Secretary