# BOARD MEETING

Minutes of the meeting of the Board (the "**Board**") of Alberta Health Services ("**AHS**") held at the Red Deer Regional Hospital Centre – Boardroom, 3942 – 50A Avenue, Red Deer, Alberta, on November 1, 2012.

**Present:**

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

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

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

Mr. Lockwood called the meeting to order at approximately 10:00 a.m. Notice of the meeting had been properly given and quorum was met.

Mr. Lockwood welcomed everyone to the Board meeting in Red Deer and thanked the Board members, guests, and the Telehealth staff for accommodating the change in the scheduled time for the Board meeting. Mr. Lockwood stated that the weather was a concern for staff who will be travelling from Red Deer to Northern and Southern Alberta and that it was important to have everyone on the roads during daylight hours.

## 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 November 1, 2012, which was provided to the Board in advance of the meeting.

## 2. Conflict of Interest

Mr. Lockwood 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 September 13, 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) Comments from the Chair

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

Good morning everyone. I would like to welcome everyone here in person at the Red Deer Regional Hospital Centre and those joining us through Telehealth to today's public Board meeting.

I would like to start off by thanking the staff at the Red Deer Regional Hospital for hosting us over the last few days and for the care that they provide every day to all of the patients in and around the Central Zone. I would also like to recognize the Central Zone leadership team made up of Medical Director, Dr. Evan Lundall, and Senior Vice President, Kerry Bates, for the leadership they provide to the Central Zone and to all of the communities throughout the Central Zone.

The AHS Board has had a great couple of days in Red Deer and earlier this week, we, in partnership with the Red Deer Regional Health Foundation, the David Thompson Health Trust, and the David Thompson Health Advisory Council, met with approximately one hundred individuals from the Central Zone to discuss healthcare in the Central Zone and its communities.

In recent weeks, we have been talking to people around the province about a vision that AHS has for "Total Albertan Satisfaction". Some have suggested that this is an overly optimistic goal, but I believe that it is our Board's view that it is something that we will, every day, work towards achieving. Here are some of the reasons. In part, it describes the path that AHS is already well along. Since AHS was created, we have made great strides in terms of engagement with our staff, physicians, and health leaders. That said, we know we can go much further, building on a foundation of accomplishments and successes by fine-tuning Alberta's health delivery system.

As a provincial health delivery system, we are already leading the country. We are today driving more decisions closer to where the care is provided, whether it is in a Zone, a hospital, a care center, a community, or a program. Through a period of significant change, the men and women of AHS have worked incredibly hard to create the stability that we have today. As I mentioned, patient satisfaction is improving and our healthcare professionals feel more engaged and empowered. Our performance is steadily improving on many fronts.

So where do we go next? Well, we are building a best in class healthcare organization that must be sustainable and we must instil the level of trust and respect in AHS that people deserve. We are going to be simplifying the system by looking at what we can do and how we can do it through the eyes of our patients. Every part of the patient journey and experience must be simple to them. It must be straight forward and it must be easy to understand.

As I mentioned, we are driving down decision making, responsibility, and accountability. We began this shift more than a year ago with greater emphasis on our Zones and the care delivery that they provide. We created our leadership teams that involve both clinical and administrative leaders at every senior level of decision making in the organization. Now it is time to go a little further.

We are going to achieve this by asking our leaders to tell us what works best, whether it is in their facility, their community, or their programs and what makes the most sense for their patients. We are already underway with a demonstration project at the Rockyview General Hospital in Calgary and we will have more to report on this project as time progresses. This work is guided by a basic principle of moving forward and we want the leaders in our organizations to lead. We will empower our people to make decisions for their patients and their communities. This is not about overhauling the current health delivery system and it is not a return to an older model. This is the new model and we are going to be balancing a unique provincial healthcare system with strong, local decision making.

In my mind, the advantages of unleashing the creativity and passion of our people are clear: better patient outcomes, improved satisfaction, lower costs and an energized workforce, continually seeking to innovate and to find solutions to problems. We believe it will also create opportunities for learning. One of AHS' core organizational values is for greater community engagement.

Now let us talk for a moment about the Central Zone. In November, AHS will attend a career fair at Red Deer College to meet with new nursing graduates to discuss opportunities for these graduates to be part of our growing health system. We will meet with these nurses, talk to them, listen to them, and encourage them to join us and our team. In fact, we will be attending career fairs across Alberta as part of a recruitment effort to hire more full time nurses.

This is a significant change in the way we currently staff our hospitals and facilities. Having more full time nurses in the health system is a cornerstone of our effort to change how we provide patient care. More full time positions means patients and families will be able to see the same nurses regularly, allowing them to really get to know their care team and feel more comfortable talking about their care needs and preferences. An important partner in this work is the United Nurses of Alberta and we are committed to working with them within our collective agreement to achieve this. We will hire a minimum of 70% of Alberta's graduating registered nurses under the 2010-2013 United Nurses of Alberta collective agreement.

Let us use some real numbers to put this into perspective. About 750 registered nurses and registered psychiatric nurses will be available for hire in Alberta in December, as they graduate from their post-secondary programs. We would like to hire all of them and we are recruiting them to join the AHS team. In short, we need everyone. There will be a nursing job for every qualified nurse who wants to work with AHS. Going forward, we want more nurses to be working full time. AHS has a clinical workforce of approximately 69,000 committed and caring individuals, but only 28% of our AHS registered nurses are working full time. The national rate sits at approximately 56%. That means that we have work to do with our friends at the United Nurses of Alberta to increase the number of our full time nursing positions.

Recruitment alone will not enable us to provide the level of care and service that Albertans expect and deserve in the future. Within the next five years, 8% of our workforce, or approximately 5,700 clinical employees, could retire. That includes 2,200 registered nurses and registered psychiatric nurses. Health systems across the country are facing the same situation with projected retirement rates and expected demands for increased health services. This could lead to an additional 35,000 clinical workers being required in the next five years. Increasing the percentage of full time positions will help us

manage that growth, which brings me back to innovation and why unleashing the creativity and passion of our frontline staff and leaders is so essential. We are creating a best in class health care system for both today, tomorrow, and for the generations ahead.

This effort is not just about the type of service being provided or how many people we hire, it is about the quality of care that we provide. It means bringing our goals, strategies, programs, and budgets into alignment and shifting resources to focus on our future priorities. We will be forward thinking, identify trends and respond accordingly. We will ensure our workforce feels valued, trusted, respected, and empowered.

Now with those comments as context, let us turn to the business of the day. We are going to hear from our President and Chief Executive Officer, Dr. Chris Eagle, in a moment and then we will go through a review and approval of appointments to members of Health Advisory Councils and trustees to Health Foundations. We will also hear reports from the Board's Audit and Finance Committee and Human Resources Committee.

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

**b) Comments from the President & Chief Executive Officer**

**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 and good morning everyone.

This morning I would like to focus my remarks on one of the most important relationships that we have. That is the partnership that we have with each and every Albertan. I see first-hand every day the work performed by our physicians, clinicians, and nurses who help Albertans stay healthy and receive the care that they require. Yet, despite this ongoing and remarkable effort, every year we see the impact of influenza in our communities and hospitals. The impact is real and direct. Influenza puts pressure on emergency department wait times and that, in turn, affects those who need emergency care the most. Of course it can also have an impact on our care centers, our homes, our schools, our work places, and our communities.

Seasonal influenza is here and we are tackling it head on. It is estimated that more than 4,000 people in Canada will die from influenza this year. This is a serious illness and we must not underestimate the risk to our individual health and its impact on our healthcare system and on society.

Last month we opened influenza immunization clinics across the province. Last year, more than 830,000 Albertans were immunized, but we can do better. So far this year, more than 249,000 Albertans have been immunized. That is a great start, absolutely, but it is a long flu season and I know that we can do more. I encourage everyone to get a flu shot. That simple step taken by more Albertans will keep you and your family members healthy. It ensures that we can drive further improvement in wait times in our emergency departments and keep more of our family, friends, and colleagues, including vulnerable seniors, safer and healthier.

Yesterday, Minister Fred Horne announced that Health Canada has lifted its recent suspension of Agriflu across Canada and we will resume using it here in Alberta. Let me be clear, no adverse health effects have been reported from the use of Agriflu and no re-immunization is required. We know that some Albertans may still have questions given how widely reported the issues with the Agriflu were. Our Medical Officer of Health, Dr. Gerald Predy, is blogging on this topic daily on our website. If you have questions, I would encourage you to follow Dr. Predy's blog.

Please get immunized, if not for yourself, then for the people you care about. Every Albertan can make a difference. This concentration on immunization works to one of AHS fundamental values: safety.

Thank you. I will now turn things back to the Chair.

Mr. Stephen Lockwood, Board Chair, stated that Dr. Eagle's comments were a great reminder for everyone to get immunized.

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

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

Good morning to the Board and to all the folks in AHS.

This morning, we have the pleasure of sharing with you a Quality and Safety Moment related to two terms: the normalization of deviance and lacking a sense of vulnerability. Two terms that AHS can learn from. What is the history of these two terms? Well, they actually come to us from NASA and the investigation of the Challenger tragedy. A tragedy where a shuttle early in the mission basically exploded and a multi-billion dollar asset and seven lives were extinguished almost instantly. The succeeding investigation identified that while this was a tragedy, the biggest tragedy would be not to learn from it and learning we will, because this incident was totally preventable.

The Normalization of deviance. For example, we have a procedure and it is forty steps long, and over time we do not do steps 6, 7 and 8 anymore. And by the way, for years we have not done steps 31 and 32, you know either, and everything is just fine. It will be okay. And as the years go by, we skip a few more steps and it seems to be okay. Or we have those vassals or those things that are designed to operate at certain temperatures and pressures but if we just moved those up 5%, we would get that added production. We get that added run time. And nothing ever happens so it must be okay. And unfortunately, every time we do that we increase our risk. And when we increase our risk, by the very definition of risk, over time and we continue to corrode these standards, it no longer becomes okay and tragedy will strike.

So normalization of deviance is something that we have to guard against. When we put these things into place, limits and procedures and protocols to be followed, we do so with the highest standards of risk management in mind to reduce the exposure to unplanned energy. That lacking a sense of vulnerability makes us feel invincible. It is not going to happen to us, it is going to happen to someone else. And of course if we continue to increase risk, someday it happens to us or to our patients.

So if we take that and we move that forward, we might ask how can we understand this kind of phenomena and what can we do about it. I have the pleasure in my retirement from industry, to be teaching students at the University of Alberta in safety and risk management. To that end, we decided in one of our classes to go out and test some of these normalization of deviance or lacking vulnerability types of situations that might exist in our society at large around us, perhaps right on the University campus.

So with fifty minutes of instruction, the students went out and in only one week our students came back with 230 observations. These were reports of near misses. There were reports of substandard conditions. There were reports on at-risk practices. We had reports on unsafe stairwells. We had reports on people welding and not shielding passers by. We had reports on flagging to limit access because of overhead work and people were routinely moving under the flagging. There were icicles hanging from above, and workers were backing up equipment into walkways without a spotter. All of these examples constituted at-risk conditions that needed intervention.

In one particularly sobering story, which only happened a week before the students went out to observe these risky situations, we saw a tragedy in Alberta. There was a person working in an overhead lift who was struck by a structural beam. The lift toppled and the person fell to their death. Now, a lot of people do not realize that in our society, in Alberta, we actually have a lot of these incidents. When you look back statistically, somewhere around 125 people die every year from going to work, due to trauma or due to past exposure leading to occupational disease. You may remember only a few weeks ago that 5 people perished in one week while going to work. And we may remember the Westray disaster, the mining disaster that claimed 26 lives and made the headlines that influenced legislation across the country. In Alberta, we have Westray's every year but it is always those one or two people at a time and it barely makes the news. So this is something we can work to correct by reducing risk tolerance.

Our students, in this case, and the teaching assistant for the course actually witnessed the construction of a building right on the University site. What I have done is I have accented these photos to show you that if you look at the photo, you see that long, long line going down to a beam. The beam has been rigged in the center and when you rig something in the center it is very unstable and it is swinging wildly in the air. It should be rigged of course in a triangular fashion for better support. And you may also notice that while that beam is swinging, we also have enlarged, in the top right corner, two people in a man lift working to try and tame the beam and get it under control and then proceed with its installation. Does this not look familiar to the case study we just looked at? Are we only seconds away from tragedy and the death of two workers as they set about to do a good job? So we intervened. Happily, this kind of observation has led to a change, a positive change, where now the rest of the beams of this building most assuredly will be put up in a safe fashion with proper rigging and proper controls. I would like to think that our students may have saved a life because there are many more beams to put up and their recognition of normalization of deviance and this lack of this sense of vulnerability by the two people trying to do this job may in fact have made the very real difference to somebody in the future. And that is a good story.

And so what about us? Well, when we think of normalization of deviance, we do not always need these kinds of industrial exposures. What about texting and driving? Is that an issue? Stopping at that stop

light and the light is red, is it not it almost enticing to send that little text message off? I can remember sitting with my good wife looking out the window in Calgary and watching a light turn green at an intersection and four cars remained stationary. Why? Because they were all texting. Well, if we think about texting and we think about distraction, are we one step away from a major tragedy or an incident? And what about working off a ladder? The holiday season approaches and up go the lights. If we go up that ladder, are we one step away from a serious injury if we do not take care and attention to see that it is secured and to see that we do it right? And then there is lifting that patient. Something we do so often in AHS. And there is the strain that goes with it and perhaps the overstrain in some situations, but well, we do it all the time and it seems to feel better after awhile. One day it won't feel better and that will be awful.

And then as our President and Chief Executive Officer discussed, what about getting that flu shot? Could it be that your flu shot makes the difference to your own life or perhaps another? Are the consequences of not getting a flu shot very real when you get the disease? And then there is hand washing. I see wonderful work being done in this facility to support hand hygiene. And I think about the fact that it only takes one time where it is not done and that one pathogen or that one breach makes a very terrible difference for someone in our care.

Then there are those safe surgery checklists. Checklists that help us, that in fact support us, so that if there is that lapse or there is that miss we can catch it and we can move forward without consequence.

Normalization of deviance. Something we can learn from. Lacking a sense of vulnerability, something we should never have.

Thank you.

Mr. Stephen Lockwood, Board Chair, commented that Mr. Winkel presented a very enlightening report and reiterated that it is the small things that people can do in their everyday lives which can lead to a consequence that was never intended.

## 5. Audit and Finance Committee

### a. Report to the Board

Mr. Don Sieben, Chair of the Audit and Finance Committee (the "**AF Committee**"), advised that the AF Committee met on October 18, 2012 and that they had discussed a number of issues that were of significance.

Mr. Sieben advised that the AF Committee reviewed the first quarter forecast and stated that AHS is currently on budget. The AF Committee was advised that moving forward, the AF Committee will be receiving the AHS forecast on a monthly reporting basis rather than quarterly, which will allow for more informed decision-making.

Mr. Sieben advised that the AF Committee reviewed the outcomes of AHS' investments that were made for 2011/12. Some of AHS' key accomplishments included: improvements in screening rates, additional continuing care capacity, an increase on the number of hip and knee replacements, and

improved wait times for cardiac surgeries, knee replacements, and cataract surgeries. He commented that the Board was very pleased with the accomplishments and stated that it is important for the Board to follow through on such initiatives, as many dollars are invested in those areas.

Mr. Sieben advised that the AF Committee also reviewed the AHS Quarterly Risk Management Report and had a good discussion on risk factors.

Mr. Sieben further advised that the Office of the Auditor General presented their audit plan for the 2012/13 fiscal year which was accepted and signed off by the AF Committee.

Mr. Sieben commented that the AF Committee is currently involved in discussions with management regarding the 2013/14 budget which should be before the Board for approval at the March 2013 meeting.

**b. [AFC12-165] Amendments to the Banking Resolution**

Mr. Don Sieben, Chair of the AF Committee, spoke to the amendments to the Banking Resolution for AHS. These changes are specific in reference to title updates to reflect current signing authority titles and levels of signing authority.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS") approved the following amended Banking Resolution, with such non-substantive changes that management of AHS considers necessary or advisable:**

**"WHEREAS the Alberta Health Services Board (the "Board") deems it to be in the best interest of AHS to update the officers authorized to conduct financial matters on behalf of AHS.**

**NOW THEREFORE, be it resolved that subject to any additional approvals required under legislation, AHS Board by-laws, and/or AHS Board and Management policies, including the Delegation of Authority for Financial Commitments:**

1. **The following officers (the "Officers"), and any officer officially appointed to act on behalf of an Officer, shall have the authority to conduct financial matters on behalf of AHS:**
   - **(i) President and Chief Executive Officer;**
   - **(ii) Executive Vice President and Chief Financial Officer;**
   - **(iii) Senior Vice President, Finance;**
   - **(iv) Vice President, Financial Reporting;**
   - **(v) Vice President, Financial Operations;**
   - **(vi) Executive Director, Treasury;**
   - **(vii) Director, Cash Management; and**
   - **(viii) Director, Debt and Investment Management.**
2. **The Officers named above be authorized to execute on behalf of AHS such agreements, documents and other writings and to take such actions as they consider necessary to give effect to the foregoing resolutions.**

3. **Any Vice President level or higher named above and one other Officer named above be authorized to execute agreements, documents and other writings and to take such actions as they consider necessary relating to new financial matters. New financial matters include but are not limited to:**

   **(i) loan agreements;**

   **(ii) security agreements, including vehicle leases;**

   **(iii) letters of credit;**

   **(iv) new accounts or new financial services of any nature;**

   **(v) additional or ancillary financial services of any nature; and**

   **(vi) any matter that is not an ongoing financial matter as set out in Section 4.**

4. **Any two Officers named above be authorized to execute agreements, documents and other writings and to take such actions as they consider necessary relating to ongoing financial matters. Ongoing financial matters include but are not limited to:**

   **(i) investing, making investment decisions and instructing investment managers;**

   **(ii) withdrawing or ordering the transfer of funds;**

   **(iii) receiving and/or depositing cash, securities, instruments or other property from third parties;**

   **(iv) instructing financial institutions to debit accounts of third parties;**

   **(v) receiving statements and other documents relating to AHS;**

   **(vi) discontinuing financial services of any nature; and**

   **(vii) closing accounts of any nature.**

5. **The authorization granted to each of the officers does not extend to any wholly owned subsidiary of AHS.**

6. **The AHS Board banking resolution made February 18, 2010 is revoked in its entirety.**

   **IN WITNESS WHEREOF the Board has approved these resolutions as of this 1st day of November, *2012."***

Mr. Stephen Lockwood, Board Chair, clarified that the amendments to the AHS Banking Resolution were changes to titles opposed to any substantial changes to the banking authorities themselves. Mr. Don Sieben concurred with this statement.

## 6. Quality and Safety Committee

Mr. Gord Winkel, Chair of the Quality and Safety Committee (the "**QS Committee**"), advised that the QS Committee met on September 26 and October 17, 2012 and provided a summary of the items discussed.

Mr. Winkel spoke to one very important item: a quality and safety culture. He advised that AHS has redesigned efforts to empower the workforce and spoke to the work being done in leadership development. AHS wants to empower and engage employees, so that there is a synonymous culture of equality and safety. Mr. Winkel stated that if an organization knows how to manage quality and safety, they know how to manage. He commented that the Rockyview General Hospital pilot project is encouraging, and that many other initiatives provided by employees throughout AHS help to support team work and ensure a culture of performance.

Mr. Winkel advised that the QS Committee reviewed a plan on medical staff engagement and spoke to the need to increase this type of interaction. Mr. Winkel stated that further excellent work has also been done in the community and rural health planning sphere where AHS sees continued progression across communities throughout Alberta.

Mr. Winkel advised that the QS Committee reviewed emergency preparedness, as AHS continues to work on standards and protocols for situations that demand different considerations and attention that require proactive protocols.

He further spoke to the QS Committee having reviewed the AHS Research Annual Report which provides strategically focused thinking in order to improve future performance, as well as invents health solutions for tomorrow.

Mr. Winkel stated that AHS has been very busy and is moving ahead with many fronts in terms of quality and safety. He expressed his appreciation and support for the AHS management team and employees across the organization who make a quality and safety culture real, one person, one action, and one step at a time.

## 7. Health Advisory Committee

### a. Report to the Board

Mr. John Lehners, Chair of the Health Advisory Committee (the "**HA Committee**"), advised that AHS held two provincial conferences in Edmonton, one with the Health Advisory Councils from across the province, and the other with the Foundations who are engaged in many of the AHS hospitals throughout the geographical areas.

Mr. Lehners commented that it was exciting to listen to the initiatives that are ongoing with the Councils and Foundations, and that conferences provide a good opportunity for networking and learning what is, and what is not, working in the communities. He stated that he looked forward to the continued practice of holding such conferences in the future.

Mr. Lehners advised that the Board received a presentation by Mr. Bruce Burma, Chair of the David Thompson Health Advisory Council, who provided some good insight as to what the Council is doing. He spoke to the good discussion that was had regarding some of the issues the David Thompson Health Advisory Council is currently involved with. Mr. Lehners commented that meeting with the Councils at the Board meetings is beneficial, as they truly make a difference and it is important that the Board supports them however they can.

Mr. Lehners advised that the HA Committee met on September 19, 2012 and provided a summary of the items provided for approval.

**b. [HAC12-34] Health Advisory Council Member Appointments**

Mr. Lehners, Chair of the HA Committee, advised that Health Advisory Councils play a critical role in connecting AHS to communities throughout the province, and members are appointed for a three-year term.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services appointed the following individual as a member to the Health Advisory Council indicated in the table below for a term of three years, effective November 1, 2012:**

| Health Advisory Council | Location | Candidate |
|---|---|---|
| Tamarack Health Advisory Council | Swan Hills | Gary Beeson |

**c. [HAC12-41] Appointment of Trustees to Health Foundations**

Mr. John Lehners, Chair of the HA Committee, advised that appointments are made to Foundations and Health Trusts and fall under the *Regional Health Authorities Act*, R.S.A. 2000, C. R-10 based on recommendations made to the AHS Board.

**UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS") appointed or re-appointed, as applicable, the following individuals as trustees to the foundations indicated in the table below, for the term specified below, effective November 1, 2012:**

| Foundation | Name | Term (Years) |
|---|---|---|
| Bassano & District Health Foundation | Loralee Bell | 3 |
| | Sheila Evans | 3 |
| | Stewart Heron | 3 |
| | Alanna Magnusson | 3 |
| | Brian Maguire | 3 |
| Canmore & Area Health Care Foundation | John Cranston | 3 |
| | Ann Keith | 3 |
| | Graham Lock | 1 |
| | Diane Travers | 3 |
| | Jack VanDeventer | 3 |
| | Rollie Zellmer | 3 |
| Cardston & District Health Foundation | Duane Rasmussen | 2 |
| | Carole Sommerfeldt | 2 |
| Crowsnest Pass Health Foundation | Dean Ward | 2 |

| | | |
|---|---|---|
| Fort Macleod & District Health Foundation | Dorothy Asuchak | 2 |
| | Ute Eremenko | 2 |
| | Wendy Larson | 2 |
| | Debbie Vanee | 3 |
| Northwest Health Foundation | Bill Kostiw | 3 |
| | Sandra Mann | 3 |
| | Linda Murdock | 3 |
| | Matthew Murphy | 3 |
| | Michael Osborn | 3 |
| | Leone Whitfield | 3 |
| Stettler Health Services Foundation | Dr. Pieter Bouwer | 3 |
| | Carol Isaman | 3 |

Mr. Don Sieben, Chair of the AF Committee, reiterated the importance of the work performed by AHS staff and recognized all AHS employees for the great work they do in helping the Board, the Health Advisory Councils, and the Foundations. He stated that it all starts with the work of the President and Chief Executive Officer, Dr. Chris Eagle. Mr. Sieben expressed his appreciation as a Board member for the strength and the depth of AHS staff and the great work that they do.

**8. Human Resources Committee**

Dr. Ruth Collins-Nakai, Chair of the Human Resources Committee (the "**HR Committee**"), advised that the HR Committee met on October 22, 2012 and stated that although there were no specific recommendations to be approved by the Board at this time, she did want to provide a summary of some of the items discussed.

Dr. Collins-Nakai advised that the HR Committee was provided with an update on the Workforce Model Transformation Project which looks at models for future workforce mixes and how AHS can make sure that it can use the full scope of people's skills in practice. She advised that the HR Committee looked, in particular, at the advantages of the collaborative practice model of care and the staff mix implementation. The HR Committee was informed that the advantages of this model include improved staff engagement, improved patient satisfaction, and potentially some cost savings. Dr. Collins-Nakai further advised that the HR Committee discussed the timelines of implementation for this model and encouraged the workforce group to implement it as quickly as possible.

Dr. Collins-Nakai advised that the HR Committee also looked at the Workforce Engagement Plan and learned, from a survey that had been conducted in March 2012, that the areas that seem less engaged include Pharmacy, Emergency Medical Services, and the Edmonton Zone physicians. She advised that the HR Committee members had asked for an analysis of commentary to see if there are things that AHS can do to better engage these various groups and that there are specific plans going forward for each of those areas.

Dr. Collins-Nakai further advised that the HR Committee was provided with an overview of absenteeism rates related to occupational and non-occupational absences and were advised that for 2011/2012 AHS workers averaged 12 days absence per year, with 11.13 days for paid and unpaid sick leave and 0.87 days for personal leave. She advised that AHS is trying to determine whether or not these absences are related to safety issues, to illnesses (such as the flu) due to not having been immunized, or personal issues. Dr. Collins-Nakai spoke to AHS trying to look at ways to decrease absenteeism rates, as AHS' rates are significantly higher than in the private sector and in most of the public sector.

Dr. Collins-Nakai stated that AHS is actively working to make sure that they have a safe and healthy workforce.

## 9. Other Business

### a. [GOV12-26] Board Committee Member Appointments

Ms. Teri Lynn Bougie, Board member, advised that there was one governance item being put forward for Board approval. She advised that due to recent changes to the AHS Board it was necessary to update the membership of AHS' standing Committees.

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

- **Dr. Eldon Smith as a member of the Audit and Finance Committee and removed him from the Quality and Safety Committee;**
- **Ms. Teri Lynn Bougie as the Chair of the Governance Committee;**
- **Dr. Kamalesh Gangopadhyay as a member of the Health Advisory Committee; and**
- **Mr. John Lehners and Mr. Gord Winkel as members of the Human Resources Committee.**

Mr. Stephen Lockwood, Board Chair, thanked each of the above mentioned Board members for agreeing to sit on the committees. He commented that he felt that the Board was well structured from a Committee perspective going forward.

## 10. Adjournment of Meeting

There being no further business, the meeting was adjourned at 10:45 a.m.

Stephen Lockwood
Chair

Patti Grier
Corporate Secretary