

PUBLIC BOARD MEETING

January 14, 2009

**University of Calgary
Health Sciences Centre
Faculty of Medicine
Room G384
3330 Hospital Drive NW
Calgary, Alberta**

MINUTES

Board Members

Present: Mr. Ken Hughes, Board Chair

Mr. Jack Ady

Mr. Gord Bontje

Ms. Teri Lynn Bougie

Mr. Jim Clifford

Mr. Strater Crowfoot

Ms. Linda Hohol

Mr. John Lehnors

Ms. Irene Lewis

Mr. Don Sieben

Mr. Gord Winkel

Regrets: Ms. Catherine Roozen (Board Vice-Chair)

Ms. Lori Andreachuk

Mr. Tony Franceschini

Dr. Andreas Laupacis

Executive & Staff: Ms. Charlotte Robb, Interim CEO, Alberta Health Services

Mr. David Weyant, Senior Vice-President & General Counsel

Ms. Patti Grier, Chief of Staff, Board Secretariat

CALL TO ORDER

The meeting was called to order at 1:45 p.m.

DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared relevant to the agenda.

APPROVAL OF AGENDA

MOVED BY MS. IRENE LEWIS, SECONDED BY MR. GORD WINKEL, that the agenda for the Alberta Health Services Board public meeting of January 14, 2009 be approved.

MOTION UNANIMOUSLY CARRIED

APPROVAL OF MINUTES

MOVED BY MR. GORD BONTJE, SECONDED BY MS. TERI LYNN BOUGIE, that the minutes for the Alberta Health Services Board public meeting dated December 10, 2008, be approved.

MOTION UNANIMOUSLY CARRIED

CHAIR'S REMARKS

Mr. Hughes advised that this meeting is being transmitted to healthcare sites throughout Alberta through Telehealth and will also be posted on the AHS website for all Albertans to view.

Mr. Hughes further advised that public meetings of the Alberta Health Services Board are to conduct the business of the Board and under current governance procedures there is no opportunity for the public to comment or ask questions within the meeting.

The following is an abstract of Mr. Hughes' remarks at the meeting. It is not an official transcript.

"I'd like to welcome everyone to the meeting. This is the meeting of the Alberta Health Services Board, public Board meeting. I'd like to call the meeting to order, and, note that we have regrets today from Catherine Roozen, the Vice Chair, Lori Andreachuk and Tony Franceschini, and Dr. Andreas Laupacis.

I'd just like to make some comments at the outset of the meeting. We're delighted to be here at the University of Calgary. The Board has travelled around the province and held meetings to date in Red Deer, Edmonton, Fort McMurray, Grande Prairie, and Medicine Hat. Every time we have a Board meeting we are sure to meet with people internally within the health care system, so that we get a really good understanding of the challenges that we face as a Board. And we have a chance also to have a dinner or lunch with community leaders, which we did yesterday in which we recognized and thanked former Board members from the Calgary Health Region, the Alberta Mental Health Board, the Alberta Cancer Board, and the Alberta Alcohol and Drug Abuse Commission, for their good service to the people of Alberta.

Well, 2008 in health care was an interesting year of transition, just as it was an interesting year of transition for people generally in the economy throughout the world. 2009 will be a real transformative year as well for health care in Alberta, the vision, the expertise, the hard work of over 90,000 people working in the health care system will come together in new ways.

The energy that already existed in the delivery of health care services and programs in this province will be used with increased effectiveness. What we're trying to do is ensure that the collective efforts of the 90,000 or so people involved in health care in Alberta are all working in a way that is focused and that brings the greatest energy to bare, in the delivery of quality health care to all Albertans.

We began efforts to reconfigure the system and the work force within health care and Alberta, including looking at care pathways, scope of practice as well as hiring foreign nurses. Efforts obviously within the large urban acute care centers in Edmonton and Calgary in particular, are resulting in fewer bed closures due to staffing issues.

For example, a year ago, December 31, 2007; Calgary had 148 beds closed due to a shortage of staff. This most recent year end, December 31st, 2008, 17 beds were closed down from 148 the year before.

In Edmonton, a year ago, there were 206 beds closed due to staffing issues and at the end of the year this was down to 125 beds closed. This reflects good work and initiatives that are underway within the health care system and strong efforts that have been made to ensure that we have the right folks on the team in order to deliver health care. Obviously, it also reflects other forces out there as well in the economy in general so we can't take credit for all of it. But we can take credit for taking advantage of the opportunity to try to ensure that we deliver and have as many beds as we can open and available for Albertans.

Of course that doesn't mean it's perfect, and it doesn't mean that things aren't tight in the emergency rooms around the province. Anybody who spent any time at all in emergency rooms will have noticed that it's still tight. We're still under pressure. We know that the winter influenza season is upon us and we have to continue to work as a health care delivery team to create options for seniors receiving care, ensure that there is capacity for them in the right location and also that we're maximizing our existing capacity across the province.

The integration teams within Alberta Health Services, made up of clinical and administrative staff from throughout the province, have been working hard to develop consistent approaches and standards for service delivery. For example, as our population ages, it's critical we have the supports in place to allow people to age in place, and in the appropriate place. The rehabilitation integration team has recently made significant strides to improve access, quality and consistency of their service delivery. The team is designing a province wide rehab service delivery framework. This work has involved a great deal of collaboration and represents a consolidation of eight different strategic plans for rehabilitation from across the province.

The role of therapy assistance is also being enhanced as part of the focus of improving the utilization of our work force. We've also redesigned the way speech language pathology services will be delivered in Alberta in order to reduce wait times. This is part of our key initiative to ensure that we create the best possible access for Albertans. Those changes will include speech therapy walk in clinics and opportunities for group treatment coaching for teachers and families so that they can also help clients with their therapy programs.

The integration of the men's health initiative across the province continues. We're developing a network of urology in men's health services based on a common service delivery platform. Calgary and Edmonton will serve as hubs to anchor this new men's provincial service network. This initiative has found tremendous support from business leaders and members of the philanthropic community right across the province. To date, there's been a commitment made by individuals of about \$54 million with \$28 million of that coming from the community in Calgary.

We're obviously very pleased with that, and we see the importance of working relationships with folks who want to contribute and want to make a donation to health care. We want to ensure that those donations are put to the very best possible use that they can be and we want to encourage that kind of behaviour. It's obviously in the public interest, it's good for health care delivery and also service delivery in this province.

We're also working closely with the EMS providers and emergency medical responders throughout the province, in preparation for the transition of governance and funding on the 1st of April, 2009. Assessing patients' safety, providing quality care and transporting patients in a timely manner are obvious key aspects of the work they do. By integrating EMS with other health services, the Minister has provided us with a fabulous opportunity to enhance our ability to take full advantage of the skills of the paramedics who are active at working within the community.

Medical protocols will be reviewed to ensure paramedic skills are used to their full extent. This is expected to include enhancements to their ability to treat and release patients, whose needs are addressed by the paramedics on the scene, and treatment and referral of some patients to alternative service providers, such as mental health care workers, urgent clinics, primary care networks or family physicians. We're really talking here about making much better use of the teams of people that we already have in place in EMS services around the province.

Enhanced technology, such as the Regional Emergency Patient Access coordination system, recently implemented in Calgary, provides paramedics and emergency department staff with access to real time information about activity levels in the City and the Emergency Departments. Because of this, patients are taken where they can be assessed most quickly. All it really is is a system that tells the EMS drivers where they should take people if they have an emergency, and where they're likely to be dealt with more promptly. This system will help ensure the patient load is distributed around the City, and that people are dealt with and given access as soon as possible. That's really what it's all about.

Our approach to integrating health services puts the patient first and foremost in all that we do. We're working together toward a common goal of providing safe, high quality, accessible health care in a timely manner.

At our Board meetings in Calgary the past couple of days, we've been talking about a number of very important and strategic topics. The Board has spent a considerable amount of time talking about and reviewing our strategic direction. The Government of Alberta released the "2020 Vision" document earlier, before Christmas and, within that context, we are trying to ensure that we are aligned with the vision of the Government of Alberta and are able to clearly articulate what our vision is for our organization and the delivery of health care to Albertans. We also want to ensure that we have measures that we can be held accountable for, so that we know where we're going, and we know when we've gotten there. In the fullness of time we'll have a strategic document that we'll be able to share with the 80,000 or 90,000 people who work within the healthcare system and beyond as well.

The Board has also dealt with three key elements that will be coming forward on the agenda shortly. Three key elements in building the governance pillars of how Alberta Health Services will work in the long term. No organization works without the internal discipline of ensuring that we do things well, we are held accountable, and that we follow best practices in terms of how we govern ourselves. And so the documents that we will be voting on shortly relate to exactly that, the important aspects of the Code of Conduct, Conflict of Interest Bylaw and Safe Disclosure Policy, otherwise known in other organizations as a whistleblower mechanism. All

of these are important measures that help us provide leadership at the top. Setting the tone at the top is important as an organization to ensure that we're providing the kind of leadership that we need to provide to ensure that our team of 90,000 folks are able to deliver first quality health care to Albertans.

In addition, we've had discussions about the financial circumstances related to Alberta Health Services and to that end, I table, for public consumption, a copy of a report commissioned by Alberta Health Services which is an independent third party review prepared by PriceWaterhouseCoopers, looking at the financial circumstances of Alberta Health Services that has been inherited from the twelve entities forming Alberta Health Services. We will be one entity as of April 1, 2009 but the Board was appointed May 15, 2008 and inherited the financial circumstances from the prior entities.

This independent report indicates that we have a budget short fall of approximately \$1.1 billion for the accumulated operational deficit of these 12 entities. When we were first appointed as Board members, we decided as a starting point that we wanted to ensure that we have an independent authoritative review of all of the entities, ensure that we're working from common numbers, and ensure that we are working with the Government of Alberta and our own internal folks so that we have clear transparency into what's going on.

Through a series of measures, we have reduced that projected deficit from \$1.1 billion down to between \$600 and \$700 million. Cost saving measures included deferring equipment and technology purchases, reworking what were overestimates in the costs of collective agreements and obtaining some incremental funding from the Province of Alberta.

But, most importantly, implementing these measures has had no negative impact on patient care and we're determined to ensure that we deliver patient care in this province to the level that people expect it to be delivered. The projected capital deficit is also being reviewed in the context of a province wide initiative to review all capital projects across the province.

And so, the financial circumstance that we have in front of us is clearly a challenge. Clearly one of the reasons why this Board was created is to seize the importance of this challenge on the financial front and try to manage the financial challenges that we face more effectively. We can do that better as one organization province wide than could have been the case previously with the 12 different entities.

With that, I'd just like to make a few more comments about our days here in Calgary. We'll be touring the Foothills Hospital after this meeting and hearing a presentation from the Calgary region leadership group about the work being done and the challenges faced here. I know also that this has been a difficult couple of weeks for many people within Calgary's health care community with the loss of two highly respected long time family physicians, as well as the passing of a community leader, a person who has been a real leader in the support of innovation and excellence in health programs and services.

Doc Seaman, who was extremely well known for his work in the energy industry and the community, was a real visionary in his support of health care in this city and he was a real visionary in terms of his support of sports. He's personally responsible for having brought the Flames to Calgary but in our context he was a tremendous supporter and visionary in support of innovation in health care as well.

Together with his brothers BJ and Don, Doc provided \$2 million to create the Seaman Family Cardiac MRI Research Center. He was also one of the first to step forward with a \$5 million donation to support the Southern Alberta Urology Center through REACH, the joint fundraising initiative of the Calgary Health Region and the University of Calgary. He left an incredible legacy and was a real inspiration to all of us who knew him, who knew him from the cattle industry, or from sports or from the oil and gas industry. Fabulous contributions to our community.

Many in our community are also mourning the loss of Dr. Fred Moriarty and Dr. Gary Haywood. Both doctors served this community as family physicians for more than 3 decades.

Dr. Moriarty joined his father's practice in the 1970s, a practice that grew in some cases to third generation patient relationships. He was a Past President of the Alberta Medical Association, a past member of the Board of the Canadian Medical Association; he was a mentor to many and maintained a commitment to innovation in providing care and taking a leadership role in the growth of primary care networks in recent years. And, obviously, primary care networks are a critical aspect as to how we're going to be able to deliver access for primary care throughout this province.

Dr. Gary Haywood served 39 years as a family physician in Calgary after serving as a physician with the Canadian Armed Forces. Compassion and dedication were the hallmarks of his relationship with his patients. He too maintained a practice that carried on through second and third generations. On behalf of the Board and Executive of Alberta Health Services, I want to express our deepest sympathy to the families, friends, patients and colleagues of all three men. They will be missed.

Now I'd like to turn our attention to today's agenda where we'll be discussing the Conflict of Interest Bylaw, our Code of Conduct, and the Safe Disclosure Policy."

RECOMMENDATIONS

AHSB09-01 Safe Disclosure Policy

Ms. Linda Hohol, Chair of the Governance Committee, advised that this the Board has committed itself to governing in accordance with the highest standards, taken from both the private and public sectors. Accordingly AHS has looked at best practices from both the public and private sectors and incorporated those practices into the documents before the Board today. The documents are complementary to each other and do not stand in isolation. They are not repetitive but work hand in hand.

These documents were drafted on a principles-based approach as opposed to rules-based, which was felt to be the better way to go for this organization.

Mr. David Weyant, Senior Vice-President & General Counsel, spoke to the Safe Disclosure Policy report. He advised that the Policy is one of a trilogy of governance documents before the Board today. The Policy deals with matters most commonly known as whistleblower protection. The Policy requires employees and other AHS representatives to disclose wrongdoing that they observe. It also permits third parties, including the general public, to report wrongdoing. The Policy ensures protection to anyone who, in good faith, makes such disclosures.

He further advised that the Policy contemplates the retention of an external confidential reporting service to ensure that even anonymous internal reports and reports from members of the public may be received. Mr. Weyant advised that this policy should enhance both the experience of AHS employees and other representatives, and also enhance the confidence in Alberta Health Services' commitment to good governance.

Ms. Charlotte Robb, Interim CEO, spoke to implementation of the Policy.

MOVED BY MS. LINDA HOHOL, SECONDED BY MR. JACK ADY, that the Alberta Health Services Board approve Report AHSB09-01, the Safe Disclosure Policy, in substantially the form attached and resolve that all policies, procedures, practices, directives, or similar instruments of the entities comprising Alberta Health Services addressing the same subject matter are hereby repealed and replaced with this Policy.

MOTION UNANIMOUSLY CARRIED

AHSB09-02 Code of Conduct

Ms. Linda Hohol, Chair of the Governance Committee, spoke to the Code of Conduct report. She advised that while Codes of Conduct are common in the private sector, they were not necessarily in place in each of the 12 AHS entities. AHS has again looked at best practices from both the private and public sectors in preparing this document. It is intended to be principles based.

By this Code, AHS is requesting that all Board members, senior officers, employees and agents engage in the kind of behaviour that one should expect from an organization like Alberta Health Services.

Ms. Charlotte Robb, Interim CEO, spoke to implementation of the Code of Conduct and indicated that AHS employees will be enthusiastic supporters of this Code.

MOVED BY MS. LINDA HOHOL, SECONDED BY MR. JOHN LEHNERS, that the Alberta Health Services Board approve Report AHSB09-02, the Code of Conduct, in substantially the form attached and resolve that all policies, procedures, practices, directives, or similar instruments of the entities comprising Alberta Health Services addressing the same subject matter are hereby repealed and replaced with this Code of Conduct.

MOTION UNANIMOUSLY CARRIED

AHSB09-03 Conflict of Interest Bylaw

Ms. Linda Hohol, Chair of the Governance Committee, spoke to the Conflict of Interest Bylaw report.

Ms. Hohol advised that all of the documents before the Board today have been discussed by the Board for a number of months.

She further advised that Alberta Health Services is required to enact a conflict of interest bylaw by its governing legislation. The Bylaw then requires approval from the Minister of Health and Wellness.

Ms. Hohol also stated that the Bylaw is important as all Board members and employees are in a position of trust and need to be able to identify and have a mechanism to report any situation that might put them in an actual or a perceived conflict of interest.

Mr. David Weyant, Senior Vice-President & General Counsel, advised that while the Bylaw is required by legislation, its form and content is largely not specified by the legislation. The legislation does require the Board to pass a bylaw governing conflicts of interest in respect of its Board members, agents, senior officers and employees.

Mr. Weyant further advised that each AHS entity (except the Alberta Alcohol and Drug Abuse Commission) currently has its own conflict of interest bylaw, which will remain in force until they are replaced by this Bylaw. The Bylaw will not come into effect immediately. It will be in effect upon receiving the Minister's approval.

The Bylaw was developed with the benefit of the prior experience and lessons learned from the nine health regions. It has been developed to carry forward prior best practices and to make improvements so as to enhance understanding and adherence to it.

The Bylaw is principles based as opposed to rules based. This approach was adopted to provide the flexibility to deal with some 100,000 people whose job descriptions and interests vary greatly.

The Bylaw encourages avoidance of conflicts and requires disclosure and management of any identified. Overall, the Bylaw will assist the AHSB to promote a consistent standard of conduct that accords with Alberta Health Services' status as a publicly funded organization and provider of health services and programs. The Bylaw, together with the Code of Conduct and the Safe Disclosure Policy, should provide good guidance for all AHS representatives and enhance public confidence in the good governance of Alberta Health Services.

Ms. Hohol concluded by saying that these documents will be introduced carefully to the organization with clear guidance, education and orientation from management. The compliance officer has yet to be appointed but once appointed, the contact information and all approved documents will be posted on the AHS website.

MOVED BY MS. LINDA HOHOL, SECONDED BY MR. STRATER CROWFOOT, that the Alberta Health Services Board approve Report AHSB09-03, the Conflict of Interest Bylaw, in substantially the form attached and resolve that it be sent to the Minister of Health and Wellness for his approval.

Upon the Conflict of Interest Bylaw receiving the approval of the Minister, all prior conflict of interest bylaws of the entities comprising Alberta Health Services shall be revoked and replaced with the Conflict of Interest Bylaw, substantially in the form attached, as will all policies and similar documents covering the same subject matter.

MOTION UNANIMOUSLY CARRIED

Mr. Hughes thanked everyone for joining the meeting today and invited everyone to stay informed and involved through the Alberta Health Services website.

OTHER BUSINESS

No other business was discussed.

NEXT PUBLIC MEETING

Date: February 25, 2009
Location: Camrose, AB
Time: TBD

ADJOURNED

MOVED BY MR. JIM CLIFFORD, SECONDED BY MR. JOHN LEHNERS, that the meeting of the Alberta Health Services Board adjourn at 2:15 p.m.

MOTION UNANIMOUSLY CARRIED

Chair

Recording Secretary