

PUBLIC BOARD MEETING

May 28, 2009

**Peace Country Health
Provincial Building
Board Room – Level 2
2101, 10320 – 99 Street
Grande Prairie, AB**

MINUTES

Present:

Board Members: **Mr. Ken Hughes, Board Chair**
 Ms. Catherine Roozen, Board Vice-Chair
 Mr. Jack Ady
 Ms. Lori Andreachuk
 Mr. Gord Bontje
 Ms. Teri Lynn Bougie
 Mr. Jim Clifford
 Mr. Strater Crowfoot
 Mr. Tony Franceschini
 Ms. Linda Hohol
 Dr. Andreas Laupacis
 Mr. John Lehnert
 Ms. Irene Lewis
 Mr. Don Sieben
 Mr. Gord Winkel

Executive & Staff: **Dr. Stephen Duckett, President and Chief Executive Officer**
 Ms. Patti Grier, Chief of Staff, Board Secretariat

CALL TO ORDER

The meeting was called to order at 1:15 p.m.

Mr. Ken Hughes. Board Chair, advised that this meeting is being transmitted to approximately 36 healthcare sites throughout Alberta through Telehealth and will also be posted on the Alberta Health Services 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 currently no opportunity for the public to comment or ask questions within the meeting. However there are a number of alternate ways for the public to provide feedback through phone, fax and email. Mr. Hughes urged everyone to visit the Alberta Health Services website for information as to how to contact the Board.

DECLARATION OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

MOVED BY DR. ANDREAS LAUPACIS, SECONDED BY MR. STRATER CROWFOOT, that the agenda for the Alberta Health Services Board public meeting of May 28, 2009 be approved.

MOTION UNANIMOUSLY CARRIED

APPROVAL OF MINUTES

MOVED BY MR. JOHN LEHNERS, SECONDED BY MR. JACK ADY, that the minutes for the Alberta Health Services Board Public Meeting dated April 29, 2009 be approved, subject to amendment on Page 5 under the heading by the deletion of the word “DHIEF” and by the substitution of the word “CHIEF”.

MOTION UNANIMOUSLY CARRIED

CHAIR'S REMARKS

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

"Good afternoon to everyone who is here with us in person in Grande Prairie, and to those tuning in through Telehealth.

We've had an informative visit here in Grande Prairie. For some of us this is our first visit to Grande Prairie and for others we are fortunate to be returning a second time to this great community.

Yesterday, we met with the Treaty 8 First Nations of Alberta Chiefs represented by Chief Rose Laboucan. It was a good opportunity to talk about our shared commitment to Aboriginal health promotion and care.

This morning, we toured Community Village, a health facility located near downtown Grande Prairie. It's a forward-thinking facility in which Alberta Health Services staff, along with partner agencies such as HIV North and Street Outreach, work to improve access to care and services for a vulnerable population.

It's a good example of the kind of collaborative, community-based health care that we want to enhance across the province.

This month, Alberta Health Services staff have dealt with some significant challenges additional to the everyday job of healthcare.

Emergency response plans were put into action in response to the global emergence of the H1N1 influenza virus.

In a new organization, in which many people are in new, different or changing roles, our staff and physicians demonstrated clearly their ability to learn, grow and work together as a team to meet the needs of the people we serve.

An Alberta Emergency Coordination Centre was activated in partnership with Alberta Health and Wellness. Regional Emergency Operations Centres were also set up to coordinate the fan-out of necessary information and resources.

Alberta was the focus of international attention about H1N1 at several points in recent weeks. Through the leadership of Dr. Gerry Predy and a dedicated team of clinical program and corporate support team members, this attention was handled calmly and capably.

Frontline staff and Health Link responders provided members of the public with accurate, comprehensive information, and quality care.

Throughout the organization, this challenge was met with professionalism, care and compassion. I would like to express, on behalf of the Board, our appreciation for the hard work done so far – and the work that we know will continue.

The Alberta Health Services Board and Executive have focused a great deal of attention on the preliminary financial plan.

The Board has done an initial review of the plan through our Audit and Finance Committee and provided feedback to the Executive. A further review will occur at the June 11th Audit and Finance Committee meeting and we will vote on the budget at next month's board meeting.

I know there are a few capital projects that are of deep interest here in the Grande Prairie area.

The Emergency Department renovations of the QEII Hospital have been in the planning and development stages.

Alberta Health Services is committed to moving forward with this project.

The plans include an increased number of treatment spaces, additional trauma rooms, a Clinical Decision Unit for patients not requiring an emergency bed or admission, and an additional exam room for the endoscopy program.

These improvements will allow us to better meet the needs and volumes of patients in the Emergency Department.

We expect to successfully award a tender soon, and should see construction start this summer.

We're working closely with private partners to replace two existing continuing care facilities here.

These projects will provide a broader range of care options in the community, including continuing care, hospice care, designated assisted living, and support for people with dementia.

There are several other capital projects within this region that, like all capital projects in the province, are being reviewed in the context of the current budget, and a new provincial service delivery model.

Alberta Health Services is committed to meeting the health needs of all Albertans, in both rural and urban settings.

The provincial service delivery model under development will incorporate innovative ways of meeting those needs with accessible, quality service within a sustainable system.

Today's reality is that we have to look at new models of care in order to live within our means, and to meet the challenges of an aging population and shrinking workforce.

We're fortunate, within the new province-wide health system, to have the opportunity to share best practices, reduce unnecessary duplication, and enact effective change across an integrated continuum of care.

We will be engaging the community on the changes to come – in part, through the Community Health Councils framework that is currently under review by the provincial government.

A key concept of the work we are doing in Alberta Health Services is the importance of planning programs and services on a province-wide basis, but delivering according to local needs. Community engagement is critical in making sure we are able to do so.

The Community Health Councils framework will come before the Board for approval within the next few months. We see these Councils as an important link in our working relationship with communities across the province and it is important to the Board that they have a meaningful role in helping shape health services across Alberta.

The Audit and Finance Committee will bring forward motions regarding the sale of Northtown Seniors Housing Condominiums in Wetaskiwin; internally restricted funds; the selection of a financial institution for banking services; and a Capital Project Screening Framework.

We will also consider a Trans Fat Reduction Policy for Alberta Health Services facilities.”

Mr. Hughes advised that Dr. Stephen Duckett, President and Chief Executive Officer, was into his ninth week on the job and thanked him for all that he has done in such a short amount of time. Mr. Hughes asked Dr. Duckett to provide any comments.

COMMENTS FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The following is an abstract of Dr. Stephen Duckett’s, President and Chief Executive, remarks at the meeting. It is not an official transcript:

“Good afternoon everyone and welcome. As the Chair has mentioned, a lot of the work has been about addressing the interim expenditure plan, and the rollout of that, and how we actually position ourselves to meet our budget targets for 2009-2010 and beyond.

What I just want to mention is a couple of the critical things that we’ve been working on over the last month. Most importantly is the strategic plan for the organization, which we released a little while ago. The consultation period for that closed on Monday of this week. We had over 7,700 people actually take the trouble and the interest to comment, to give their views about the approach we’re adopting so far. By and large, according to the questions we asked, about 80 per cent of the people either strongly agreed or agreed with, for example, our choice of ways of phrasing the values for the organization. There were strong levels of agreement across the board in terms of a number of other aspects of the plan, so it looks like the plan has got a high level of agreement

There were lots and lots of comments that were made, which is really good. There were lots of ideas, and we’re incorporating those comments. We’ll be bringing forward to the Board, at the next Board meeting hopefully, a revised plan taking account of the consultation process.

So I’d like to thank everybody who took the time to comment, took the time to register and give us their views on the plan.

A number of organizations also provided detailed comments, for which I’m also grateful. The strategic plan is an important document to shape how we approach the budget issues, and how we approach other issues within the organization, so it’s important to get that batted down relatively quickly.

The second thing that we've been working on is the organizational structure. We announced the new top levels of the structure a couple of weeks ago, followed by the detailed structure following down the organization. We're now in the process of implementing that. We have interviews being conducted this week, for example, here in Grande Prairie to fill some of the senior positions within the zone structure for the north of the province, and the same is happening right throughout the province as we speak.

Importantly, there was considerable contention about the way we had handled issues of reporting of Allied Health staff. As a result of that, we convened two Town Hall meetings of Allied Health staff last week in Edmonton and Calgary. We were also able to have a Telehealth hookup across the province at those meetings. At the Calgary area meeting, we were able to have two-way communication to get the views of people outside the major centres.

Altogether, about 500 Allied Health staff participated in those Town Hall meetings. We've now had a chance to review the responses. We had about 83 emails or so come forward to Betty Lynn Morrice, who is the Vice President Allied Health Strategies, and the Executive has considered the responses at its meeting earlier this week. We plan to have a further Executive meeting to give further consideration to the Allied Health structure tomorrow, with the intent that we'll be able to respond to those comments and concerns early next week when we release the next iteration and the finalization of the organizational structure with names attached and so on.

So thank you again to the Allied Health staff who commented and participated in that process because it was important for us to hear from you about your concerns and your proposals.

Apart from that, life has continued. It's been good to be up here in Grande Prairie again, and, as the Chair said, visit the Community Village, which I hadn't visited before, to look at the way Alberta Health Services is working with non-governmental organizations to address some of the important needs of the people here.

Capital Framework

One of the things we need to do as we come together as a single organization is to establish a single priority setting framework which applies across the organization. Each of the predecessor organizations had their own way of priority setting and we now need to take a province-wide approach to how we set priorities across the board, but in particular for capital works. So what we've proposed in this framework that is coming to the Board today is the first stage of a priority setting process that we can apply to capital works that are coming forward for Alberta Health Services support.

It's important to say that this is the first stage of this - that is, that it's the high level. But it sets a framework for further refinement as we go on in the priority setting process. It has a number of components to it. First of all, it says we need as a Board to think strategically about how much investment will take place in acute care, for example, how much investment needs to take place in continuing care, how much needs to take place in primary care. So the first cut of the framework is to say that's the sort of broad generality and that's the sort of high level policy decision that we need to be taking within which the capital processes need to take place.

The second thing we've said is within, say, the acute care bucket, within say the continuing care bucket, we need to come back to our strategic plan, which said, for example, that there are three key goals we're pursuing: access, quality and sustainability.

So we need to assess the various projects that come forward in terms of their impact on access, quality and sustainability. When you're assessing a project against the quality dimension for example, you might say, 'does this particular project address any outstanding safety concerns, building code concerns, occupational health and safety concerns, infection prevention and control issues,' and so you'd make an assessment about whether the project has a high impact or medium impact or a low impact against the dimension.

Another dimension might be looking in the quality area, looking at innovative service models, the ability to implement innovative service delivery models. So what we're proposing is a way of looking at the disparate projects that will be coming before us and having an overall consistent framework, so that we can have a consistent, overt, transparent process. It's important to remember, in that regard, that transparency is going to be one of our key values and we need to make sure that these processes are able to stand up to external scrutiny in terms of the judgement. So I would commend the framework to you.

Trans Fats

We in Alberta Health Services have been concerned about the issue of trans fats. This is an issue that has been considered within the province, and indeed nationally, in recent times. What we're proposing is that Alberta Health Services should be very clear about where it stands on the trans fats issue and we're proposing to take a number of steps.

First of all: to recognize that we are actually a food provider. We provide food to our patients, food to the residents in our continuing care facilities, and food to our staff.

Where Alberta Health Services is a food provider, we will be moving, as quickly as possible, to move that food production to minimize trans fats. We shall ensure that all cooking oils and soft spreads or margarines, for example, have industrially produced trans fat content of two per cent or less.

Another component of the proposal is to recognize that we lease space in Alberta Health Services premises to food producers and food providers. When we are entering into new lease arrangements we will expect the food providers to meet the same standards that we are meeting for ourselves. We will now also be working with existing leaseholders to see whether they can change their services, the food that they provide, to reduce the trans fats content.

So we'll be taking some pro-active steps to improve the health of our staff and our patients and residents and visitors to our facilities by moving to reduce the trans fats content as soon as we can."

RECOMMENDATION(S) FROM STANDING COMMITTEE(S)

Audit and Finance Committee, May 14, 2009

Mr. Don Sieben, Chair, Audit and Finance Committee, provided an update with respect to the Audit and Finance Committee meeting held on May 14, 2009. Mr. Sieben thanked Dr. Duckett and his staff for all their support and stated that Dr. Duckett has been handling the budget issues very well.

**AF09-46 Sale of Northtown Seniors Housing Condominiums,
Wetaskiwin, Alberta**

Mr. Sieben advised the Board that the Audit and Finance Committee is recommending the sale of the Northtown Seniors Housing Condominiums in Wetaskiwin to the Good Samaritan Society (GSS) for \$2,080,400. The sale of the Northtown Senior's Housing Condominiums to GSS will permit an improved level of service and support to low income seniors living in the complex, ensure that the future sale of these units to seniors will be at an affordable price, relieve Alberta Health Services from management responsibilities which are beyond the scope of normal service responsibilities, and return an estimated \$2,080,400 to Alberta Health Services. This sale will require the approval of the Minister of Health and Wellness.

Mr. Sieben further advised that this sale is supported by an independent appraisal of the property.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD WINKEL, that the Alberta Health Services Board approve Report AF09-46, Sale of Northtown Seniors Housing Condominiums, Wetaskiwin, Alberta, and request approval of the Minister of Health and Wellness to sell the Northtown Seniors Housing Condominiums in Wetaskiwin to the Good Samaritan Society for the offer price of \$2,080,400.

MOTION CARRIED UNANIMOUSLY

AF09-47 Internally Restricted Funds

Dr. Stephen Duckett, President and Chief Executive Officer, advised that Board-approved internally restricted funds are only permissible if Alberta Health Services has a cumulative surplus. Alberta Health Services currently has an accumulated deficit. The predecessor Boards internally restricted \$100.8 million as at March 31, 2008. \$44.0 million was for operating initiatives and \$56.8 million was for capital initiatives. During 2008/2009 a large number of the initiatives were completed, but not all of them. Alberta Health Services will start with an accumulated deficit as at April 1, 2009. Whereas one region may have had a surplus as at March 31, 2009 and technically have been able to restrict their funds, collectively Alberta Health Services does not have sufficient funds for any Board restrictions. The Alberta Health Services Board approved the release of all internal restrictions on funds made by the predecessor Boards.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD BONTJE, that the Alberta Health Services Board approve Report AF09-47, Internally Restricted Funds; and further, approve the release of all internal restricted funds designation made by predecessor Boards.

MOTION UNANIMOUSLY CARRIED

AF09-48 Selection of Financial Institution for Banking Services

Mr. Sieben advised the Board that in March 2009, Alberta Health Services issued a Banking Services Request for Proposal (RFP) seeking proposals from financial institutions to provide a full range of financial services and to establish a single vendor to provide province-wide banking services. Core banking services as well as credit facilities were requested, including an operating line of credit and a letter of credit guarantee. The requested term was for an initial three years with the option of two additional two-year negotiated extensions. Following conclusion of the RFP process the Evaluation and Selection Committee recommended the Royal Bank of Canada (RBC) as the preferred vendor.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. GORD BONTJE,

- 1) That the Alberta Health Services Board approve Report AF09-48, Selection of Financial Institution for Banking Services; and further**
- 2) Delegate the President and Chief Executive Officer (or designate) the authority to sign the contract with the Royal Bank of Canada as Alberta Health Services' financial institution for core banking services.**

MOTION UNANIMOUSLY CARRIED

AF09-54 Capital Project Screening Framework

Dr. Stephen Duckett, President and Chief Executive Officer, advised that the creation of a single merged organization means that we need to develop a new, integrated priority setting process for the whole organization to replace the processes used by the predecessor organizations. The new process incorporates consolidation of projects into four streams: Acute Care, Continuing Care, Primary Care/Continuing Care and Support Services. It will also evaluate projects against the three Alberta Health Services goals of Access, Quality and Sustainability. The Framework will be presented to Alberta Health and Wellness following Board approval.

MOVED BY MR. DON SIEBEN, SECONDED BY MR. TONY FRANCESCHINI, that the Alberta Health Services Board approve Report AF09-54, Capital Project Screening Framework.

MOTION UNANIMOUSLY CARRIED

OTHER BUSINESS

AHSB09-08 Proposed Policy on Trans Fats Reduction for Alberta Health Services' Facilities

Dr. Stephen Duckett, President and Chief Executive Officer, advised that this policy will confirm Alberta Health Services' commitment to reduce the levels of trans fats contained in food products offered to Alberta Health Services' staff, patients, clients and visitors at Alberta Health Services operated food service facilities. The former health regions throughout the province had taken proactive but differing measures to reduce trans fats in patient and retail food service operations. A province-wide approach is required as one part of a set of public policies to support healthy eating environments. The policy requires that oils and spreads have two per cent or less trans fats content, and that all food products newly introduced by Alberta Health Services to be served at Alberta Health Services facilities shall contain five percent or less industrially produced trans fats content as a proportion of total fat. New contracts for provision of food products at Alberta Health Services facilities shall be subject to the trans fats requirements. Alberta Health Services will work with food suppliers and contractors to help them comply with the policy, which is effective immediately.

MOVED BY DR. ANDREAS LAUPACIS, SECONDED BY MR. JACK ADY, that the Alberta Health Services Board endorse Report AHSB09-08, the proposed policy on trans fats reduction for Alberta Health Services facilities.

MOTION UNANIMOUSLY CARRIED

NEXT PUBLIC MEETING

Date: June 30, 2009
Location: Calgary, AB
Time: TBD

ADJOURNED

MOVED BY MR. JIM CLIFFORD, SECONDED BY MR. GORD WINKEL, that the meeting of the Alberta Health Services Board adjourn at 1:50 p.m.

MOTION UNANIMOUSLY CARRIED

Chair

Recording Secretary