

PUBLIC BOARD MEETING

January 21, 2010

**Sheldon M. Chumir Health Centre
Room 3101
1213 – 4 Street S.W.
Calgary, AB**

MINUTES

PRESENT:

Board Members

Mr. Ken Hughes, Board Chair
Mr. Jack Ady
Ms. Lori Andreachuk
Ms. Teri Lynn Bougie
Mr. Jim Clifford
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. Lynn Redford, Chief of Staff, Board Office and Vice President, Community Engagement

REGRETS:

Ms. Catherine Roozen, Board Vice-Chair
Mr. Gord Bontje
Mr. Strater Crowfoot
Mr. Tony Franceschini
Ms. Linda Hohol

CALL TO ORDER

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

Mr. Ken Hughes, Board Chair, welcomed the public in attendance today.

DECLARATION OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

MOVED BY MR. JACK ADY, SECONDED BY MR. JIM CLIFFORD, that the agenda for the Alberta Health Services Board Public Meeting of January 21, 2010 be approved.

MOTION UNANIMOUSLY CARRIED

APPROVAL OF MINUTES

MOVED BY MS. LORI ANDREACHUK, SECONDED BY MR. GORD WINKEL, that the minutes for the Alberta Health Services Board Public Meeting dated December 3, 2009 be approved.

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, and welcome to the Alberta Health Services public board meeting.

I'd like to thank you all for joining us today, whether in person or through Telehealth at locations around the province.

Providing high quality, equitable access to health care has proven to be a tremendous challenge in every province in Canada and in every country around the world. But it is not insurmountable.

We are ready to rise to that challenge as we open 2010 with a new chapter in our young history.

I would also just like to thank Minister Zwozdesky's predecessor, the Honorable Ron Liepert for his personal commitment and hard work over the last eighteen months. His dedication to innovation set our province on the path to providing Albertans with the health system they need and deserve.

For those of you watching today's Board meeting on Telehealth, we are in Calgary this month, meeting in the Sheldon M. Chumir Health Centre.

For those of you who have joined us in person, I'd like to point out the question cards on the table outside the Boardroom in the hall.

There isn't a question portion of these meetings, but we do want to be able to provide answers if you have questions.

We'll collect the question cards after the meeting, and get the questions to the person or program area that can best answer them.

The questions and answers will be posted on the Alberta Health Services website prior to our next public board meeting.

A video of the meeting will also be available on the website.

We've been holding meetings with the board and executive over the past two days here in Calgary.

We also had the chance to tour the Chumir Health Centre, learn about the great programs here, and meet some of the staff.

I knew Sheldon Chumir as a dedicated public servant. He had a deep commitment to the democratic process, a deep commitment to serving his community and I think it's a measure of the generosity of spirit of Albertans that a place like this would be named after a person like Sheldon. So I think it's a great honor to all of us that this should be named that way.

Urgent Care is an innovative approach that meets patients' need for immediate care that doesn't require the advanced supports of an Emergency Department.

Calgary was a leader in the development of urgent care programs, starting with the former 8th and 8th health centre, which relocated here to the Chumir in 2008.

The Renal program here uses a broad range of approaches and technologies to help people manage kidney-related conditions.

What we learned was, the way services are being delivered here today, are really world leading. This is really good solid innovation by the clinical leadership and the support teams and the management to provide services to people in ways that are better quality, better for their quality of life and better quality of services.

Chronic diseases actually account for about two-thirds of health spending in Alberta. Helping people with chronic conditions stay as healthy as possible – rather than waiting until they are in crisis – provides them with a far better quality of life while improving access within the system. What we're seeing here is a very deep commitment by the leadership in this program to ensure that people are supported as much as possible in their quality of life, with the best quality of life that we can provide.

And the Elbow River Healing Lodge meets health needs of Aboriginal patients in a culturally sensitive program where they feel respected and at ease.

These are fabulous examples of the kind of patient-focused, quality, accessible care we're striving to provide to all Albertans.

I will note that there is capacity here at the Sheldon Chumir Centre of people in other parts of the city or people even close to here need an urgent care support in any nature, they should consider coming to the Sheldon Chumir Centre because the lines look to me like they're shorter here than in other facilities and people need to know that. Calgarians need to know that they can get urgent care right here in this building, in this facility right downtown. It's convenient to a lot of people who work downtown. It's convenient to a lot of people who live in the area and they do not need to go out to Foothills or Rockyview or Peter Lougheed, in order to access urgent care.

Through the integration work we are doing in Alberta Health Services, we have the opportunity to ensure that best practices and innovative programs are shared right across the province.

We are deeply committed to improving quality and access within a sustainable health system. It is possible, and it will be done here in Alberta. After all, if we can't do it in Alberta, where is it going to be

done? Where can you possibly find the talent, the resources, the commitment, the can-do attitude of a group of people anywhere else in the world that is as strong as what's going on in Alberta here today?

The folks providing care here at the Chumir demonstrate the kind of commitment to excellence that will get us there.

Earlier this week, I was lucky enough to be at Alberta Children's Hospital for the arrival of the Olympic torch.

That was a real thrill for me, and it was a wonderful experience for the kids and their families, and our staff and physicians.

The Olympic flame connects us back through history.

And it connects us to our own Olympic roots here in Calgary and southern Alberta.

It's always energizing to tap into that sense of community spirit, that pulling together for a common goal.

It's very much what we're about, here. People get involved in community service because they know the power of pulling together as a team to achieve shared goals.

On a sad note, I would like to extend condolences both personally and on behalf of Alberta Health Services Board to the family, friends and colleagues of Michelle Lang of the Calgary Herald reporter who was killed tragically in Afghanistan on the 30th of December while on assignment for Canwest news service. I attended the memorial service on Monday. It was very touching. Here was somebody who really cared about public policy and her passing is a significant loss.

I think it's also important to note the tragic events occurring in Haiti. Disasters such as last week's earthquake remind us of the importance of global community – of reaching out to a neighbour in their time of need.

Many of our staff and physicians have offered to go to Haiti to be part of the relief effort. We've set up a central contact within the organization to help facilitate the time away from work for anyone who wants to do so. We are also using our procurement office to assist in acquiring drugs and other medical supplies at the lowest costs.

Coordination work is still underway, and it may emerge that it would be better to evacuate some patients for medical care. We're prepared to do our part there, too, when we receive clearance from the appropriate federal and provincial health authorities.

It's going to take the energy of many shoulders to the wheel to rebuild a shattered country. As an organization, and as individuals within the organization, we're ready and willing to do our part.

In today's meeting, we'll have a report from Dr. Stephen Duckett, the President and CEO of Alberta Health Services.

Those of you following the news know there have been major developments in our partnership with the Alberta government. They are timely and they are encouraging. They are an important recognition of the need to understand the values and priorities of Albertans. They also reflect our continuing commitment to put access and quality at the top of our priority list. That has been Dr. Duckett's commitment from day one. It has not changed, and it will not change.

It is always valuable to take stock and measure progress and we look forward to working with the province in what promises to be a turning point in the weeks and months ahead.

In other business, the Audit and Finance Committee will bring forward a report regarding Investment Bylaw amendments.

The Health Advisory Committee will bring forward recommendations for the appointments of trustees to foundations.

The Human Resources Committee will present recommendations regarding a standard employment contract for people who report to the President and Chief Executive Officer, and an extension for the finalization of Performance Agreement Targets.

And the Quality and Safety Committee will bring forward a performance tracking tool called the Quality and Patient Safety Dashboard and we have an example with some folks here from the Alberta Children's Hospital who will share with us some experience they had very directly around improving access for folks in the emergency department at the Children's Hospital.

So with that I'd like to move into the next item on the agenda and that would be the CEO, Dr. Stephen Duckett."

PRESIDENT AND CHIEF EXECUTIVE OFFICER'S REMARKS

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

"The start of a new year is an opportunity to check progress, sharpen our focus, and set new and higher objectives.

We have three primary goals: Access, Quality and Sustainability.

In 2009, we focused on safeguarding access and quality, rising to the challenge of the second wave of H1N1, and making significant progress on sustainability by stabilizing our finances.

The cost savings we realized through integration and streamlining of back-shop processes enabled us to protect patient care. We brought down our spending rate and found savings that next year will reduce costs by somewhere between \$650 and \$700 million. That work will continue, but only in non-clinical areas.

My remarks today will emphasize access and quality, and how we build on a stronger financial footing in 2010.

Last September we committed to opening 775 new community living spaces over three years, and we are now about one-third of the way to achieving that goal with the opening of more than 250 beds.

As will be underscored later in today's Board meeting with the release of the Quality and Patient Safety Dashboard of performance indicators, we are redoubling our emphasis on access and quality - improving care for Albertans, improving health standards of Albertans, improving the movement of patients through our system so we can effectively address waiting times and wait lists.

The at-a-glance information in the Dashboard measures 26 quality- and safety-related indicators and identifies potential areas for improvement. The indicators include: surgery wait times, wait times for cancer care services, average length of stay in Emergency Departments, and patient satisfaction.

I'll give you just one of many examples of how knowledge becomes actions.

As H1N1 spread, more ill people were coming to our Emergency Departments. At the wave's peak here in Calgary, the Alberta Children's Hospital was seeing a third more children each day – yet the team there developed processes to cut wait times to half the average time.

By analyzing the way patients move through the department, and what kind of information caregivers needed, the team made it possible to get those kids the care they needed more quickly.

They set up a transitional triage area set up in Emergency and provided a place for physicians to quickly assess patients and determine the care that was needed. The result was more beds available for the sickest kids.

Making it possible for our clinical leaders to implement more of these innovations more quickly will be the major aspect of my work over the next 12 months. Our ability to share and transfer knowledge, quality improvement practices and best practices from one end of the province to the other, is one of the key benefits of the merger of what were in some ways competing entities into Alberta Health Services.

Two significant developments will help make this possible.

First, as you heard, the Mr. Hughes and I have consulted with Health and Wellness Minister Gene Zwozdesky and agree that with the recommendation to put any planned hospital bed closures on hold while we review our progress. As you know, all of these beds were to be offset by increased growth in community beds, but we have made enough progress on other fronts, including vacancy management and the voluntary exit program, to revisit the community and acute care plan.

Second, we agree with the recommendation of the Alberta Hospital Edmonton Implementation Team to move the program for geriatric mental health care to Villa Caritas.

This will provide a dedicated, supportive and home-like atmosphere that will provide a better quality of life for these vulnerable, elderly patients. Our focus from the beginning has been on providing the right care environment for them, and we welcome the endorsement of this part of the plan by the Implementation team.

We are setting aside earlier proposals to move about 100 adult acute care patients and 46 rehabilitation care patients.

These are important turning points that reflect our commitment to listen and to act. We are moving quickly, and will work with the province in the next few weeks to set the course ahead.

There has been significant public debate over the Alberta Hospital Edmonton proposal, some of it reflecting concerns about our ability to deliver on a commitment that no patients would be moved unless and until we could provide better facilities.

This decision demonstrates our commitment to be transparent, to listen to our stakeholders, and to shape plans based on what we hear.

Communicating with staff is also a priority for me. Since the last public board meeting, I've made my first report to staff and physicians on December 11th. Through three Telehealth broadcasts to 125 sites, I provided an overview of the past half-year or so, looking at both accomplishments and areas where we know we need to improve.

Using Telehealth technology allowed us to have Q&A portions for each session, and anyone who didn't get a chance to ask their question was invited to email questions in. Many did, and we provided written answers to their questions, too. I will be having more broadcasts like that this year.

The blog hit a milestone over the past month. On January 11, it passed the one-million-hits mark. Since I started writing it, we've had more than 1,000 comments posted in response. It's been one of the ways I've tried to tap into issues of concern.

We've got a great deal of work ahead, and the only way to be successful is to constantly, deliberately, effectively engage the expertise of our staff and physicians. An important milestone in that will occur next week when we have the first meeting of the Alberta Clinician Council.

Last week, we launched a system-wide survey to get an accurate understanding of the relationship we have with staff, physicians and volunteers.

The responses to the survey are anonymous and confidential. It is being conducted online and via telephone by a third party, which will not be sharing with us the raw data.

The more responses we get, the more we can be sure that what we are seeing is truly representative of the views of staff. I urge all of you to take the time to complete the survey. We wanted to demonstrate that we genuinely want honest feedback and that will act on the results. The survey wraps up February 15, and the results will be available within 6 to 8 weeks after that.

We'll do another survey in the spring, to see if we've made progress, and we're going to keep doing them, because that engagement is critical to our success.

The second wave of H1N1 was proof of that potential.

Critical care teams used Telehealth technology to connect ICUs across the province like never before. Faced with the sickest of those who developed severe disease, they were able to ask each other questions, share diagnostic images, and build on what their colleagues were learning day-by-day.

These are the kinds of initiatives that are being developed and driven by teams throughout Alberta Health Services, and that will allow us to make real and measurable progress in all three of our goals of access, quality and sustainability now, and in the years ahead.

Thank you."

NOTE: Mr. Ken Hughes provided an overview of governance structure and Committees of the Board to set distinction and keep the Board on track within their parameters of the funding and provincial legislation.

RECOMMENDATION(S) FROM STANDING COMMITTEE(S)

Audit and Finance Committee Report, December 17, 2009

Mr. Don Sieben, Audit and Finance Committee Chair, provided an update with respect to the Audit and Finance Committee meeting held on December 17, 2009.

AF09-139 Investment Bylaw Amendments

Mr. Sieben advised that AHS is required to make bylaws respecting its investment powers pursuant to the Regional Health Authorities Regulation (Regulation). The Regulation sets out the requirements for the Bylaw. The Bylaw must be approved by the Minister of Health and Wellness (Minister). The current Bylaw was approved by the Minister on April 20, 2009.

Mr. Sieben further advised that discussions with investment managers regarding AHS' current Bylaw indicated that certain generalities used to provide ethical guidelines were too broad and subjective in their description, and inconsistent wording and definitions made it difficult to administer. Clarity that AHS may not "directly" invest in prohibited areas was added.

Mr. Sieben outlined the changes to the bylaw which included:

- The addition to the prohibited investment listing of entities that produce or develop alcohol products.
- AHS will now utilize a four year rolling average as a basis to determine minimal acceptable annual rates of returns.
- AHS will now categorize the investments into a number of different areas with capital preservation, liquidity and return on investment as priorities.

MOVED BY MR. DON SIEBEN, SECONDED BY JIM CLIFFORD, that the Alberta Health Services Board approve Report AF09-139, the amended Investment Bylaw and that it be sent to the Minister of Health and Wellness for approval.

Health Advisory Committee Report, December 15 and 21, 2009

Mr. John Lehnert, Chair, Health Advisory Committee, provided an update with respect to the Health Advisory and Special Health Advisory Committee meetings held on December 15 and 21, 2009, respectively.

HAC09-37 Appointments of Trustees to Individual Foundations

Mr. Lehnern spoke to the report contained in the agenda and advised the Health Advisory Council's are taking shape.

He further advised the Health Advisory Committee of the Board has refined the charter, bylaws and operations handbook for the Health Advisory Councils.

Mr. Lehnern advised that the Board met with members of the Calgary Health Advisory Council on January 20, 2010 to discuss their direction, how they're going to seek input in the community, how they're going to convey some of those messages and issues to the Board and develop a conduit that is going to be the most productive and efficient.

Mr. Lehnern advised that six of the committees have already met and expect the next six or seven to meet shortly and begin the process of selecting their Chairs and formulate their work plans. The Board will touch base with them more and each one of those Committee meetings will be followed up or done in conjunction with the Board.

Mr. Lehnern advised of two Committees that have yet to be formulated, the Mental Health Provincial Advisory Council and the Cancer Provincial Advisory Council, and that the work is currently underway. He further advised they will consist of more experts with some public representation.

Mr. Lehnern advised of individuals appointed to Foundations as follows:

Trust	Name	Period of Appointment
Canmore & Area Health Care Foundation	Ann Keith	Three Year term (December 2012)
Canmore & Area Health Care Foundation	Jack Vandeventer	Three Year term (December 2012)
Cardston & District Health Foundation	Gregory Burt	Three Year term (December 2012)
Medicine Hat & District Health Foundation	Cal Niebergall	Three Year term (December 2012)
North County Health Foundation	Cynthia Papworth	Three Year term (December 2012)
North County Health Foundation	Rita Bulczyk	Three Year term (December 2012)
North County Health Foundation	Shari Barendregt	Three Year term (December 2012)

Oyen & District Health Care Foundation	Linda Wilson	Three Year term (December 2012)	
Oyen & District Health Care Foundation	Keith McLean	Three Year term (December 2012)	
Oyen & District Health Care Foundation	Roger Bedwell	Three Year term (December 2012)	
Alberta Hospital Edmonton & Community Mental Health Foundation	Dennis Cleaver	Three Year term (December 2012)	
Alberta Cancer Foundation	Heather Watt	Three Year term (December 2012)	
Alberta Cancer Foundation	Prem Singhmar	Three Year term (December 2012)	
Alberta Cancer Foundation	Vern Yu	Three Year term (December 2012)	
Alberta Cancer Foundation	Steven Dyck	Three Year term (December 2012)	
Alberta Cancer Foundation	Leslie Beard	Three Year term (December 2012)	
Alberta Cancer Foundation	Dr. Anthony Fields (Non-Voting Member)	Three Year term (December 2012)	
<p>Mr. Ken Hughes, Board Chair, noted that we as a community are well served by the individuals who step up to make significant contributions. The working relationships are a key link to the community. These individuals work incredibly hard to ensure that support is built within the community for the appropriate level of healthcare. They are an important source of innovation and ensure we continue to innovate and that new technologies are brought to the forefront.</p> <p>MOVED BY MR. JOHN LEHNERS, SECONDED BY MS. TERI LYNN BOUGIE, that the Alberta Health Services Board approve Report HAC09-37, appointing the Trustees to the Foundations as outlined in the attached schedule.</p>			

<p><u>Human Resources Committee Report</u></p> <p>Ms. Irene Lewis, Chair, Human Resources Committee, provided an update with respect to the Special Human Resources Committee meeting held on January 15, 2010.</p>	
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HR10-01 Standard Employment Contract for the President and Chief Executive Officer's Direct Reports	
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Ms. Lewis spoke to the report contained in the agenda and advised that the President and Chief Executive Officer will, from time to time, be required to fill vacancies for direct reports at the Executive level. The terms and conditions negotiated during the recruitment process form the basis of the employment contract. The President and Chief Executive Officer requires the ability to approve employment contracts to ensure the timely and effective recruitment of Executive staff.

MOVED BY MS. IRENE LEWIS, SECONDED BY MS. LORI ANDREACHUK, that the Alberta Health Services Board approve Report HR10-01, Standard Employment Contract for the President and Chief Executive Officer's Direct Reports.

<u>Quality and Safety Committee Report, December 16, 2009</u>	
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Dr. Andreas Laupacis, Chair, Quality and Safety Committee, provided an update with respect to the Quality and Safety Committee meeting held on December 16, 2009.

QS10-01 Quality and Patient Safety Dashboard

Dr. Laupacis spoke to the report contained in the agenda and advised that the Board, as part of their governance role, is to measure how AHS is doing in terms of meeting its three goals of access, quality and sustainability.

Dr. Laupacis advised that the Quality and Safety Committee is requesting that the Board approve a Quality and Patient Safety Dashboard, which the Board can use to measure the performance of Alberta Health Services (AHS) in terms of access, quality and safety and AHS itself can use it at a provincial and regional level to help deliver safe, high quality and timely care. He further advised the Dashboard will be posted on the website.

Dr. Laupacis advised the Dashboard consists of 26 items that were selected with a number of criteria in mind. The group of items covers most of the important activities within AHS such as clinical outcomes, patient satisfaction, staff satisfaction, wait times and access to services, continuing care, preventive medicine and end of life care.

Dr. Laupacis thanked the many people within AHS that participated in the selection of these indicators, particularly a group of about 60 individuals, many of them clinicians, who came to a day-long session in Edmonton a few months ago where the pros and cons of the various indicators were discussed which greatly assisted in defining the 26 indicators.

Dr. Laupacis advised that identifying these indicators is the first step in measuring and improving performance. The next step is to populate those indicators with data and measure how AHS is doing. The first report is expected to be released in September or October, 2010, which will allow AHS to get complete data for a number of these indicators for the current fiscal year ending in March 2010 and allow AHS to analyze the data and ensure they are accurate and to publicly report on them.

Discussion occurred with respect to H1N1 and its impact on meeting some of the targets. Dr. Laupacis advised that some of these indicators would probably not be affected by H1N1, and others such as access to elective surgery which might have been delayed or canceled during H1N1 would have a slight impact, however, the targets that have been developed will not be changed because of the recent H1N1.

Discussion occurred with respect to setting the standards or targets on a year over year basis. Dr. Laupacis advised AHS will be reporting on the current year but also on the two or three years previous to determine trends.

Discussion occurred with respect to AHS' Dashboard and how it would equate in terms of other Dashboards in other provinces and countries. Dr. Laupacis advised AHS is relatively unique with the depth of its responsibilities and have broader metrics which include the continuum of care.

MOVED BY DR. ANDREAS LAUPACIS, SECONDED BY MR.GORD WINKEL, that the Alberta Health Services Board approve Report QS10-01, Quality and Patient Safety Dashboard.

PRESENTATION

Mr. Ken Hughes, Board Chair, introduced Dr. David Chaulk, Deputy Chief, Alberta Children's Hospital Emergency Department and Mr. Rod Iwanow, Manager, Alberta Children's Hospital Emergency Department.

Dr. Chaulk spoke to the successes in improving wait times at the Alberta Children's Hospital (ACH) Emergency Department.

Dr. Chaulk spoke to the H1N1 pandemic which dramatically increased their volumes in the Emergency Department. At the busiest times during H1N1, they were seeing 315 patients a day with weekly averages in the 290-300 patients per day, a 30-40% increase if not more on some days. Although the daily census and the daily volumes had increased, the actual level of acuity, how sick the children that were coming to our department, did not increase. So proportionally speaking, the percentages of significantly ill children were lower than previous years.

Dr. Chaulk advised that in previous years at the height of the viral season, it was not uncommon for families that came into ACH Emergency Department to experience 6 or 8 hour wait times. During those peak times of H1N1, when there was a significant increase in volume, the wait time was still averaging less than 4 hours. Even though data cannot be compared year to year for various reasons, this initiative is considered a success and they are very proud of their staff, nurses, physicians, cleaning staff and feel it is a true testament to the work that the people at the ACH do.

Dr. Chaulk spoke to their project to reduce wait times at the ACH Emergency Department. In reviewing a number of initiatives to reduce wait times in emergency departments, they could not find a system that worked well for the ACH so they developed their own which included a hybrid of two models; waiting room medicine and triage liaison physician. This initiative moves physicians to the front of the department more often and includes a number of dedicated beds in the front of the department allowing for quicker turnover. What they found was that 50-60% of the children that come to the emergency department do not need any further investigation such as blood work, x-rays, or intensive management. What they needed was to be seen by a nurse or physician and given guidance to their parents as to what is wrong with their child, recommendations as to when to worry about their child and what signs and symptoms to watch out for. The families are seen at the front of the department, assessed, and then if they need further investigations, management, or treatment, they then move into the higher resource beds with nurses and staff on a higher ratio basis.

Dr. Chaulk advised the initiative was to have the patients seen and care decisions made faster but one of the things that they did not anticipate and probably the biggest benefit that they have seen, is that they then had more beds available for sick children presenting at the Emergency Department. This ensures that the right family is in the right bed at the right time with the right care provider.

Mr. Iwanow advised the most significant success is the space available for children requiring more care. Mr. Iwanow advised the challenge in emergency medicine and care is to be able to utilize resources and shift them within the department to match the needs of patient care that they are able to provide these open beds for acutely sick children and the benefit is that most children now are being seen sooner by allowing that decision making process to take place earlier.

Discussion occurred with respect to patient confidentiality when patients are being seen at the front of the department.

Discussion occurred with respect to applying this plan to other pediatric emergency departments or applying some of the other principles to general emergency departments. Dr. Chaulk advised a children's emergency department is different than other emergency departments in that other Emergency Departments typically have more admissions than that of a children's emergency department.

Dr. Stephen Duckett, President and Chief Executive Officer, advised the Alberta Clinician Council is one of AHS' new mechanisms for engagement. In addition, AHS has established a number of clinical networks and one of the objectives of the clinical networks is to facilitate the sharing of best practice and to facilitate solving common problems across the province. Dr. Duckett advised that there is an Emergency Department clinical network, and this initiative will be referred to the Emergency Department clinical network for them to consider.

OTHER BUSINESS

No other business was discussed.

NEXT PUBLIC MEETING

Date: February 2010
Location: Edmonton, AB
Time: TBD

ADJOURNED

**MOVED BY MS. TERI LYNN BOUGIE, SECONDED BY DR. ANDREAS LAUPACIS,
that the meeting of the Alberta Health Services Board adjourn at 2:00 p.m.**

MOTION UNANIMOUSLY CARRIED

Chair

Recording Secretary