

PUBLIC BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at Boardroom A, Main Floor, Seventh Street Plaza, 10030-107 Street NW, Edmonton, on March 30, 2016.

Attendees

Board Members: Ms. Linda Hughes (Chair)
Dr. Brenda Hemmelgarn
Mr. David Carpenter
Mr. Hugh Sommerville
Ms. Marliss Taylor
Ms. Glenda Yeates

Management: Dr. Verna Yiu, Interim President & Chief Executive Officer
Dr. Francois Belanger, Acting Vice President, Quality
& Chief Medical Officer
Todd Gilchrist, Vice President, Human Resources
Deborah Rhodes, Vice President, Corporate
Services & Chief Financial Officer
Colleen Turner, Interim Vice President, Community
Engagement & Communications
Ronda White, Chief Audit Executive
Ms. Catherine MacNeill, Corporate Secretary & General Counsel

Regrets Mr. Richard Dicerni

Ms. Hughes acted as Chair of the meeting and Ms. MacNeill acted as Corporate Secretary.

Ms. Hughes called the meeting to order at approximately 9:00 a.m. Notice of the meeting had been properly given and quorum was met.

❖ **Review of Agenda**

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda for the meeting of the Board held on March 30, 2016, which was provided to the Board in advance of the meeting.

❖ **Declaration of Conflicts of Interest**

Ms. Hughes requested that any conflicts of interest relevant to the meeting or items noted on the agenda be declared. None were declared.

1. Approval of Minutes – January 28, 2016

UPON MOTION duly moved, seconded and unanimously carried, the minutes of the Alberta Health Services Board meeting held on January 28, 2016 were approved and the Chair of the Board and Corporate Secretary were authorized and directed to sign the minutes in the form so approved; and the Corporate Secretary was directed to file them, together with all ancillary documents attached thereto, in the corporate records of Alberta Health Services and to deliver a copy to the Minister of Health.

2. Comments

a. Comments from the Chair

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

Welcome, everyone, to Alberta Health Services' public Board meeting.

Dr. Verna Yiu, the AHS Interim President and CEO, will shortly talk about recent developments regarding the organization's vision and values. She will also share news about a project involving two of our Strategic Clinical Networks that is improving the quality of life for many residents in long-term care throughout the province.

I would like to talk about *Our People Strategy*, which is one of the organization's four foundational strategies. One of our senior leaders, Todd Gilchrist, will share some additional information later today, but I would like to highlight the importance of this work.

AHS has more than 123,000 staff. That number would make AHS the third most populous city in Alberta – and translates into a lot of talent and energy to harness. AHS needs an effective workforce strategy to lay the groundwork on how AHS can maximize its most valuable resource.

Our People Strategy has been in development for more than a year and involved consultations with more than 60,000 people who work within or alongside AHS. Today, the Board will be discussing plans to roll the strategy out this June and to ensure we have measures in place to monitor our progress.

We must get this right. For AHS to achieve its goals, our staff, physicians and volunteers must feel engaged in the organization. With that in mind, *Our People Strategy* has two goals:

- to have safe, healthy and valued people;
- to improve patient and family experiences, and quality and safety.

Research shows that, when health care workers are highly engaged in their work, patient outcomes improve and patient satisfaction increases. *Our People Strategy* is a workforce strategy; but its goals benefit everyone: the people who work for AHS, the people who partner with AHS, as well as the people we serve.

We recognize AHS needs to do a better job at engagement – internally and externally. The development and implementation of *Our People Strategy* is one way we are planning to improve engagement. Another way is the Board establishing a new standing committee as part of a refreshed commitment to community engagement and public participation in health care. The Community Engagement Committee will oversee our organization's outreach to communities across the province. This is vitally important. We want communities to recognize AHS as a partner in their health and wellbeing.

There are some excellent examples within AHS already of where we do engage well with our communities. Two years ago, the South Health Campus in Calgary was named one of the top 12 hospitals in North America for providing patient & family centred care. The hospital established a Patient and Family Advisory Council that informed decisions before, during and after construction of the

facility. Everything about the hospital, from its bright, spacious rooms and hallways, to its family-friendly visitation policies, is designed to meet the needs of patients and families. And it was patients and families who told us what they needed, and what was important to them.

On the provincial level, our 12 Health Advisory Councils and two Provincial Advisory Councils give Albertans an opportunity to share thoughts, opinions and concerns about health care delivery in their communities. Those councils, for instance, have been instrumental in recruiting physicians to many of our rural communities, and helping address complex issues – for instance, in the areas of continuing care and Emergency Medical Services.

Another community engagement initiative was the development of our Wisdom Council which provides guidance and recommendations on service delivery and program design to ensure accessible, effective and culturally sensitive care for Aboriginal People in Alberta.

Also, broad consultations with the public were held during the development of the Patient First Strategy. That feedback helped AHS understand what Albertans expect when they enter the health system as a patient, client or loved one. They want to be fully involved in their care decisions; they want their cultural traditions and their personal preferences and values respected and they want that same consistent approach applied when they move around in the system even from hospital to the community.

The new Board Community Engagement Committee is beginning to plot a roadmap for its work and will start with getting regular updates from AHS staff on community engagement activities throughout the organization and the use of community input in decision-making. The Committee in turn will report on these engagement activities to the Board.

On a related note, today we will discuss changes to the bylaws that govern our 12 Health Advisory Councils (“HACs”). These changes will help us soon launch a new recruitment phase for the HACs and our provincial advisory councils (PACs”), which act as our conduits to the communities we serve. It is crucial every one of our HACs and PACs have full membership, and members who reflect the diversity of voices in every region of the province.

With respect to the recruitment of a President and CEO, I am pleased to report we have had a lot of interest and many applicants, and we are currently working through a list of high-potential candidates. We would like to announce a permanent President and CEO in the next few months.

AHS is continuing to prepare for June 6, 2016 when physician-assisted death essentially becomes legal under certain circumstances. AHS has worked with our partners and stakeholders for more than a year to be fully prepared to support patients and families in the wake of this landmark decision. We have posted online resources and information for patients and families, as well as for health professionals, about the pending changes. This is an emotional and very personal issue to Albertans. I am confident AHS is ready now and on June 6 to help Albertans know and understand all the health care options available to them in the areas of palliative and end-of-life care.

Finally, the next few weeks will also involve finalizing our budget and Health Plan and Business Plan, which will guide our activities and set forth our goals in terms of health system performance.

As the Board moves to its new committee structure I want to take this opportunity to thank three Albertans who have been an enormous help to our health service in the last few years. During the time

when AHS had no governing board, these three individuals chaired committees that helped the Official Administrator oversee the organization. They agreed to stay on in those roles until end of this month when Board members will take over those responsibilities. So a special thank you to Don Sieben, who chaired our Finance and Audit & Risk Committees, to Barbara Burton for chairing our Human Resources Committee and to Doug Tupper who chaired the Quality & Safety Committee. You have all provided great leadership and support for AHS and we thank you very much for that work.

Of course, I would be remiss if I did not use this opportunity to once again thank Dr. Verna Yiu for the marvelous job she is doing in the role of Interim President and CEO. Dr. Yiu has moved forward significant work since taking on the interim role in early January. This is a good time for me to invite Dr. Yiu to talk about that work.

b. Comments from the Interim President & Chief Executive Officer

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

I am pleased to be here and provide an update on what has been happening within Alberta Health Services over the past few weeks.

The organization has made some significant progress recently, especially in terms of our foundational work.

Last month, AHS staff, physicians and volunteers were given an opportunity to vote for, and comment on, a new vision for the organization. We tabulated approximately 13,000 votes and considered more than 12,000 comments in order to land on our new vision statement. If you have not heard it, it is: *Healthy Albertans. Healthy Communities. Together.*

Our staff, physicians and volunteers said they wanted the new AHS vision to reflect inclusivity, community and our shared responsibility for health and wellness. Through collaboration and conversation, I believe we have checked those boxes. Although the AHS vision was developed within the organization, it belongs to everyone in this province. I hope this simple but powerful statement resonates with Albertans. After all, it speaks to our shared desire, and our shared responsibility for improving health, wellness and quality of life in the province. Within AHS, we will use the new vision statement to inspire and unite our work to fully advance patient and family centred care throughout our system.

Setting the vision enables us to move onto the work of refreshing our values. Values are at the heart of what we stand for. They establish what we will not compromise on at any cost; under any circumstances. AHS has had the same seven values for most of its existence; and, they have served us well.

But today's AHS is not the same AHS of eight years ago. With a new vision in place, now is the time to look at the values and ask ourselves:

- Are these really the right values for our organization?
- How do we embed them?
- How do we live them?

Like our vision work, we will refresh our values in a way that hears from many diverse voices. We are embarking on broad consultation that involves front-line staff, corporate staff, partners, our advisory groups such as the Health Advisory Councils, Provincial Advisory Councils, the Patient Family Group, Alberta Clinicians Council, the Wisdom Council, and more. AHS senior leaders recently met to assess our existing values and to contemplate a new set of values that would best represent our organization, and our people, in 2016. Through this process, six values emerged:

- Integrity
- Compassion
- Respect
- Accountability
- Collaboration
- Safety/Quality

AHS leaders, myself included, see these values in action by AHS staff, physicians and volunteers every day. These values are an attempt to capture who we are, and what guides our decisions, and our daily interactions with patients and families, at this time.

Over the next two months, we will be seeking input from a cross-section of employees, physicians and volunteers.

I acknowledge some Albertans will wonder: why is AHS working on vision and values rather than problems within the health system? I would say to them that vision and values are important. They enable the 100,000-plus people in our workforce to row in the same direction; to embrace the same ideals; and, to pursue the same goals for the benefit of patients, clients and families. That is powerful. I must point out that this vision and values work is happening at the same time we are improving health care through innovation and a commitment to patient & family centred care.

Let me give you one example. AHS is working with the province's long-term care facilities, as well as with families of loved ones in those facilities, to reduce the use of antipsychotic medications. These medications are sometimes used to address behaviours in people with dementia, including residents who develop aggressive tendencies and become a threat to themselves and others. These medications, however, can have serious side effects and medical complications, including increased risk of falls, strokes, and confusion, loss of independence and over-sedation. Three years ago, two of our Strategic Clinical Networks partnered with Alberta Health to work with long-term care facilities and families to find ways to address unwanted behaviours without the use of antipsychotics. Care teams started to use alternative strategies, introducing exercise, music and art to calm and comfort individuals as their antipsychotic medications were being withdrawn. By January 2014, we had 11 pilot sites and, at those facilities, there was a 50 per cent reduction in the number of residents with dementia who were receiving an antipsychotic medication without a diagnosis of psychosis. That success led AHS to roll out the project to all 170 long-term care sites across the province, including those owned and operated by AHS as well as contracted providers. But those numbers, impressive as they are, don't tell the whole story.

Many families reported their loved ones became more aware of their surroundings, and more capable of engaging in conversation, once they were weaned from antipsychotic medications. I have a short video that provides more detail on this project.

[A video was shown with respect to the reduction of the use of antipsychotic medications.]

As you can see in the video, this project is providing Albertans with that most precious gift: quality time with their loved ones. Carol's story is heartwarming and an affirmation that, by reducing the use of antipsychotic medications in long-term care, we are doing the right thing for residents and families. Carol's story is hardly unique. A Calgary man named Marshall Bye, whose wife of 60 years had dementia during the last 10 years of her life, told us what the project meant to him. He wanted to talk to his wife Evelyn about the memories and experiences they shared — but Evelyn, who was on antipsychotic medication, was unable to do so. Marshall thought he would never have a conversation with this spouse again. Then Evelyn was weaned from the medication, and in Marshall's own words, he said: "Her eyes began to sparkle, and I could see joy in them again." Today, 18.3 per cent of long-term care residents who do not have psychosis are on anti-psychotic medications to manage behaviour such as aggression and agitation. Our numbers are even better in the province's two biggest cities. We are at 15.3 per cent in Edmonton, and 16.5 per cent in Calgary. All of those numbers are well below the national average of 27.5 per cent. We are truly national leaders in this area.

How are we doing this? We are doing this with our long-term care and community partners, and with Albertans. Together. Just as our new vision statement says. Staff and care teams at more than 100 long-term care sites across the province have participated in AHS workshops where they can explore strategies to reduce the use of antipsychotics and learn new ways to provide safe, effective care to residents. AHS has also introduced an online toolkit for those care providers who were unable to attend our workshops. We are working with families to discuss how we can work together to provide their loved ones with the best quality of life possible. I would like to thank the Seniors Health and Addiction and Mental Health Strategic Clinical Network teams for:

- taking on this important project;
- improving the lives of many long-term care residents and their families; and
- living the values of integrity, accountability, compassion, respect, collaboration, and safety/quality.

The Appropriate Use of Antipsychotic project is just one of many initiatives happening across AHS that are improving the quality and safety of care for patients.

That is why I am very proud to be part of this incredible organization, and optimistic that we can overcome the challenges that are facing Alberta's health system.

I would like to thank Linda and the Board for their continued support and commitment to providing AHS with good governance. I would like to thank the staff, physicians and volunteers of AHS for their efforts to deliver, or help the delivery of, safe, high-quality health care each and every day. Finally I would like to thank the members of the public here today for your interest in AHS.

3. Human Resources Committee

a) Report to the Board

Ms. Marliss Taylor provided an overview of the Human Resources Committee ("Committee") meetings held on February 4, 2016 and March 17, 2016. The Committee was presented an overview of the AHS workforce size and make up, reviewed and provided feedback on *Our People Strategy*, discussed the status of labour negotiations, and reviewed management and out of scope compensation. The Committee reviewed Q3

workforce indicators, the size of senior leadership, the status of essential services legislation and the work undertaken by AHS, the status of the negotiations between the AH, AMA and AHS, the results from the 2014 workforce engagement survey, cultural competency training programs, and the workplace health and safety quarterly update.

b) [HRC16-02] Our People Strategy

Mr. Todd Gilchrist, Vice President, Human Resources, provided an overview of the *Our People Strategy* (the “Strategy”).

Mr. Gilchrist noted that the Strategy will guide our actions on how we can support our people, including:

- seeking frontline managers advice on issues and initiatives impacting their teams and communities in which they live and work;
- strengthening the support leaders need to communicate and engage more effectively; and
- increasing workplace health and safety.

Mr. Gilchrist introduced a video that highlights the Strategy.

[A video was shown with respect to the AHS Our People Strategy.]

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the *Our People Strategy*.

4. Governance Committee

a) Report to the Board

Mr. Hugh Sommerville provided an overview of the Governance Committee (“Committee”) meetings held on February 24, 2016 and March 16, 2016. The Committee reviewed a draft Mandate & Roles which has been sent to Alberta Health for comments. The Committee discussed the role and responsibilities of the Health Quality Council of Alberta, the Board’s committee structure, proposed membership on committees, the status of the CEO search; and considered amendments to the Bylaws for the Health Advisory Councils, a draft of the MOU for Health Capital Projects between AHS, Alberta Health and Alberta Infrastructure, the establishment of a Board Community Engagement Committee and the proposed renewal application process for HAC members reapplying for new terms when their six year terms have expired. The Committee also reviewed draft terms of reference for the Board, Chair of the Board and Board members, and was presented background on the process for hearing professional responsibility concerns.

b) [GOV16-11] Health Advisory Councils Member/Chair Terms and Member Recruitment

Mr. Hugh Sommerville advised that AHS would like to move forward with recruitment of new Health Advisory Council (Councils) members and proposed amendments to the *Amended Bylaw for Alberta Health Services Establishing Health Advisory Councils* (Bylaw) that relate to changing Official Administrator references to the Board and providing for a two year term for Council chairs to provide stability. As per Section 13.1 of the Bylaw, any amendments must be approved by the AHS Board and receive written

approval from the Minister of Health. The Governance Committee recommended that the Board approve the amendments to the Bylaw.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board (the “Board”):

- a) approved the amendments reviewed by the Board to the Health Advisory Council Bylaw (“Bylaw”); and
 - b) authorized and direct management to submit the amended Bylaw to the Minister for approval and make the amended Bylaw available on the public AHS website once Ministerial approval is obtained.
- c) [GOV16-12] Tri-Party Health Capital Memorandum of Understanding (MOU).

Mr. Hugh Sommerville advised that AHS, Alberta Health and Alberta Infrastructure, Health Facilities Senior Executive Committee have endorsed an MOU for Health Capital Projects and that the Governance Committee recommended approval by the Board and sign-off by the AHS Board Chair on behalf of AHS.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the Tri-Party Health Capital Memorandum (MOU) and authorized the Board Chair to sign the MOU on behalf of AHS.

d) [GOV16-16] Establishment of Community Engagement Committee

Mr. Hugh Sommerville advised that the Governance Committee recommended the Board establish a Community Engagement Committee as an advisory committee of the Board.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the establishment of the Community Engagement Committee.

d) [GOV16-18] Membership for Committees

Mr. Hugh Sommerville advised that the Board appoints members to its advisory committees in accordance with the AHS Amended General Bylaws. At its organizational meeting in December 2015 the Board had appointed certain members to its committees on a temporary basis with the intention that the Board’s Governance Committee would consider the committee structure and membership and make recommendations to the Board in that regard. The Governance Committee considered committee membership and recommended the Board approve the following membership of the committees effective April 1, 2016.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the following appointments of voting members to the Board’s Committees:

AUDIT & RISK COMMITTEE

David Carpenter, Chair
Glenda Yeates, Vice-Chair
Hugh Sommerville
Linda Hughes, Board Chair (*ex-officio*)

FINANCE COMMITTEE

David Carpenter, Chair
Richard Dicerni, Vice -Chair
Glenda Yeates
Linda Hughes, Board Chair (*ex-officio*)

COMMUNITY ENGAGEMENT COMMITTEE

Dr. Brenda Hemmelgarn, Chair
Marliss Taylor, Vice-Chair
David Carpenter
Linda Hughes, Board Chair (*ex-officio*)

GOVERNANCE COMMITTEE

Hugh Sommerville, Chair
Marliss Taylor, Vice-Chair
Linda Hughes, Board Chair (*ex-officio*)

HUMAN RESOURCES COMMITTEE

Richard Dicerni, Chair
Marliss Taylor, Vice-Chair
Linda Hughes, Board Chair (*ex-officio*)

QUALITY & SAFETY COMMITTEE

Glenda Yeates, Chair
Dr. Brenda Hemmelgarn, Vice-Chair
Linda Hughes, Board Chair (*ex-officio*)
Dr. Tom Feasby, External Member
Gord Winkel, External Member

5. Finance Committee

a) Report to the Board

Mr. David Carpenter provided an overview of the Finance Committee ("Committee") meetings held on February 24, 2016 and March 16, 2016. The Committee was provided a preliminary draft of the 2016/17 Health Plan and an update on discussions with Alberta Health regarding AHS' reporting obligations and Performance Agreement. The Committee reviewed information on the 2016/17 Budget, the ERM service providers risk report, the status of the labs review, and received for recommendation of Board approval the December 31, 2015 Third Quarter Investment Report and amendments to the certain continuing care contracts. The Committee also reviewed the Q3 Performance Agreement Action Update and the Q3 Performance Measures Update, a template of an action plan used within AHS, the relationship with Covenant Health and reviewed and recommended for Board approval an authorization to spend.

b) [FC16-11] December 31, 2015 Third Quarter Investment Report

Mr. David Carpenter advised that, as mandated by AHS' Investment Bylaw, the Finance Committee is required to review reports prepared by management and investment managers summarizing the activities and performance of AHS' investment portfolio on a quarterly basis. The *Regional Health Authorities Regulation* and the AHS Investment Bylaw describe the requirements for the Board to approve or ratify by resolution AHS' investment decisions. The Finance Committee was presented the December 31, 2015 Third Quarter Investment Report and recommended the Board ratify the following transactions.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board ratified the investment portfolio and transactions described below, and as certified by signed investment compliance certificates from AHS and Phillips, Hager & North Investment Management (PH&N):

- a) as at December 31, 2015, AHS held restricted and unrestricted funds managed by PH&N and Standard Life Canada totalling \$1.553 billion;
- b) the funds were invested in short term treasury bills, federal, provincial and corporate fixed income bonds, pooled mortgage funds, bond funds, Canadian and Global equity funds; and
- c) all of the funds invested during the quarter ended December 31, 2015, were invested in accordance with the Investment Bylaw and Investments Policy.

c) [FC16-12] Continuing Care – Amendments to the Master Services Agreements

Mr. David Carpenter advised the Finance Committee reviewed amendments to the following four Continuing Care Master Services Agreements. The Finance Committee recommended that the Board approve the amendments and delegate signing authority with respect to the four Master Services Agreements to the Alberta Health Services President & CEO.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the amendments to the following Master Services Agreements as reviewed by the Board:

- 1. Chantelle Management Ltd. - Change in capacity designation and term;**
- 2. The Father Albert Lacombe Home - Change in capacity designation and term;**
- 3. Rosedale Partnership – Change in service delivery model; and**
- 4. The Brenda Strafford Foundation Ltd. – Change in term;**

and delegated signing authority to the President & Chief Executive Officer.

d) [FC16-20] 2016/17 Q1 Authorization to Spend

Mr. Carpenter advised the Finance Committee reviewed a request from management for an authorization to spend given that the AHS' 2016/17 budget will not be approved prior to April 1, 2016. The Finance Committee recommended that the Board approve the authorization to spend.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved an authorization to spend for the period of April 1, 2016 to June 30, 2016 of:

- 1. maximum expenses of \$3,700 million for the period April 1, 2016 to June 30, 2016; and**
- 2. maximum capital expenditures of \$100 million for the period April 1, 2016 to June 30, 2016.**

7. Audit & Risk Committee

a) Report to the Board

Mr. David Carpenter provided an overview of the Audit & Risk Committee ("Committee") meeting held on February 24, 2016.

The Committee received the Q3 Financial Report and forwarded it on to Alberta Health, discussed the status of outstanding recommendations of Internal Audit and the OAG. The Committee also reviewed the December 31, 2015 ERM Risk Report and the IT Disruptions Risk Report.

8. Quality & Safety Committee

a) Report to the Board

Mr. Glenda Yeates provided an overview on the Quality & Safety Committee (“Committee”) held on March 3, 2016. She noted that each Committee meeting starts with a story of building a culture of safety, openness and improvement in the organization. This meeting’s story was regarding hospital acquired infections and disclosure to patients. The Committee noted the commitment and excellent work of the staff and the positive results flowing from the initiative. The Committee was provided with an update on the state of readiness of physician assisted death and was advised of the significant work that has taken place at AHS. Ms. Yeates noted that materials are posted on the AHS website.

The Committee was provided a briefing on the nine Strategic Clinical Networks (“SCNs”). The Committee was very impressed with how the projects are collected, how they had been rolled out throughout the organization, the organization’s commitment to excellence, and the plan for spreading the work throughout the province for maximum impact on quality and safety. There was support on the part of the Committee for the ongoing work of the SCNs.

The Committee received a briefing on the Patient & Family Advisory Group 2014-15 Annual Report. The Committee noted the tremendous commitment of patients and their families in supporting the work of AHS.

The Committee also received the Alberta Clinician Council Annual Report highlighted the importance of the work that these representative care givers and professionals throughout the organization provide to us in terms of their perspectives and their advice.

b) [QSC16-18] Alberta Health Services Accreditation Status and Activities for Health Facilities and Programs: Annual Report for Alberta Health

Ms. Yeates advised that AHS has significant accreditation activities and annually obtains and maintains accreditation status from the appropriate accreditation bodies depending on the particular realm of activity. AHS prepares an annual report that summarizes our accreditation activities including our progress on any recommendations that have been offered by accreditation bodies. This year’s report was reviewed by the Committee and it is recommended to the Board for approval. The report will be shared with the Minister and posted on the public website.

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

- i) the Alberta Health Services Accreditation Status and Activities for Health Facilities and Programs Annual Report (the “Report”); and**
- ii) the Board Chair delivering the Report to the Minister of Health by March 31, 2016.**

c) **[QSC16-20] Revisions and Updates of Alberta Health Services Quality Assurance Committee Structure**

Ms. Yeates advised that AHS has a number processes throughout the organization that contribute to the quality and safety such as the Quality Assurance Committees ("QACs"). AHS has had an existing structure for QACs in place since 2012. With the experience since that time, there are proposals in place to streamline the committees to reflect the maturity of the organization's development and also in some cases reflect some housekeeping items such as updating terms of reference, workload, updating names, membership and having sub-committees become QACs.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the following as outlined in the attached table:

- 1) Proposed Quality Assurance Committee ("QAC") Name and/or Membership Changes to be more reflective of the current organizational structure and the operational programs the QACs represent (zones, sites, programs, SCNs), as reviewed by the Board;**
- 2) Proposed Changes to the "Establishment and Purpose" in QAC TORs to better define scope of activities, as reviewed by the Board;**
- 3) Proposed Changes to the "Other Activities" provision of QAC TORs, to make the provisions consistent with the work done by the QACs, as reviewed by the Board;**
- 4) Proposed AHS QAC Structure Changes:**

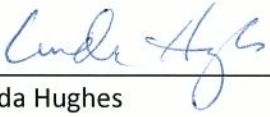
The following QA Subcommittees becoming QACs:

- **Cardiac Sciences (Calgary Zone) QAC** -Formerly the Calgary Zone Cardiac Sciences QAC Subcommittee of the Foothills Medical Centre QAC.
- **Neonatal (Calgary Zone) QAC** - Formerly the Calgary Neonatal QA Subcommittee of the Calgary Zone Complex Review QAC.
- **Women's Health and Perinatal (Calgary Zone) QAC** - Formerly Calgary Perinatal and Maternal QA Subcommittee of the Calgary Zone Complex Review QAC.
- **South Health Campus QAC**- Formerly a Subcommittee of the Calgary Zone Complex Review QAC.

Ms. Linda Hughes, Board Chair, commented that the Board has accomplished a lot in the past month. On behalf of the Board, Ms. Hughes thanked the AHS senior management team – she acknowledged that today's meeting represents a lot of work over many months and is a result of many people within AHS.

❖ **Adjournment**

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



Linda Hughes
Chair



Catherine MacNeill
Corporate Secretary & Legal Counsel

[Attachment : Table - Revisions and Updates of Alberta Health Services Quality Assurance Committee Structure]

Table – Quality Assurance Committee Terms of Reference Updates

Proposed QAC Name and/or Membership Changes:

- Alberta Children's Hospital QAC
- Addiction & Mental Health (Calgary Zone) QAC
- Community and Rural Health and Facilities(Calgary Zone) QAC
- Emergency (Calgary Zone) QAC
- Integrated Seniors Health (Calgary Zone) QAC
- Surgical Services (Calgary Zone) QAC
- Calgary Zone Complex Review QAC
- Neonatal (Calgary Zone) QAC
- Women's Health and Perinatal (Calgary Zone) QAC
- Cardiac Sciences (Calgary Zone) QAC
- South Health Campus QAC
- Rockyview General Hospital QAC
- Peter Lougheed Centre QAC
- Foothills Medical Centre QAC
- Glenrose Rehabilitation Hospital QAC
- Royal Alexandra Hospital QAC
- Child Health QA, Improvement and Patient Safety Collaborative (CHIPS) (Edmonton Zone) QAC
- Combined Congenital Cardiac Program QASubC
- Extracorporeal Life Support (ECLS) QASubC
- Neonatal Intensive Care Units (NICU) QASubC
- Pediatric Anaesthesia QASubC
- Pediatric Resuscitation QASubC
- Pediatric Emergency Medicine QASubC
- Pediatric Medicine QASubC
- Pediatric Surgery QASubC
- Pediatric Intensive Care Unit (PICU)Transport Team QASubC
- Pediatric Trauma QASubC
- Pediatric Intensive Care Unit (PICU) QASubC
- North Zone Complex Review QAC

Proposed Changes to “Establishment and Purpose”:

- Alberta Children's Hospital QAC
- Addiction & Mental Health (Calgary Zone) QAC
- Community and Rural Health and Facilities(Calgary Zone) QAC
- Emergency (Calgary Zone) QAC
- Integrated Seniors Health (Calgary Zone) QAC
- Surgical Services (Calgary Zone) QAC

- Calgary Zone Complex Review QAC
- Neonatal (Calgary Zone) QAC
- Women's Health and Perinatal (Calgary Zone) QAC
- Cardiac Sciences (Calgary Zone) QAC
- South Health Campus QAC
- Glenrose Rehabilitation Hospital QAC
- Royal Alexandra Hospital QAC
- Child Health QA, Improvement and Patient Safety Collaborative (CHIPS) (Edmonton Zone) QAC
- Combined Congenital Cardiac Program QASubC
- Extracorporeal Life Support (ECLS) QASubC
- Neonatal Intensive Care Units (NICU) QASubC
- Pediatric Anaesthesia QASubC
- Pediatric Resuscitation QASubC
- Pediatric Emergency Medicine QASubC
- Pediatric Medicine QASubC
- Pediatric Surgery QASubC
- Pediatric Intensive Care Unit (PICU)Transport Team QASubC
- Pediatric Trauma QASubC
- Pediatric Intensive Care Unit (PICU) QASubC
- North Zone Complex Review QAC

Proposed Changes to “Other Activities”:

- Neonatal (Calgary Zone) QAC
- Combined Congenital Cardiac Program QASubC
- Extracorporeal Life Support (ECLS) QASubC
- Neonatal Intensive Care Units (NICU) QASubC
- Pediatric Anaesthesia QASubC
- Pediatric Resuscitation QASubC
- Pediatric Emergency Medicine QASubC
- Pediatric Medicine QASubC
- Pediatric Surgery QASubC
- Pediatric Intensive Care Unit (PICU)Transport Team QASubC
- Pediatric Trauma QASubC
- Pediatric Intensive Care Unit (PICU) QASubC
- North Zone Complex Review QAC