

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 January 28, 2016.

Present:

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
Ms. Catherine MacNeill, Corporate Secretary & Legal 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 1:00 p.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 January 28, 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 – December 1, 2015

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the Alberta Health Services Board meeting held on December 1, 2015 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 of the minutes to the Minister of Health.

2. Comments

a. Comments from the Chair

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

Good afternoon, everyone.

Thank you for taking the time to attend today's meeting of the Alberta Health Services Board.

I am glad you are here. Alberta's healthcare system does not belong to this Board, or the Ministry, or AHS. It belongs to all Albertans. So we are heartened to see you here today, showing your interest in how health care is delivered in this province — today and in the years to come. All Albertans are interested in good health care and making the system as accessible and effective as it can be.

For this reason, and many others, I am positive and optimistic, and my fellow Board members share that optimism, as we finish just our second month as the AHS Board.

The organization has gone through major transitions in those two months – the establishment of the Board and all that entails in terms of governance changes and the departure of our President & Chief Executive Officer.

AHS has absorbed these changes very smoothly, demonstrating what a strong organization it is, with a deep pool of experienced and dedicated healthcare leaders.

We are particularly fortunate to have Dr. Verna Yiu take on the role of Interim President & Chief Executive Officer. I have spent time with Verna over the past few weeks and can say she is an outstanding leader and ambassador. She is a people person, a great listener and a consensus builder; and is experienced, wise and empathetic. In many ways, she embodies what we want the AHS culture to be. I want to again thank Verna for taking on this crucial role and for the strong leadership she has shown in just a couple of weeks on the job.

The Board members and I have had the pleasure to meet many members of the executive leadership team over the last few weeks. They are all equally impressive. They care deeply about health care in this province. They work very long hours. In addition to their management roles, many of them – like Verna, who is a pediatric nephrologist – also continue to do clinical work on the front lines, providing outstanding care to Albertans. These leaders and senior staff throughout the organization are providing stability to the healthcare system. The feedback we have received is that the AHS workforce believes this is a period of continuity.

AHS continues to pursue the objectives laid out in its Health Plan and Business Plan.

We continue to work to foster an environment at AHS that is positive and patient-focused. We are building an environment that puts patients, families and clients at the centre of everything we do, and involve them in decisions about their care. We are building an environment that also ensures staff, physicians and volunteers feel safe, supported and valued at work, so they can do their very best every

day for the people they serve. This vision for AHS is shared within government, within this Board, within AHS leadership, and within the AHS workforce.

Stability is a by-product of good governance, and that is certainly the goal of the new Board. Good governance, however, is not just about bylaws and committee structures and mandate documents. It requires strong relationships built on trust and honesty. In this case, the relationships are between the Board, AHS leadership, the Ministry of Health, the provincial government, staff and physicians, labour groups, regulatory bodies, universities and colleges, foundations, and our community and business partners. We have a lot of positive and productive partnerships now, but we need to ensure these relationships stay strong and effective, especially during these challenging economic times. The Board has confidence that Verna and the AHS leadership team will continue to foster and grow those relationships. The Board will do what it can to help that building process.

Two months in, I can say that relations with the Ministry of Health are very good and getting better. Verna is working closely with the Deputy Minister of Health to ensure that AHS and the Ministry are working effectively, productively and efficiently to improve the healthcare system.

Meanwhile, the Board is working on establishing its governance structures including its committees in the areas of quality and safety, finance, governance, and audit and risk.

The Board has also hired the executive search firm Boyden out of its Calgary office to begin the search for a new President & Chief Executive Officer. This kind of search for a senior health leader to run the largest health region in the country will be a big job but we hope to have a new President & Chief Executive Officer in place by mid-year.

Again, thank you all for coming out this afternoon.

I now invite Verna to talk about her first three weeks at the helm of AHS, and about an exciting initiative that illustrates her belief that quality and sustainability go hand in hand.

b. Comments from the Interim President & Chief Executive Officer

The following is an abstract of Dr. Verna Yiu's remarks at the meeting. It is not an official transcript:

Thank you, Linda, and good afternoon everyone. Before I give my overview, I want to thank Linda and the Board for their support and commitment to providing AHS with good governance. It has been a pleasure over the last few weeks to get to know the Board. The executive team and I very much appreciate the diversity of the backgrounds and experiences of the Board members. On behalf of our staff, physicians, volunteers and senior leadership team, I want to thank you all for your commitment and dedication to promoting health care in Alberta.

This is my first Board meeting in my role as Interim President & Chief Executive Officer, so I thought this would be an appropriate time to talk about my views about healthcare quality and sustainability and share some highlights of my first three weeks in the new position.

First, I believe health care is a people business and people are our greatest asset. I think it is important to meet with as many staff, physicians and volunteers as possible and have those face-to-face

conversations; not only to build rapport but also to hear from our frontline clinicians and staff about their programs and care of patients and families.

My first 48 hours on the job were spent in Lethbridge, Medicine Hat, Brooks and Calgary where I met with many members of our hard-working, dedicated workforce. It was a very gratifying first 2 days to see people I know and people I met for the first time. The common thread I saw was the passion and pride people had in sharing with me what they did, how they continually want to improve quality of care, and also hear about the challenges they faced and how they dealt with them. For example, I met the psychiatric team at Peter Lougheed Center who shared with me the challenges in dealing with persons with developmental disabilities and suggestions of how we could provide safer and better quality care for such individuals in the community. It was also very satisfying to see several former med students in the healthcare system, who are now practising physicians using their acumen and skills to help Albertans.

At several stops, I had the opportunity to take questions from other AHS staff, physicians and volunteers through videoconference. This is some of what I heard:

- many said they thought AHS was moving in the right direction;
- they hoped for continuity, not instability;
- many said they agreed with our organization's focus on patient and family centred care; and
- they said want to see themselves as being part of a healthcare organization where quality and safety is at the forefront along with patients being part of the healthcare team.

However, as many pointed out, to deliver patient and family centred care, AHS needs to build a culture that includes:

- a high level of workforce engagement;
- staff, physicians and volunteers who feel safe, valued and supported;
- clarity on AHS vision, mission, values, goals and priorities; and
- individuals understanding the bigger picture and how they fit into it.

Finally, many of the people I met just wanted to wish me well or better yet wish me luck. I will always remember a woman named Aurora (Casiano), a service worker at the Peter Lougheed Centre. When I introduced myself to her and asked her how long she had been working at AHS, she became teary when she answered with pride that she had worked in health care in Alberta for 15 years.

In Aurora, I saw someone who contributes to making the environment better for people every day and was flattered that Aurora was pleased to meet me. Aurora, if you're listening, the feeling was mutual.

It does not matter whether you work in IT, HR, or corporate services. It does not matter if you are a physician, an environmental staff member, a nurse or an administrative assistant. As far as I am concerned, everyone within AHS contributes meaningfully in the delivery of safe, high-quality patient care

We all know of the famous quote: "May we live in interesting times". We certainly do right now in Alberta. Oil prices are hitting an all time low. The Canadian dollar is \$0.70 compared to the USD. We know that we have the highest cost of health care in Canada with average health outcomes. But there are opportunities in Alberta that no other province has to implement key initiatives province-wide that

will improve patient outcomes and patient experiences. We know that improved quality of care will result in improved costs. These type of initiatives are successful because they involve collaboration between people who perform very different but very important jobs in the health system.

Let me tell you about one.

It is called Enhanced Recovery After Surgery, also known as ERAS. It was introduced in 2013 at the Grey Nuns Community Hospital in Edmonton and the Peter Lougheed Centre in Calgary for patients undergoing colorectal surgery. Since then, more than 2,200 patients have benefited from ERAS protocols, which are now available at six AHS hospitals.

So how does it work? ERAS provides consistent ways of managing care before, during and after surgery with an aim of helping patients stay strong physically and mentally, improving recovery time and reducing complications. In general:

- pre-surgery, ERAS encourages patients to participate in activities that improve their wellness, and educates patients on pain and nausea management;
- during surgery, surgical teams use minimally invasive techniques, when appropriate, to reduce surgical stress and improve pain control; and
- after surgery, patients recover faster, including earlier removal of catheters, as well as eating earlier and increasing mobilization.

What we are seeing is truly remarkable:

- ERAS patients are going home, returning to their families and work, 2.3 days sooner on average;
- that result has freed up more than 3,000 days of bed capacity, easing pressures on our acute care centres; and
- there are 11 per cent fewer complications and fewer readmissions back into hospitals.

What do patients and clinicians think?

Let us hear from the people directly involved.

[A video was shown in which a patient speaks to how the ERAS protocol improved patient experience and a doctor highlights the benefits of ERAS to the health system.]

As you can see, ERAS is a win-win initiative. It is good for patients and it is good for the health system. ERAS is tested and proven to work. It has been made possible by teams of local clinicians making grassroots-driven changes based on best practices; and because AHS is provincial, we are able to expand ERAS across Alberta so that all can benefit.

ERAS is proof of something I have always believed: by focusing on evidence based best practices, we are improving the quality of health care to Albertans which is followed very closely with a reduction in costs.

To be the best health system we can be, and good stewards of taxpayer dollars, AHS is always on the journey of continuous improvement. That is true now, more than ever. AHS is moving into a time of financial pressure unprecedented in its history. With projects like ERAS, AHS can continue to bend the

cost curve by using quality improvements to get the most out of our resources.

ERAS is just one example of the innovations coming out of collaboration and teamwork between our clinicians and operations, along with our Strategic Clinical Networks or SCNs. Our people are passionate and knowledgeable about health, and they are finding new and innovative ways of delivering care. That is what I saw and heard during my tour visits.

Despite the tough economic times we find ourselves in, I am very optimistic about the future of health care in Alberta. Having a provincial healthcare system gives us a landscape that is unique in Canada to collaborate, to share best practices and to drive innovation that improves quality and value for all patients, clients and families, regardless of where they live.

I encourage you to visit the AHS website to read more about the other SCN projects happening across the province that are also providing better quality, better outcomes and better value for every Albertan.

We will address our challenges by continuously finding new and better ways to deliver care.

Thank you.

3. Committee Updates – January 2016 Meetings

a) Quality & Safety Committee

Ms. Glenda Yeates provided the following overview of the Quality & Safety Committee meeting held on January 7, 2016:

Members of the Committee include all Board members and five external members. The Committee assists the Board in overseeing senior executive's responsibility to promote an environment of decision-making for clinical operations that ensures the quality and safety of health care, builds a culture of trust for patients and healthcare providers, provides equitable access to provincial health services for all Albertans, and adheres to the Alberta Quality Matrix of Health.

Patient Safety Moment – Total Parenteral Nutrition

A standing item at the Committee is a patient safety moment. January's moment related to Total Parenteral Nutrition. The Committee appreciated the commitment to improvement and the support provided to the people involved.

Quality and Healthcare Improvement – Board Overview

The Committee was presented an overview of AHS Quality and Healthcare Improvement team.

Patient First Strategy – Roadmap Update

The Committee received an update on the development of the roadmap for the AHS Patient First Strategy and information on 19 identified approaches and their roll out through the organization.

Performance Measure Update

The Committee received an overview on how performance measures fit within the overall measurement framework, how measures are selected, and an update on the current AHS performance measures. The Q2 Performance Measures are to be posted on the public website.

AHS Workplace Health and Safety Overview

The Committee received an overview of AHS Workplace Health and Safety, the uniqueness and diversity of the AHS work environments, and current strategies to address workplace health and safety.

Clinical Information System Update

The Committee received a summary of the work done to date with respect to the clinical information systems and the challenges and opportunities in that regard.

Medication Management Risk Report

The Committee received results from the annual review of the medication management risk conducted by the Enterprise Risk Management team.

Ms. Yeates advised the Quality & Safety Committee is scheduled to meet next on March 3, 2016.

b) Finance Committee

Mr. David Carpenter read the following report:

The Finance Committee of the Alberta Health Service Board met on January 21, 2016. The Committee members include all Board members and two external members and that the President & Chief Executive Officer is an *ex officio* member. He also noted that the standing management attendees include the Vice President of Corporate Services & CFO, the Chief Program Officer, Financial Services, the Senior Director, Financial Reporting & Treasury, and the Chief Audit Executive, Internal Audit & Enterprise Risk Management.

The Finance Committee assists the Board in fulfilling the financial oversight responsibilities of the Board and in overseeing management's administration of AHS on the following matters: financial risk management and compliance; financial sustainability; financial reporting; health and business planning, including operating and capital budgets; capital submissions, including facilities, equipment and information management/information technology; borrowing and investments; and contracts and agreements.

2015-16 Q2 Performance Agreement Update

The Committee reviewed and discussed the AHS Q2 Performance Agreement Action Update and Performance Measure Report for 2015-16 which includes the progress undertaken by AHS to meet its accountabilities as outlined in the 2014-2017 Performance Agreement with Alberta Health as well as its other performance measures commitments. The Committee discussed the importance of alignment between the Health Plan, Business Plan, Performance Agreement and Operational Plans, and the Committee supported the Chair of the Board submitting the Action Update and Performance Measure Report for 2015-16 to the Minister of Health.

2016-17 Budget

The Committee had a substantial discussion on the 2016-17 Budget and Multi-Year Outlook and received a budget overview and information on the priority setting process, potential new investments, and the capital budget. The Committee provided feedback on these matters to management, other than on the capital budget which was deferred to the next meeting. It is anticipated that the AHS proposed 2016-17 Budget will be submitted to the Minister of Health in late February or early March.

Calgary Cancer Project

The Committee received an update on the status of the Calgary Cancer Project and the project is proceeding at the Foothills Hospital site. Alberta Infrastructure will be leading the project in consultation with AHS.

Lab Review – Verbal Update

The Committee received a brief update on the Government's review of the Lab Services.

The next meeting of the Finance Committee is scheduled to be held on February 24, 2016.

Audit & Risk Committee

Mr. David Carpenter read the following report:

The Audit & Risk Committee of the Board of Alberta Health Services met on January 21, 2016. The Committee members include all Board members and two external members. The President & Chief Executive Officer is an *ex officio* member. Standing management attendees include the Chief Audit Executive, Internal Audit & Enterprise Risk Management, Vice President of Corporate Services & CFO, the Chief Program Officer, Financial Services, the Senior Director, Financial Reporting & Treasury, and the Director, Internal Audit. Individuals from the Office of the Auditor General also attend the meetings of the Committee in their capacity as external auditors of AHS. Individuals of KPMG attend parts of the meetings in their role as agents of the Office of the Auditor General to carry out the audit of AHS.

The Committee assists the Board in fulfilling the oversight responsibilities of the Board with respect to the following matters: enterprise risk management and compliance; external financial reporting; internal controls over financial reporting; internal audit; and, external audit.

Office of the Auditor General AHS Audit Plan for the Year Ending March 31, 2016

The Office of the Auditor General reviewed the AHS Audit Plan for the Year Ending March 31, 2016. He further advised this Plan had been previously provided to the Audit & Risk Committee of the Official Administrator. However, this meeting provided an opportunity for the OAG to review the Audit Plan with the new Board members. In addition to reviewing specific audit items, the OAG addressed planned systems project and audits.

Engagement of Financial Statement Auditors for Non Audit Services

The Committee was advised of and supported management's review of the engagement process for and KPMG non AHS consolidated financial statement and engagement services.

Publicly Reported Emergency Department Performance Measures Audit Report

The Committee received and discussed the results of this audit of the processes used to produce publicly reported emergency department performance measures. The overall finding was that the processes are adequate.

Contracting Audit Recommendations Follow-Up Audit

The Committee was provided a status report on the implementation of outstanding internal and external audit recommendations, as well as assurance on the effectiveness of management's implementation plan.

Introduction to Enterprise Risk Management

The Committee was presented with an Introduction to Enterprise Risk Management approach and processes. The Committee was informed that ERM is a coordinated and systemic approach that assists AHS to identify and articulate risks and that it helps measure, prioritize and respond to risks that challenge AHS' achievement of its strategic objectives, projects, initiatives and day-to-day operating practices.

Business Continuity Management and Emergency/Disaster Management Risk Report at December 31, 2015

The Committee received the results of the annual review of the Business Continuity Management and Emergency/Disaster Management risks.

The next meeting of the Audit & Risk Committee is scheduled to be held on February 24, 2016.

Governance Committee

Ms. Linda Hughes provided an overview of the Governance Committee meeting held on January 20, 2016. All of the Board members are members of the Committee. Ms. Hughes noted that the Committee is overseeing the CEO Search.

CEO Search – Timeline and Position Profile

Two partners from Boyden Global Executive Search along with Todd Gilchrist, AHS Vice President of Human Resources, attended the Committee meeting to discuss the upcoming CEO recruitment process.

Governance Committee Terms of Reference

The Committee reviewed its draft terms of reference and after a fulsome discussion, the Committee recommended the terms of reference with noted amendments be approved by the Board which a motion will be made later.

Draft Mandate & Roles

The Committee discussed the draft mandate & roles. The draft presented to the Committee had significant granularity and the Committee supported a redrafting of the mandate document to focus the document on a higher level description of the relationships. The Committee will consider the redraft at its next meeting.

AHS Vision

Dr. Verna Yiu, Interim President & Chief Executive Officer, discussed the development of the AHS Vision at the meeting.

Ms. Hughes advised the Governance Committee is scheduled to meet next on February 24, 2016.

4. [GOV16-03] Governance Committee Terms of Reference

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

- a) approved the Governance Committee Terms of Reference (“Terms of Reference”), in the form reviewed and recommended by the Governance Committee, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- b) authorized and directed management of AHS to make such Terms of Reference available to the public through the AHS website.**

5. [AHSB16-01] Appointment to Trustees to Health Foundations

Mr. Hugh Sommerville commented that appointing the Trustees to the Health Foundations is one of the positive duties of the Alberta Health Services Board.

UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board appointed or re-appointed, as applicable, the following individuals as trustees to the foundations indicated in the table below, for the term specified below, effective January 31, 2016:

| Foundation | Name | Term (Year) |
|--|------------------------|--------------------------------|
| Alberta Cancer Foundation | Dr. Matthew Parliament | One Year term (January 2017) |
| Bassano and District Health Foundation | Ms. Lorelee Bell | Three Year Term (January 2019) |
| | Ms. Molly Douglass | Three Year Term (January 2019) |
| | Ms. Sheila Evans | Three Year Term (January 2019) |
| | Ms. Sue Harris | Three Year Term (January 2019) |
| | Ms. Marj Havens | Three Year Term (January 2019) |
| | Mr. Stewart Heron | Three Year Term (January 2019) |
| | Mr. Brian Maguire | Three Year Term (January 2019) |
| | Ms. Alanna Magnusson | Three Year Term (January 2019) |

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| Brooks and District Health Foundation | Ms. Catherine Christensen | Three Year Term (January 2019) |
| | Ms. Holly Olivier-Webber | Three Year Term (January 2019) |
| | Ms. Barb Tymko | Two Year Term (January 2018) |
| Bow Island and District Health Foundation | Ms. Michelle Lynn | Three Year Term (January 2019) |
| Canmore and Area Health Care Foundation | Mr. Jack Van Deventer | Three Year Term (January 2019) |
| | Dr. Mike Wickham | Three Year Term (January 2019) |
| | Mr. Roland Zellmer | One Year Term (January 2017) |
| Fort Macleod and District Health Foundation | Ms. Jamie Maria Lyppa | Two Year Term (January 2018) |
| | Ms. Taylor Noga | Two Year Term (January 2019) |
| Lac La Biche Regional Health Foundation | Ms. Jean Knudslien | Three Year Term (January 2019) |
| | Mr. Brydon Ward | Three Year Term (January 2019) |
| | Mr. Kalman Polturak | Three Year Term (January 2019) |

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| North County Health Foundation | Ms. Wendy Jones | Two Year Term (January 2018) |
| | Ms. Cynthia Papworth | Two Year Term (January 2018) |
| | Ms. Loretta Sorensen | Two Year Term (January 2018) |
| Stettler Health Services Foundation | Dr. Pieter Bouwer | Three Year Term (January 2019) |
| | Mr. Robert Cameron | Three Year Term (January 2019) |
| | Mr. Tom Campbell | Three Year Term (January 2019) |
| | Mr. Jack Hayden | Three Year Term (January 2019) |
| | Mr. Phil Holton | Three Year Term (January 2019) |
| | Ms. Sarah Halverson | Three Year Term (January 2019) |
| | Ms. Carol Isaman | Three Year Term (January 2019) |
| | Mr. Gregory Jackson | Three Year Term (January 2019) |
| | Ms. Shawna Jenkins | Three Year Term (January 2019) |
| | Mr. Doug McKay | Three Year Term (January 2019) |
| | Ms. Susan Peterson | Three Year Term (January 2019) |
| | Ms. Karin Phibbs | Three Year Term (January 2019) |
| | Ms. Debbie Pooley | Three Year Term (January 2019) |
| | Karen Sernecky | Three Year Term (January 2019) |
| | Mr. Murray Wahlund | Three Year Term (January 2019) |

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| Viking Health Foundation | Mr. Phillip Brick | Three Year Term (January 2019) |
| | Ms. Dianne Poohkay | Three Year Term (January 2019) |
| | Mr. Fred Ruzicka | Three Year Term (January 2019) |
| Windy Slopes Health Foundation | Ms. Sylvia Inabnit | Three Year Term (January 2019) |
| | Ms. Maggie Olson | Three Year Term (January 2019) |
| | Ms. Carolyn Robbins | Three Year Term (January 2019) |

❖ **Adjournment**

There being no further business, the meeting was adjourned at 1:45 p.m.

/S/

Linda Hughes
Chair

/S/

Catherine MacNeill
Corporate Secretary