

PUBLIC BOARD MEETING

Minutes of the meeting of the Alberta Health Services (“AHS”) Board (the “Board”) held at Boardroom A, Main Floor, Seventh Street Plaza, 10030-107 Street NW, Edmonton, on January 27, 2017.

Attendees:

Board Members: Ms. Linda Hughes (Chair)
Dr. Brenda Hemmelgarn (Vice-Chair)
Mr. David Carpenter
Ms. Heather Hirsch
Mr. Hugh Sommerville
Ms. Marliss Taylor

Management: Dr. Verna Yiu, President & Chief Executive Officer
Ms. Deborah Rhodes, Vice President, Corporate Services & Chief Financial Officer
Ms. Catherine MacNeill, Corporate Secretary & General Counsel

Regrets: Mr. Richard Dicterni
Ms. Glenda Yeates

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

Ms. Hughes called the meeting to order at approximately 11:00 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 January 27, 2017, 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 8, 2016

UPON MOTION duly moved, seconded and unanimously carried, the minutes of the AHS Board meeting held on December 8, 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 AHS and to deliver a copy of these 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:

Good morning, everyone. My name is Linda Hughes. I am the Chair of the Alberta Health Services Board and I want to welcome you to our first public board meeting in 2017.

We have several items on today's agenda, which we will discuss shortly. But, first, I would like to acknowledge some welcome news regarding Board membership. We mentioned last year that there was a desire to broaden the spectrum of voices on the Board. So the Board was very pleased when the health ministry announced last month the appointment of Heather Hirsch to the AHS Board.

Heather is from the Piikani Nation in southern Alberta and has spent nearly 20 years on the front lines of care. Her appointment follows a lengthy recruitment process that involved significant outreach to our aboriginal communities. Heather has consulted on many health programs aimed at supporting Indigenous populations, as well as on curriculum regarding the development and delivery of the Indigenous Nursing Program at Bow Valley College in Calgary. She holds an Advanced Studies in Critical Care Nursing from Mount Royal University in Calgary, and obtained her registered nurse diploma from Grant MacEwan College in Edmonton. Heather is a terrific addition to our Board. We look forward to the wide-ranging personal and professional experiences she will bring to our discussions. Welcome Heather.

On today's agenda, we have two recommendations coming to the board for approval. First, the Quality and Safety Committee has recommendations related to the revisions and updates to the AHS Quality Assurance Committee Structure. The Finance Committee is seeking approval related to a new grant agreement between Alberta Health and AHS for the training and compensation of postgraduate medical education students who work at AHS facilities.

Thank you all for joining us all today.

b) **Comments from the President & Chief Executive Officer**

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

Thank you very much Linda, and good morning to everyone. It is great to be here at the first Board meeting of 2017.

We are focused this year on building upon the momentum that we generated over the past 12 months. During that time, we landed on a new vision, refreshed our values, and completed the rollout of our four foundational strategies. We extended a helping hand to nearly 90,000 Albertans forced to flee the devastating Fort McMurray wildfires; and, among many other achievements, we continued to strengthen our commitment to patient- and family centred care. As a health system, we want to ensure that patients, clients and families are at the centre of everything that we do. This requires us to look at everything we do within the health system through the eyes of the people we serve. As healthcare workers, we need to know: what are our patients and families feeling; what

they need from their healthcare team; how they would like to be involved in their care; and, what are their most pressing concerns. Interestingly, those concerns often are not on their medical illness but often have to do with their loved ones and colleagues.

I remain a frontline care provider and I have been on the ward where all the bells are ringing and the healthcare team is running non-stop. At that point, there is simply no time to sit and reflect. There is only time to deal with the next crisis coming through the door. But, at some point, we do need that period of reflection, and I believe that 'why I do what I do' can be reached through the power of storytelling.

For me, storytelling brings to the forefront the humanity within health care. It reminds staff, physicians and volunteers of why we are here. It helps us look after our patients and ourselves better; and it has the power to bring joy back into the workplace.

This year, AHS will continue putting an emphasis on telling the stories of patients, clients, families and our own staff to remind everyone, inside and outside of our organization, what is truly important behind the work that happens in AHS. These stories reveal the people behind the patient, the heart within the healthcare system. These stories are told through the written word and through multimedia, including podcasts and video. Although many AHS departments are now using storytelling, our Community Engagement and Communications team and our Engagement and Patient Experience teams are taking the lead and producing some exceptional work for all Albertans to enjoy.

At last month's Board meeting, I showed the latest instalment in our Because You Cared video series. This series gives patients and families opportunities to share their stories, thank their healthcare teams and highlight what helped make their experience an exemplary one.

Today, I would like to share with you a montage of several videos produced this year by the Engagement and Patient Experience team that highlights the personal stories of several of our patients and families.

[A video was shown with respect to personal stories]

If you liked this video, I really encourage you to view the entire series of videos on the AHS Channel on YouTube. AHS has a lot of strength in our ability to relate data, to relate statistics and relate financial information. But we have not been particularly strong in reminding ourselves and others of the humanism we all value in health care. Storytelling is truly the best way to achieve this goal.

Inspirational stories from the people we serve — as well as from staff, physicians and volunteers — have the power to give patients and families hope, to energize and rejuvenate our hard-working frontline health providers. And for those of us on the frontlines, storytelling reminds us that Albertans come to us, not as patients or as a disease, but as individuals who have their own unique backstory to tell.

Through storytelling, health providers may be less inclined to ask a patient: 'What's the matter with you?' And they may be more inclined to ask: 'What matters to you?' It's just a slight change of words but it makes a world of difference to patients and families. That shift in thinking, and our continued shift toward patient- and family centred care, will be enabled by remembering that every day all of us working in health care are being invited to play a big role in someone's life story. That is

our privilege. That is our responsibility. We should always strive to be the best in all that we do. Thank you for your time today.

3. Quality & Safety Committee

a) Report to the Board

Dr. Brenda Hemmelgarn, Committee Vice-Chair, reported on the meeting of the Quality & Safety Committee on January 18, 2017. She noted the Committee discussed the strategic exploring of the link between quality and fiscal priorities, and the November 2016 CIHI update including the excellent results for Alberta with respect to inappropriate use of antipsychotics in long-term care. The Committee also received presentations on the analytical methods and measurements used to compare capacity relative to need in Alberta, and on the Strategic Clinical Network's and clinical appropriateness. The Committee also confirmed indicators for a provincial quality dashboard that will assist the Committee in overseeing AHS' responsibility of providing a patient focused, quality healthcare system that is accessible and sustainable for all Albertans.

b) [QSC17-07] Revisions and Updates of Alberta Health Services Quality Assurance Committee Structure

Dr. Brenda Hemmelgarn, Committee Chair, advised the Committee also reviewed a request for changes to the AHS Quality Assurance Committee, referred to as QAC, structure and terms of reference with respect to name and activity changes, to identify certain subcommittees as long standing subcommittees and to standing down one committee. The Committee recommended the Board approve the proposed changes.

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

- a) amendments to the terms of reference for the following QACs to reflect the noted name changes as well as certain activity changes:**
- Continuing Care, Edmonton Zone QAC to Continuing Care (Edmonton Zone) QAC
 - Corrections Health Services QAC to Correctional Healthcare QAC
 - Population and Public Health QAC to Population, Public & Indigenous Health QAC
- b) the establishment of the Lois Hole Hospital for Women Perinatal QA Subcommittee of the RAH QAC and the South Zone Perinatal Review QA Subcommittee of the South Zone Complex Review QAC as long standing subcommittees; and**
- c) the standing down of the Patient Safety (Provincial) QAC.**

4. **Finance Committee**

a) Report to the Board

Mr. David Carpenter, Committee Chair, reported on the meeting of the Finance Committee on January 19, 2017. He noted that all Board members were in attendance. The primary focus of the meeting was budget planning but the Committee also considered performance measure updates and a restricted grant agreement that required Board approval.

b) [FC17-01] Restricted AH Grant Agreement Over \$90M

Mr. David Carpenter, Committee Chair, advised that the Committee reviewed a draft restricted grant agreement between Alberta Health and Alberta Health Services with respect to the training and compensation of postgraduate medical education students who work in AHS facilities and provide clinical services as part of their educational training for the activity period July 1, 2016 to June 30, 2018. The grant agreement exceeds the approval and signing authority level of the President & CEO and therefore needs to be approved by the Board. The Committee recommended that the Board approve the grant agreement as reviewed by the Committee and delegate signing authority of the agreement on behalf of AHS to the President & CEO.

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

- a) approved the Alberta Health grant agreement for the training and compensation of postgraduate medical education students who work in AHS facilities and provide clinical services as part of their educational training for the activity period July 1, 2016 to June 30, 2018; and**
- b) delegated authority to execute the grant agreement on behalf of Alberta Health Services to the President & Chief Executive Officer.**

❖ **Adjournment**

There being no further business, the meeting was adjourned at 11:15 a.m.

Linda Hughes
Chair

Catherine MacNeill
Corporate Secretary & Legal Counsel