

## 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 May 31, 2018.

### Attendees:

**Board Members:** Linda Hughes (Chair)  
Dr. Brenda Hemmelgarn (Vice-Chair)  
David Carpenter  
Richard Dicerni  
Robb Foote  
Hugh Sommerville  
Marliss Taylor

**Management:** Dr. Verna Yiu, President & Chief Executive Officer  
Todd Gilchrist, Vice President, People, Legal & Privacy  
Ronda White, Chief Audit Executive  
Catherine MacNeill, Corporate Secretary & Legal Counsel

**Regrets:** Heather Hirsch  
Glenda Yeates

Linda Hughes acted as Chair of the meeting and Catherine MacNeill acted as Recording Secretary.

Linda Hughes called the meeting to order at approximately 5:15 p.m. Notice of the meeting had been properly given and quorum was met.

### ❖ Welcome & 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 afternoon everyone. I am Linda Hughes, Chair of the Alberta Health Services (AHS) Board, and I would like to welcome you all to our May public board meeting.

We have a lot on the agenda today, including some comments and updates from President and CEO Dr. Verna Yiu about our recent work in the area of diversity and inclusion.

But first, I would like to tell you about a very important partnership between AHS and the Alberta Children’s Hospital Foundation, to improve access to child and adolescent mental health in Calgary.

Last week, AHS and the Alberta Children’s Hospital Foundation announced that together, we will be building a community-based centre, dedicated to meeting the mental health needs of children and teens.

When this new centre is built, patients and families will benefit from a broad spectrum of programs and services provided by multidisciplinary teams to help stabilize and manage mental illness and addiction, and in many cases, prevent hospitalization.

Patients and families have told us they want care provided in the community, rather than an acute care setting. And by offering these services in the community, family centred care, support and treatment will be provided in a more appropriate and convenient location for patients.

The centre will provide three new services to help young people and their families better identify and manage challenges before they escalate into crises. These three services include walk in, intensive treatment, and a day program hospital.

We are confident this new centre will provide the right services for young people experiencing mental health concerns and giving them the best start possible.

Thank you to the Alberta Children's Hospital Foundation for helping make this happen and to everyone who has been involved.

Construction for this building is expected to be completed in late 2021, and we look forward to the positive impact it will make to young people in our community and their families.

On another positive note, I would also like to congratulate three inner-city healthcare initiatives that were singled out by the Health Quality Council of Alberta to be recognized with Patient Experience Awards.

The first was the Alberta Conservative Kidney Management Clinical Pathway and the Alberta Kidney Council which were recognized for the development of their interactive, web-based conservative kidney management clinical pathway, designed in collaboration with patients, families, and multi-disciplinary healthcare providers.

Second was the City Centre Team Mobile Paramedic Program, part of the Calgary Zone EMS Community Paramedic Program that provides timely, individualized care to people living with homelessness, in shelters, harm reduction sites, encampments and on the street.

And finally the Inner City Health and Wellness Program, based at the Royal Alexandra Hospital in Edmonton, was awarded for its program providing care to patients with active substance use disorders and to those who may be dealing with social inequity.

Congratulations to all three of these teams.

❖ **Review of Agenda**

**UPON MOTION** duly moved, seconded and unanimously carried, the Board approved the agenda for the meeting of the Board held on May 31, 2018, 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 – March 21, 2018 and April 26, 2018**

**UPON MOTION** duly moved, seconded and unanimously carried, the minutes of the AHS Board meetings held on March 21, 2018 and April 26, 2018 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 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, Linda, and good afternoon everyone.

As Linda mentioned, I have some news to share from one of our senior leaders but, first, I would like to spend a few minutes talking about diversity and inclusion. They are both big areas of focus for our organization.

As a health system that serves more than four million people, AHS has a responsibility to ensure that everybody who comes to us for care — as well as everybody who works at AHS — feels welcomed and accepted for who they are.

Our AHS values state we need to treat people with dignity and respect — *always* — regardless of: race, religious beliefs, colour, gender, gender identity, gender expression, physical or mental disability, age, language, ancestry, marital or family status, or sexual orientation. And that core belief — that we must treat others the way we wish to be treated ourselves — is embedded in all aspects of our work.

I would like to share with you details about some recent AHS efforts to ensure our health system is inclusive of everyone.

Earlier this month, AHS launched a diversity and inclusion census across the organization to understand the diversity of our workforce and the level of inclusion felt within AHS. The census is led by the Canadian Centre of Diversity and Inclusion, on behalf of AHS, and remains open until mid-June.

It is strictly voluntary and the answers are anonymous, confidential and secure. We expect the responses will help us develop a deeper understanding of the diversity of our people, which is essential as we strive to create more inclusive places for everyone, including patients, families and visitors.

We have made progress on this front over the years; for instance, developing ceremony protocols for Indigenous patients and families; providing multi-faith spaces in our facilities, and expanding our translation and interpretation services.

Next month, we will reach another milestone. Our staff have been participating in Pride events in various ways and capacities over the years — but next month, I am proud to say the Royal Alexandra Hospital will become the first AHS facility to host an official Pride Festival event.

The public kickoff event will take place June 11 at noon in the main atrium of the hospital's active treatment centre, and it will be followed by a series of 30-minute education sessions in the Robbins Centre Auditorium throughout the afternoon.

It is all open to staff and the public. This event will underscore the work AHS has done to date to create safer and more inclusive environments for all AHS staff and patients — and, in particular, those of sexual and gender minorities.

Marni Panas, a senior advisor with our Diversity and Inclusion team, will emcee the event — and you may have seen her profiled recently on Global Edmonton's Woman of Vision series. I would like to show that segment now because Marni's comments speak volumes about her experience as a transgender woman and what it means to work for an organization that accepts people for who they are. Take a look.

[A video was shown]

AHS is fortunate to have Marni help guide our Diversity and Inclusion efforts. Her experiences and insights are invaluable, and her colleagues are empowering the AHS workforce to live our values and promote patient- and family-centred care.

Our next step is developing a Provincial Advisory Council to advise the organization on health services for all sexually and gender minority people. Public engagement is now underway and I expect to share more information about that shortly.

Now, before I turn the mic back over to Linda, I have some wonderful news to share from Dr. Richard Lewanczuk, our Senior Medical Director of Primary Health Care.

He emailed me last week from the Netherlands where he was attending the 18<sup>th</sup> International Congress on Integrated Care. It brought together healthcare leaders from 43 countries and numerous health systems within those countries. Prior to the meeting, submissions on accomplishments related to health systems were requested from delegates. Out of more than 200 submissions from around the world, AHS was identified for being one of the top five most integrated health systems in the world.

These international delegates were very impressed with what is happening in our province in terms of integration and ensuring all parts of the health system, and all teams, work together to provide seamless care for patients and families.

Furthermore, during a real-time poll of delegates at the Congress, Alberta ranked second in the world, just behind the world leader, Netherlands, as the national health system from which the most could be learned. In fact, Dr. Lewanczuk wrote that representatives from Australia, New Zealand, the Netherlands and Belgium are wanting to make connections with AHS, and even come to the province, to see first-hand what we are doing.

I was pleased to hear all of this, but I was not entirely surprised, because I have encountered similar reactions when I travel outside of Alberta to talk about the work of AHS. We are doing exceptional work in this area — and continue to do more every day.

The Primary Health Care Integration Network was launched just last year to support better integration of primary care with acute, emergency and specialty care as well as with social care organizations and other key services and programs.

Meanwhile, Connect Care, our provincial electronic medical records system, and our new provincialized lab model, will be enablers of greater integration when they come on stream in the next few years.

In other words, AHS is a world leader in health system integration — and the best is still yet to come. That is great news for Albertans and anyone else who seeks care from AHS.

So thank you for your time this afternoon.

**3. Governance Committee**

**a) Report to the Board**

Mr. Hugh Sommerville, Committee Chair, reported on the Governance Committee meeting on May 22, 2018.

Mr. Sommerville advised that the Committee received the Ethics & Compliance 2017/18 Q4 report for discussion and met with the Ethics & Compliance Officer. The Committee also received the annual 2017/18 Policy Report highlighting the work of the policy group and outlining certain corporate and clinical policies.

Mr. Sommerville noted the Committee had a fulsome discussion on the process for the 2019 Accreditation Canada assessment. The Accreditation Canada Governance standards were recently released and the assessments will occur throughout 2019.

Mr. Sommerville also advised that the Committee reviewed a proposed Board Evaluation Survey template for the annual survey of Board members. The evaluations will be circulated in early June and results compiled in the summer.

There were no items recommended for Board approval.

#### **4. Community Engagement Committee**

##### **a) Report to the Board**

Dr. Brenda Hemmelgarn, Committee Chair, reported on the Community Engagement Committee meeting on May 23, 2018, and that the Committee considered a recommendation for approval of the Board regarding the appointment of Trustees to Foundations.

##### **b) [CEC18-23] Q1 Appointment of Trustees to Health Foundations**

Dr. Hemmelgarn noted the responsibility to appoint Trustees to established Foundations lies with the AHS Board.

Dr. Hemmelgarn stated that AHS is very grateful for the commitment of our volunteers across the province, values their work and appreciates their commitment to health care in the province.

**UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the appointment of Trustees to Health Foundations as reviewed by the Committee and the Alberta Health Services Board, as follows:**

<b>Foundation</b>	<b>Name</b>	<b>Period of Appointment</b>
Airdrie Health Foundation	Virginia Wheeler	June 1, 2018 to May 31, 2021
Brooks and District Health Foundation	Coenraad Harris	June 1, 2018 to May 31, 2021
Mental Health Foundation	Gord Gilroy	June 1, 2018 to May 31, 2021
Medicine Hat and District Health Foundation	Linda Iwasiw	June 1, 2018 to May 31, 2021
	Vince DiNinno	June 1, 2018 to May 31, 2021
Oyen and District Health Care Foundation	Muriel Martin	June 1, 2018 to May 31, 2021
	Ann Berg	June 1, 2018 to May 31, 2021
Vulcan Country Health and Wellness Foundation	Shane Cockwill	June 1, 2018 to May 31, 2021
	Lorna Armstrong	June 1, 2018 to May 31, 2021

**5. Quality & Safety Committee**

**a) Report to the Board**

Dr. Brenda Hemmelgarn, reported on the Quality & Safety Committee meeting on May 23, 2018. The agenda items typically focus on the three areas of access, quality and safety.

Dr. Hemmelgarn advised that the Committee discussed the upcoming Quality and Safety Summit scheduled for October 17-18, 2018 in Calgary. This Summit will focus on tackling local challenges, breaking down silos between clinical areas and sharing knowledge and successes.

Dr. Hemmelgarn noted that the Committee received a presentation on exploring access to healthcare in Alberta. The Committee discussed how access is a multifaceted topic that includes many areas, such as access to diagnostic testing, specialty services, emergency services, primary care, and continuing care. The Committee also received for discussion the Continuing Care Audit Plan, related audit report and an update on the Continuing Care Quality Plan.

Dr. Hemmelgarn advised that the Committee received the Quality & Healthcare Improvement Operational Plan and an update on the Patient First Strategy and on Patient Experience. The Committee also received a patient safety report.

There were no items recommended for Board approval.

6. **Finance Committee**

a) **Report to the Board**

Mr. David Carpenter, Committee Chair, reported on the Finance Committee meeting on May 24, 2018. He noted that the Committee considered four items for recommendation for approval of the Board.

b) **[FC18-30] March 31, 2018 Fourth Quarter Investment Report**

Mr. David Carpenter, Committee Chair, advised that as mandated by AHS' Investment Bylaw, the 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 Committee was presented the March 31, 2018 Fourth Quarter Investment Report and recommended that the Board ratify the transactions.

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

- (a) as at March 31, 2018, AHS held restricted and unrestricted funds managed by Phillips, Hager & North Investment Management and Manulife Financial totalling \$1.792 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 March 31, 2018, were invested in accordance with the Investment Bylaw and Investments Policy as certified by signed investment compliance certificates from AHS and Phillips, Hager & North Investment Management.**

c) **[FC18-32] Delegation of Authority: Dell Canada Agreement for End User Devices**

Mr. David Carpenter, Committee Chair, reported with respect to a renewal of the agreement with Dell Canada for end user devices. With the renewal period for 2018/19 the total expenditures could exceed \$90M. Accordingly, the Board has been asked to approve the renewal in accordance with Policy 1100, *Delegation of Authority and Establishment of Controls for Commitments*. The total agreement has a combined commitment value greater than \$90M.

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

- (a) approved the final renewal term (Aug 2018 – Aug 2019) of the agreement with Dell Canada for end user devices; and**
- (b) delegated signing authority of the renewal agreement to the President & Chief Executive Officer.**

**d) [FC18-34] AHS Year 2 2017-20 Health Plan and Business Plan**

Mr. David Carpenter, Committee Chair, reported with respect to the Year 2 2017-20 Health Plan and Business Plan, including the 2018-19 Budgeted Financial Statements.

Mr. Carpenter advised that the Committee reviewed a draft of the Year 2 2017-20 Health Plan and Business Plan (the "Plan"), including the 2018-19 Consolidated Budgeted Financial Statements (the "Budget"). The Committee recommended the Board approve the Plan and the Budget which included the reserve transactions. Such reserve transactions are in addition to the expenses outlined in the Budget. The Plan and the Budget will be submitted to the Minister of Health for approval. After Ministerial approval is received, the Plan and the Budget will be posted on the AHS public website. The Committee recommended that the Board approve the Plan and the Budget.

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

- (a) approved the Year 2 2017/20 Health Plan & Business Plan (the "Plan") , including the 2018-19 Consolidated Budgeted Financial Statements (the "Budget"), which includes the reserve transactions, in the form reviewed by the Board, with such non-substantive changes that management of Alberta Health Services considers necessary or advisable; and**
- (b) authorized and directed management of Alberta Health Services to deliver the Plan and the Budget to the Minister of Health for approval, and after receiving such approval, make the Plan and the Budget available to the public through the Alberta Health Services website.**

**e) [FC18-37] Second Quarter Authorization to Spend**

Mr. David Carpenter, Committee Chair, advised that as a final matter, the Committee considered an authorization for expenses for AHS from April 1, 2018 – August 31, 2018, if the 2018/19 budget for AHS is not approved by June 15<sup>th</sup>. The Committee recommended that the Board approve the authorization for expenses.

**UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved that, if the AHS 2018/19 Budget has not been approved by the Minister of Health by June 15, 2018, the Alberta Health Services Board authorizes AHS to:**

- (a) incur maximum expenses of \$6.35 billion for the period April 1, 2018 to August 31, 2018; and**
- (b) incur maximum capital spending of \$245 million for the period April 1, 2018 to August 31, 2018.**

**7. Audit & Risk Committee**

**a) Report to the Board**

Mr. David Carpenter, Committee Chair, reported on the Audit & Risk Committee meetings on May 24 and May 31, 2018. He noted that standard practice is that the Office of the Auditor General and KPMG are guests at the meeting in their role as external auditors of AHS.

Mr. Carpenter also noted that on May 24, the Committee reviewed drafts of the Annual Report and the year-end financial statements. In addition, the Committee received the Legal & Privacy Annual Report, a risk management report and updates on the insurance program.

Mr. Carpenter advised that on May 31, the Committee received the Auditor General Report to the Audit & Risk Committee for the year ended March 31, 2018.

Mr. Carpenter noted that the Committee considered three items for recommendation for approval of the Board.

**b) [ARC18-23] Enterprise Risk Management Policy**

Mr. David Carpenter, Committee Chair, reported with respect to the Enterprise Risk Management Policy. He noted that the Committee received a refreshed Enterprise Risk Management Policy for recommendation for Board approval. AHS has made significant progress in advancing its enterprise risk management maturity since the current Policy was developed in 2009-10. The updated Policy reflects this maturity and continuous improvement.

Mr. Carpenter advised that the Committee recommended the Alberta Health Services Board approve the Enterprise Risk Management Policy.

**UPON MOTION duly moved, seconded and unanimously carried the Alberta Health Services Board approved the Enterprise Risk Management Policy in the form reviewed by the Committee and the Board with such non-substantive changes that management of Alberta Health Services considers necessary or advisable.**

**c) [ARC18-34] AHS 2017-18 Annual Report**

Mr. David Carpenter, Committee Chair, reported that the Committee reviewed a final draft of the AHS 2017-18 Annual Report and recommended that the Alberta Health Services Board approve the Annual Report.

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

- (a) approved the AHS 2017-18 Annual Report in the form reviewed by the Board, with such non-substantive changes that management of Alberta Health Services considers necessary or advisable; and**
- (b) authorized and directed management of Alberta Health Services to deliver the Annual Report to the Minister of Health, and to later make the Annual Report available to the public through the Alberta Health Services website.**

**d) [ARC18-35] March 31, 2018, AHS Consolidated Financial Statements & Financial Statement Discussion & Analysis**

Mr. David Carpenter, Committee Chair, advised as a final matter, the Committee reviewed a final version of the March 31, 2018 Consolidated Financial Statements, the establishment of internally restricted surplus for future purposes, and the financial statement discussion and analysis. The Committee recommended the Board approve those items.

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

- 1. approved the internal restriction of:**
  - (a) \$817.160 million to represent the amount of unrestricted surplus invested in tangible capital assets as at March 31, 2018 and not available for any other purpose;**
- 2. approved the internally restricted surplus for future purposes as at March 31, 2018 of:**
  - (a) \$124.525 million to represent the amount of unrestricted surplus related to**

ancillary services;

- (b) \$34.835 million to represent the amount of unrestricted surplus related to insurance equity requirements and not available for any other purpose;
- (c) \$41.395 million to represent the amount of unrestricted surplus related to foundations and not available for any other purpose; and
- (d) \$36.421 million for other defined initiatives;

**3. approved the AHS:**

- (a) Consolidated Financial Statements for the year ended March 31, 2018 as reviewed by the Board; and
- (b) Financial Statement Discussion and Analysis for the year ended March 31, 2018; both for inclusion in the AHS 2017-18 Annual Report and both in substantially the form reviewed by the Board, with such non-substantive changes that management of AHS considers necessary or advisable are hereby approved; and

**4. authorized and directed management of AHS to take all such other action as management of AHS considers necessary or advisable in order to give full effect to the foregoing.**

**8. Human Resources Committee**

**a) Report to the Board**

Mr. Richard Dicerni, Committee Chair, reported on the Human Resources Committee meeting on May 30, 2018.

Mr. Dicerni advised that the Committee received a standing quarterly report on Our People Results and a labour relations update. The Committee also discussed the organization's transformation of the performance development process.

Mr. Dicerni noted that the Committee received a briefing by the VP of Human Resources dealing with AHS's application for Canada's 2019 Top 100 Award. Last year, AHS was recognized as one of Canada's Top 100 Employers for 2018; Alberta's Top 70 Employers for 2018; and Canada's Top Employers for Young People for 2018.

Mr. Dicerni also noted that the organization is confidently and proudly hoping for a repeat. Award recipients will be announced in November 2018.

There were no items recommended for Board approval.

❖ **Adjournment**

There being no further business, the meeting was adjourned at 5:45 p.m.

\_\_\_\_\_/S/  
Linda Hughes  
Chair

\_\_\_\_\_/S/  
Catherine MacNeill  
Corporate Secretary & Legal Counsel