

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			173	226	399			
Dec-15	Direct Billing	Meetings					-		3,158	
Total			\$ -	\$ -	\$ 173	\$ 226	\$ 399	\$ -	\$ 3,158	\$ -

Total for the Month \$ 3,557

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 154
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>CHILTON, SEAN</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$398.78</u>
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/11/2015	411292192	LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	1 14.00	CAD	✓ 14.00	.67		Blood Tribe Meeting - Standoff
07/12/2015	412286693	YELLOW CAB, LIMOUSINES AND TAXICABS	2 37.95	CAD	✓ 37.95	1.81		Primary Care Meeting - Edmonton
07/12/2015	412286694	YELLOW CAB, LIMOUSINES AND TAXICABS	3 40.48	CAD	✓ 40.48	1.93		Primary Care Meeting - Edmonton
10/12/2015	412652089	LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	4 17.37	CAD	✓ 17.37	.83		Pincher Creek Physician Meeting
15/12/2015	413424608	AHS PARKING SOUTH HEAL, HEALTH PRACTITIONERS, MEDICAL SERVICES	5 14.25	CAD	✓ 14.25	.68		Parking - IAP2 Training
16/12/2015	413424606	SHELL, FUEL DISPENSER, AUTOMATED	6 43.81	CAD	✓ 43.81	.00		IAP2 Training - Calgary
16/12/2015	413424607	DELTA CALGARY SOUTH, DELTA HOTELS	7 172.89	CAD	✓ 172.89	.00	.00	Accommodations - IAP2 Training - Calgary
16/12/2015	413424609	AHS PARKING SOUTH HEAL, HEALTH PRACTITIONERS, MEDICAL SERVICES	8 14.25	CAD	✓ 14.25	.68		Parking - IAP2 Training
17/12/2015	413424605	ESSO, FUEL DISPENSER, AUTOMATED	9 7.53	CAD	✓ 7.53	.00		Fuel - Pincher Creek Physician Meeting

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/11/2015	410590866	ESSO, FUEL DISPENSER, AUTOMATED	10 36.25	CAD	✓ 36.25	.00		Fuel - SZ Leadership Forum

*Revised Rosalie Krause
January 22, 2014*

Signature of Cardholder Designate

Date of Signature


Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

CHILTON, SEAN
Name

CHIEF ZONE OFFICER
Cardholder Position/Title


Signature of Cardholder

January 21, 2016
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

BRENDA HUBAND
Name of Approver

VP'S CHOO CENTRAL & SOUTHERN AB
Approver Position/Title


Signature of Approver

2016-Jan-22
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

Pincher Creek
Physician
Meeting Primary
Husky Care

Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk
1202 Mayor Magrath Dr S
Lethbridge AB
(403) 329-1555
GST# 123820839
Retailer ID 4970786
Rct:42192 4255-4
Batch:1452-22

2015/12/10 14:34:36

Pump# 4
EthRegular \$17.37
20.105 L x \$0.864/L
AMOUNT \$17.37
GST(Inc Pump) \$0.83

Pre Auth Completion
MasterCard
AID: A0000000041010

EXP [REDACTED]
Date: 12/10/2015
Time: 14:34:36
AUTHCODE [REDACTED]
S144001001010 00 000
TUR: 0000008000 TSI: E800

Approved



PLEASE TELL US
HOW WE DID?
myHusky.ca/feedback

Primary Care
Meeting
Edmonton

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id:45024124782477
Item #:1180
MasterCard
PURCHASE
Op Id:386461
Card # [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$35.20
TIP CAD\$5.28
=====

TOTAL CAD\$40.48

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2015/12/07 Time: 15:43:51
Response: AUTH [REDACTED]

CUSTOMER COPY

Primary Care
Meeting
Edmonton

YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6N-1C2
780-462-3456

Term Id:45024124782477
Item #:1178
MasterCard
PURCHASE
Op Id:386461
Card # [REDACTED]

AID:A0000000041010

APPROVED

AMOUNT CAD\$33.00
TIP CAD\$4.95
=====

TOTAL CAD\$37.95

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TUR: 4000008000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2015/12/07 Time: 09:43:20

Blood Tribe
Dept of Health
Mtg, Standoff

Husky

Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk
1202 Mayor Magrath Dr S
Lethbridge AB
(403) 329-1555
GST# 123820839
Retailer ID 4970786
Rct:41778 4255-4
Batch:1442-22

2015/11/30 15:48:57

Pump# 4
EthRegular \$14.00
16.200 L x \$0.864/L
AMOUNT \$14.00
GST(Inc Pump) \$0.67

Pre Auth Completion
MasterCard
AID: A0000000041010

EXP [REDACTED]
Date: 11/30/2015
Time: 15:48:57
AUTHCODE: [REDACTED]
S134001001008 00 000
TUR: 0000008000 TSI: E800

Approved



PLEASE TELL US
HOW WE DID?
myHusky.ca/feedback

IAP2 training
WELCOME Calgary
Shell Canada
4312 - 1st Street
TOL OTO
Claresholm AB
(403)625-4179

MASTERCARD PURCHASE

INV No. [REDACTED]
2015/12/16 17:49
MasterCard
AID A0000000041010
TVR 000008000
TSI E800
AIR MILES

Term: 05838
Appr: [REDACTED]
5121610053420
Reference: [REDACTED]

AIR MILES earned
this visit: 1

Earn Refuel Rewards
every month!
Fill-up with 225L
and get 10 miles,
or with 500L and
get 25 miles.

Bronze
PUMP No. 06
LITRES 48.737
PRICE/L \$0.899
TOTAL FUEL \$43.81

01 APPROVED - THANK YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89058380

VERIFIED BY PIN
IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.09
No. 137400032RT

TOTAL SALE \$43.81

STORE: C05838
TRAN: 2300047
2015/12/16 17:52:11

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$100 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

IAP2 training
Calgary
Alberta Health
Services
South Campus

RECEIPT C82

ENTRY DATE/TIME:
16/12/15 16:43
PAY DATE/TIME:
16/12/15 16:44
PARK-DUR.: HRS:MIN
0:00:01

ALLOWED EXIT TO:
16.12.15 16:58

PAID: \$ 14.25
MASTER CARD

AUTH. C [REDACTED]
REF. 2

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

IAP2 training
Calgary
Alberta Health
Services
South Campus

RECEIPT C83

ENTRY DATE/TIME:
15/12/15 07:57
PAY DATE/TIME:
15/12/15 16:21
PARK-DUR.: HRS:MIN
0:08:24

ALLOWED EXIT TO:
16.12.15 08:12

PAID: \$ 14.25
MASTER CARD

AUTH [REDACTED]
REF. 72

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

Calgary
-AP2 training
121 Sunridge RD
Lethbridge AB T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
12/17/2015 438382273
07:54:46 AM

PUMP# 2
REGLR 8.813L
PRICE/L 0.854
FUEL TOTAL \$ 7.53

GST1 in fuel \$ 0.36
CREDIT \$ 7.53

TYPE: PURCHASE
ACCOUNT: HICARDFLEET
AUTH: 095350-F INVO1
CARD NUMBER [REDACTED]
VERIFIED BY PIN
1- MasterCard
2- 8000000041010

01 Approved - Thank You 027
AVAILABLE ESSO EXTRA POINTS: 1,13
POINTS: 7
ESSO EXTRA #:601777352536017909
IMPORTANT - retain this copy for your records


THANK YOU

Dec 15+16
IAPA Training
Calgary



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICE FAMILY MEDICINE
Mr Sean Chilton

Room: 
Folio:
Cashier:
Arrival: 12-15-15
Departure: 12-16-15

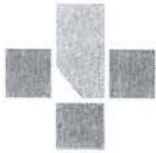
Date	Description	Additional Information	Charges	Credits
12-15-15	Room Charge		154.00	
12-15-15	DMF		4.62	
12-15-15	Tourism Levy		6.34	
12-15-15	Rooms - GST		7.93	

GST Summary	
Registration No:	895126332
Room	7.93
F&B	0.00
Other	10.96
Total	18.89

Total	172.89	0.00
Balance Due	172.89	CDN

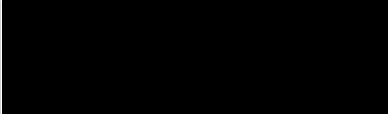
Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Alberta Health Services

Public Expense Disclosure Department



ATTENTION: Public Disclosure

RE: ESSO Lethbridge
Missing Receipt: \$36.25- 24-11-2015

I hereby attest that this expense was related to AHS business which occurred on November 24, 2015 in Lethbridge. The \$36.25~~.00~~ receipt was for fuel to travel to Taber (return) for a South Zone Leadership meeting.. I am unable to find the receipt.

I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,

Sean Chilton
Chief Zone Officer, South
Alberta Health Services

Date: 2016 Jan 22

Signature: Brenda Huband

Brenda Huband, VP & CHOO Central & Southern AB
DOFA # [redacted] Position # [redacted]

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

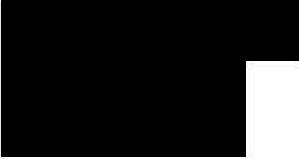
Name : Sean Chilton	Reporting Period for the Month of : Dec-15
----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Nov-2015	Direct Billing	Working Session	South Zone Leadership forum	Other	1,481.03
24-Nov-2015	Direct Billing	Working Session	Credit Note-GST reversal	Other	(70.53)
7-Jan-2016	Direct Billing	Working Session	Voice of the patient -working with Pateient & Family Advisors	Other	1,747.00
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 3,157.50

South Zone
 Leadership Forum
 (Directors, SOOs, EDs,
 Single Point of Contact,
 AZMDs)

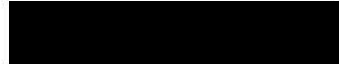
Heritage Inn - Taber
 4830 46 Ave
 Taber, AB
 T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733



Alberta Health Servi

Page #
 Res. #
 Checked in
 Checked out
 Nights
 Room Rate
 Room

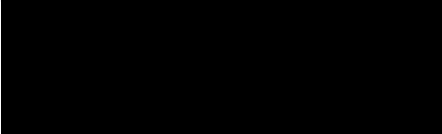


Tue Nov 24/15 - 2:13pm
 Fri Nov 27/15 - 3:31pm
 3



Date	Description	Reference	Charges	Credits
Nov24	Room - Meeting Rm Rental	Salon C	275.00	
Nov24	GST	Salon C	13.75	
Nov24	Banquets - Food	60 @ 19.50	1170.00	
Nov24	GST	60 @ 19.50	58.50	
Nov24	Gratuity	15% Food & Bev	175.50	
Nov24	GST	15% Food & Bev	8.78	
Nov24	Banquets - Food	Previous Year	-210.00	
Nov24	GST	Previous Year	-10.50	
Nov27	Direct Bill - Thank you			1481.03
	Employee ID#: N			
Total Outstanding this Invoice			1,481.03	1481.03

AHS - South Zone



Name: _____

P.O. # _____

Interest charges on all amounts outstanding
 over 45 days at a rate of 2%.

Our G.S.T. # is R102881810

Charge Summary:

Direct Bill - Thank you
 Room - Meeting Rm Rental
 GST

-1481.03

275.00

70.53

reversed see
 next page.

Sorry about that. Here is your credit note.

From: Tyrel McLelland
Sent: December-04-15 9:52 AM
To: 'stephanie.fisher-dortman2@albertahealthservices.ca'
Subject: Heritage Inn - Taber\Guest Account Inquiry

Heritage Inn - Taber

4830 46 Ave

Taber, AB

T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

Stephanie Fisher-Dor Alberta Health Servi Page # 1 Inv

Res. #

Checked in Fri Dec 4/15 - 9:49am

Checked out Fri Dec 4/15 - 9:50am

Nights 0

Room Rate 0.00

Room

Date	Description	Reference	Charges	Credits
Dec04	GST	GST Exempt	-70.53	
Dec04	Direct Bill - Thank you			-70.53
	Employee ID#: N			

Total Outstanding this Invoice -70.53 -70.53 -70.53

AHS - South Zone

Name: _____

P.O. # _____

Interest charges on all amounts outstanding
over 45 days at a rate of 2%.

Our G.S.T. # is R102881810

Charge Summary:

Direct Bill - Thank you	70.53
GST	-70.53

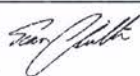
Date: 2016 Feb 08

 Signature: Brenda Huband

 Brenda Huband, VP & CHOO Central & Southern AB
[REDACTED]

Working Session Pre-Approval Request

In accordance with the [Travel, Hospitality & Working Session Expense Claim Policy #1122](#) this form must be pre-approved for all working sessions, in accordance with the [Delegation of Authority for Financial Commitments](#) table.

Details of Working Session Request			
Describe the purpose of the working session Presentation of the South Zone Scorecard, Producing high quality measures, and moving from Indicators to Action to SZ Operational, and Single Point of Contact Directors.			
Name of Event South Zone Leadership Forum		Date of Request (yyyy-Mon-dd) 2015-Nov-10	
Event Lead (Name, Position, Department) Sean Chilton, Chief Zone Officer & Dr. Vanessa Maclean, Zone Medical Director, South			
Location of Venue Heritage Inn, Taber			
Event Date(s) November 24, 2015			
Number of Attendees	60		
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Sean Chilton	Chief Zone Officer	South Zone	
Dr. Vanessa Maclean	Zone Medical Director	South Zone	
Proposed Budget	Venue cost \$ 275.00		
	Meals \$ 960.00		
	Non - Alcoholic Beverages		
	Other \$ 175.50 Specify nature of expense gratuity		
	GST (if applicable)		
	Total planned event budget \$ \$ 1,410.50		
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 00000000000	
101	0014	71110000084	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Sean Chilton	Position Title Chief Zone Officer - SZ	DOFA Level [REDACTED]
	Signature 		Date Nov. 10, 2015

South Zone Leadership Forum Attendance List

November 24, 2015

	Name:	Title:	Attendance
1	Sean Chilton	Chief Zone Officer, South Zone	Yes
2	Dr. Vanessa Maclean	Zone Medical Director, South Zone	Yes
3	Stephanie Fisher-Dortman	Executive Associate	Yes
4	Teri Myhre	Senior Operating Officer, Acute Care West	Yes
5	Diane Shanks	Director Critical Care & Medicine – CRH	Yes
6	Sharon Dueck	Director Women’s & Children’s – CRH	Yes
7	Lynn Goughnour	Director Surgical – CRH	regrets
8	Cheryl Sarazin	Director Rural AC SW Facilities	Yes
9	Linda Iwasiw	Senior Operating Officer, Acute Care East	Yes
10	Brenda Ashman	Director Critical Care & Medicine – MHRH	Yes
11	Linda Tessman-Potvin	Director Surgical – MHRH	Yes
12	Sandy Halldorson	Director Rural AC SE Facilities	Yes
13	Grant Walker	Senior Operating Officer, Community & Projects	Yes
14	Janice Blair	Director Public Health	Yes
15	Colin Zieber	Executive Director Seniors Health – Palliative Care	Yes
16	Barb Lockhart	Director Primary Care & CDM	Yes
17	Thomas Mountain	Director Addictions & Mental Health - West	Yes
18	Trevor Inaba	Executive Director Addictions & Mental Health	Yes
19	Rita Duran	Director Addictions & Mental Health – East	Yes
20	Denise Paton	Director Allied Health	Yes
21	James Frey	Director – Communications	Yes
22	Blaine Ball	Director Human Resources	Yes
23	Karen Carlson	Director Health Information Management	Yes
24	Dave Kortt	Director Linen & Environmental Services	Yes
25	Ryan Abell	Director Pharmacy	Yes

26	Brenda Renner	Director BAS	regrets
27	Michael Cleghorn	Executive Director IT rural Clinical systems	regrets
28	Dorothy Ward	Director Lab	Yes
29	Kari Schafer	Director, Nutrition & Food Services	Yes
30	Donna Castelli	Director Diagnostic Imaging	Yes
31	John Roflik	Executive Director, Capital Management	Yes
32	Carol Nieman	Director Workplace Health & Safety	Yes
33	Emily Scott / Leanne Dekker	Acting Director Infection Prevention & Control	regrets
34	Laurel Stretch	Director Quality Improvement	regrets
35	Shari Van Rijn	Director, Emergency Disaster Management	Yes
36	Brenda Hubley / Jill Forsyth	Director, Cancer Care	regrets
37	Ryan Thomson	Director, Contracting Procurement & Supply Management	Yes
38	Barb Cameron	Director Seniors Health East	Yes
39	?	Director Central and Specialized Services, Seniors Health	NA
40	Terri Fortunaso	Director, Seniors Health West	regrets
41	Tony Pasich	Executive Director, EMS	Yes
42	Matt Norton	IT Rural Clinical Systems	Yes
43	Lisa Halma	DIMR	Yes
44	Les Saggars	Director, Medical Affairs	regrets
45	Brian Dalshaug	Environmental Public Health	regrets
46	Dr. Vivien Suttorp	MOH	Yes
47	Dr. Vince DiNinno	AZMD, MHRH	Yes
48	Harley Crowshoe	Senior Advisor, Aboriginal Health	Yes
49	Lene Jorgensen	SZ Director, Planning	Yes

50	Dr. Clayne Steed	AZMD Rural West	Yes
51	Dr. Karin Goodison	MOH	regrets
52	Amanda Porter	Clinical Ethicist	Yes
53	Dr. Douwe Kits	AZMD Rural East	regrets
54	Carol Easton	Director, SARP	regrets
55	Debra Savidant	Senior Practice Consultant Quality Improvement	Yes
56	Kirby Cochrane	Manager, BAS	regrets
57	Nolan Schaaf	Quality Consultant, CQI	Yes
58	Remi Bolarinwa	Quality Consultant, CQI	Yes
59	Dianne Shaw	Quality Consultant, CQI	Yes
60	Lisa Mclsaac	Quality Consultant, CQI	Yes
61	Julie Lacasse	Quality Consultant, CQI	Yes
62	Laura Schattle-Weiss	Quality Consultant, CQI	Yes
63	Ken Wou	Quality Consultant, CQI	Yes
64	Penny Kwasny	Quality Consultant, CQI	Yes
65	Kirby Peterson	Quality Consultant, CQI	Yes
66			

Heritage Inn - Taber
4830 46 Ave
Taber, AB
T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

S2- Voice of the Patient
working with Patient +
Family Advisors
Learning Session

Stephanie Fisher-Dor Alberta Health Servi

Page #

Res. #

Checked in Thu Jan 7/16 - 3:31pm

Checked out Thu Jan 7/16 - 3:34pm

Nights 0

Room Rate 0.00

Room

Inv.#

Date	Description	Reference	Charges	Credits
Jan07	Room - Meeting Rm Rental	Salon C	275.00	
Jan07	GST	Salon C	13.75	
Jan07	Banquets - Food	80 @ \$16	1280.00	
Jan07	GST	80 @ \$16	64.00	
Jan07	Banquets - Minerals	15 @ \$2	30.00	
Jan07	GST	15 @ \$2	1.50	
Jan07	Gratuity	15% food and bev	196.50	
Jan07	GST	15% food and bev	9.83	
Jan07	GST	GST Exempt	-89.08	
Jan07	Direct Bill - Thank you			1781.50
Total Outstanding this Invoice			1,781.50	1781.50

AHS - South Zone

Attn: Stephanie Fisher-Dortman

Name: _____

P.O. # _____

Interest charges on all amounts outstanding
over 45 days at a rate of 2%.


Our G.S.T. # is R102881810

Charge Summary:

Direct Bill - Thank you	-1781.50
Room - Meeting Rm Rental	275.00
GST	0.00

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre- approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session			
<ul style="list-style-type: none"> To review the foundational principles of meaningful patient and family engagement. To empower improvement teams with the knowledge, skills and confidence to include the voice of patients and families in their work Special emphasis on the "How To" process for involvement of Patient/Family Advisors Development of an Action Plan to involve Patient/Family Advisors on own improvement team/committee/council?? 			
Name of Event The Voice of the Patient – Working with Patient / Family Ad		Date of Request (yyyy-Mon-dd) 2015-Oct-29	
Event Lead (Name, Position, Department) Sean Chilton, Chief Zone officer, South Zone			
Location of Venue Heritage Inn - Taber			
Event Date(s) January 7, 2016			
Number of Attendees	80		
Guest Speaker(s)/Facilitators		Title/Role	Organization
Lauraine Newton		Senior Consultant, EPE	AHS
Deanna Picklyk		Director, EPE	AHS
Jennifer Rees		Lead, Senior Consultant, EPE	AHS
Proposed Budget	Venue cost \$ 275.00		
	Meals \$ 1,280.00		
	Non - Alcoholic Beverages		
	Other \$ 192.00 Specify nature of expense Service charge (gratuity)		
	GST (if applicable)		
Total planned event budget \$ \$ 1,747.00			
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 00000000000	
101	0014	71110000084	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Brenda Huband	Position Title Vice President	DOFA Level [Redacted]
	Signature 	Date [Redacted]	
		<small>Digitally signed by Brenda Huband DN: cn=Brenda Huband, o=Alberta Health Services, ou=VP & CHOO Central and Southern AB, email=brenda.huband@albertahealthse</small>	

South Zone Patient Engagement Learning Session Attendance List

January 7, 2015

Acute Care West – CRH CoACT Steering Committee

	Name:	Title:	Attendance
1	Dr. Arlene Oishi	Physician, Quality Lead Medical Director of Addictions & Mental Health	Regrets
2	Dana Meroniuk	Manager, Diagnostic Imaging, CRH	
3	Debra Savidant	Senior Practice Consultant, CQI	
4	Denise Paice	Director, Allied Health	
5	Dr. Aaron Low	Physician, CRH	
6	Jennifer Brockman	Senior Practice Consultant, CoACT	
7	Jennifer Pepneck	Technical Writer, CoACT, SZ	
8	Jody Brudler	Team Lead, Operations, Nutrition & Food Services	
9	Leslee Rennie	CoACT Program Manager, SZ	
10	Lynn Goughnour	Director, Surgery, CRH	
11	Pat McIntosh	Manager, Human Resources, SZ	
12	Paul Blasetti	Manager - Talent Development & Learning Services (South Zone)	
13	Shelley Duncan	Lab Manager, CRH	
14	Sherri Gallant	Senior Communication Advisor	
15	Val Fong	Manager, SZ West, Pharmacy	
16	Dianne Shaw	Quality Consultant, CQI	
	Teri Myhre	Senior Operating Officer, Acute Care West	

Acute Care East – SE Patient Flow Leadership Committee

	Name:	Title:	Attendance
17	April LaBatte	Manager, SZ East Palliative Care Team / Transition Team	
18	Brenda Ashman	Director Critical Care & Medicine – MHRH	
19	Cara Maclean	RN, OR, MHRH	
20	Darrin Gerl	South East Manager Diagnostic Imaging	
	Debra Savidant	Senior Practice Consultant, CQI	
21	Dr. Susan Witt	Physician, Quality Lead, Medicine Hat suewitt1@me.com	
22	Fran Pratt	Manager, Lab, MHRH	
23	Jill Denman	Manager, ICU, MHRH	
24	Julie Lacasse	Patient Flow Initiative Lead	
25	Kendra Gooding	Manager, Ambulatory Care, MHRH	
26	Kirby Peterson	Quality Consultant, CQI	
27	Laura Schattle-Weiss	Quality Consultant, CQI	
28	Laurel Stretch	Director, Clinical Quality Improvement	
29	Layol McRae	Supervisor, Lab Services, MHRH	
30	Leta McRobert	RN, Brooks	

31	Linda Currie	RN, Brooks	
32	Linda Iwasiw	Senior Operating Officer, Acute Care East	
33	Linda Tessmann-Potvin	Director Surgery – MHRH	
34	Marguerite Dorchak	Site Manager, MHRH	
35	Myra Gerhardt	Manager, Occupational Therapy	
36	Robin Burkart	Manager, Geriatric Assessment Unit, MHRH	
37	Ryan Klick	Manager, MHRH ED	
38	Sandy Halldorson	Director, Rural Acute Care East	Regrets
39	Simone Empson M	Site Manager, Brooks & Bassano	
40	Terry Seitz	Manager, Medical Surgical Unit, MHRH	
41	Treena Klassen	Executive Director, Palliser Primary Care Network Treena.klassen@palliserpcn.ca	
42	Dr. Vince DiNinno	Associate Zone Medical Director, MHRH	Regrets
43	Jacquie Hess	Lab Services	
44	Nancy Russell	DI	

Community

	Name:	Title:	Attendance
45	Colin Zieber	Executive Director, Seniors Health	
46	Barb Cameron	Director, Seniors Health East	
47	Terri Fortunaso	Director, Seniors Health West	
48	TBD	Director, Seniors Health Central & Specialized Services	NA
	Sandy Halldorson	Director, Rural Acute Care East	regrets
49	Cheryl Sarazin	Director, Rural Acute Care West	
50	Dr. Joel Weaver	Physician, Geriatrics, CRH	
51	Dr. Byron Hirsch	Physician, Medicine Hat byron.hirsch@gmail.com	
52	Remi Bolarinwa	Quality Consultant, CQI	
	Laura Schattle-Weiss	Quality Consultant, CQI	
53	Karen Fritz	Manager, Quality Patient Care, Seniors Health	
54	Josh Foley		
55	B Boere		
56	Cheri Komar	Analyst, Seniors Health	
57	Sherryl Zdan	Analyst, Seniors Health	
58	Loretta Nobert	Admin. Assistant, Seniors Health	regrets
	Patti Price	Manager, Home Care, Medicine Hat	

SZ Quality Council

	Name:	Title:	Attendance
59	Sean Chilton	Chief Zone Officer, SZ	
	Linda Iwasiw	Senior Operating Officer, Acute Care East	
	Lynn Goughnour	Director, Surgery, CRH	

60	Grant Walker	Senior Operating Officer, Community	
61	Tony Pasich	Executive Director EMS South Zone	
62	Dr. Douwe Kits	Associate Zone Medical Director, Rural East	Regrets
	Dr. Susan Witt	Physician, Quality Lead, Medicine Hat	
	Dr. Arlene Oishi	Physician, Quality Lead Medical Director of Addictions & Mental Health	regrets
	Laurel Stretch	Director, Clinical Quality Improvement	
63	Lisa Halma	Director, Analytics	
64	David Miller	Patient & Family Advisor	
65	Kari Bulger	Patient & Family Advisor	
66	Lisa Squires	Senior communications Advisor	
	Jennifer Brockman	Senior Practice Consultant, CoACT	
67	Dorothy Ward	Director, SZ Lab	
68	Donna Castelli	Director, SZ Diagnostic Imaging	
69	Penny Kwasny	Quality Consultant, Accreditation	
70	Randy Pohl	Patient Safety Lead	
	Debra Savidant	Senior Practice Consultant, CQI	
71	Jerrilyn Hovey	Secretary, CQI	
72	Michael Durrant	Patient Concerns Consultant	
	Andrea Pratt	Quality Technologist, MHRH Lab	

SZELT

	Name:	Title:	Attendance
	Sean Chilton	Chief Zone Officer, SZ	
73	Dr. Vanessa Maclean	Zone Medical Director, SZ	
	Dr. Vince DiNinno	Associate Zone Medical Director, MHRH	regrets
	Dr. Douwe Kits	Associate Zone Medical Director, Rural East	regrets
74	Dr. Clayne Steed	Associate Zone Medical Director, Rural West	
75	TBD	Associate Zone Medical Director, CRH	NA
76	Teri Myhre	Senior Operating Officer, Acute Care West	
	Linda Iwasiv	Senior Operating Officer, Acute Care East	
	Grant Walker	Senior Operating Officer, Community	
	Laurel Stretch	Director, Clinical Quality Improvement	
77	Stephanie Fisher-Dortman	Executive Associate to Chief Zone Officer	
78	Brenda Renner	Director, BAS	regrets
79	James Frey	Director, Communications	
80	Blaine Ball	Director, Human Resources	

Volunteer Resources

	Name:	Title:	Attendance
81	Chris Fujita	Manager, Volunteer Resources, SZ	

Clinical Quality Improvement

	Name:	Title:	Attendance
82	Ken Wou	Quality Consultant, CQI	
83	Lisa Mclsaac	Quality Consultant, CQI	

Engagement & Patient Experience Team

	Name:	Title:	Attendance
84	Lauraine Newton	Senior Consultant, Engagement & Patient Experience	
85	Deanna Picklyk	Director, Engagement & Patient Experience	
86	Jennifer Rees	Lead, Senior Consultant, Engagement & Patient Experience	
87	Zahra Chhagan	Consultant, EPE	



Group Learning Initiatives Funding Application

Group Learning Initiatives helps groups to deliver educational events by assisting with related costs to a maximum of \$5000.

Before submitting an application to Group Learning Initiatives, the group must first complete the Working Session Pre-Approval process and obtain the appropriate approval. Approval for the Working Session does not guarantee that your group will be approved for the Group Learning Initiatives Funding. Though approval may be granted at anytime, reimbursement is not provided until after the event.

All expenses are to be paid first through a department functional centre and, if approved, the department will later be reimbursed by the fund. This fund is limited and therefore cannot support events with a profit. If the actual revenues are greater or expenses are less than estimated, the approved amount may be reduced.

Submit your application and documentations by email to professionaldevelopment.funding@albertahealthservices.ca.

For information regarding other funding opportunities please visit our **website** at <http://insite.albertahealthservices.ca/2237.asp> or email your inquiries.

Committee/Group Information		
Name of Committee/Group <i>(Print)</i> South Zone Quality Council		
Name of Contact Person <i>(Print)</i> Sean Chilton	Employee Number [REDACTED]	Daytime Phone Number [REDACTED]
E-mail Address <i>(this will be the primary mode of communication)</i> sean.chilton@ahs.ca	Job Title Chief Zone Officer	
Department/Unit <i>(Please do not abbreviate)</i> South Zone Administration	Location/Site Lethbridge, Chinook Regional Hospital	
Zone <input type="checkbox"/> North <input type="checkbox"/> Edmonton <input type="checkbox"/> Central <input type="checkbox"/> Calgary <input checked="" type="checkbox"/> South <input type="checkbox"/> Provincial		
Educational Event Information		
Course Name The Voice of the Patient - Working with Patient & Family	Start Date <i>(yyyy-Mon-dd)</i> 2016-Jan-07	End Date <i>(yyyy-Mon-dd)</i> 2016-Jan-07
Location Heritage Inn, Taber		
Will the event be co-hosted by one or more community partners <i>(non-AHS groups)</i> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, ensure that the amount of monetary support is included in the Estimated Revenues.		
Is the presenter an AHS employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are they providing this session as part of their regular FTE or position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Short Answer Section

Please provide a description of the presenter's credentials.

Lauraine Newton, Senior Consultant, Engagement & Patient Experience, AHS
 Deanna Picklyk, Director, Engagement & Patient Experience, AHS
 Jennifer Rees, Lead, Senior Consultant, Engagement & Patient Experience, AHS

Please describe the learning objectives for the event.

- To review the foundational principles of meaningful patient and family engagement.
- To empower improvement teams with the knowledge, skills and confidence to include the voice of patients and families in their work
- Special emphasis on the "How To" process for involvement of Patient/Family Advisors
- Development of an Action Plan to involve Patient/Family Advisors on own improvement team/committee/council

Summary Budget

Estimated Revenues (Include ALL sources of income EXCEPT requested support from this fund)	\$ 0
Estimated Expenses (Total Planned Event Budget from the Working Session Pre-Approval)	\$ 1747.00
Estimated Profit/Loss (Estimated Revenues minus Estimated Expenses)	\$
Amount Requested (The lesser of \$5000 or Estimated Loss)	\$ 1747.00

Checklist

Please check to ensure your application includes Approved Working Session Pre-Approval

Pre-Approval included

Declaration

I certify that the information provided is accurate and complete.

Contact Signature _____



Date (yyyy-Mon-dd) Dec. 11, 2015