

MINUTES OF A MEETING ("MEETING") OF THE BOARD OF DIRECTORS (THE "BOARD") OF THE PROVINCIAL HEALTH SERVICES AUTHORITY ("PHSA") HELD ON THURSDAY, NOVEMBER 29, 2018 AT CONFERENCE ROOM A PHSA CORPORATE OFFICE 7TH FLOOR – 1380 BURRARD STREET VANCOUVER, BC AT 9:35 A.M.

| In Attendance: Directors: | Tim Manning, Chair Dr. Don Brooks Gary Pooni Sharon Stromdahl | Dr. Ken Bassett Suki Gill Pauline Rafferty David Turchen | Lorianna Bennett Robert Kiesman Allan Ritchie |
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| Regrets: | Chief Clarence Louie | | |
| Guests: | Ms. Karen Firus, Patient Experience Presenter Dr. Mark Gilbert, Medical Director, Clinical Prevention Services, BC Centre for Disease Control | | |
| Management: | Carl Roy Linda Lupini Lynn Pelletier Donna Wilson | Tom Chan Sandra MacKay Ron Quirk Cathy Prentice, Recorder | Colleen Hart Kendra McPherson Susan Wannamaker |

CALL TO ORDER

Mr. Tim Manning, Board Chair, called the Meeting to order at 9:35 a.m. It was established that a quorum of the Board was present. Ms. Cathy Prentice was appointed recording secretary of the Meeting.

AGENDA

Upon Motion, duly seconded, the Meeting agenda was approved as circulated.

ADDRESS TO THE PUBLIC

There were no public presentations.

1.0 APPROVAL OF THE MINUTES

Upon Motion, duly seconded, the following resolution was passed:

BE IT RESOLVED THAT the minutes of the open Board meeting held September 19, 2018, in the form presented to the Meeting, be approved.

2.0 PRESENTATION

2.1 Patient Experience

Ms. Susan Wannamaker, President, BC Children's & Women's Health & Vice President, PHSA, introduced Ms. Karen Firus, Patient Experience presenter.

Ms. Firus provided background on her medical journey with Myalgic Encephalomyelitis (ME) advising that she has been a patient in the Complex Chronic Disease Program (CCDP) at Women's Hospital since January 2017. While this is a chronic condition, Ms. Firus advised since being accepted into the CCDP, her wellbeing and mindset have dramatically improved.

Responses to queries were as follows:

• Regarding the nature of the CCDP and the assistance in recovery, Ms. Firus advised clients are given a team to work with who understand the illness. Clients receive

significant support.

- With regard to pacing, Ms. Firus advised clients are taught mindfulness and meditation which calm the mind. Nutrition and physical exercise are a large component of the team focus.
- Responding to a query regarding demand and backlog, Ms. Firus advised actual backlog numbers may be higher than estimated due to mis- and undiagnosed clients.

The Chair thanked Ms. Firus for sharing her medical journey with the Board and members of the public.

2.1 Opioid Data Update

Mr. Colleen Hart introduced Dr. Mark Gilbert, Medical Director, Clinical Prevention Services, BC Centre for Disease Control (BCCDC).

Dr. Gilbert advised that the overdose crisis in British Columbia was declared a public health emergency in April 2016 in response to an unanticipated rise in both non-fatal and fatal overdoses due to the contamination of the illicit drug supply with fentanyl. The numbers of illicit drug overdose deaths remain high in BC, ranging from 90-160 per month since late 2016 (with 972 cases between January and August 2018), with all areas of the province affected. An indepth review of deaths by the BC Coroner's Service has found that most deceased had recent health care and/or recent or previous history of incarceration; were chronic or regular users of illicit drugs; used alone, in private residences; and/or, were not employed. First Nations people are disproportionately represented in the crisis in BC.

In December 2017, an Overdose Emergency Response Centre (OERC) was established by the Ministry of Mental Health and Addictions to support local, action-oriented, and rapid responses to the crisis. The BCCDC is a key participant in the OERC with responsibility for the surveillance, monitoring and evaluation of the overdose crisis and response. The BCCDC receives overdose-related data from multiple sources and facilitates stakeholder access to timely indicators, data, knowledge products and research to inform the ongoing overdose response.

Dr. Gilbert provided a summary of the PowerPoint presentation contained in the Meeting materials.

Questions, responses and comments were as follows:

- Responding to a query regarding ease of access to data, Dr. Gilbert advised that while access has improved over the past five to ten years, data linkages related to overdoses can be difficult to receive. BCEHS provides weekly data and receives data on treatment monthly. The primary source of data is the BC Coroner's office.
- Regarding research projects underway, Dr. Gilbert advised that the Ministry for Mental Health and Addictions has a team evaluating impacts; however, no benchmarks have been established as the crisis is relatively recent. Foundational work has been done and the Province is now viewing the crisis from multiple levels including harm reduction.

The Chair thanked Dr. Gilbert for his informative presentation.

3.0 BOARD COMMITTEE REPORTS

3.1 Quality & Access Committee

Mr. Allan Ritchie, Chair, Quality & Access Committee, advised of one item for information and one for approval.

For information:

As the Board has an oversight role, at the Committee's request, Management provided an update on the BC Immunization Program and associated enabling instruments and information systems. The BC Centre for Disease Control purchases the flu vaccine and has end to end management of the program. Key areas of focus are data collection and

monitoring. In 2017, the Ministry of Health set forth the BC Public Health Information Mandates which specified the completion of an Immunization Registry for BC in which all regional health authorities must participate.

For approval:

The Committee received detailed information regarding Delegated Medical Act (DMA) for Diagnostic Neurophysiology Technologists (DNTs) at BC Children's Hospital in order to achieve Diagnostic Accreditation. On March 6, 2018, the DNTs achieved a four year Accreditation-with-Report. The deficiency was due to a previous change in the Diagnostic Accreditation Program (DAP) requirements. The DNTs at BC Children's Hospital had been performing nerve conduction studies, which include the application of electrical stimulus, to peripheral nerves for the past 25+ years without incident and the DAP did not raise this as a factor until this accreditation. Board approval is being sought for the DNTs to perform the delegated medical act as per Article 3.9.4b of the PHSA Medical Staff Rules, of application of electrical stimulus.

Upon Motion, duly seconded, the following resolution was passed:

BE IT RESOLVED THAT the Delegated Medical Functions as per Article 3.9.4b of the PHSA Medical Staff Rules, in the form presented to the Meeting, be approved.

3.2 People & Governance

Ms. Pauline Rafferty, Chair, People & Governance Committee, advised of two items for information and one for approval.

For information:

- The Committee received a general update from the Vice President, People, Performance and Lower Mainland Laboratories on various human resources initiatives including a collective bargaining update.
- The Committee received a debrief from the Corporate Secretary on interviews conducted with Board members regarding the Board Skills Matrix and Board Chair evaluation. The Committee also discussed the board evaluation process and agreed that a short form process would be embarked upon for 2019 given the very comprehensive process conducted in 2018 and the recent feedback provided by all Directors in relation to the Chair's performance. Regarding the Board Chair evaluation, Ms. Rafferty advised of the Board's unanimous and overwhelming support and positive review of the Board Chair's performance.

For approval:

<u>Annual Review of Board Governance Guidelines and Policies</u> The Committee carried out its scheduled review of Policies. Policy changes brought forward were explained in the Committee briefing notes and discussed at the Committee meeting.

Upon Motion, duly seconded, the following resolution was passed:

BE IT RESOLVED THAT the following Board Governance Guidelines and Policies, in the form presented in the Meeting materials, be approved:

- Board, Board Committee, Chair and Directors Evaluation process Policy;
- Code of Conduct and Conflict of Interest Guidelines for Directors Policy;
- Board Record Retention Policy;
- Long Term Board Renewal Plan Policy.

3.3 Finance Committee

No report.

3.4 Audit Committee

Mr. Robert Kiesman, Chair, Audit Committee, advised of one item for information and one for approval.

For information

Management conducted an in-depth Compliance Review under the PHSA Compliance Management System on the *Gunshot and Stab Wound Disclosure Act*. Overall the review demonstrated that PHSA is in compliance with the Act and that mandatory disclosure under the Act is addressed in PHSA policy and training.

For approval

BC Cancer A-133 Audit Findings Report for Fiscal Year 2018

In fiscal 2018, BC Cancer had 16 U.S. federally supported research projects in progress, and consequently is required to undergo an A-133 external audit for these specific research projects. A-133 external audit reports on the Schedule of Expenditures of U. S. Federal Awards in Accordance with the Program Specific Audit Option under the U.S. Uniform Guidance. One instance of non-compliance was disclosed in the PricewaterhouseCoopers (PwC) findings report, however it is not considered a material weakness or a significant deficiency, and therefore, PwC's Audit Opinion is not modified with respect to this matter. The PwC fiscal 2018 BC Cancer audit report will be finalized by PwC upon receipt of the UBC Uniform Guidance Findings Report. The UBC Finding Report, to be issued by KPMG in December, will confirm UBC's compliance with the US Federal Program requirements as a sub-recipient of BC Cancer.

Upon Motion, duly seconded, the following resolution was passed:

BE IT RESOLVED THAT, subject to no further PricewaterhouseCoopers changes to this report, the BC Cancer A-133 Audit Findings Report for Fiscal Year 2018, in the form presented in the Meeting materials, be approved.

3.5 <u>Research Committee</u>

Ms. Lorianna Bennett, Chair, Research Committee advised of two items for information.

Pharmacogenomics Databank at BC Children's Hospital

The Research Committee received a presentation from Dr. Bruce Carleton, Director of PHSA's Therapeutics Evaluation Unit, on a major Genome Canada project he is leading.

The \$10.5 million project will establish a genomic and outcomes databank for phamacogenomic studies and has three objectives:

- Implement pharmacogenomics tests to predict adverse drug reactions in children and inform treatment decisions;
- Discover and validate new biomarkers to predict prioritized serious adverse drug reactions; and,
- Create a globally accessible dataset of pediatric adverse drug reaction clinical and genomic data to facilitate further discovery and validation.

Dr. Carleton's presentation highlighted the important role PHSA is playing in applying genomics to clinical care delivery.

PHSA Research and Practice Education Metrics

The Committee also received the annual research and practice education metrics report which details PHSA's important research and training role as an academic health science organization. The Committee was gratified to learn how research led by PHSA researchers is improving outcomes for patients not only in BC but, in many instances, across Canada and in other countries. In the past fiscal year, 807 researchers were awarded a total of \$152 million, an increase of approximately \$20 million over last year. PHSA also provided training to 1,248 medical undergraduate students and residents, and 255,382 hours of training to nursing and

allied health students. This report will be made available publicly on the PHSA website.

The Committee received the annual Research Metrics Report which will be posted on the PHSA website.

4.0 BUSINESS ARISING No business arising was identified.

5.0 CORRESPONDENCE

Correspondence was referenced for information.

6.0 NEXT MEETINGS

Thursday, February 14, 2019 in Vancouver.

7.0 TERMINATION – the Meeting terminated at 11:00 a.m.