Five Hills Regional Health Authority  
Minutes of the Regular Meeting held September 29, 2004

Date: September 29, 2004  
Time: 6:30 p.m.  
Place: Royal Canadian Legion, Moose Jaw  
Present: J. Bumbac, D. Caron, J. Dusel, T. Fox, L. Gray, E. Michalski, E. Mulatz, D. Stang, D. Toni, L. Walker  
Regrets: R. Kurz  
In Attendance: D. Florizone, Dr. T. Josdal, J. Liguori

1. Call to Order

The Chairperson called the meeting to order at 6:30 p.m.

2. Focus Time

3. Chairperson’s Remarks

The Chair extended a welcome to the community members present and reminded those in attendance that the meeting format is a meeting of the Authority held in public rather than a question and answer period. All decisions of the Authority are made in a public forum.

4. Approval of Agenda

Moved by J. Dusel  
Seconded by E. Mulatz  
2004.063

THAT the agenda be approved with the following amendments:

Add: 8.11 SAHO Representative  
8.12 Providence Place Liaison

Carried.

5. Minutes of the Meeting

Moved by D. Caron  
Seconded by J. Bumbac  
2004.064

THAT the minutes of the meeting held August 25, 2004 be approved as distributed.

Carried.

6. Presentations

6.1 CT Scanner, Satellite Dialysis and Assiniboia Union Hospital Project Updates

J. Liguori, Director – Environmental Services was in attendance to provide a powerpoint presentation updating the Authority on the following projects: CT Scanner, Satellite Dialysis and Assiniboia Union Hospital.
7. **Correspondence**

Correspondence was received as per document appended to the minutes.

8. **Items for Discussion and Decision**

8.1 **Financial Statements**

Moved by D. Caron  
Seconded by L. Walker  
2004.065

*THAT the Five Hills Regional Health Authority approve the financial statements for the period ended August 31, 2004 as presented.*

Carried.

8.2 **Board Policies**

Moved by E. Michalski  
Seconded by J. Bumbac  
2004.066

*THAT the Five Hills Regional Health Authority approve the Executive Limitation policies EL-1 through 14 as reviewed, amended and appended to the minutes of the meeting held September 29, 2004.*

Carried.

8.3 **Research Policy**

Moved by D. Caron  
Seconded by T. Fox  
2004.067

*THAT the Five Hills Regional Health Authority approve the Research Policy as presented and appended to the minutes of the meeting held September 29, 2004.*

Carried.

8.4 **Increase in Grant Funding to Providence Place**

Moved by L. Gray  
Seconded by D. Stang  
2004.068

*THAT the Five Hills Regional Health Authority approve an increase in funding to Providence Place of $17,277 for 2004/2005.*

Carried.

8.5 **Chief of Staff Report**

Moved by D. Caron  
Seconded by T. Fox  
2004.069

*THAT the Five Hills Regional Health Authority grant Dr. John Lawrance the privilege to perform abdominoplasty (lipectomy) operations, and*  

*THAT the Five Hills Regional Health Authority appoint Drs. Juan Marco Pretorius*
and Yolanda DeLange to the Associate Medical Staff in the Department of Family Practice North with privileges as outlined by the Medical Advisory Committee, and

THAT the Five Hills Regional Health Authority appoint Drs. Marek Lichon, Johan L. VanZyl and Pierre M. Hugo to the Associate Medical Staff in the Department of Family Practice with privileges as outlined by the Medical Advisory Committee.

Carried.

8.6 2003-2004 Annual Report

Moved by T. Fox  
Seconded by J. Dusel  

THAT the Five Hills Regional Health Authority approve the 2003/2004 Annual Report as presented.

Carried.

8.7 Ethics Committee Chair and Membership

Moved by D. Stang  
Seconded by L. Gray  

THAT when research proposals are submitted for consideration by the Ethics Committee, that the Five Hills Regional Health Authority authorize the Chief Executive Officer, in consultation with the Chief of Staff, to appoint a representative of the medical staff to attend and participate in Committee meetings as an adhoc member.

Carried.

The Chief Executive Officer was instructed to develop and initiate a membership recruitment process for the Ethics Committee.

8.8 Strategic Priorities

Moved by E. Michalski  
Seconded by T. Fox  

THAT the Five Hills Regional Health Authority approve the list of strategic priorities for 2004/05 as appended to the minutes of the meeting held September 29, 2004.

Carried.

8.9 2004-05 Block Funding – Life Safety/Emergency and Infrastructure Capital Projects

Moved by L. Gray  
Seconded by D. Caron  

THAT the Five Hills Regional Health Authority approve the noted Life Safety/Emergency and Infrastructure Capital Projects to be funded from Saskatchewan Health 2004-05 Block Funding allocation of $170,000.

Carried.
8.10 Authority Education Request

Moved by D. Caron Seconded by 2004.074

THAT the Five Hills Regional Health Authority approve expenses for J. Bumbac to attend the 61st Annual Convention for the Catholic Health Association of Saskatchewan “Keeping the Porch Light On – Daring to be Caring”, October 24-26, 2004 in Saskatoon.

Carried.

8.11 SAHO Representative

J. Bumbac and J. Dusel placed their names forward for consideration as the Five Hills Regional Health Authority representative on the Board for the Saskatchewan Association of Health Organizations. The Chair called for a secret ballot to be held with the Chief Executive Officer serving as Returning Officer. The Chief Executive reviewed the ballots and advised that J. Dusel received the majority of votes.

Moved by E. Mulatz Seconded by L. Walker 2004.075

THAT the Five Hills Regional Health Authority declare J. Dusel as its representative on the Board for the Saskatchewan Association of Health Organizations (SAHO) and that SAHO be notified of this appointment at the earliest opportunity, and

THAT the Chief Executive Officer be instructed to destroy all ballots.

Carried.

8.12 Providence Place Liaison

Moved by L. Gray Seconded by D. Caron 2004.076

THAT the following names be submitted by the Five Hills Regional Health Authority for consideration by the Governing Board for Providence Place as the Authority’s liaison and representative: J. Bumbac, E. Mulatz and D. Stang.

Carried.

9. Items for Information

9.1 Health Quality Council Patient Experience Project

As per document distributed with the agenda.

9.2 Primary Health Care Strategic Plan Update

As per document distributed with the agenda.
9.3 Balanced Scorecard
As per document distributed with the agenda.

9.4 Moose Jaw Union Hospital – New Hospital Wing
As per document distributed with the agenda.

9.5 C.T. Scanner Update
As per document distributed with the agenda.

9.6 C.T. Scanner Opening/Announcement
As per document distributed with the agenda.

9.7 Satellite Dialysis Update
As per document distributed with the agenda.

9.8 Moose Jaw Union Hospital Construction Projects
A revised briefing note was distributed at the meeting.

10. Future Meeting Schedule
October 27 Regular Meeting, Willow Bunch, 7:00 p.m.

11. Adjournment

Moved by D. Caron

THAT the meeting be adjourned.

Carried.

The meeting was adjourned at 8:15 p.m.

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Secretary  Chairman
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<tr>
<td>Sept. 28</td>
<td>Minister of Health</td>
<td>Denis Caron</td>
<td>Resignation from the Five Hills Regional Health Authority</td>
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The CEO must not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted business and professional ethics.

1. To accomplish its purpose, the Authority recognizes that the Authority’s most important resource is its human resources. Accordingly, the CEO shall not cause or allow staff working conditions which are unfair, undignified, unsafe, or in contravention of the District’s approved statement of values, legislated employment standards, or negotiated collective agreements.

2. Budgeting for any fiscal period or the remaining part of any fiscal period shall not deviate materially from Authority Ends priorities, risk fiscal jeopardy or fail to show a generally acceptable level of foresight.

3. To ensure a sustainable system, the CEO shall not allow actual financial conditions at any time which incur fiscal jeopardy or compromise Authority Ends priorities.

4. To ensure a sustainable system, the CEO shall not allow assets to be unprotected, inadequately maintained or unnecessarily risked.

5. The CEO shall not fail to develop and deliver high quality, consumer-centred health services.

6. Compensation and benefits for staff shall not cause or allow the Health Region’s fiscal integrity or public image to be jeopardized.

7. The CEO shall not allow the Authority to be uninformed of important events and trends.

8. At least two executives will be informed of CEO and Authority issues and processes.

9. There shall be no conflict of interest in conducting the affairs of the Health Region.

10. The CEO shall not cause or allow operations without a records management program which meets generally accepted records management principles.

11. The CEO may not operate without processes to ensure program information is available to the public.

12. The CEO shall not alter, modify or significantly change the role of an agency without receiving Authority approval.

13. Official representations to government and others shall not deviate from established Authority policy.
To accomplish its purpose, the Authority recognizes that the Authority’s most important resource is its human resources. Accordingly, the CEO shall not cause or allow staff working conditions which are undignified, unsafe, or in contravention of the Health Region’s approved statement of values, legislated employment standards, or negotiated collective agreements.

The CEO shall not:


2. Operate outside the framework of collective agreements and human resource policies.

3. Fail to ensure that there are policies and procedures in place to provide staff with learning opportunities and a learning atmosphere for continuing education and development.

4. Fail to acquaint staff with their rights under this policy.

5. Fail to provide staff with ongoing information about the operation of the health region.
Budgeting for any fiscal period or the remaining part of any fiscal period shall not deviate materially from Authority *Ends* priorities, risk fiscal jeopardy nor fail to show a generally acceptable level of foresight.

Accordingly, the CEO shall not cause or allow budgeting which:

1. Contains too little information to enable accurate projection of revenues and expenses
2. Fails to separate capital and operational items
3. Fails to include cash flow analysis
4. Fails to provide subsequent audit trails
5. Fails to disclose planning assumptions
6. Fails to identify any significant changes in the financial position.
7. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period unless approved by the Authority.
8. Deviates materially from Authority-stated priorities in its allocation among competing budgetary needs.
9. Is not derived from long term planning.
10. Fails to address fiscal contingency in the plan.
To ensure a sustainable system, the CEO shall not allow actual financial conditions at any time which incur fiscal jeopardy or compromise Authority Ends priorities. The CEO shall not:

1. Approve expenditures beyond the levels set in the operating budget with the exception of an emergency situation requiring an expenditure less than $100,000 or with the exception of the reallocation of resources within the global budget. The term emergency is defined as a sudden, generally unexpected occurrence or set of circumstances demanding immediate action.

2. Manage the organization without the preparation and review of monthly financial statements.

3. Fail to invest the Authority’s funds in accordance with the Trustee’s Act.

4. Acquire equipment in excess of the budgeted amount and where the unit value exceeds $20,000 without Authority approval.

5. Borrow more than an amount approved by legislation, regulation or Ministerial approval.

6. Borrow funds in an amount greater than the value of invested funds in order to obtain a financial advantage which is superior to cashing in investments.

7. Use trust funds in contravention of Preamalgamation Agreements.

8. Allow cash to drop below the amounts needed to settle payroll and debts in a timely manner at any time.

9. Allow government ordered payments or filings to be overdue or inaccurately filed.
To ensure a sustainable system, the CEO shall not allow assets to be unprotected, inadequately maintained or unnecessarily risked.

Accordingly, the CEO shall not:

1. Acquire, use or dispose of assets in a way that will cause material unplanned change in the Authority’s financial position.

2. Fail to maintain adequate insurance against potential liabilities in accordance with the *Regional Health Services Act and Regulations*.

3. Fail to insure against theft, fire and casualty losses to replacement value, where possible, with an appropriate deductible or franchise value.

4. Receive, process or disburse funds under controls insufficient to meet the Authority-appointed auditor’s standards.

5. Cause or allow plant and equipment to be subjected to improper wear and tear or insufficient maintenance.

6. Authorize tenders in contravention to the approved policy on tendering (EL-5.1)

7. Make any purchase or commit the organization to any capital expenditure without appropriate documentation and/or approval as outlined in Policy EL-5.1

8. Invest or hold operating capital or any funds of the Health Region in contravention to the approved investment policy (EL-5.2)
Contracts are entered into by the Health Region for capital equipment, supplies and/or services, when the estimated annual value is in excess of $5,000. To enter into a contract a minimum of three (3) competitive quotes must be solicited and received. In the supply and service sector, a multi year contract award with firm pricing throughout is favoured. In addition a two (2) year extension to the contract would be optional based on mutually agreed terms. Supplies and services that are of a non routine nature, or which can be sourced by a sole supplier, may not necessarily fall within the jurisdiction of a contract.

a) Equipment/Capital Expenditure: with a value of $20,000.00 or more must have approval from the Authority.

b) Contracts: entered into as a result of the SAHO Group Purchasing Program or other outside purchasing agencies, will be entered into by material management in consultation with respective department head regardless of the value.
The CEO shall not allow investment of any funds of the Health Region, including general funds and trust account funds which do not meet the requirements of the *Trustees Act*. 
The CEO shall not sell, lease or otherwise dispose of:

1. **personal property** (goods other than land and buildings), with a value in excess of $20,000.00, without submitting documentation regarding the disposal to the Authority for their approval;

2. **real property** (land and buildings) without submitting documentation regarding the disposal to the Authority for their approval.
1. The CEO shall not fail to develop and deliver high quality, consumer-centred health services. Accordingly, the CEO shall not:

1.1 Initiate programs that do not respond to identified health needs.

1.2 Allow programs to continue where the quality, standards or appropriateness of the service is questionable.

1.3 Allow programs to operate without qualified personnel.

1.4 Continue programs that have not been evaluated on a regular basis.

1.5 Operate without a quality improvement process which regularly assesses the quality of client care against generally accepted standards.

1.6 Permit new employees to begin work without adequate orientation to the Health Region’s policies and procedures.

1.7 Allow any service area to operate without appropriate and properly functioning equipment.

1.8 Fail to ensure that there is an appropriate review and appeal process for client/family complaints or concerns.

1.9 Fail to ensure that client confidentiality is respected and maintained.

1.10 Permit operation without policies and procedures that prevent client abuse.

2. In order to promote health, the CEO shall not:

2.1 Promote actions, goods or services that are knowingly detrimental to the health of regional residents.

2.2 Support activities in regional health agencies that are inconsistent with this purpose.

2.3 Fail to maintain building and grounds in good repair and free of danger.
2.4 Violate health and safety regulations.

2.5 Operate in the absence of a plan to provide appropriate personal security to users, guests and staff.

3. The CEO shall not allow access to quality client care to be jeopardized through inadequate administrative policies and practices. Accordingly, the CEO shall not:

3.1 Operate without consistent region-wide assessment of need procedures to ensure that clients with the greatest need are given the highest priority.

3.2 Operate without a utilization review process that determines whether Region resources are being utilized appropriately.
With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO shall not cause or allow fiscal integrity or public image of the Health Region to be jeopardized.

Accordingly, the CEO shall not:

1. Compensate senior management employees at a rate that deviates materially from the labour market.

2. Change his/her own compensation and benefits.

3. Promise or imply life long or guaranteed employment.

4. Establish deferred or long term compensation and benefits which:
   4.1 Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
   4.2 Provide less than some basic level of benefits to all full time employees.
   4.3 Cause inequity among employees at the same level.
   4.4 Allow any employee to lose benefits already accrued, should there be a change in benefit plans under control of the Health Region.
   4.5 Treat the CEO differentially from other comparable key employees.
   4.6 Are instituted without prior assessment of the implications of these provisions.
Information and advice to the Authority shall have no significant gaps in either timeliness, completeness or accuracy and shall not allow the Authority to be uninformed of important events or trends.

Accordingly the CEO shall not:

1. Cause or allow the Authority to be uninformed or misinformed.

2. Cause or allow the Authority to be unaware of relevant trends, anticipated adverse media coverage, significant external and internal changes, particularly changes in the assumption upon which any Authority policy has previously been established.

3. Fail to submit the required monitoring data (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the Authority policies being monitored.

4. Fail to provide as many staff and external points of view, issues and options as needed for fully informed Authority choices.

5. Present information in unnecessarily complex or lengthy form.

6. Fail to deal with the Authority as a whole except (a) for fulfilling individual requests for information or (b) for responding to officers or committees duly charged by the Authority.

7. Fail to report actual or anticipated non-compliance with any policy of the Authority.

8. Fail to advise the Authority in advance of any planned staffing decisions (e.g., hiring, firing, discipline) at a senior level.

9. Fail to advise the Authority of any client or family complaints which have not been resolved through the normal review process.
In order to protect the Authority from sudden loss of chief executive services, the CEO may not have fewer than two other executives familiar with Authority and chief executive issues and processes.
With respect to the maintenance of records, the CEO shall not cause or allow the Five Hills Regional Health to operate without a records management program which meets generally accepted records management principles.

Accordingly, the CEO shall not cause or allow a records management program which:

1. Fails to identify and define permanent and disposable records:

   Record is defined as any documentary material, regardless of physical form, made or received by any authority, department or employee of the Health Region and which relates to the business of the Health Region, excluding any document produced in a private capacity, library material made and preserved solely for reference, and extra copies of records preserved only for reference purposes.

   Permanent record is defined as a paper, file, or series of files:
   • essential to the conduct of the continuing business of the Health Region
   • which reflect the history of the Health Region and the role of specific offices, departments, disciplines, projects and research in that history
   • which provide legal or testimonial evidence of actions taken or not taken
   • which establish fiscal responsibility, or document expenses
   • which support an administrative policy, program or proposal
   • which record privileged, confidential, or personal information

   Disposable record is defined as a paper, file, or series of related files which:
   • may be a duplicate of an official copy maintained permanently elsewhere
   • may be a trivial record without any enduring value, e.g., form letters, acknowledgements of publications, invitations
   • may be general files with no direct relation to the Health Region, e.g., external marketing brochures, organizational circulars.

2. Fails to identify retention periods for series of records.

3. Fails to maintain an adequate historical record of Health Region activities.

4. Fails to comply with statutory retention periods for fiscal records (six full fiscal periods for most fiscal records; general ledgers and special contracts that affect more recent years must be retained for three years after dissolution of the organization.)
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<td>5.</td>
<td>Fails to comply with recommended government standards for employee records or to provide complete documentation of personnel matters</td>
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<td>Fails to provide confidentiality of personnel records.</td>
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<td>7.</td>
<td>Fails to comply with statutory retention periods and confidentiality requirements with respect to patient records.</td>
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<td>8.</td>
<td>Fails to provide for appropriate documentation of approvals and maintenance of paper trails related to administration of compensation and benefits.</td>
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<td>9.</td>
<td>Fails to provide for efficient retrieval and storage systems for records.</td>
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<td>Fails to provide guidelines re: access of appropriate records by Authority members.</td>
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<td>11.</td>
<td>Fails to ensure that Health Region documents are properly identified and dated.</td>
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To accomplish its purpose, the Authority recognizes the importance of having knowledgeable members of the public.

The CEO may not:

1. Publicly portray the Authority in a negative manner.
2. Publicly misrepresent the work and policies of the Authority.
3. Publicly contradict or disparage the decisions made by the Authority.
4. Publicly endorse an organization, product, service or issue which falls outside the vision, purpose and values of the Authority.

Release of information pertaining to Authority policy is restricted to the Chairman or designate after consultation with the Authority.

The Chief Executive Officer will have an administrative policy respecting the release of information pertaining to all operational aspects of the health district.
The CEO shall not cause or allow any practice, activity, decision or organizational circumstance which is in violation of commonly accepted business and professional ethics.

Accordingly, the CEO shall not:

1. Fail to ensure that there are policies and procedures in place to guard against the conduct of unlawful activities by staff, clients and the public in Health Region facilities.

2. Operate without policies which clearly indicate the bounds of acceptability regarding acceptance of gifts from vendors and clients.
To accomplish its purpose, the Authority recognizes the need to maintain facilities and agencies to offer a place for provision of its services. The CEO shall not:

1. Alter, modify or significantly change the role of an agency without receiving Authority approval.

2. Enter into an affiliation agreement with an agency without Authority approval.

3. Favour an internal or affiliate agency by the nature of their relationship.

4. Enter into major construction/renovation projects in excess of the budget, or without Authority approval.
The CEO may not make extensive changes in existing programs without first informing the Authority.

1. "Extensive changes" means termination or substantial reduction of existing programs as well as initiating any new program which had not already received Authority sanction prior to adoption of this policy.

2. "Informing the Authority" means sufficient notice and information adequate for Authority consideration.

2.1 Notice is to be timely enough to allow discussion at a regular Authority meeting if the Authority chooses to do so.

2.2 Information includes basic program data with "Ends" implications and management rationale.

2.3 "Authority consideration" does not mean approval or disapproval, but determination:

- that Authority policy is being implemented using a reasonable interpretation; and
- whether the plans cause the Authority to want to change its existing policy language
The Five Hills Regional Health Authority participates in appropriate research activities.

All requests for research participation are forwarded to the Program Director and Chief Executive Officer for review. Clinical research is also reviewed by the Medical Advisory Committee. The Ethics Advisory Committee of the Authority reviews or requests an external ethical review of each project. Approval is granted by the Chief Executive Officer based on the recommendation of each and in accordance with the Executive Limitations set forth for the Chief Executive Officer.

The review of research projects shall include looking at:

- the merits of the research proposal
- benefits and risks to the participants and the organization
- process that will be used to deal with the harmful effects that may occur in the course of research
- adequacy of the research design, including its compliance with accepted ethical standards
- qualifications of project coordinators
- potential impact on the organization’s resources
- process for obtaining informed consent.

For research involving human subjects, clients’ rights shall be protected and respected consistent with Authority policies, values and guidelines set forth by the appropriate national body.

Changes made to research protocols shall require authorization by the Chief Executive Officer or Authority.

Where possible, sharing of findings from research shall be shared with clients, staff and other organizations.

The aim of such research activities shall be to develop and improve services within the health region and health system.

Confidentiality of the participants’ and their responses will be respected at all times.