

**MINUTES OF A PUBLIC MEETING (“MEETING”) OF THE  
BOARD OF DIRECTORS (THE “BOARD”) OF THE  
PROVINCIAL HEALTH SERVICES AUTHORITY (“PHSA”)  
HELD ON TUESDAY, OCTOBER 5 2021  
AT 8:30 AM**

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<b>Directors:</b>	Tim Manning, Chair Suki Gill Robert Kiesman David Turchen	Dr. Ken Bassett Sandra Martin Harris Gary Pooni	Donisa Bernardo Dr. Kerry Jang Sharon Stromdahl
<b>Guests:</b>	Elder Gary Oleman Dr. Mark Chilvers, Investigator at BC Children’s Hospital Ms. Micheline Wiebe, Executive Director, Cystic Fibrosis Care BC & Trauma Services BC.		
<b>Management:</b>	Dr. David Byres Joe Gallagher Scott MacNair Dr. Maureen O’Donnell Zulie Sachedina Carolina Cerna (recorder)	Laurie Dawkins Dr. Reka Gustafson Kendra McPherson Dr. Natasha Prodan-Bhalla Susan Wannamaker	Lexie Flatt Michael Lord Dr. Patrick O’Connor Ron Quirk Donna Wilson

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**1.0 CALL TO ORDER**

Mr. Tim Manning, Board Chair, called the Meeting to order at 8:30 a.m. It was established that a quorum of the Board was present. Ms. Carolina Cerna was appointed recording secretary of the Meeting.

**2.0 LAND ACKNOWLEDGEMENT**

The Chair provided the land acknowledgement and welcomed Elder Gary Oleman to provide the Indigenous Welcome for the meeting.

**3.0 INDIGENOUS WELCOME**

The Chair advised Elder Gerry Oleman who is of St’át’imc descent from Shalalth, BC and has worked in human service since 1976. In addition, Elder Gerry works with Indigenous Health at PHSA primarily in Indigenous Youth Wellness and the San’yas Training program. Elder Gerry provided a warm indigenous welcome to all of those in attendance, whether in person, joining by webcast or by teleconference.

Mr. Manning noted that on September 30th, PHSA, British Columbia and Canada, paused to acknowledge the National Day for Truth and Reconciliation. This is an important and significant date because it requires that everyone acknowledges that a legacy of trauma has impacted the health and wellness of generations of First Nations, Métis and Inuit people –and that this includes members of PHSA’s team and the patients, clients and communities we serve. As an organization, we are committed to addressing systemic racism in our organization and the larger healthcare system.

Mr. Manning stated that “our commitment goes beyond a single day, but certainly taking time to understand the significance of this day, is an important part of our collective education. I welcome the opportunity it represents.”

**4.0 CHAIR ADDRESS TO THE PUBLIC**

The Chair provided an address to the public and stated since our last Board meeting on June 24, 2021, we have seen a rise in the fatigue and unrest that comes with a prolonged period of living in the midst of multiple crises – including the pandemic, opioid overdose, wildfire and extreme heat – and the societal and personal restrictions that they bring.

Over the past four weeks, this tension has flowed over into a series of protests that took place outside hospital sites around the province and across Canada. PHSA team members – and our regional health authority partners – worked diligently to continue delivering quality care and services, but it must be acknowledged that these protests take a toll on people who are in much need of a rest, both physically and mentally.

Along with acknowledging that health-care workers have been true heroes of the COVID-19 pandemic, Mr. Manning also acknowledged the heroic efforts put in by members of the public, PHSA patients, and clients who have shown resiliency over the past 20 months. Mr. Manning encouraged the public to continue to follow public health guidance, including vaccination efforts, and to show compassion to our health care workers across the province who show up each day ready to serve.

## **5.0 QUESTIONS FROM THE PUBLIC**

The Chair acknowledged receipt of a question from the public. Questions were to be submitted to the Board Office by September 30, 2021.

A member of the public asked “How does gender care nourish bonding between parents who are not in favour of their children’s gender beliefs?” Mr. Manning, stating that since this is an operational question, asked Ms. Susan Wannamaker, Executive Vice President, Clinical Service Delivery to respond.

Ms. Wannamaker noted that at BC Children’s Hospital, patients seeking gender care go through a rigorous and thorough assessment including a mental health review to make sure they understand the risk and to ensure their care plan and decisions are in their best interest. This care is tailored to the individual and focuses on a patient-centered approach to care and treatment. The program supports families as they go through complex decision-making processes but ultimately does what is best for the health and wellbeing of the patient and in accordance with the laws governing informed consent. Ms. Wannamaker noted that these decisions can be difficult for families and highlighted that patient-centered care is the top priority. The Infant Act states that competent minors can make their own healthcare decisions provided their healthcare provider is satisfied that the minor understands the nature, consequences, risks, and foreseeable benefit of the treatment and assesses it to be in the minor’s best interest.

Mr. Manning thanked Ms. Wannamaker for the response and encouraged members of the public to submit questions to the Board.

Mr. Manning also brought to the attention of the public the release of the [Newsweek USA 2022 report](#) and is very pleased to announce that the BC Children’s Hospital was ranked 6<sup>th</sup> in the world as one of the best specialized hospitals in paediatrics. This is a significant accomplishment of all of the individuals associated with BC Children’s Hospital to be ranked in the top 10 of all hospitals in the world.

## **6.0 DECLARATIONS OF CONFLICTS OF INTEREST**

The Chair requested the Directors to declare any conflict with the agenda items. No declarations came forward.

## **7.0 APPROVAL OF OCTOBER 5, 2021 MEETING AGENDA**

### Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors approves the Meeting agenda as circulated.

## **8.0 APPROVAL OF JUNE 24, 2021 OPEN BOARD OF DIRECTOR MEETING MINUTES**

### Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors approves the minutes of the public Board meeting held June 24, 2021.

## 9.0 PRESENTATION

### Cystic Fibrosis Care BC: Advancing science, clinical services, and quality

Dr. Maureen O'Donnell, EVP Provincial Clinical Policy, Planning & Partnerships introduced Dr. Mark Chilvers, Investigator at BC Children's Hospital and Ms. Micheline Wiebe, Executive Director, Cystic Fibrosis Care BC & Trauma Services BC. Dr. Chilvers is a valued member of the clinical community at BC Children's Hospital. Dr. Chilvers is a Principal Investigator at BC Children's Hospital and a Clinical Associate Professor, in the Division of Respiratory Medicine in the Department of Pediatrics at the Faculty of Medicine.

Cystic Fibrosis Care BC (CFCBC) is a new Health Improvement Network (HIN) within the Provincial Health Services Authority (PHSA). In partnership with Cystic Fibrosis Canada (CF Canada) and other key stakeholders, CFCBC aims to optimize health outcomes for people living with CF in BC by providing a provincially coordinated, integrated system of care.

#### **General Overview:**

- Cystic Fibrosis in Canada (2019 data): There are currently over 4300 Canadians with CF, 37% need to travel more than 100km to receive care. 62% of patients are adults. The median age of survival for people with CF in Canada has increased from four years in the 1960s to 57 years in 2019.
- Cystic Fibrosis in BC: There are 518 patients registered with the four specialty CF clinics in BC: BC Children's Hospital, St. Paul's Hospital, Royal Jubilee Hospital and Victoria General Hospital (two adult and two pediatric CF Canada approved centres). 65% live outside of the Lower Mainland.
- Cystic Fibrosis Care BC (CFCBC): The challenges associated with caring for CF patients have led to the need for a new model of care for CF beyond the specialized care available at the four clinics. In January 2021, CFCBC was established as one of PHSA's Service Plan deliverables for fiscal year 2020/21. B.C. is the first province in Canada to implement a provincially-coordinated approach to CF Care.
- Cystic Fibrosis Care BC (CFCBC) goals are to:
  - Implement a provincial framework for CF care to ensure equitable access to services from anywhere in BC.
  - Develop a patient-driven provincial model of care that is responsive to health system-demands and emerging trends.
  - Develop a strategy to improve recruitment, retention, specialization, and funding for CF clinical services
  - Create a network of provincial clinical partnerships and communities of practice to optimize transitions across the continuum of care.
  - Develop and implement evidence-based clinical policies, standards, and guidelines to improve quality of care.
  - Collaborate with CF Canada and other key stakeholders identifying improvement opportunities driven by the needs of the CF patient community.
  - Develop a data and analytics strategy, in partnership with PHSA DARE, clinical informatics, and associate health improvement networks and provincial clinical programs.
  - Define performance metrics that reflect a patient-centred and outcome-driven approach to clinical care improvement across services. Establishing an evaluation framework that identifies priority resource pressures and develops business cases to support investment planning.

Responding to queries, Dr. Chilvers and Ms. Wiebe noted that:

- In terms of new therapies and treatments, BC is very well positioned. In terms of research, there are clinical trials in BC that connect to the research from CF Canada. BC is one of four pediatric centres working on clinical trials within the Canadian network and works with patients province-wide. The goal is to be the western hub for trials and there is significant learnings from other centres in Canada. The relationship with CF Canada is of tremendous importance.
- There is a significant increase in need for mental health support in the province and the team is grateful for the support from the Ministry. The network currently has counsellors,

psychiatrists and other mental health specialties providing support and screening for anxiety and depression. At BC Children's Hospital, there is a clinical counselor that provides support to patients and families. The network will also develop business plans to build strength for increased demand for mental health support and make the services sustainable.

- CF also affect patients from First Nations communities and Dr. Chilvers is working with GPs to deliver assistance to these communities. Building close relationships across the population is critical to providing care and also to gather data to support future work.

The Chair thanked Dr. Chilvers and Ms. Wiebe for their presentation highlighting the importance of the work and the data that will be gathered. Mr. Manning invited Dr. Chilvers and Ms. Wiebe to present to the board in the future on findings and to provide an update on their work.

## 10.0 BOARD COMMITTEE REPORTS

### 10.1 **Cultural Safety & Humility Committee**

Ms. Sandra Martin Harris, in her capacity as Chair of the Cultural Safety & Humility Committee indicated that there was one item for information:

#### **For Information:**

#### **Update Indigenous Women's Health**

The leadership team from BC Women's Hospital shared the voices of Indigenous Partners and how the Provincial Perinatal Substance Use Project is contributing and supporting the reclamation of birth work by Indigenous midwives, doulas and birth workers.

### 10.2 **Quality and Safety**

Dr. Kerry Jang, in his capacity as Chair, Quality & Safety Committee, advised that there were no matters to report to the board at this time.

### 10.3 **People and Governance Committee**

Mr. Robert Kiesman, in his capacity as Chair of the People and Governance Committee advised of two items for approval and one item for information:

#### **For Approval:**

#### **Proposed dates for 2022 Board meetings**

The Committee received the proposed dates for the Board Committees and PHSA Board Meeting for year 2022.

#### **Motion**

It was **MOVED** and **SECONDED** that the Board approves the proposed dates for 2022 Board meetings.

#### **Policy Updates**

The Committee carried out its scheduled review of Board Policies and Guidelines. Changes to the Policies and Terms of Reference were explained in the accompanying briefing notes.

#### **Motion**

It was **MOVED** and **SECONDED** that the Board approves the revisions to the following Board Governance Policy and Guidelines, in the form presented at the Committee meeting:

- 1 Principles of Governance and Board Accountability;
- 2 Board Committee Guidelines;
- 3 Board Meeting Guidelines; and
- 4 Board Orientation and Ongoing Education Program

#### **For Information:**

#### **Review Board Profile & Director Criteria, Skills Matrix Tool and Questionnaire**

The Committee reviewed the Board Profile & Director Criteria, Skills Matrix Tool and Questionnaire.

#### **10.4 Research and Academic Development Committee**

Ms. Sharon Stromdahl, in her capacity as Chair, Research and Academic Development Committee, advised of one item for information:

##### **For Information:**

##### **BC Mental Health & Substance Use Research Institute Strategic Plan**

The Research and Academic Development Committee received a presentation from Dr. Jehannine Austin, executive director of the BC Mental Health & Substance Use Research Institute, on the Institute's first strategic plan. The strategic plan addresses five priority areas:

- Strengthening capacity for research that is relevant, meaningful, and contributes to better mental health and wellness for BC;
- Enhancing connections to optimize communication, collaboration and the impact of mental health and substance use research in BC;
- Embracing and integrating best practices for knowledge translation and exchange to generate, share and apply new knowledge;
- Encouraging and facilitating the involvement of clinicians, health system leaders, and people with lived experience in the research process; and
- Strengthening infrastructure to better support for research.

#### **10.5 Audit Committee**

Ms. Suki Gill, in her capacity as Chair of the Audit Committee advised of one item for approval and three items for information:

##### **For Approval:**

##### **Internal Audit Charter**

In accordance with the Audit and Risk Committee Terms of Reference, formal review and approval of the Internal Audit Charter is required annually. Internal Audit has reviewed the Charter and proposed small revisions to support and reinforce concepts within the Charter. No substantial changes to the intent of the Charter was proposed.

##### **Motion**

It was **MOVED** and **SECONDED** that the Board approves the revised Internal Audit Charter.

##### **For Information**

##### **FY21/22 PwC Audit Plan**

PHSA's external auditors, PricewaterhouseCoopers (PwC), presented their audit plan for the fiscal year ending March 31, 2022. The Office of the Auditor General (OAG) has confirmed that they will be taking over the external audit of PHSA's consolidated financial statements beginning Fiscal 22/23.

##### **Key Suppliers and Funding Source Review**

Management presented a list of key suppliers who received aggregate payments in excess of \$1M for the year ended March 31, 2021. Management also presented PHSA's key sources of non-government funding and noted that the financial position of PHSA's key sources of non-government funding is stable.

##### **Financial Information Act (FIA) Report Out**

It was confirmed that the reports for PHSA for the fiscal year ended March 31, 2021 have been reviewed and approved on behalf of the Board.

#### **10.6 Finance Committee**

Mr. David Turchen, in his capacity as Chair of the Finance Committee advised of two items for approval.

##### **For Approval**

##### **FY2021/22 Operating Budget**

At the March 31, 2021 Special Finance Committee meeting, the Committee reviewed and

endorsed the Fiscal 2021/22 operating and capital budgets for PHSA. At the time, PHSA had not received the 2021/22 Preliminary Funding Letter from the Ministry of Health (MoH), therefore, approval of the operating budget was subject to confirmation of funding. PHSA has since received the 2021/22 Preliminary Funding Letter and has updated the budget accordingly.

Motion

It was **MOVED** and **SECONDED** that the Board approves the proposed adjusted PHSA 2021/22 Operating Budget.

**FY2021/22 Capital Budget**

The Committee reviewed the updated 2021/22 PHSA Capital Fund. The PHSA Board of Directors previously approved the 2021/22 PHSA Capital Fund of \$53.3M. PHSA has received \$11.4M of additional targeted capital funding.

Motion

It was **MOVED** and **SECONDED** that the Board approves the updated 2021/22 PHSA Capital Fund of \$64.7M.

**10.7 HAMAC Committee**

The Board Chair, Mr. Tim Manning provided a report on behalf of Dr. Eric Webber, Chair of the Health Authority Medical Advisory Committee (HAMAC). The first committee meeting took place on September 17, 2021. The Board looks forward to receiving updates from the committee.

**11.0 NEXT MEETING**

The next PHSA Board of Director's meeting is scheduled for Thursday, November 25, 2021.

**12.0 TERMINATION**

Meeting was terminated at 9:32 AM.