

**MINUTES OF A MEETING (“MEETING”)  
OF THE BOARD OF DIRECTORS (THE “BOARD”)  
OF THE PROVINCIAL HEALTH SERVICES AUTHORITY (“PHSA”)  
HELD ON WEDNESDAY, APRIL 25, 2019 AT  
CONFERENCE ROOM A  
PHSA CORPORATE OFFICE  
7<sup>TH</sup> FLOOR – 1380 BURRARD STREET  
VANCOUVER, BC  
AT 10:00 A.M.**

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**In Attendance:**

**Directors:** Tim Manning, Chair  
Donisa Bernardo  
Dr. Kerry Jang  
Gary Pooni  
Dr. Ken Bassett  
Sandra Martin Harris  
Robert Kiesman  
Sharon Stromdahl  
Suki Gill  
Chief Clarence Louie  
David Turchen

**Guest:** Ms. Lorianna Bennett  
Dr. Monika Naus, Medical Director, Communicable Diseases & Immunization Service,  
BC Centre for Disease Control

**Management:** Carl Roy  
Sandra MacKay  
Dr. Maureen O’Donnell  
Cathy Prentice, Recorder  
Thomas Chan  
Kendra McPherson  
Donna Wilson  
Linda Lupini  
Elaine McKnight

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**CALL TO ORDER**

Mr. Tim Manning, Board Chair, called the Meeting to order at 10:10 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.*

**PUBLIC PRESENTATION**

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 February 14, 2019, in the form presented to the Meeting, be approved.*

**2.0 PRESENTATION**

**2.1 Measles and Herd Immunity in British Columbia**

Dr. Maureen O’Donnell, Executive Vice President, Provincial Clinical Policy, Planning & Partnerships, introduced Dr. Monika Naus, Medical Director, Communicable Diseases & Immunization Service, BC Centre for Disease Control (BCCDC), to present on the subject of Measles and Herd Immunity in British Columbia.

Dr. Naus advised that the term “herd immunity” refers to a reduction in the probability of infection of susceptible members of a population when a significant proportion of the individuals are immune. This reduction is observed because disease transmission is blocked when a critical percentage of the population has been vaccinated (or is immune due to previous infection). When this occurs, herd immunity threshold levels have been reached. The level required is also called the ‘protection threshold’.

The measles virus is highly contagious and contracted through airborne or droplet contact.

Canada, as part of the Pan American Health Organization (PAHO) region is considered to have eliminated measles (along with rubella and polio) in 2002. In BC, most adults born prior to 1970 are immune due to prior measles infection.

BC implemented a second dose of measles vaccine into its routine childhood vaccination program in 1996, and conducted a measles vaccine campaign for all children in kindergarten through university in that year. These changes effectively reduced transmission of measles, and, in subsequent years, the typical pattern of measles in BC has been sporadic importation of cases.

Recent cases of measles outbreaks are due to importations. The virus continues to be an issue in BC due to high levels of measles activity in other parts of the world, including the resurgence in Europe associated with declines in vaccine uptake. Dr. Naus advised that in 2020 the Ministry of Health will be introducing mandatory immunization records for children and youth from kindergarten through grade twelve school years.

Dr. Naus summarized the content of the briefing materials and PowerPoint presentation contained in the Meeting materials.

During discussion, responses to questions and comments were provided as follows:

- Methods of reducing the impact of measles transmission was queried. Dr. Naus advised that, in addition to delivery of the vaccine by physicians and public health offices, pharmacists can now provide the vaccine to adults and children as young as five years.
- While it is assumed the public born prior to 1970 has been exposed to the measles virus, health care workers or those travelling abroad are recommended to receive a booster Measles, Mumps and Rubella (MMR) shot.
- Dr. Naus advised that currently in BC vaccine refusals, including for religious and philosophical reasons, must be recorded.
- Mandatory and discretionary exemptions in North America were discussed.

On behalf of the Board, the Chair thanked Dr. Naus for her outstanding presentation on this important and timely topic.

## 2.2 Video Presentation: BC Centre for Disease Control Public Engagement in Immunization

Dr. Naus introduced the video presenters Mr. Ian Roe Manager, Web Strategy, BCCDC, and Ms. Jessica Harper, Immunization promotions Nurse, BCCDC.

The video, presented and narrated by Mr. Roe and Ms. Harper, outlined online, media and social media strategies and efforts towards promoting immunization for British Columbians including a program inviting school age students to sponsor, through program participation, the immunization of underprivileged children abroad.

Story boards promoting such campaigns were placed around the meeting room and the Board and guests were invited to view them.

## 3.0 **BOARD COMMITTEE REPORTS**

### 3.1 Quality & Access Committee

Ms. Lorianna Bennett, Incoming Chair, Quality & Access Committee, advised of two items for approval.

#### Delegated Medical Act of Endovaginal Probe Insertion by Sonographers at BC Women's Hospital

As per the BC Health Professions General Regulation, restricted medical activities can only be performed by members of a regulated profession. Sonographers are non-regulated employees and therefore, not permitted to perform restricted medical activities as defined

by the BC *Medical Practitioner's Act*. Inserting an instrument or a device, hand or finger beyond the labia majora is a restricted medical activity.

The approval process to allow radiologists and perinatologists to delegate sonographers to insert an endovaginal probe when a patient requests such assistance is outlined in Article 3.9.4b of the PHSA Medical Staff Rules. Article 3.9.4b requires that the delegation of medical functions be approved by the appropriate Safety and Quality of Medical Care Committee(s), endorsed by the Medical Advisory Committee and the PHSA Board and ultimately the College of Physicians and Surgeons of British Columbia. The Quality & Access Committee recommends Board approval of the proposed delegation.

**UPON MOTION, DULY SECONDED**, the following resolution was passed:

**BE IT RESOLVED THAT** the Delegated Medical Act of Endovaginal Probe Insertion by Sonographers at BC Women's Hospital, as per Article 3.9.4b of the PHSA Medical Staff Rules, in the manner presented to the Meeting, be approved.

#### Cervix Screening Program Quality Management Committee

The BC Cancer Cervix Screening Program Quality Management Committee was formed to monitor and evaluate clinical practice and the provincial screening pathway in order to continually maintain and improve the safety and quality of patient care relating to the Cervix Screening Program. In order to ensure health professionals fully participate in the program without fear that any data or analyses performed would be admissible against them in legal proceedings or obtainable pursuant to a Freedom of Information (FOI) request, it is recommended that such quality assurance activities are protected under Section 51 of the *Evidence Act*.

**UPON MOTION, DULY SECONDED**, the following resolution was passed:

- a) *The establishment of the Cervix Screening Program Quality Management Committee Quality Management Committee as a committee that is established or approved by the boards of management of two or more hospitals, that includes health care professionals employed by or practicing in any of those hospitals and that, for the purposes of improving medical or hospital practice or care in those hospitals, carries out or is charged with the function of studying, investigating or evaluating the medical or hospital practice of, or care provided by, health care professionals in those hospitals, in relation to a matter of common interest among those hospitals, be and hereby is approved;*
- b) *the participation in and adoption of the Quality Management Committee by the Provincial Health Services Authority ("PHSA") as a joint quality assurance activity with other health authorities with its reports being directed to either a PHSA Medical Advisory Committee or the PHSA Quality & Access Committee be and hereby is approved; and, the direction to the Quality Management Committee or the PHSA staff member responsible for quality will report anonymous data relevant to the quality issues identified by the QMC through the PHSA Quality & Access Committee, as such Committee shall determine, be and hereby is approved.*

### 3.2 People & Governance

Mr. Robert Kiesman Chair, People & Governance Committee, advised of three items for approval.

#### Ratification of Collective Agreement with Resident Doctors of BC

The Committee received a summary of the proposed new collective agreement with the Resident Doctors of British Columbia from Ms. Donna Wilson, Executive Vice President, People, Diagnostic & Treatment Services, who advised that the Health Employers' Association of BC's Board of Directors recommends in favour of ratification. Upon

ratification by all represented employers, the agreement will be in effect from April 1, 2019 to March 31, 2022.

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

***BE IT RESOLVED THAT the Collective Agreement between the Resident Doctors of British Columbia and the Health Employers' Association of British Columbia for the period April 1, 2019 to March 31, 2022, in the form presented to the Meeting, be approved.***

Annual Review of Board Governance Guidelines and Policies

In accordance with the Board Policy Framework which requires all Board approved policies to be reviewed on an annual basis, the Committee reviewed the Board Operating Guidelines, the Board Committee Guidelines and the Board Meeting Guidelines.

***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, with changes discussed at Committee and made available to the Meeting be approved:***

- Board Operating Guidelines;
- Board Committee Guidelines; and
- Board Meeting Guidelines;

Appointment of Board Officers

*For good order, Mr. Robert Kiesman and Mr. Gary Pooni recused themselves from the Meeting for discussion and voting on this item.*

Ms. Lorianna Bennett, Incoming Chair of the Quality and Access Committee, provided background on the next agenda item as follows:

1. The Bylaws of PHSA provide that a vacancy in the post of an elected officer of the Board may be filled for the unexpired term by election of the PHSA Board.
2. The position of Vice-Chair of PHSA became vacant upon the expiration of the term of appointment as a director of Allan Ritchie on March 31, 2019.
3. Director Robert Kiesman, currently Secretary of the Board of PHSA, has been nominated to serve as Vice-Chair of the PHSA Board and if elected would resign as Secretary of the PHSA Board.
4. Director Gary Pooni has been nominated to serve as Secretary of the PHSA Board.
5. Both Director Kiesman and Director Pooni have consented to their respective nominations.

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

***BE IT RESOLVED THAT, effective April 1, 2019:***

- (a) Robert Kiesman be appointed as Vice-Chair of the PHSA Board; and*
- (b) Gary Pooni be appointed as Secretary of the PHSA Board.*

*Mr. Kiesman and Mr. Pooni rejoined the meeting.*

3.3 Finance Committee

Mr. David Turchen, Chair, Finance Committee, advised of one item for information and one for approval.

For information:

2019/20 Operating and Capital Budgets

The Finance Committee held a special meeting on March 27, 2019 to review and endorse the fiscal 2019/20 operating and capital budgets for PHSA to be approved by the PHSA

Board. Upon receipt of the funding letter from the MOH, the budgets will be updated and submitted to the Board for approval at the June 2019 Board meeting.

For Approval:

Capital Fund

In February 2019, the PHSA Board of Directors approved the 2018/19 PHSA Capital Fund of \$66.1M. PHSA has since received \$1.7M of additional targeted capital funding. Management requested approval of the updated 2018/19 PHSA Capital Fund of \$67.8M.

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

***BE IT RESOLVED THAT the updated 2018/19 PHSA Capital Fund of \$67.8M be approved.***

3.4 Audit Committee

Ms. Suki Gill, Chair, Audit Committee, advised of three items for information.

Ombudsperson Act

Management provided an update on the findings of an in-depth review of compliance with the *Ombudsperson Act* (the “Act”), undertaken as part of the PHSA Compliance Management System (“CMS”).

The Act creates the Office of the Ombudsperson and permits aggrieved members of the public to complain regarding decisions, recommendations, acts, omissions or procedures of a variety of public authorities – including health authorities and hospitals. The Act gives the Ombudsperson expansive powers for investigating complaints. The compliance review confirmed that PHSA is in compliance with the Act. The vast majority of PHSA-related complaints to the Ombudsperson arise within the BC Mental Health and Substance Use Services portfolio, specifically from the Forensic Psychiatric Hospital and Correctional Health Services. Requests for information relating to individual patient complaints are responded to by the Patient Care Quality Office, in cooperation with Risk Management.

Internal Controls

Management provided an overview of PHSA’s internal controls over employee expenses. PHSA has a number of internal controls in place (both preventative and detective) to ensure that employee expense claims are appropriate, reasonable and necessary. These include (but are not limited to): controls such as segregation of duties in the approval and processing of claims, regular audits completed by the Accounts Payable team, electronic scripts used to detect duplicate claims, and a number of corporate credit card controls.

In addition, the public reporting of employee and executive expenses each year also serves as a deterrent for excessive employee expense claims. As part of the reporting process, the Finance department will investigate and obtain support for employee expense claims that appear high relative to the type of position that the reporting employee occupies or as a percentage of the employee’s salary. Overall, PHSA has a robust set of controls at multiple levels to ensure compliance with its expense policies and principles. PHSA Finance continues to review and assess its controls on an ongoing basis to respond to any changes in risks or identify process improvements.

Special Audit Committee Meeting – May 29, 2019

There will be a special Audit Committee meeting held on May 29, 2019 to review and recommend for approval the year-end audited Financial Statements of PHSA. Similar to last year, unless any individual Board member wishes a meeting on the matter, Board approval of the financial statements will be via consent resolutions, which will be sent out shortly after the special Audit Committee meeting to each Board member for signature. To meet the year-end reporting deadlines to the Ministry of Health, management has requested that the signed consent resolutions be returned by June 3, 2019 to allow

PricewaterhouseCoopers to release their audit report.

### 3.5 Research Committee

Ms. Sharon Stromdahl, Acting Chair, Research Committee, advised of two items for information.

#### GenCOUNSEL Project

The Research Committee received a presentation from Dr. Alison Elliott, a PHSA genetic scientist and PhD level genetic counsellor, regarding the major Genome Canada funded project called GenCOUNSEL. GenCOUNSEL is led by Dr. Elliott and co-led by Dr. Jehannine Austin, Executive Director of PHSA's Mental Health & Substance Use Research Institute, as well as Dr. Bartha Knoppers, Director of the Centre of Genomics and Policy at McGill University and Dr. Larry Lynd, Director of the Collaboration for Outcomes Research and Evaluation (CORE) unit at the University of BC.

This project, which brings together experts in genetic counselling, genomics, ethics, health services implementation and health economics research, is the first project to examine the genetic counselling issues associated with clinical implementation of whole genome sequencing.

GenCOUNSEL will create an understanding of current and future needs for genetic counselling, develop best practices for the delivery of genetic counselling, improve access to counselling, particularly for underserved patient populations, and study the feasibility of different models of legal recognition of genetic counsellors within the Canadian context. The result will be increased access, patient satisfaction and cost-efficiencies while helping to make genetic counselling available to Canadians who require this service.

GenCOUNSEL was awarded \$4.2 million in funding from Genome Canada and is the largest genetic counselling grant awarded to date.

#### Research Committee Terms of Reference

The Research Committee reviewed its terms of reference and passed a motion recommending their approval with one revision. The terms of reference identify themes of strategic priority, including "Research addressing priority provincial populations". This language has been revised to say "Research addressing priority provincial populations including Indigenous populations." The revised terms of reference will be brought forward to the June 26, 2019 People & Governance Committee meeting for approval.

### **4.0 BUSINESS ARISING**

No business arising was identified.

### **5.0 CORRESPONDENCE**

Correspondence was referenced for information.

### **6.0 NEXT MEETINGS**

**Thursday, June 27, 2019 in Vancouver.**

### **7.0 TERMINATION** – the Meeting terminated at 11:35 a.m.