



Present

Doug Kipp, Chair, District 4
Beverley Harris, Vice-Chair, District 2
Agnes Fridl Poljak, District 1
Blair Tymchuk, District 3
Robert Crague, District 5
Anar Dossa, District 6
Jerry Casanova, District 7
Bal Dhillon, District 8 (present from noon to end of meeting)
Kris Gustavson, Government Appointee
Ryan Hoag, Government Appointee
Jeremy Walden, Government Appointee
Jeff Slater, Government Appointee

Staff

Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar
Ashifa Keshavji, Director, Practice Reviews and Competency
Cameron Egli, Director – Hospital Pharmacy Practice and Technology
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Mike Stonefield, Chief Operating Officer – Office Operations and Business
Lori Tanaka, Executive Assistant to the Deputy Registrar
Pina Naccarato, Executive Assistant to the Registrar (Minute-Taker)

1.0 WELCOME & CALL TO ORDER

Chair Doug Kipp called the meeting to order at 9:01 am

2.0 AGENDA – APRIL 19, 2013

2.1 Confirmation of Agenda

Chair Doug Kipp called for any additional agenda items; none were presented.

It was MOVED (Gustavson) and SECONDED (Slater) that the Board:

Approve the Agenda for the April 19, 2013 Board Meeting as circulated.

CARRIED

2.2 Board Evaluation Form Feedback

- The Registrar reported that the feedback received was generally very positive; any issues raised have been addressed.



3.0 MINUTES

3.1 Approval of the February 15, 2013 Board Minutes.

It was MOVED (Craigue) and SECONDED (Harris) that the Board:

Approve the February 15, 2013 Board Meeting Minutes as circulated.

CARRIED

3.2 Business Arising from Minutes.

- Registrar, Bob Nakagawa, reviewed the business arising from the minutes as circulated

4.0 BOARD GOVERNANCE & DEVELOPMENT

4.1 Chair's Report

- Chair Doug Kipp reviewed his report as circulated (attached Appendix 1)

4.2 Registrar's Report

Registrar Bob Nakagawa reviewed his report as circulated (attached - Appendix 2)

It was MOVED (Tymchuk) and SECONDED (Dossa) that the Board:

Approve that the staff plan for the June or September Board meeting be held in (location), with a reception for local leaders to be held in conjunction.

TABLED

It was MOVED (Slater) and SECONDED (Hoag) that the Board:

Approve the posting of non-confidential Board meeting material onto the College website prior to each meeting.

CARRIED

5.0 PRESENTATIONS

5.1 Oregon Drug Outlet Conduct Rules Survey presentation by Gary Schnabel, Oregon Board Pharmacy, Executive Director

- *Presentation attached - Appendix 3*

It was MOVED (Craigue) and SECONDED (Harris) that the Board:

Approve that the Board conduct a survey of Pharmacy work conditions based on the Oregon survey tool



CARRIED

5.2 Inquiry and Discipline Significant Cases

- Suzanne Solven, Deputy Registrar provided a presentation on significant inquiry and discipline cases.

5.3 Ethics and Advisory Committee Update

- Presentation attached – Appendix 4

It was MOVED (Tymchuk) and SECONDED (Gustavson) that the Board:

Approve the CPBC Conflict of Interest Standards – Standard 2(e) be revised as noted below:

- e) Registrants should not dispense prescriptions to their family members except;*
 - i. in an emergency situation,*
 - ii. when another registrant is not readily available, or*
 - iii. when in their professional judgment it is in the best interest of the patient, and it is properly documented*

- f) Registrants should not dispense prescriptions to themselves except;*
 - i. in an emergency situation, or*
 - ii. when another registrant is not readily available*

CARRIED

It was MOVED (Gustavson) and SECONDED (Walden) that the Board:

Approve changes to the Ethics Advisory Committee Terms of Reference as presented; and with the noted amendment to the Conflict of Interest Policy as follows: “...or at any time a conflict or potential conflict of interest arises...”

CARRIED

5.4 Report from Advanced Practice Pharmacists Task Group

- Steve Shalansky and John Shaske present on behalf of the Advanced Practitioner task force.
- Presentation attached – Appendix 5

It was MOVED (Craigue) and SECONDED (Casanova) that the Board:

Approve changes to the APP Task Group Program Recommendations Report in principle as submitted.

CARRIED

It was MOVED (Gustavson) and SECONDED (Harris) that the Board:

Directs the APP Task Group to undertake a stakeholder engagement process based on the APP Task Group Program Recommendations Report.



CARRIED

6.0 BOARD COMMITTEES

6.1 Membership Appointments

It was MOVED (Craigue) and SECONDED (Harris) that the Board:

Approve all Committee Appointments as circulated:

- a) CE-Plus Subcommittee
- b) Jurisprudence Examination Subcommittee
- c) Knowledge Assessment Subcommittee
- d) Quality Assurance Committee
- e) Registration Committee
- f) Community Pharmacy Advisory Committee
- g) Hospital Pharmacy Advisory Committee
- h) Discipline Committee
- i) Inquiry Committee
- j) Injection Drug Administration Committee
- k) Residential Care Advisory Committee
- l) Ethics Advisory Committee

*with the noted amendment to the QA committee concerning the replacement of a member no longer available – Michael Higashi replaced with Karen Callaway.

CARRIED

7.0 BOARD GOVERNANCE & DEVELOPMENT - CONTINUED

7.1 New Board Evaluation Task Group Update

- Kris Gustavson presented the update on the new Board evaluation task group
- Report attached – Appendix 6

7.2 Board Policy Manual and Board Handbook

It was MOVED (Gustavson) and SECONDED (Slater) that the Board:

Approve the Board Reference and Board Policies as amended

CARRIED

7.3 Proposed Fee Changes & Technician Registrants

It was MOVED (Dhillon) and SECONDED (Casanova) that the Board:

Approve adoption of a fee schedule for an annual fee for pharmacy technicians that is 2/3 of the annual fee for full pharmacists.

CARRIED

8.0 BOARD COMMITTEE UPDATES



8.1 Audit Committee

It was MOVED (Hoag) and SECONDED (Harris) that the Board:

Approve the Terms of Reference as presented for the new Audit and Finance Committee with the addition of the conflict of interest amendment.

CARRIED

Note: the amended conflict of interest policy in item 5.3 will now be included in all Terms of Reference for all Committees

It was MOVED (Craigue) and SECONDED (Harris) that the Board:

Approve adding the new provision to the Investment Policy as follows:

GIC exposure to any one issuer must be limited to the CDIC (Canada Deposit Insurance Corporation) limit of \$100,000 unless the issuer is a "Big 6" Schedule I Canadian bank; a credit union backed by an unlimited provincial guarantee; or a large scale international issuer that may, from time to time, be identified as having sufficient resources to warrant exceeding the \$100,000 per issuer CDIC limit.

CARRIED

8.2 New Board Committee Membership

a) Legislation Review Committee

It was MOVED (Slater) and SECONDED (Gustavson) that the Board:

Approve the proposed Terms of Reference for the new Board Legislation Review Committee.

CARRIED

It was MOVED (Gustavson) and SECONDED (Harris) that the Board:

Appoint the following three Board members to the Board Legislation Review Committee:

- 1. Pharmacist Board member Anar Dossa*
- 2. Pharmacy Technician Board member Bal Dhillon*
- 3. Public Board member Jeremy Walden*

CARRIED

It was MOVED (Hoag) and SECONDED (Walden) that the Board:

Appoint Board member Anar Dossa as the Chair of the Board Legislation Review Committee



CARRIED

8.3 Committee Annual Reports

It was MOVED (Craique) and SECONDED (Slater) that the Board:

Approve all Committee Annual Reports as received:

- a) CE-Plus Subcommittee*
- b) Jurisprudence Examination Subcommittee*
- c) Knowledge Assessment Subcommittee*
- d) Quality Assurance Committee*
- e) Registration Committee*
- f) Community Pharmacy Advisory Committee*
- g) Hospital Pharmacy Advisory Committee*
- h) Discipline Committee*
- i) Inquiry Committee*
- j) Injection Drug Administration Committee*
- k) Residential Care Advisory Committee*
- l) Ethics Advisory Committee*

** with amendment that Registration Committee will be revised to include goals; and circulated to Board*

CARRIED

9.0 STRATEGIC PLAN

9.1 Update

It was MOVED (Harris) and SECONDED (Walden) that the Board:

Approve the reports of the strategic plan subcommittees as presented

CARRIED

10.0 BOARD HIGHLIGHTS

10.1 April 19, 2013 Board Highlights Headlines

It was MOVED (Harris) and SECONDED (Hoag) that the Board:

Approve the Board Highlights headlines for April 19, 2013 as presented.

CARRIED

11.0 BOARD EVALUATION FORM

Forms provided.

12. CLOSING COMMENTS AND BOARD MEETING ADJOURNED



Board Meeting Minutes

April 19, 2013

The College of Pharmacists of British Columbia Board Meeting scheduled April 19, 2013 concluded at 3:07 pm.



4.0 Board Governance & Development

INFORMATION ONLY:

or

DECISION REQUIRED:

4.1 Chair's Report

Since the February Board meeting, I've been engaged in discussions about the following College activities:

- Audit and Finance committee terms of reference
- Conversations about the Oregon State Board Survey and legislation
- Loyalty point bylaw proposal and timing of re-discussion
- Strategic planning process
- College committee membership
- Board member expenses
- Follow up on the Board direction from February meeting
- Conversations with the Vice Chair and Registrar every 2 weeks
- Student attendance and participation in Board meetings
- Registrar's evaluation



4.0 Board Governance & Development

INFORMATION ONLY:

or

DECISION REQUIRED:

4.2 Registrar's Report

1) General Activities:

Since the February Board meeting, I've been engaged in the following:

- Participated in NAPRA teleconference meetings
- Attended the CSHP hospital pharmacists Manager's meeting in Harrison
- Participated in interviews and selection committee meetings for the Professorship in Sustainable Healthcare at UBC
- Follow up meeting with Loyalty One re: Bylaws
- Participated in NAPRA International Pharmacy Graduate Steering Committee meeting in Ottawa
- Attended the BC Chain Drug Association meeting in Vancouver to present on College activities
- Discussions re: PharmaNet Modernization project pilot progress
- Internal discussions re: bylaw changes and implementation timelines
- Discipline and inquiry case reviews
- Strategic planning discussions and organization
- Presented to the BCPhA Board on College activities
- Attended the QAC, Inquiry and Ethics committee meetings
- Ongoing discussions with Board Chair and Vice Chair re: actioning board direction from February
- CPRC and NAPRA meetings in Ottawa
- Regular update meetings with the ADM, Pharmaceutical Services Division
- Vacation.....

2) Location and dates of Board Meetings [**DECISION**]

It has been suggested that consideration be given to holding Board meetings outside of the lower mainland, to make them accessible to observers outside of the Vancouver area, and to facilitate stakeholder networking sessions. A hosted reception on the evening before the Board meeting may be considered, where local stakeholders could be invited. This could compliment the road show that currently engages the pharmacists and technicians. It would be an opportunity to engage local leaders on changes in the pharmacy profession and issues facing the College.

Recognizing the additional staff and facility expenses associated with such a meeting, it is suggested that only one meeting be held outside of Vancouver. Potential locations for consideration could include Kelowna, Prince George, Victoria and Nanaimo.



BOARD MEETING April 19, 2013

RECOMMENDATION/BOARD MOTION:

That staff plan for the June or September Board meeting be held in (location), with a reception for local leaders to be held in conjunction.

3) Posting of Board package (decision)

Board meetings are open to the public. Currently, agendas for the meetings and the minutes are available for viewing via the College website after the meeting. It is proposed that all non-confidential meeting material be posted onto the College website prior to the meeting.

RECOMMENDATION/BOARD MOTION:

That the Board meeting material be posted onto the College website prior to each Board meeting.

Oregon Board of Pharmacy

April 19, 2013

- Oregon Pharmacist Survey
- Drug Outlet Conduct Rules

Gary Schnabel, RPh, RN
Executive Director
800 NE Oregon Street
Portland, OR 97232



Pharmacist Survey

- Historical reports by pharmacists while investigating error complaints
- Noticed increasing in frequency in recent years.
- “Work load”, “training”, “staffing”, “coupons”, “distractions”, “quotas”



Methods

- A survey using “survey monkey” was created to gather essential and specific information about pharmacists’ perception of the workplace conditions that affected patient safety.



Methods

- The survey was emailed to 4813 Oregon licensed pharmacists in July 2011. The email explained the purpose of the survey and invited voluntary participation.



Methods

- The survey consisted of 6 “level of agreement” questions about factors affecting safe and effective patient care, 7 demographic and professional setting questions, and one open-ended question soliciting additional comments.



Methods

- Participants were assured that their responses would be anonymous, and considered in aggregate.



Methods

- A reminder email was sent one week after the initial solicitation. The survey closed two weeks after it was initiated.



Analysis

- 1401 Responded to the Survey
- 500 Provided Written Comments
- Categories for Analysis
 - Demographics
 - Opinions
 - Written Comments



Analysis

Two categories for analysis

- Data Points (Quantitative)
- Comments (Qualitative)



What Now?

- *Staff Analysis*
- *Internal Report*
- *Distribution*
- *Rules*
- *Public Health Analysis*
- *Publish*



Administrative Rules

Grounds for Discipline:

“The State Board of Pharmacy may impose one or more of the following penalties which includes: suspend, revoke, or restrict the license of an outlet or may impose a civil penalty upon the outlet upon the following grounds:”



Administrative Rules

1. Unprofessional Conduct as defined in OAR 855-006-0005



Administrative Rules

2. Advertising or Soliciting:

- That is false, fraudulent, deceptive or misleading
- Makes any claim regarding a professional service or product or price which cannot be substantiated.



Administrative Rules

3. Failure to Provide a work environment that protects the health safety and welfare of a patient which includes but is not limited to:



Work Environment

a. Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with reasonable competency and safety



Work Environment

b. Appropriate opportunities for uninterrupted rest periods and meal breaks

c. Adequate time for a pharmacist to complete professional duties and responsibilities including but not limited to:



Work Environment

A. Drug Utilization Review

B. Immunization

C. Counseling

D. Verification of accuracy of the Rx

E. all other duties and responsibilities of a pharmacist as specified in Division 19 of this chapter of rules.



External Factors

4. Introducing external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate professional services to the public.



Prescription Transfer Coupon

5. Incenting or inducing the transfer of a prescription absent professional rationale.



Oregon Board of Pharmacy

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5.0 Presentations

INFORMATION ONLY:

or

DECISION REQUIRED:

5.3 Ethics Advisory Committee Update Presentation by Chair Paul Cheng

At the June 2012 Board meeting, a Board member raised a question regarding why the CPBC *Conflict of Interest Standards* – Standard 2(e) was so restrictive. As a result the Board requested that the Ethics Advisory Committee review this standard and provide advice to the Board.

Current Standard 2(e):

- 2(e) *Registrants must not dispense prescriptions for themselves or to their family members except:*
 - i. *in an emergency situation, or*
 - ii. *when another registrant is not readily available.*

The Committee has now completed its review and the Committee Chair, Paul Cheng, will present the findings of the Committee and the rationale for the recommendation noted below at the April 2013 Board meeting.

The Committee also took the opportunity to review its Terms of Reference and is recommending one small change to the document, see enclosure, highlighted section.

Recommendation:

The Committee recommends that the CPBC *Conflict of Interest Standards* – Standard 2(e) be revised as noted below:

- e) *Registrants should not dispense prescriptions to their family members except;*
 - i. *in an emergency situation,*
 - ii. *when another registrant is not readily available, or*
 - iii. *when in their professional judgment it is in the best interest of the patient, and it is properly documented*

- f) *Registrants should not dispense prescriptions to themselves except;*
 - i. *in an emergency situation, or*
 - ii. *when another registrant is not readily available*



BOARD MEETING April 19, 2013

RECOMMENDATION/BOARD MOTION:

That the College of Pharmacists Board

- a) Approve changes to the CPBC Conflict of Interest Standards – Standard 2 (e) as recommended by the Ethics Advisory Committee.
- b) Approve changes to the Ethics Advisory Committee Terms of Reference as presented.

**Note – the Conflict of Interest Standards are included in Schedule A to the HPA Bylaws and therefore require Bylaw change once approved by the board in concept. If the Board approves the changes at the April Board meeting, the changes will be incorporated into the scheduled Bylaw changes for approval at the September 2013 Board meeting.*



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Advanced Practice Pharmacist Task Group

Program Recommendations

April 19, 2013

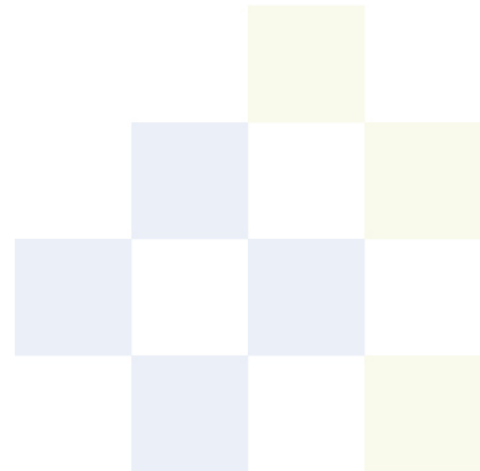


Advanced Practice Pharmacist

January 2010 – Initial presentation to the Board by
Robin Ensom

It was moved, seconded that:

The Board directs the Registrar to develop a feasibility study regarding this initiative and report back to the Board at the June 2010 meeting



Advanced Practice Pharmacist

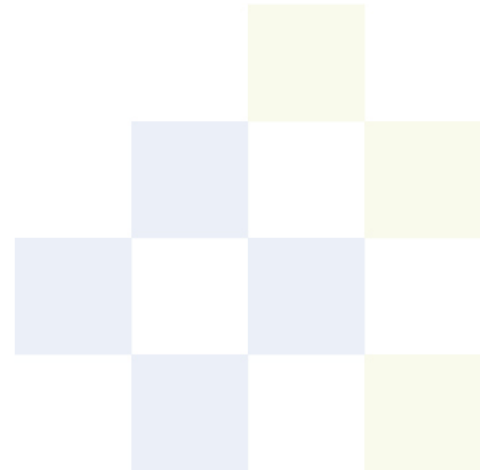
February 2011 – Feasibility study delivered

It was moved, seconded that:

The Board accepts the Feasibility Study as presented and its recommendation that it becomes the basis for further development of a business case regarding the Advanced Practice Pharmacist role in BC.



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA



Advanced Practice Pharmacist

September 2012- Business case delivered

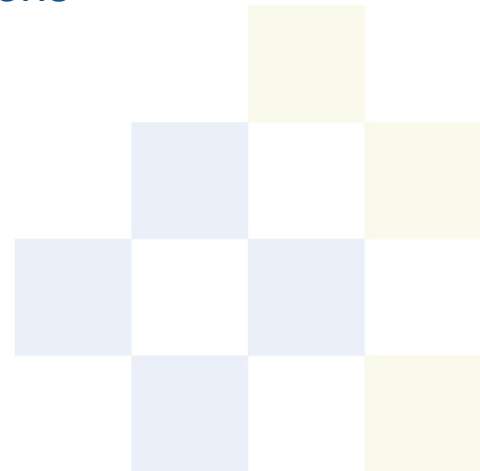
It was moved, seconded that:

The Board supports the continued development of the Advanced Practice Pharmacists (APP) based on the Business Case Analysis as presented.

April 2013 – Final Report of Program Recommendations delivered



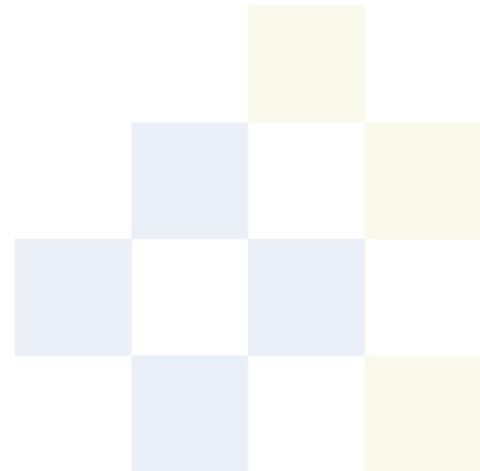
COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA



Advanced Practice Pharmacist Task Group – Program Recommendations

John Shaske – owner/pharmacist
Howe Sound Pharmacy

Steve Shalansky – Clinical Coordinator
Pharmacy Department, Providence Healthcare
Lower Mainland Pharmacy Services



APP Task Group Membership

Steve Shalansky, Providence Health Care – Co-chair

John Shaske, Howe Sound Pharmacy – Co-chair

Shirin Abadi, BC Cancer Agency

Marylene Kyriazis, Consulting Pharmacist

David Forbes, Vancouver Island Health Authority

Richard Bachand, Vancouver Island Health Authority

Greg Shepherd, Pharmasave

Jordan Stewart, UBC Pharmacy Undergraduate

Kris Gustavson, Public Board Member

Melissa Patton, UBC Pharmacy Undergraduate

Shakeel Bhatti, Consulting Pharmacist

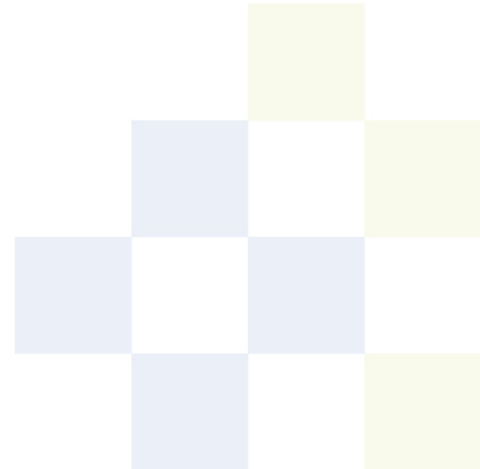
Wynnie Lau, UBC PharmD candidate





Key Messages

1. Modeled on Alberta's Additional Prescribing Authorization Program.
2. Requires amendment Health Professions Act (HPA)
3. Will qualify practicing community and hospital pharmacists for additional prescribing authorization in BC.



Prescribing Activities



- Treat medical conditions, health promotion or illness prevention.
- Document patient assessment, treatment, and monitoring
- Use professional judgment to notify the patient's health care providers and public health officials (e.g. vaccinations).
- Use professional judgment to determine requirement for external consultations prior to prescribing.
- Refer patients to other health care providers as appropriate.



Prescribing Schedule 1 Drugs

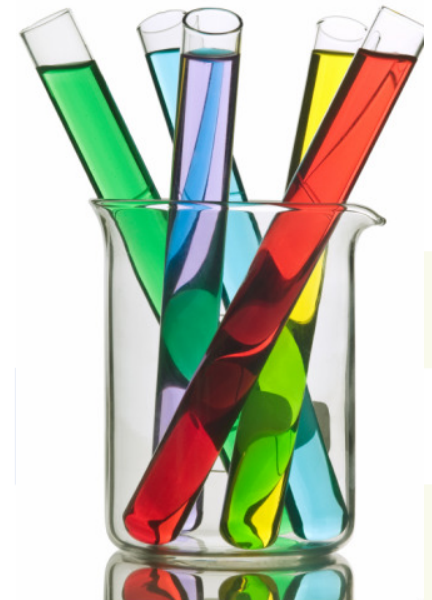


- Expected to limit prescribing to situations where they have an adequate understanding of:
 - the patient
 - the condition being treated
 - the drug being prescribed
- Not authorized to prescribe;
 - Narcotics
 - Benzodiazepines
 - Anabolic steroids
 - Other drugs regulated by the *Controlled Drug and Substances Act*.



Order and Interpret Lab Tests

- Authorized to order, receive and interpret lab results when necessary for medication monitoring
- Items yet to be Addressed by APP Task Force:
 - Definition of the type of diagnostic / monitoring tests that an APP may order
 - Access to existing test results for all pharmacists



Proposed Definitions



Collaborative Practice Relationship

- A collaborative relationship means a relationship between two or more regulated health professionals that is developed to:
 - Facilitate communication,
 - Determine mutual goals of therapy that are acceptable to the patient,
 - Share relevant health information, and
 - Establish the expectations of each regulated health professional when working with a mutual patient.



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA



Proposed Eligibility Criteria

Full pharmacists registered with the CPBC would be qualified to apply for APP status after meeting the following criteria:

- In good standing as a full pharmacist with the CPBC.
- Have at least two years full-time experience (or equivalent) in providing comprehensive pharmaceutical care.
- Recent relevant education / training for area of practice.
- Have developed collaborative relationships with at least two or more regulated health professionals of which at least one must be a non-pharmacist with prescribing authority.



Proposed Application Tools

1. Self-Assessment Form

- To develop a plan to address identified weaknesses prior to applying for APP authorization.

2. Application Form and Guide

3. Key Activities and Indicators

- The framework by which pharmacists' ability to prescribe is assessed.

4. Case Narratives

- To help assessors evaluate pharmacist decisions and rationale.

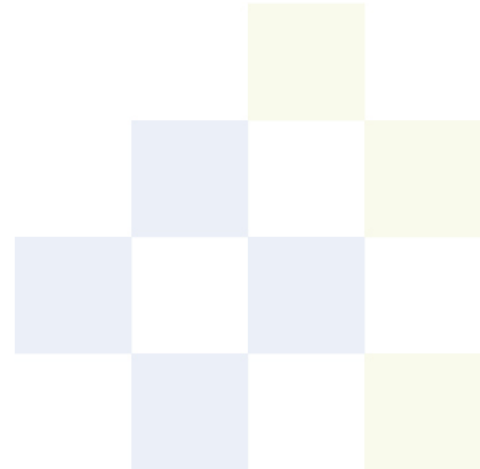
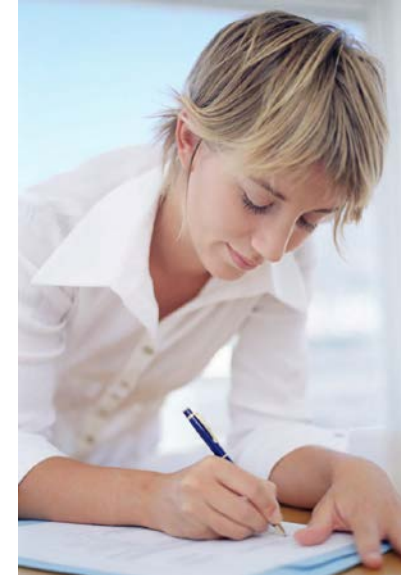
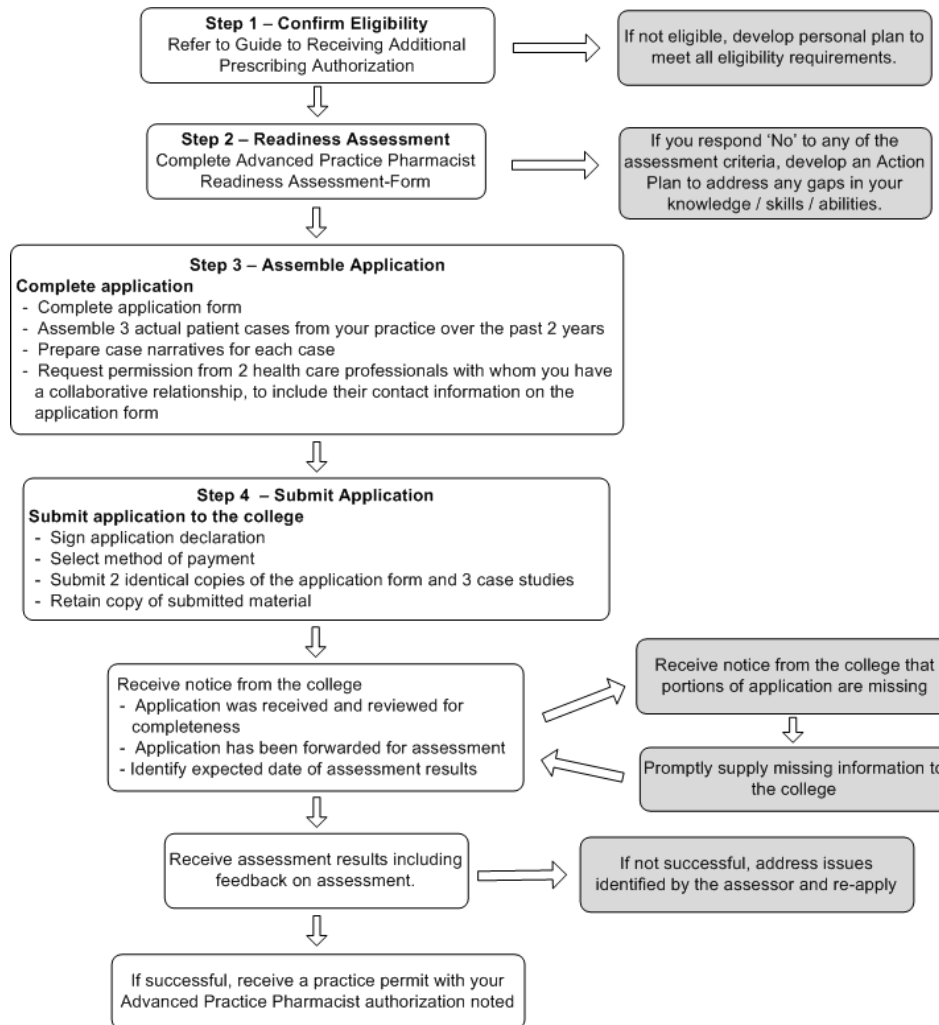
5. Case Checklist

- Help applicants determine if cases contain complete information for assessors.

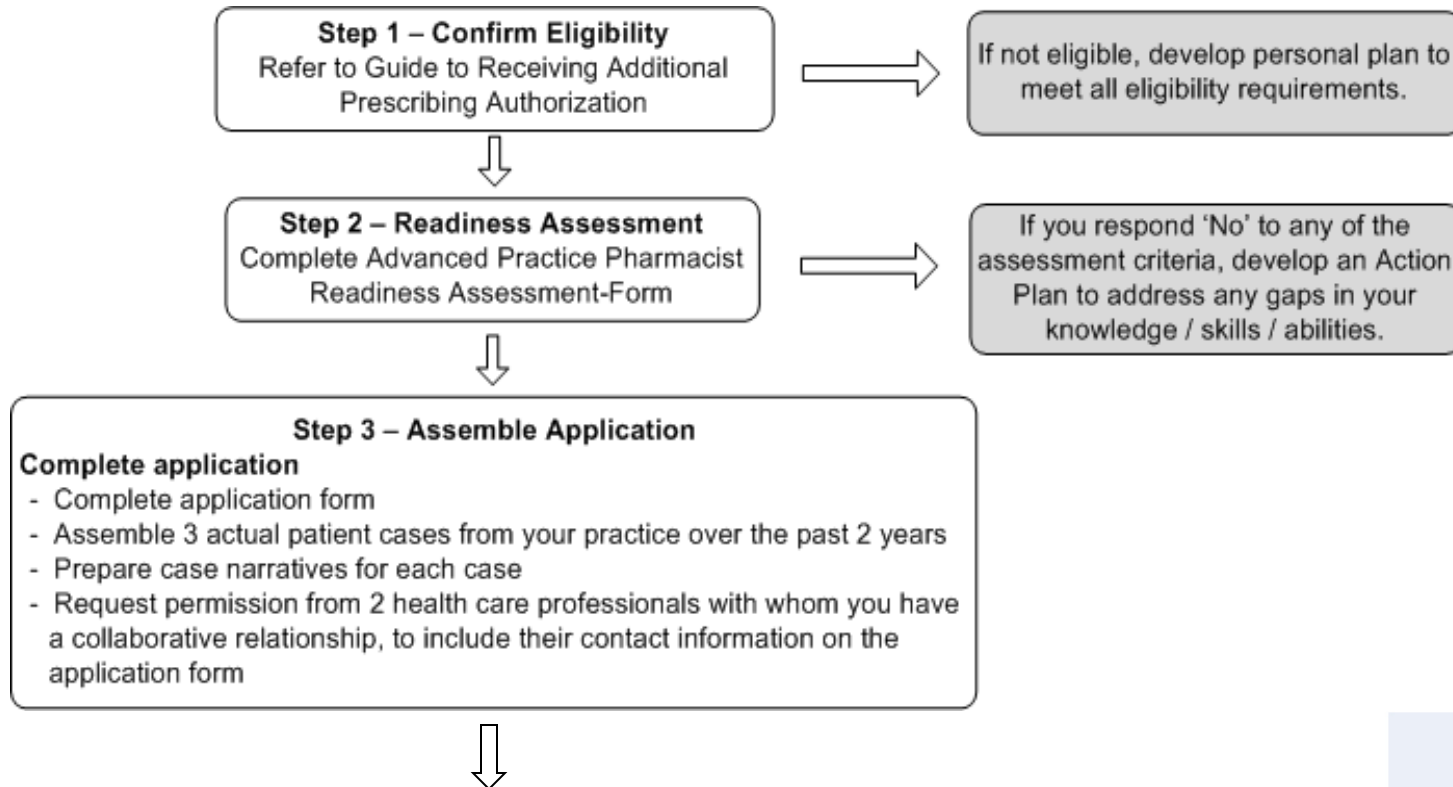
6. Frequently Asked Questions



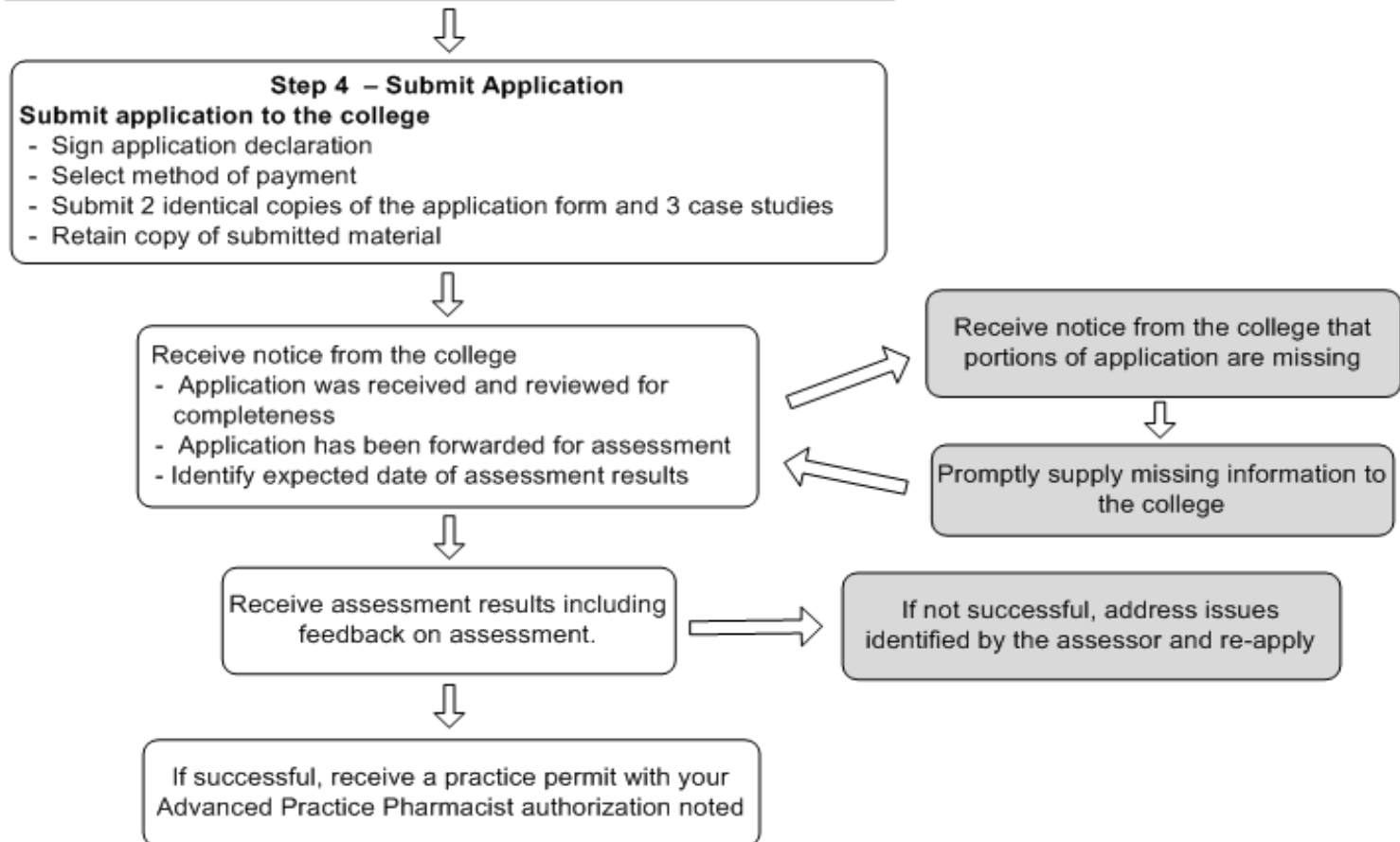
Proposed Application Process



Proposed Application Process



Proposed Application Process



Key Activities

ACTIVITY A: Form and Maintain Professional Relationship with Patient

ACTIVITY B: Patient Assessment

ACTIVITY C: Develop Care Plan and Follow-up

ACTIVITY D: Collaboration

ACTIVITY E: Documentation

ACTIVITY F: Judgment



Key Activities and Indicators *(sample)*

ACTIVITY D: Collaboration

Indicators:

- Identify other health professionals who are providing care to the patient.
- obtain relevant health information from other health professionals with the aim of determining mutual goals of therapy.
- communicate to the health professionals whose care of the patient may be affected by the decisions.
- appropriately involve other health professionals in the care of the patient.





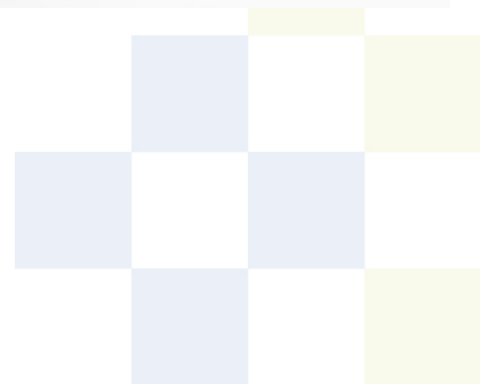
Program Promotion / Marketing

1. Strategically focus on high priority components of the program
 - E.g. ordering of lab tests.
2. Communicate to all stakeholders with clear delineation between prescription adaptation and additional prescribing authorization.
3. Identify societal needs met with case examples that demonstrate benefit to patients.
 - E.g. from Alberta
4. Align with MOH service plan.

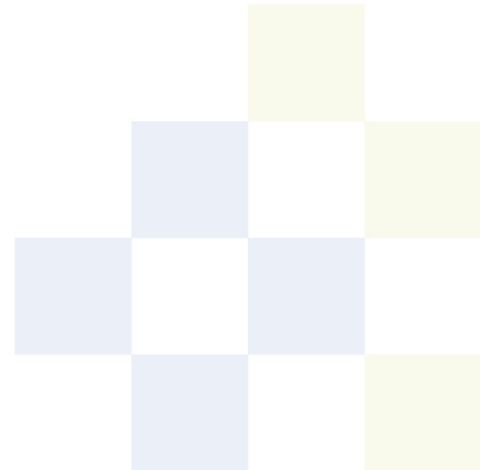


Other Considerations

1. Recognition by MSP, PharmaCare and other healthcare professions
2. Pre-registration
3. UBC Curriculum
4. Patient Perspective
5. Patient Assessment
6. Potential Inter-professional Conflicts
7. Initial Assessors
8. Applicant Interviews
9. APP Re-Assessment
10. Adequate Reimbursement
11. Stakeholder Engagement and Support
12. Legislative changes



Questions



Motions

Board Motion:

That the Board approves the APP Task Group Program Recommendations Report in principle as submitted.

Board Motion:

That the Board directs the APP Task Group to undertake a stakeholder engagement process based on the APP Task Group Program Recommendations Report.





7.0 Board Governance & Development - Continued

INFORMATION ONLY:

or

DECISION REQUIRED:

7.1 New Board Evaluation Group Update

The Board Evaluation Group: - Kris Gustavson, Anar Dossa, Bal Dhillon (Bob Nakagawa, staff resource)

Following best practice literature, examples and the direction that other Colleges have, or are taking, the task group has set out to draft a board self-assessment that will augment the current meeting evaluation.

The task group felt that it is important to have input, to evaluate ourselves and to take efforts and outcomes to a higher level. While we all know that measurement is not a solution (it is a tool) – this is intended to help us assess for potential improvements. The task group used the Model for Improvement – as an introduction to the board self-assessment draft.

Model for Improvement





BOARD MEETING April 19, 2013

Aim: Complete board self-evaluation in order to:

- Reflect on individual and shared responsibilities.
- Identify different perceptions and opinions among board members.
- Point to questions that need attention.
- Use the results as a springboard for board improvement.
- Increase the level of board teamwork.
- Clarify mutual board/staff expectations.
- Demonstrate accountability as an important organizational value.
- Display credibility to internal and external audiences.

Plan: Based on the results of the evaluation, consider what can be done to improve.

Measures: “How will we know that the change is an improvement?”

Measure annually over time (longitudinally) to see trends and opportunities

The task group has met once and worked hard via e-mail to initiate a draft survey tool. The draft is not complete yet. It will be important to align this Board Self Evaluation task group’s efforts with those of the Board Reference Manual and Registrar Evaluation – so it will be timely to bring a draft survey to the Board for the next Board meeting in June that will incorporate the learning from those efforts.