

# Alberta Health Services

2020-22 Health Plan and  
2021-22 Business Plan



Alberta Health Services (AHS)

2020-22 Health Plan and 2021-22 Business Plan

Prepared by AHS Planning & Performance

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Message from the Board Chair and President & Chief Executive Officer

# Let's Build a Healthier Future Together

Alberta Health Services (AHS) is embarking on a new Health Plan and Business Plan at a time of continuing, unprecedented change in Alberta. AHS was concluding work on our previous health plan in March 2020 when the novel coronavirus (COVID-19) pandemic arrived in Alberta, presenting unparalleled challenges for health systems around the world, including our own. Our organization's provincewide integration, along with our experience managing large-scale emergencies (such as H1N1, flooding and wildfires) and the strong external partnerships we have developed, is helping Alberta respond quickly and effectively to Canada's most significant public health crisis in more than a century.

At the time of the 2020-22 Health Plan and the 2021-22 Business Plan's release, AHS continues to respond to the ongoing COVID-19 pandemic. Even in the face of uncertainty and evolving conditions, AHS is supporting Alberta Health in building a more sustainable, accessible health system that makes efficient use of public dollars while delivering high-quality care to the province's 4.4 million residents. This Health Plan and Business Plan include a retrospective look at AHS' COVID-19 response to date, and details a strategy to return to and surpass pre-COVID-19 service levels and improve performance in areas that matter most to Albertans.

The COVID-19 pandemic has highlighted the benefits of the integration work outlined in previous health plans. Our teams have continued to work collaboratively even when



AHS Board Chair David Weyant, Q.C.



AHS President & CEO Dr. Verna Yiu

physically apart. Albertans have shared their appreciation for front-line healthcare providers during the pandemic — and rightfully so. They are heroes. Healthcare providers in our hospitals and continuing care facilities have shown courage and compassion during difficult moments of the pandemic, such as the implementation of visitation restrictions needed to protect patients, residents, clients and staff during the pandemic.

AHS teams that usually do their work behind the scenes have also inspired us. Other critical services supporting the pandemic include: Alberta Precision Laboratories; Public Health; Seniors Health; Health Link; Facilities Management; Contracting, Procurement and Supply Management; Data & Analytics; Information Technology; and, of course, our Medical Officers of Health.

While we continue to dedicate time and resources to the COVID-19 response, AHS is completing other important work. AHS is working closely with Alberta Health to pursue a healthier Alberta while finding the most cost-effective way to deliver quality care. This collaboration

includes the implementation of government-accepted recommendations from the AHS Performance Review, the successful launch of Connect Care Wave 2 in the Edmonton area in late 2020, and Wave 3 in the North Zone in April 2021. We have also invested in diagnostic imaging services and will implement an aggressive three-year CT/MRI action plan to reduce wait times and ensure that Albertans have more timely access to these services. Similarly, we have focused efforts on surgical recovery planning to accelerate activity and improve wait times for surgeries.

AHS was recognized for the fourth consecutive year as one of Canada's Top 100 Employers, Canada's Top Employers for Young People and Alberta's Top Employers. AHS was also recognized as one of Canada's Best Diversity Employers for the third consecutive year. These awards are made possible by the tremendous dedication, collaboration, and efforts of our staff.

As part of our continued response to the pandemic, by year-end 2020-21, AHS made an additional 2,250 acute care beds available to manage the surge in demand on our hospitals caused by COVID-19. However, at the first peak in demand in early May 2020, AHS had fewer than 100 patients in hospital with COVID-19, which was lower than even our best-case modelling projections and better than many jurisdictions — the culmination of AHS' efforts and the sacrifices made by Albertans.

Albertans want and expect a value-based healthcare delivery system that focuses on four main areas: accessible, timely, high-quality care with a personalized experience; the best possible physical, mental, social and spiritual health; a valued, engaged and dedicated workforce; and a healthcare delivery system that operates at the highest level of efficiency. AHS believes value in healthcare will be achieved by focusing on all of these areas simultaneously.

This Health Plan and Business Plan expands our efforts to keep Albertans out of the hospital when it is safe to do so, freeing hospital beds for those who need them most. We will help people stay healthy and independent in their homes and communities because we know this leads to better health outcomes, improves quality of life and reduces pressure on the healthcare delivery system.

Just as physicians, staff and volunteers were included during the AHS Performance Review process, our people will continue to be included in the implementation of the recommendations and the redesign of the ways in which we deliver care. We will continue to engage with communities and stakeholders, including our Indigenous partners, patient and family advisors, community organizations and academic institutions.

This Health Plan represents a one-year forward-looking strategic health plan (2021-22) as well as a one-year retrospective look (2020-21). As in previous years, the Business Plan is a one-year (2021-22) forward-looking document. In the upcoming year, some of the areas that will need particular focus will include recruitment and retention in rural areas, current challenges related to financial risks and priority investments, lessons learned from the COVID-19 pandemic as well as AHS recovery and advancement on the backlog of service volumes and wait times. The development of these strategies with Alberta Health will allow AHS to develop a more robust and inclusive three-year plan for 2022-25.

The 2020-22 Health Plan and the 2021-22 Business Plan outline how AHS aims to modernize healthcare delivery, improve efficiency and enhance sustainability. This Health Plan and the Business Plan detail how AHS will follow the direction of Alberta Health, supporting patients and their families and putting them at the centre of all we do.

[Original signed by]

**David Weyant, Q.C.**  
Chair, Alberta Health Services Board

[Original signed by]

**Dr. Verna Yiu**  
President & Chief Executive Officer,  
Alberta Health Services

Our Direction

# AHS' 10-Year Vision

AHS will support a more integrated healthcare delivery system that maintains high standards of quality and safety for Albertans

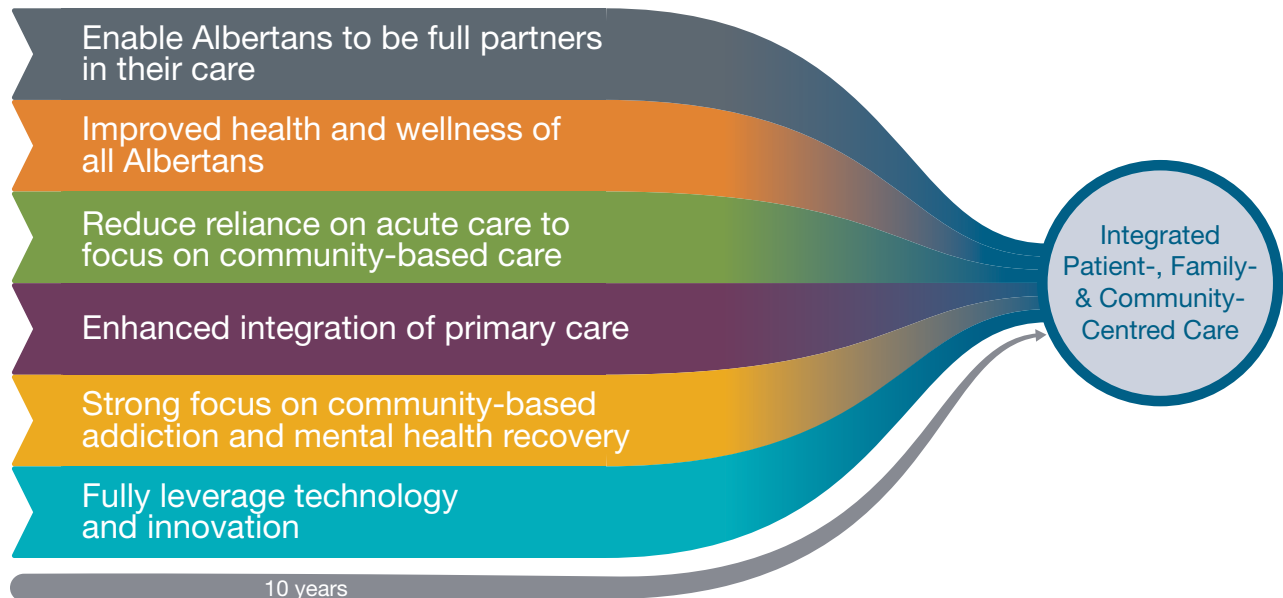
Since its inception in 2009, AHS has evolved significantly as part of an integrated provincial health system. This has been achieved by advancing healthcare access and accelerating patient care improvements, preventing disease and promoting health, streamlining governance and accountability, driving standardization through provincially delivered programs, strengthening organizational leadership and culture, consolidating functions to achieve savings, and launching the largest provincewide clinical information system in Canada.

As a part of the broader healthcare system in Alberta, AHS has seen considerable success as a provincially integrated healthcare delivery system during the COVID-19 pandemic and know we can implement solutions to achieve the goals proposed in this plan by implementing system-wide solutions. Like other high-performing health systems, our focus remains on access and quality; propelling us toward greater efficiency, value and integration. This will help us support the evolution of Alberta's healthcare delivery system to a modern, agile and patient- and family-centred one capable of navigating future challenges.

Over the next 10 years, AHS will focus on wellness, as well as on community-based care that will reduce the reliance on hospital and other facility-based care (e.g., long-term care, supportive designated living, etc.). AHS has adopted a patient- and family-centred model of care in which Albertans are empowered to be full partners in all health decisions by having access to their own health information and multidisciplinary teams in their community, and in which virtual access to specialists becomes routine.

This direction is fully aligned to government priorities and Alberta Health's policy direction. AHS, as Alberta's regional health authority, plays a significant role in direct service delivery as well as a critical role in partnering with other providers including physicians in community, allied health professionals, pharmacies, local governments and Indigenous communities.

Expanding on this philosophy is a critical component of AHS' 10-year vision. We aim to support a more integrated healthcare delivery system that provides high-quality and safe local services that meet the needs



of patients, families and communities. We have and will continue to increase access through virtual technology, where appropriate, to best meet the needs of Albertans, wherever they live in the province, and do so safely and closer to home. This includes strong and accountable healthcare supports that go beyond physical and mental health, as well as enhancements to recovery-oriented addiction and mental health treatment options.

To achieve AHS' vision, we will need clear lines of accountability, the ability to influence and support the integration of primary care into the full continuum of support that Albertans deserve, and the ability to oversee and ensure the safety and quality of the services that are delivered through partnerships and contracts. The latter will be supported by actively partnering with independent health providers through procurement processes.

AHS will work with Alberta Health, communities and our partners to fully enable the organization to shift financial and workforce investments to areas that will optimize and integrate healthcare delivery services in Alberta and improve health outcomes for all.

Change will be deliberate and focused, and will align to a holistic, values-based approach that ensures all dimensions of quality — acceptability, accessibility, appropriateness, efficiency, effectiveness, safety and equity — are considered when measuring success. This means AHS will aim to achieve optimal efficiency, maintain the highest standards of quality and safety, and ensure patients, clients and Albertans receive care in a respectful and timely manner.

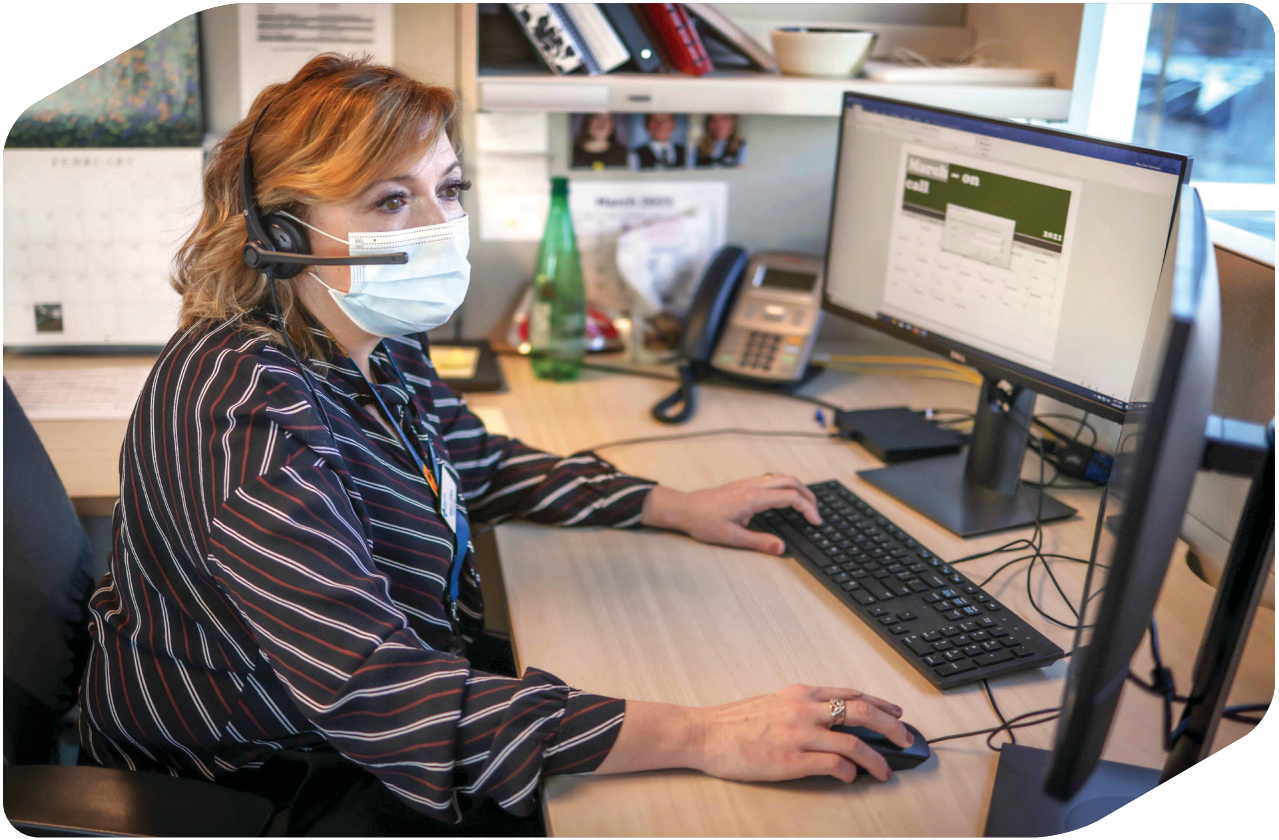
As part of the Government of Alberta's mandate, the implementation of the initiatives described in the AHS Performance Review Implementation Plan and recommendations included in the Blue Ribbon Panel on Alberta's Finances report will be key enablers to achieving AHS' 10-year vision. The efficiencies and cost savings gained through these initiatives, and those that

will continue to be identified, will create a solid foundation for this vision.

This work will not be easy to implement, requiring changes for AHS administrators, front-line staff, hospitals, physicians, patients and clients, communities and Albertans. AHS will work with Alberta Health and our partners to act on, and to fully implement, a majority of these initiatives.

Alberta, along with the rest of the world, is dealing with dual crises: the COVID-19 pandemic and its economic fallout. With crisis comes opportunity. The public is being asked to help limit the spread of the virus and keep each other safe — and most are doing just that. This is a unique opportunity to further empower Albertans as full partners in care. AHS expects baby boomers will demand and drive change in long-term care and supportive living models, which will present opportunities to leverage home care services as opposed to traditional institutionalized models of care. AHS also expects an increase in demand and a drive for more virtual care options, and will be looking for different types of relationships with care providers than previous generations. Now is the time to fully leverage opportunities to expand virtual care as well as to modernize primary and community care options that will support Albertans today and into the future.

The Government of Alberta's priorities, AHS' 10-year vision, and our experience with COVID-19 will all converge to formulate our core objectives over the next few years. Our objectives are not distinct from one another, but are highly interdependent contributions to our 10-year vision. Some of these objectives are transformational (e.g., Objective 3 - Leverage technology and innovation to improve patient- and family-centred care) while others will be more evolutionary and may require course correction and refinement as we work continuously to achieve a more integrated healthcare delivery system in Alberta.



Mary Ellen Hartmann, a registered nurse with Health Link, serves as a clinical manager with the COVID-19 response team, which deals with people's questions about the COVID-19 virus. Photo by Leah Hennel.



The Health Plan and Business Plan includes eight objectives that are balanced across all four quadrants of the Quadruple Aim. These objectives are aligned to government priorities and initiatives approved for implementation from the AHS Performance Review (represented in objectives 3, 4, 7 and 8). These objectives also link to AHS' 10-year vision as represented below. Each of these objectives include key performance measures which were identified as being indicators of successful achievement of each objective. The measures align to the Ministry of Health 2021-24 Business Plan, key measures articulated in the Blue Ribbon Panel on Alberta's Finances report, and are linked to improvements considered to be fully within AHS' span of control. Most measures also have benchmarks for comparison to other jurisdictions across Canada.

Health Plan Objective	AHS' 10-Year Vision					
	Enable Albertans to be full partners in their care	Improved health & wellness of all Albertans	Reduce reliance on acute care to focus on community-based care	Enhanced integration of primary care	Strong focus on community-based addiction and mental health recovery	Fully leverage technology and innovation
1. Expand community-based and home care options in the most appropriate setting.	✓		✓			
2. Improve sustainability and integration of AMH in communities and across the service continuum.					✓	
3. Leverage technology and innovation to improve patient- and family-centred care.	✓					✓
4. Implement the Alberta Surgical Initiative and reduce CT and MRI wait times.		✓				
5. Focus on health promotion through increased prevention of disease and injury.	✓	✓				
6. Improve health outcomes and access to safe, high-quality services for Albertans living in smaller communities.	✓		✓	✓		
7. Continue to implement <i>Our People Strategy</i> .		✓				
8. Support financial sustainability through cost-saving initiatives and reduced expenditures.			✓			✓

Our Direction

# Governance & Accountability

The AHS 2020-22 Health Plan and the 2021-22 Business Plan meet government accountability requirements and provide direction to the organization

AHS is one of three entities within the Ministry of Health, delivering a broad range of health care on behalf of the Government of Alberta, in accordance with the mandate set by government.

The AHS Board is responsible for the governance of AHS to ensure all Albertans have access to high-quality health services across the province. The Board is accountable to the Minister of Health and acts pursuant to the *Regional Health Authorities Act*. AHS' Health Plan and Business Plan reflects direction from Alberta Health and is aligned to the Government of Alberta's priorities in the Ministry of Health 2021-24 Business Plan, the Blue Ribbon Panel on Alberta's Finances report released in 2019 and the AHS Performance Review released in February 2020.

The 2020-22 Health Plan describes, at a strategic level, the actions AHS will take in carrying out its legislated responsibilities with a focus on the delivery of quality health services. The 2021-22 Business Plan describes how financial and other resources will be used to achieve success within one year. The AHS Health Plan and Business Plan

is a legislated public accountability document that is submitted to the Minister of Health for approval.

The first year of the Health Plan is a retrospective look at AHS' COVID-19 response. Learning from this experience, we have set a strategy to both recover to pre-pandemic service levels, as well as enhance performance over and above pre-pandemic levels. AHS will measure performance and produce reports regularly. These reports are accountability mechanisms that will show progress and results achieved in each objective area.

Enhancing healthcare delivery system performance will require that AHS measures performance and produces reports regularly. These reports serve as accountability mechanisms that ensure transparency with Alberta Health and to the public regarding AHS' financial and overall performance, results achieved, and progress made.

*The following graphic summarizes the Health Plan and Business Plan cycle – and outlines how it cascades to the organization for implementation and then is submitted to the Minister to meet accountability reporting requirements.*



The AHS Health Plan and Business Plan aligns to the requirements set out by the Government of Alberta under Section 5 of the *Regional Health Authorities Act*:

- Promote and protect the health of the population in Alberta and work towards the prevention of disease and injury.
- Assess on an ongoing basis the health needs of Alberta.
- Determine priorities in the provision of health services in Alberta and allocate resources accordingly.
- Ensure reasonable access to quality health services is provided in and through Alberta.
- Promote the provision of health services in a manner responsive to the needs of individuals and communities, and supports the integration of services and facilities in Alberta.

## Our Organization

# Who We Are

AHS is part of Canada’s first and largest provincewide integrated healthcare delivery system, responsible for delivering health services to more than 4.4 million Albertans

### Partners and Workforce

AHS has more than 108,600 direct AHS employees (excluding Covenant Health) and more than 12,500 staff working in wholly-owned subsidiaries, such as Carewest, CapitalCare Group and Alberta Precision Laboratories.

AHS is supported by more than 10,900 physicians practising in Alberta, approximately 9,000 of whom are members of the AHS medical staff (including active, temporary and community appointments). Students from Alberta’s universities and colleges, as well as from educational institutions outside of Alberta, receive clinical education in AHS facilities and community locations.

Volunteers are a central part of building environments that support patient- and family-centred care. AHS has more than 12,000 volunteers who contributed approximately 330,000 volunteer hours over the past year to help keep Albertans safe and healthy.

### Programs and Services

Programs and services are offered at more than 900 facilities throughout the province. These sites include hospitals, continuing care facilities (including long-term care, designated supportive living, community palliative and hospice, and contracted care sites),

cancer centres, addiction and mental health facilities, and community ambulatory care centres.

An increasing number of programs and services are now being offered virtually — a trend that started pre-pandemic but one that has been accelerated as AHS seeks to continue supporting patients, clients and families while adhering to physical-distancing guidelines. Addiction and mental health treatment and counselling, chronic disease management and palliative care support are areas in which care delivered virtually has maintained or improved patient outcomes, patient experiences and value for money.

### Geographic Zones

AHS is organized into five geographic zones: South, Calgary, Central, Edmonton and North. Our structure enables local decision-making and enables us to listen and respond to local concerns and questions from communities, staff members, patients and clients.

Provincewide services — such as ambulance services, population and public health, Health Link, Indigenous health, cancer care, diagnostic imaging and Strategic Clinical Networks™ (SCNs) — work together with the zones to deliver care.

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## AHS Vision Statement

Healthy Albertans.  
Healthy Communities.  
**Together.**

## AHS Mission

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

## AHS Values



compassion accountability  
respect excellence safety

Our Alberta

# AHS' Focus in 2020-21

The strength of AHS' response to the COVID-19 pandemic is grounded in our ability to work with our partners as one cohesive, integrated healthcare delivery system

## Timeline on AHS' Response to COVID-19

### EARLY PLANNING & ACTIONS

- AHS activates pandemic plans and establishes the Provincial Emergency Command Centre.
- The first case of COVID-19 is identified in Alberta on March 5; testing begins at the first two assessment centres in Calgary and Edmonton.
- AHS Contracting, Procurement & Supply Management (CPSM) secures personal protective equipment (PPE) for front-line staff and community providers.
- AHS' online self-assessment tool goes live and is shared with other provinces and countries.
- Health Link increases capacity to manage influx of COVID-related calls, and receives a record 12,000 calls on March 19.

### SUMMER 2020

- More than 70 drive-through and drop-in assessment centres are in operation.
- Family visitation guidelines and tools are developed and shared with continuing care sites.
- The first temporary Pandemic Response Unit is opened at the Peter Lougheed Centre in Calgary.

### WINTER 2021

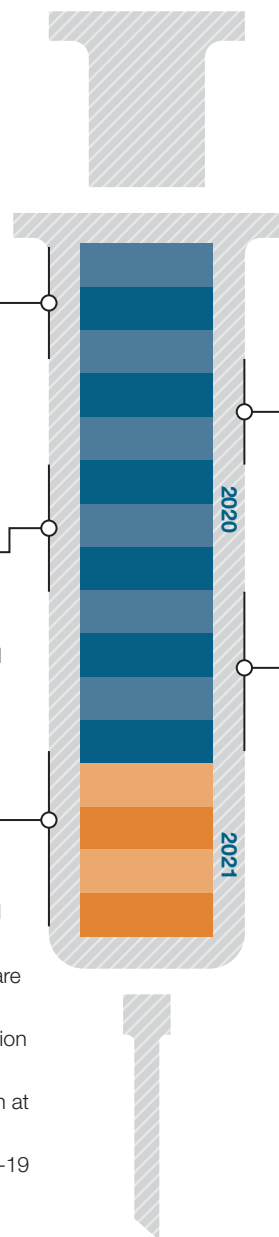
- COVID-19 vaccinations are administered to eligible frontline healthcare workers, continuing care staff and residents, First Nations and Métis people aged 35 and older, and Albertans over age 75.
- Online booking tool is launched for eligible healthcare workers to schedule COVID-19 immunizations.
- Rapid and large-scale expansion of case investigation and contact tracing staff and capacity.
- A Pandemic Response Unit is opened in Edmonton at the Universiade Pavilion (Butterdome).
- AHS planned capacity for 2,250 acute care COVID-19 beds and 425 intensive care COVID-19 beds.
- Temporary satellite COVID-19 immunization clinics are established for emergency department physicians and staff.

### SPRING 2020

- Alberta Precision Laboratories (APL) increases testing capacity from 35 tests per day to an average of 15,000 tests per day.
- Text4Hope and other mental health resources are introduced to help Albertans deal with COVID-19-related stressors and anxiety.
- Indigenous communities are supported with culturally appropriate/translated materials, supply and distribution of PPE, and access to testing.
- Virtual care technologies for at-home patient care are expanded to include virtual hospitals in Calgary and Edmonton.
- COVID-19 tests are made available to populations vulnerable to poor outcomes.
- Plans are developed to increase acute care, intensive care and continuing care bed capacity due to rising COVID-19 cases.

### FALL 2020

- Health Link receives its one millionth call since the start of the pandemic.
- AHS partners with Togetherall to provide Albertans with free, peer-to-peer online mental health services.
- APL introduces a clinical pilot for Rapid Point of Care testing.
- Plans for immunization roll-out are developed.
- Freezers are secured by CPSM for transportation and storage of COVID-19 vaccine.
- The first Albertans (healthcare workers) receive the COVID-19 vaccine on December 15th.



The COVID-19 pandemic has been the single greatest threat to the health of Albertans and to our healthcare delivery system since the Spanish influenza of 1918-19 that was responsible for 20 to 40 million deaths globally. Efforts in 2020-21 have been primarily focused on responding quickly and efficiently to the many challenges of managing a pandemic. Over the next few years, the COVID-19 pandemic will continue to have significant implications for AHS and will require the organization to find innovative ways to deliver care and services that enable improved patient outcomes, experiences and value for money while ensuring Albertans receive safe, quality care.

Health Link, the provincewide 24/7 telephone information and advice service, expanded its services to better support Albertans. From the time the pandemic was declared in mid-March 2020 up to March 31, 2021, Health Link received over 3.1 million calls – an average of more than 7,800 calls per day compared to approximately 2,000 calls pre-pandemic. The Health Link team also established the physician support line, the 844 Coordinated Early Identification and Response Line, negative test result notification, and collaborated in the implementation of the Rehabilitation Advice Line and the expansion of the Addiction and Mental Health Helplines.

Approximately one week after the first confirmed case of COVID-19 in Alberta, AHS launched Canada's first online assessment tool for COVID-19. Since April 2020,

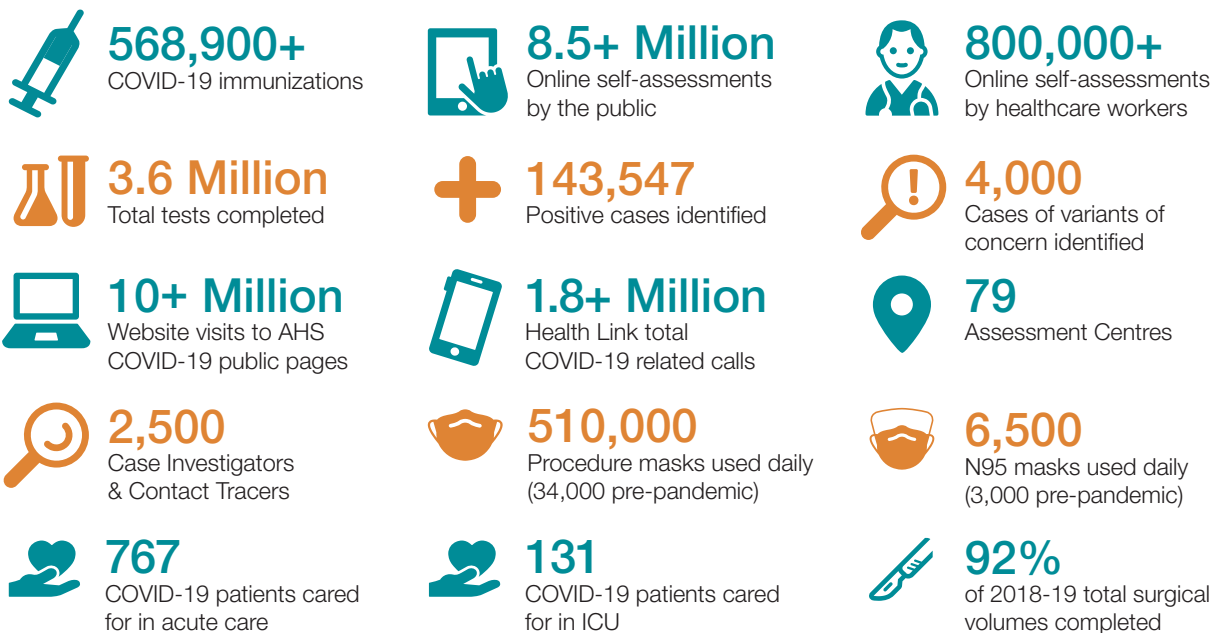
Albertans have also been able to use the tool to book a COVID-19 test in their community. This has provided our public health teams with greater capacity to focus on monitoring outbreaks and providing education to reduce community and facility transmission.

By year-end 2020-21, AHS had approximately 2,500 contact tracers and case investigators who reached out to Albertans within 24 hours of receiving confirmation of a positive COVID-19 test result. With the implementation of innovative quality improvement projects, we now have the capacity to contact trace about 2,000 cases per day.

AHS' Contracting, Procurement and Supply Management team established procurement and supply chain processes to secure large quantities of personal protective equipment (PPE) to help manage the demand and flow to front-line staff, as well as to community providers and sites. This supply included gloves, masks, isolation gowns, N95 respirators, goggles and face shields.

Many programs and services previously delivered in-person were moved to an online format. AHS will continue to focus on strategies that enhance access to appropriate care for those patients unable to travel or situations that preclude in-person encounters. Leveraging technologies and expanding virtual care options, such as the Virtual Hospital in Edmonton and the Complex Care Hub and Hospital at Home in Calgary, has enabled us to maintain continuity of care in a safe manner for both patients and healthcare providers.

## AHS Response to COVID-19 by the Numbers (as of March 31, 2021)



AHS made interpretation and translation services available across the province via telephone and video. In addition, a significant milestone was achieved as AHS provided over two million minutes of telephone and video interpretation services in 2020-21 due to the in-person restrictions imposed by COVID-19.

Protecting high-risk populations such as residents and staff at continuing care facilities, remains a priority for AHS. In collaboration with continuing care operators, AHS has provided guidance on recognizing symptoms, proper use of PPE, maintaining physical distancing and the importance of daily site cleaning. AHS also implemented restrictions for family visitations.

To further protect the mental health of Albertans, AHS worked with academic institutions and community agencies to offer information and supports, such as Togetherall and Text4Hope. Resources to address stress and anxiety, and to support psychological safety, mental health and wellness were developed for AHS staff.

In partnership with Indigenous communities and organizations, an Indigenous Task Force was established to support COVID-19 response efforts in these communities. This included the development and distribution of culturally-appropriate and translated materials, assistance with supply and distribution of PPE, and access to testing throughout the pandemic.

Working with community and government agencies, AHS has provided COVID-19 tests for populations vulnerable to poor outcomes, including individuals experiencing homelessness and those with physical and developmental disabilities.

In Wave 1 of the pandemic, AHS planned surge capacity for 2,250 acute care COVID-19 patients and 425 intensive care unit (ICU) COVID-19 patients. At the height of Wave 2, 767 acute care beds and 151 ICU beds were utilized by COVID-19 patients. At the time of this report, AHS was responding to Wave 3 of the pandemic.

As COVID-19 cases rose, AHS increased acute care and intensive care unit capacity for patients with COVID-19. AHS collaborated with industry, post-secondary and foundation partners to create temporary Pandemic Response Units (PRUs) in Calgary and Edmonton to meet the increasing demand. PRUs allow lower-acuity patients to be treated in spaces separate from those with COVID-19, thereby limiting the potential for transmission. Plans for additional PRUs in existing acute care sites are underway in Calgary and Edmonton.

AHS worked with Alberta Health, continuing care operators and other partners to open continuing care beds to transition patients who no longer require acute care services into the community, thereby creating additional acute care space for patients with COVID-19. These efforts saw AHS expedite access to workforce supply pools, increase hours for trained part-time and casual staff and redeploy trained staff to other areas.

COVID-19 immunization is an important part of our overall approach to protect the health of Albertans. Since Alberta's COVID-19 Immunization Program launched in December 2020, and with limited vaccine available to offer immunizations to everyone at the same time, Alberta Health established a phased approach aligned with anticipated vaccine supply.

## AHS' 2020-21 Achievements

While AHS dedicated time and resources to the COVID-19 response, we remain committed to ensuring we meet our other healthcare delivery system priorities. The following are a few examples of additional work completed across AHS in 2020-21.

- Moved forward on several initiatives identified in the AHS Performance Review, such as the implementation of a staff scheduling system, consolidation of purchasing hubs and consolidation of Emergency Medical Services dispatch centres.
- Launched Wave 2 of Connect Care in the Edmonton area in October 2020, and continued to support Waves 1 and 2 sites to ensure efficient operation of those sites and programs.
- Opened four new continuing care facilities in the Calgary and North Zones, and nearly 200 net new continuing care beds across Alberta.
- Developed the Surgical Recovery Plan to support the Alberta Surgical Initiative (ASI) strategies aimed at reducing surgical wait times. Total surgical volumes for 2020-21 reached 92% of the 2018-19 total.
- Continued to develop innovative programs, training supports and resources that focus on the diverse needs of our workforce, patients and families, such as the *Standing Together Against Racism* Resource Guide.



Intensive care unit registered nurse Kristen Davis is the first in Grande Prairie to receive the COVID-19 vaccine on December 23, 2020. Photo taken by AHS staff.

The decisions made regarding the COVID-19 vaccine roll-out take into account groups that have been particularly hard hit by the pandemic. As of March 31, 2021, more than 500,000 Albertans have been immunized by AHS and local pharmacies. AHS will continue to work closely with Alberta Health to ensure all Albertans who wish to receive the COVID-19 vaccine can do so.

Over the past year, the COVID-19 pandemic played a significant role in how healthcare programs and services were delivered to Albertans. The impact of the pandemic was seen in a number of areas including surgery volumes and wait times, emergency department (ED) visits and wait times, continuing care placement and Health Link call volumes. For instance, when compared with previous years, wait times for some surgeries increased and surgery volumes decreased. These fluctuations were primarily due to a pause in scheduled surgeries at the outset of the pandemic to keep patients and staff safe, and limit the spread of COVID-19 in acute care facilities. Through the Surgical Recovery Plan and focus on Alberta Surgical Initiative (ASI) strategies, AHS is aiming to increase the scheduled surgical volume and decrease wait times to the pre-pandemic levels targeted in the ASI.

In addition, ED wait times at the busiest sites improved compared to previous years. Similarly, the number of visits to EDs and urgent care sites over the past year decreased. These reductions could also suggest that

fewer people require emergency care due to decreased movement and interaction as a result of public health measures, or that some Albertans are waiting longer to seek care for medical emergencies, which might lead to worsened health outcomes. AHS is carefully monitoring the impact the COVID-19 pandemic is having on its EDs to ensure that patients are seeking care in a timely and appropriate manner.

For the past few years, AHS' commitment to providing care for Albertans in the most appropriate setting has included an expansion of continuing care options and capacity, where possible. However, the COVID-19 pandemic necessitated a shift in these efforts in order to limit the spread of the virus in congregate living areas. The outbreaks at various continuing care facilities resulted in restrictions on new admissions and a subsequent decrease from previous years in the number of clients placed in continuing care from acute, sub-acute and community settings. AHS continues to review and update continuing care admission protocols to ensure the safety of all residents and staff.

The pandemic will continue to test our provincewide integration. The emergence of variants are also impacting our approach and capacity. AHS is dedicated to moving forward on its priorities wherever possible while endeavouring to support the fight against the COVID-19 pandemic.

Our Alberta

# Meeting the Needs of Albertans

As Alberta’s population grows and changes, we will adapt to different ways of delivering health programs and services to Albertans in the upcoming years

### Growing & Aging Population

Alberta’s population is expected to reach 6.1 million by 2046 – an increase of about 1.8 million people from 2017. Albertans are also expected to live longer in the coming years. Life expectancy for women is predicted to be 87.1 years by 2046, and 83.6 years for men. By 2029, 17 per cent of Albertans will be over the age of 65.

### Indigenous Communities

First Nations, Métis and Inuit communities comprise an estimated 300,000 Indigenous people living in Alberta. While acknowledging Indigenous Peoples’ strengths and resilience for health and well-being, AHS also recognizes the structural conditions that have contributed to reduced life expectancy, and higher rates of infant mortality, diabetes and suicide compared to non-Indigenous populations.

Through relationship building and learning, AHS strives to support innovative, community-based services that are responsive to community needs and aspirations, and that deliver culturally-safe care.

### Geographical Shift

Recent population predictions indicate Albertans will become more concentrated in larger urban centres, especially along the Edmonton/Calgary corridor. By 2046, four out of every five Albertans are expected to live in this region. Higher concentrations of Albertans living in urban centres will significantly change the mix of health services needed in urban and rural settings.

With the onset of the COVID-19 pandemic, the continued need for virtual health services has become particularly important, not only to meet the needs of those in remote communities but also to support Albertans who prefer and are able to obtain the services they need without face-to-face encounters with their healthcare provider.

### Diverse Community Needs

Alberta has urban centres, smaller communities and remote locations. Certain geographical areas within our province are home to unique populations and health needs that require tailored approaches to healthcare delivery.

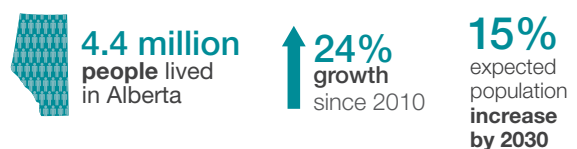
Populations that are vulnerable to poor health outcomes include those who may be frail, elderly, experiencing homelessness, low-income, or those in the correctional system. These vulnerable populations require a different mix of services, including a growing need for mental health supports, housing and community outreach. They are also at higher risk for severe illness from COVID-19.

AHS also recognizes the importance of diversity and inclusion of the LGBTQ2S+ community, which has historically been underserved in the healthcare delivery system.

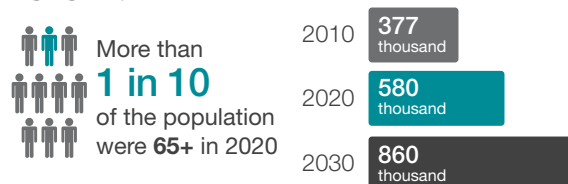
When it comes to serving diverse populations, engagement and inclusivity are critical to gaining an understanding that will improve the healthcare delivery system and result in better health and wellness for Albertans.

The graphic below demonstrates some of the ways Alberta’s population is growing and changing.

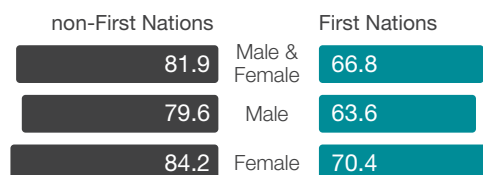
#### Demographic 2020



#### Aging Population



#### Life Expectancy 2020 (age in years)



Source: Alberta Health Interactive Health Data Application (IHDA) as of August 2021



Our Alberta

# Leading in Health

Alberta is a national leader in many areas of healthcare delivery, according to the Canadian Institute for Health Information (CIHI)

The following indicators were developed by CIHI to measure the health of Canadians and health system performance in Canada. These indicators help inform AHS and Albertans on how we perform nationally. At the time of this report, CIHI postponed some data releases due to the COVID-19 pandemic. As a result, the most recent wait time data is from July 2020.



Sources: CIHI Your Health System: In Depth Website, May 2021 update. CIHI Wait Times in Canada, July 2020 update. CIHI Cardiac Care Quality Indicators, August 2020 update.

## Our Future

# Achieving a High-Value Health Delivery System

AHS aims to improve access to services and provide the highest quality of care

### AHS Direction

Prior to the development of AHS' 2020-22 Health Plan and the 2021-22 Business Plan, the Government of Alberta conducted external performance reviews that provided recommendations and opportunities to consider when working toward a higher value healthcare delivery system.

The AHS Health Plan and Business Plan is guided by direction from Alberta Health and is aligned to the Government of Alberta's priorities in the Ministry of Health 2021-24 Business Plan, the Blue Ribbon Panel on Alberta's Finances report and the AHS Performance Review. AHS will focus on recovering to pre-pandemic service levels, improving performance over and above pre-pandemic levels and addressing other emerging priorities.

### AHS Performance Review

The AHS Performance Review contains recommendations and savings opportunities to improve the quality and long-term sustainability of health services. In October 2020, the provincial government directed AHS to proceed with a portion of the actions from the Implementation Plan, as the healthcare delivery system focused on its response to the COVID-19 pandemic. These approved initiatives are posted on the Alberta Health website, and align to Objectives 3, 4, 7 and 8 in the following pages.

### Quadruple Aim

This Health Plan and Business Plan is organized under AHS' four strategic goals, based on the Quadruple Aim approach, which supports AHS to be an innovative, high-performing, learning and value-based healthcare delivery organization. This means that we not only focus on the return on investment, but we also consider the health needs of individuals and communities.

- Goal 1** Improve the Experiences of Patients and Families
- Goal 2** Improve Patient and Population Health Outcomes
- Goal 3** Improve the Experience and Safety of Our People
- Goal 4** Improve Financial Health and Value for Money

First established in 2016, AHS' four goals remain relevant and support the organization's commitment to achieving its vision, mission and values. AHS believes value in healthcare will be achieved by focusing on each of these areas.

Each goal includes objectives, with corresponding initiatives that articulate how AHS will achieve success and performance measures to describe our level of success.

### Excellence in Outcomes

Healthcare delivery systems can't improve what they don't measure. In order to fully implement the Quadruple Aim framework, AHS will continue to expand its measurement and advanced analytics functions, and apply them to all four dimensions of the Quadruple Aim. A high-value healthcare delivery system is one that continuously focuses on all of these factors simultaneously; that is, it includes not only the financial definition of value (e.g., return on investment) but also societal definitions of value (e.g., accessibility and the needs of individuals within their communities). AHS believes value in healthcare requires us to better measure and address all of these areas. By doing so, we will effect meaningful and positive change in service delivery, improve the quality of care for all Albertans, and achieve excellence in clinical care outcomes.

## Measuring Success

Measuring performance helps AHS identify the progress made between current and targeted performance. It also plays a key role in signaling where adjustments need to be made in order for the organization to meet its goals.

AHS has identified 17 performance measures to monitor progress on objectives. Measures are from the Ministry of Health 2021-24 Business Plan as well as the Blue Ribbon Panel on Alberta's Finances report. One measure includes a numerical target; the remaining indicators will not have a target but will be measured based on improvement.

There are also a number of measures that AHS continues to monitor to help inform other areas of the healthcare delivery system that are not captured in the Health Plan and Business Plan but are familiar and of interest to Albertans. These measures include a broad range of indicators that span the continuum of care. AHS uses these measures to help support priority-setting and local decision-making.

Through this new plan, AHS has an opportunity to continue to learn and evolve as an organization, and find ways to better serve patients and their families while maintaining the highest standards of quality and safety.

Efficient, high-performance healthcare organizations deliver excellent care. The dedication and skill of AHS staff, physicians and volunteers will help make this possible, as the organization moves forward in making the healthcare delivery system better, more flexible and more sustainable.

The following section outlines each goal with its related objectives and supporting initiatives, as well as actions AHS is undertaking to achieve these goals. Alignment to performance measures and indicators are also provided to enable us to evaluate progress. This will take us closer to achieving our 10-year vision.



Licensed practical nurse, Josee Verscheure, with a patient at Consort Hospital and Care Centre. Photo was taken pre-pandemic by Leah Hennel.

## Our Strategy

# Goal 1: Improve the Experiences of Patients and Families

AHS aims to improve the experiences of patients and families by providing appropriate care within a coordinated, team-based approach

**Objective 1:** Expand community-based and home care options in the most appropriate setting.

To provide excellent healthcare experiences and to meet the needs of Alberta's growing and aging population, AHS is aiming to provide patients and families with care where they wish it most: in their homes and communities. AHS is expanding continuing care options, increasing continuing care capacity and standardizing and enhancing home care to ensure clients are cared for in the most appropriate settings.

One of the ways AHS is working in partnership with patients and their families as they aim to be healthy, well and independent in their homes and communities is by enhancing care in the community. Our zones are working collaboratively with clinical and support areas, such as emergency medical services, primary care, home care, seniors care, mental health, public health and others to improve community-based care and services and reduce overreliance on acute care services. We are also collaborating with the volunteer sector, municipalities, businesses and various government ministries in this endeavour. AHS is working collectively toward broad system integration to ensure that Albertans experience care that is well coordinated and continuous.

COVID-19 has impacted how care is provided. Using lessons learned through the COVID-19 reviews, continuing care services will continue to evolve to support patients and families in the continuing care sector.

**AHS will:**

- Continue to enhance community-based care so that care is provided at home or in the community whenever possible.
- Work with independent providers to develop long-term care and supportive living spaces in the community.
- Increase capacity for home care supports in communities across Alberta.
- Working with Alberta Health and the Health Quality Council of Alberta, strengthen the patient complaints process to ensure it is fair, responsive and accessible.

**Objective 2:** Improve sustainability and integration of addiction and mental health care in communities and across the service continuum.

Addiction and mental health (AMH) conditions involve a complex interplay of genetics, personality, childhood experiences, trauma and social determinants of health. These factors result in a diverse range of needs that require comprehensive, culturally appropriate, accessible, well-coordinated and integrated services within AHS and across partner organizations and ministries. Shifting care from acute settings to the community will relieve pressures on emergency, crisis and inpatient services and deliver care in a more appropriate setting. Providing care closer to home will result in improved client experiences, enhanced continuity of care and better treatment outcomes for Albertans. This shift hinges on the enhancement of AMH service capacity to ensure resources are available to support clients in their home communities.

Recent events, such as the COVID-19 pandemic and the concurrent economic downturn, will have immediate and long-term effects on many Albertans. To prepare for the increased demand for essential AMH supports and services, AHS is working with partners to address the needs of affected populations and communities, and lessen the broader psychosocial impact on Albertans. Advancing the use of virtual care technology, specifically for vulnerable, rural and remote populations, will be an important element of this work.

**AHS will:**

- Enhance access to AMH services to provide a range of appropriate supports to all Albertans regardless of where they live in the province.
- Work collaboratively with patients and partner organizations to offer community-based programs, services and supports in response to the opioid crisis and other emerging needs.
- Increase and evaluate the use of virtual care technology to support AMH care, specifically for vulnerable, rural and remote populations.
- Provide psychosocial supports (e.g., Psychological First Aid) to respond to the impact of COVID-19 on Albertans.
- Support the government's commitment to establish more addiction treatment spaces in Edmonton, Calgary and Lloydminster.

### Objective 3: Leverage technology and innovation to improve patient- and family-centred care.

AHS is committed to ensuring patients and families have stronger voices, and are fully informed and involved in decisions about their healthcare.

With financial support from the Government of Alberta, AHS has invested in a provincial clinical information system called Connect Care. Connect Care empowers Albertans to be at the centre of their healthcare team by providing access to personal health information for services received from AHS, improving communication with care teams, standardizing care, and improving outcomes across all areas of care delivery within AHS. With the onset of the COVID-19 pandemic, preparations for launching future waves of Connect Care were put on hold. Connect Care teams were refocused to support AHS in its pandemic response by enhancing systems to better support patient care and safety. AHS has resumed Connect Care planning and implementation with Wave 3 in the North Zone and Wave 4 at multiple sites in the Edmonton and Calgary Zones.

Being active participants in their own care helps Albertans better manage their personal wellness. Technology, such as virtual care, provides an additional avenue to strengthen communication between patients, families and healthcare providers. Positive patient experiences are often a result of such interactions and are directly linked to better health outcomes, including lower readmission rates and proactive health management.

Now more than ever, AHS has an opportunity to be an innovative leader in advancing the application of virtual technologies to support patient care delivery on a large-scale provincial level. The COVID-19 pandemic reaffirmed the importance of learning rapidly to deliver the best, most appropriate care that is personalized for each patient. New

knowledge is constantly being created across all domains of healthcare. By integrating innovation into the delivery of care, our staff can apply health research breakthroughs and knowledge to the point where they generate tangible, real-world clinical value to Albertans.

Since the onset of COVID-19, AHS has expanded access to healthcare services through the addition of virtual tools to better meet the care needs of patients. Virtual healthcare is also a key recommendation in the AHS Performance Review. AHS supports virtual care encounters with patients when clinically appropriate and for whom a virtual visit can effectively and safely replace an inpatient or ambulatory care visit when their family physician/nurse practitioner is not the most appropriate care provider. These visits may include patients who are in self-isolation, unable to attend an AHS facility, require routine follow-up that does not require in-person care, and who are located in smaller communities and remote areas. Leveraging virtual health technologies will further help us align with many of the priorities outlined in this plan.

#### AHS will:

- Implement Connect Care to provide a single AHS health record for care provided by AHS and AHS-affiliated healthcare providers.
- Continue to focus on a patient-focused virtual care strategy that identifies patient needs and clinical priorities at its centre.
- Expand virtual care initiatives and strategies, such as virtual hospitals, ambulatory/community virtual visits, Rehabilitation Advice Line and MyAHS Connect.
- Improve access to information, medical record stewardship, and the education and empowerment of Albertans by supporting Alberta Health in enhancing and expanding Alberta Netcare and MyHealth Records.

### Measuring Our Progress: Improve the Experiences of Patients and Families

Performance Measure/Indicator	2016-17	2017-18	2018-19	2019-20	2020-21	Desired Trend
Percentage placed in continuing care within 30 days	56.1%	51.8%	57.9%	60.0%	61.3%	↑
Alternate level of care days	15.4%	17.5%	16.5%	15.4%	15.2%	↓
Unplanned mental health readmissions	9.8%	9.6%	10.7%	10.7%	11.9% (Q3YTD)	↓
Patient satisfaction with hospital experience (respondents who rate their hospital experience as 9 or 10 out of 10)	64.7%	64.2%	65.5%	66.3%	67.2% (Q3YTD)	↑
MyAHS Connect Portal users				9,461 users	38,017 users	↑

## Our Strategy

# Goal 2: Improve Patient and Population Health Outcomes

AHS engages with patients, families and healthcare providers to create a coordinated approach for patients to better manage factors that affect their health

**Objective 4:** Implement the Alberta Surgical Initiative and reduce CT and MRI wait times.

### Alberta Surgical Initiative

Alberta faces ongoing challenges with increasing surgery wait times. To address these wait times, AHS and Alberta Health have partnered to develop the Alberta Surgical Initiative (ASI) which includes the following five strategies:

1. Improve the delivery of specialist advice to primary care providers before consultation;
2. Improve surgical consultations including referral and triage;
3. Improve the provision of surgery;
4. Improve care coordination and development of surgical pathways; and,
5. Develop strategies and recommendations to support long-term service viability.

ASI will manage capacity and improve the patient's journey to receiving surgery. It reflects input from patient advisors, operational leaders, physicians, surgical teams, quality improvement programs and primary care partners. ASI is a priority commitment of the Government of Alberta.

The unexpected global COVID-19 pandemic has affected surgical demand, activity and wait times. To support health system capacity requirements due to the impact of the pandemic, AHS postponed all non-urgent, scheduled surgeries and reduced surgical activity to increase availability of beds in advance of a potential surge in patients infected with COVID-19. As a result, approximately 25,000 surgeries were postponed between March and May 2020. Postponed activities resumed in May 2020 when case numbers decreased.

In 2020-21, to address surgical backlogs created by the pandemic, AHS partnered with Alberta Health to implement the Surgery Recovery Plan and Surgical Mitigation Strategies.

The staged COVID-19 Surgery Recovery Plan targeted recovery from surgical slowdowns in spring 2020 to pre-pandemic wait list levels.

To reduce the impact of subsequent, recurrent surgical slowdowns and ensure that as many surgeries as possible continue to be available for Albertans, Surgical Mitigation Strategies were introduced by the Government of Alberta and AHS in December 2020. The strategies include increasing volumes and expanding scope within chartered surgical facilities as well as expanded surgical capacity within AHS where possible.

### Diagnostic Imaging

As Alberta's population continues to grow and age, we are seeing an increasing pressure on diagnostic imaging services. These services are critical steps for access to a number of services, including surgical, chronic disease management and trauma-related interventions. In conjunction with Alberta Health, AHS has developed the CT/MRI Implementation Plan to reduce wait times by increasing access, managing demand, and decreasing costs to ensure a sustainable future in diagnostic imaging.

It is anticipated that recovery to pre-pandemic levels will continue through 2021-22.

#### AHS will:

- Continue to progress the COVID-19 Surgery Recovery Plan, which includes a focus on returning to the pre-pandemic surgical state.
- Implement strategies to mitigate surgical delays.
- Continue to advance the ASI by managing capacity and optimizing processes.
- Maximize surgical volumes in chartered surgical facilities to provide additional capacity and cost-effective solutions to increase volumes while maintaining quality.
- Proceed with the CT/MRI Implementation Plan to reduce CT and MRI wait times.

**Objective 5:** Focus on health promotion through increased prevention of disease and injury.

The strength of our COVID-19 response has been grounded in our ability to work as one cohesive, integrated provincial team.

With direction from our provincial Population and Public Health team, physicians and staff continue to work tirelessly to help contain the spread of the virus by focusing on community education, testing, contact tracing and outbreak preparedness and management, treating those who require care, and supporting colleagues and co-workers through trying times.

AHS will continue to actively manage the COVID-19 pandemic and take required precautions to reduce the spread of COVID-19 within Alberta, while aggressively responding to outbreaks and the associated challenges. Working with the provincial government, we will continue to roll-out the COVID-19 vaccine with an initial focus on immunizing high-risk populations.

AHS will partner with Alberta Health, patients, families and communities to improve the health of the population by preventing disease, illness and injury; managing chronic diseases; improving access to cancer screening, detection and follow-up; protecting populations from health risks; and promoting healthy public policies, environments and behaviours. This includes continuing our efforts to support increased childhood immunization and influenza immunization rates.

**AHS will:**

- Proactively manage the pandemic and help reduce the spread of COVID-19, including the roll-out of the COVID-19 vaccine.
- Promote initiatives to increase childhood immunization and influenza immunization rates.
- Implement strategies to return to cancer screening and diagnostic follow-up at pre-pandemic levels, with a focus on timely access through optimized triage processes.
- In partnership with MyHealth Alberta, sustain the investment to enhance a web-based platform for provincewide primary and secondary prevention programs.
- Reduce preventable harm through various initiatives such as the *Patient Safety Plan*, antimicrobial stewardship program, equipment cleaning program, hand hygiene practices and outbreak management.
- Focus on injury prevention and continue to work on primary health care initiatives aimed at reducing onset and managing chronic diseases and conditions.
- Continue to work with Alberta Health and Primary Care Networks on chronic disease management recommendations made by the Office of the Auditor General.
- Continue to partner with primary health care to develop Zone Primary Care Network Health Service Plans.
- Work with our partners towards health equity for Indigenous Peoples and communities, including creating opportunities for co-developed community-based prevention and promotion initiatives.
- Promote initiatives aimed at decreasing rates of syphilis and other sexually transmitted infections.



Registered nurse Abida Rehman gives 80-year old Ligaya Rudio a COVID-19 vaccine at Clifton Manor in Calgary on January 26, 2021. Photo taken by Leah Hennel.

**Objective 6:** Improve health outcomes and access to safe, high-quality services for Albertans living in smaller communities, including Indigenous communities.

AHS is committed to providing quality healthcare to all Albertans, regardless of where they live. We want to efficiently and effectively deliver health services that respond to the current and future needs of Albertans living in smaller communities. These are unique communities with diverse cultural, economic and geographic characteristics.

Working jointly with Alberta Health and healthcare providers, we will commit to AHS' 10-year vision of creating a more integrated healthcare delivery system by providing high-quality and safe local services that meet the needs of patients, families and communities. It will be important to establish strong primary and secondary prevention programs, improve transitions of care for patients returning to their home communities, develop innovative service delivery models of care that improve quality and safety, and implement a comprehensive approach to identify variation in health outcomes across communities.

Many smaller communities, including First Nations reserves and Métis Settlements, require service options that better meet their needs and provide care in a safe and effective manner.

This work will require partnerships with patients, families and communities; innovation; leveraging new service models (e.g., virtual care); stronger alignment between primary and specialty care services; and facilitating appropriate access to acute and emergency care services.

**AHS will:**

- Work with Alberta Health to better meet the health needs of smaller communities, including First Nations and Métis Settlements. This includes the development of a workforce and physician recruitment and retention strategy.
- Work with Alberta Health to continue to test and refine our service planning approach with several communities across Alberta. This approach will include developing communication and engagement strategies, identifying opportunities for local decision-making and reviewing expenditures and investments across communities to support government equity policy decisions.
- Work with Alberta Health and Primary Care Networks to develop and test models of care within primary health care to support chronic disease prevention and management.

**Measuring Our Progress: Improve Patient and Population Health Outcomes**

Performance Measure/Indicator	2016–17	2017–18	2018–19	2019-20	2020-21	Desired Trend	
Percentage of scheduled surgeries performed within CIHI benchmark	Hip:	80.2%	70.5%	68.5%	65.5%	51.6%	↑
	Knee:	75.2%	64.6%	65.0%	61.5%	43.3%	↑
	Cataract:	56.8%	53.3%	48.2%	45.1%	44.5%	↑
Total Alberta residents who received a COVID-19 vaccination (at least the first dose)					568,947	↑	
Hand hygiene compliance rate	82%	85%	87%	88%	92%	↑	
Ambulatory care sensitive conditions hospitalization rate (per 100,000 population)	329	320	311	303	227	↓	



Our Strategy

# Goal 3: Improve the Experience and Safety of our People

AHS promotes work environments that support physical health and mental well-being for its staff and volunteers

**Objective 7:** Continue to implement *Our People Strategy*.

Launched in 2016, *Our People Strategy* is one of AHS' foundational strategies. It guides our efforts to sustain safe, high-quality healthcare services while enhancing patient care and the experience of our people. Our People refers to the employees, physicians, midwives and volunteers at AHS.

Through the dedication, collaboration and hard work of our staff, AHS was recognized for the fourth consecutive year as one of Canada's Top 100 Employers, Canada's Top Employers for Young People and Alberta's Top Employers. In addition, AHS was recognized as one of Canada's Best Diversity Employers for the third consecutive year.

Grounded in our values, our strategy guides us to support our people, particularly during these unprecedented times. AHS continues to listen and respond to the diverse voices across our province. We continue to simplify and streamline processes as well as develop innovative programs, training opportunities and resources for our people — including the technology, tools and research they need to do their best work.

We want to anticipate future workforce and workplace needs; ensure optimal staff mix and levels as identified in the AHS Performance Review; and take action to attract, develop and retain appropriately qualified and experienced staff. AHS will build upon the knowledge and skills of staff to better meet the unique needs of Indigenous Peoples living in Alberta.

Patient and staff safety remains a top priority. AHS has taken many steps to support the physical, psychological and social well-being of staff in the workplace. We strive to ensure our staff have the supports and resources they need to feel safe and healthy. We offer a range of services and resources to help AHS staff navigate through work, health and life challenges. We also want to offer training that provides our people with the tools to work with Albertans as partners in their care.

We stay committed to improving our ability to provide high-quality, safe patient care and better health outcomes for Albertans by enabling our people to act on what matters to patients and families.

**AHS will:**

- Focus on enhancing the experience of our people.
- Continue our commitment to diversity, inclusion, cultural competency and sensitivity.
- Increase psychological safety and mental health and wellness supports to help build a resilient workforce that delivers safe and effective patient care.
- Take actions to reduce musculoskeletal injuries, especially those related to moving patients and workplace violence.
- Build Indigenous workforce representation and supports while reducing employment barriers.
- Optimize staffing models including staff mix, scheduling and rotation optimization, overtime management, constant care and staffing levels in both nursing and clinical support services through evidence-based approaches.
- Optimize organizational design to reduce duplication, maximize efficiencies and improve workflow between collaborative teams.

**Measuring Our Progress: Improve the Experience and Safety of our People**

Performance Measure/Indicator	2016-17	2017-18	2018-19	2019-20	2020-21	Desired Trend
Workforce engagement rate	3.46 out of 5	Not available		3.57 out of 5	Not available	↑
Disabling injury rate	3.85	4.11	4.12	4.14	5.06 (Q3YTD)	↓

Our Strategy

# Goal 4: Improve Financial Health and Value for Money

AHS has a responsibility to deliver high-quality, accessible healthcare services in a manner that is mindful of public resources, achieving the greatest value for every healthcare dollar spent

**Objective 8:** Support financial sustainability through cost-saving initiatives and reduced expenditures.

Working as the regional health authority responsible for delivering services across the province, AHS is in a unique position to support health service delivery sustainability.

The AHS Performance Review highlighted areas where the organization can continue to provide more efficient and effective patient care. The review focused on opportunities to reduce costs and improve health outcomes in comparison to other jurisdictions, as well as opportunities to reduce reliance on hospital-based care.

AHS will implement opportunities in alternate service delivery models (e.g., outsourcing), automation of functions widely used in other jurisdictions, administrative efficiencies, service and workforce efficiencies, demand management using evidence-based care bundles, appropriateness initiatives, reducing variation through operational best practice, streamlining procurement and supply chain management, and many other cost avoidance and savings opportunities. This work will be undertaken to achieve a balanced budget, while maintaining our commitment to patients and families, and healthcare quality and safety.

**AHS will:**

- Strive to manage within the operating budget, excluding COVID-19 spending, by implementing savings initiatives.
- Manage expenses by limiting discretionary spending, managing vacant positions and achieving other efficiencies.
- Pursue revenue-generating initiatives.
- Pursue opportunities for asset optimization, automation, contracting and outsourcing.
- Streamline procurement and supply chain management.
- Improve clinical utilization and expand clinical appropriateness initiatives, service planning guidelines and aligning staffing to patient care needs.
- Improve efficiency of clinical support services staff to enhance integration and expansion of care in the community. This includes the development of audit and feedback quality improvement strategies to affect change.
- Work with Alberta Health to reduce inefficiencies within the healthcare delivery system by reducing duplication and streamlining forms, policies and processes.
- Continue quality improvement work to reduce length of stay in the 16 largest adult acute care sites.
- Review and harmonization of physician clinical stipends.

**Measuring Our Progress: Improve Financial Health and Value for Money**

Performance Measure/Indicator	2016-17	2017-18	2018-19	2019-20	2020-21	Desired Trend
Annual rate of change in operational expenditures*	2.2%	2.5%	3.7%	1.8%	-1.2%	3.9% (2021-22 Target)
Cost of a standard hospital stay	\$7,999	\$7,907	\$8,031	\$8,169	\$9,380	↓
Acute length of stay compared to expected length of stay (ALOS:ELOS)	1.04	1.02	1.02	1.03	0.98	↓
30-day overall unplanned readmissions (medical, surgical, pediatric and obstetric)	9.4%	9.4%	9.5%	9.4%	9.3% (Q3YTD)	↓

\* Change in total annual expenditures, excluding COVID-19 costs.



Registered Nurse Patricia Hazelwood cares for a patient in Brooks.  
This photo was taken pre-pandemic by Leah Hennel.

## Our Budget

# 2021-22 Business Plan

The Business Plan outlines the funding that will support the objectives of the Health Plan and where resources will be allocated to improve the health of Albertans

Over the next year, AHS will implement a number of priority initiatives that support our mission of providing patient-focused, quality care that is accessible and sustainable for all Albertans, while also ensuring that the COVID-19 pandemic remains a key area of focus. Surgeries postponed due to the pandemic will be resumed, additional community beds and spaces will be opened, investments will be made to reduce CT and MRI wait times, and the next phases of Connect Care will be implemented. This Business Plan supports our efforts to keep Albertans out of hospital and help people stay healthy and independent in their homes and communities.

AHS is also committed to finding the most cost-effective way to deliver quality care. This includes ongoing implementation of the recommendations from the AHS Performance Review.

## Revenues

In 2021-22, total revenue will be \$15,996 million, an increase of 4 per cent over the prior year. Revenue from Alberta Health is the main source of operating funding to provide healthcare services to the population of Alberta. Other government transfers consist of funding from federal, provincial (other than Alberta Health) and municipal governments that can be unrestricted or restricted for operating or capital purposes. Other revenues include fees and charges, investments, donations from foundations, trusts and individuals, as well as revenue from ancillary operations such as parking, non-patient food services and the sale of goods and services. These funding sources will be allocated to support our priority investments.

(in millions of dollars)	2021-22 Budget	2020-21 Budget	Change
Alberta Health transfers	14,534	13,953	581
Other government transfers	455	427	28
Other revenue	1,007	994	13
<b>Total revenues</b>	<b>15,996</b>	<b>15,374</b>	<b>622</b>
Continuing care	1,222	1,175	47
Community care	1,624	1,537	87
Home care	736	717	19
Acute care	5,017	4,876	141
Ambulance services	544	535	9
Diagnostic and therapeutic services	2,577	2,454	123
Population and public health	357	349	8
Research and education	347	352	(5)
Information technology	724	643	81
Support services	2,359	2,270	89
Administration	489	466	23
<b>Total expenses</b>	<b>15,996</b>	<b>15,374</b>	<b>622</b>
Annual surplus (deficit)	-	-	-

## Expenses

The allocation of budget allows AHS to maintain operations and invest in key priority areas while also remaining flexible to respond to the ongoing pandemic. Investments will be made to ensure that elective and non-urgent surgeries that were postponed in 2020-21 are prioritized and CT and MRI wait times are reduced. In addition, shifting care into the community continues to be a priority. Increasing and enhancing the availability of community, continuing, and home care options will allow Albertans to receive safe and quality care in their homes and communities.

AHS has invested in a common provincial clinical information system called Connect Care. Waves 3 and 4 will be implemented in 2021-22 and Connect Care will be fully implemented by 2023.

## Key investments for 2021-22



**\$153 million**

increase in community, continuing, and home care



**\$123 million**

increase in diagnostic and therapeutic services including the implementation of the CT and MRI Access Initiative



**\$141 million**

increase in acute care including the implementation of the Alberta Surgical Initiative



**\$81 million**

increase in information technology, including the implementation of Connect Care

The health system runs 24 hours a day, 365 days a year, and additional budget has been allocated to support these day-to-day operations. According to the latest Canadian Institute for Health Information (CIHI) data, AHS continues to have one of the leanest administrative systems in Canada.

In 2021-22, AHS plans to spend \$44 million per day to support the healthcare of Albertans, excluding the costs required to support the COVID-19 pandemic.

### Capital Assets

In 2021-22, total capital spending will be \$519 million. This will support the continued implementation of Connect Care, new and replacement equipment purchases, facility enhancements and upgrades, and information technology investments in equipment, infrastructure and systems.

In addition, Alberta Infrastructure manages major infrastructure projects and transfers the net book value of the constructed assets to AHS on an annual basis. In 2021-22, major projects include the Grande Prairie Regional Hospital, Calgary Cancer Centre, renovations at multiple sites, and equipment purchases to support the implementation of the Alberta Surgical Initiative.

### COVID-19 Pandemic

Funds specifically related to COVID-19 are not disclosed in the values herein but will instead be managed directly with Alberta Health. In 2021-22, Alberta Health will fund COVID-19 expenses in the form of an unbudgeted restricted grant. This grant will be funded by a centralized government contingency fund. We will continue to work with Alberta Health on reporting that reflects the COVID-19 pandemic response including forecast updates and variance analysis.

## Our Budget

# Key Financial Risks

AHS has an Enterprise Risk Management program that supports leadership and management in identifying, analyzing and monitoring risks

### COVID-19 Impacts

COVID-19 has created a variety of economic and health challenges. Many Albertans are at risk of job loss, face poor mental health, or struggle with addiction, homelessness or substance use. Such factors reduce the ability to prioritize personal wellness. AHS anticipates these factors will ultimately increase the demand for many services in our system and is working on strategies to mitigate these risks.

### Workforce and Compensation

AHS depends on its workforce to deliver healthcare to Albertans. It is no surprise that the largest cost for AHS is compensation for our workforce, including all employees and certain physician groups. If contracts with bargaining groups are modified, there will be financial implications, and complying with workforce changes in accordance with collective agreement requirements may impact AHS' ability to implement savings initiatives.

Working with Alberta Health, AHS will focus on enabling all regulated health professionals to work to their full scope of practice. This will increase capacity and create efficiencies within the AHS workforce.

### Balancing System Priorities

AHS has much to accomplish in a short period of time. The pace and volume of work required to implement both priority and savings initiatives cannot be understated. There is a risk of overwhelming staff, physicians and partners, however, not moving forward aggressively would negatively impact AHS' financial position. AHS will continue to reassess plans and will seek to balance its priorities. Clear, transparent and timely communications will be provided to AHS staff and physicians, and AHS will work with its partners and other stakeholders to support change management across the system.

### Cost Inflation

Healthcare costs have been rising more rapidly than inflation. Costs associated with treating patients are also increasing. Expenses may be higher than anticipated due to increased cost inflation in areas such as drugs, medical and surgical supplies, and contracted services. AHS is working on initiatives to mitigate cost increases, including contract reviews and bulk purchasing opportunities.

### Population Growth and Demand

As Alberta's population grows and ages, the demand for healthcare services is increasing. These factors are driving increased demand and costs across all areas of the healthcare system. AHS will work with Alberta Health to focus on wellness as well as on community-based care so that we can reduce our reliance on hospital and other facility-based care. AHS will empower Albertans to be full partners in health decisions by providing them with access to their own health information and multidisciplinary teams within their communities.

### Infrastructure

Facilities, equipment, and information technology systems are vital to the delivery of healthcare services. While strategic investments are being made, AHS' infrastructure is aging and there is an increased need to expand in priority areas to reduce future resource pressures. AHS will continue to work with Alberta Health and Alberta Infrastructure to develop multi-year capital plans and to align investments to address these needs.



COVID-19 testing at Public Health Laboratory (ProvLab).  
Photo taken by Leah Hennel.



Our appreciation and gratitude  
to all those who contributed to the  
Health Plan and Business Plan.