

## **Allied Health Structure**

The Allied Health structure takes shape using the principles underlying the new formal structure of Alberta Health Services: to take a provincial perspective on issues, to ensure good ideas developed in one part of the province are shared across the province and to live out better the values of the organization of respect, accountability, transparency and engagement.

The consultative process highlighted the complexities and differences in current Allied Health services delivery throughout the province. More than 100 staff members and groups contributed their opinions and perspectives through email and blog entries, and about 500 participated in Town Hall sessions. Senior leaders were consulted and provided their recommendations.

Context is important in health care delivery, particularly in Allied Health. The structure considers population needs, location, number of staff available and the distances that staff or clients need to travel.

The Allied Health structure has two components of leadership: operational leadership and Allied Health Strategies, the provincial standards group. Clinical staff will report through operational leadership detailed in the new additions to the organization chart. The Allied Health Strategies group led by Betty-Lynn Morrice is responsible for developing operational policies, standards, service models and quality monitoring in each professional area, now also including Spiritual Care. This group will support a network of professional practice leaders who will continue to report through their local operational leaders.

Professional practice leader positions vary across the province related to roles, titles and distribution. Planning is underway for a model to be in place by April 2010 where there is professional practice leadership for each discipline within each Zone, reporting through the Allied Health Leader of that Zone. These individuals will provide professional practice support for staff across the geographic area, including hospitals and the community. These roles will primarily be part-time, depending upon the number of staff in that geographic area and the complexity of the role. Some program areas with existing professional practice functions may choose to continue to provide that support within their program, networking with the Zone professional practice leaders. In line with our current budget constraints, there will be a marginal decrease in FTE for this function.

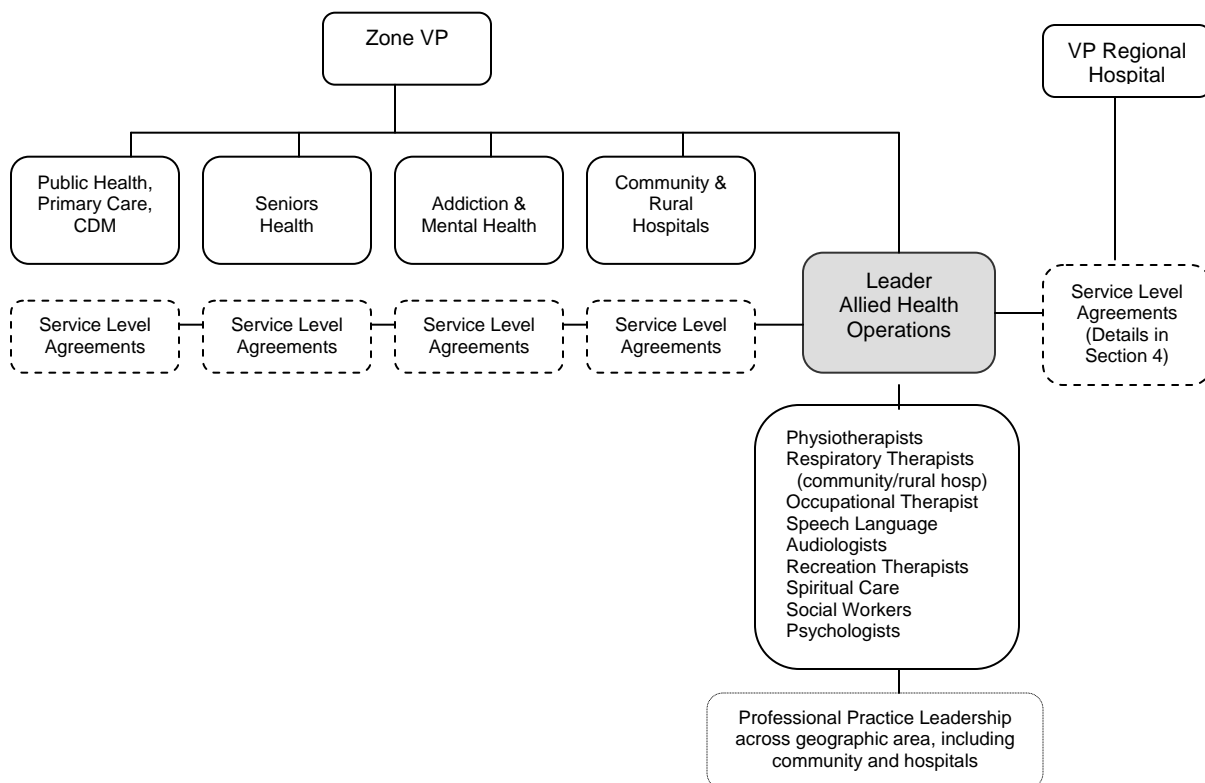
When considering the merits of program management versus a centralized department model, it is recognized that in choosing to reinforce one approach, the other is necessarily weakened. Understanding this at the outset allows for adopting mechanisms to balance this trade-off. For example, in a program-managed environment where there may not be adequate support for discipline-specific issues and affiliation, professional practice leaders are valuable in meeting this need. Where there is a centralized department providing services to many clinical areas or programs, Service Level Agreements can clearly define mutual expectations. In addition, the collaboration between the department and the program could be evaluated by including 360 feedback as part of the manager performance appraisal.

The professions included within Allied Health in this part of the organizational structure do not include the following disciplines: Nutrition, Pharmacy, Diagnostic Imaging and Laboratory Services. Those areas report through Clinical Support Services.

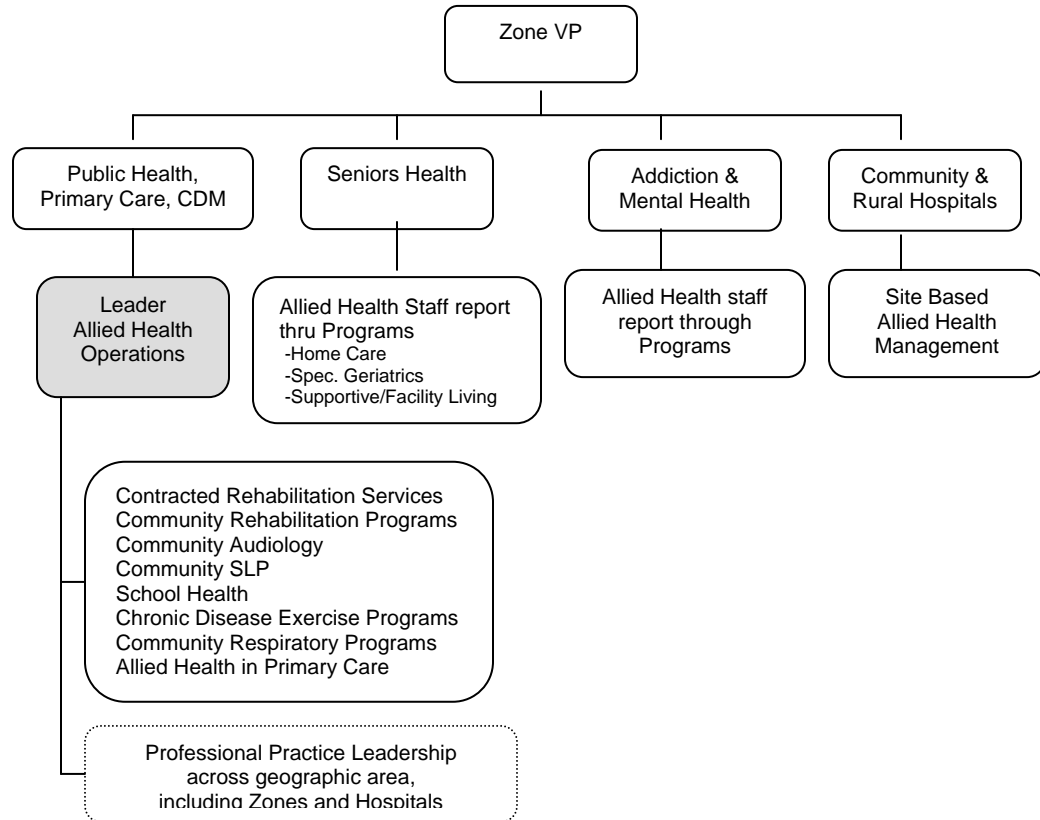
The new Allied Health structure is described according to five areas: Cancer Corridor; North, Central, South Zones; Calgary and Edmonton Zones; Regional Hospitals; and Metropolitan and Tertiary Hospitals.

1. **Cancer Corridor** - Operational responsibility for allied health staff at the Cross Cancer Institute and Tom Baker Cancer Centre will continue to reside within the Cancer Corridor. Professional practice leadership will be provided for these staff through the Zones. Operational responsibility for allied health staff outside Edmonton and Calgary will be within the relevant rural zone.
2. **North, South and Central Zones** – In these large geographic areas, few Allied Health staff members may serve more than one program at several locations separated by large distances. It is often difficult to recruit and retain staff.

A centralized department of Allied Health Operations will provide staff and services to the programs in the Zones. In addition, the Allied Health department will provide services to the Regional Hospitals within the geographic area. Relationships between the Zones, Regional Hospitals and Allied Health will be governed by service level agreements. A service level agreement will clearly describe the respective accountabilities, such as staff scheduling, recruitment, staffing levels, performance evaluation and processes.



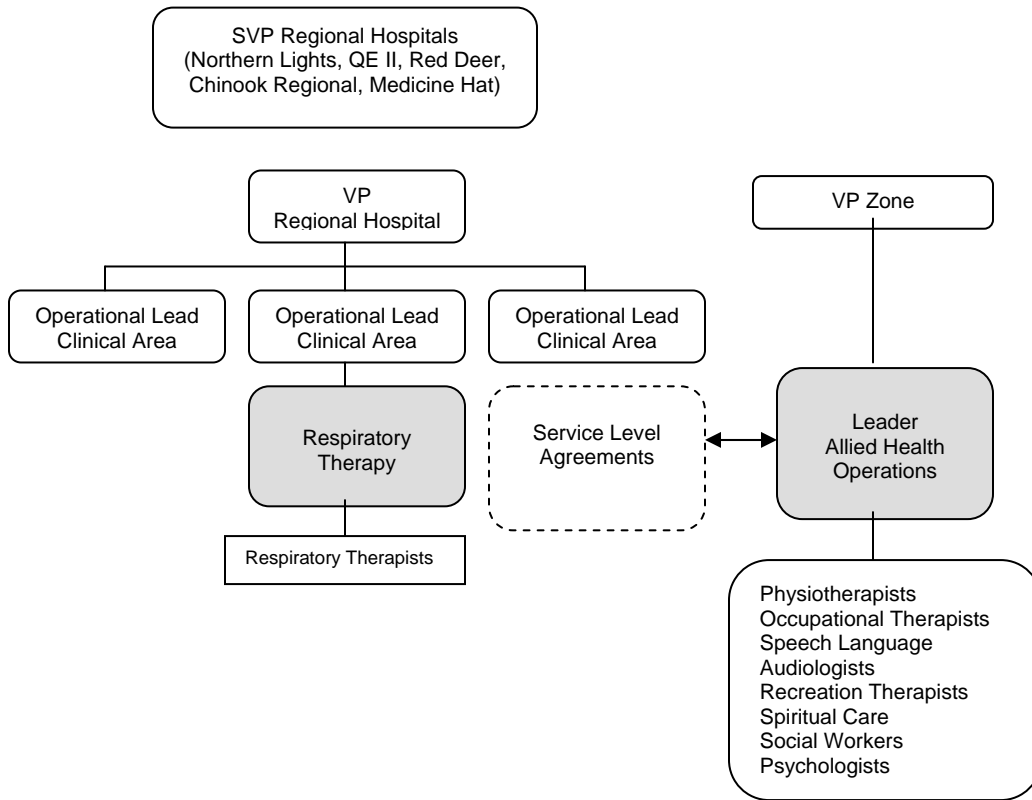
3. **Edmonton and Calgary Zones** – In contrast to the rural situation, in the Edmonton and Calgary Zone there are many staff working within a localized geographic area. Most staff work within one program at one location. There is a sufficient “critical mass” of allied health to enable program-based reporting. Professional practice leaders will support staff across each of the program and service areas.



4. **Regional Hospitals** – In most situations, there are too few staff to organize services by program areas, as individuals may be split between programs. Some employees have responsibilities in both the hospital and community. Recruitment can be challenging.

Respiratory therapy will report through one of the operational leaders in the Regional Hospitals. Other allied health staff will report through the Zone Allied Health Operations Leader.

Service Level Agreements will detail accountabilities between the Hospital and the Zone leaders.

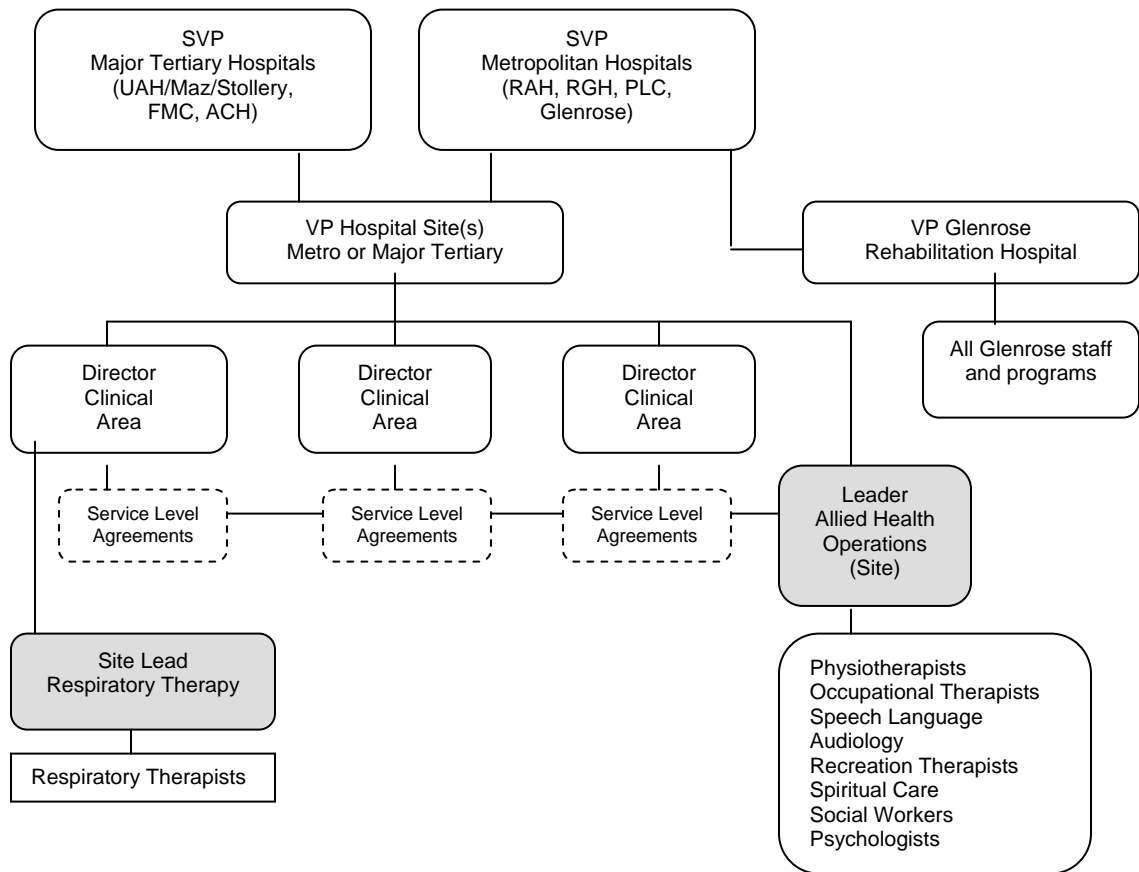


5. **Metropolitan Hospitals and Major Tertiary Hospitals** – In these large acute care facilities where Allied Health staff members currently work within departments and programs, an Allied Health Operations department (except Respiratory Therapy) will provide services to each Clinical Area.

Respiratory Therapy staff will report directly through a Respiratory Therapy Lead to a Director of a Clinical Area on each site.

Service Level Agreements will detail accountabilities between the centralized Allied Health department and each Clinical Area.

The Glenrose Rehabilitation Hospital will continue to have discipline-specific operational leadership along with program responsibilities.



Thank you to the many allied health staff, managers and AHS leadership who contributed their opinions and perspectives through two Town Hall sessions, emails and blog entries. This vital input contributed to the formation of the Allied Health structure.

If you have concerns or comments, please contact Betty-Lynn Morrice, Vice President Allied Health Strategies at [bettylynn.morrice@albertahealthservices.ca](mailto:bettylynn.morrice@albertahealthservices.ca).