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**REGIONAL MEDICAL STAFF ASSOCIATION
QUARTERLY MEETING**

**DANA STOLTES AUDITORIUM
RED DEER REGIONAL HOSPITAL
3942 - 50A AVENUE
RED DEER, ALBERTA**

**WEDNESDAY, SEPTEMBER 30, 2009
6:30 P.M. – 8:00 P.M.**

- **Thank you for inviting me to speak with you today.**
- **A great deal of work has taken place in the transformation of Alberta's health system, important structural and largely administrative work necessary to prepare an organization of 90,000 people for the greater part of the challenge still before us.**
- **Last week I celebrated 6 months on the job here in Alberta – six exciting months in which much has been achieved and yet there is, of course, a lot still to do.**
- **One focus of my first three months was the development of Alberta Health Services' Strategic Direction including the articulation of our core values: Respect, Accountability, Transparency and Engagement.**
- **It is the last of these that I will discuss tonight. Specifically I will focus on the proposed Alberta Clinical Council, Clinical Networks and the Physician Liaison Group, the foundation of a framework to engage clinicians in the strategy and service planning work ahead.**
- **I'd also like to give you an update on the Rural Planning Framework and, if I may, asks some questions of you.**

- **The components I'll outline today are just the big picture items. Across the province, clinical engagement goes much further than that. It involves the day-to-day interactions between clinicians and site leads or zone leads on a host of priority questions and about strategies to improve the service we provide to our patients. It also involves engaging with you on working to address the budget challenges we face.**
- **I would like to begin by personally underscoring – and it is one of the reasons why I am here today – that we are much closer to the beginning of the creation and development of this framework than the end. So this speech is the start of a dialogue with you and other clinicians across the province about the shape and role of these clinical engagement mechanisms.**
- **I anticipate that our new approach to clinical engagement will not simply be an addition or an overlay of the engagement mechanisms that exist today or existed in the past. I would be disappointed if it were, as would you.**

- **We are not simply an amalgamation of former regions, we are a fundamentally different organization, facing fundamentally different challenges in our field – H1N1 immediately comes to mind, but so too does the collapse of natural gas prices – and we are compelled to rethink what we do and how we do it.**
- **But I'll leave my own thoughts at that, because I do not want to prejudge the outcome and I am confident in turning the greater part of the work over to you.**
- **For consultation and engagement to be genuine, we must be prepared for the possibility, in fact the necessity, that the framework will undergo significant change as you and your colleagues and our leaders put our minds to realizing its full potential.**
- **I have often been criticized in the media for failing to release fully-formed plans, for not having every answer ready at hand, for not having anticipated every question, for not having the decisions made and the details in place.**

- **I accept that, albeit begrudgingly, because I think they are missing the point, because it is far more important to share our ideas early and enable them to be informed and guided by those who have greatest stake in their success – you and your patients.**
- **Let me say that another way: Today I will share my own ideas about why this framework is important to quality improvement, why it is important to our commitment to engagement, but most importantly – why it is important to patients.**
- **Then I will invite you to share your own ideas, because it is at this early stage that the real work begins and the sooner we roll up our sleeves and get on with it, the more quickly we can see results.**
- **Our goals as an organization are founded on quality, access and sustainability, which are fine in the abstract and a necessary place to begin, but it's only that: a beginning.**
- **Let's start with The Provincial Physician Liaison Forum.**

- **The first meeting of the forum is currently being organized, and is expected to occur in early October. The forum will have representation of senior leadership from both AHS and the Alberta Medical Association.**
- **Its primary purpose will be to strengthen the working relationship between AHS and the AMA by enhancing the understanding of the independent and shared objectives and concerns of the two organizations, and identifying opportunities for the strategic alignment of organizational programs and projects.**
- **Within AHS, the clinical engagement framework will ensure that your expertise and experience will inform patient and population issues, improve clinical practice, patient outcomes, quality and patient safety, and strategic planning.**
- **We must recognize that we have shared responsibility for our patients, and vigorously promote a “quality culture” in all areas of care.**
- **Successful engagement requires that everyone involved is clear about our purpose and priorities.**

- **It requires that we all come to the table without hidden agendas.**
- **With genuine openness to new ideas.**
- **With clarity about accountability and decision-making processes.**
- **Now, how do we accomplish that?**
- **The creation of the Alberta Clinical Council is the first step in creating the formal structure for improving clinical engagement.**
- **Note that the terminology has slipped from referring to the *Physician* Forum to the *Clinical* Council. When I refer to physician engagement I mean physician engagement, but when I refer to clinical engagement, I'm referring to mechanisms to engage all clinicians: doctors, nurses, allied health professionals.**
- **The Clinical Council will be a multidisciplinary forum that addresses issues of quality, access and patient safety. It will have direct access to Senior Executive, and will advise on significant clinical strategic issues and organizational priorities.**

- **It will also oversee the development and progress of the Clinical Networks.**
- **Dr. Chris Eagle, Executive Vice President, Quality and Service Improvement, will co-Chair the council along with a Council member.**
- **The Clinical Council will have 40 to 60 standing members, most of whom have direct clinical responsibilities.**
- **Our thoughts at this stage are that the membership will be comprised of the Chairs for each of the Clinical Networks; senior leaders from AHS Zones, the continuum of care, and support service areas; and direct care providers who will be appointed through an Expression of Interest process.**
- **The Clinical Council will be accountable to me directly. Recommendations made by the Council, as well as quarterly progress reports, will be brought to me. The reason won't surprise you: The recommendations of the Clinical Council must be among the highest priorities of our organization and must receive timely attention and concerted action. The Council will expect its work, as do I, to be meaningful and results-driven.**

- **This group will be designed to bring in all parts of Alberta Health Services: geographic areas, the full continuum of care, and will provide critical input to executive in decision making and strategic planning.**
- **The Clinical Networks will also be multidisciplinary groups focused on either patient populations, such as cardiac, or service areas, such as Emergency.**
- **They will have five main goals:**
 - **Improving patient outcomes and access**
 - **Improving clinical practices**
 - **Addressing quality and patient safety issues**
 - **Applying clinical expertise to strategic and service planning**
 - **And supporting teaching and research in Alberta Health Services.**
- **The proposed initial Clinical Networks include: Cardiac, Pulmonary, Stroke, Cancer, Mental Health, Bone and Joint, Surgery, Emergency, ICU.**
- **These will be on-the-ground working groups that will be diving deep into evidence-based, targeted work: developing service models and clinical pathways.**

- **They'll be seeking out leading practices, and making sure those practices are applied consistently across the province.**
- **Again, why is this important?**
- **It's important because this framework will drive quality improvement.**
- **It will drive dynamic, responsive clinical engagement.**
- **And most importantly, it will ensure that patients in every part of the province have access to the highest quality care.**
- **Access. Quality.**
- **I must say that it is a pleasure to stand here today and not focus on our budget. The centre of attention as it should be is patient care and the transformation of a system that has been fragmented – the word “atomized” has been used – and too often for a variety of reasons has been unable to achieve its clinical objectives.**

- **But I am not interested in the past. Our structure – our organizational charts, our Strategic Direction, the Framework I am describing today, are a starting point, a foundation for the future.**
- **Could we have done more to engage earlier and more often? Perhaps, although you will appreciate that had we not focused on addressing significant budget issues we would not be in a position to have this discussion today, to be confident that we are creating an administrative foundation capable of supporting broad and complex clinical work.**
- **Unfortunately the budget challenges won't just go away, disappearing with the wave of a magic wand. They provide a context, a very tough context, within which we work. I don't think there would be a single person in this room, including me, who wouldn't have liked to have a budget with more money.**
- **But that is not the world in which we live. Provincial revenues are low, whether we like it or not. I'm thinking of relabeling the natural gas price index the Duckett happiness index as my job would certainly be much more enjoyable if the province had more funds to allocate to meeting our emerging health care needs.**

- **In any case we will chart this course of improving clinical engagement together. We will share accountability for every patient who receives care in this province. We will seek – and in fact we will depend – on your expertise and experience.**
- **That is what engagement is really all about: genuine consultation and an openness to ideas and different ways of doing things.**
- **The complexity of both a provincewide health system in general and modern health care in particular makes it imperative that we be open to engagement across our organization, that we trust in our ability – in your ability – to identify the solutions, and work through the myriad questions that will arise.**
- **It's also part of living up to all four of our stated values: respect, accountability, engagement and transparency.**
- **By releasing my own performance agreement targets recently, I wanted to set a personal example in terms of those values, and make our organization's priorities clear.**

- **I know there is interest in one of these priorities – Emergency Department wait times, so let me use that as an example. The bed plan we released earlier this month was primarily focused on the creation of 775 community beds by redirect resources currently being used to provide alternate level of care in our hospitals.**
- **From a patient perspective, there is no question that these patients – between 300 and 400 on any given day – are not getting the best care we could provide. Nor is that the best use of our hospital beds.**
- **Although it did not receive the lion’s share of the headlines, 60 of those beds were released to provide surge capacity as needed this fall. Again, these beds today are not available now for inpatient use. We will not close those beds if they are needed by Emergency or for other reasons this fall. This ties directly to Alberta Health Services three goals: access, quality and sustainability. Not one. All three.**
- **I cannot overemphasize it: the performance targets for me and for all of Alberta Health Services balance all three goals: access, quality and sustainability.**

- **I will not succeed if I do not make it possible for all of us to succeed in making progress on all three fronts. It is as simple as that.**
- **And I might add that I will not succeed if we do not allow the Alberta Clinical Council, the Clinical Networks and the Physician Liaison Forum to achieve their full potential.**
- **At one level, these bodies will provide direct points of access on the major decisions today and in the years ahead. I also know that more work needs to be done with respect to clarity of chain of command for the innumerable day-to-day decisions that need to be made on the frontlines.**
- **I think it is also fair to point out that it has been only four months since a new structure was put into place and that the answer to some of your other questions today – for example, where are the administrative costs savings? – have occupied tremendous amounts of time the organization’s leaders strive to implement the changes necessary to stabilize our financial platform.**

- **Let's talk for a moment specifically about rural health care.**
- **As I said earlier, we are often criticized for not releasing signed, sealed and delivered plans. I could stand before you today and provide a fully-conceived plan without consultation, but that would serve neither your needs nor our interests. It would be a plan doomed to fail.**
- **For good or ill, it takes time it takes to engage stakeholders, time to think, time to reflect, time to analyze and understand.**
- **Unfortunately this has led a good deal of speculation and misinformation regarding our plans for rural communities over the last few months.**
- **It has caused needless concern and distress both in the communities named and amongst our staff.**
- **Let me be as clear as I can be: Alberta Health Services recognizes the key role that our health services play in smaller communities. It is not an after-thought. It is not a chapter in a larger plan. It is part and parcel of the entire plan, a plan of our collective making, not delivered from on high.**

- **To ensure rural communities receive quality, accessible and sustainable health care, we are developing a comprehensive rural and community health planning strategy. That will be our framework for how we, through the zones, will engage with each rural community. It will be open. It will be transparent.**
- **It will include a mechanism to engage and involve communities in recommendations around health services delivery in their local communities throughout rural Alberta.**
- **Many of you are interested in updates on the possibility of rural hospitals and other health care facilities being closed or downgraded due to a number of reasons – including budgetary concerns.**
- **Now allow me to put this question to you: Would it be appropriate to make any decisions of that magnitude before taking all of the facts into consideration, including long-term sustainability of services, our ability to continue to provide essential quality and accessible health care, and yes, finances?**

- **Are we learning from the current budget situation to be somewhat more circumspect about how much we can commit to and deliver, and how soon?**
- **The simple fact is that we don't have the necessary resources, either financial or human, to provide every type of health service in each small community. You know that.**
- **You know you can't have a heart transplant unit on every corner. To attempt to provide every service everywhere would, in the end, result in that level of service being unsustainable and not provide the quality of care you and I both want and need.**
- **One more question: Must the answer be all or nothing? I suggest not.**
- **Must the answer be what had been planned a year or five years ago, or is there an alternative that enables us to move forward, to improve the quality of patient care, rather than throw in the towel and blame natural gas prices and simply wait out the impact of the recession?**
- **Or are we smarter than that? Are we capable of more than that?**

- **And if we use the possibility of moving forward as our starting point, how do we realize that vision? How do we, collectively, put our minds to that task in the face of a new reality?**
- **For a start, here is how we are posing some of the questions in the Rural Framework:**
- **We will identify the type and volume of health care services to be provided in each community. But what makes each community unique? What is it about the individual communities in which you work that must shape and inform these decisions?**
- **We will develop and then implement a standardized method to gather information about health service usage in rural communities across the province. We will examine what types of services are being used, how often those services are used, and so on. How should we weigh these? How should we balance them?**
- **Good research will provide a better understanding of where we today. But where do we need to be in the future?**
- **And more importantly, how will we ensure access and quality?**

- **Perhaps I don't need to ask if you are prepared to keep our feet to the fire on that question, but again let me ask you: If we share the data, if we listen to listen to your concerns and issues and work with you, are you ready to work with us?**
- **Rest assured, any decisions about the future mix and type of services provided will be based on standards for quality and safety of services, and what support services need to be in place to ensure we meet those standards. We are committed to ensuring each community has the volume of services necessary to ensure safety.**
- **To that end, let's be open to new ideas. To provide the greatest range of services possible, we should also explore using other types of healthcare providers in rural communities. Enhanced use of EMS in our Emergency Departments for example, or making more use of the skills of Alberta's physician assistants and nurse practitioners. At any rate, ensuring the right skill mix for the range of services is a critical issue we need to address.**

- **What is the timeline for all of this? Well it's a big task and so will take a few years. In some communities slower, in some faster. We aren't working here to any particular timeline. We want to get it right, not quick and engaging with the communities takes time.**
- **So, to summarize: First, we have no plans to close, downgrade, repurpose or any other verb you want, any small hospital in any town. Period. Any documents that might have been produced in the past of whatever provenance are not the policy of Alberta Health Services. Any change we propose regarding any hospital in any town in Alberta will be made on the basis of what's best for patients.**
- **Second, our mission statement : “*to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans,* doesn't only apply in Edmonton and Calgary but in every corner of the province.**
- **Third, I ask you to commit to work with us, on a basis of what we know and have to work with today, to help us implement this mission in your communities.**

- **Physicians are, have been, and must continue to be, leaders in our health care system. That is simply stating the obvious, but I would add this with all sincerity: The people with whom you work look to you for the direction and philosophy necessary to guide us in the months and years ahead.**
- **So, to return to where I began, our Strategic Direction commits us to “Establish opportunities for meaningful engagement and open communication”.**
- **What I have outlined here tonight is one aspect of how we might operationalize that commitment with respect to clinicians.**
- **It’s important to me to make sure we create opportunities like this meeting to be as frank as I possibly can about what we’re doing, where it’s leading – and why.**
- **We will do great things together. For me personally, this is an incredible professional opportunity – one that drew me to Alberta from a very long distance away, where there was much better weather, and to this opportunity to meet with you today and begin in earnest.**
- **Thank-you.**