

# Healthcare Action Plan



90-Day Report from  
Dr. John Cowell,  
Official Administrator

The Government of Alberta launched the Healthcare Action Plan on Nov. 17, 2022, to ensure rapid improvements in key areas of healthcare delivery. Dr. John Cowell was appointed by the Government of Alberta as Official Administrator (OA) of Alberta Health Services (AHS) to oversee and accelerate these improvements.

Minister of Health Jason Copping, Alberta Health and key stakeholders are focused on implementing rapid healthcare reform. Dr. Cowell also seeks insights and advice from front-line workers and applies their knowledge and experience. He is utilizing the experience and knowledge of members of the former AHS Board, including its former chair, through the establishment of a Governance Advisory Committee that meets regularly under the OA's leadership.

Forging these relationships across AHS and the broader healthcare community has enabled the OA to quickly identify problem areas at the systems level and break down barriers to ensure solutions are identified that support rapid progress. AHS is aligned with the government's Healthcare Action Plan, and working to aggressively deliver on all priorities. Working closely with AHS' valued partners, the OA has

been focused on ensuring access to high-quality, safe healthcare for all Albertans in the following strategic areas: improving EMS response times; decreasing emergency department wait times; improving patient flow throughout the healthcare continuum; and reducing wait times for surgeries.

AHS is also working diligently to attract and retain healthcare professionals, and support local decision-making and innovation through improved decision-making culture and streamlined processes.

The healthcare system is a provincial asset. It is well-resourced and requires constant attention and continual improvement to ensure it serves all Albertans.

AHS has reviewed existing performance measures to ensure they are calibrated to and can appropriately measure necessary progress

## Strategic areas



Improving EMS response times



Decreasing emergency department wait times



Improving patient flow throughout the healthcare continuum



Reducing wait times for surgeries

in the four priority areas. Performance measures are a management tool used to drive action, measure improvement and illuminate areas where more work is required. These measures also help ensure all of AHS is moving in the right direction – from vital front-line workers, to managers, to senior management – by ensuring accountabilities are clear.

Performance measures related to the four priority areas have been adjusted from measuring the 50th percentile to measuring the 90th percentile. This reflects the goal of improving the healthcare system for all Albertans and captures work to address the most serious of delays. Measuring at the 90th percentile is a more meaningful reflection of improved patient experience and health outcomes, and provides a comprehensive view of the effectiveness of reforms being implemented. This change sets the bar higher for the assessment of success

as AHS strives to consistently meet clinically recommended guidelines.

This report focuses on progress made over the last 90 days. But it is important to acknowledge that AHS, the Ministry of Health and the Government of Alberta, and leadership of Health Minister Copping had already identified a number of priority areas in the months prior to the appointment of the OA, with those joint efforts achieving measurable progress. We are now building on initiatives undertaken since January 2022 and have been accelerating that progress with the OA during his first 90 days. Examples include the opening of more than 1,000 new continuing care beds, the addition of 50 staffed ICU beds and the addition of 19 staffed ambulances. Not all of these achievements are mentioned in this report, but they provided a foundation for the rapid implementation of reforms now underway.



AHS is committed to providing all Albertans safe, high-quality, person-centred care.





Work is underway to improve patient flow throughout the healthcare continuum — for patients at all stages of life.

## Successes to date/ongoing actions

Through the focused efforts of many healthcare teams, physicians, partners and stakeholders, tangible improvements have been made to healthcare delivery over this 90-day period. This section lists each priority's successes and ongoing actions.

The healthcare system is complex. One achievement frequently impacts two or more priority areas. For instance, good patient flow through an emergency department will get ambulances back on the road sooner, and better accessibility of acute care and continuing care reduces emergency department waits.

# Improving EMS response times

EMS response times are impacted by several factors, such as volume and density of calls at any given time, as well as a community's size, population and geography. EMS aims to ensure prompt response to all calls triaged as most emergent and life-threatening. When time is of the essence from a clinical perspective, the goal is to safely arrive in as little time as possible. Minutes really matter when responding to calls seeking help for life-threatening situations. EMS operations are sophisticated and data-driven – paramedics arrive on scene and transport patients while relying on the work of emergency communications officers and dispatch, 24 hours of every day. Insights and results from several recent reports are guiding work on reforms and innovations in EMS.

## Successes:

- EMS response times are improving, despite a sustained 30 per cent increase in call volume across the province. Comparing November 2022 with January 2023, EMS response times for the most urgent calls are shorter:
  - o 17 minutes in metro and urban areas, down from 21.8 minutes.
  - o 19.2 minutes in communities with over 3,000 residents, down from 21.5 minutes.
  - o 34.9 minutes in rural communities with under 3,000 residents, down from 36 minutes.
  - o 57.5 minutes in remote communities, down from 63.9 minutes.

*(AHS is focusing its measures on the 90th percentile, meaning these are the response times for 90 per cent of activity.)*

- Between November 2022 and January 2023, a new ambulance was added in Red Deer; 19 new ambulances were added earlier in 2022 provincewide.
- In the coming days, AHS EMS will transition 70 current temporary full-time (TFT) positions to regular permanent full-time (RFT). AHS EMS will work with the Health



Improving EMS response times is a key priority for AHS, as minutes really matter when responding to emergency medical situations.

Sciences Association of Alberta (HSAA) to ensure this is a swift and smooth transition, including collaborating with the union on potential processes that could expedite the connection of interested temporary and casual employees to these positions. These 70 positions will continue to be allocated to all five operating zones, with 20 positions in each metro area, and 10 positions in each of the three rural zones. EMS will also engage with the HSAA to discuss efficient mechanisms to fill 80 new RFT positions that are being added to ranks in April 2023. Work is ongoing with HSAA to explore the utilization of the Rural Capacity Investment



Between November 2022 and January 2023, EMS added 39 front-line staff, including paramedics, emergency communications officers, and front-line supervisors. Overall, EMS hired 457 new staff members in 2022, including 341 paramedics.



Fund to support paramedic recruitment, relocation, and retention initiatives in rural and remote communities. International recruitment options are also being actively explored.

- A red alert or Code Red is a term used to indicate that, at a certain point in time, all ambulances within a certain geographical area are busy helping patients. A red alert does not mean that patients who urgently require an ambulance are not cared for; when additional resources are required, units are repositioned from other communities, non-urgent transfers are deferred, supervisors are deployed to assist in freeing up teams from EDs, and single paramedic response units are used to provide urgent care. Red alerts are normally very short in duration and are only used in Calgary and Edmonton. In January 2022, in the Edmonton Zone, there were 1,092 red alerts for a total of 39.7 hours, compared to 81 alerts for a total of 1.8 hours in January 2023. In Calgary Zone, in January 2022, there were 328 red alerts for a total of 8.1 hours compared to 134 red alerts for a total of 3.2 hours in January 2023.
- AHS launched EMS/811 Shared Response in January 2023. Low-acuity EMS callers are being transferred to Health Link 811 where registered nurses – backed up by doctors when needed – provide callers with further assessment to determine what type of care and support is needed. In the first three weeks of Shared Response, EMS assessed more than 1,600 callers as low acuity and connected them to 811. In other jurisdictions with similar processes, up to 20 per cent of EMS calls are transferred to nursing lines over time. The program will help Albertans receive the care they need, and keep ambulances and paramedics able to respond to emergency calls. To date, approximately 30 ambulances per day are being freed up for emergencies.



More staffed ambulances are being added to improve EMS response times.

### Ongoing actions:

- Implementing recommendations of the Alberta Emergency Medical Services Provincial Advisory Committee (AEPAC), including:
  - o Fast tracking ambulance transfers at emergency departments to get paramedics back on the road.
  - o Arranging non-clinical transports for patients who do not require medical support during transport between care facilities. AHS expects 15 per cent of transports will be diverted from EMS, freeing these resources to respond to emergencies.
  - o Empowering paramedics to assess a patient's condition on scene and decide whether they need to be taken to an emergency department by ambulance.



Adding 20 extra ambulances during peak hours — expected to start rolling out in the spring in Calgary and Edmonton.





- Working with HSAA on opportunities to expedite recruitment/filling of vacancies while ensuring we can continue to sustain core workforce in rural and remote areas.
- Exploring opportunities to facilitate international recruitment of paramedics.
- Reviewing with Alberta Health staffing requirements of ambulances under the *Ground Ambulance Regulation* to ensure the EMS system in Alberta is staffed with appropriately trained and qualified staff that leverages our available paramedic resources in the province.
- Diverting low-priority calls to Poison and Drug Information Service (PADIS), when appropriate.
- Stopping automatic dispatch of ambulances to non-injury motor vehicle collisions.
- Pre-empting and allowing for ambulances to be diverted to higher-acuity calls when needed.
- Enhancing partnerships with other first responder groups.
- Recruiting more EMS staff.
- Increasing EMS staff supports.
- Expanding the use of triage physicians in emergency department waiting rooms to support ambulances bringing patients to hospital and getting back on the road;



Additional emergency department staff are being hired to expedite the transfer of patients from EMS to acute care, getting ambulances back on the road sooner.

helping improve ED wait times and patient flow. This is currently in place at four Calgary hospitals.

### Sharing progress with Albertans:

Recent announcements have included:

- [EMS 811 Shared Response ensures ambulances available for emergencies](#)  
New program aims to connect Albertans with the care they need and reduce non urgent ambulance calls, freeing up paramedics and ambulances for emergency responses.

# Decreasing emergency department wait times

The emergency department (ED) is a busy and crucially important part of the flow of patients through the healthcare system. Patients come to the ED when they are injured or in pain and believe they have nowhere else to go to seek medical attention. Whether a patient arrives independently at the ED or by ground or air ambulance, they are triaged in the same manner, ensuring those with the most urgent healthcare demands are prioritized. Changes being implemented will ensure more efficient patient movement through the ED with more clearly defined accountabilities at each stage of care, through increased staffing and more comprehensive services.

## Successes:

- 114 full-time equivalent (FTE) nursing staff are being added to emergency department teams in our 16 largest hospitals and some of our suburban hospitals to ensure the transfer of responsibility for patient care from paramedics to ED staff is fast and safe. This will support the target of reducing the time paramedics spend at the hospital to 45 minutes (from 3.2 hours in January) as recommended by the Alberta EMS Provincial Advisory Committee. These new nursing positions are being posted in February.
- From November 2022 to January 2023:
  - o Emergency department wait time to see a doctor has been reduced by 10 per cent to 6.4 hours.
  - o Total time spent in the emergency department for admitted patients has been reduced by five per cent to 40 hours.
  - o Total time in the emergency department for discharged patients remains stable at 11.8 hours.

*(AHS is focusing its measures on the 90th percentile, meaning these are the response times for 90 per cent of activity.)*

➤ Will open 36 new transition beds that will be available for people experiencing homelessness who have been discharged from Edmonton hospital emergency departments.



Decreasing emergency department wait times will ensure Albertans who need prompt medical attention receive it.

- In January 2023, AHS expanded phone service providing mental health consultation support to partner agencies involved in mental health response, community outreach and support.

## Ongoing actions:

- Posting and hiring 127 FTE for allied health (such as social workers, physiotherapists, and occupational therapists), pharmacy and geriatric supports in emergency departments to support emergency department flow in our 16 largest hospitals.
- Enhancing community supports to enable more care in the community; for example, through Virtual Health technologies and the use of community paramedics, who are specially trained to provide treatment and diagnostics in patient residences that were previously provided only in hospitals.



- Expanding use of emergency liaison physicians to support emergency department flow. This is currently in place at four Calgary hospitals.
- Expanding hours for non-urgent clinics at children's hospitals.
- Fast-tracking lower-acuity pediatric patients at both Alberta Children's Hospital and Stollery Children's Hospital.
- Expanding psychiatric emergency teams to expedite treatment.
- Ensuring Albertans are aware of alternate options to visiting an emergency department by expanding public communications and education.
- Increasing social work supports to assist patients with timely hospital discharge and appropriate care options after discharge.
- Embedding psychiatric emergency teams in some emergency departments.
- Expanding Health Link Virtual MD program.
- Directly admitting patients to hospital without a stop in an emergency department, when appropriate.
- Expediting specialty consultation in emergency departments.

### Sharing progress with Albertans:

Recent announcements have included:

- [New emergency discharge community transition beds opening for people experiencing homelessness](#)



Work to decrease emergency department wait times involves hiring more front-line healthcare workers to better support frail and elderly patients.

- [Teams improve access to addiction, mental health supports in Sundre, Olds, & Innisfail](#)
- [Team improves access to addiction, mental health supports in Drayton Valley](#)
- [Government and AHS work to improve EMS response times and patient flow with new non ambulance transfer program](#)

Instead of using highly trained paramedics for non-medical patient transfers like transporting patients home, AHS will arrange for alternative transportation.

Since the program was announced and expanded provincewide, transports of this kind have increased to over 4,000 trips monthly compared to 2,880 previously. There are now more than 160 vendors partnering with AHS for this service in communities across Alberta, with more vendors coming on stream.

# Improving patient flow throughout the healthcare continuum

Ensuring Albertans have access to the right care in the right place at the right time is at the heart of the improvements being made to healthcare in the province. Re-establishing this balance will help ensure there is sufficient capacity for the flow of patients from the ED into acute care, and from acute care back into appropriate care in the community. Smooth patient flow sometimes requires helping patients with transportation back to their home or between healthcare facilities using non-ambulance transfers, and sometimes requires the identification of a continuing care space or additional home care supports. The need for additional capacity at all stages of this process is also being addressed.

## Successes:

- Between September 2022 and January 2023, AHS operated an average of 255 net-new, non-ICU acute care beds across the province. (Note: the number of open acute care beds changes based on availability of staffing and with fluctuations in demand.)
- Between November 2022 and January 2023, AHS:
  - Opened 292 net-new designated supportive living beds.
  - Opened 55 net-new long-term care beds.
  - Opened 26 net-new mental health beds and 26 net new addiction beds (for a total of 52 beds).
  - Opened 362 net-new community spaces with wrap-around health supports.
  - Recruited 28 physicians to rural Alberta, including 12 in the North Zone, four in the South Zone, and 12 in the Central Zone.
  - Added 278 more registered nurses, licensed practical nurses and healthcare aides.
- Added 48 more allied health professionals, including social workers, recreation therapists, occupational therapists and audiologists.
- In January 2023, hemodialysis units at St. Therese-St. Paul Healthcare Centre and



Opening new acute care beds and community spaces improves patient flow throughout the healthcare continuum and ensures Albertans get the right care in the right place.



In January 2023, the number of assessed patients waiting in the province's top 14 hospitals for a continuing care space was 179, lower than the 218 patients who were waiting at the end of the 2018/2019 fiscal year, and also lower than the 253 patients waiting in November 2022.



Northern Lights Regional Health Centre in Fort McMurray expanded their hours of operation, bringing care closer to home for six dialysis patients in each community.

- Albertans in several smaller communities have increased access to services with the opening of addiction and mental health walk-in clinics. These clinics, announced in January 2023, have opened in Cold Lake, St. Paul and Bonnyville in the North Zone, and in Coronation, Vermilion, Stettler, Provost, Viking and Killam in the Central Zone.

### Ongoing actions:

- Increasing allied health supports (such as social workers, physiotherapists and occupational therapists) within hospital care teams to support improved patient flow on hospital wards.
- Adding hours of home care to support patients at home while waiting for continuing care placement or to keep people at home as long as they would like to and can safely be there.
- Hiring 100 new alternate care providers, including clinical assistants, physician assistants and nurse practitioners.
- Approximately 157 additional continuing care beds will open this fiscal. To date this year, there have been 1,187 new continuing care spaces opened.
- AHS continues to work with operators to identify more beds / spaces that can be opened in the 2022/23 fiscal year.
- Filling vacancies for registered nurses, licensed practical nurses and healthcare aides.
- Continuing to expand hospital-at-home programs in Calgary and Edmonton. The two programs cared for 644 patients in 2021-22, representing a 118 per cent increase in the numbers of admissions over a two-year period. A similar program launched in Wetaskiwin in October 2022.



AHS is increasing home care hours to help more patients stay safely in their homes.

### Sharing progress with Albertans:

Recent announcements have included:

- [Pilot project brings hospital-level care into patient homes](#)
- [New designated supportive living spaces open in Edmonton](#)
- [Dialysis access expands in two northern Alberta communities](#)
- [New family physician now practising in Beaverlodge/Hythe](#)
- [New pediatrician now practising in Grande Prairie](#)
- [Recently recruited physician now accepting new patients in Barrhead](#)
- [Two new family physicians now practising in Spirit River](#)
- [Family physician takes on permanent role in Westlock](#)
- [Newly recruited family physician accepting new patients in Manning](#)
- [New psychiatrist now practising in Grande Prairie](#)



# Reducing wait times for surgeries

AHS has done considerable work over the past four years to introduce better management of the list of Albertans who are waiting for surgery. Adult patients who have been waiting for one day, one week, months or longer are included in this list, which changes constantly as thousands of procedures are completed every month – often on an emergency basis – and more patients are newly assessed as requiring surgery. The focus is to ensure all surgeries are completed within clinically recommended timeframes. Data is being used to analyze wait-lists of individual surgeons, as well as factors that inform the appropriate treatment of individual patients, the appropriate utilization of all available operating room capacity, and the most efficient scheduling of surgeons, anesthesiologists and nurses.

## Successes:

- By March 31, 2023, it is anticipated that AHS and the chartered surgical facilities will have completed 290,000 surgeries which is an increase of 11,400 surgeries or 4 per cent (from 278,600) last year. On October 31, 2022 the number of patients waiting outside the clinically recommended wait time was 39,246 and that number has decreased to 35,595 as of February 20, 2023 and we expect a further decrease by March 31, 2023. The number of patients waiting the longest relative to their clinically recommended wait times will have decreased by 30 per cent between April 1, 2022 and March 31, 2023.
- AHS is focused on ensuring that those patients who have waited the longest for surgery are prioritized. Between November 2022 and January 2023, the number of patients who have been waiting at least three times longer than a clinically appropriate time for surgery has been reduced by five per cent — representing about 800 fewer Albertans on the wait-list.
- At the end of January 2023, cancer surgeries in Alberta were up 11 per cent compared to the same time frame in the pre-pandemic 2018-19 fiscal year.
- Patients referred to a urologist or orthopedic surgeon are benefiting from a new program that helps their family doctor find them a specialist with the shortest wait time. The Alberta Facilitated Access to Specialized Treatment (FAST) program — launched in



AHS is reducing wait times for surgeries through better management of the province's surgical wait-list.

➤ AHS signed a contract with Canadian Surgery Solutions — announced in January 2023 — to offer 3,000 additional orthopedic procedures. This contract will increase orthopedic procedures performed in the Calgary area by 21 per cent compared with 2021-22 by adding operating rooms to the available inventory of AHS.



December – enables family doctors and other providers to send referrals to a central team, which then assigns the referral to a specialist with the shortest wait-list, or a specific surgeon if that's the patient's preference. This program will roll out to other surgery areas over the next three years.

### Ongoing actions:

- Adding rapid access clinics for orthopedics.
- Improving how surgeries are booked through central booking.
- Optimizing surgical activity at urban and rural sites.
- Expanding the surgical workforce and working to retain the existing workforce.
- Adding up to 1,200 additional surgical procedures annually at the recently opened fifth surgical suite at the Lois Hole Hospital for Women.
- Upgrading all six operating rooms at the Northern Lights Regional Health Centre in Fort McMurray, enhancing surgical capabilities. The work is expected to be complete in the first half of 2023.
- Increasing access to hip surgery for northern Albertans with a new surgical program at Hinton Healthcare Centre. Hinton becomes the fourth site in the AHS North Zone providing hip surgeries, joining Grande Prairie, Westlock and Bonnyville. The local surgical teams expect to perform approximately 200 orthopedic surgeries annually.
- Improving the accuracy and management of surgical waitlists through automated calls to patients to confirm their status on the waitlist.
- Expanding alternative care team models, such as anesthesia, to ensure available supports.
- Continuing to optimize the utilization of all operating rooms, including decanting to rural and smaller centres when appropriate.



AHS is optimizing activity in its operating rooms and at chartered surgical facilities.

- Continuing to increase the number of publicly funded surgeries performed in contracted chartered surgical facilities (CSFs) to increase overall surgical capacity.
  - o A new facility run by Enoch Cree Nation, in partnership with an experienced surgical group, will offer 3,000 orthopedic procedures. It will be the first surgical facility to be built on First Nation land in the province.
  - o CSFs have been contracted to perform up to 30,000 publicly funded ophthalmology procedures when built.
  - o AHS signed contracts with chartered surgical facilities in Calgary and Edmonton, for an additional 6,000 orthopedic procedures.

### Sharing progress with Albertans:

Recent announcements have included:

- [Calgary Zone Orthopedic CSF Contract](#)  
Expanded relationships with chartered surgical facilities in Edmonton and Calgary.
- [New program helps improve access to specialists](#)
- [New program improves access to hip surgeries in northern Alberta](#)
- [New OR opens at the Lois Hole Hospital for Women](#)
- [Upgraded suites to boost surgical care at Northern Lights Regional Health Centre](#)

# Other priorities

## Building the workforce

As we focus on the priority areas, there are many contributing factors that will enable success in achieving our ambitious goals. The most critical factor to success will be ensuring we have a strong, resilient and available workforce in a time of worldwide workforce challenges.

AHS employs a remarkable group of healthcare professionals. The organization has more than 112,000 direct employees and 9,200 appointed and privileged physicians working at more than 900 facilities throughout the province. Dr. Cowell has reached out to staff and physicians across the province to ensure a clear understanding of their ideas, concerns and aspirations. He supports empowering leaders and front-line workers by further enhancing local decision-making, enabling regional innovation, and working with partners to help attract more healthcare professionals to Alberta.

AHS is now developing a Health Workforce Strategy in alignment with the Alberta Health Workforce Strategy. The strategy is a focused effort to address current labour market demand in the healthcare sector and will provide a roadmap to ensure immediate needs are prioritized, the workforce continues to grow, and every effort is taken to optimize and retain skilled employees.

Over the last few months, stabilizing trends are emerging. Vacancy rates have steadied and started a downward trend and are only marginally higher than this time last year (14.9 per cent vs. 14.8 per cent). Overtime rates have steadied and shown a downward trend in some areas, decreasing slightly compared to this time last year (2.8 per cent vs. 3.1 per cent). Sick rates have seen a downward trend in the last few weeks and are lower compared to this time last year (5.3 per cent vs. 7.6 per cent).



AHS is developing a Health Workforce Strategy designed to recruit and retain healthcare professionals.

AHS added 800 registered nurses, licensed practical nurses, and healthcare aides in 2022. Since 2019, AHS has added 5,800 front-line staff, including 1,800 registered nurses and 300 paramedics.

Local, national and international initiatives are being employed to grow the talent pool. International recruitment campaigns are underway in Australia, India, Jamaica, Philippines and South Africa. Work with partners including the College of Physicians and Surgeons of Alberta - the Association of International Medical Graduates of Alberta - the College of Registered Nurses of Alberta and government is highlighting opportunities and streamlining paths to practice for internationally trained and educated physicians and nurses.

International medical graduates (IMGs) are critical to Alberta health care. A substantial portion of the AHS and Alberta medical workforce are IMGs, particularly in rural Alberta. In AHS rural zones, up to 70 per cent of the medical workforce are IMGs. They also make up about 34 per cent of all Alberta physicians.



Existing programs and partnerships, such as Rural Health Professions Action Plan, are being leveraged to support community integration to set up candidates for success. And post-secondary partners are boosting student placement opportunities and ensuring every Alberta high school graduate considers healthcare as a meaningful and fulfilling career option.

Given current national and international demand for healthcare workers, recruitment alone will not meet the needs of Alberta's healthcare system. Initiatives to optimize the current workforce by ensuring every healthcare worker can work to their full scope of practice, are vitally important. These include:

- Expediting hiring for licensed practical nurses and healthcare aides.
- Exploring improved utilization and integration of nurse practitioners and midwives in rural zones.
- Adding 100 physician assistant, clinical assistant and nurse practitioner positions.
- Implementing an anesthesia care team model to extend anesthesiology workforce.
- Increasing relief pools to provide a reliable supply of staff to ensure more consistent staffing levels.
- Ensuring all regulated providers are working to full scope of practice.
- Exploring opportunities to maximize the full scope of practice of our HCWs to support care delivery where staffing challenges exist (e.g. respiratory therapists on anesthesia teams, physician assistants and nurse practitioners to support inpatient care).
- Where possible, adjust provider mix to meet patient/population needs.

Retention initiatives are equally important and include addressing workforce fatigue, better supporting managers as they engage with their teams, reducing administrative burden for front-line leaders, and ensuring efforts to

increase local decision-making are accelerated. Solutions developed at the local level best reflect the needs of local staff, leaders and the communities they serve.

## Local decision-making and innovation

During the Official Administrator's first 90 days, AHS staff and physicians have been asked for their input and feedback on what local decision-making currently looks like across the organization. Based on themes emerging from this ongoing engagement, AHS is focusing on how to simplify processes such as hiring, budgeting and procurement practices; reducing administrative burden on our leaders and staff; and improving the culture around local decision-making.



AHS is engaging front-line leaders and healthcare providers to hear their ideas on how to increase local decision-making, a key element of health system reform.



AHS will continue to work with our partners and stakeholders, and listen to Albertans across the province, to ensure health services are accessible and meet the needs of all communities.

## Looking forward

Healthcare is an area of continuous innovation – in equipment, research, knowledge and practice. Healthcare systems must follow suit. This is a period of rapid improvement and innovation at AHS, which is beginning to show demonstrable value for Albertans thanks to the hard work, dedication and ingenuity of AHS staff and physicians, as well as the support of many partners and stakeholders.

Relentless focus on four key priorities — areas for rapid improvement that matter most to Albertans — has resulted in significant forward momentum over the past 90 days. With disciplined focus and progression, AHS will continue to demonstrate improvement throughout all areas of accountability laying the groundwork for long-term system transformation that will enhance health outcomes and experiences for all Albertans.

### ***About Dr. Cowell***

*John Cowell previously served as Official Administrator of Alberta Health Services in 2013/2014. He is trained as a specialist physician, is the previous CEO of the Health Quality Council of Alberta and the Workers Compensation Board, and has worked in executive roles over many decades.*