Provincial Health Tour | Summer 2022 Fort McMurray – July 18, 2022 What We Heard Summary

The Government Alberta and Alberta Health Services are jointly hosting a series of engagement conversations across Alberta over Summer 2022. The Provincial Health Tour has been designed to allow Alberta Health and Alberta Health Services to engage with our healthcare staff, partners and stakeholders in communities from across the province; to share current approach and priorities, discuss current state and future opportunities, celebrate our successes and work together to identify strategies to address challenges within the healthcare system.

Fort McMurray

34 Stakeholders participated representing municipal and community leaders



MLA Tony Yao (Fort McMurray-Wood Buffalo) welcomed stakeholders to the session.

The Minister of Health, Jason Copping, provided an update on healthcare including sharing successes and an update on Government investment and areas of focus.

AHS Interim President & CEO, Mauro Chies, shared the AHS Health Plan and priority areas, as well as the challenges and opportunities for our future vision.

The power of partnerships

Healthcare is all about partnerships that can help to make a positive difference where we live. The Regional Municipality of Wood Buffalo (RMWB) has a number of unique partnerships including:

- AHS and the Athabasca Tribal Council entered a memorandum of understanding to partner and develop an Indigenous Health Clinic at the Northern Lights Regional Health Centre this past March. The clinic will provide accessible, culturally safe health services for First Nations, Métis and Inuit peoples in the region.
- AHS and the RCMP partnered in May to establish Regional Police and Crisis teams for AHS mental health professionals and RCMP to work together with individuals experiencing a mental health crisis.
- The Northern Lights foundation recently raised more than \$350,000 during its Spring Fling event – funds raised will support healthcare services in the community.

Aberta Health



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

Alberta Health Highlights

Budget

Alberta Health's budget is \$22B, and anticipated to increase by \$600M a year over the next three years including key investments as follows:

- \$64M increase to EMS budget
- \$60M in new funding over three years to expand recovery-oriented support for people experiencing addiction and mental health issues
- \$3.7B for continuing care, community care and home care programs
- \$3.5B over three years in capital funding for health facilities, equipment and IT systems across the province.
 - The Health Capital plan also includes \$45M over three years for the Rural Health Facilities Revitalization Program.

Physician Recruitment

Approximately \$90M is being spent in 2022 including:

Rural Remote Northern Program:	~\$57 M	Rural Medical Education:	~\$6M
Rural Integrated Community Clerkship Program:	~\$4M	Rural Health Professions Action Plan (RhPAP):	~\$9M
Locum Program:	~\$3M	Rural Physician On-Call program:	~\$12M

Alberta Health is working with RhPAP on its Rural Education Supplement and Integrated Doctor Experience (RESIDE) program to help address challenges in rural and remote areas.

System Recovery

Over the next three years, AHS will perform between 20 and 23 per cent more surgeries compared to 2018-19 to reduce surgical wait lists.

AHS will return to pre-pandemic surgery wait list status by the end of 2022-23.

AHS is resuming many regular public health activities in 2022-23.

AHS will add 50 permanent, fully staffed ICU spaces by the second quarter of 2022-23.

Government is providing funding for more ground ambulances and additional EMS staff.

In each of the next three years, AHS will add about 1,000 new continuing care spaces and increase the number of unique home care clients by four per cent.

AHS Health Plan 2022-25

AHS is entering a new era of transformation and innovation. The Health Plan 2022-25 is the roadmap for this exciting journey. At the heart of this plan are the 10 priorities that align with direction from the Minister of Health and reflect feedback from patients, clients and families who have received care from AHS.

The 10 priorities are:



1. Alberta Surgical Initiative Implementation of the Alberta Surgical Initiative ensuring that, by 2025, all Albertans receive their scheduled surgeries within clinically approved wait times.



6. Rural Initiatives and Engagement

Rural engagement and rural initiatives, to strengthen partnerships with rural communities, to better support the rural healthcare workforce and to better meet the unique needs of Albertans living in non-urban communities.



2. EMS 10-Point Plan Implementation of the EMS 10-Point Plan, designed to improve EMS services and availability, especially in rural and remote communities.



7. Continuing Care

Continuing care, increasing the numbers of continuing care spaces and living options, expanding home care hours, and shifting reliance from facility – to home-based care when appropriate.



3. Mental Health and Substance Use Recovery

Mental health and opioid recovery, which includes adding AHS-managed treatment spaces, and expanding in-person and virtual recovery-oriented programs and services.



4. Pandemic Response and Recovery

Pandemic recovery, which involves adding acute care spaces (ICE beds), supporting continued access to vaccines and treatments to COVID-19, and establishing specialty clinics to support Albertans with ongoing COVID-19 symptoms.



5. Digital Health Evolution and Innovation

Digital health evolution and innovation, including the ongoing rollout of Connect Care and continued expansion of virtual health to support more community – and home-based care, programs and services.



8. Workforce Recruitment and Retention

Workforce recruitment and retention, which involved supporting our current workforce following more than two years of pandemic response, as well as recruiting and retaining needed healthcare workers.



9. Quality of Patient Outcomes

Quality of Patient Outcomes, ensuring patient safety and high-quality care are maintained and enhanced during a period of transformative change in the organization.



10. Sustainability

Financial sustainability, ensuring that AHS is run efficiently, with Albertans getting full value for every health dollar.

The event included a working session where participants reflected on the following questions:

- What is our healthcare system doing well?
- What challenges currently exist within the system?
- In addition to what is currently being done, how can we better address challenges?
- What can you do to improve the provision of health care in your community?

Here's a sampling of what we heard in Fort McMurray.

What we are doing well

Fort McMurray community participants highlighted the **excellent care** and local **staff** in their discussions. They highlighted the strong primary care network that serves the area and said Emergency care is very good.

Virtual care was identified as something the healthcare system is doing well. The decreased need for travel was also raised given distance to Edmonton and other centres that is often required following specialist referrals. Several participants also said HealthLink and online information has been helpful, particularly through the pandemic.

At least seven participants commented on the value of



"The passion (for) the community is palpable – across services and healthcare teams."

"Great practitioners and staff in Fort McMurray. Patients are taken care of once in the system and they care for patients."

community partnerships and collaboration with community agencies (Street Connect was highlighted as a success). Community collaboration was both a highlight and an opportunity for the future.

Top healthcare challenges and opportunities

"Retention of primary care providers is very low, and it takes time to get new providers up to speed, resulting in long wait times." **Workforce:** Recruitment & Retention were referenced almost 20 times throughout discussions in Fort McMurray. Specifically, participants raised concerns about burnout among healthcare staff, the physician shortage, and the need to do more to keep the staff that we do have working in Northern Alberta.

In terms of solutions or opportunities to address the challenges, several highlighted rural practicums and "grow your own" strategies to train new healthcare workers and keep them in their rural home communities. Increased educational opportunities for youth, including at the

high school level were seen as potential strategies to keep healthcare professionals in the rural North. Others added the suggestion to work more closely with academia to support programs that would allow healthcare workers to expand their skills, such as supporting LPNs to train locally to become RNs and RNs to train to be Nurse Practitioners.

Better use of existing resources such as midwives, nurse practitioners, visiting specialists and the creation of a local internship program for physicians were also mentioned as was better compensation models and incentives.

Access: Wait times, transportation and the associated costs of travel, and access to specialists/specialty care were among the topics raised under the theme of access. Several referenced long waits even to reach the centralized line to make a referral and the wait to get through to primary care to make an appointment. Wait times were also a pain point for participants with respect to accessing MRI and rehabilitation.

Travel is a significant concern due to distances from Fort McMurray to the nearest tertiary centre in Edmonton – more than four hours drive on good summer highways, much longer and more treacherous in winter months. *"Accommodation and travel costs for out-of-town patients"* was raised as a barrier for some. One participant said

"Travel for treatment is stress(ful) for patients. Some parents will take time off to take kids to appointments out of town, but not for themselves."

"Patients may avoid treatment because they can't afford to travel to Edmonton or Grande Prairie for some cancer or other treatments".

There is opportunity to better coordinate appointments between specialists and primary care physicians, participants suggested. Virtual appointments were also seen as an approach to reduce the need for travel. This was highlighted as a success and identified as something that should be expanded during the discussions.

Finally, participants suggested the province review low-income guidelines with respect to social support programs for Fort McMurray residents stating *"low-income is different"* and several suggested more investment in healthy living programs to promote wellness versus focusing so heavily on illness and acute care.

EMS: Participants identified centralized EMS as a challenge and suggested it be reconsidered. They also raised concern about jurisdictional challenges with respect to EMS going into Indigenous communities. There were recommendations to consider community care paramedics to reduce Emergency Room visits and one participant challenged the EMS 10-point plan,

"There is an opportunity to create teams: paramedic, RN/RPN, social workers (and police) to deescalate and make plans (that) avoid hospitalization."

wondering "how do we benefit in the Rural Municipality of Wood Buffalo?"

Organizational Structure: Many see AHS as an organization that is too complex where bureaucracy and working in silos is high, even suggesting there are silos separating primary care from AHS which impacts care quality in the community.

Several suggested more collaboration between systems, ministries (i.e., health and education) and programs, better utilization of space – including surgical space – and more integration of services.

As part of this discussion, participants focused on community partnerships between AHS and municipalities, Indigenous and Métis communities and with the Health Neighborhood Coalition.

Evaluation of event

- Of the 26 individuals who completed a survey (both internal and external events):
 - 25 (96%) responded that the topic was highly relevant, and something they wanted to know more about (18 ranked as 5 out of 5; 7 as 4)
 - 25 (96%) felt strongly that the session was a good use of their time (11 ranked as 5 out of 5; 14 as 4)
- Many respondents indicated that the most valuable part of the meeting was the opportunity to share their ideas, and to hear the perspective of colleagues, the Minister and AHS leaders.
- Participants indicated a desire for more notice of the event and more time to ask questions
 of presenters; and stressed the importance of the information and concerns shared being
 acted upon.

Next steps

- All notes and partnership ideas generated from the Provincial Health tour will be shared with Alberta Health and Alberta Health Services leadership.
- A report and recommendations will be produced by Alberta Health.

Thank you

We are grateful to all who took the time to meet with Alberta Health and Alberta Health Services leadership to discuss the future of healthcare in Alberta. Your experience and personal insights will inform future planning and changes that will improve healthcare for all Albertans.

Contact us: community.engagement@ahs.ca

"Roundtable offered great discussion with other municipal leaders."