



# Alberta Health Services

## 2024-27 Health Plan

Prepared September 2024

Minor revisions made November 2024. This includes removal of Recovery Alberta workforce from vacancy rate and overtime rate and corrected the EMS response time.

# Message from AHS Board Chair

A Time of Change. There is no more appropriate title for this, the 2024-27 Health Plan for Alberta Health Services (AHS). This document outlines three long-range goals and 10 objectives for AHS as the organization shifts from being the province's sole health authority to having a streamlined role as a contracted service provider. That's a big change. A needed change.

This transition is part of the Government of Alberta's efforts to refocus the health system. The plan involves the establishment of four new provincial health agencies over the next 12 months, each focused on a specific area of functional importance: acute care, continuing care, primary care, and mental health and addiction. These new agencies will provide oversight and co-ordinate services in their respective areas.

For Albertans, these changes mean they will receive the seamless, high-quality care they need, when and where they need it.



For Alberta's valued frontline healthcare professionals, these changes mean help is on the way. There will be greater focus on removing impediments to delivering timely, high-quality care, and a greater emphasis on local decision-making, as the expertise of healthcare professionals will inform problem-solving and decision-making processes.

As for AHS, the AHS Board will ensure it makes tangible progress toward the overarching goals (system sustainability, access, quality and safety) and specific objectives outlined in this document. These objectives are supporting the refocus initiative and continuity of care; achieving a balanced budget; building a resilient workforce; maintaining emergency medical service (EMS) response times; improving emergency department flow, acute care flow, and patient experience; focusing on surgical wait times, local decision-making, and health promotion and disease/injury prevention; and increasing access to lab and diagnostic imaging. This Health Plan also outlines performance measures that will help AHS track its progress.

The next three years will be a time of change. We're entering a new era of healthcare improvement for the people we serve, and for the incredible health professionals on our frontlines. With this Health Plan as our guide, let's get started.

[Original signed by]

Dr. Lyle Oberg  
Board Chair  
Alberta Health Services

# Message from AHS President & Chief Executive Officer

Healthcare in Alberta is undergoing a major transformation. Launched earlier this year by the Ministries of Health and Mental Health and Addiction, AHS will be supporting the refocusing of our healthcare system. This Health Plan reflects a three-year strategy during this period of change. As healthcare in Alberta enters a new era, change will be inevitable, but I believe that refocusing will be foundational in setting up our system for success for future years to come. I encourage patients and staff to embrace these changes to create a sustainable, accessible, and quality health system for all.

Currently, AHS serves more than 4.5 million Albertans across urban, rural, and Indigenous communities. In the coming years, sustainability will be a fundamental component of our success in providing the best possible healthcare for future generations.

AHS' focus remains firmly on our patients; therefore, we must ensure our system can meet Albertans' growing needs while ensuring continuity of care. A significant priority will be cost savings supported by an effective workforce. Our current system is resourced at a level competitive with other provinces and will continue to grow even as we fill current vacancies.



The provincial direction aims to improve access to primary care, mental health services, and continuing care capacity. With this renewed focus and once the transition has been completed, AHS is targeting a decrease in EMS response times, emergency department length of stay, and surgical wait times. Progress in each of these areas will improve patient flow through our system and increase accessibility for all. Healthcare access must be inclusive of all urban, rural, and Indigenous communities.

AHS is committed to providing seamless care throughout this transition period. By focusing on innovative quality care, improving the healthcare experience, and supporting community-led prevention initiatives, AHS will improve health outcomes and consistency of care across the continuum.

I am continually amazed at our workforce's resiliency and adaptability and am committed to ensuring AHS supports the health and well-being of all patients, staff, and communities through a people-centred transition.

[Original signed by]

Athana Mentzelopoulos  
President and CEO  
Alberta Health Services

# Governance

AHS is one of three entities under the Government of Alberta's Ministry of Health. Alberta Health supports the Minister to establish strategic direction; set policies, legislation, and standards; to allocate health funding for AHS to plan and to deliver health services to Albertans. AHS works in partnership with other service providers and agencies across the province to ensure smooth and effective transitions of care.

In 2024-25, AHS will receive \$16.4 billion of funding from Alberta Health and \$1.2 billion of funding from Mental Health and Addiction – representing the largest allocation of the entities within these two Ministries. These funds, as well as other revenue sources, allow for the delivery of a broad range of healthcare services on behalf of the Government of Alberta. Legislation will be tabled in spring 2024 that will outline the legal requirements for the new provincial health agencies, including transition of powers and assignment of responsibilities previously under AHS to the new provincial health agencies.

## Legislative Requirements

AHS is required to prepare and submit a Health Plan that addresses how the organization will carry out its responsibilities and measure its performance. The requirement to annually submit a Health Plan to the Minister of Health is set out in the *Provincial Health Agencies Act*. The Health Plan articulates the organization's strategy and plan to implement the direction and priorities set by the Ministry of Health.

AHS produces accountability performance reports that describe the progress made on actions, performance metrics to assess results, and financial performance as outlined in the Health Plan and Business Plan. AHS creates a legislatively required Annual Report as outlined in the *Provincial Health Agencies Act*.

# Looking Forward: A Refocused Healthcare System

The Ministry of Health is refocusing Alberta's healthcare system with the goal to improve health outcomes for Albertans and empower healthcare workers to deliver quality care across the province.

As part of the refocus work in 2024-25, Alberta Health is creating four new provincial health agencies that will provide oversight and coordination of service delivery to improve health outcomes and access, provide seamless care between different healthcare providers, improve local decision-making, and prioritize the well-being and expertise of healthcare workers.

The four new provincial health agencies are described as follows:

**Recovery Alberta: Mental Health & Addiction Services** (Summer 2024) will be responsible for the delivery of mental health, addiction and correctional health services currently provided by AHS. It will focus on recovery-oriented care for Albertans, delivering services that span prevention, intervention, treatment, and recovery supports. It will work with other service delivery providers, and Indigenous communities in the province, to support every Albertan struggling with mental health and/or addiction challenges in their pursuit of recovery, ensuring access to a full continuum of treatment and recovery-oriented supports across Alberta.

The **Continuing Care** provincial health agency (Fall 2024) will provide oversight and coordination of service delivery across the spectrum of continuing care, including continuing care homes and home and community care. It will focus on achieving equitable, consistent, and timely access to continuing care supports and services through a single, coordinated intake approach, increasing the number and geographic distribution of spaces to meet the needs of Albertans, and improving team-based cross-sector care by leveraging other health and social services.

The **Primary Care** provincial health agency (Fall 2024) will coordinate primary care services and provide transparent provincial oversight. It will focus on ensuring all Albertans are attached to a family physician or a nurse practitioner, providing timely access to high-quality primary care services and supporting an integrated team of health professionals to provide comprehensive primary care with appropriate access to patient health information.

The **Acute Care** provincial health agency (Fall 2024) will oversee the delivery of acute care including care delivered in all hospitals, urgent care, chartered surgical facilities, emergency medical services (EMS), and cancer care. It will work directly with acute care service delivery providers including AHS, Covenant Health and chartered surgical facilities to reduce wait times for emergency departments, reduce wait times for surgeries, lower EMS response times and improve quality of acute care across the province.

# AHS Accountability

As part of Government of Alberta's refocusing of the healthcare system, AHS will become a service provider and will report to the Acute Care provincial health agency which will oversee the delivery of hospital care, urgent care, cancer care, clinical operations, surgeries, and emergency medical services to all Albertans.

To date, over 130 positions have transferred to Alberta Health. Positions were identified based on the function of the role and the operational work that is moving to Alberta Health. The positions fell predominately within the following AHS departments: Continuing Care Audit, Planning and Performance, Capital Management, and Procurement.

As the provincial healthcare system is in a period of transition, it is anticipated that system-wide planning beyond 2024-25 will be led by the Departments of Health and Mental Health and Addiction, with the sector-based agencies leading planning within their respective sectors.

## **AHS Facts** (Source: AHS 2022-23 Annual Report)

AHS currently delivers health services to more than 4.5 million Albertans as well as transitional care to residents of other provinces and territories. Prior to the 2024-25 fiscal year,

- AHS had more than 111,100 direct employees (excluding Covenant Health and other contracted health service providers) and more than 13,100 staff working in AHS' wholly owned subsidiaries, such as Carewest, CapitalCare Group, and Alberta Precision Laboratories.
- AHS was supported by over 11,100 independently practicing physicians, approximately 8,850 of whom are members of the AHS medical staff. AHS was also supported by nearly 160 midwives on the AHS midwifery staff who provide care both in the community and in our facilities.
- AHS had 9,100 volunteers who have contributed more than 558,000 volunteer hours in 2022-23 to help keep Albertans safe and healthy.
- AHS programs and services were offered at more than 900 facilities throughout the province, including hospitals, continuing care facilities including type A continuing care homes (formerly long-term care), type B continuing care homes (formerly designated supportive living), type C continuing care homes (publicly-funded residential hospice care), community palliative sites, contracted care sites, cancer centres, mental health and addiction facilities, community ambulatory care centres, AHS-run primary care clinics, and clinics and community health centres that provide community-based services such as family care clinics in Edmonton and Slave Lake.
- AHS had 106 acute care hospitals, five stand-alone psychiatric facilities, 8,605 acute care beds, 29,124 continuing care beds/spaces including 261 community palliative and hospice beds/spaces, 485 sub-acute care, and 3,176 mental health and addiction beds/spaces.

As part of the refocus initiative, the AHS workforce, programs, services as well as beds and spaces will be managed by one of the four new provincial health agencies.

# The Changing Health Needs of Albertans

## Drivers of Change

Many influences contribute to the demand and delivery of a quality, accessible, sustainable, and culturally safe healthcare system in Alberta. In developing the Health Plan, AHS must consider several factors that contribute to the changing need for the delivery and support of healthcare services. This information helps identify where changes are needed and allows AHS to direct attention to organizational efforts in priority areas.

The following is an overview of drivers of change for healthcare provision in Alberta:

**Growing population:** Alberta's population growth continues to accelerate. In the 12 months preceding January 1, 2024, the province's population expanded by 202,324 people, or 4.4%. This represents a significant increase from the previous year (3.0% in 2022-23) and the highest annual growth rate since 1981. International migration added over 31,000 net new residents to Alberta in the fourth quarter of 2023, which was higher by nearly 7,500. In addition, Alberta saw the largest net gain in interprovincial migration in 2023 than any other year, adding over 55,000 people. Investments will be carefully considered to ensure AHS has sufficient capacity and resources to support the healthcare needs of Albertans. Source: [www.alberta.ca/population-statistics](http://www.alberta.ca/population-statistics).

**Financial sustainability:** Alberta is not alone in experiencing the challenges of sustaining a system that can respond to the changing needs of the population while maintaining quality service delivery and fiscal prudence and accountability. Like many jurisdictions, Alberta must consider financial pressures that impact the delivery of health services across the province, such as growth in service demand, workforce compensation, cost inflation, and new technologies. Increased attention is also required to address the direct and indirect costs resulting from health disparities among geographies and populations in the province.

**Rural and Indigenous communities:** Alberta has unique geographies and populations with health needs that require tailored approaches to healthcare delivery. Alberta has urban centres, smaller communities, and remote locations. These include Indigenous communities spanning Alberta which experienced greater inequities in health conditions, such as elevated rates of chronic and communicable diseases, reduced life expectancy, challenges in accessing acute care, and with mental health and addictions issues compared to non-Indigenous populations.

**Workforce retention and recruitment:** Like many other provinces and jurisdictions, Alberta is experiencing a health workforce shortage that is expected to worsen over the next few years. With government health workforce activities, investments in post-secondary education and ongoing AHS efforts to recruit, this shortage will begin to improve. Future nursing and other health workforce planning will need to include collaborative, team-based, patient/family-centred models of care as well as appropriate use of the full scope of practice of all healthcare providers.

## Enterprise Risks

Several risks may impact the achievement of AHS' goals and objectives. Risks and their related drivers are identified and regularly assessed as part of the ongoing AHS enterprise risk management program. The following key risks are part of the AHS enterprise risk register and active mitigation plans are in place.

**Sustainable workforce:** The global shortage of qualified healthcare professional has made it challenging to attract and retain sufficient workforce to meet the growing demand for healthcare in Alberta particularly so in rural, remote, and Indigenous communities. Managing this risk is also critical to protect the health and well-being of our existing workforce and providing quality, safe care to our patients.

**Access and wait times:** The growing demand for healthcare services combined with the shortages of qualified healthcare professionals is expected to continue to grow. This impacts our capacity to provide acceptable access to care for emergency medical services, emergency departments, surgeries, diagnostic imaging, acute care services, and continuing care services within clinically appropriate wait times.

**Continuing care service utilization:** As demand for continuing care services in Alberta continues to exceed the rate of expansion of community-based continuing care and home care services in the most appropriate setting, it may continue to impact our capacity to provide acute care services.

**Alberta Precision Laboratories:** The successful integration of all community laboratory operations, including DynaLIFE, under Alberta Precision Laboratories is critical to meet the growing demand for timely and accurate provision of testing and collection laboratory services for Albertans.

**Information and cyber security:** Like other healthcare organizations, AHS is facing an increasingly hostile cyber threat landscape at the same time our reliance on clinical systems to deliver patient care and corporate information systems is increasing.

AHS also monitors emerging risks that may impact our ability to deliver care to Albertans and meet our goals and objectives. For example, natural disasters such as wildfires and severe flooding not only impact healthcare services in those communities directly impacted, but displaced people put pressure on other communities' abilities to meet sudden and surge demand for healthcare services.



# Goals and Objectives

AHS will continue to provide a patient-focused, quality health system that is accessible, culturally safe, and sustainable for all Albertans. To achieve this, the Health Plan has been organized according to three long-range goals: System Sustainability, Access, and Quality and Safety. These overarching goals include objectives (or outcomes) that describe the organization’s plan to meet service delivery. There are 10 objectives with corresponding actions that outline the work needed to achieve the objective.

AHS will continue to maintain its existing data collecting processes to support performance reporting of Alberta’s health care system. There are 17 performance measures that align to the objectives. In identifying measures for the Health Plan, preference was given to measures with CIHI comparisons and benchmarks. Given budget constraints, activity volumes are not expected to increase over 2023-24 volumes. Median (50th percentile) wait times will be reported.

Supplementary measures have also been included. We have included 90th percentile wait times for EMS response times and ED flow metrics to ensure alignment to previously reported metrics. We have also included CIHI surgical wait time measures to provide transparency against national comparators. These supplementary measures will be reported annually.

Additional initiatives and other indicators can be found in department-specific action/operational plans.

## Goal: System Sustainability



## Goal: Access



## Goal: Quality & Safety



# GOAL: SYSTEM SUSTAINABILITY

AHS has a responsibility to ensure healthcare dollars are spent effectively and that frontline teams have the resources to provide safe, quality patient care. AHS is looking to find cost efficiencies to best manage and achieve a balanced budget for the fiscal year. As part of the health system refocus, AHS will work with Alberta Health and Alberta Mental Health & Addiction to support its transition from regional health authority to service provider. During this time, we will ensure continuity of care and access to healthcare services across the spectrum, careful cost management that does not compromise patient care, and focused efforts to support a smooth transition of the workforce and supports local decision-making.

## Objective 1: Support refocus initiative and continuity of care

AHS will support Alberta Health in the healthcare refocusing and is committed to a functionally integrated system that prioritizes continuity of care and positive patient outcomes. AHS will work to ensure patients receive seamless and coordinated care across healthcare providers during this period of change.

### Actions to be completed by March 31, 2025

- 1.1 Support the transition of AHS from regional health authority to service provider.
- 1.2 Support the transition by ensuring continuity of care and access to primary care, acute care, public health, continuing care, and mental health and addiction services.
- 1.3 Support internal change management as AHS transitions from regional health authority to service provider through 2024-25 and beyond.
- 1.4 Support the necessary approach and steps to facilitate the transition of leadership, administrative support, and AHS staff to the new provincial health agencies and Alberta Health.
- 1.5 Provide support and recommendations to Alberta Health related to the delivery of corporate and clinical support services in a refocused health system.
- 1.6 Engage with AHS workforce to support the future provincial health agencies.

### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Support the implementation of an operating model to consolidate select IM/IT services into centrally managed and coordinated organization(s) as part of the refocus work.
- Coordinate and manage acute care services delivered in AHS hospitals under the direction of the acute care provincial health agency; operate continuing care spaces in sites currently owned/operated by AHS; and continue delivery of home care currently provided by AHS in alignment with both service agreements and government priorities.
- Through Transition Service Agreements, provide corporate, clinical, and other support services to new provincial health agencies through the transition period.

| Performance Measure  | 2021-22 | 2022-23 | 2023-24 | Targets                     |                       |                       |
|--|---------|---------|---------|-----------------------------|-----------------------|-----------------------|
|  |         |         |         | 2024-25                     | 2025-26               | 2026-27               |
| Number of Albertans waiting for continuing care:<br>Number of people waiting in hospital or community approved and ready for placement in Designated Supportive Living or Long-Term Care | 1,664   | 1,825   | 2,063   | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

## Objective 2: Achieve a balanced budget

AHS will need multiple strategies to find savings and efficiencies to control of growth of expenses driven by inflation and population growth. Teams will be accountable for managing overtime, vacancies, and agency staff usage effectively; limiting discretionary spending; and implementing program reviews.

### Actions to be completed by March 31, 2025

- 2.1 Achieve a balanced budget by implementing savings initiatives.
- 2.2 Manage expenses by limiting discretionary spending, managing vacant positions, and achieving other efficiencies.
- 2.3 Conduct program reviews and prioritize initiatives to achieve the required savings.
- 2.4 Pursue revenue-generating initiatives.
- 2.5 Support the transfer and establishment of budgets from AHS to the new provincial health agencies and service providers.

### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Continue to manage expenses by limiting discretionary spending, managing vacant positions, and achieving other efficiencies.
- Refine financials and budgets based on refocus work and the creation of the new provincial health agencies and service providers.

| Performance Measure  | 2021-22 | 2022-23 | 2023-24 | Targets  |          |          |
|--|---------|---------|---------|----------|----------|----------|
|  |         |         |         | 2024-25  | 2025-26  | 2026-27  |
| <b>Balanced Budget (within 1%):</b><br>Total revenues less total expenses, divided by total expenses is less than plus/minus 1%. | 0.8%    | 0.5%    | 0.8%    | Maintain | Maintain | Maintain |

### Objective 3: Build a resilient workforce

Patients and their families rely on the expertise and support of our workforce. Timely access to appropriate healthcare depends on a sustainable workforce organized and supported to deliver quality care. Through implementation of its comprehensive Health Workforce Strategy, AHS continues to recruit and retain strong talent. AHS will support initiatives that help build workforce resiliency and support their physical and psychological well-being. In addition, AHS will fill vacancies and identify innovative solutions to address workforce shortages. We will optimize the clinical workforce by ensuring clinical professionals are working to their full scope of practice. These actions will ensure AHS is taking a fiscally responsible approach to managing its workforce by reducing overtime and agency staff usage. AHS will also find opportunities to streamline program administration and processes to clarify accountability and create capacity (e.g., by reducing administrative burden) for our leaders, staff, and physicians.

#### Actions to be completed by March 31, 2025

- 3.1 Recruit frontline staff to fill vacancies, specifically in rural, remote, and Indigenous communities.
- 3.2 Provide psychological and wellness supports to the workforce.
- 3.3 Build a coordinated approach to optimize provider mix and scope of practice.
- 3.4 Continue to use enhanced processes, tools and supports to actively manage overtime.
- 3.5 Support leaders in understanding and applying decision-making within their financial authority.
- 3.6 Identify programs and processes to reduce the administrative burden on the frontlines.

#### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Focus on recruiting Internationally Educated Nurses (IENs), new nursing graduates, and occupational therapists/physical therapists.
- Implement zone-specific workforce optimization action plans.
- Support local implementation of programs and supports to address workforce wellbeing and safety (physical and psychological).
- Refine workforce optimization strategies to align with evolving patient and population needs.
- Reduce program administration and find process improvements in alignment with organizational priorities.

| Performance Measures  | 2021-22 | 2022-23 | 2023-24 | Targets                     |                       |                       |
|---|---------|---------|---------|-----------------------------|-----------------------|-----------------------|
|   |         |         |         | 2024-25                     | 2025-26               | 2026-27               |
| <b>Vacancy Rate:</b> Number of AHS vacant positions as a percentage of the total filled and vacant positions. | 14.2%   | 14.8%   | 11.8%   | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |
| <b>Overtime Rate:</b> Total overtime hours as a percentage of total paid hours for AHS staff.                 | 2.3%    | 2.8%    | 2.8%    | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

Note: Data related to Recovery Alberta is excluded from the baseline in November 2024.

# GOAL: ACCESS

The health system refocus initiative, led by Alberta Health, focuses on better access to primary care providers and teams, increased continuing care capacity, and more suitable support for Albertans struggling with mental health and addiction challenges. These investments help alleviate pressures on emergency departments and the acute care system. Strategic investments will result in better health outcomes and a more sustainable system. There will also be a focus on improving access to rural, remote, and Indigenous communities. We want to ensure the health system is responsive and accessible to the needs of all Albertans.

## Objective 4: Improve emergency medical services (EMS) response times

AHS will continue to maintain ambulance response times to the previous fiscal year. We will continue to ensure prompt response to all emergency calls. AHS will adopt the provincial EMS performance framework and performance targets currently under development.

### Actions to be completed by March 31, 2025

- 4.1 Maintain EMS response times across the province.
- 4.2 Work with hospitals to maintain or improve EMS offload times in emergency departments.

### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Continue engagement to inform ongoing improvements to EMS.
- Monitor performance measures and report on progress on achieving targets.

| Performance Measures<br>(50 <sup>th</sup> Percentile)  |  | 2021-22  | 2022-23  | 2023-24  | Targets                     |                       |                       |
|--|--|----------|----------|----------|-----------------------------|-----------------------|-----------------------|
|  |  |          |          |          | 2024-25                     | 2025-26               | 2026-27               |
| <b>EMS Response time:</b> Time in minutes after a call is received at EMS dispatch that patients wait for an EMS crew to arrive on scene for a life-threatening event 50% of the time. | Metro and urban areas                    | 7.8 min* | 8.8 min* | 7.6 min  | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |
|  | Communities over 3000 residents          | 9.3 min  | 9.0 min  | 8.1 min  | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |
|  | Rural (communities under 3000 residents) | 16.6 min | 17.0 min | 16.0 min | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |
|  | Remote                                   | 19.9 min | 20.3 min | 20.7 min | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

\*The data was incorrectly reported due to an error in transposing.

The following supplementary measures will be reported annually:

|  |  | 2021-22  | 2022-23  | 2023-24  |
|--|--|----------|----------|----------|
| <b>EMS Response time:</b> Time in minutes after a call is received at EMS dispatch that patients wait for an EMS crew to arrive on scene for a life-threatening event 90% of the time. | Metro and urban areas                    | 14.6 min | 17.5 min | 13.8 min |
|  | Communities over 3000 residents          | 18.6 min | 18.9 min | 16.3 min |
|  | Rural (communities under 3000 residents) | 33.8 min | 33.9 min | 33.3 min |
|  | Remote                                   | 55.4 min | 61.8 min | 64.9 min |

# Objective 5: Improve emergency department flow

The goal is to keep people with minor health concerns out of emergency departments (EDs) and ensure access to care in a more appropriate setting. Through Alberta Health’s refocus initiative, Albertans will receive improved access to primary care services; therefore, we can expect to see improved flow through emergency departments.

## Actions to be completed by March 31, 2025

- 5.1 Implement process improvements (e.g., implement and monitor the Provincial Capacity Escalation Protocol, expand nurse-initiated protocols to facilitate early treatment and diagnostics) to reduce length of stay for patients in the ED.
- 5.2 Implement process improvements (e.g., expand fast track clinics for low acuity patients) to reduce ED wait time to see a physician.
- 5.3 Support the development of the Primary Care and Recovery Alberta: Mental Health & Addiction Services provincial health agencies.

## Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Reduce unnecessary ED presentations through increased access to primary care services led by the new Primary Care provincial health agency.
- Reduce mental health and addiction admissions to the ED through increased community-based options led by Recovery Alberta: Mental Health & Addiction Services.

| Performance Measures<br>(50 <sup>th</sup> Percentile)  | 2021-22  | 2022-23  | 2023-24  | Targets                     |                       |                       |
|--|----------|----------|----------|-----------------------------|-----------------------|-----------------------|
|  |          |          |          | 2024-25                     | 2025-26               | 2026-27               |
| <b>ED Wait time to see doctor:</b> Time to see a physician after being triaged on arrival 50% of the time in the 16 largest sites. ★   | 1.8 hrs  | 2.5 hrs  | 2.6 hrs  | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |
| <b>Total time in ED for patients admitted to hospital:</b> Time from when a patient is triaged to when they are transferred to a hospital bed 50% of the time in the 16 largest sites. ★ | 10.3 hrs | 13.2 hrs | 12.9 hrs | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

★ CIHI benchmarks available for comparison for measure.

The following supplementary measures will be reported annually:

| Supplementary Measures<br>(90 <sup>th</sup> Percentile)  | 2021-22  | 2022-23  | 2023-24  |
|--|----------|----------|----------|
| <b>ED Wait time to see doctor:</b> Time to see a physician after being triaged on arrival 90% of the time in the 16 largest sites. ★   | 4.5 hrs  | 6.2 hrs* | 6.7 hrs  |
| <b>Total time in ED for patients admitted to hospital:</b> Time from when a patient is triaged to when they are transferred to a hospital bed 90% of the time in the 16 largest sites. ★ | 26.7 hrs | 35.3 hrs | 34.4 hrs |

\*Historical data updated, and a minor methodology change resulted in a restatement of the 2022-23 value. The new methodology excludes patients who left the ED without being seen.

★ CIHI benchmarks available for comparison for measure.

# Objective 6: Reduce surgical wait times

AHS continues its efforts to ensure all scheduled surgeries will be performed within clinically recommended timelines. This will be achieved through various initiatives such as optimization of operating room capacity, waitlist management, expanded use of chartered surgical facilities, and recruitment of surgical workforce, in partnership with Indigenous communities.

## Actions to be completed by March 31, 2025

- 6.1 Expand surgical clinical workforce through recruitment, retention, and workforce innovation.
- 6.2 Expand the use Anesthesia Care Team (ACT) model to maximize anesthesiology workforce.
- 6.3 Improve surgical access and patient experience by implementing central access and intake models, such as Facilitated Access to Specialized Treatment (FAST) and Rapid Access Clinics (RACs).
- 6.4 Improve surgery waitlist management, validation, and enhanced surgical prioritization through the Alberta Surgical Initiative.
- 6.5 Improve surgical access and optimize operating room capacity at rural sites through the implementation of the Rural Surgical Networks of Alberta (RSONA).
- 6.6 Expand surgical capacity at acute care sites and Chartered Surgical Facilities (CSFs).

## Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Sustain the above actions in alignment with population growth and increased demand for surgical services.

| Performance Measure  | 2021-22 | 2022-23 | 2023-24 | Targets                     |                       |                       |
|--|---------|---------|---------|-----------------------------|-----------------------|-----------------------|
|  |         |         |         | 2024-25                     | 2025-26               | 2026-27               |
| Number of cases on waitlist outside clinically recommended wait times at all surgical sites (except Stollery and Alberta Children's Hospitals) | 43,597* | 32,199* | 27,159  | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

\* Historical data has been restated for 2021-22 and 2022-23 due to reporting updates.

The following supplementary measures will be reported annually:

| Supplementary Measures (50 <sup>th</sup> percentile)<br>Surgical wait time for selected procedures: Time between when a patient has been identified as being ready to treat to when the surgery has occurred 50% of the time. ★ | 2021 | 2022 | 2023 |
|---|------|------|------|
| Bladder Cancer Surgery (days)   | 26   | 30   | 34   |
| Breast Cancer Surgery (days)  | 18   | 21   | 22   |
| Colorectal Cancer Surgery (days)  | 23   | 25   | 26   |
| Lung Cancer Surgery (days)  | 27   | 34   | 31   |
| Prostate Cancer Surgery (days)  | 62   | 76   | 57   |
| CABG (days)   | 6    | 7    | 8    |
| Cataract Surgery (days)   | 75   | 75   | 90   |
| Hip Replacement (days)  | 154  | 232  | 140  |
| Knee Replacement (days)   | 186  | 283  | 188  |
| Hip Fracture Repair (hours)   | 20   | 21   | 21   |

★ CIHI benchmarks available for comparison for measure (Wait times are assessed between April 1 and September 30 in each year).



# Objective 7: Improve acute care flow

Appropriate use of acute and community care services is critical to increasing efficiency throughout the continuum of care. Alberta Health’s refocus work to increase continuing care capacity will help improve access to care and ensure acute care services and emergency departments are available for those patients who need them most. We will also work with community partners to expand access to acute care services in rural areas for Indigenous and rural communities.

## Actions to be completed by March 31, 2025

- 7.1 Expedite discharges from hospital with seamless transitions to community care to reduce the number of alternate level of care (ALC) patients in acute care.
- 7.2 Support patient access to services through virtual care options (e.g., Virtual Home Hospitals).
- 7.3 Plan for surge capacity to manage respiratory illnesses and other unanticipated surges in demand.
- 7.4 Work with Indigenous partners to improve system integration and outcomes (e.g., discharge planning, navigation).
- 7.5 Support the Alberta’s alternative level of care initiative cross-ministerial work led by Alberta Health which aims to coordinate activities, projects, and actions to ensure timely discharge of patients needing more community supports.

## Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Continue to support the Alberta Alternative Level of Care Initiative.
- Reduce mental health and addiction admissions to acute care through increased community-based options led by Recovery Alberta: Mental Health & Addiction Services.
- Support the incorporation of virtual care to optimize rural bed utilization.

| Performance Measures  | 2021-22 | 2022-23 | 2023-24 | Targets                     |                       |                       |
|---|---------|---------|---------|-----------------------------|-----------------------|-----------------------|
|   |         |         |         | 2024-25                     | 2025-26               | 2026-27               |
| <b>Alternate level of care percentage:</b> The proportion of days patients were assigned to the alternate level of care (ALC) patient service as a function of all days of service provided across all hospitals. ★ | 13.3%   | 14.9%   | 14.6%   | At or below 2023-24 results | Below 2024-25 results | Below 2025-26 results |

★ CIHI benchmarks available for comparison for measure.

Note: ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.



## Objective 8: Increase access to laboratory and diagnostic imaging services

Growth in demand for diagnostic services is outpacing population growth including unprecedented growth in specialized areas within diagnostic imaging. Alberta's population has increased by 4.4% in the past year, and demand for CT and MRI scans has increased 15.5% and 12.5% respectively from 2022-23 to 2023-24. Source: AHS CT and MRI scan rates. In addition, there has been a 6.8% increase in lab tests and 7.0% increase in collections performed by APL. Source: APL Audit Committee Documents. AHS is focused on reducing unnecessary demand through appropriateness strategies while reducing wait times and increasing access to community laboratory and diagnostic imaging services. We want to ensure Albertans receive timely access to appropriate healthcare services and interventions should they require it.

### Actions to be completed by March 31, 2025

- 8.1 Develop a new investment plan to address the growing demand for diagnostic imaging services.
- 8.2 Continue efforts to fully integrate laboratory services under Alberta Precision Laboratories (APL), such as contract assignments and harmonization, lease assignments, IT system integration, and branding.
- 8.3 Focus on recruitment, retention, scope of practice and service models of diagnostic imaging and laboratory services, particularly in rural areas.
- 8.4 Implement appropriateness initiatives in diagnostic imaging and laboratory services.
- 8.5 Support clinical access trials for cancer patients by manufacturing the gold standard diagnostic radiopharmaceutical for diagnosis of prostate cancer.

### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Manage growing demand for diagnostic imaging services through the implementation of an investment plan.
- Manage growing demand for laboratory services.
- Implement additional appropriateness initiatives in diagnostic imaging & laboratory services.
- Prepare for the commissioning and opening of the Calgary Radiopharmaceutical Centre in 2028, which bring radiopharmaceutical manufacturing to southern Alberta and provide provincial redundancy for the existing facility in Edmonton.

| Performance Measures  | 2021-22 | 2022-23 | 2023-24 | Targets                     |                              |                              |
|---|---------|---------|---------|-----------------------------|------------------------------|------------------------------|
|   |         |         |         | 2024-25                     | 2025-26                      | 2026-27                      |
| <b>Percentage of MRI scans within target*:</b> Percentage of patients seen within established targets for MRI scans | 64%     | 54%     | 46%     | At or above 2023-24 results | Improve over 2024-25 results | Improve over 2025-26 results |
| <b>Percentage of CT scans within target**:</b> Percentage of patients seen within established targets for CT scans  | 88%     | 85%     | 81%     | At or above 2023-24 results | Improve over 2024-25 results | Improve over 2025-26 results |

\*MRI targets: Emergency department patients - within 24 hours, hospital patients - within 24 hours, priority 1 scheduled – within 7 days, priority 2 scheduled - within 30 days; priority 3 scheduled - 90 days

\*\*CT targets: Emergency department patients - within 24 hours, hospital patients - within 24 hours, priority 1 scheduled – within 7 days, priority 2 scheduled - within 30 days; priority 3 scheduled - 60 days

## GOAL: QUALITY & SAFETY

Safe and quality healthcare allows Albertans to live with the best possible health outcomes and experiences. By reducing safety concerns and critical incidents, patient harm can be minimized which can also reduce overall costs to the healthcare system. We want to empower Albertans to be partners in health decisions by having access to their own health information and support community initiatives that promote health wellness and disease prevention. We will work with Indigenous peoples to build trust and support equitable access to quality, timely, culturally appropriate, and safe care that is free of racism. AHS aims to give patients control over factors that affect their health, improve service quality, and ensure we are a safe place to receive care.

### Objective 9: Improve patient experience

A focus on quality, including patient experience and safety, ensures systems, capacity and tools are used to improve performance and outcomes. New facilities and programs are creating environments where innovation and best practices support improved care and patient experience. Quality improvement leads to improved clinical practice and performance, and a coordinated and seamless approach to care. Clinical appropriateness ensures the right care is provided by the right providers to the right patient in the right place at the right time, resulting in optimal quality care. Positive patient experiences are linked to better health outcomes, including lower readmission rates and proactive health management. AHS will also continue to build on connections, relationships, and partnerships with Indigenous peoples.

#### Actions to be completed by March 31, 2025

- 9.1 Design and implement the Learn Improve Together (LIT) model for quality management including the establishment of Program Improvement & Integration Networks (PINs).
- 9.2 Identify and implement *Right Care Alberta* clinical appropriateness initiatives.
- 9.3 Implement *Shared Commitments* to improve the healthcare experience of patients.
- 9.4 Implement quality and safety improvement initiatives to enhance cultural safety, eliminate racism against Indigenous Peoples, and recruit and retain Indigenous staff.
- 9.5 Improve the patient concerns management process and provide a culturally safe pathway for complaints from Indigenous patients.
- 9.6 Launch the new Antimicrobial Stewardship Program within AHS acute care sites.
- 9.7 Protect patient privacy through increased cyber security initiatives and controls.
- 9.8 Complete final two launches of Connect Care (approx. 20,000 clinicians) to empower Albertans to be partners in health decisions.
- 9.9 Provide dedicated innovation and research space supporting innovative models of cancer care and health delivery in the new Arthur J. E. Child Comprehensive Cancer Centre.

#### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Implement *Right Care Alberta* clinical appropriateness initiatives provincially.
- Engage Indigenous communities to implement quality improvement initiatives as well as system-wide efforts to eliminate racism against Indigenous Peoples.

| Performance Measures   | 2021-22 | 2022-23 | 2023-24 | Targets                     |                       |                       |
|--|---------|---------|---------|-----------------------------|-----------------------|-----------------------|
|  |         |         |         | 2024-25                     | 2025-26               | 2026-27               |
| <b>Adult patient satisfaction with hospital experience:</b> Percentage of patients rating hospital care as 9 or 10 on a scale from 0-10, where 10 is the best possible rating. ★ | 65.6%   | 63.4%   | 63.4%   | At or above 2023-24 results | Above 2024-25 results | Above 2025-26 results |

★ CIHI benchmarks available for comparison for measure.

## Objective 10: Strengthen health promotion and focus on disease/injury prevention

AHS supports initiatives that prevent avoidable disease and injury and offers comprehensive supports to communities that allow people to be as healthy as possible. A focus on health promotion and creating conditions for people to stay healthier will improve quality of life, ensure system sustainability, and avoid health system costs in the future.

### Actions to be completed by March 31, 2025

- 10.1 Maintain immunization rates for priority populations including children, vulnerable populations, and high-risk groups.
- 10.2 Reduce sexually transmitted and blood-borne infection rates.
- 10.3 Co-design health promotion and prevention programs with communities, e.g., *Healthier Together*.
- 10.4 Work with existing community-led initiatives on preventing avoidable diseases and injuries for Indigenous peoples.

### Actions for Year 2 (2025-26) and Year 3 (2026-27)

- Continue regular public health activities such as oral health, school health promotion, cancer screening, newborn screening, and immunization programs.
- Support Indigenous communities and organizations to implement community-led services on preventing avoidable diseases and injuries.

| Performance Measures   | 2021   | 2022   | 2023  | Target 2024-25              |                       |                       |
|--|--------|--------|-------|-----------------------------|-----------------------|-----------------------|
|  |        |        |       | 2024-25                     | 2025-26               | 2026-27               |
| <b>Childhood Immunization Rate: DTaP-IPV-Hib Dose 4 by Age 2:</b> The number of children that turned 2 years of age and had received four doses of diphtheria, tetanus, pertussis, polio, and Haemophilus influenza type b containing vaccine as a percentage of all children who turned 2 years of age. | 72.5%* | 70.7%* | 70.6% | At or above 2023-24 results | Above 2024-25 results | Above 2025-26 results |
| <b>Childhood Immunization Rate: MMR Dose 1 by Age 2:</b> The number of children that turned 2 years of age and had one dose of mumps, measles, and rubella containing vaccine as a percentage of all children who turned 2 years of age.   | 83.2%* | 82.1%* | 81.7% | At or above 2023-24 results | Above 2024-25 results | Above 2025-26 results |

\* The IHDA restated childhood immunization rates to values that now include First Nations coverage. This methodology change resulted in immunization rates that, over the last two years, averaged lower than historically reported values.