

The 2017–2020 Health Plan  
and Business Plan

Year  
2

of 3-year plan  
2018/2019

A healthier future.  
Together.



## Table of Contents

AHS approaches a decade of achievement .....	3
A plan in progress .....	6
Alberta's growth, diversity require tailored healthcare .....	9
Where Alberta is leading in health .....	11
Working together to forge our future .....	12
AHS alignment with Alberta Health .....	13
Our commitment to Albertans .....	14
A new paradigm, a new era for healthcare .....	21
Business Plan.....	24
Appendix.....	33

## Message from the Board Chair and President & CEO

# AHS approaches a decade of achievement.

Alberta Health Services (AHS) has entered the second year of its three-year Health Plan and Business Plan — and we're happy to report we're on track and making steady progress toward our goals.

This updated Health Plan and Business Plan reflects the progress we've made over the past year but, rest assured, the fundamentals of the plan itself remain the same. We believe in what we're doing and how we're doing it. With this plan as our guide, AHS continues to work with our partners in communities across the province to transform how healthcare is being delivered in Alberta and build upon our successes to date.

As AHS approaches our 10th anniversary next April, we have emerged as a national and international leader in many areas of healthcare. We're home to the most comprehensive transplant program in Canada and the best tuberculosis program, with the country's highest compliance and cure rates. AHS also reduced by half the time from stroke diagnosis to treatment, an improvement not achieved anywhere else in the world.

Our Strategic Clinical Networks are harnessing the power of research for the benefit of Albertans. We're an international leader in a new oral treatment for *C. difficile* infections of the gastrointestinal system.

We're the first province in Canada to successfully treat an adult patient with sickle-cell disease using a stem cell transplant. And we're a national leader in using non-pharmacological therapies to manage difficult behaviours in long-term care residents with dementia. We're proud to note a recent Health Canada review of pan-Canadian health organizations makes specific mention of our SCNs as a best practice system to advance healthcare quality and clinical practice innovations.



AHS President and CEO  
Dr. Verna Yiu, left, joins AHS  
Board Chair Linda Hughes.

Even with these successes, we know that a good health system keeps pace with the times. We must make sure our health system is flexible, adaptable and responsive to meet the changing needs of Albertans. For instance, we need to shift our focus from caring for people in hospitals to preventing illness and injury, promoting wellness and caring for people in their communities.

One of AHS largest initiatives ever will create more consistent care across the province. Connect Care will be the bridge between information, healthcare teams, patients and the future. Supporting by a common provincial clinical information system, Connect Care will mean safer care, improved outcomes and a smoother journey through the healthcare system for Albertans.

The current economic challenges and the increasing demands on our system require new and different approaches to delivering healthcare. We intend to rise to these challenges.

We're confident the best is yet to come. The AHS Board and administration of AHS remain committed to achieving the objectives outlined in the Health Plan and Business Plan, which are aligned with the goals and direction of the Government of Alberta.

Respectfully submitted on behalf of Alberta Health Services,

Original signed by

**Linda Hughes**  
**Chair**  
**Alberta Health Services Board**

Original signed by

**Dr. Verna Yiu**  
**President**  
**and Chief Executive Officer**  
**Alberta Health Services**

May 31, 2018



Sickle cell patient Revée Agyepong, right, poses just prior to her transplant of donated stem cells from her sister Stephanie Amoah.

## | Purpose

The AHS Health Plan and Business Plan is a public accountability document spanning a three-year time frame. It describes at a strategic level the actions it will take in carrying out its legislated responsibilities with a primary focus on delivery of quality health services.

Health Plan and Business Plan development is guided by direction received from Alberta Health and is aligned with and supports the Ministry's business goals. A key feature of the plan is ensuring that mechanisms for measuring and monitoring results and achievements are identified.

The responsibilities as set out in Section 5 of the *Regional Health Authorities Act* are to:

1. Promote and protect the health of the population in Alberta and work towards the prevention of disease and injury,
2. Assess on an ongoing basis the health needs of Alberta,
3. Determine priorities in the provision of health services in Alberta and allocate resources accordingly,
4. Ensure that reasonable access to quality health services is provided in and through Alberta, and
5. Promote the provision of health services in a manner responsive to the needs of individuals and communities, and supports the integration of services and facilities in Alberta.

## AHS Vision

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

## AHS Mission

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

## AHS Values



compassion accountability  
respect excellence safety

## | Our Path

# A plan in progress

The Health Plan and Business Plan not only outlines what Alberta Health Services (AHS) will do in the future to transform the healthcare system. It's about what we're doing right now, in communities across the province, to improve care quality, safety and accessibility for all Albertans — and to do so in a financially sustainable way. We're not starting a journey. We're on the journey. Joining us are our valued partners — including advisory councils, patient and family advisors, community representatives and health foundations. Their insights and perspectives are used to tailor the actions in this Health Plan — as well as actions in related, zone-specific healthcare plans — to the specific needs of hundreds of unique Alberta communities. This work is now in progress.

### **Enhancing Care in the Community**

Enhancing Care in the Community remains a cornerstone of the Health Plan. We're moving some services out of our busy hospitals and into community settings when it's safe to do so.

We're giving Albertans access to more community-based services to keep them healthy and out of hospital, and when they do need hospital care, we are getting them back home sooner because there are more supports for them near where they live. Enhancing Care in the Community initiatives are happening now, including a significant expansion of home care services.

For instance, the Community Paramedic Program is being rolled out to communities across the province throughout 2018 after being successfully piloted in Calgary and Edmonton. The program employs specially trained paramedics to visit a patient's home and perform diagnostics, including electrocardiograms, and interventions, such as suturing and IV rehydration. These services would be normally delivered in the hospital but can be safely delivered in other care settings, including a person's place of residence. More than 90 per cent of patients referred to community paramedics are treated on-site or on a regularly scheduled basis.

In 2017, community paramedics responded to a total of more than 14,500 events in the Edmonton and Calgary area. When the program is fully rolled out, the new teams will support an additional 20,000 Albertans.

Enhancing Care in the Community puts patients and families at the centre. It brings together programs such as primary care, home care, mental health, nutrition and public health, it links primary care, home care, outpatient services and other community supports to ensure patients get the best care possible without requiring a hospital visit. And, it includes more targeted screening for illness and disease, improved promotion of health benefits, and better management of chronic health problems, to help people better manage their health.

The goal is to provide healthcare services to Albertans of all ages whose independence may be challenged by illness or physical and mental limitations to live their best life in their community.

### **AHS consolidating laboratory services**

Work is also underway to consolidate all lab services in Alberta into one provincial, wholly-owned subsidiary overseen by its own governance board. Lab testing has experienced rapid growth over the past decade but current fragmentation of laboratory operations across the province creates unnecessary delays in many areas of the healthcare system. When the provincial lab is fully implemented, the new structure will streamline lab decisions and services, improve patient care and increase opportunities for cost savings. An integral part of this provincial model is a clinical laboratory hub built in Edmonton that will provide lab services in Edmonton and northern Alberta. The world-class facility is anticipated to be operational in 2022.



To get maximum benefit from Enhancing Care in the Community, AHS continues to improve integration between hospital, community and primary care. As we focus on clinical effectiveness and appropriateness, we are making changes so the healthcare system becomes stronger and more sustainable.

As outlined in the Health Plan, we will also continue to work with our primary care partners to improve access and continuity of care. Together, we are building a health system that helps patients have control over factors that affect their health, improves service quality, promotes the spread of best practices, provides consistency in the way we deliver healthcare, and increases local decision-making. Also, we're improving access to care and reducing patient wait times for key specialist services and surgical procedures.

AHS has established an “advice request” process, called “eReferral” which connects family physicians with specialists, in a timely manner. Now many patients who might otherwise wait months on a wait list to see a specialist can have their concerns addressed within days by their own family doctor in their own community. It's making a difference.

Similarly, an opioid dependency advice line enables physicians and prescribers in Alberta to consult with an on-call opioid dependence specialist for advice regarding prescribing drugs such as suboxone, methadone or naloxone, as well as for treating patients with existing opioid dependency.

#### Connect Care

Connect Care, a partnership with Alberta Health, is another initiative within our Health Plan, is also designed to help AHS do a better job of streamlining transitions in care and sharing patient information. Connect Care is a complex, large-scale project designed to link patients, healthcare teams and information to ensure the care we provide is appropriate and consistent.

Currently, AHS has more than 1,300 information systems to manage health information. A key component of Connect Care is the implementation of a shared provincial clinical information system – or CIS – that enables AHS healthcare teams to access and record information the same way.

With the provincial CIS, health information will move with the patient from site to site, and from service to service. We need this level of

integration to safely and effectively move more care into communities across the province.

Work related to Connect Care is now underway, testing is planned for 2018 and the phased-in rollout is expected to be completed by 2023.

The actions outlined in this Health Plan and Business Plan are well underway and having a positive, transformative effect on the health system. Yes, there is road still ahead of us but we move forward knowing we're headed in the right direction.

Connect Care is a complex, large-scale project designed to link patients, healthcare teams and information to help AHS do a better job of streamlining transitions in care and sharing patient information. A key component of Connect Care is the implementation of a shared provincial clinical information system that enables AHS healthcare teams to access and record information the same way. Work related to Connect Care is now underway and the phased-in rollout is expected to be completed by 2023.



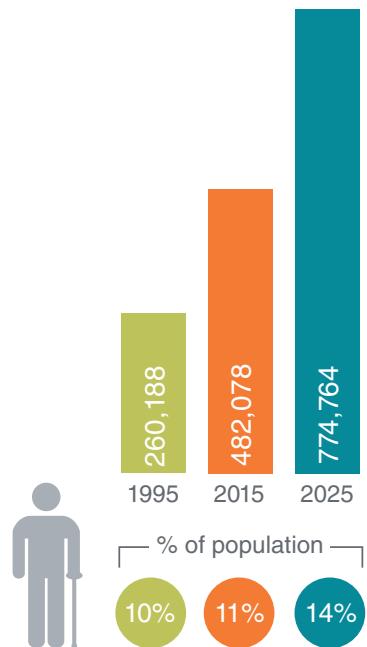
## Our Current Environment

The graphs below show some of the ways Alberta's population is growing and changing. The predictions for the province's future mean there will also be increased demand for healthcare services.

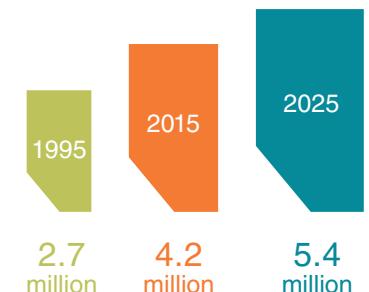
While the graphs paint a provincial picture of our current demographic environment, we must do better when it comes to providing healthcare to Indigenous Albertans. We are working to reduce the disparities that exist in almost all areas of healthcare when it comes to Indigenous peoples health including lower life expectancy. (At this time data is only available for First Nations population, not the total Indigenous population.) On average, Indigenous Albertans live five years shorter compared to non-Indigenous Albertans. This is not just an Alberta problem – disparities in Indigenous peoples healthcare are mirrored across Canada and North America. But, we are committed to finding an Alberta solution, in partnership with Indigenous peoples, communities, and federal partners.

In fact, it is a key part of our 2017-2020 Health Plan and Business Plan, which guides us to improve the health outcomes of Indigenous peoples in areas where AHS has influence.

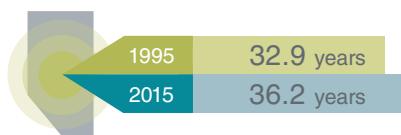
Aging Population (65+ years)



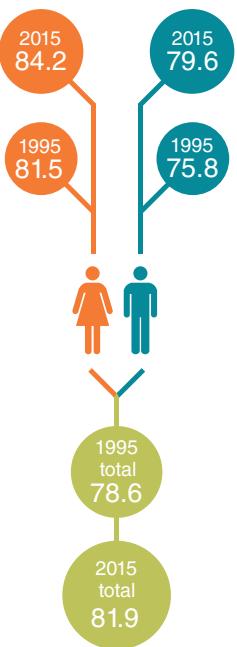
Alberta's Growing Population



Median Age



Life Expectancy in years



# Alberta's growth, diversity require tailored healthcare

The Health Plan and Business Plan addresses many factors that drive costs and demand on the healthcare system while ensuring the highest quality of care.

Among the challenges facing AHS:

## A growing and aging population

Alberta's population growth remains ahead of the national average. Alberta's population reached just over 4.2 million in 2016 and is expected to be over five million by 2028 and six million by 2042.

Albertans born in 2015 are expected to live to 81.9 years of age; that's up from the 79.6 years expected for Albertans born in 2000.

Currently, one in nine Albertans is 65 years of age or older. By 2045, that proportion is expected to be one in five. Alberta is already experiencing rising rates of chronic diseases and growing demand on hospitals, surgical care and continuing care; this is expected to intensify as Alberta's population ages.

## Diverse community needs

Along with a growing population, Alberta has an increasingly diverse population, with large rural and some remote populations.

Certain geographical areas within our province are composed of different ethnicities, different population structures and unique health needs

requiring tailored approaches to healthcare service delivery. For instance, Indigenous peoples comprise six per cent of Alberta's population; they have reduced life expectancy and higher rates of infant mortality, diabetes and suicide compared to non-Indigenous populations.

The AHS Indigenous Health Program and the Wisdom Council are focused on closing that gap. LGBTQ+ populations are also historically underserved. Patient, family and community engagement is critical to gaining the understanding that will improve the health system and result in better health for all Albertans.



Community input and engagement further our ability to provide quality, patient-focused healthcare that is accessible and sustainable.

## Fiscal responsibility amid rising costs

Our fiscal responsibility to Albertans is to ensure we provide excellent quality and cost-effective healthcare across this province.

Alberta Health Services (AHS) has an opportunity to transform the delivery of healthcare in a way that improves quality and, at the same time, saves costs by enhancing care into the community and reducing the need for hospital admissions.

We're making progress in this area. The Enhanced Recovery After Surgery project has improved recovery and outcomes for surgical patients across the province, saving the system millions of dollars.

We need to ensure that our investments improve the health of our citizens and that we are effective in our care. For instance, we can reduce readmissions to hospital, perform fewer unnecessary tests and reduce complications for our patients.

The 2017–2020 Health Plan and Business Plan is built on the conviction that if AHS concentrates on improving the quality of care we deliver, safety for patients and staff, and health outcomes for Albertans, efficiencies and savings will follow.



The East Calgary Health Centre is designed to meet the multicultural needs of the community, and consolidates health and community services in one location to make care convenient and easier to access.

# Where Alberta is leading in health

Alberta Health Services (AHS) is a national leader in many areas of healthcare, according to the latest statistics from the Canadian Institute for Health Information. While AHS is always striving to improve and address challenges in healthcare, these examples highlight where Alberta already excels in the country. These successes create a foundation on which AHS will continue to build, with a focus on our four goals, as outlined in this Health Plan and Business Plan.

## First in country for:

- Lowest total time spent in emergency department for admitted patients
- Lowest potentially inappropriate use of antipsychotics in long-term care
- Lowest administrative expense
- Best perceived health

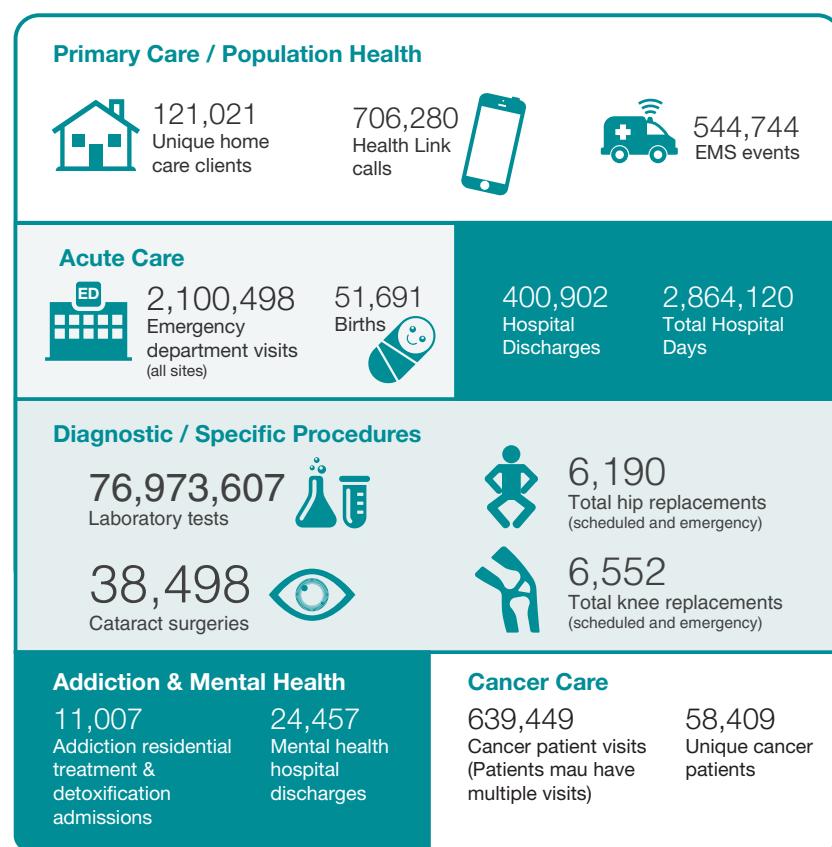
## Second in country for:

- Highest percent of hip fracture surgeries within 48 hours
- Fewest repeat hospital stays for mental illness
- Lowest restraint use in long-term care
- Fewest hospitalized heart attacks
- Fewest residents experiencing pain in long-term care
- Highest physical activity (age 18 and older)

## Third in country for:

- Lowest number of obstetric patients readmitted to hospital
- Highest life expectancy at age 65 (tied)
- Fewest hospitalized strokes (tied)
- Highest percent of knee replacements within national benchmark of 26 weeks
- Highest percent of patients receiving radiation therapy within national benchmark of 28 days

## Provincial Quick Facts



Source: 2017-18 AHS Annual Report

AHS spent 3.3 per cent of its total expenses on administration, which is among the lowest of all provinces and territories in Canada, according to the latest Canadian Institute for Health Information. The national average is 4.5 per cent (2016-17).

Source: Canadian Institute of Health Information (CIHI) Published May 2018  
Note: \* indicates “tied” with another province



## Developing the Plan

# Working together to forge our future

Alberta Health Services (AHS) cannot build the health system of the future without the informed and active involvement of our valued partners, including the Albertans who rely on us. Our vision is Healthy Albertans. Healthy Communities. Together. It's what guides us. And the word 'together' is crucial because health system transformation requires the involvement of everyone who's in, who works with and who relies upon the health system. We need to do this work *together*.

To develop this plan, AHS organized 50 engagement sessions involving more than 650 people, including employees, physicians, volunteers, advisory council members, health foundations and patient and family advisors. They brought forward hundreds of objectives that were prioritized, grouped, reviewed and reduced through further consultation.

Through the engagement process, AHS determined objectives/outcomes and identified corresponding performance measures. Both the objectives/outcomes and performance measures are specific, relevant, measurable and attainable.

Detailed actions supporting this Health Plan and Business Plan are outlined in the AHS 2018–19 Action Plan.

The four goals of the Health Plan and Business Plan (see Page 14) align to the four areas of focus in AHS' Quadruple Aim:

- Patient and family experience.
- Patient and population health outcomes.
- Experience and safety of our people.
- Financial health and value for money.

AHS believes when we balance all four areas, we are doing the best we can for patients and for the health system.

Engagement efforts with our many partners continue as the five geographic zones of AHS develop zone-specific healthcare plans designed to apply local strategies and solutions to meet the goals of the provincial Health Plan and Business Plan. AHS senior leaders have also been visiting communities across the province to talk about the Health Plan and hear feedback from Albertans.

The Health Plan and Business Plan will be refreshed annually to reflect the progress we've made. Together.



# AHS alignment with Alberta Health

Alberta Health Services' 2017–2020 Health Plan and Business Plan, and its 2018–19 Action Plan, reflect Alberta Health's vision and priorities as set out in the Ministry of Health's Business Plan. The government vision is of a health system that is person-centred and delivers care closer to

home and community, while ensuring the right care is provided in the right place, at the right time, with the right provider and team, working with the right information.

Also, the 2017–2020 Health Plan aligns to the requirements set out by the Government of Alberta.

Consistent with the *Regional Health Authorities Act*, the table below outlines how AHS intends to fulfil its mandate over the next three years.

Under Section 5 of the *Regional Health Authorities Act*, AHS has the following responsibilities:

AHS Responsibilities	AHS Objectives
We will protect and promote the health of the population in the health region and work toward the prevention of disease and injury.	<ul style="list-style-type: none"> <li>We will work to reduce and prevent incidents of preventable harm to patients in our facilities.</li> <li>We will focus on health promotion and disease and injury prevention with an emphasis on childhood immunization.</li> <li>We will work to reduce disabling injuries in our workforce.</li> </ul>
Assess on an ongoing basis the health needs of the health region.	We will work to improve health outcomes of Indigenous People in areas where AHS has influence.
Determine priorities in the provision of health services in the health region and allocate resources accordingly.	<ul style="list-style-type: none"> <li>We will work to make the transition from hospital to community-based care options more seamless.</li> <li>We will work to improve efficiencies through implementation of operational and clinical best practices, while maintaining or improving quality and safety.</li> </ul>
Ensure that reasonable access to quality health services is provided in and through the health region.	<ul style="list-style-type: none"> <li>We will respect, inform and involve patients and families in their care while in hospital.</li> <li>We will work to improve access to community and hospital addiction and mental health services for adults, children and families.</li> <li>We will strive to improve health outcomes through clinical best practices.</li> </ul>
Promote the provision of health services in a manner that is responsive to the needs of individuals and communities and support the integration of services and facilities in the health region.	<ul style="list-style-type: none"> <li>We will strive to make it easier for patients to move between primary, specialty and hospital care.</li> <li>We will strive to improve our workforce engagement.</li> <li>We will work toward integrating clinical information systems to create a common, comprehensive patient record.</li> </ul>

## Health Plan Goals

# Our commitment to Albertans

These objectives and outcomes will propel us toward our vision and outline our commitments. Within three years, Albertans can expect a stronger, more integrated provincewide health system from Alberta Health Services (AHS). We are focusing our actions on increasing care in communities, achieving better

health outcomes, and continuing to work on sustainability. By putting these operational goals into action, AHS will emerge better positioned to meet the health needs of Albertans today and in the future. We are also supported by work done to date finalizing an AHS vision, mission and values, as

well as four foundational strategies that focus on our people, our patients, research and innovation, and the information management and information technologies required for a best-practice healthcare system. Outlined below are our four organizational goals.



Goal 1: Improve patients' and families' experiences.



Goal 2: Improve patient and population health outcomes.



Goal 3: Improve the experience and safety of our people



Goal 4: Improve financial health and value for money.

On the next four pages, we have shown the goals with their related objectives and examples of the priorities we are undertaking to achieve these goals. We have also defined performance measures and targets over this three-year health plan, which will enable us to evaluate our progress and allow us to link our objectives to specific results. In this way, we can track the differences we make to Albertans.

## Goal 1: Improve patients' and families' experiences.

To achieve better health for all, we must take a different approach to the planning and design of services, ensuring our health system is integrated and co-ordinated between providers and patients. This will improve the experiences of patients and will lead to improved clinical practice, a more co-ordinated approach to team-based care, and more satisfied patients and staff.

### Objectives / Outcomes

We will work to make the transition from hospital to community-based care options more seamless.

We will strive to make it easier for patients to move between primary, specialty and hospital care.

We will respect, inform and involve patients and families in their care while in hospital.

We will work to improve access to community and hospital addiction and mental health services for adults, children and families.

Some priorities include:

- Increase capacity in continuing care by enhancing home care supports in communities across

Alberta and, where appropriate, adding additional continuing care spaces with an emphasis on long-term care and dementia.

- Work in partnership with Alberta Health to better support integration across the continuum of patient care and support patients along their respective clinical pathways.
- Develop a clear plan that supports the implementation of the *Valuing Mental Health Action Plan*.
- Continuing to apply our Patient First Strategy will enable us to advance healthcare by empowering and supporting Albertans to be at the centre of their healthcare teams.

Working toward improvement, we will monitor and report on:

Performance Measure	2014–15	2015–16	2016–17	2017–18	2017–18 Target	2018–19 Target	2019–20 Target
Percentage of clients placed in continuing care within 30 days	60%	60%	56%	51.8%	56%	58%	61%
Percentage of days patients no longer require acute care services but wait in acute care beds (referred to as alternate level of care)	12.2%	13.5%	15.4%	17.4%	14%	13.5%	13%
Number of Specialties using eReferral	n/a	n/a	4	12	10	15	20
Patient Satisfaction with Hospital Experience	81.8%	81.8%	82.4%	81.7%	85%	85%	85%
Wait time (in days) for clients to receive addiction outpatient treatment	15	13	15 days	13 days	12	11	10

CIHI = Canadian Institute for Health Information

## Goal 2: Improve patient and population health outcomes.

We encourage Albertans to be co-partners in health. To reflect this, we actively engage with patients and families, staff and physicians, volunteers, local communities and other health partners. Together, we are building a health system that gives patients control over factors that affect their health, improves service quality, promotes leading practices, consistently applies standards, and increases local decision-making.

### Objectives / Outcomes

We will strive to improve health outcomes through clinical best practices.

We will work to improve the health outcomes of Indigenous People in areas where Alberta Health Services has influence.

We will work to reduce and prevent incidents of preventable harm to patients in our facilities.

We will focus on health promotion and disease and injury prevention with an emphasis on childhood immunization.

Some priorities include:

- Increase the capacity for evidence-informed practice and policy through clinical information systems, enhanced data sharing, research, innovation, health technology assessment and knowledge translation.
- Support reducing the health gap between Indigenous and non-Indigenous peoples by

developing population and public health initiatives, including increasing the number of Indigenous communities that receive appropriate health services.

- Support the improvement of: women's health; maternal, infant, child and youth health; and, the health of the vulnerable and those in need or expressing need.
- Support health protection initiatives in the areas of environmental public health, food safety, immunization, and infection prevention controls.
- Actively contribute and lead, where appropriate, in the management of health crises and disease outbreaks.
- AHS continues to work together with Alberta Health, health professionals, first responders, law enforcement and community organizations, to address the opioid crisis and offer programs, services and supports that reach Albertans.

### Working toward improvement, we will monitor and report on:

Performance Measure	2014–15	2015–16	2016–17	2017–18	2017–18 Target	2018–19 Target	2019–20 Target
Percentage of medical patients with unplanned readmission to hospital within 30 days of leaving	13.6%	13.7%	13.6%	13.7%	13.4%	13.3%	13.2%
Perinatal Mortality rate among First Nations (number of stillbirths and deaths in the first week of life per 1,000 total births)	First Nations 10.5	Non First Nations 5.7	Gap 4.8	9.7 5.3 4.9	8.4 5.5 2.9	Reduce gap between First Nations and Non First Nations populations	
Hand-hygiene compliance rate	75%	80%	82%	85%	90%	90%	90%
Childhood Immunization Diphtheria, Tetanus, Pertussis, Polio, Hib (DTaP-IPV Hib) Measles, Mumps, Rubella (MMR)	78% 88%	78% 87%	78% 87%	78% 87%	80% 88%	82% 89%	84% 90%

## Goal 3: Improve the experience and safety of our people

We have a skilled and dedicated workforce of health professionals, support staff, volunteers and physicians who promote wellness, prevent disease and injury, and provide healthcare to a diverse population every day. We also host students from universities and colleges, providing clinical education experiences.

### Objectives / Outcomes

We will strive to improve our workforce engagement.

We will work to reduce disabling injuries in our workforce.

Some priorities include:

- Alberta Health Services is creating an adaptable and resilient workforce, building leadership

capabilities and effectively engaging our staff, physicians and volunteers.

- AHS is committed to fostering an inclusive workplace that supports the health and safety of our people, and builds a culture where people enjoy what they do and remain committed to the purpose of helping others.

Working toward improvement, we will monitor and report on:

Performance Measure	2014–15	2015–16	2016–17	2017–18	2017–18 Target	2018–19 Target	2019–20 Target
AHS employee engagement rate*	n/a	n/a	3.46	n/a	No survey	No survey	3.67
Disabling injury rate**	3.69	3.57	3.85	3.88	3.50	3.40	3.30

\* Employee engagement rate is based on a five-point scale, with one being 'strongly disagree' and five being 'strongly agree' for overall satisfaction AHS employees responded about the work they do at AHS.

\*\* Disabling injury rate is the count of disabling injury claims per 200,000 hours based on Alberta Health Services (AHS) paid hours. A disabling injury is defined as any Workers Compensation Board (WCB) claim resulting in lost time and/or modified work.

## Goal 4: Improve financial health and value for money.

As we face service and cost pressures, we will continue our efforts to manage expenditure growth and to maximize the value of each dollar we spend to remain within provincial budget targets. We have to evolve and adapt to a changing system with increasing demands. This requires innovation to work differently, while maintaining quality and safety. We must also make difficult decisions in the coming years to contain costs and become sustainable, and guide future planning to reach positive financial health.

### Objectives / Outcomes

We will work to improve efficiencies through implementation of operational and clinical best practices while maintaining or improving quality and safety.

We will work toward integrating clinical information systems to create common, comprehensive patient records.

Some priorities include:

Work in partnership with Alberta Health on key initiatives that will support health system transformation:

- Develop service plans that identify the appropriate programs and services that will deliver effective healthcare locally.
- Develop virtual, technology-based solutions with a focus on vulnerable and rural populations.

- Consider and pursue new service pathways and models of care which would see care delivered in the community in partnership with Alberta Health, other ministries, the voluntary and commercial sector, and communities in both their development and implementation.
- Focus on quality and health outcomes as priorities of the Strategic Clinical Networks by reducing inappropriate variation in service delivery and development, and application of consistent clinical standards and service specifications across AHS.
- Improve access to information by supporting Alberta Health in enhancing and expanding Alberta Netcare and the Personal Health Portal to assist Albertans in taking an active role in managing their health.

Working toward improvement, we will monitor and report on:

Performance Measure	2014–15	2015–16	2016–17	2017–18	2017–18 Target	2018–19 Target	2019–20 Target
Percentage of nursing units achieving best practice targets: Monitoring nursing units to identify and reduce variations in the cost of delivering high quality services at our different sites.	19% (CIHI)	22% (AHS GL)**	31% (AHS GL)**	38%	35%*	40%*	45%*

CIHI = Canadian Institute for Health Information

\*Addressed only through attrition.

\*\*AHS general ledger

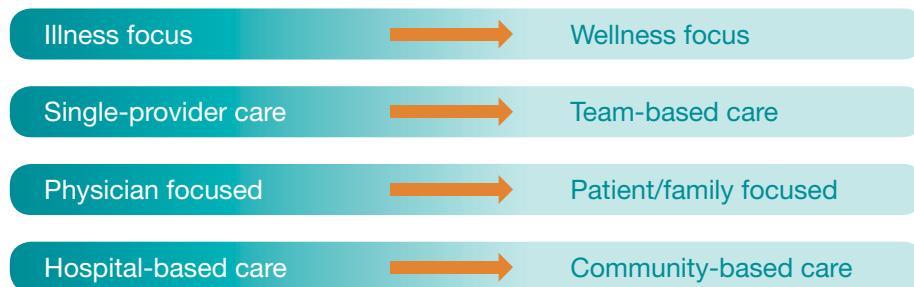
There is no AHS measure identified for clinical information systems. We will monitor our progress over the next three years through the accomplishment of our actions (key milestones and deliverables).



Physical therapist Jagbir Mudharh and therapy assistant Melissa DeMille support Janet Schlinker. Rehabilitation helped the Drumheller woman get back on her feet following surgery and to eventually walk five kilometres each day.

## A new paradigm

Alberta Health Services is focused on enhancing care in the community. This means supporting people in their residences or in their community so they can enjoy the highest quality of life possible. Hospital care will always remain a crucial component of the health system. But we want to keep people out of hospital and, when they do need acute care, we want to get them back home as soon as it's safe to do so. This will require a new paradigm within AHS.



Community care improves patient comfort, patient convenience and the overall patient experience while, at the same time, easing demand on our hospitals. This means acute care services will be more accessible for Albertans who truly need them and will also improve the financial sustainability of Alberta's healthcare system.

## Enhancing care in the community



## | Enhancing Care

# A new paradigm, a new era for healthcare

What we've described in the Health Plan, and the actions we're currently taking, represent a shift away from how healthcare has been delivered for decades in Canada. In the past, the healthcare system has been centred on a hospital-based model of care: you get sick; you go to the hospital; a physician will be at the centre of your care team. But modern-day demands on our publicly funded healthcare system require modern-day solutions. Building and staffing more hospitals cannot relieve pressures on our healthcare system.

A paradigm shift is needed — and this plan, and our current actions, represent this shift. Rather than focusing on illness, we will focus on wellness and illness prevention. Rather than focusing on single-provider care, we will focus on team care and wrapping an appropriate mix of supports around each patient. Rather than having a physician or specialist at the centre of a healthcare team,

we will put patients and families at the centre and involve them in all decisions regarding their care.

Enhancing Care in the Community is key to this paradigm shift and key to our Health Plan. We've shown how the initiative benefits patients and families but it's also good for the health system as a whole.

By shifting some services out of busy hospitals and into the community:

- We're freeing hospital resources and beds for Albertans who truly need that high level of care, improving access and patient flow.
- We're enabling many hospital inpatients to be released earlier because they can access follow-up care, including rehabilitation, in their communities and sometimes right in their homes.
- We're maximizing the value of every health dollar, enabling AHS to reinvest saving into high-priority areas.

Ultimately, the Health Plan is transforming Alberta's health system so it focuses on the needs and preferences of patients and families, not the needs and preferences of the health system itself.

The work is underway and it's already making a difference in the lives of Albertans. We're excited about what's possible over the next two years of our Health Plan.



It takes a team. A patient in the Psychiatry, Brain Injury and Stroke Program at Foothills Medical Centre works to regain movement with physiotherapists, Mary McEwen and Yvonne Sabraw.

| 2018–2019  
Business Plan

# A healthier future. Together.



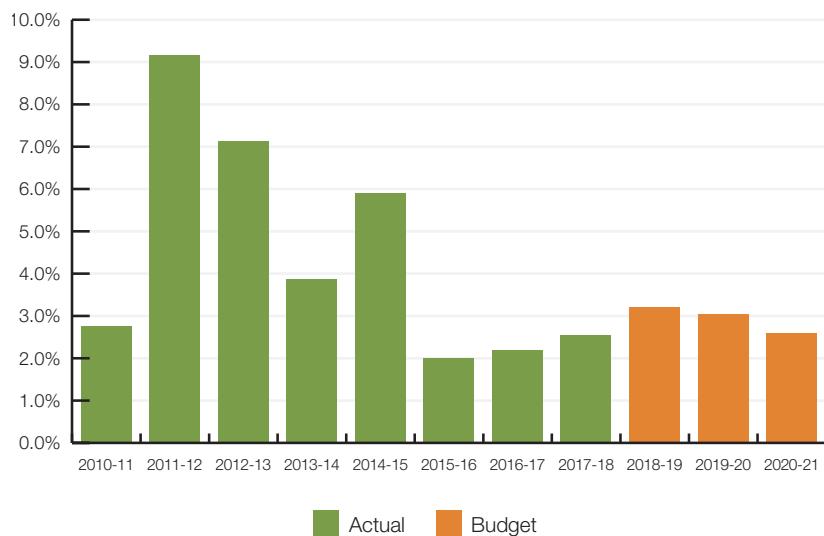
# Overview of the Business Plan

In the previous pages, the Alberta Health Services 2017–2020 Health Plan outlined what Alberta Health Services (AHS) will do over the coming years to enhance and improve health services in Alberta. In this section, the 2018–19 Business Plan outlines the funding that will support the objectives of the Health Plan and where we will invest to improve the health of Albertans.

The plan includes the funding needed to support the priorities of Alberta Health by enhancing community and home care. This will allow patients and families to have more responsibility for their healthcare.

The plan also includes the funding needed to deliver our current programs and services, and what is required to invest in new and recent priorities. It also takes into account the budget challenges we face as an organization in the current provincial fiscal environment.

**AHS Growth of Expenses**  
(as a percentage)



This budget has been created with the understanding that we must continue to find cost savings and efficiencies to be financially sustainable in the long-term.

## Did You Know?

- Alberta Health Services (AHS) has balanced its budget for seven of the last eight years and continues to improve its stewardship of taxpayer dollars.
- During our first six years, AHS expenses grew by an average of 5.7 per cent annually — but since 2015-16, our expenses have grown by just 2.2 per cent annually.
- We have made significant progress in becoming more effective and efficient. That, in turn, means the healthcare system can treat more patients every year without significant increases in resources and without compromising the safe, high-quality care Albertans expect and deserve.



## Financial Sustainability

Alberta Health Services (AHS) has balanced its budget for seven of the last eight years and continues to improve its stewardship of taxpayer dollars. We have the leanest healthcare administration in the country (see Page 30). We're investing in priority areas, and reducing

operational costs as well as costs for hospital care. AHS is, in short, increasing the value Albertans receive from each health dollar, and finding savings without compromising care.

We're doing this in several ways. We're comparing our health care delivery costs with those outside of

Alberta. Where we can do better, we are making changes, improving practices and reducing costs without compromising quality.

We're also focused on improving quality, which saves the health system money through fewer complications, fewer hospital readmissions, shorter

## AHS Statement of Operations

(in millions of dollars)	2017-18 Actual	2018-19 Budget	2019-20 Outlook	2020-21 Outlook
Base operating grant from Alberta Health	12,148	12,486	12,797	13,117
One-time base operating grant from Alberta Health	15	-	-	-
Other operating grants from Alberta Health	1,134	1,283	1,427	1,503
Capital grants from Alberta Health	66	62	51	45
<b>Sub-total revenue from Alberta Health</b>	<b>13,363</b>	<b>13,831</b>	<b>14,275</b>	<b>14,665</b>
Other government transfers	438	427	447	463
Other revenue	1,055	982	980	980
<b>Total revenue</b>	<b>14,856</b>	<b>15,240</b>	<b>15,702</b>	<b>16,108</b>
Community	1,338	1,514	1,575	1,625
Home care	611	692	741	831
Continuing care	1,072	1,118	1,144	1,166
Population and public health	338	352	356	359
Ambulance services	512	527	549	579
Acute care	4,981	5,054	5,213	5,324
Diagnostic and therapeutic services	2,411	2,450	2,512	2,562
Education and research	298	317	317	317
Support services	2,182	2,210	2,286	2,336
Information technology	510	497	495	491
Administration	512	509	514	518
<b>Total expenses</b>	<b>14,765</b>	<b>15,240</b>	<b>15,702</b>	<b>16,108</b>
Annual operating surplus (deficit)	91	-	-	-

hospital lengths of stay, and more seniors capable of remaining safe and independent in their homes.

For instance:

- AHS is providing more services in the community rather than in our busy hospitals. It's better for patients — and for our bottom line. It costs about \$900 per day to support an individual in a hospital bed compared to \$120 per day supporting the same individual in the community.
- Three years ago, five AHS hospitals implemented the National Surgical Quality Improvement Program to help guide improvements in surgical care. This project helped Albertans spend less time in hospital after surgery, and experience fewer complications. The program is being rolled out in 2018-19 to 11 additional surgical centres.

We're now seeing positive results from our efforts to improve quality and save costs. Before AHS was formed, the cost to treat a patient in a hospital was rising by 3.4 per cent annually; since 2014-15, that cost has been dropping about one per cent per year.

#### Revenues

In 2018-19, total revenue will be \$15,240 million, an increase of 2.6 per cent over the 2017-18 actuals. AHS will receive a 3.5 per cent increase from Alberta Health. Other government transfers and other revenue appear to decrease due to one-time revenues received in 2017-18.

#### Expenses

In 2018-19, total expenses will be \$15,240 million. The increase in funding and budget that can be reallocated from efficiencies will be used to fund priority new investments. These new investments are described in the 2018-19 priorities below.

#### Capital

In 2018-19, total capital spending will be \$559 million. This will support the development of the Connect Care system, new and replacement equipment purchases, facility enhancements and upgrades, and Information Technology investments in equipment, infrastructure and systems. In addition, Alberta Infrastructure will transfer tangible capital assets totaling over \$750 million. Alberta Infrastructure manages major infrastructure projects that have a value greater than

\$5 million and transfers the net book value of the constructed assets to AHS on an annual basis. This includes expected spending in 2018-19 on several projects that will increase access and improve quality of service, including the Calgary Cancer Centre and Grande Prairie Regional.

## 2018-19 Priorities

#### Community care

Community care refers to the health services we provide to Albertans in community settings. This avoids unnecessary admissions for acute care or continuing care facility-based services, and facilitates and supports early discharge where appropriate from acute care facilities. Community care includes urgent care centres, primary care clinics, community mental health and addiction services, and supports

#### Did You Know?

- Finding savings enables AHS to invest additional dollars into areas that matter most to Albertans.
- In the past eight years, AHS has invested \$450 million to open over 6,100 continuing care spaces to support individuals who need community-based housing, care and supports.
- The 2018-19 AHS budget includes a 4.3% per cent (\$46 million) increase for continuing care, a 3.2 per cent (\$257 million) increase for community care, home care, and addiction and mental health services.



clients in residential environments including; adult family care homes, group homes, enhanced lodges, community hospice, and supportive living. AHS monitors and provides navigation and comprehensive case management services to clients supported by community health services.

AHS will also support the implementation of the Primary Healthcare Integration Network that will focus on improving transitions of care between primary care providers and acute care, emergency departments, specialized services and other community-based services.

AHS is continuing to increase capacity and enhancing support to community. We believe that putting more emphasis on community care and wellness will result in better health outcomes and more positive experiences for our patients and their loved ones. Enhancing Care in the Community (ECC) is the initiative which will improve community-based care and services and reduce reliance on acute care services.

We want to place more responsibility and accountability for their health into the hands of patients and families. AHS is enhancing addiction and mental health services in communities, including increasing support for child, youth and adult clinics and specialized services for those with complex needs to assist youth and adults to transition to services they need. AHS will also

increase the number of designated supportive living spaces across the province and increase the courses of care delivered by midwives in Alberta.

#### **Home care**

Home care refers to health services we provide to Albertans in their home settings; to avoid or delay admission to facility-based services, and to facilitate and support early discharge from acute and continuing care facilities.

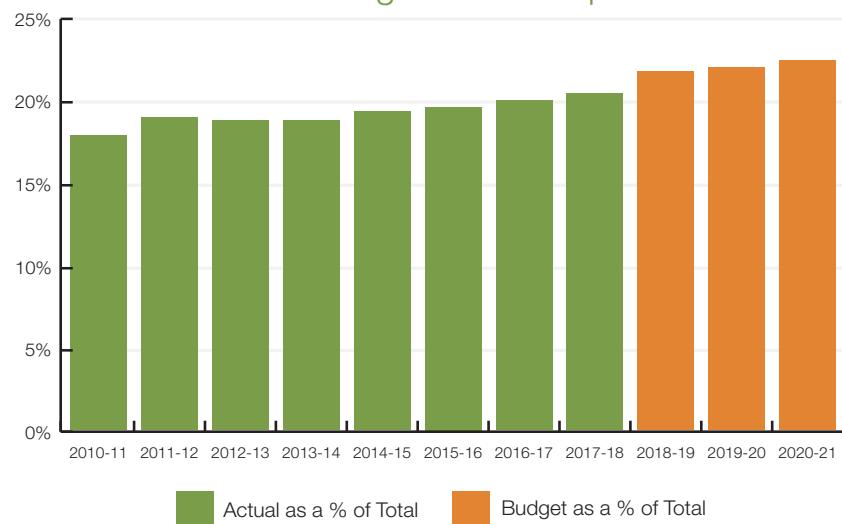
Home care services are made up primarily of home nursing and home support services; which include case coordination, the provision of medical equipment and supplies, and early intervention and assisted living programs.

In 2018-19, we will continue to increase the home care services we provide to help keep clients out of hospitals.

#### **Continuing care**

Continuing care is how we describe the health services provided in nursing homes and other facility-based settings to Albertans requiring long-term care. Continuing care health services include the nursing care components of nursing homes, respite services, chronic care and long-term psycho-geriatric care in facilities operated by both AHS and contracted health services providers. Increasing the number of long-term care and supportive living beds will

### **Community, Home Care and Continuing Care as a Percentage of Total Expenses**



reduce demand for hospital beds and improve the flow in hospitals and emergency departments. Making sure that Albertans are getting care in the best place as they age or experience changing healthcare needs, will help them have a better healthcare experience and stay healthier.

#### **Population and public health**

Population and public health is our best defense against illness and injury. This area includes health promotion, disease and injury prevention and health protection including immunizations.

Investing in health promotion, disease and injury prevention, supporting the health needs of Indigenous People, and improving access to care for all Albertans can create a healthier population and decrease the amount we spend on treating illnesses.

AHS continues to increase the cultural competence of AHS health professionals to improve health experiences and remove barriers to access for Indigenous people, and to narrow the gap in health status between Indigenous and non-Indigenous people.

The opioid crisis continues to affect Albertans and AHS continues to work together with Alberta Health, health professionals, first responders, law enforcement and community organizations to lead the response to this crisis.

With the additional funding from Alberta Health, AHS will continue to

support the expansion of the Take Home Naloxone (now called the Community Based Naloxone) program, the implementation of Supervised Consumption Sites and will increase the capacity to provide opioid replacement therapy to reduce harm, including overdose and death.

AHS will continue to promote population health and wellness, increasing childhood immunization rates and influenza immunization rates for all Albertans.

#### **Ambulance services**

The cost of ambulance services includes expenses related to ground ambulance, air ambulance, patient transport and EMS central dispatch. This year, AHS EMS will expand the community paramedic program throughout Alberta to

provide enhanced care to seniors and vulnerable populations. Other programs will continue to support the learning, development, quality and safety of our EMS professionals, including the psychological health and safety of our staffs through the development of health, wellness and culture programs.

In 2018-19, AHS will modernize ambulances and other equipment to support this critical part of the healthcare system. AHS continues to work with our stakeholders to expand the paramedics' scope of practice and to find new and better ways to use paramedic skill sets. We will continue our work to reduce the emergency department transfer of care times and provide enhanced care to higher risk populations.

#### **Did You Know?**

- In consultation with 31 organizations, AHS in partnership with the Government of Alberta launched an opioid awareness campaign to reduce harms and stigmas and increase access to opioid dependency treatments, naloxone kits and supervised consumption sites.
- In 2017-18, nearly 42,000 naloxone kits have been dispensed in Alberta.
- Based on AHS data collected since January 2016, over 2,800 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.



### Acute care

Acute care is how we describe the care that happens in hospitals or facilities, including patient care units, operating and recovery rooms, emergency departments, clinics, day surgery units, and contracted surgical services. When it comes to acute care, Alberta faces a significant challenge.

We currently rely heavily on acute facility-based care and we also continue to have the highest average cost of a hospital stay across the country. A better balance of services across the continuum of care will increase the quality of services we provide to Albertans.

AHS has increased acute care expenses in the upcoming budget by 1.5 per cent in 2018–19, which is below population growth and aging combined. At the same time, the demand for acute care services continues to grow. As discussed previously, AHS is committed to shifting more care into the community and out of our high-cost acute-care facilities. We have also made commitments to make staff changes through voluntary attrition, so finding these efficiencies will take some time. We are committed to our goal to provide quality care for patients in the most appropriate setting.

AHS will continue to support the

expansion of specialized medical, surgical and radiation cancer treatment services to address the increasing demand for cancer care and the growing wait times for both medical and radiation oncology. In addition, significant capital project work is occurring across the province to improve infrastructure and address capacity issues for future patient care.

AHS will also renovate some existing facilities in 2018–19.

### Diagnostic and therapeutic services

Diagnostic and therapeutic services support and provide care for our patients through clinical laboratories, diagnostic imaging, pharmacy, acute and therapeutic services such as physiotherapy, occupational therapy, respiratory therapy and speech language pathology. AHS believes that we can make improvements in these areas, while also creating a more sustainable healthcare system. By improving the consistency of practice for areas such as diagnostic services, laboratory services, and pharmacy services and using evidence-based care, we can decrease the number of unnecessary tests and services, improve the quality of care we deliver and improve the experience of our patients. AHS is also investing in a northern centralized hub for laboratory

services to improve the quality and efficiency of performance tests.

Work is also underway to consolidate all lab services in Alberta into one provincial, wholly-owned subsidiary that will streamline lab decisions and services, improve patient care and lay the foundation for cost savings and efficiencies.

### Education and Research

AHS partners with Alberta's universities to train the next generation of physicians and to administer external academic and research funding, which is integral to the creation of knowledge needed to solve today's healthcare challenges. AHS' investment in academic medicine and medical education through the Faculty of Medicine and Dentistry at the University of Alberta and the Cummings School of Medicine at the University of Calgary ensures strong medical leadership with Alberta's health system. These partnerships also create opportunities to apply our universities' knowledge, talent and skills towards the healthcare needs of Albertans. Together with our partners, AHS continues to support high-quality academic medicine and medical education, as well as research and innovation in the health system – for the benefit of all Albertans.

### Support services

The health system runs 24 hours a day, 365 days a year and we have ongoing costs required to support our day-to-day operations. AHS support services include expenses related to our building maintenance operations (including utilities), materials management, housekeeping, patient registration, health records, food services and emergency preparedness. Any increases or changes to healthcare services have an impact on our support services.

We are managing the rate of growth in these areas and finding ways to be more efficient. During the year several major capital projects will be completed. The cost of these capital projects are recognized over a period of time and will result in higher support services costs. Funding is also provided by Alberta Infrastructure through the Infrastructure Maintenance Program to support deferred maintenance projects at our facilities, including roof repairs, electrical and mechanical upgrades, building service upgrades (such as boilers and fire alarm systems), and several functional projects that improve patient safety, increase access to service and decrease wait times.

### Information technology

Information Technology (IT) touches almost every aspect of the work and care that happens at AHS. Up-to-date, reliable information and timely, evidence-based decision support contribute to more consistent patient

care, fewer delays and effective transitions between care providers.

In terms of our investment, this includes costs for data processing, systems engineering, technical support and systems research and development. Starting in 2017–18, Alberta Health has committed \$400 million over six years to support one of our largest clinical transformation project powered by IT. Connect Care will be a catalyst to transform the way clinical and patients can leverage timely information to achieve better health outcomes. Connect Care will span AHS' continuum of care, and will consolidate approximately 1,300 stand-alone IT applications into a common platform augmented by a substantial fewer applications (i.e. 200). Connect Care will provide a co-ordinated approach for hospital, ambulatory, continuing care, and AHS-run primary care.

The resulting Connect Care information system will enable health providers to access comprehensive and consolidated patient information – information that will travel with patients wherever they access the health system in Alberta. AHS has committed to contributing \$35 million per year towards this work, in addition to the capital funds from Alberta Health, and will redeploy resources and reinvest savings to complete this work.

With Connect Care as a priority for AHS, there are fewer other IT capital projects underway, resulting in lower amortization expenses.

### Administration

In addition to our support services, AHS has administration costs related to human resources, finance, communications, and general administration required to operate one of the largest organizations in the country, as well as a share of administration for contracted health service providers. AHS' administration costs are the lowest in the country as a percentage of total spending. According to the latest Canadian Institute for Health Information (CIHI) data (2016–17), AHS spends 3.3 per cent on administration adjusted per capita, versus the national average of 4.5 per cent.

### Risks

#### Strategic

AHS has an Enterprise Risk Management program which supports AHS leadership and management in identifying, analyzing, and monitoring risks that may impact the achievement of its strategic objectives. Priority strategic risks for AHS include:

- Patient safety
- Appropriateness of care
- Patient experience
- Financial sustainability
- Business continuity management
- Service pressures

Where needed, risk management strategies are developed and monitored for each of these risks to guide decision-making and actions.

In 2018–19, AHS plans to spend \$42 million per day to support the healthcare of Albertans. The assumptions made during the preparation of this budget were developed at a specific point in time and are subject to change. In addition to the priority strategic risks, the following pressures are specific to the budget.

#### **Population and demand**

As outlined in the Health Plan, the population of Alberta continues to increase and our population is aging and living longer. In 2018–19, Alberta's population is expected to increase by 1.4 per cent. Also, on average, we are using more healthcare per person compared to previous generations.

This is creating increased demand in all areas of the healthcare system. AHS will work with Alberta Health to increase Albertans' understanding of the health system and to reallocate funding to support the transformation towards a more sustainable system.

#### **Costs**

Healthcare costs have been rising more rapidly than general inflation and our costs per unit of service are

also increasing. AHS will continue to mitigate cost increases by reviewing contracts and bulk purchasing opportunities and will work with the Government of Alberta to negotiate agreements for employees and physicians. Including physician fees, purchased services and compensation related to clinical contracted providers, AHS' salaries and benefits expenses represent the largest cost for AHS. Every one per cent increase to compensation rates costs AHS \$70 million.

#### **Workforce**

To support a transition from "hospital to community," there is a need for trained healthcare workers to also shift from a hospital setting to community and home care settings. AHS respects staff preferences and is committed to using a voluntary attrition-based approach to allocate staff where they are needed most. This means the transition will take longer and it will take time before savings can be realized and our growth of expenses decreases.

#### **Multiple priorities**

AHS must continue to work with Alberta Health to find the right balance of programs and services to ensure that the needs of Albertans are met while working efficiently. One of our priorities is to enhance community and home care options for Albertans. To do this successfully, we must continue to reduce our cost and reliance on acute care so resources can be redeployed to areas that will build better health long-term for Albertans.

#### **Engagement**

Enhancing the care that's provided requires engagement from multiple stakeholders including Albertans, our employees, physicians, other healthcare providers, and the Government of Alberta. We need to work with our key stakeholders to determine how we can successfully transition our focus to placing more resources in our communities.

#### **Did You Know?**

- Over the past year, AHS has continued to provide high-quality healthcare, while facing population growth in Alberta of almost 1.2 per cent, and an increasingly aging population with higher demands for service.





Dr. Andrew Cave listens to the breathing of two-year-old Gabriel Carlson as his mother Katherine looks on.  
The Respiratory Health SCN has standardized clinical pathways for pediatric asthma.

## Our Performance Measures

# Appendix

### Goal 1: Improve patients' and families' experiences.

Objectives	Measures	How this links to our objectives
We will make the shift from hospital to community-based care options more seamless.	Percentage of clients placed in continuing care within 30 days  Percentage of days patients no longer require acute care services but wait in acute care beds (referred to as alternate level of care)	Monitoring how quickly patients are being moved from hospitals into community-based care has a direct link to the AHS objective of transforming care from hospitals to communities. It also is an indication that patients are receiving the most appropriate care for their needs.
We will make it easier for patients to move between primary, specialty and hospital care.	Number of specialties using eReferral	We will assess our work's success through eReferral to improve the flow of information between community services and more specialized services (hospitals, specialists). eReferral is also designed to improve the patient's path to care and support more appropriate and timely access to specialty care across Alberta.
We will respect, inform and involve patients and families in their care while in hospital.	Patient Satisfaction with Hospital Experience	Directly measuring patients' healthcare experiences helps us see our services through the eyes of our patients, put them first and make them part of their healthcare team.
We will improve access to community and hospital addiction and mental health services for adults, children and families.	Wait time (in days) for clients to receive addiction outpatient treatment	Improving access to addiction and mental health services is a priority, and AHS is working to increase addiction and mental health capacity in primary care to support Albertans' ability to receive the help they need to address their addiction and mental health needs.

## Goal 2: Improve patient and population health outcomes.

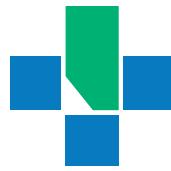
Objectives	Measures	How this links to our objectives
We will improve health outcomes through clinical best practices.	Percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital	Our Strategic Clinical Networks use readmission rates to measure success and improve outcomes for patients. This information helps us develop clinical best practices. While readmission for medical conditions may involve factors outside hospital care, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care.
We will work to improve the health outcomes of Indigenous People in areas where AHS has influence.	Perinatal mortality rate among First Nations	This is important as the rate of infant mortality among First Nations is significantly higher than the rest of the province. Monitoring this rate helps AHS develop and adapt health initiatives and services to better meet the health needs of Indigenous People and reduce the health gap between Indigenous People and other Albertans.
We will reduce preventable harm to patients in our facilities.	Hand-hygiene compliance rate	AHS must continue to improve healthcare worker hand-hygiene compliance in order to keep patients and staff healthy.
We will focus on health promotion and disease and injury prevention with an emphasis on childhood immunization.	Child immunization rate	Our disease prevention efforts will focus on protecting children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities.

## Goal 3: Improve the experience and safety of our people.

Objectives	Measures	How this links to our objectives
We will strive to improve our workforce's engagement.	AHS staff engagement rate	Our People Strategy is built on the knowledge that when those who work in healthcare feel safe, healthy and valued in the workplace, the result is excellence patient-and family-centred care. Monitoring employee engagement enables us to determine the effectiveness of programs which support a satisfied workforce.
We will work to reduce disabling injuries in our workforce.	Disabling injury rate	Monitoring the disabling injury rate enables us to determine the effectiveness of programs that provide AHS employees, volunteers and physicians with a safe and healthy work environment, free from injury.

## Goal 4: Improve financial health and value for money.

Objectives	Measures	How this links to our objectives
We will work to improve efficiencies through implementation of operational and clinical best practices while maintaining or improving quality and safety.	Percentage of nursing units achieving best practice targets	Monitoring nursing units to identify and reduce variations in the cost of delivering high quality services at our different sites.
We will work toward integrating clinical information systems to create a single comprehensive patient record.	There is no AHS measure identified for this specific AHS objective. We will monitor our progress over the next three years through the accomplishment of our actions (key milestones and deliverables).	



**Alberta Health  
Services**

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



[www.ahs.ca](http://www.ahs.ca)