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AHS to enhance local input and decision-making

EDMONTON – Alberta Health Services (AHS) intends to implement changes that will enhance local input and decision-making across the organization.

“Alberta Health Services is committed to working with the communities and people it serves to ensure the provision of safe, quality health care services to all Albertans,” said Dr. Carl Amrhein, AHS Official Administrator. “The proposed changes should improve the ability of communities and community leaders to be actively involved in the health system in their local areas.”

Upon the release of the final report of the Rural Health Review Committee, AHS will create eight to 10 operational districts across the province. The objectives of making the changes are to improve local input into resource allocation at the community, site and program level; enhance local decision-making; and streamline timely and effective decisions. The proposed boundaries of the operational districts will be determined by a number of principles, including the natural pathways for client and patient referral; location of programs, services, hubs and hospitals; and road access that supports safe, timely and efficient patient flow.

Vickie Kaminski, AHS President and CEO, said each operational district will have a Local Advisory Committee of between 10 and 15 members who will serve as the mechanism for providing AHS with enhanced local input and decision-making. The advisory committees will be comprised of community leaders, representatives of Health Advisory Councils, patients and families, and AHS area leaders. Each of the areas will have a designated leadership team that will be accountable to the vice presidents for northern and southern Alberta.

“I am confident the changes will help address some of the concerns we have heard that too many decisions have to be made by the most senior levels of AHS,” said Kaminski. “The changes will ensure there is more local input and decision-making and that there is fair and equal representation for all areas of the province when decisions need to be made at the most senior levels of the organization.”

The advisory committees will have input into such areas as resource allocation and capital budgets for repairs and renovations. There will be continued centralized decision-making for new capital builds, introduction of new technology, and corporate functions including finance, budgeting, human resources and communications.

The advisory committees will meet on a quarterly basis to discuss service delivery plans, resources and performance. Additionally, AHS will establish an annual process for each of the operational districts to solicit formal input into programs and services, budget, capital projects, and new technology recommendations.

AHS will consult with a broad range of community leaders, the Health Advisory Councils, and the general public to finalize the number of operational districts, the boundaries and the areas of accountability. Details of the consultation will be announced at a later date. AHS expects to implement the changes by July 1, 2015.

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“As a large, provincewide health organization, AHS continues to evolve to ensure the right structures are in place to put decisions into the hands of the most appropriate people and to ensure we are meeting the health needs of Albertans,” said Kaminski. “Additionally, I am hopeful the changes announced today will help to bring about a higher degree of organizational stability to AHS once fully implemented and given time to produce results.”

Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than four million adults and children living in Alberta. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

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