

Provincial Health Tour | Fall 2022

Cardston – September 14, 2022

What We Heard Summary

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

Cardston

8 Stakeholders participated representing municipal and community leaders



MLA Jason Schow (Cardston-Siksika) and MLA Garth Rowswell (Vermilion-Lloydminster-Wainwright) welcomed stakeholders.

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

AHS Board Chair Gregory Turnbull and Vice President & Medical Director, Clinical Operations, Dr Sid Viner, shared the AHS Health Plan and priority areas, as well as the challenges and opportunities for our future vision.

The power of partnerships

AHS Board Chair, Gregory Turnbull shared a number of partnerships unique to Cardston including:

- The Cardston Foundation, through the generosity of its donors, allowed the health centre to purchase a new ultrasound machine, a tool needed to assist with urgent diagnoses in the ER.

He also highlighted the work underway to look at options to replace the Cardston Health Centre. Consultation with the community, including local stakeholders, physicians, and staff are underway.

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Alberta Health Highlights

Budget

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

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

Physician Recruitment

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

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

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

System Recovery

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

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

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

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

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

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

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AHS Health Plan 2022-25

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

The 10 priorities are:



1. Alberta Surgical Initiative

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



6. Rural Initiatives and Engagement

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



2. EMS 10-Point Plan

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



7. Continuing Care

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



3. Mental Health and Substance Use Recovery

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



8. Workforce Recruitment and Retention

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



4. Pandemic Response and Recovery

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



9. Quality of Patient Outcomes

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



5. Digital Health Evolution and Innovation

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



10. Sustainability

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

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At the event, we held a working session where participants reflected on the following questions:

- *What is our healthcare system doing well?*
- *What challenges currently exist within the system?*
- *In addition to what is currently being done, how can we better address challenges?*



Here's a sampling of what we heard in Cardston including from representatives of Raymond and the University of Lethbridge.

What we are doing well

Participants in Cardston highlighted the quality and dedication of the **workforce** delivering care in the community. They have nine doctors in the community and felt that was something to highlight given challenges many other rural communities are experiencing. The staff is “*dedicated and knowledgeable*” and provide excellent care.

“Fast emergency care; timely service for the critically ill. The care is great once you’re in the system.”

Several identified the **transparency** in the system is good; they feel they are aware of the issues. Others indicated support for the use of public/private partnerships in healthcare and appreciated the **engagement** opportunity provided through the event especially the opportunity to meet with decision makers and healthcare leaders.

Top healthcare challenges and opportunities

“We need appropriate options for various situations: family doctors, walk-in clinics, emergency. Know your options.”

While a small group of eight community stakeholders, attended, they were steadfast in their desire for a greater emphasis on **wellness initiatives**. There were several who called for “*less focus on acute care and more focus on wellness – staying healthy*” and a shift from focus on illness to a focus on wellness.

As in other communities, they also identified **workforce** challenges such as retention in some surrounding communities and need to improve recruitment, staff burnout and the core-flex model for EMS.

There were several who identified concerns about the time ambulances (**EMS**) spend outside the community and identified an opportunity to consider other **transportation** options for those who don't necessarily require ambulance level support such as “*non-ambulance*” vehicles. One participant said “*centralized dispatch is not working*”.

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Other challenges and opportunities identified included **organizational structure** and the impression AHS has “*top-heavy middle-management*”, **wait times**, enhanced **education opportunities** for students seeking a career in healthcare, **infrastructure**, improvements to **internet access**, and a desire for more conversations and **engagement**.

Evaluation of event

Of the 16 individuals who completed a survey (both internal and external events in Cardston):

- 15 (94%) responded that the topic was highly relevant, and something they wanted to know more about (7 ranked as 5 out of 5; 8 as 4)
- 14 (88%) felt strongly that the session was a good use of their time (9 ranked as 5 out of 5; 5 as 4)

Respondents saw value in meeting with others from the community who had an interest and a fresh perspective on healthcare and enjoyed the roundtable conversations. One also indicated they're “*understanding more clearly the issues facing AHS*” and appreciated hearing directly from the Minister of Health.

Next steps

- All notes and partnership ideas generated from the Provincial Health tour will be shared with Alberta Health and Alberta Health Services leadership.
- A regular newsletter is being distributed to event registrants and participants.
- A report and recommendations will be produced by Alberta Health.

Thank you

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

Contact us: community.engagement@ahs.ca