

Provincial Health Tour | Fall 2022

Olds, September 22, 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.

Olds

20 Internal and community stakeholders participated representing healthcare staff, physicians and community leaders.



MLA Garth Rowswell (Vermilion-Lloydminster-Wainwright) welcomed stakeholders with Olds-Didsbury-Three Hills MLA Nathan Miller also in attendance.

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

The power of partnerships

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

- The Olds Hospital Auxiliary that has, since 1939, assisted the hospital by running a gift shop, serving social teas, tending to the gardens, providing entertainment and fundraising for new medical equipment.
- Participants recognized the auxiliary, which recently retired as a society, for their years of philanthropy.

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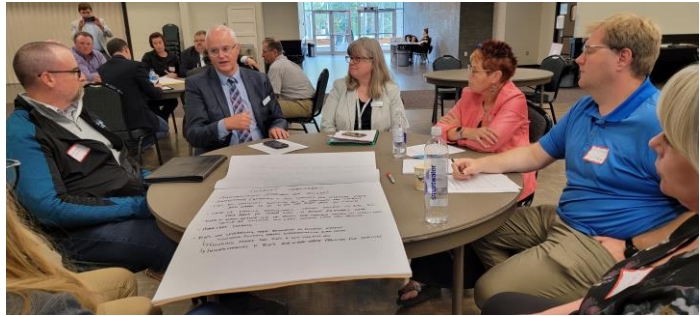
At the event, we held a working session where participants reflected on the following questions:

- *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 Olds.

What we are doing well

Olds participants report once care is accessed, it is of **top quality** and **reliable**. They noted there is a spirit of **innovation** across the system locally with great success experimenting with virtual care, and a high degree of **technical expertise** across the board including online lab bookings. They sensed a willingness to try new solutions to better answer to old challenges. Overall, Olds participants say those delivering healthcare in the community are “*great people*”.



Collaboration between AHS and community groups and agencies including those in PCNs have improved, say the participants, indicating there is a strong desire to work together successfully.

“Once you get access to acute care, it does work. When you need it, it’s there.”

An enhanced focus on **rural facilities** has had positive outcomes, participants reported.

Top healthcare challenges and opportunities

Olds participants expressed a strong voice around what they call a need for more **localized** and **agile decision making** and enhanced focus on improving agency **partnerships** including with primary care networks. They called for an examination of the funding model as well as consistency around service delivery of **PCNs**, as well as better **education** for rural use of the healthcare system. They also called for PCNs to be included in “*system-level*” discussions.

“We have capacity, let’s maximize that.”

The current strain on staff was noted, with calls for improvements in **retention**, **attraction** and **mental health** support for frontline workers. Participants also saw the effects of COVID burnout and anxiety amongst staff. They also highlighted the fact there seems to be less desire by youth to explore a healthcare career and a need to maximize and inspire a sense of appreciation and kindness in order to shift that trend.

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Participants felt government negotiations during COVID were out of tune, and better incentives were called for to meet the demands of shortages and access, including improved efforts recruiting foreign healthcare workers and better incentives to move to remote and rural communities.

EMS support and optimization was on the minds of participants, with concerns over access and improvements.

Participants felt strengthening the **relationship** with local municipalities would bring about improvements in care with joint efforts to attract physicians and other healthcare workers. They stressed a need for focus on **rural issues of accessibility** and better use of equipment and services locally.



Evaluation of event

Of the 4 individuals who completed a survey (both internal and external events in Olds):

- 4 (100%) responded that the topic was highly relevant, and something they wanted to know *more about (4 ranked as 5 out of 5)*
- 4 (100%) felt strongly that the session was a good use of their time (4 ranked as 5 out of 5)

Respondents felt the most valuable part of the event was the opportunity to be heard and take part in the discussion. Some participants made a point of emphasizing hope for moving toward solutions with improved focus on workforce development and communication.

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