

Provincial Health Tour | Summer 2022

Cold Lake – July 19, 2022

What We Heard Summary

The Government Alberta and Alberta Health Services are jointly hosting a series of engagement conversations across Alberta over summer 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.

COMMUNITY

41 Stakeholders participated representing municipal and community leaders



MLA David Hanson (Bonnyville-Cold Lake-St. Paul) 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 Vice-President and Chief Health Operations Officer Deb Gordon shared the AHS Health Plan and priority areas, as well as the challenges and opportunities for our future vision.

The power of partnerships

Healthcare is all about partnerships that can help to make a positive difference where we live. Some examples of the power of partnerships in Cold Lake are highlighted by:

- The donation of two new mechanical lifts, for the long-term care residents at the Cold Lake Healthcare Centre made possible by the Grand Centre Lions Club and the Cold Lake Medical Development Fund Society. This equipment enhances patient care and improves both client and staff safety.
- With support from Hearts for Healthcare the local healthcare centre's recreation therapy department is using new Montessori kit materials to engage residents with dementia.
- The Cold Lake Healthcare Centre auxiliary recently donated a new portable, battery-operated oxygen concentrator that enables greater mobility for some residents at the Cold Lake Long-Term Care Centre.

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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?*
- *What can you do to improve the provision of healthcare in your community?*



Here's a sampling of what we heard in Cold Lake.

What we are doing well

Participants told us **access** to healthcare services in Cold Lake is very good, specifically identifying emergency department, surgery (“first-class service once you get your surgery”) and primary care as examples of success. While there are challenges identified, overall the sentiment was that care is there when it is needed.

They also identified **community partnerships** and **collaboration** as positive. The HIVE and mental health collaborative (youth) and the local Lions Club and fundraising support in the community were examples of success within this theme.

“(There are) good relationships between AHS and municipalities.”

Several participants cited **continuing care** in the area as something that the healthcare sector is supporting well. There is good collaboration between AHS and continuing care operators and good movement for individuals requiring that level of care either locally or within Alberta.

Community representatives also praised the infrastructure in their communities calling it “top-notch”.

Top healthcare challenges and opportunities

Workforce: By far, this was the number one concern raised by Cold Lake community participants. Within this theme, conversation revolved around compensation, incentives, contracts with unions, education and training, hours and scope of work, locums, recruitment and the shortage of physicians (barriers to licensing), nurses and other healthcare professionals, work life balance and the general work environment, particularly for physicians.

Municipalities acknowledged their role in supporting recruitment but more so see their best contributions being in the area of retention by finding ways to ensure physicians, healthcare professionals and their families feel

*“Rural docs are on call “all the time” – work life balance suffers.”
“Can’t deliver a baby in this area.”*

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welcomed and embraced within the community.

“Allow professionals such as pharmacists to provide more than the traditional care.”

“Technology-based solutions in smaller hospitals less the need for a doctor – allow doctors to advise local staff remotely.”

Many identified an opportunity to review the process for licensing foreign healthcare professionals, particularly physicians, saying the current process is convoluted and lengthy.

Education and training opportunities were also identified and several participants suggested recruitment needs to begin in primary and secondary levels, not just as students are getting ready to graduate from high school or are starting their post-secondary journey.

Many communities in the area are already connected to the Rural Health Professions Action Plan (RhPAP) and have attraction and retention committees. Municipal leaders indicated commitment to continue with that work and continue to roll out the red carpet to new recruits.

Access: Participants acknowledged they choose to live in rural Alberta but one said *“we do not have to accept lower care or access”*. There are fewer services available in rural Alberta and several commented they feel the services they do have are being *“stolen from us”*. Lack of access creates additional hardships including the cost and time to travel to other centres to access care.

Transportation, shortage of space in continuing care, access to specialists, and mental health services were other sub-themes of discussions around access to services.

Suggestions included funding for services in rural areas to take pressure of Edmonton Hospitals, increased use of virtual health, mobile specialists, increased use of Nurse Practitioners and healthcare workers working to full scope of their capability. Desire for more local decision making, and subdividing the North Zone.

Also identified was the need to focus more on prevention to take strain off of the system.

EMS: Ambulance availability was a key concern raised by several participants. When an ambulance has to transfer a patient to an urban hospital, it can be out of the community for hours creating hardship and anxiety in the community. There was also concern raised about the age of some of the ambulances.

“Rural ambulances have more than 600K mileage when you are putting new vehicles in urban centres – it’s not safe.”

Exploring an integrated emergency first response process was one of the recommendations raised – there is concern about ambulances not being sent to non-injury vehicle collisions, for example. Others talked about centralized dispatch and the need for local

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dispatch support.

Cultural Safety: Exploring partnerships with Indigenous communities and organizations was identified as an opportunity to address cultural safety. Several people raised concern about discrimination and the fact Indigenous People may not seek care out of fear they will be mistreated by healthcare staff.

Evaluation of event

- Of the 40 individuals who completed a survey (both internal and external events in CL):
 - 37 (93%) responded that the topic was highly relevant, and something they wanted to know more about (17 ranked as 5 out of 5; 20 as 4)
 - 33 (83%) felt strongly that the session was a good use of their time (21 ranked as 5 out of 5; 12 as 4)
- Many respondents indicated that the most valuable part of the meeting was the group discussion, where they learned from others, found common ground and felt heard. Participants also felt value in having the Minister of Health and AHS leadership in Cold Lake to hear local concerns directly.
- Participants indicated a desire for more advance notice of the event, additional time to ask questions, and stressed the importance of the information and concerns shared being acted upon.

“Listening to others present – it was good to know that others share the same frustrations.”

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 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