

The 2017–2020 Health Plan
and Business Plan

A healthier future. Together.



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Message from the Board Chair and President & CEO

Healthy Albertans. Healthy Communities. Together.

Alberta was the first province in Canada to embrace a provincewide approach to healthcare delivery. The formation of Alberta Health Services (AHS) in April 2009 was considered a bold experiment at the time. The transition to a single system hasn't always been easy, but today is proving to be an effective model to bring positive transformational change to Canadian healthcare.

We are facing challenging times in Alberta. Our health system is operating in an environment of lower provincial revenues, rising healthcare costs and increasing demand and expectations for services. We are looking to become more efficient at what we do, while still delivering high-quality healthcare.

With a provincewide system, AHS is sharing knowledge and best practices across the province, making policy and strategic infrastructure plans that benefit all Albertans, harnessing our shared expertise to drive innovation, and reducing costs through efficiencies and consolidated business functions.

By working together as one health system, we have been able to improve patient outcomes, and enhance experiences for patients, clients and families, as well as for our 130,000-plus hard-working staff, physicians and volunteers.

In other words, the “bold experiment” is working.

This three-year Health Plan and Business Plan will be our guide as we pursue our vision — Healthy Albertans. Healthy Communities. Together — and live our values of compassion, accountability, respect, excellence and safety.



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

As we move to become more efficient and effective as a system, we know that change is inevitable.

A good health system keeps pace with the times. We must enhance our health system to be 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.

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.

AHS belongs to Albertans, and their voices and ideas have been heard and considered as we've developed this plan.

We look forward to working together with our partners, stakeholders and all Albertans, to create a high-quality, efficient, learning healthcare system that supports the health needs of all Albertans.

Our work is aligned with the goals and direction of the Government of Alberta, and this Health Plan and Business Plan builds on the goals outlined by Alberta Health.

The AHS Board and administration of AHS are committed to achieving the objectives outlined in this three-year Health Plan and Business Plan.

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

June 1, 2017



Licensed practical nurse Casi Marci with long-term care resident Norm Retzlaff at CapitalCare Norwood.

| 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

The road ahead

Alberta Health Services (AHS) will continue to focus on strengthening public health and wellness while improving access, flow and community-based options.

By enhancing the care available in communities, we can ease pressures on our hospitals, build the right services to support our growing and aging population, and also be better positioned to navigate the uncertainty of Alberta's current economy.

This Health Plan and Business Plan is built on four main goals:

1. Improve patients' and families' experiences
2. Improve patient and population health outcomes
3. Improve the experience and safety of our people
4. Improve financial health and value for money

These goals will be achieved by working to:

- Improve access to addiction and mental health service by implementing the *Valuing Mental Health Action Plan*.
- Improve community and home care, including the development of preventive and restorative home care.
- Increase continuing care capacity (adding new long-term care and dementia spaces), including implementing the *Alberta Dementia Strategy and Action Plan*.
- Support integration across the continuum of patient care and support patients along their respective clinical pathways.
- Promote wellness initiatives and chronic disease management in association with our primary healthcare partners in the community.

We will also continue to seek out innovative solutions and to spread those innovations across the province through our Strategic Clinical Networks (SCNs).

Strategic Clinical Networks (SCNs) are collaborative clinical strategy groups with common objectives to improve patient outcomes and satisfaction, improve access to healthcare, and ensure sustainability of the healthcare system.

At the same time, we are striving to ensure our healthcare services and workforce reflect the needs of Albertans.

AHS encourages Albertans to be co-partners in health to achieve better health outcomes for themselves, their families and their communities.

As we move forward, we will work together with our valued partners in health — Health Advisory Councils, Provincial Advisory Councils, the Wisdom Council, the Patient and Family Advisory Group, health foundations and trusts, academic institutions, community-based organizations, local communities and the provincial government.

We will also continue to work with our primary care partners to improve access and continuity of

Strategic Clinical Networks

Alberta Health Services has developed networks of people who are passionate and knowledgeable about specific areas of health, challenging them to find new and innovative ways of delivering care. SCNs bring together clinicians, researchers, patients and policymakers to drive innovation and research, standardize care, share best practices, improve access to services and improve health system sustainability.

- Addiction and Mental Health
- Bone and Joint Health
- Cancer
- Cardiovascular Health and Stroke
- Critical Care
- Diabetes, Obesity and Nutrition
- Digestive Health
- Emergency
- Kidney Health
- Maternal Newborn Child & Youth
- Population, Public and Indigenous Health
- Respiratory Health
- Seniors Health
- Surgery



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.

As we focus on clinical effectiveness and appropriateness, we are making changes so the healthcare system becomes stronger and more sustainable.

We will continue to improve efficiency throughout the system to ensure AHS gives Albertans value for their healthcare dollars. By continuing to evolve, AHS will strengthen the advantages of a provincewide health system so that Albertans can get the care they need, when they need it.

As an example, the development of the AHS Provincial Clinical Information System (CIS) will benefit all Albertans, no matter where they live or receive medical treatment. The new AHS Provincial CIS will improve the patient journey by making them a greater partner in their wellness and care. It will redesign how we capture, store and access information used in providing care to patients, making it more accurate and accessible for the entire

care team, including patients.

This will lead to better outcomes and satisfaction for the people we serve. The AHS Provincial CIS will be phased in over approximately 10 years and, when complete, will enable health providers to access comprehensive and consolidated patient information that travels with patients throughout the health system. It will increase capacity for evidence-informed practice and policy, enhanced data-sharing, research, innovation, health technology assessment and knowledge translation.

To achieve better health for all, AHS must take a different approach to the planning and design of services, ensuring our health system is integrated and co-ordinated among and between providers and patients. Through provincial planning in areas such as community rehabilitation, emergency medical services, midwifery services and rural maternity care, together with our many ministerial and community partners, we will create models of care that are specific to a community's needs and increase access to care as close to home as possible. AHS will make effective change by creating a balanced, focused approach to redesigning

our health system. We will achieve this through the four goals and 12 objectives outlined in this plan and by ensuring that we are aligned with the provincial government and the goals and objectives of the Ministry of Health. (For more information on how AHS is enhancing care in the community, see page 21.)

Furthermore, our decisions will be informed and supported by evidence and research. This research, innovation and knowledge will help us measure and manage the change needed to continue to improve how we serve Albertans.

As always, hard-working and dedicated AHS staff, physicians and volunteers are the cornerstone of our activities and our biggest asset. Working with these stakeholders, we will champion these health system improvements and fulfil the 2017–2020 AHS Health Plan and Business Plan. The specific plans and actions we are undertaking to accomplish the objectives set out in this plan will be included in the AHS 2017–18 Action Plan.

AHS and healthcare belongs to all of us. We invite all Albertans and all partners to be with us and beside us along this journey. Health Albertans. Healthy Communities. Together.

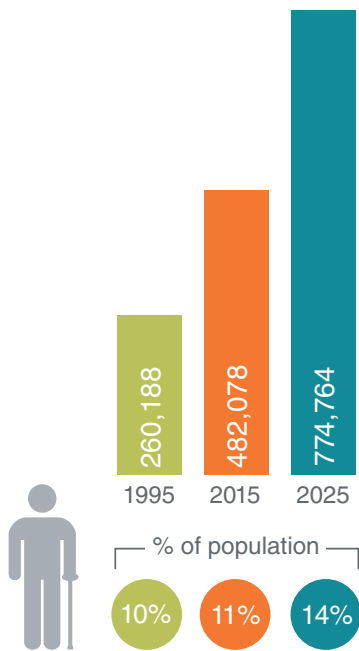
The AHS Provincial Clinical Information System (CIS) Program is a collaborative effort between Alberta Health and AHS staff, clinicians and patients to improve care and safety for Albertans. The purpose of the AHS Provincial CIS is to improve patient experience, the quality and safety of patient care, by creating common clinical standards and processes to manage and share information across the continuum of healthcare. AHS Provincial CIS will support Albertans to take ownership of their health and care by giving them access to their own health information.



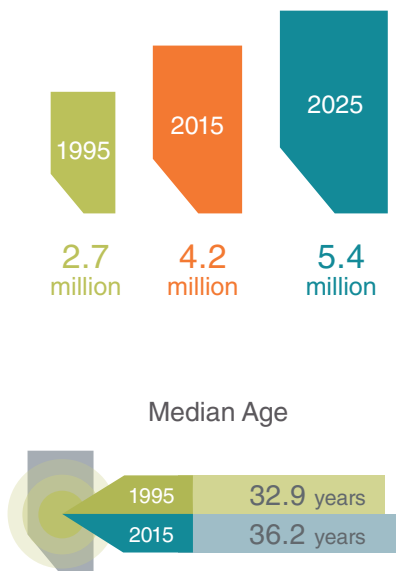
Our Current Environment

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.

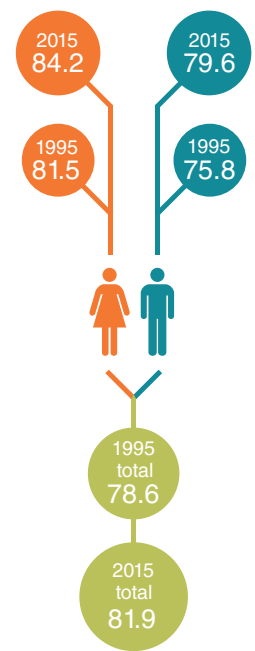
Aging Population (65+ years)



Alberta's Growing Population



Life Expectancy in years



Alberta's growth, diversity require tailored healthcare

The three-year health plan is designed to meet the ever-changing and growing needs of Albertans.

There are numerous drivers that shape the delivery of healthcare services. Some of these drivers are challenges, whereas others are changes that enable new ways of working.

Alberta's changing 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.

As we age, we depend more on the healthcare system. By 2045, one in five Albertans is expected to be 65 or older.

Alberta is also a vast province with many people living in rural and remote areas. We have many ethnicities and some unique health needs. Our diversity requires tailored approaches to healthcare.

Alberta has 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. We must better understand and respond to the health needs of our diverse population. 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.

Alberta's economic environment

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
- Fewest repeat hospital stays for mental illness
- Lowest hospital deaths following major surgery (tied)
- Lowest potentially inappropriate use of antipsychotics in long-term care
- Lowest administrative expense
- Best perceived health

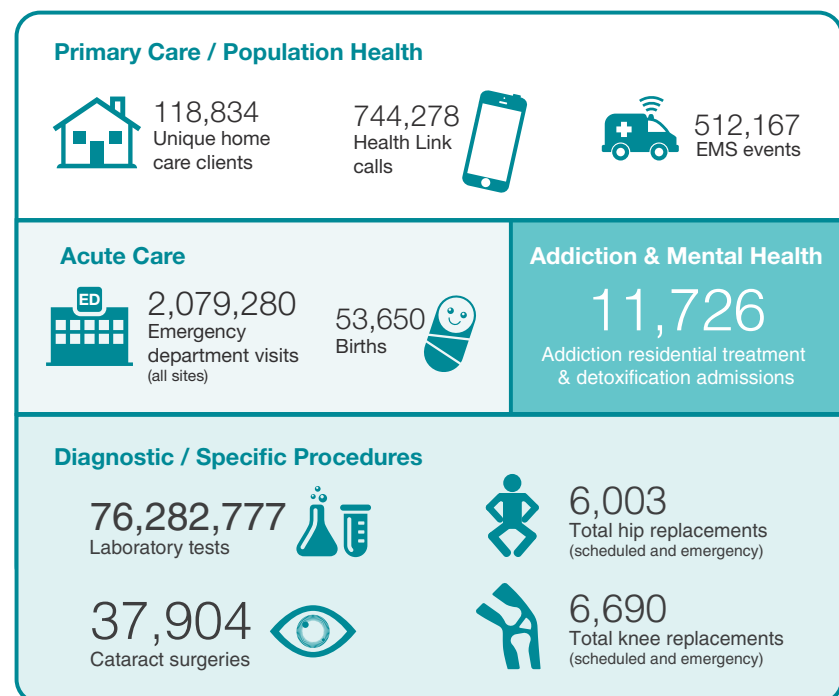
Second in country for:

- Lowest number of obstetric patients readmitted to hospital (tied)
- Lowest restraint use in long-term care
- Highest improved physical functioning in long-term-care
- Fewest patients experiencing pain in long-term care
- Highest physical activity during leisure time

Third in country for:

- Fewest low-risk caesarean sections
- Highest life expectancy at age 65
- Fewest hospitalized heart attacks
- Fewest self-injury hospitalizations

Provincial Quick Facts



Source: 2016-17 AHS Annual Report

Alberta spent 3.2 per cent of its total expenses on administration, which is among the lowest among all provinces and territories in Canada, according to the latest Canadian Institute for Health Information. The national average is 4.4 per cent (2014-15).



Developing the Plan

Building the future

Each of our four goals is equally important. Alberta Health Services (AHS) must ensure there is connection and balance between them. This plan is built upon the use of a Quadruple Aim approach to help AHS become an innovative, high-performing, learning healthcare organization.

A Quadruple Aim approach assesses a health system's performance based on four areas: patient experience, population health, workforce and reducing costs. To help us focus on what is most important, we conducted an engagement process to develop the 2017–2020 Health Plan and Business Plan. AHS worked with employees, physicians, volunteers, Health Advisory Councils, health foundations and other partners to guide our efforts to sustain safe, high-quality healthcare delivery for all Albertans. The plan that follows is a solid framework for managing the demands and coordinating the responses of a provincial health system.

At 50 sessions, more than 650 individuals participated, representing diverse groups within and outside AHS.

These individuals brought forward hundreds of objectives that were prioritized, grouped, reviewed and reduced through further consultation.

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

Our goals and objectives/outcomes are inter-connected and propel us toward our vision. The actions we take in one area can and will support or complement actions and objectives/outcomes in other areas. Detailed actions supporting this Health Plan and Business Plan will be outlined in the AHS 2017–18 Action Plan.

And while an objective/outcome may speak to one area (i.e., acute care), we will continue to make similar improvements in all care settings.

Finally, by defining performance measures and setting our targets over the three-year period, we will be able to gauge our progress.



AHS alignment with Alberta Health

Alberta Health Services’ 2017–2020 Health Plan and Business Plan, and its 2017–18 Action Plan, reflect Alberta Health’s vision and priorities as set out in Alberta Health’s 2017–2020 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"> 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. We will work to reduce disabling injuries in our workforce.
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"> We will work to make the transition from hospital to community-based care options more seamless. We will work to improve efficiencies through implementation of operational and clinical best practices, while maintaining or improving quality and safety.
Ensure that reasonable access to quality health services is provided in and through the health region.	<ul style="list-style-type: none"> 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. We will strive to improve health outcomes through clinical best practices.
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"> We will strive to make it easier for patients to move between primary, specialty and hospital care. We will strive to improve our workforce engagement. We will work toward integrating clinical information systems to create a common, comprehensive patient record.

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.



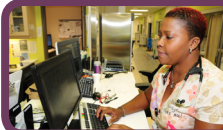
Goal 1: Improve patients' and families' experiences.



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 Target	2018–19 Target	2019–20 Target
Percentage of clients placed in continuing care within 30 days	60%	60%	56%	56%	58%	61%
Alternate level of care - percentage of days patients no longer require acute care	12.2%	13.5%	15.1%	14%	13.5%	13%
Number of Specialties using eReferral	n/a	n/a	4	10	15	20
Patient experience with hospital care	81.8%	81.8%	82.6% (Q3 YTD)	85%	Re-evaluate in 2018–19 pending CIHI changes	
Wait time (in days) for clients to receive addiction outpatient treatment	15	13	12 (Q2 YTD)	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 such as the recent mumps outbreak.
- 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 Target	2018–19 Target	2019–20 Target
Percentage of medical patients with unplanned readmission to hospital within 30 days of leaving	13.6%	13.6%	13.5% (Q2 YTD)	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)	10.53	10.74	n/a	This is a performance indicator. No target.		
Hand-hygiene compliance rate	75%	79.8%	82.2%	90%	90%	90%
Childhood Immunization Diphtheria, Tetanus, Pertussis, Polio (DTPP) Measles, Mumps, Rubella (MMR)	78% 88%	78% 87%	77% 88%	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 Target	2018–19 Target	2019–20 Target
AHS employee engagement rate*	n/a	n/a	3.46	No survey	3.67	No survey
Disabling injury rate**	3.7	3.6	3.7	3.5	3.4	3.3

* 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 access guidelines that identify the appropriate programs and services that will deliver effective healthcare locally.
- Appropriately realign service delivery to ensure rural community needs are met.

- Consider and pursue alternative models of service delivery 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 (Q3 YTD)	2017–18 Target	2018–19 Target	2019–20 Target
Percentage of nursing units achieving best practice targets	18.8% (CIHI)	25.1% (AHS GL)**	31.9% (AHS GL)**	35%*	40%*	45%*

CIHI = Canadian Institute for Health Information

*Addressed only through attrition.
**AHS general ledger

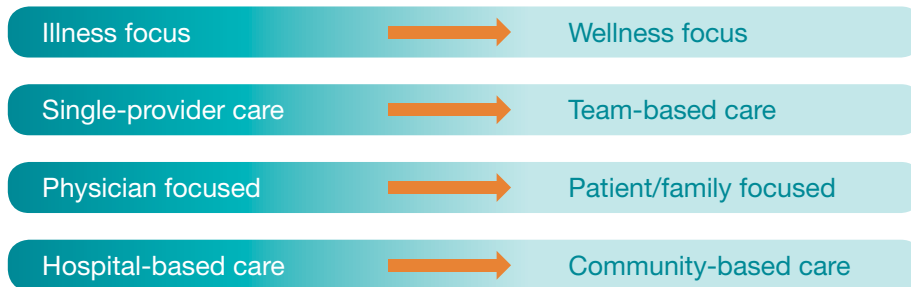
There is no AHS measure identified for clinical information systems. We will monitor our progress over the next three years through the accomplishment of our actions (key milestones and deliverables).



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**

Caring for Albertans in their communities

We know no one wants to be in hospital unless they truly need the care that's only available in an acute care facility. So, as mentioned earlier, the 2017–2020 Health Plan and Business Plan envisions a future where Albertans enjoy more healthcare options, including more wellness programs and services, in the communities where they live. But what will this mean to Albertans?

Working with Alberta Health, Alberta Health Services (AHS) has expanded community care in recent years and evidence shows this strategy is good for patients, clients and families — and it's good for the health system, too.

Together, we share a goal for a healthcare system that emphasizes staying healthy and well, while also supporting people who need care.

For example:

- The Community Paramedic Program uses specially trained paramedics to visit a patient's home and perform diagnostics (including electrocardiograms) and interventions (including suturing and IV rehydration) that would normally be done in a hospital.
- Many patients now consult with specialists in Edmonton and Calgary without leaving their rural and remote communities using

Telehealth videoconferencing technology.

- AHS promotes mental well-being across the province, including in many rural and remote communities. For instance, AHS co-ordinates, through funding from Alberta Health, 37 mental health capacity building (MHCB) initiatives in 64 communities targeting mental health and addiction prevention and health promotion programming.
- The Hospital at Home program in Calgary brings chemotherapy into the homes of pediatric cancer patients where they are most comfortable and supported.
- And a suite of health and wellness programs — including cancer screening, tobacco-cessation workshops and chronic disease self-management classes — are available free of charge in hundreds of communities across the province.

- Albertans sometimes need help in deciding whether a health issue they are dealing with requires more immediate attention. In an effort to reduce unnecessary emergency department visits, AHS has resources online at ahs.ca to help Albertans determine where and when to access the care they need, including HEAL (Health, Education and Learning), “Know your Options” and Health Link (dial 811).

We call this enhancing care in the community and it will continue. This will result in improved patient outcomes, improved patient experiences and better value for every health dollar. Enhancing care in the community will transform Alberta's health system so it's built around patient needs rather than on the needs of the system itself.

Mental Health Capacity Building team members work within school settings to deliver mental health promotion and prevention programming that increases well-being, resilience and protective factors; promotes early identification of issues; addresses risk factors; and advocates for unmet mental health needs for children and families.





It takes a team. Cardiac-rehab patient Doug Hunter, centre, celebrates his progress with his Alberta Health Services team, from left, Kara Penney, Kylie Morrison, David Buijs and Annett Kamenz.

2017–2018
Business Plan

A healthier future. Together.

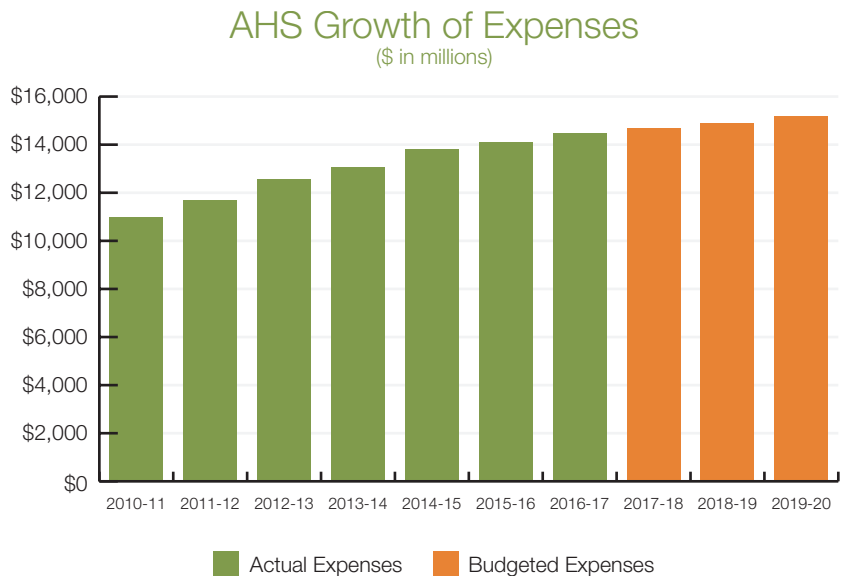


Overview of the Business Plan

In the previous pages, the Alberta Health Services 2017–2020 Health Plan outlined what Alberta Health Services (AHS) will do over the coming three years to enhance and improve health services in Alberta. In this section, the 2017–18 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 priorities. It also takes into account the budget challenges we face as an organization in the current provincial fiscal environment.



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?

- Since the formation of AHS, a number of efficiencies have been implemented and AHS has begun to slow the rate of increase in spending while maintaining a focus on delivering high-quality healthcare services.
- Historically, AHS' expenses have grown by over six per cent per year.
- In 2015–16 and 2016–17, actual expenses grew by less than three per cent per year.



Financial Sustainability

AHS must operate within the budget approved by the Minister of Health. To do this, we must maximize every dollar we invest to ensure we get the most value for our money and that Albertans experience better

health outcomes with the resources available to us. We will also reduce the overall cost of our care, which is currently above the national average, and continue to reduce our expenses by using resources more efficiently and appropriately. While we make these

changes and find ways to provide better care in more effective ways, our focus on quality, safety and value will not waiver.

We continue to examine our spending and compare costs across Alberta and with other provinces. Identifying these operational best

AHS Statement of Operations

(in millions)	2016-17 Restated Budget	2017-18 Budget	2018-19 Outlook	2019-20 Outlook
Base operating grant from Alberta Health	11,865	12,160	12,404	12,651
Other operating grants from Alberta Health	963	1,009	1,010	1,036
Capital grants from Alberta Health	81	76	72	63
Sub-total revenue from Alberta Health	12,909	13,245	13,486	13,750
Other government transfers	408	451	444	460
Other revenue	1,001	973	977	979
Total revenue	14,318	14,669	14,907	15,189
Community and home care	1,895	2,051	2,137	2,195
Continuing care	1,078	1,096	1,165	1,213
Population and public health	386	365	364	359
Ambulance services	480	480	481	481
Acute care	4,750	4,773	4,810	4,897
Diagnostic and therapeutic services	2,360	2,385	2,406	2,436
Education and research	295	305	307	307
Support services	2,045	2,211	2,259	2,341
Information technology	561	512	485	469
Administration	468	491	493	491
Total expenses	14,318	14,669	14,907	15,189
Annual operating surplus (deficit)	-	-	-	-

The 2016-17 budget has been restated to reflect expenses that were reclassified to better align with the Canadian Institute of Health Information standards and definitions. The reclassifications had no impact to the annual operating surplus on the Statement of Operations.

practices has led to efficiencies in our operations, which we will expand upon in 2017–18. We are also focusing on how we provide care to our patients, and working on ensuring clinical best practices and clinical appropriateness.

By improving how we work, we can:

- Offset the costs of a growing, aging population.
- Reallocate resources to where care is needed most.
- Make strategic investments within the infrastructure and programs of the health system.

As discussed in the Health Plan, by enhancing care in the community and focusing on the health and wellness of Albertans rather than on treating disease and illness, we will be more sustainable over time.

This approach will take time to implement but AHS is committed to supporting this priority. In addition, this approach recognizes that healthcare in Alberta is about more than the services AHS provides. Patients and families have a pivotal role and responsibility in their health and wellness. It will take time to transform how healthcare is delivered—throughout the health system and within AHS. It will also take the support of patients and families working together with Alberta’s healthcare providers and partners in health.

Budget Summary

The AHS budget includes the revenue and expenses associated with the care provided by AHS and

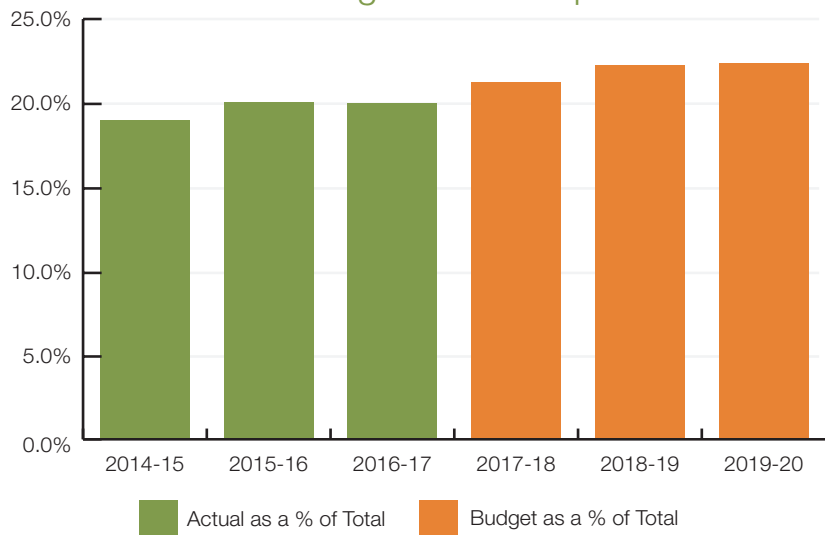
does not reflect the complete costs of provincial healthcare. Readers should consult the consolidated financial statements of the Government of Alberta, including Alberta Health’s Business Plan for the total costs of healthcare in Alberta.

While AHS will strive to achieve a balanced operating budget overall, it will be challenging for AHS to manage expenses within the available funding and within each line on the Statement of Operations. Acute care expenses are budgeted to remain flat even though population growth, inflation, and demand for services

continue to challenge AHS’ ability to meet expectations. The majority of the new investments are being made in community and home care. We will be more successful if we can focus on just these two priorities.

The Business Plan includes forward-looking statements and information about the future operations and future financial results that are subject to risks, uncertainties and assumptions. Therefore, actual results in the future may differ and forward-looking statements should be considered carefully. Undue reliance should not be placed on them.

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



Revenues

In 2017–18, total revenue will be \$14,669 million, an increase of 2.5 per cent over the prior year's budget. AHS will receive a 2.6 per cent increase from Alberta Health and a 10.5 per cent increase from other government transfers.

Other AHS revenue is decreasing due to fewer out-of-province and out-of-country patients accessing health services in Alberta, resulting in lower fees and charges.

Expenses

In 2017–18, total expenses will be \$14,669 million, an increase of 2.5 per cent over the prior year's budget. 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 sections below.

Capital

In 2017–18, total capital expenditures will be \$555 million, including \$215 million of AHS funds and \$340 million of funding from the Government of Alberta and other external sources. The AHS capital budget does not include projects managed by Alberta Infrastructure on behalf of AHS. This allocation of funding will support the development of the AHS Provincial Clinical Information System, equipment purchases and replacements, facility enhancements and upgrades, and Information Technology investments in equipment, infrastructure and systems.

2017–18 Priorities

Community and home care

Community and home care refer to the services we provide to those who need care and support in their living environments, including supportive living, palliative and hospice care, community programs, community mental health, self-managed care, home nursing and home support.

AHS is increasing capacity and enhancing support to community and home care initiatives. We believe that putting more emphasis on community care and wellness will result in better health outcomes and more positive experiences for patients. These initiatives will include an increase in the number of home care hours we provide to help keep patients out of hospital.

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. 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.

Continuing care

Continuing care is how we describe the services we provide to those who need long-term care and psychiatric care in facilities operated by both AHS and contracted providers. Increasing the number of long-term care beds will 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 ensures they will have a positive healthcare experience and will stay healthier.

Did You Know?

- In the past seven years, AHS has invested \$360 million to open over 5,600 continuing care spaces to support individuals who need community-based housing, care and supports.
- In 2017-18, AHS will make a significant investment in additional continuing care spaces and expanded community and home care.
- In the next three years, AHS will enhance care in the community and will focus on the health and wellness of Albertans.



Population and public health

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

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.

The opioid crisis continues to affect Albertans and AHS has helped to lead the response to this crisis. With additional funding from Alberta Health, AHS will continue to support the expansion of the Take Home Naloxone program 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 for all Albertans including increasing the number of Albertans who receive the annual influenza vaccine including infants and children.

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.

Ambulance services

The cost of ambulance services include expenses related to ground ambulance, air ambulance, patient transport and EMS central dispatch. AHS also supports community paramedic programs as well as other programs that support the learning, development, quality and safety of our EMS professionals. In 2017–18, AHS will modernize ambulances and other equipment to support this critical part of the healthcare system. AHS also supports the expansion of the paramedics' scope of practice and finding new and better ways to keep our practitioners safe at work.

These initiatives are key as we work to reduce the transfer of care times and provide enhanced care to higher risk populations.

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 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 the acute care budget by 0.5 per cent in

2017–18 whereas population and inflation combined are forecasted to increase by 3.2 per cent. At the same time, the demand for acute care services continues to grow. 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 only redeploy staff through voluntary attrition so finding these efficiencies will take some time. However, we are also committed to our goal to provide quality care for patients in the most appropriate setting. These factors combined will require difficult choices to be made.

AHS will continue to support the expansion of specialized medical 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 open some much-needed new facilities and renovate some of the existing ones in 2017–18. These include the new High Prairie Health Complex, the Medicine Hat Regional Hospital redevelopment, the Chinook Regional Hospital redevelopment, the Peter Lougheed Centre neonatal intensive care unit and labour & delivery renovation, the new Gamma Knife unit at the University of Alberta Hospital, and the Brooks Health Centre renovation.

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 also supports an integrated laboratory services system for the whole province and we are developing plans to put this system into place across Alberta.

Education and research

Our investments in education and research refer to graduate medical education and formally organized health research. AHS collaborates with academic staff at the Faculty of Medicine and Dentistry at the University of Alberta and Cumming School of Medicine at the University of Calgary to train the next generation of physicians. AHS also works closely with its university partners in supporting research activities that help create solutions to today's healthcare

challenges. AHS collaborates with the universities on many different research areas including cancer research, cardiac research, orthopedic research, and research related to infectious diseases and neurology. Together with our partners, AHS continues to support high-quality 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. Many of the new investments in community and home care will also result in increased facility, housekeeping, and patient food expenses. We are managing the rate of growth in these areas and finding ways to be more efficient where it makes sense. In addition to these ongoing costs, at the end of 2017–18, several major capital projects, which will be completed by AHS, will result in higher amortization expenses. Funding is also provided by Alberta Infrastructure through the

Infrastructure Maintenance Program to support deferred maintenance projects 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 AHS—the largest healthcare team in Canada. Our goal is to make sure information is available across the health system, so that healthcare providers can rely on the data to make meaningful decisions and patients can assume greater responsibility for their own care. 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 \$100 million per year for the next four years to support one of our largest IT projects. The AHS Provincial Clinical Information System (CIS) will be a catalyst to transform the way that information technology supports the delivery of patient care. This AHS Provincial CIS will replace and consolidate 1,300 stand-alone IT

systems to common systems which will provide a co-ordinated approach for hospital, ambulatory, continuing care, and AHS-run primary care. The resulting AHS Provincial CIS 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 for the next 10 years, in addition to the capital funds from Alberta Health, and will redeploy resources to complete this work. With the focus on the AHS Provincial CIS, AHS has fewer other capital projects 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 remain among the lowest in the country as a percentage of total spending. According to the latest Canadian Institute for Health Information (CIHI) data, AHS spends 4.4 per cent less on administration adjusted per capita than the national average.

In 2017–18, administration expenses will increase primarily due to increased insurance costs; however, ongoing efficiencies will result in administration expenses being no more than 3.3 per cent of total expenses. This is the same percentage as the prior year's budget.

Risks

Strategic

AHS has an Enterprise Risk Management program which actively supports 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 management decision-making and actions.

In 2017–18, AHS plans to spend \$40 million per day to support the healthcare of Albertans. The assumptions made during the preparation of this budget were developed at a 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 2017–18, Alberta's population is expected to increase by 1.3 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 are approximately 70 per cent of total expenses. 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.



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.	Percentage of patients satisfied with hospital care	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).	