

# Provincial Health Tour | Summer 2022

## Lethbridge – June 24, 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 2022. The Provincial Health Tour has been designed to allow for Alberta Health and Alberta Health Services to engage with 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.

## Lethbridge

**28** Stakeholders participated representing municipal and community leaders



MLAs Garth Rowswell (Vermillion-Lloydminster-Wainwright), Nathan Neudorf (Lethbridge-East) and Roger Reid (Livingstone-Macleod) welcomed stakeholders.

The Minister of Health, Jason Copping attended and gave an update on healthcare including sharing successes and an update on Government investment and areas of focus.

AHS Board Chair Gregory Turnbull and AHS 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 Lethbridge including:

- Chinook Regional Hospital Foundation raised more than \$2 million in support of various initiatives including significant investments in the areas of addiction and mental health (AMH).
- Partnership with Lethbridge Therapeutic Riding Association has enabled continuing care residents and AMH clients to benefit from therapy horses.
- A local volunteer in the emergency department saw a need for equipment to make doctors' and nurses jobs easier.

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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 small sampling of what we heard in Lethbridge.

### What we are doing well

- Highly trained quality people.
- Broad spectrum of services
- Good use of technology and increased virtual care

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*“The people in the system care.*

*Once in the system, there is a high level of care provided.”*

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### Top healthcare challenges and opportunities

- **Workforce:** As with the internal stakeholder session, community stakeholders identified workforce as a key challenge for the healthcare system. It was raised more than a dozen times throughout the session.

Themes within workforce included respect for the dedication and care provided (“You are training great people who care about others”), especially through the difficult pandemic years. Participants also identified burnout, training, recruitment and discussed opportunities to support healthcare workers to work at their full scope of practice, including specific reference to nurse practitioners.

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*“Allow smaller centres to have urgent care opportunities.”*

*“Improve pathways for health professionals to upgrade to new roles where there is need.”*

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Recruitment of physicians and healthcare workers was raised by several participants and is a particular concern within the City of Lethbridge where they said thousands are without a primary care physician. One participant linked the workforce challenges and economy – “We can't grow community or economy without family docs for our population.”

- **Local decision-making / organizational structure:** “Use local knowledge and resources” to address challenges was a common refrain of participants who said assets like rural hospitals, space and equipment are

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underutilized in favor of urban sites. Several comments focused on the need to understand local communities and to listen to frontline staff for ideas on improvements.

- **EMS:** Ambulance service came up several times with some support for centralized dispatch and other comments that suggested local dispatch worked better (“We can do local dispatch, move away from centralization”). Others spoke to the role of local volunteer fire departments they believe are being impacted and suggested allowing “local fire departments to have better involvement with AHS” could lead to solutions.

Several identified concerns about coverage in rural communities and worry that when ambulances were called away, there was no redundancy in coverage.

- **Other:** Participants in the community stakeholder session also raised access – stating that “existing structures help patients move through the system” and “once in the system, it works well and it’s free”.

Additional comments were made regarding opioid/substance abuse, long waits to see specialists, need for options beyond the ED in light of the primary care vacancy rate, and technology.

### Evaluation of event

Participants told us:

- Participation and interaction were encouraged at this event.
- The topic was relevant and was something they wanted to know more about.
- Being at the meeting was a valuable use of their time.

### 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](mailto:community.engagement@ahs.ca)