

Strategic Direction

2012 – 2015

*Defining Our Focus /
Measuring Our Progress*

INTRODUCTION

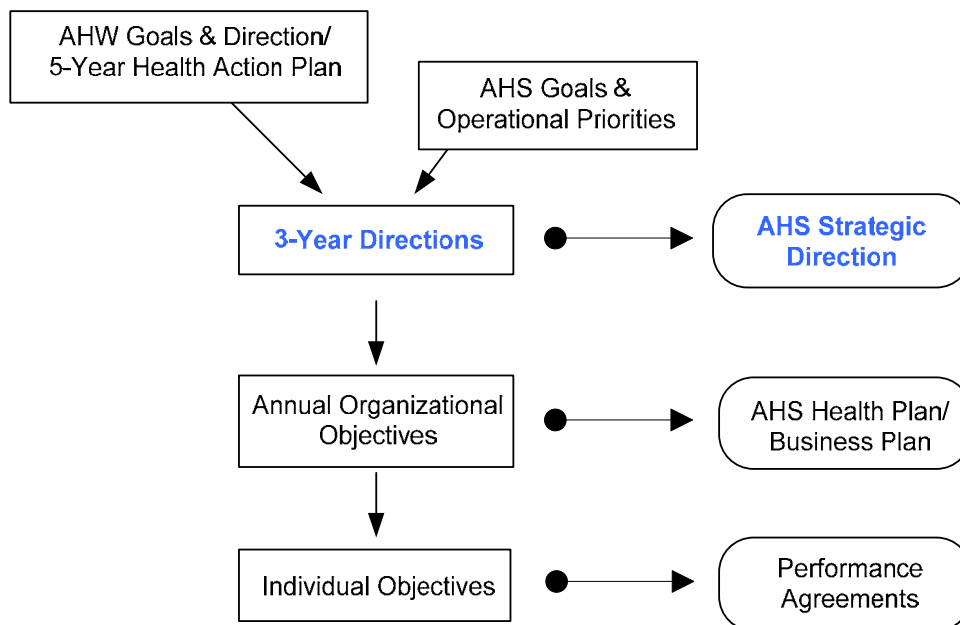
Alberta Health Services is Canada’s first province-wide, fully integrated health system. The first Strategic Direction for this organization was developed in 2009 (Strategic Direction 2009 – 2012). There have been significant accomplishments achieved to date. This document builds upon the initial Strategic Direction and is intended to provide the foundation to take us to 2015.

This document describes how we define ourselves (culture and values), what we are aiming to achieve, how we will work towards our goals and how we will measure our progress. Our priorities and directions address goals established by the Government of Alberta and are aligned with *Alberta’s 5-Year Health Action Plan*. The directions were endorsed by the Alberta Health Services Board on March 15, 2012.

Delivering quality and safe services to Albertans is the foundation of all activities undertaken by Alberta Health Services. The way activities are done needs to be viewed through the eyes of the patient or the recipient of care within a culture that is safe, compassionate and focused on quality. This is emphasized throughout the strategic direction.

Our strategic direction is an important touchstone not only for the 100,000 staff and physicians in the organization but also for our partners. Regardless of where individuals work or what their roles are, they can help contribute to our mutually agreed upon priorities. Our progress towards our goals will be measured in a variety of ways.

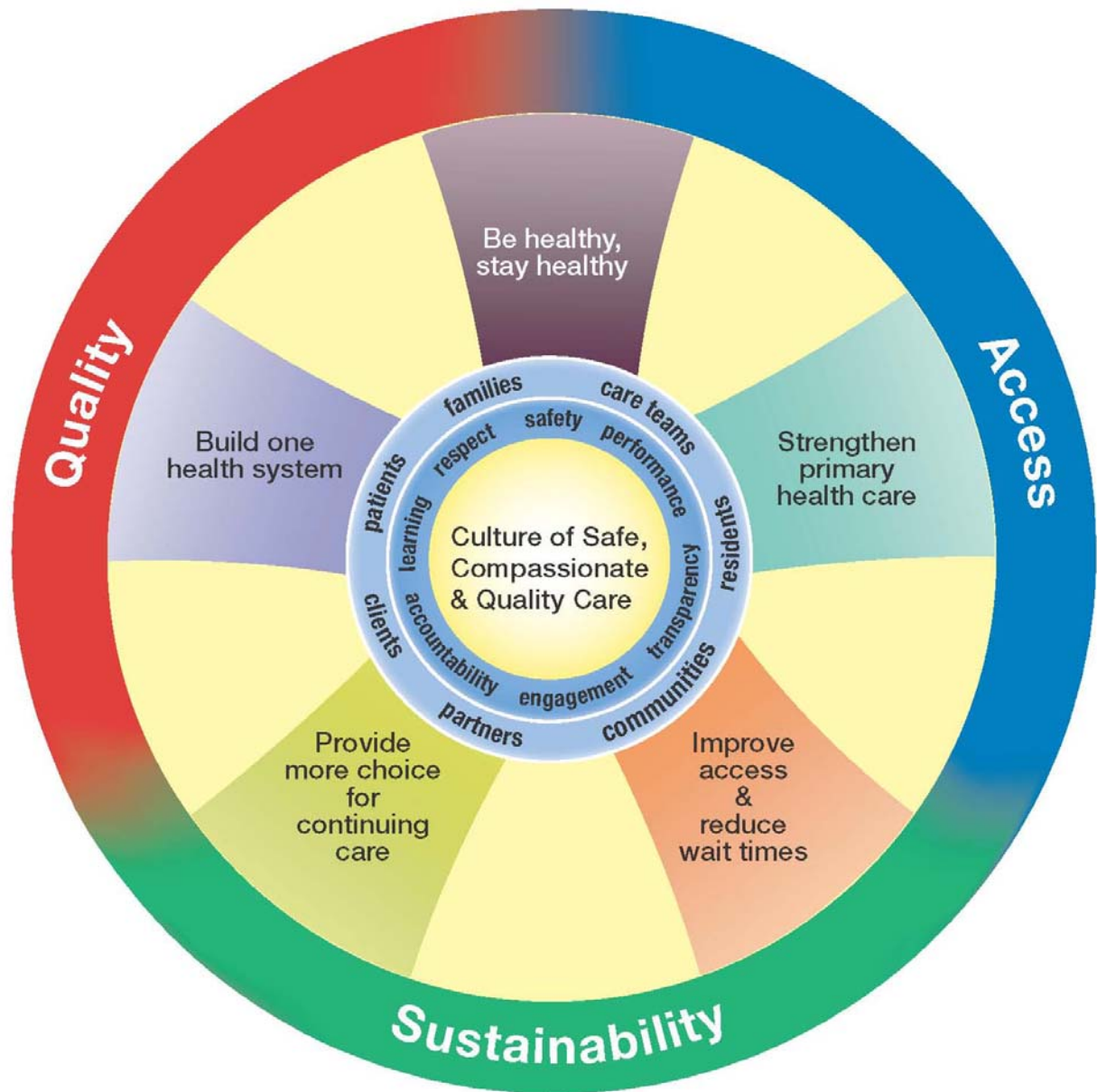
This Strategic Direction is linked with other planning documents as depicted below:



This Strategic Direction will be revisited and updated on an ongoing basis to ensure alignment with Alberta Health and Wellness.

VISION: To become the best-performing, publicly funded health system in Canada.

MISSION: To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.



Be Healthy, Stay Healthy

1. Reduce disparities
2. Early childhood intervention
3. Wellness and prevent injuries
4. Self-management

Strengthen Primary Health Care

5. Team-based approach
6. Expand primary health care
7. Target interventions for communities
8. Improve support for Addiction and Mental Health issues

Improve Access and Reduce Wait Times

9. Embed ongoing improvement
10. Improve flow and access

Provide More Choice For Continuing Care

11. Shift to community
12. Health, independence and quality of life

Build One Health System

13. Optimized workforce
14. Evidence-informed innovation/research
15. Use technology
16. Align funding

CULTURE AND VALUES

This document describes our strategy, what we want to accomplish in the next three years. However, success in achieving this strategy is very much dependent on our culture and values.

Our culture is defined by providing **safe, compassionate and quality care**. Care is interpreted in the broadest sense including care for patients, clients, and residents; care for communities; care for one another; and care for the Alberta population overall. Care includes both direct care for patients who are ill, people who require long term support; and preventative care to help people stay well. All staff, physicians, volunteers and partners contribute to this care including those who provide frontline treatment, those in the community and people who perform more supportive, corporate roles.

Our approach is one of always seeking excellence and best practice, and being “just and trusting”.

The spirit of the organization is defined by our values. They make us who we are. They drive us, unite us and are the essence of our culture. Our values define what we believe in and what we stand for. They provide us with a common understanding of what’s important and anchor our thinking. Values bond us, and give us a framework for our actions.

AHS was founded on four values: respect, accountability, transparency and engagement; which describe how we treat each other. Three new values – safety, learning and performance – have been added to better support and guide AHS as we move forward.

We Value	As Shown by:
RESPECT	<ul style="list-style-type: none"> • Valuing other staff, physicians, volunteers, AHS patients and their families • Demonstrating compassion • Treating others with respect, fairness and dignity • Valuing and honouring diversity
ACCOUNTABILITY	<ul style="list-style-type: none"> • Displaying integrity and ethical behaviour • Acting honestly • Taking responsibility for one's own actions • Holding others responsible for their actions • Building trust and being trustworthy • Evaluating and improving quality, safety and effectiveness of our services and the outcomes of our decisions • Promoting excellence, innovation and continuous improvement using best evidence/best practice
TRANSPARENCY	<ul style="list-style-type: none"> • Being open, honest and having timely communication in all interactions (e.g. with patients, families, staff, etc.) • Disclosing information to help learn from mistakes • Providing accessible, understandable information about system and financial performance • Providing clearly defined expectations • Being clear about what and how decisions are made
ENGAGEMENT	<ul style="list-style-type: none"> • Collaborating with patients and their families, health-care providers, research and education institutions, government and the community • Involving community, clinicians and colleagues in meaningful ways • Listening to and considering ideas and concerns of others in decision making processes
SAFETY	<ul style="list-style-type: none"> • Promoting the safety and wellness of communities, clients and patients • Promoting workplace safety and wellness to communities, patients, staff, physicians and volunteers • Modeling safe behaviours and knowing the impacts of one's actions • Reinforcing safe behaviours by actively identifying and responding to safety concerns • Adhering to safety policies and procedures
LEARNING	<ul style="list-style-type: none"> • Seeking the best information and best practices available and applying it to daily work • Using clinical analytics to improve decision making • Supporting and promoting the development of new knowledge • Promoting an environment where questions, solutions and growth are encouraged • Using one's experiences and those of others to continually improve • Expanding one's knowledge beyond the status quo • Transforming experience and knowledge into action
PERFORMANCE	<ul style="list-style-type: none"> • Striving to make a positive difference • Supporting one another to maximize collective performance • Celebrating achievements • Providing the best possible service to patients, clients and communities • Committing to achieve the goals of oneself, one's team and AHS • Setting standards to guide performance • Encouraging individuals and teams to measure the impact of actions and decisions on patients, families and communities

The AHS Code of Conduct (Code) outlines the values, principles and standards of conduct that guide our actions and interactions. [<http://www.albertahealthservices.ca/891.asp>]

WHAT WE ARE AIMING TO ACHIEVE

Our Strategic Direction is structured around improving the health of Albertans through a focus on **wellbeing** and ensuring the care we provide is **safe** and of high **quality**. The three key goals of our organization **Quality, Access, and Sustainability** are interconnected and need to work together. These long range, overarching goals are developed into specific objectives on an annual basis, and progress is tracked through performance measures.

GOALS:

1. **Quality:** To define this goal, we use the six **Key Dimensions of Quality** developed by the Health Quality Council of Alberta to consistently focus on quality and measure quality throughout the organization.



2. **Access:** We want to ensure that appropriate health care services are available. This goal is highly linked to the health and wellbeing of Albertans and giving people the tools to self-manage when appropriate. If Albertans are healthier, they will require less care and the system will be easier for those who require care to access. In addition, access implies that the right test, procedure or treatment is provided in the most evidenced-informed manner possible.
3. **Sustainability:** Health care must be delivered in a manner which is sustainable for the future and within available resources (including funding and people). To achieve sustainability, we will need to ensure all resources are used in the most effective and efficient way. Initiatives to bend the cost curve and optimize human resources are critical.

HOW WE WILL WORK TOWARDS OUR GOALS

The third ring of our Strategic Direction includes all of our partners and stakeholders that we must work **together** with to achieve our goals. When Alberta Health Services was created, one of our primary strengths was uniting the talents, skills and knowledge that existed throughout the province. Key partners in improving wellness and delivering care are patients, clients and their families. In addition to the staff and physicians that work for Alberta Health Services, establishing strong relationships with the vast array of community, academic and research partners is critical.

To support the advancement of our directions and enable an integrated, patient centered approach to this change, AHS is creating **Strategic Clinical Networks (SCNs)**. SCNs are collaborative clinical strategy groups that will bring the perspectives of all stakeholders – clinicians, policy-makers (government), researchers, operations and strategy leaders, key community leaders, patients and families together to develop strategies to achieve improvement in patient outcomes and satisfaction, improved access to health care, and sustainability of our health system. This will be described further throughout the document.

Health System Strategies

There are five strategies that help AHS achieve its goals of Access, Quality and Sustainability. These strategies also organize our priority activities and our work with key partners. All five strategies work together and are equally important. Progress in any one area brings us closer to Alberta’s goal of having the best performing publically funded health system in Canada.

- I. Be Healthy, Stay Healthy
- II. Strengthen Primary Health Care
- III. Improve Access and Reduce Wait Times
- IV. Provide More Choice For Continuing Care
- V. Build One Health System

In addition to the five strategies, improving services for Albertans with Addiction and Mental Health issues is also a key focus. Actions to address Addiction and Mental Health Services are embedded throughout the Be Healthy, Stay Healthy; Improve Access and Reduce Wait Times; Provide More Choice for Continuing Care; and Build One Health System strategies listed above and are specifically noted under “Strengthen Primary Health Care”.

These strategies are featured in Alberta’s 5-Year Health Action Plan 2010-2015
[\[www.albertahealthservices.ca/3201.asp\]](http://www.albertahealthservices.ca/3201.asp)

There are 16 directional statements which describe the actions associated with each of the strategies:

Be Healthy, Stay Healthy

1. **Reduce disparities** in health outcomes
2. Strengthen **early childhood intervention** focusing on most vulnerable communities
3. Improve **wellness and prevent injuries**
4. Enable **self-management** and self navigation

Strengthen Primary Health Care

5. Develop an integrated **team-based approach** to primary health care
6. **Expand primary health care** services to improve access
7. **Target interventions** to improve outcomes of specific communities
8. **Improve support for Albertans with Addiction and Mental Health issues.**

Improve Access and Reduce Wait Times

9. **Embed ongoing improvement**
10. **Improve flow and access** to the right care

Provide More Choice For Continuing Care

11. **Shift to community/care** closest to home
12. Promote **health, independence and quality of life** for those with chronic illness and end of life conditions

Build One Health System

13. Ensure healthy, engaged, skilled and **optimized workforce**
14. Utilize **evidence-informed innovation/research** working with Community and Academic Partners
15. **Use technology** to improve quality, safety and continuity of care
16. **Align funding** and accountability to support goals

I. Be Healthy, Stay Healthy

Keeping healthy is essential to achieving a high quality of life. As Alberta's population grows and ages, the number of people with chronic diseases will increase. This means more demand for hospital beds, continuing care, and other services unless we step up our efforts to keep people healthy.

The health system will continue to add and improve the range of services that help people to stay well and avoid injuries and chronic diseases including Addiction and Mental Health. Prevention and treatment of cancer will also be a key priority. The health system will offer relevant, accurate information to individuals and families, and proven programs and tools to help them achieve the best health. Supporting personal responsibility and self-management is critical. We will also work with communities and agencies to create healthier social and physical environments.

Over the next 3 years, we will:

1. Reduce disparities in health outcomes

- 1.1. Increase care for vulnerable populations (e.g. rural communities, aboriginal communities) through targeting care to needs in key communities and through working in collaboration with partners to address broader social determinants of health.
- 1.2. Build a comprehensive, integrated provincial program to deliver culturally appropriate health services and health promotion initiatives to Aboriginal people across the continuum of care.
- 1.3. Allocate resources to reduce disparities and improve equity.

2. Strengthen early childhood intervention focusing on most vulnerable communities

- 2.1. Promote importance of the first six years to the child's future health linked to childhood development, wellbeing, safety, family and parenting supports, broader education partnerships and prevention efforts such as immunizations, health checks, screenings, etc.
- 2.2. Promote early identification for at-risk or teen mothers to be and new parents to provide them the supports they need to succeed, including pre-natal supports and enhanced strategies to prevent smoking or alcohol consumption during pregnancy.

3. Improve wellness and prevent injuries

- 3.1. Develop broad community partnerships with leaders and agencies to enable shared accountability for improved health and wellbeing outcomes.
- 3.2. Develop a comprehensive tobacco prevention, cessation, and harm reduction system that spans schools, workplaces, primary care, acute care and community settings.
- 3.3. Implement and advocate for a comprehensive and integrated set of programs and policies to promote healthy weight in schools, workplaces and community settings.
- 3.4. Increase quality and outreach to improve access to and participation in screening programs.
- 3.5. Promote mental health and resiliency across the life span (skills, knowledge, resources, measurement) including Suicide Prevention Strategy and the Aboriginal Youth and Communities Empowerment Strategy.
- 3.6. Reduce unintentional injuries in our work sites and among the general public.

4. Enable self-management and self navigation

- 4.1. Use technology to allow tracking and sharing of health results between healthcare providers and patients.
- 4.2. Support the self-management of chronic diseases through online resources, HealthLink, personalized care plans and goals for self-management.
- 4.3. Provide electronic notifications to patients when follow up is required.

How Will We Measure Improvement?

- Indicators for Overall Wellbeing (e.g. patient-reported outcome measures, quality adjusted life years, life expectancy at birth - geographic and cultural areas, etc.)
- Indicators for Early Childhood Wellbeing (% low birth rate, % women smoking during pregnancy, immunization rates, child development risk factor index.)
- Indicators for Access to Prevention (% cancer screening participation rates, etc.)
- Reduction in Disparities (e.g. patient-reported outcome measures, quality adjusted life years)

II. Strengthen Primary Health Care

Primary health care refers to the comprehensive integrated care a patient receives from a primary health care team which includes doctors and a wide array of professionals working in a collaborative healthcare team to prevent, treat and manage disease and illness. This team works and integrates with a broader set of community social supports to provide a strong foundation for the health system.

Primary health care includes services such as: health promotion; disease prevention; screening tests and examinations; rehabilitation therapy; and nutritional and psychological counseling. In addition to doctors, a variety of professionals including nurses, pharmacists, psychologists, dietitians, counselors, rehabilitation therapists and social workers provide primary health care. Ideally, this team approach allows the patient to connect with the healthcare provider who can best address his or her needs, while ensuring the continuity of care that provides for the best health outcomes.

Primary health care services are developed to address core health needs of individuals and families, and also reflect the broader health issues of communities.

Over the next 3 years, we will:

5. Develop an integrated team-based approach to primary health care

- 5.1. Integrate existing AHS community services and primary care services to respond to patients needs.
- 5.2. Develop models for primary care which promote a team-based approach for professions to collaborate.
- 5.3. Align funding, accountability and quality improvement in this integrated team.

6. Expand primary health care services to improve access

- 6.1. Use technology and other innovations to expand scope of services provided in primary health care including chronic disease management and case management, and improve linkages with the acute care system.
- 6.2. Improve access to core primary care services through models which offer extended hours and integrate broader supports such as HealthLink.

7. Target interventions to improve outcomes of specific communities

- 7.1. Develop the range of services to be provided in primary health care by conducting community needs assessment through community engagement.
- 7.2. Develop more integrated community based supports for vulnerable populations.
- 7.3. Tailor services to meet individual, family and community needs.

8. Improve support for Albertans with Addiction and Mental Health issues.

- 8.1. Assist people with mental illnesses and their caregivers to cope with chronic mental illness and co-morbid physical illnesses and to prevent deterioration or the need for emergency care.
- 8.2. Expand support services in the community for Addiction and Mental Health issues.
- 8.3. Partner with others to facilitate ready access to a range of housing options and community supports.

How Will We Measure Improvement?

- Patient outcome measures (e.g. quality adjusted life years)
- Avoidable hospital admissions / emergency department visits and readmission rates
- Screening and early intervention on disease
- Patient satisfaction
- Cost per case / other efficiency measures to ensure reduction of duplication between different parts of the system

III. Improve Access and Reduce Wait Times

Alberta is taking action to reduce wait times throughout the health system. The province will do this by increasing capacity in the system, matching capacity to demand at the right time and looking at new and innovative ways of delivering appropriate care by the best provider.

Over the next 3 years, we will:

9. Embed ongoing improvement

- 9.1. Adopt the HQCA definitions of quality and develop measurement of these quality dimensions.
- 9.2. Develop improvement plans across all dimensions and in all clinical specialties using the AHS Improvement Way (AIW) approach.
- 9.3. Utilize analytics to support better decision-making.
- 9.4. Integrate financial, clinical and population level metrics to understand the opportunity to improve, target this improvement and measure / evaluate results.

10. Improve flow and access to the right care

- 10.1. Work towards achieving established wait time targets and provide information to patients as to how long they can expect to wait for services/procedures/treatment.
- 10.2. Create Strategic Clinical Networks (SCNs) to develop clinical strategies to achieve improvement in patient outcomes and satisfaction, and to improve access to healthcare and sustainability of our healthcare system. SCNs will blend clinical practice and academic research to: improve all six dimensions of quality in well delineated patient populations; address equity, population and geographic variations in the prevention and delivery of care; establish cross-cutting improvement programs between SCNs where foundational systems are needed; and, integrate strategic research and education into programs that seek, develop and support on-going system improvement and sustainability.
- 10.3. Redesign protocols for care and treatment or “clinical pathways” to help patients move towards best possible outcomes in order to optimize resources and reduce unwarranted variance in practice.
- 10.4. Redesign processes with a focus on work flow and best use of workforce and technology to increase efficiency and ensure more integrated transitions between health-care teams.
- 10.5. Develop new innovative partnerships to improve access to triage, assessment, diagnosis and community based treatment.
- 10.6. Optimize models of shared care across the province and between provinces, including sharing resources and developing partnering arrangements, to enhance and ensure timely and appropriate access to quality care.
- 10.7. Further adopt principles of advanced access such as Alberta AIM (Access, Improvement, Measures).

How Will We Measure Improvement?

- Access Measures (i.e. access to specialist, wait time for selected procedures)
- Appropriateness Measures (e.g. c-section rate)
- Acceptability Measures (e.g. patient satisfaction for health care services received)
- Effectiveness Measures (e.g. 30-day acute myocardial infarction in-hospital rate)
- Efficiency Measures (e.g. cost per case, reduced provincial variation)
- Safety Measures (e.g. adverse events, infection rates)
- Wellbeing and population outcome measures including risk factor reduction

IV. Provide More Choice For Continuing Care

By 2030, one out of five Albertans will be more than 65 years old and the average age of Alberta's population will continue to increase. Many seniors will be more independent and healthier than in previous generations. Others, including those with multiple chronic illness and disabilities, will need health care and will want options that allow them to receive care while continuing to live in their own homes and communities.

Over the next 3 years, we will:

11. Shift to community / care closest to home

- 11.1. Provide rapid response to acute episodes of illness and stabilization through community based specialist supports and intensive home care and primary care services.
- 11.2. Strengthen and expand the range of services provided through home care programs including respite, post acute, continuing care and palliative care.
- 11.3. Invest in supportive living options that combine housing with supports for daily living and health care.
- 11.4. Add continuing care spaces which will help reduce demand for hospital beds, ease congestion in emergency departments and add capacity to the overall health-care system.
- 11.5. Ensure funding models support the provision of care in the most appropriate care settings.

12. Promote health, independence and quality of life for those with chronic illness and end of life conditions

- 12.1. Increase range of seniors wellbeing supports including health check ups, medication reviews, social and day services.
- 12.2. Increase support to caregivers.
- 12.3. Provide services for cognitively impaired patients which maintain health and slow deterioration in functioning.
- 12.4. Utilize technology to enable people to live at home and be independent.
- 12.5. Enhance palliative care programs and develop policies related to end of life care that are standardized and support best practice.

How Will We Measure Improvement?

- Access to appropriate continuing care service package (long term care, supportive living, home care)
- Patient experience and satisfaction in each setting
- Clinical Quality measures

V. Build One Health System

Any high performing health system is built on:

- An engaged and highly functioning health workforce;
- Best practices in safety;
- Research and evidence to improve care;
- Information systems and technology innovation; and,
- Aligned funding to support goals of quality, access and sustainability.

Achieving a sustainable, effective and efficient workforce is essential to support this plan. Health care workers are the greatest asset that AHS has in achieving its strategic goals, but since they also represent a significant proportion of the budget, these labor costs need to be managed effectively and responsibly.

The Clinical Workforce Strategic Plan outlines five mitigating strategies to stimulate reflection about new ways of planning for and managing the clinical workforce.

- Enhance productivity (e.g. maintaining or improving outcomes while reducing input costs)
- Effective utilization of the clinical workforce (e.g. focus shifts from a traditional acute care disease model toward population health)
- Increase supply through targeted recruitment
- Innovative approaches to attraction and retention with focus on student attraction and streamlining of hiring processes
- Enhance community-based services to appropriately decrease demand on acute care

Matching workforce supply and demand will require a phased approach through short, medium and longer term initiatives. The immediate focus is to improve productivity and utilization through several simultaneous initiatives that will achieve early cost savings

To achieve excellence in care, patient safety must be a central priority. Systems must be in place to minimize the possibility of human error and harm to patients. Patients, their families and healthcare providers must be encouraged to play an active role in fostering a culture of safety.

Ongoing research and using the best available evidence are critical to ensuring Albertans get high quality care. Alberta's healthcare and health research systems, including its academic health sciences centres, attract the best scientists and clinicians. They create an environment for continuous learning that incorporates research into the health system. By using the best evidence available, health leaders make better informed decisions about health services including: surgical procedures; drugs and drug therapy; and how to most effectively implement new programs.

Clinical Information systems and Information Technology (IT) enabled clinical pathways are required to support and embed the best care practices into the operational patient decisions every day. Advances in technology, such as the electronic medical record will continue to influence how programs and services are delivered. Technology will allow for better tracking and sharing of test results and better communication between health-care providers and patients. Patients will be able to better understand and access their own health information, and contribute more to decisions about their health care.

Funding approaches to health care should be designed to align with the goals of quality, access and sustainability, promoting efficiency through transparent activity based funding, ensuring quality through measuring and specifying standards for funding, recognizing and rewarding outcome improvement for populations with integrated care approaches.

Over the next 3 years, we will:

13. Ensure healthy, engaged, skilled and optimized workforce

- 13.1. Optimize and expand the scope of practice of key health professionals, so they can make full use of their education and skills.
- 13.2. Provide training and incentives to enhance high performing, inter-professional teams.
- 13.3. Promote a Just and Trusting approach:
 - Staff feel safe to report errors, hazards and close calls.
 - There is a consistent, standard approach to how the organization responds to errors, adverse events defined by support, respect, dignity.
 - There is a commitment to appropriate accountability, looking first at system factors that contributed to the error, adverse event.
- 13.4. Protect the safety of the workforce.
- 13.5. Integrate new service delivery models including shift of workforce to primary care and continuing care settings.
- 13.6. Institute innovative practices to retain and recruit the workforce.

14. Utilize evidence-informed innovation/research working with Community and Academic Partners

- 14.1. Develop IT-enabled clinical pathways, referral protocols, and measurement throughout the continuum of care, decision support, client access to their own health information, chronic disease and wellbeing self-management supports, and reminders for anticipatory medicine.
- 14.2. Lead and coordinate a research program that increases clinical, translational, health services and public health research outputs that are applied provincially and globally to improve health service delivery and health outcomes; the program will attract and retain world-class clinician scientists in all health professions.
- 14.3. Utilize the previously mentioned Strategic Clinical Networks to ensure that there is strong collaboration between clinical and academic partners to improve our performance by building on the most current evidence and highest level of expertise.
- 14.4. Through the Academic Health Network (AHN), define a formal partnership between AHS and the universities and colleges in Alberta. The roles and responsibilities of each partner will be articulated such that barriers for research and innovation are identified and actively eliminated, duplication of efforts are avoided, and synergies achieved.
- 14.5. Actively facilitate research and innovations in AHS that target important issues of health and health care of Albertans through partnership with Alberta Innovates Health Solutions.

15. Use Technology to improve quality, safety and continuity of care

- 15.1. Continue to build an electronic medical record throughout the province.
- 15.2. Utilize clinical IT systems to support clinical decision making and drive best practice.
- 15.3. Increase use of Telehealth as a model of care especially in rural and remote areas.
- 15.4. Expand technology to enable Albertans to access health information, self-manage and participate in care decisions.

16. Align funding and accountability to support goals

- 16.1. Continue to introduce equitable funding formulas based on activity delivered to agreed quality (activity based funding).
- 16.2. Recognize and provide incentives for improved outcomes. One major mechanism will be through the Strategic Clinical Networks which will provide incentives to teams with the appropriate tools, accountability, responsibility and authority for shared clinical, strategic and tactical decision-making.
- 16.3. Enhance efficiency and quality by aligning funding with outcomes and reducing unwarranted variance in costs and quality across the province.

How Will We Measure Improvement?

- Human Resource Indicators (e.g. staff turnover rate, staff and physician engagement)
- Evidence of new collaborative research and innovation to support improvement
- Cost per case
- Value for money through evidence informed investment and disinvestment
- Quality and cost together
- Safety measures (e.g. adverse events, surgical site infection rate)

HOW WE WILL MEASURE OUR PROGRESS (MEASUREMENT/OUTCOMES)

As this Strategic Direction moves forward, it is very important that measurement systems are in place to assess the effectiveness of our new developments in meeting our strategic goals (access, quality and sustainability). It is also critical that service strategies and actions are evaluated on an ongoing basis and that modifications are incorporated in a responsive manner.

In the past, many of our measurements have been based on transactional indicators. Our direction going forward is to focus our measurements on outcomes wherever possible. We are currently working with Alberta Health & Wellness to develop outcome measures which accurately show the progress we are making in the 5-year *Health Action Plan*. The diagram below is illustrative of our focus on outcomes.

ALBERTA'S HEALTH SYSTEM PERFORMANCE FRAMEWORK

<i>Population Health</i>						
Overall Wellbeing	Early Childhood Wellbeing	Youth Wellbeing	Adult Wellbeing	Senior Wellbeing	Access to Prevention	Disparities
<i>Health System Performance*</i>						
Acceptability	Accessibility	Appropriateness	Effectiveness	Efficiency	Safety	
Health services are respectful and responsive to user needs, preferences and expectations.	Health services are obtained in the most suitable setting in a reasonable time and distance.	Health services are relevant to user needs and are based on accepted or evidence-based practice.	Health services are provided based on scientific knowledge to achieve desired outcomes.	Resources are optimally used in achieving desired outcomes.	Mitigate risks to avoid unintended or harmful results.	
<i>Governance and Community Engagement</i>						
Governance		Community Engagement			Accreditation	
<i>Health System Sustainability</i>						
Workforce		Information Technology			Fiscal Efficiencies	

* Health System Performance will be measured by clinical areas such as cardiac, cancer, bone and joint, Addiction and Mental Health, etc. and service areas such as population health, EMS, Primary Care, etc.