

Becoming the Best:

Alberta's 5-Year Health Action Plan

..... 2010-2015



Government
of Alberta ■

 Alberta Health
Services

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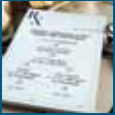


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What is the Best Health System?

Albertans have said the best health system is one that is there for them when they need it. It puts people first by:

- » supporting individuals, families and communities to be healthy;
- » providing safe, high quality care that is based on the best possible evidence, including research and scientific evidence, clinical experience and other credible information; and
- » addressing the needs of patients, their families and all Albertans. It encourages their active involvement in health-related decisions.

While most Albertans are satisfied with the care they receive once they get into the health system, they say the current system could be better. It could be easier to access, and wait times could be shorter. And many are concerned about long-term sustainability. Will the health system be there for them when they need it in years to come?

Right now, the province has a unique opportunity to respond to the strategies and concerns of Albertans. The Alberta government has established one single health authority, Alberta Health Services, to co-ordinate and deliver publicly funded health services throughout the province. The primary goals for Alberta Health Services are improving quality, accessibility and sustainability.

The Alberta government has also assured Albertans that Alberta Health Services will receive stable and predictable funding for 5 years – the first 5-year commitment in Canada. Now an action plan has been developed to match the funding commitment. This



*“Our goal is to create
the best-performing,
publicly funded
health system in Canada.”*

- Premier Ed Stelmach

action plan will have an impact on the health of every Albertan, and will help make our health system the best-performing, publicly funded health system in Canada.

Simply, the plan puts people first – ahead of any one service, provider or health-care facility. The plan recognizes that people are active participants in their own health, with individual decisions to make, based on individual needs.

Becoming the Best is organized into five strategies:

- » Improve access and reduce wait times;
- » Provide more options for continuing care;
- » Strengthen primary health care;
- » Be healthy, stay healthy; and
- » Build one health system.

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 publicly funded health system in Canada.

Before finalizing our plan, we sought and received advice from a number of groups, including: the College of Physicians and Surgeons of Alberta; the College and Association of Registered Nurses of Alberta; the Alberta College of Pharmacists; and the Health Quality Council of Alberta. Their cooperation and collaboration will be essential to successfully complete the actions in this plan. We also consulted doctors and cancer experts, and reviewed national and international performance benchmarks, while developing our performance measures.

What can Albertans expect in 5 years?

Within 5 years, Albertans can expect a stronger, more integrated, province-wide health system. This health system will deliver improved access to care, assessment and diagnosis.

The system will also focus on early detection and prevention of illness – helping people to stay healthy. The result will be better health outcomes and improved quality and length of life, particularly for the most vulnerable people in our province.

First, Albertans need better, timelier access to health services. Figure one (page 3) describes aggressive targets for various health services, including access to:

- » HealthLink (24/7 telephone access to a registered nurse) within one minute;
- » A primary care team member (doctor or another health-care provider, if appropriate) within two days;
- » A specialist within one month (30 days) of referral; and
- » Appropriate care options for seniors and those requiring ongoing care within one month (30 days).

These wait time targets are among the most progressive in Canada. But they are only part of a bigger picture. Improvements and innovations throughout the health system will secure Alberta's reputation as the best in the country. We will benchmark our performance against that of others, and ensure our system achieves excellence. The health system will also:

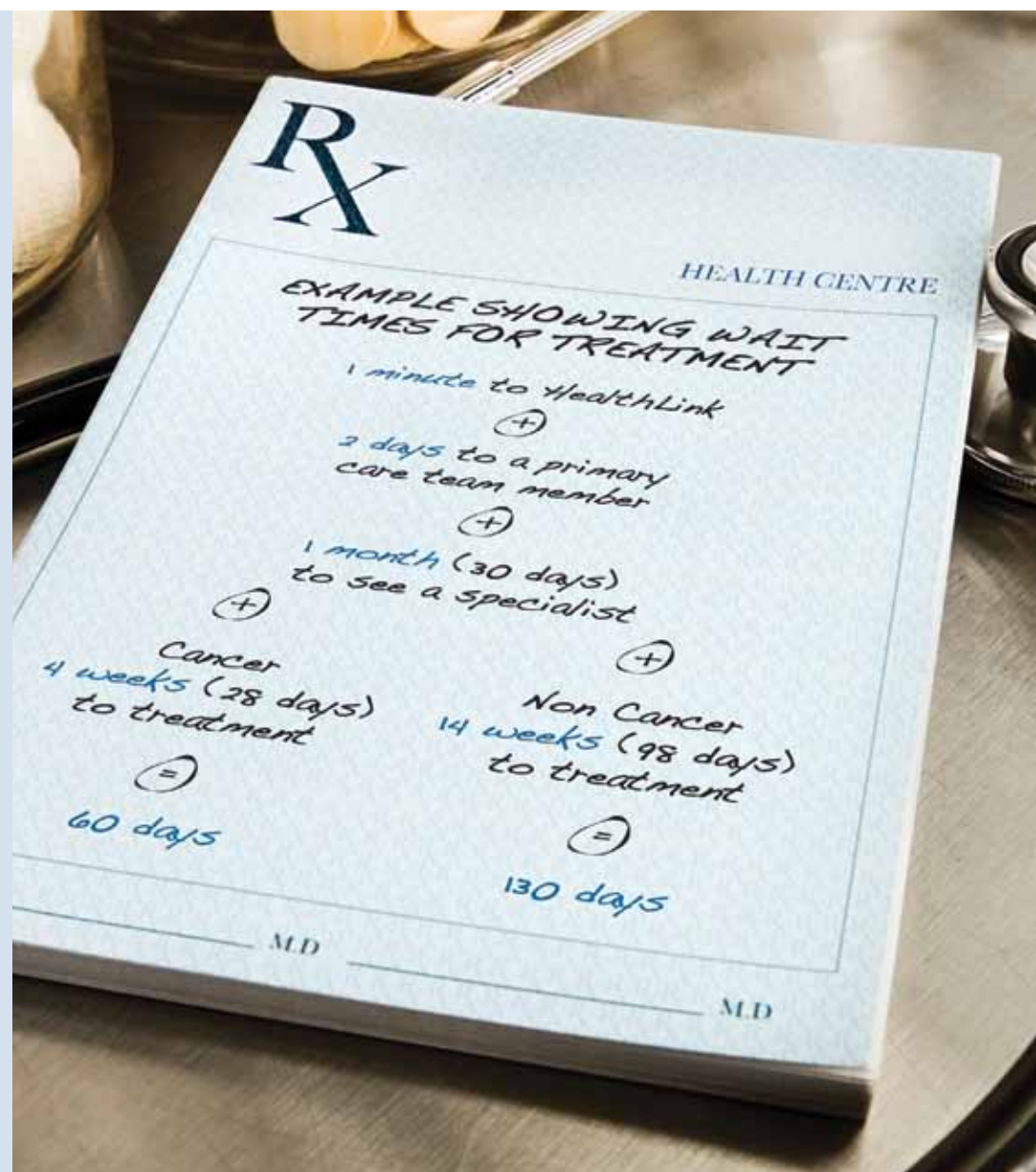
- » Increase home care to encourage more independent lifestyles;
- » Provide more supportive-living options that combine housing with supports for daily living and health care;
- » Improve access to long-term care beds for those with more complex, chronic conditions; and
- » Add over 5,300 continuing-care spaces over the next 5 years.

Fig. 1 Alberta's 2015 wait time targets¹

PROVINCIAL WAIT TIME TARGETS

Response within:

- 1 MINUTE } to HealthLink (a 24/7 nurse telephone advice and health information service).
- 2 DAYS } to consult with an appropriate primary care team member. Team members may include doctors, nurses, dietitians, mental health professionals, pharmacists, therapists and others.
- 4 HOURS } length of stay for discharged emergency department visits.
- 8 HOURS } length of stay for admitted emergency department visits.
- 1 MONTH (30 DAYS) } to see a specialist
 - » To Treatment:
 - › Cancer - 4 weeks (28 days)
 - › Non Cancer - 14 weeks (98 days)
- 1 MONTH (30 DAYS) } to a continuing care service package (long-term care, supportive living, home care).



¹ Fig. 1 The response time targets in Figure 1 represent the experience of 9 out of 10 people, and are directional, with developmental work underway on how best to measure performance toward achievement of these targets. A complete listing of currently approved performance measures and targets linked to the 5-Year Funding Plan is available at www.health.alberta.ca and also at www.albertahealthservices.ca. New measures and targets will be added to this listing over time, after having undergone a thorough review and approval process.

5 years of stable funding

Funding for Alberta Health and Wellness is \$15 billion for 2010-11 and includes the base operating funding provided to Alberta Health Services as well as funding for items such as physician services, primary care networks, cancer and high cost drugs, and supplementary health benefits.

Starting in 2010-11, the Alberta government has a 5-year commitment to Alberta Health Services that includes funding increases of six per cent in each of the first three years and 4.5 per cent in each of the next two years. In 2010-11, AHS will receive \$9 billion in base operating funding that increases to \$11.1 billion in 2014-15.

(Source: Alberta Health and Wellness.)

To increase access to primary health care, Albertans will be able to access one or more members of a health-care team – doctors, nurses, pharmacists, dietitians and others – depending on the service required. These teams will ensure Albertans receive the right care, from the right person, at the right time. Care will be better co-ordinated. And with more services available in the community, fewer people will need to visit emergency departments.

Over the next 5 years, there will be an increase in the range of services that help people to stay physically and mentally well, and to avoid injuries, addiction, and chronic diseases. The health system will offer relevant, accurate information to individuals and families, and proven programs and tools to help Albertans and their families manage their health needs. It will work with communities and agencies to create healthier social and physical environments. Mental health and addiction services will be better integrated into primary care and the overall health system. Gaps in services that exist today will be filled so patients do not “fall between the cracks” of a large and complex system.

With the creation of Alberta Health Services and the continued evolution to one health system, Albertans will benefit from models of care based on the best scientific evidence available, better use of technology, increased patient safety, an engaged and high-performing workforce, and less duplication resulting in cost savings. A new Alberta Health Act will support a modern and effective health system.

This 5-year action plan will be reviewed and updated annually to incorporate new information and advances in health care.

STRATEGY 1

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 beds and services, and looking at new and innovative ways of delivering programs, including:

- » Establishing provincial targets for wait times;
- » Redesigning protocols for care and treatment – called “clinical pathways” – to help patients move towards best possible outcomes;
- » Increasing access to cancer treatment across Alberta;
- » Optimizing and expanding the scope of practice of key health professionals, so they can make full use of their education and skills; and
- » Making changes to care processes to increase efficiency and ensure more integrated transitions between health-care teams.

Goal #1

Improved quality, safety and access for patients to acute care services will be demonstrated by lower wait times across the province.

- » The target length of stay in emergency departments is:
 - › Four hours for patients not needing admission to hospital, and
 - › Eight hours for patients needing admission to hospital.
- » For patients referred from a doctor to a specialist, the target wait time to see a specialist is one month (30 days).
- » For patients living with cancer, the target wait time for treatment is 4 weeks (28 days).
- » For patients living with diseases other than cancer, the target wait time for treatment is 14 weeks (98 days).



Health Capital Plan investments

The Alberta government is focused on building the right facilities, in the right places in the province to meet community health care needs now and into the future. As part of the 2010-13 Health Capital Plan Phase One (not including Edmonton and Calgary), the Alberta government will be providing \$1.4 billion in total provincial support for 22 projects in 15 communities. This includes:

- › \$1.3 billion for hospitals;
- › \$34 million for cancer equipment;
- › \$53.5 million for urgent care centres, community health centres and primary care centres; and
- › \$88 million for continuing care facilities.

Phase One also includes an additional \$1 billion for province-wide initiatives. More information is available at www.health.alberta.ca

Work on Phase Two of the plan regarding Calgary and Edmonton continues.

(Source: Alberta Health and Wellness.)

WHAT WILL WE DO?

Reduce wait times in emergency departments

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 1.1** Develop and pilot two innovative medical assessment units (Royal Alexandra and Rockyview General Hospitals' emergency departments) to allow in-patient treatment and admission to begin sooner. ★
- 1.2** Add 12 new treatment spaces to the emergency department at the Stollery Children's Hospital, plus a dedicated entrance and separate waiting room and triage desk for patients who are mobile.
- 1.3** Expand HealthLink to provide more advice to patients about their urgent and emergency care options. ★
- 1.4** Introduce new processes to make hospital discharges more efficient and timely. ★
- 1.5** Implement a new over-capacity protocol to address crowding pressures and wait-times in Emergency Departments. ★

Mid to long-term actions (completed by March 2015)

- 1.6** Continue to reduce long-stay patients in hospitals to free capacity for acute-care patients.
- 1.7** Expand and/or redevelop numerous health facilities in communities around the province.

★ Action will be completed by June 2011

BENEFITS TO ALBERTANS

Albertans will see a doctor and be treated more quickly:

- › By 2014-15, approximately 90 per cent of patients will be treated and discharged from the emergency department within four hours. Current rates in Alberta's 16 busiest emergency departments are 63 per cent within four hours. For all sites, the rate is 80 per cent.
- › By 2014-15, approximately 90 per cent of those needing admission to hospital will be treated and admitted within eight hours. Current rates at Alberta's busiest emergency departments are 38 per cent. For all sites, the rate is 49 per cent.

Short-term actions (completed by March 2012)

- 1.8** Expand the role of emergency medical technicians and paramedics to:
- › Treat patients on-site instead of taking them to an emergency department, as appropriate.
 - › Identify older, at risk, individuals who may need screening for falls, home care, and other services (pilot in Calgary, Edmonton, and Parkland County).
- 1.9** Implement programs in emergency departments (Calgary, Edmonton, Red Deer, Lethbridge, and St. Albert) to enable seniors to return home with added home care support rather than be hospitalized.

Mid to long-term actions (completed by March 2015)

- 1.10** Create primary care options, including urgent care centres (medical facilities for people who have unexpected but not life-threatening health concerns that require same-day treatment) for services throughout the province, in order to improve 24/7 access to services.

BENEFITS TO ALBERTANS

Albertans will have more options for care outside of emergency departments.

Short-term actions (completed by March 2012)

- 1.11** Improve patient flow through hospitals by:
- › Adding approximately 360 new hospital beds. ★
 - › Adding at least 2,300 continuing care spaces to support seniors and people with disabilities (see also page 13).

Mid to long-term actions (completed by March 2015)

- 1.12** Ensure the best use of hospital beds through new services, better hospital flow, and better integration with community and tertiary care teams.

BENEFITS TO ALBERTANS

There will be shorter wait times for patients requiring acute care beds.

Length of stay in hospital will be reduced, and patient care will be more co-ordinated.

★ Action will be completed by June 2011

Prompt Attention for Alberta's Children

Medical attention cannot come fast enough when a sick or injured child visits the emergency department.

At Alberta Children's Hospital in Calgary, many young patients waiting in the emergency department with their families are seeing doctors sooner at a new 'flow bed' assessment area. Implemented in September 2009, these beds have helped the hospital reduce the time for most patients to see a doctor by 15 minutes – a 15 per cent improvement.

About 60 per cent of patients coming to the hospital's emergency department are not seriously ill but do have ailments or injuries that require consultation with a doctor. Instead of spending time in emergency waiting rooms, young patients and their families are now being transferred to the flow bed area, located just inside the emergency department, and receiving prompt consultation. Then they can be admitted to hospital or be discharged with advice and/or instructions to follow up with a family doctor.

"We take the time to sort out patients' needs right from the start, so now when sick children come to our department, there is a bed available for them," says Dr. David Chaulk, the hospital's deputy chief of emergency.



Dr. David Chaulk, deputy chief of emergency at the Alberta Children's Hospital in Calgary, with a young patient. Many children and their families waiting in the emergency department are seeing doctors sooner at a new 'flow bed' assessment area in the hospital.

“We take the time to sort out patients' needs right from the start...”

The flow bed area may have as many as 10 beds during busy periods in the emergency department. More than 60,000 patients visit the Alberta Children's Hospital emergency department every year.

WHAT WILL WE DO?



Reduce wait times for surgery

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

1.13 Perform approximately 3,000 additional surgeries in 2010, including:

- › 1,400 cataracts.
- › 120 cornea transplants.
- › 200 orthopedic. ★

1.14 Perform an additional 400 endoscopies (medical procedure to view the digestive tract.)

Mid to long-term actions (completed by March 2015)

1.15 Continue to increase surgical capacity through increased volumes, implementation of wait time management systems, and more efficient use of operating rooms.

BENEFITS TO ALBERTANS

Access for scheduled surgeries will be improved, with target wait times for surgeries as follows:

- › hip replacement surgery within 14 weeks by 2014-15 (currently 35 weeks).
- › knee replacement surgery within 14 weeks by 2014-15 (currently 49 weeks).
- › coronary artery bypass graft surgery within one to six weeks based on urgency by 2011-12 (currently two to 31 weeks).
- › cataract surgery within 14 weeks by 2014-15 (currently 41 weeks).
- › all other types of surgery within 14 weeks by 2014-15.

★ Action will be completed by June 2011

WHAT WILL WE DO?



Reduce wait times for cancer care

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

1.16 Open a radiation therapy site in Lethbridge that will accommodate 600 patients per year. (complete)

Mid to long-term actions (completed by March 2015)

1.17 Open new radiation therapy sites in Red Deer and Grande Prairie.

BENEFITS TO ALBERTANS

Cancer patients will receive more timely radiation therapy closer to home.

The targeted maximum time that most people will wait from referral to their first appointment with a radiation oncologist will be two weeks by 2013-14. Current wait times are 7.1 weeks.

The targeted maximum time that most people will wait from the time of a medical prescription for radiation therapy to the start of radiation therapy will be four weeks by 2010-11. Current wait times are 5.6 weeks.

Short-term actions (completed by March 2012)

1.18 Develop a provincial plan for cancer that considers immediate and future needs for treatment, specialists, and other resources.

Mid to long-term actions (completed by March 2015)

1.19 Implement the provincial plan for cancer.

BENEFITS TO ALBERTANS

Timely cancer treatment will be available when needed.

WHAT WILL WE DO? } *Better linkage of primary health-care providers to medical and surgical specialists*

HOW WILL WE DO IT? **Short-term actions** (completed by March 2012)
1.20 Develop a standardized approach to assess, refer and book patients with specialists (cancer, cardiac, hip/knee, and cataract).

Mid to long-term actions (completed by March 2015)

- 1.21** Explore use of other communication technologies to link specialists and primary care providers.
- 1.22** Significantly increase the use of Telehealth to conduct clinical interventions.

BENEFITS TO ALBERTANS

Diagnosis and treatment will happen earlier.

WHAT WILL WE DO? } *Develop standardized care plans (clinical care pathways) to increase efficiency and safety*

HOW WILL WE DO IT? **Short-term actions** (completed by March 2012)
1.23 Develop integrated care and treatment plans for at least three major diseases, including mental illness, heart conditions and bone and joint health. (AHS)

Mid to long-term actions (completed by March 2015)

- 1.24** Implement consistent care and treatment plans for high priority areas and develop others.

.....
★ Action will be completed by June 2011

BENEFITS TO ALBERTANS

Albertans will receive similar treatment and information, based on best practices, wherever they live in the province.

WHAT WILL WE DO? } *Help Albertans find their way around the health system*

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 1.25** Establish a cancer patient navigation system that will improve the co-ordination of care, speed up patient access to resources and services, and help patients find answers to questions. ★
- 1.26** Consult with health-care professionals to develop policies for a primary navigation model for use in Alberta's health system.

Mid to long-term actions (completed by March 2015)

- 1.27** Implement strategies to further support people to navigate through the system, including expansion of HealthLink.

BENEFITS TO ALBERTANS

Patients will see the right person with the right skills.
Patients will be assessed and supported through the entire care process, from initial assessment to treatment and follow up.

STRATEGY 2

Provide More Choice for Continuing Care

The time is fast approaching when there will be more grandparents than grandchildren. 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 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 5 years, Alberta's home care program will be strengthened. More investment will also be made in supportive-living options that combine housing with supports for daily living and health care.

In addition, over 5,300 continuing care spaces will be added over the next 5 years. They will help reduce demand for hospital beds, ease congestion in emergency departments, and add capacity to the overall health-care system.

Goal #2

All Albertans requiring continuing care will have access to an appropriate option for care within one month (30 days).





Continuing care serves people who need ongoing health and personal care outside of a hospital. There are a number of ways for Albertans to get continuing care:

- › AT HOME through home care and other support services.
- › SUPPORTIVE LIVING provides a residential setting where people can maintain control over their lives while also receiving the health and personal support they need.
- › FACILITY LIVING means long-term care facilities such as nursing homes and auxiliary hospitals. It is for those who need a high level of care to manage complex, unstable health conditions 24 hours a day, 7 days a week.

WHAT WILL WE DO?

Add and refurbish more long-term care beds and supportive living spaces

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

2.1 Add at least 2,300 continuing care spaces to support seniors and people with disabilities.

Mid to long-term actions (completed by March 2015)

2.2 Add 3,000 more continuing care spaces.

2.3 Develop multi-use facilities, like Michener Village in Red Deer, which allow residents to move easily from one level of care to another.

BENEFITS TO ALBERTANS

Fewer people will wait in hospital beds for continuing care – 250 by 2014-15 (current rate is 777 people).

Fewer people will wait in the community for continuing care – 750 by 2014-15 (current rate is 1,233 people).

WHAT WILL WE DO?

Expand and adjust home care so people can remain independent for as long as possible

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

2.4 Expand home care hours to allow at least 3,000 more people to receive home care services.

2.5 Update policies and services to ensure consistency in home care services across the province.

Mid to long-term actions (completed by March 2015)

2.6 Continue to expand home care by adding more hours for those requiring short-term care, in order to prevent hospitalization or an emergency situation.

BENEFITS TO ALBERTANS

Co-ordinated care will be provided in the home, especially for Albertans who are older, frail, or often admitted to hospital.

People will receive similar, consistent services no matter where they live in the province.

WHAT WILL WE DO?

Remove barriers, use technology

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 2.7 Test effectiveness of selected new technologies – such as monitoring devices for dementia clients and prompting devices to assist clients to take medication as prescribed – in two pilot communities (Grande Prairie and Medicine Hat).

Mid to long-term actions (completed by March 2015)

- 2.8 Evaluate the health technologies project; develop recommendations on province-wide implementation.
- 2.9 Address barriers to aging at home (e.g. inability to get to a doctor, inability to get health equipment in the home).

BENEFITS TO ALBERTANS

Seniors and people with disabilities will have greater independence.

WHAT WILL WE DO?

Increase support to caregivers

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 2.10 Increase and enhance education, care, respite, and support services provided to family caregivers.
- 2.11 Pilot a “community initiatives program” in Edmonton and Jasper that connects seniors, neighbours, and volunteers to support seniors aging in their homes.

Mid to long-term actions (completed by March 2015)

- 2.12 Continue to ensure consistent access to respite care throughout the province.
- 2.13 Extend the community initiatives program to six additional communities.

BENEFITS TO ALBERTANS

Support and respite services will help family and community caregivers to reduce burn-out, enabling them to maintain care for their loved ones longer.
Caregivers will be treated as partners in providing care.



Frank Blackwell takes part in the Comprehensive Home Option of Integrated Care for the Elderly (CHOICE) program at Capital Care Norwood in Edmonton. The program is a one-stop shop for its clients.

Seniors have CHOICE

At 85-years-old, Frank Blackwell has just discovered how much he loves the interesting stories of new friends and opportunities for a wide range of activities and experiences.

He discovered these passions after being referred to the Comprehensive Home Option of Integrated Care for the Elderly (CHOICE) program at Capital Care Norwood in Edmonton.

Twice a week, Blackwell is picked up by bus and taken to Capital Care Norwood (one of five CHOICE sites), where he takes part in various activities and meets with his CHOICE team.

The program, funded by Alberta Health Services, is designed to be a one-stop shop for its clients. Each client is assigned a team that includes a doctor, nurse, physiotherapist, occupational therapist, social worker, pharmacist and activity and personal care staff member. In-home care and after-hours emergency access are also provided. This co-ordinated team helps keep people at home and out of hospital and long-term care.

Blackwell likes CHOICE for two reasons. It gives his team a bird's-eye view of his medical and social needs. And it gives him some much-needed respite from caring for his wife, who needs 24-hour care in their continuing care residence. "I'm quite happy to get out and meet other people and to see that I'm not as sick as I thought I was, because I am well looked after at CHOICE. I really appreciate that," says Blackwell.

WHAT WILL WE DO?

Ensure that people with special needs receive support, care and skilled attention from trained staff

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 2.14** Add additional palliative care.
- 2.15** Increase supportive-living beds for people with dementia.
- 2.16** Expand options for care to people who are disabled or have other special needs.

Mid to long-term actions (completed by March 2015)

- 2.17** Offer specialized palliative care in homes throughout the province.
- 2.18** Expand palliative care beyond the hospital to provide more services in the community, such as day programs, hospices, and home care.
- 2.19** Establish a Dementia Coalition with community partners to improve support to caregivers.
- 2.20** Create a 24/7 help-line to support those with dementia, their families and caregivers.

BENEFITS TO ALBERTANS

Families and those with special needs will be better supported by the health-care system.

★ Action will be completed by June 2011

WHAT WILL WE DO?

Enhance access, co-ordination and standards for continuing care

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 2.21** Develop and start to implement a 5-year plan for continuing care. The plan will describe the full continuum of care from home care to long-term care, and will include capital plans and new ways of delivering continuing care services. ★

Mid to long-term actions (completed by March 2015)

- 2.22** Review and update the plan for continuing care annually.

BENEFITS TO ALBERTANS

The plan will ensure the province has a co-ordinated, flexible and sustainable continuing care system. Albertans will have more choices for services at home and in the community.

Short-term actions (completed by March 2012)

- 2.23** Revise standards to maintain quality and assurance.

Mid to long-term actions (completed by March 2015)

- 2.24** Publicly report on performance and compliance with standards.
- 2.25** Set higher targets for quality of care.

BENEFITS TO ALBERTANS

Albertans receiving continuing care will have a higher quality of life and health-care services.

STRATEGY 3

Strengthen Primary Health Care

Primary health care refers to the care a patient receives from a doctor or a health-care team when first entering the health-care system.

Primary health care is about:

- » Individuals playing an active role in their own health;
- » Preventing people from becoming ill or injured;
- » Managing chronic conditions; and
- » Treating acute and episodic illness.

Primary health care includes services like: health promotion; disease prevention; screening tests and examinations; rehabilitation therapy; and nutritional and psychological counselling. This means that in addition to doctors, a variety of professionals - including nurses, pharmacists, dietitians, counsellors, rehabilitation therapists and social workers - provide primary health care. Ideally, this team approach allows the patient to see the health-care provider who can best address his or her needs, while ensuring the continuity of care that provides for the best health outcomes.

At present, primary care teams are being organized in communities throughout Alberta in the form of primary care networks (PCNs). A PCN is a formal arrangement between groups of family physicians and Alberta Health Services. The new organization formed by this legal partnership is a primary care network that works to co-ordinate primary care services for patients in a specific geographic area.



PCNs are new and innovative solutions to improving primary health care in Alberta. A primary care network improves the delivery of primary health care services through:

- » **Integration** Doctors and other health-care professionals work with Alberta Health Services to deliver specific primary care services;
- » **Capacity** PCNs increase the use of existing resources and facilities;
- » **Access** PCNs increase access to the health-care system; and
- » **Innovation** PCNs find better, different and special ways to improve health care for their patients.

Right now, over 2.5 million patients receive their health services through PCNs. Further expansion and fine-tuning of PCNs, as well as the introduction of other ways of delivering primary care, will help to ensure primary health-care programs and services are available to all Albertans. This will continue to be a key strategy in improving quality, access and sustainability for the health system overall.

Primary health-care providers also work closely with those who deliver addiction and mental health services. These services include treatment, as well as programs to prevent addiction and mental illness. Over the next 5 years, these services will become more integrated into the overall health system. Gaps in service that exist today will be filled so that mental health patients do not “fall between the cracks” of a large and complex health system.

Goal #3

Albertans have access to primary health care when they need it, where they need it, from the appropriate provider.

- » The target for consultation with an appropriate member of a primary health care team is within two days.

WHAT WILL WE DO?

Better connect Albertans to family doctors and other health-care providers

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 3.1** Expand Albertans’ access to primary health-care teams, giving 100,000 more Albertans access to primary health care.
- 3.2** Increase the involvement of nurse practitioners, physician assistants and other health-care providers in the delivery of primary health care:
 - › Better define “who does what” when providing primary health care.
 - › Expand the role of pharmacists to help manage medications and provide injections.

Mid to long-term actions (completed by March 2015)

- 3.3** Continue to introduce new programs, practices, and policies to give all Albertans access to a primary health-care team by introducing formal enrolment.

BENEFITS TO ALBERTANS

More health care will be provided locally in doctors’ offices, or by primary health-care teams.

Albertans will be able to consult with an appropriate member of a primary health-care team within two days.

Short-term actions (completed by March 2012)

- 3.4** Support the Access Improvement Measures (AIM) program as part of an overall quality improvement strategy to reduce wait times to see a primary care provider.

BENEFITS TO ALBERTANS

Fewer people will visit emergency departments for care that could be more appropriately managed at a family doctor's office – the target is 22 per cent of emergency visits in 2013-14 (2008-09 rate is 28 per cent).

Fewer people will be hospitalized for health conditions that may be prevented or managed by appropriate primary care – the target is 280 per 100,000 by 2013-14 (2008-09 rate is 308 per 100,000).

WHAT WILL WE DO?

Support Albertans with addiction and mental health issues

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 3.5** Add new hospital and transition beds for mental health patients (e.g. 10 in St. Paul; 44 in Edmonton). ★
- 3.6** Add at least 35 new mental health community spaces throughout Alberta.
- 3.7** Add 65 mental health staff to schools and clinics.
- 3.8** Train staff in organizations serving young adults to screen, assess and intervene in cases related to addiction (Edmonton, Red Deer and Calgary).

★ Action will be completed by June 2011

- 3.9** Develop one provincial strategy for addressing addiction and mental health issues with a focus on:

- › Suicide prevention;
- › Treatment of depression;
- › Standardized screening and assessment for mental health disorders;
- › Improved services for children and youth at risk;
- › More access to mental health services in correctional and remand centres; and
- › Professional development for staff. ★

Mid to long-term actions (completed by March 2015)

- 3.10** Implement programs, practices and policies to support the addiction and mental health strategy developed in 2010-11.
- 3.11** Add additional treatment beds for addicted youth to the Protection of Children Abusing Drugs program.

BENEFITS TO ALBERTANS

Mental health and addiction services will be better integrated into health services.

There will be better access to mental health services for children and youth.

The target is 92 per cent of children requiring mental health treatment will receive it within 30 days by 2012-13 (current rate is 78 per cent).

Patient Plans, Blueberry Muffins and Coffee

“The doctor comes in once a month,” says Betty Hoglund, 94, a resident of the High Country Lodge, a seniors’ home at Black Diamond.

“He comes in and you talk to him and you tell him your problems and he takes care of them.”

However, Hoglund’s doctor is just one member of an entire team of doctors, nurses, pharmacists, dietitians and other health-care professionals who take care of her as part of the Calgary Rural Primary Care Network (PCN).

A PCN is a formal arrangement between a group of doctors and Alberta Health Services (AHS). Primary care networks provide comprehensive care to a defined patient population. In a typical PCN, family doctors work with AHS and other health-care providers using a team approach. A PCN could operate through one clinic, or it could operate through a network of several providers in several clinics.

Providers at the Calgary Rural PCN meet at least once a month at the lodge to share information, develop patient plans and pass around blueberry muffins and coffee.

Roughly two-thirds of family doctors now belong to a primary care network. There are 38 in the province, with more coming.



Betty Hoglund, a resident of a seniors’ home in Black Diamond, is happy with the health services provided by the Calgary Rural Primary Care Network.

It’s a change most patients may not and should not even notice, says Joe MacGillivray, the executive director of the Calgary Rural PCN.

“In PCNs, patients don’t see that there are mental health services over here, and this is separate from my doctor over here, which is separate from my home care nurse over here. Patients don’t – and shouldn’t – see the system divided like that. They just need to know that services are here, co-ordinated when they need them.”

Like Betty Hoglund.

“All I can say is you couldn’t find better health care and I am very happy here and everyone is so kind to me,” she says. “I think it is a wonderful system.”

WHAT WILL WE DO?

Provide information

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

3.12 Give Albertans access to reliable and trusted information about staying well and health conditions and treatment options through the online Personal Health Portal. ☆

Mid to long-term actions (completed by March 2015)

3.13 Give Albertans access to their personal health record to enter and maintain their own data – such as weight, blood pressure, allergies, and family history – in order to analyze, trend and share with their care providers.

3.14 Expand the Personal Health Portal to provide secured online access to personal clinical health information and personalized tools that enhance access to the health system.

BENEFITS TO ALBERTANS

Albertans will have access to their own electronic health records as will the health-care providers who treat them.

WHAT WILL WE DO?

Help Albertans manage chronic disease

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

3.15 Share information and best practices to prevent and manage chronic diseases.

Mid to long-term actions (completed by March 2015)

3.16 Improve care for Albertans with complex, chronic conditions by:

- › Developing and implementing diabetes management plans;
- › Developing and implementing a plan for prevention and management of obesity.
- › Reaching Albertans through targeted communications;
- › Tracking Albertans with chronic conditions;
- › Developing personalized treatment plans; and
- › Engaging with Albertans to help them manage their own health conditions.

3.17 Evaluate and extend programs that have been successful for treating chronic disease (e.g., Stanford Self Management Program).

BENEFITS TO ALBERTANS

Albertans with chronic disease will get the support they need to play a larger role in managing their condition.

There will be fewer hospital admissions for people with diabetes and other chronic diseases.

☆ Action will be completed by June 2011

WHAT WILL
WE DO?

} *Improve the quality and delivery
of primary health care*

HOW WILL
WE DO IT?

Short-term actions (completed by March 2012)

- 3.18** Develop a primary health-care plan for the province that better integrates primary care programs and services with a range of community and mental health services, resulting in an integrated primary health-care service.
- 3.19** Develop indicators to measure and improve quality of care.

Mid to long-term actions (completed by March 2015)

- 3.20** Implement the provincial primary health-care plan, including implementation of a plan for chronic disease prevention and management.
- 3.21** Increase the involvement of primary health-care providers in health promotion, and disease and injury prevention.
- 3.22** Reduce health gaps in rural areas and among low socio-economic groups by targeting services to match care needs, and providing better support and training for staff.

BENEFITS TO ALBERTANS

Albertans will have better co-ordinated services. Solutions to gaps and issues in primary health care will be found.

Care will be based on the best scientific information available.

Primary health-care providers will have the resources they need to reach out and help people at risk of becoming ill.



STRATEGY 4

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. That means more demand for hospital beds, continuing care, and other services unless we step up our efforts to keep people healthy.

Over the next 5 years, 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. The health system will offer relevant, accurate information to individuals and families, and proven programs and tools to help them achieve the best health. It will also work with communities and agencies to create healthier social and physical environments.

Goal #4

Albertans will live longer and enjoy a high quality of life.





Eat, Move and Live Well

Bonnie Middleton has a basket in the corner of her room where she can toss all the clothes that no longer fit. Middleton has been taking part in the program Weight Loss for Life – Eat, Move and Live Well, created by registered dietitians at Alberta Health Services in Grande Prairie to support people who want to make healthy lifestyle changes. “As the weight goes down, it builds my confidence up,” says Middleton, who lost 23 pounds in six months. Education sessions are informal and allow participants to ask specific questions, participate in group discussions, and access the information provided by the dietitians and other health-care professionals.

“As the weight goes
down, it builds my
confidence up.”

Bonnie Middleton is building confidence through the Weight Loss for Life - Eat, Move and Live Well program, created by registered dietitians at Alberta Health Services.

WHAT WILL WE DO?

Work with children and their families to support the healthy development of children

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 4.1** Promote healthy eating and active living to families, in schools, and in communities through initiatives such as Healthy U, Alberta Healthy School Community Wellness Fund, Ever Active Schools, Health Promotion Coordinators for Healthy Weights and Communities ChooseWell.
- 4.2** Increase programs to support healthy births, including those targeted at Fetal Alcohol Spectrum Disorder.
- 4.3** Standardize screening practices for newborns. Treat and follow up on identified issues.



Mid to long-term actions (completed by March 2015)

- 4.4** Introduce and support new programs like the U.K.'s 'Mind, Exercise, Nutrition... Do It' program to fight obesity and promote healthy weight and physical activity in children and youth.
- 4.5** Develop and provide more programs to ensure babies have a healthy birth weight, to prevent obesity as they get older, and to help children be strong both mentally and physically.
- 4.6** Implement programs and policies that promote healthier birth outcomes for low-income women, breastfeeding, and child and maternal health.
- 4.7** Develop strategies to enable low-income families to better access community wellness programs.
- 4.8** Monitor and report on gaps (inequities) in health status across Alberta.

BENEFITS TO ALBERTANS

There will be better co-ordination of programs related to children's health, and children will receive better care to support their individual growth and developmental needs.
Gaps in health status will be reduced.

WHAT WILL WE DO?



Prevent injuries and disease

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 4.9 Start implementation of the Alberta Injury Control Strategy to reduce driving collisions.
- 4.10 Strengthen programs that increase seatbelt use and the use of child safety seats.

Mid to long-term actions (completed by March 2015)

- 4.11 Develop strategies to reduce the risk of death and injury in traffic accidents in rural Alberta.
- 4.12 Enhance programs to reduce falls in children and seniors.

BENEFITS TO ALBERTANS

There will be fewer injuries and deaths related to falls and traffic collisions.



Mid to long-term actions (completed by March 2015)

- 4.13 Continue to increase supports for Albertans to quit using tobacco by:
 - › Expanding QuitCore from 10 to 12 sites across Alberta. This is a free and confidential support program for those who want to quit using tobacco products.
 - › Further developing kindergarten to Grade 12 school programs to prevent alcohol, tobacco and drug abuse.
 - › Adding telephone and computer-based counselling services to reduce tobacco use.

BENEFITS TO ALBERTANS

Fewer Albertans will start smoking and more will quit smoking.
Fewer Albertans will suffer from smoking-related diseases.

Short-term actions (completed by March 2012)

- 4.14 Encourage more Albertans to be screened for colorectal, breast and cervical cancers through general and targeted awareness programs.

Mid to long-term actions (completed by March 2015)

- 4.15 Expand screening for colorectal, breast and cervical cancers across the province.

BENEFITS TO ALBERTANS

Cancers will be detected earlier and treatment outcomes will improve.

Short-term actions (completed by March 2012)

- 4.16** Develop and provide public education materials for prevention of the most common chronic diseases – diabetes, hypertension, heart disease, kidney failure and depression – including information on where to get help in the community.

Mid to long-term actions (completed by March 2015)

- 4.17** Continue to develop education and awareness tools to prevent chronic diseases.

BENEFITS TO ALBERTANS

Albertans will have a better understanding of chronic diseases and will make better choices related to their health.

Short-term actions (completed by March 2012)

- 4.18** Implement an education and awareness campaign targeted at those at risk of getting a sexually-transmitted infection.
- 4.19** Increase availability of prevention co-ordinators to educate those at risk of getting a sexually-transmitted infection.

Mid to long-term actions (completed by March 2015)

- 4.20** Improve the process for notifying people who have been exposed to sexually-transmitted infections.

BENEFITS TO ALBERTANS

There will be fewer cases of sexually-transmitted infections in Alberta.

Short-term actions (completed by March 2012)

- 4.21** Increase access to immunization for children under two years of age by increasing access to clinics.
- 4.22** Increase access to influenza immunization for all Albertans by offering the vaccine in pharmacies and doctors' offices.

Mid to long-term actions (completed by March 2015)

- 4.23** Increase immunizations for children over two years of age, particularly those in low-income families.

BENEFITS TO ALBERTANS

More Albertans will be immunized resulting in fewer cases of vaccine-preventable disease. The targets are:

- › Rates of seasonal influenza immunization for children under two will increase from 43 per cent (2008-09) to 75 per cent by 2010-11.
- › Rates of seasonal influenza immunization for adults 65 and older will increase from 55 per cent (2009-10) to 75 per cent by 2010-11.
- › Rates of childhood immunization for diphtheria, tetanus, acellular pertussis, polio and Hib will increase from 80 per cent (2008-09) to 97 per cent by 2011-12.
- › Rates of childhood immunization for measles, mumps and rubella will increase from 91 per cent (2008-09) to 98 per cent by 2011-12.

WHAT WILL WE DO? }

Create healthier social and physical environments

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 4.24 Hold Minister's Wellness Forums to raise awareness and create momentum for action on wellness. ☆
- 4.25 Launch a long-term provincial plan on wellness – Health Alberta: A Wellness Framework - that will set the stage for government and other stakeholders to help Albertans improve their health.

Mid to long-term actions (completed by March 2015)

- 4.26 Advocate for policies that promote a healthier society – for example:
 - › Walkable communities;
 - › Nutritional labelling of restaurant food;
 - › Reduced salt in processed foods;
 - › Elimination of industrial trans fats; and
 - › Better access to healthy food in schools and disadvantaged neighbourhoods.

BENEFITS TO ALBERTANS

Albertans will live in communities that support healthy lifestyles.

☆ Action will be completed by June 2011

Short-term actions (completed by March 2012)

- 4.27 Provide wellness information through **www.HealthyAlberta.com**, health providers and community services.

Mid to long-term actions (completed by March 2015)

- 4.28 Make healthy eating at restaurants easier through the Alberta Health Check Restaurant Program.

BENEFITS TO ALBERTANS

Albertans will be able to access reliable wellness information to improve and maintain their health.



STRATEGY 5

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;
- » Proven technologies; and
- » Legislation that supports an effective health system.

All health services – a call to HealthLink Alberta, a visit to a member of a primary health-care team, or booking an appointment with a specialist – are based on this foundation.

The workforce remains the heart of our system – doctors, nurses and all other health-care providers working in Alberta’s hospitals and communities. The workforce of today is already making use of team-based delivery and integrated models of care. Alberta Health and Wellness and Alberta Health Services will continue to work with health-care providers, government departments, voluntary and community organizations, as well as Albertans to develop the best models of care for the health system in this province.

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 health-care 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 health 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.

Advances in technology 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.

Health legislation provides a framework for the operation of Alberta's health system. In the fall of 2009, the Minister's Advisory Committee on Health consulted with stakeholders and the public on what to do about Alberta's health legislation. The committee recommended a single piece of legislation – the Alberta Health Act – with a common set of principles and the flexibility to improve how things are done through regulation and policy. New and integrated health legislation will strengthen operational roles and responsibilities, business rules, and accountability.

All these elements form the foundation of our health system. They make it work, encouraging the involvement of patients, communities and citizens in health-related decisions. The contribution of Albertans to building our health system – providing input into its design, evaluating the quality of its services, and making personal decisions around care – ensures our health system meets the needs of Albertans, both today and in the future.

Goal #5

Alberta will have a patient-focused system – one in which Albertans are satisfied with the quality of the health-care services they receive.

- » The percentage of patients satisfied or very satisfied with health care services personally received in Alberta within the past year will be at least 71 per cent.²

² The Health Quality Council of Alberta, Alberta Health Services and Alberta Health and Wellness are working together to gather information on patient experience with care. Further information is available at www.hqca.ca, www.albertahealthservices.ca, or at www.health.alberta.ca.

WHAT WILL WE DO?



Help doctors and other health-care providers achieve excellence in their day-to-day work

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 5.1** Increase opportunities for training and education.
- 5.2** Improve workplace health and safety through certification and mentoring programs.
- 5.3** Recruit health-care providers to provide the right mix of health professionals in the province.
- 5.4** Commit to recruiting at least 70 per cent of registered nurses graduated in Alberta.

Mid to long-term actions (completed by March 2015)

- 5.5** Enable professionals to work to the full extent of their skills and abilities, as part of larger health teams.
- 5.6** Continue commitment to recruit at least 70 per cent of registered nurses graduated in Alberta.

BENEFITS TO ALBERTANS

Albertans will receive high quality health care from professionals with the right skills.

WHAT WILL WE DO?



Improve public and patient safety

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

- 5.7** Establish a Patient Safety Framework to guide and support patient safety in Alberta. (complete)
- 5.8** Improve provincial standards for prevention and control of infections in health-care facilities.

Mid to long-term actions (completed by March 2015)

- 5.9** Develop and deliver courses on patient safety throughout the province.
- 5.10** Publicly report on performance and compliance with standards.

BENEFITS TO ALBERTANS

There will be fewer patient safety incidents in health-care facilities in the province.

Short-term actions (completed by March 2012)

- 5.11** Develop a province-wide system for tracking and controlling outbreaks of contagious diseases.
- 5.12** Ensure a health response plan is in place for all possible public emergencies including pandemic, acts of terrorism, and natural disasters.

Mid to long-term actions (completed by March 2015)

- 5.13** Further enhance the province-wide system for tracking and controlling outbreaks of contagious diseases:
- › Phase II – Addition of “sexually transmitted infections and tuberculosis” interface to immunization registry database.
 - › Phase III – Addition of “immunization and adverse events reporting” interface to both the provider registry database and delivery site registry database.

BENEFITS TO ALBERTANS

Alberta will be well-prepared to deal with health emergencies.

Short-term actions (completed by March 2012)

- 5.14** Develop a process for evaluating the positive and negative impact of proposed public policy on the health of Albertans.

BENEFITS TO ALBERTANS

Those involved in public policy will have access to reliable health information when making decisions on behalf of the public.

WHAT WILL WE DO? } *Make decisions based on sound research and evaluation*

Short-term actions (completed by March 2012)

- 5.15** Make new treatment and technology decisions based on sound research, evaluation, and assessment of new health technology:
- › A minimum of 12 new health technologies will be assessed in the 2010-11 fiscal year. ☆

Mid to long-term actions (completed by March 2015)

- 5.16** Increase the number of health technologies assessed to 20 every year.
- 5.17** Reassess current health technologies and clinical practices for safety and effectiveness.

BENEFITS TO ALBERTANS

Unsafe or obsolete treatments and technologies (e.g. medical devices or surgical techniques) will be replaced with more effective alternatives.

The health system will be more effective and efficient, and will improve the health of Albertans.

☆ Action will be completed by June 2011

Short-term actions (completed by March 2012)

5.18 Release Alberta's Health Research and Innovation Strategy to support research focused on wellness and on health service delivery. (complete)

Mid to long-term actions (completed by March 2015)

5.19 Implement actions under Alberta's Health Research and Innovation Strategy where Alberta Health and Wellness and Alberta Health Services have responsibility.

BENEFITS TO ALBERTANS

Health research will be more closely linked to the health system and to directly improving the health of Albertans.

There will be spin-off economic benefits for Alberta.



WHAT WILL WE DO?

Use technology to share health information, while ensuring personal privacy

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

5.20 Encourage more health-care providers to use the province's electronic health record system to input and access patient information electronically instead of manually. ★

5.21 Add electronic diagnostic imaging records (e.g., X-rays, MRIs, ultrasounds) to the provincial electronic health record.

Mid to long-term actions (completed by March 2015)

5.22 Roll-out an electronic referral system that gives doctors a listing of available specialists as well as the ability to book patient referrals online.

BENEFITS TO ALBERTANS

Medical information will be housed in one electronic health record. This will give health-care providers immediate access to up-to-date patient medical information (including X-rays), ensuring Albertans the best care possible.

.....
★ Action will be completed by June 2011

WHAT WILL WE DO? } *Update our health legislation to meet the changing needs of Albertans*

HOW WILL WE DO IT? **Short-term actions** (completed by March 2012)

5.23 Consult with Albertans and find out what they want included in legislation. (complete)

5.24 Develop and introduce an Alberta Health Act and a Health Charter – Phase 1. (complete)

Mid to long-term actions (completed by March 2015)

5.25 Consult with Albertans on:

- › Consolidating five core health acts – Phase 2.
- › Regulations and policies to support the Alberta Health Act.

BENEFITS TO ALBERTANS

Alberta's new legislation will allow the health system to respond more quickly and effectively to developments in health care.

Albertans will be fully engaged in decisions related to health care.

Short-term actions (completed by March 2012)

5.26 Review the *Public Health Act* to incorporate changing roles and responsibilities.

Mid to long-term actions (completed by March 2015)

5.27 Introduce changes to the *Public Health Act*.

BENEFITS TO ALBERTANS

Albertans will have increased public health monitoring, surveillance, and health promotion activities.

Short-term actions (completed by March 2012)

5.28 Develop a new regulation under the *Health Information Act* that enables the creation of a warehouse of non-identifiable health data that can be used for health research.

BENEFITS TO ALBERTANS

Researchers will have access to aggregate data that will help them find solutions to major health issues in Alberta.

WHAT WILL WE DO? } *Merge and standardize operating systems*

HOW WILL WE DO IT?

Short-term actions (completed by March 2012)

5.29 Reduce duplication, streamline processes, and develop common information systems for all business functions.

Mid to long-term actions (completed by March 2015)

5.30 Develop common information systems for patient care.

BENEFITS TO ALBERTANS

Every area of the province will use the same technology and processes to manage information.

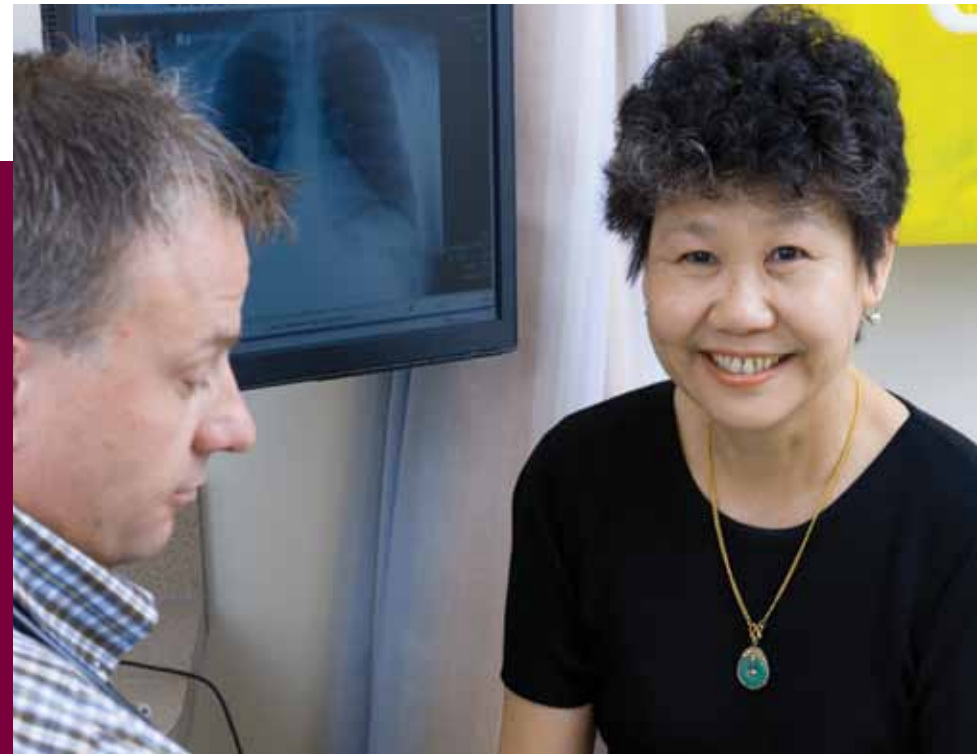
Money that is saved will be spent on providing better health services to the public.

Reliable information will be collected and used to improve patient safety.

Alberta's electronic health-care system is the best in Canada

Alberta has the most advanced provincial electronic health record in all of Canada. Over 30,000 of Alberta's health-care providers – including doctors, nurses, pharmacists and allied health workers – routinely access electronic health information online. Since January 2008, all Albertans have their health information (for prescriptions dispensed, lab results, transcription reports, etc.) saved in Alberta's Electronic Health Record.

The electronic health record is an important tool for physicians, pharmacists and other health service providers in Alberta. It improves patient care by providing up-to-date information immediately at the point of care. Making basic patient information available to health service providers will support better care decisions and improve patient safety.



{ The electronic health record is an important tool for physicians, pharmacists and other health service providers in Alberta. }



CONCLUSION

Accelerating Change

The five strategies in this action plan are designed to create a stronger, more integrated, province-wide health system. This system will put people first. It will help Albertans to be well and stay well, and deliver quality care to Albertans whenever and wherever they need it. It will shift the focus from an over-dependence on hospitals to care that is more community-based.

All five strategies will work together; progress in any one area moves Alberta closer to achieving Premier Stelmach's vision of the best-performing, publicly funded health system in Canada.

The success of this action plan depends on one common element: the active participation of both health-care providers and the users of the system. The commitment of Albertans is needed. It will be their effort to stay healthy and active, their wise decisions about their health, and their openness to change that will build a strong health system and ensure that it is sustainable for generations to come.

The Alberta government is committed to working with its partners and with Albertans to achieve the actions identified in this plan, and to ensuring that the right investments are made to build the very best health system in Canada.