# Guide to Health Authority Accountability Documents



November 2005

Alberta
Health and Wellness

The following people may be contacted for additional information on this guide.

Shaukat Moloo, Executive Director
Corporate Operations Division
Alberta Health and Wellness
16th floor, Telus Plaza North Tower
10025 Jasper Avenue NW
Edmonton, AB T5J 1S6
Phone: 427-0571
**Shaukat.Moloo@gov.ab.ca**

John Quince, Senior Manager
Corporate Operations Division
Alberta Health and Wellness
16th floor, Telus Plaza North Tower
10025 Jasper Avenue NW
Edmonton, AB T5J 1S6
Phone: 415-2852
**John.Quince@gov.ab.ca**

You can find this document on Alberta Health and Wellness' Internet website - www.health.gov.ab.ca

# TABLE OF CONTENTS

# Foreword

Alberta Health and Wellness has prepared this guidebook to assist health authority boards in reporting annual performance requirements and demonstrate their accountability to government, stakeholders and the public.

The three-year *health plan* explains how the health authority will carry out its obligations under Section 5 of the *Regional Health Authorities Act.* The health plan indicates how the health authority has aligned its strategic direction with the ministry's business plan and what steps it will take to meet government expectations. Health plans also indicate which measures and targets will be used to assess performance and the key strategies that will be implemented to meet legislated obligations and government expectations.

The *annual business plan* describes the actions the health authority will take to meet first-year expectations of the health plan. Required by the *Government Accountability Act*, the business plan includes information on the strategies that will be used to meet targets, as well as what resource decisions need to be made to accomplish expectations.

*Quarterly reports* are intended to demonstrate what progress has been made towards meeting the goals and targets in the three-year health plan and the annual business plan.

*Annual reports* demonstrate how annual performance compares to what was planned. An annual report includes key achievements, states the degree to which a health authority has achieved government expectations and shows what money was spent.

November 2005

# Overview

The three-year Health Plan, Annual Business Plan, Quarterly Performance Reports and Annual Report are required to promote:

1. Governance and management of the health authority
2. Accountability to the Minister
3. Keeping the public informed

The *Guide* provides useful information for the preparation, submission, review and assessment of these key documents as used to manage the accountability relationship between the Alberta ministry of Health and Wellness and the province's health authorities. Also included as reference is a list of key dates associated with these documents – see Appendix D.

The *Guide* is not an exhaustive source of all related references. While referencing other documents, it does not quote all pertinent legislation, nor does it include a complete set of policy documents.

The *Guide* is an evolving document, subject to revisions and updates to reflect progress made in the health system as well as the experience of accountability relationships.

The following consolidated information summaries have been appended to the *Guide* as additional reference guides:

- Appendix A: **Regional Health Authority Health Plan** (a quick reference on health plans)
- Appendix B: **Planning for Results Framework** (a logic model for constructing plans)
- Appendix C: **2006-2009 Health Plan Factors, Actions and Measures** (submission expectations)
- Appendix D: **Key Dates Reference** (a list of key dates for 2006/07)
- Appendix E: **Quarterly Performance Progress Report Format** (suggested report format)

# 1 Three-Year Health Plan

## 1.1 Purpose

The purpose of the three-year health plan is to:

1. Provide health authorities with a mechanism to set out the long-term direction for effective governance and accountability of its health region.
2. Communicate to the Minister how a health authority has laid out plans that align with the ministry business plan.
3. Indicate what achievements are planned to meet both the regional health authorities and government expectations.
4. Promote accountability through compliance with legislated requirements.

The development and submission of a proposed health plan consolidates and communicates the challenges and opportunities faced by a health authority as well as the strategic approach it intends to follow to meet its responsibilities. As a public document, the health plan communicates this information to stakeholders.

As a results-focused strategic document the health plan must answer three key questions:

1. What are the health authority's strategic priorities over the next three years?
2. What measures, targets and indicators will be used to enable the health authority to know it is being successful in achieving these priorities?
3. What specific strategies are proposed to achieve targets in support of these priorities?

The development and form of the health plan should flow from a health authority's governance responsibilities, management systems and existing planning processes. The Minister is most interested in the content of the health plan, not in its form.

Overall quality of a health plan relates to a few key attributes. Quality will improve as capacity to deliver these attributes evolves, for example comparability of measures. An effective health plan will be:

- Complete – addresses the purpose and reasons for having a health plan
- Comprehensive – articulates where the health authority wants to be and why
- Converged – focuses on key strategies to accomplish desired results
- Comparable – uses performance measures that enable comparisons across regions
- Concise – facilitates administrative and public results reporting.

As a results-based planning document the logic within a health plan should demonstrate:

- Priorities, with desired results
- Appropriate measures, selected to assess progress towards desired results
- Performance targets, set for selected measures
- Strategies, to be developed and implemented to achieve set performance targets.

A condensed health plan reference is found in *Appendix A: Your Authority's New Health Plan*.

## 1.2 Legislative requirement

Each health authority is accountable to the Minister for meeting its responsibilities as set out in the *Regional Health Authorities Act.* Section 9 of the *Regional Health Authorities Act* requires a health authority to submit for approval a proposed health plan to the Minister, and annually to submit to the Minister a proposal to amend an approved health plan.

Section 9 (4) of the *RHA Act* requires a proposal for a health plan to contain:

- A statement of how the regional health authority (RHA) proposes to carry out its Section 5 responsibilities and to measure its performance in carrying out those responsibilities. Under Section 5 an RHA is required to:
    - Promote and protect the health of the population in the health region and work toward the prevention of disease and injury;
    - Assess on an ongoing basis the health needs of the health region;
    - Determine priorities in the provision of health services in the health region and allocate resources accordingly;
    - Ensure that reasonable access to quality health services is provided in and through the health region; and,
    - Promote the provision of health services in a manner responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.
- Provisions for the establishment of one or more Community Health Councils (CHCs).
- Provisions setting out the role of the CHCs in their relationship to the regional health authority.
- Information respecting the health services to be provided and the anticipated cost of providing those health services.
- Any other information required in the regulations or by the Minister.

## 1.3 Content

The health plan should include key information about the health authority and the environment within which it operates as an aid to increasing stakeholder awareness and understanding.

Typically, areas of interest include:

- Statements concerning the health authority's vision, mission and values
- Discussion of the health authority's core businesses
- Identification of the opportunities and challenges the health authority faces
- Other information the health authority deems important to communicate.

The health plan is specific about planned achievements. For each legislative responsibility and government expectation the health plan identifies performance information (goals, measures, targets and strategies) to be used to assess achievements. Performance information should be specific, measurable and relevant, and indicating trends where appropriate. Targets should be attainable, based on priorities and the level of resources available. The health plan should identify the strategies the health authority intends to pursue to meet performance targets.

The relationship between goals, measures, targets, strategies and reporting is more fully illustrated in *Appendix B: Planning for Results Framework.*

In addition to addressing legislative responsibilities and government expectations, the health plan should identify any further regional priorities and initiatives the health authority has identified and reference the intended goals, measures, targets and strategies to address them.

## 1.4 Health Plan Factors, Actions and Measures

*Appendix C: 2006-2009 Health Plan Factors, Actions and Measures* outlines the legislative requirements and government expectations each regional health authority is expected to include in its health plan. **Health authorities are expected to consider the factors identified and explicitly address the actions listed in this appendix**.

Health plans should include, but not be limited to, the factors, actions and measures identified in this appendix. Appendix C is divided into four sections, as follows:

- Part One references legislative requirements to conduct health needs assessments and to establish Community Health Councils and determine their role and relationship to the health authority.

- Parts Two, Three and Four identify the factors, actions and measures that align with the ministry's core businesses as outlined in the Health and Wellness Business Plan 2006-2009. The ministry's core businesses are:
  - Advocate and educate for healthy living,
  - Provide quality health and wellness services, and
  - Lead and participate in continuous improvement in the health system.

  Alignment of health authority health plans with the ministry business plan helps to ensure strategic and operational consistency in Alberta's health care system.

This appendix is provided to improve the accountability relationship between health authorities and government and will continue to evolve and be amended or modified to reflect the rapidly changing and dynamic health care environment and to capture improvements made in performance measurement and management.

## 1.5 Statement of accountability

The health plan must contain a statement of accountability, signed by the Chair of the health authority, to confirm that the three-year health plan:

- Was developed under the direction and guidance of the Board
- Is in accordance with appropriate legislative authority and government requirements
- Aligns with Alberta Health and Wellness business plan goals
- Addresses government's expectations for health system renewal
- Signifies health authority Board commitment to achieve results indicated in the plan.

The required wording is:

> "This three-year health plan for the period commencing April 1, ____ was prepared under the Board's direction in accordance with the *Regional Health Authorities Act* and direction provided by the Minister of Health and Wellness.
>
> The strategic direction and priorities of the *{health authority}* have been developed in the context of legislated responsibilities, the Ministry of Health and Wellness' business plan, and provincial government expectations as communicated by the Minister.
>
> Performance measures are included as the basis for assessing achievements.
>
> The Board and administration of the *{health authority}* are committed to achieving the planned results laid out in this three-year health plan.
>
> Respectfully submitted on behalf of *{health authority}*,
>
> Signed by *{health authority}* Board Chair"

## 1.6 Submission, review and approval process

Submission of the health plan is required by December 31 of the year preceding the three-year period covered by the health plan. The submission is in effect a proposed amendment to a previously approved health plan. As provided for under section 9 (7) of the *RHA*, a health authority:

- May propose an amendment on its own motion, or
- Shall submit a proposal to amend a health plan on specified matters based on a written request by the Minister, or
- Shall annually submit a proposal to amend a health plan.

The ministry will review the proposed health plan and provide the Minister with an assessment of the health plan. The ministry executive will endeavor to meet with the RHA executive to discuss and provide feedback on the proposed health plan.

As stated in section 9 (8) the Minister may:

- Approve the proposal as submitted,
- Amend the proposal and approve it as amended, or
- Refer the proposal back to the regional health authority with directions to take any further action the Minister considers appropriate.

If a proposal is sent back, it must be resubmitted as directed by the Minister and approved, amended or referred back with further directions.

## 1.7 Publication

Once approved, a health plan is a public document. The health authority will publish the approved health plan and make a copy available, upon request, to any person requesting a copy. The health authority's web site may post the approved health plan.

# 2 Annual Business Plan

## 2.1 Purpose

The purpose of the annual business plan is to:

1. Communicate how the health authority expects to achieve the results in the first year of it's three-year health plan

2. Describe planned tactical and operational approaches and implementations

3. Indicate how available financial and other resources are to be deployed.

Detailed program and service plans, implementation plans and work plans are not required to be submitted, although the business plan may make reference to significant aspects of those plans. Health authorities may choose to release other documents that complement the business plan for a variety of audiences.

## 2.2 Legislative requirement

Legislation provides a provincial framework for the development of business plans by health authorities. Health authority business plans are submitted to the Minister of Health and Wellness in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act*
- Alberta Mental Health Board: P*rovincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: *Government Accountability Act.*

The regional health authority submits the business plan to the Minister as information. The health authority business plan is a public document.

## 2.3 Content

The business plan outlines the tactical plan, including strategies and resources to be deployed, the health authority will implement to achieve performance targets outlined in the health plan.

- **Province-wide services**

Health authorities that deliver province-wide services shall include, as part of its business plan, information outlining the intended approaches, budget and expected results in its delivery of province wide services.

- **Surgical contracts under the *Health Care Protection Act***

Health authorities with contracts or with plans, over the next business plan cycle, to enter into contracts for surgical services with facilities pursuant to the *Health Care Protection Act* are to include relevant information regarding the type, volume and costs of these services to facilitate assessment of the plan. A comprehensive proposal including analysis of public benefit is required when seeking ministerial approval of the proposed contracts.

- **Financial information**

The business plan must include a financial plan that is compliant with existing legislation related to operating deficits.

Financial plan form and content are set out in templates and guidelines provided by the Ministry.

## 2.4 Statement of assumptions, risks and implications

When submitting the annual business plan, a health authority is also required to submit to the Minister a statement of *Assumptions, Risks and Implications* as advice to the Minister. Development of this statement considers analysis of the current and projected future of the health authority, its external environment and key internal variables. As a guide:

- **Assumptions** describe the significant underlying factors, both current and anticipated, that provide the foundation, rationale and strategic direction for the business plan.
- **Risks** focus on key variables and challenges that could impact a health authority's planning decisions, selected strategies, and performance targets. Include information on the degree of certainty and what contingency plans are in place to deal with key risks.
- **Implications** address what impact the planned deployment of financial resources is expected to have on programs, people and infrastructure and the extent to which these impacts may affect local communities.

## 2.5 Submission, review and publication

A **draft** of the annual business plan is to be submitted with the three-year health plan to the Minister by December 31. This draft provides the Minister with an opportunity to understand the tactical approaches the health authority will take to meet health plan objectives and what impact these tactics may have on health services and service delivery, communities, human resources and capital infrastructure.

Upon approval of the provincial government budget, the health authority will **finalize** the business plan and submit it to the Minister by March 31. As a public accountability document, the health authority is required to publish the business plan.

# 3 Quarterly Reports

There are two types of quarterly reports: a Performance Progress Report and a Financial Report.

- **Performance Progress Report**

Each health authority submits within **45** days of the end of each quarter, a performance progress report to the Minister demonstrating the extent to which a health authority is meeting its health plan strategies and business plan objectives. The report provides quantitative and qualitative information related to the measures and targets and explains variances between actual results and business plan expectations.

As an accountability document between the health authority and the Minister, the performance progress report should be approved by the Board of the health authority and include a statement indicating the health authority's overall assessment and satisfaction with its performance.

A suggested template is provided in Appendix E. Quarterly performance progress reports may follow the form of performance progress reports provided to the health authority Board by its management.

- **Quarterly Financial Reports**

Quarterly financial reports, including Special Purpose Funds Reporting, are prepared and submitted to Alberta Health and Wellness within **30** days after the end of each quarter. The quarterly financial report is prepared in accordance with the requirements set out in financial directives.

The health authority Board must approve these reports before they are submitted to the Minister.

The submission of an annual report eliminates the need for fourth quarter reporting.

# 4 Annual Report

## 4.1 Purpose

The purpose of the annual report is:

1. To be a key public accountability document for reporting how the health authority has discharged its legislated responsibilities and any other responsibilities delegated by the Minister. It reports on key areas fundamental to good accountability including governance and organization, achievements relative to what are legislatively required and financial results. The Minister is required to table health authority annual reports in the Legislative Assembly. Accountability is defined as: "the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities."

2. To provide a means for highlighting the health authority's accomplishments, progress and results achieved over the year, including an explanation for any significant variation between actual results and those expectations planned in the three-year health plan and to be accomplished through implementation of the annual business plan.

3. To be a vehicle for communicating to residents of the region and people of Alberta. As a public communication tool, the annual report should inform the public about the major responsibilities of the Board, the services provided, major issues facing the health authority and how these are being addressed, key contacts, and information about health authority operations. The health authority will publish and make available its annual report.

## 4.2 Legislative requirement

A health authority is required to prepare and submit to the Minister of Health and Wellness an annual report in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act* and the *Regional Health Authorities Act* and *Regional Health Authorities Regulation 17/95*
- Alberta Mental Health Board: P*rovincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: annual report submitted in accordance with the *Alberta Cancer Programs Act.*

## 4.3 Content

As guiding principles, the content of the annual report should:

- Focus on achievements rather than on activities that have not yet yielded results
- Objectively report quantitative or qualitative evidence directly relevant to the performance measures laid out in the annual business plan
- Provide explanation on any variance to expected achievements and targets.

The following minimum elements are to be included when preparing the annual report:

- **Letter of Accountability from Health Authority Chair**

Using the wording specified below, the Letter of Accountability informs the readers the annual report was developed in accordance with appropriate legislative authority, government requirements and guidelines, and was approved by the Board.

> *We have the honour to present the annual report for the {health authority} for the fiscal year ended March 31, ____.*
>
> *This annual report was prepared under the Board's direction, in accordance with the Government Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known as at July 31, ____ have been considered in preparing the Annual Report.*
>
> *Respectfully submitted on behalf of {health authority}.*
>
> Signed by *{health authority}* Chair

- **Board Governance**

Convey to the readers of the annual report how the Board directs and governs the business of the health authority in accordance with the *Expectations for Board Governance* set out by the Minister. Include information such as Board structure and process.

- **Organizational and Contact Information**

Describe the current organizational and advisory structure and identify any changes that occurred to these structures during the year. Provide an overview of the Community Health Councils, including names, dates established, mandate, and accomplishments**.**

Include information sufficient to enable a reader to contact the health authority for information about the operations or services of the health authority.

- **Service Delivery Information**

Provide sufficient information to inform a reader about the responsibilities of the health authority and the services it provides within the region.

- **Activities and Accomplishments**

Describe the major strategic directions for the past year as set out in the three-year health plan and expected activities and accomplishments relative to the annual business plan.

Items discussed should include highlights of major initiatives and accomplishments during the past year that promoted achievements of the health authority's strategic, capital, information management and technology, and health workforce plans. A discussion on accomplishments of province wide services should also be provided if applicable.

- **Performance Report**

Include a Performance Report section describing key activities undertaken to meet expectations and key results or outcomes achieved during the year. Report on achievements in relation to the expectations set out in the three-year health plan and the annual business plan and provide comparison of each expected achievement to actual results. Include a brief explanation of variance against targets and any other facts relevant to aid understanding of performance. Relevant fact may include community needs assessment findings, social, economic or political changes, health authority resources, and factors affecting the health status of the health region's population.

Conclude this section with the Board's overall assessment of performance during the year, and specifically highlight strategic activities that have promoted collaboration among regions, innovation and effective practices. The Minister of Health and Wellness may use the health authority information in her public communication.

- **Financial Summary**

Include the following:

- A complete set of audited financial statements prepared in accordance with Financial Directives
- A Statement of Management Responsibility for Financial Reporting
- Management Discussion and Analysis (MD&A)
- Financial indicators, as required by Financial Directives
- Explanation of significant variance from budget
- Any additional information to improve the communication value of the annual report.

- **Surgical Contracts under the Health Care Protection Act**.

Summarize results from the annual performance reports submitted during the fiscal year to the health authority by surgical facilities under an agreement. For each broad service area, discuss the extent to which expected public benefit anticipated in the proposal to the Minister was achieved. Include reference to any improvements in the operations of the health authority, reduction in wait-lists and costs, flexibility to patients and any other matters relevant to the strategy for contracting out surgical services. The discussion is to closely relate to the rationale provided in the request to the Minister for approval of the proposal.

## 4.4 Submission, review and publication

By regulation, annual reports are to be submitted to the Minister by **July 31** following the end of the fiscal year to which they relate. Fifteen copies of the annual report are to be provided to the ministry.

The ministry will provide updated data to support health authority annual reports by June 15.

The Minister reviews the annual report to:

- Ensure all required components are included
- Assess its value as an accountability document
- Assess performance variations from plans and their impacts
- Determine specific direction, if any, for a health authority based on results reported.

Once approved by the Board, an annual report is a public document.

The health authority will publish the annual report and make a copy available, either in hard copy or electronic medium, upon request, to any person requesting a copy.

# Appendix A:
# Regional Health Authority Health Plan

# REGIONAL HEALTH AUTHORITY HEALTH PLAN

## Four Reasons for a Health Plan

- Required under legislation
- Meets government's expectations
- Aligns with Ministry business plan
- Sets the direction for effective governance

## Government's Areas of Expectation (evolving)

- Information technology and services
- Cost of service information
- Quality, access
- Wellness and healthy living
- Primary and continuing care
- Mental health
- Workforce
- Aboriginal health

## Key Health Plan Attributes – 5 Cs

- Complete — addresses all four reasons for a health plan
- Comprehensive — articulates where the region wants to be
- Converged — focuses on key strategies for desired results
- Comparable — can be compared across regions
- Concise — facilitates administrative and public reporting

## Content, Not Form

- The Ministry is most interested in the content of the health plan, not in its form.
- Form should flow from regions' governance and management systems and processes.
- Health plan and business plan are the basis for reporting performance to board and Minister.

## Relationship to Business Plan

Think of the health plan as your strategy — what you want to accomplish — and the business plan as your tactics — how you will use human, fiscal and other resources to implement the strategy.

**Health Plan (3-year)**

- Results-focused strategy document
- Required under the *Regional Health Authorities Act*
- Identifies measures, targets and key strategies over **three** years
- Released publicly
- Subject to Minister's approval

**Business Plan (Annual)**

- Tactical implementation document
- Required under the *Government Accountability Act*
- Health authorities are "accountable organizations"
- Shows how resources will be used over **one** year
- Released publicly
- Does not require Minister's approval

## Measuring Results

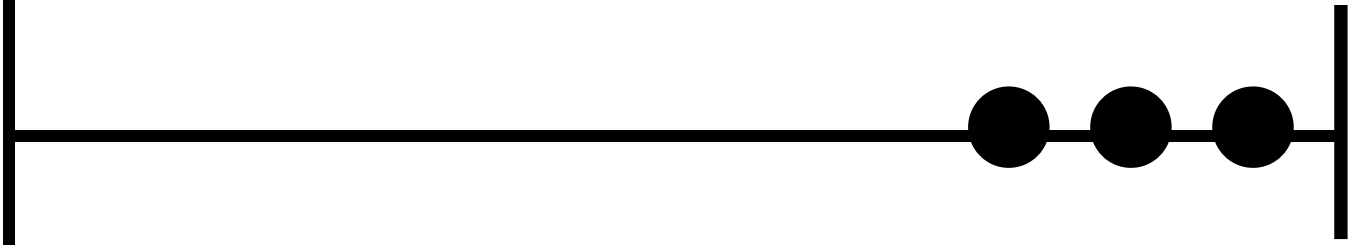
- Measures turn good intentions into actions
- Measures help to focus efforts and resources
- Measures can be based on:
  - *outcomes* – e.g. healthy birth weights
  - *outputs* – e.g. shorter wait times, more MRI scans, more designated assisted living spaces
  - *activities* – e.g. regional mental health plan, research initiatives
  - *process* – e.g. stronger partnerships, quality assurance
  - *inputs* – e.g. more nurses, investment in training
- Measures should support those in the provincial business plan
  - *Ministry* – e.g. success with treating chronic conditions
  - *Region* – e.g. increase in community diabetes awareness



October 2005

Alberta
Health and Wellness

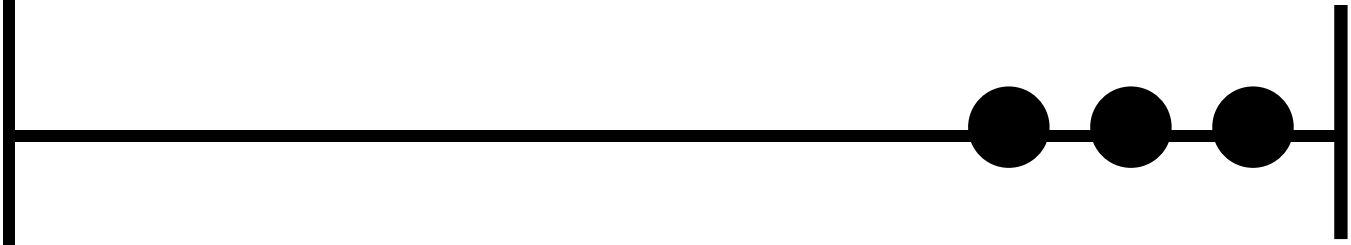
# Appendix B:
# Planning for Results Framework



# Planning for Results Framework

| *KEY STEP* | *KEY QUESTIONS* | *EXAMPLE* |
|---|---|---|
| Identify priorities with desired results | How are priorities consistent with: mandate, AHW Business Plan, and government expectations? | Population is protected against the spread of influenza |
| Select measures to assess progress | How do measures assess desired results? | Immunization rates:<br>• seniors (65 years+)<br>• infants (6-23 months) |
| Set targets to be accomplished | What results can be realistically committed to over the next three years? | Annual vaccinations:<br>• 75% of seniors<br>• 45% of infants |
| Determine and implement strategies | What strategies can be implemented to achieve results? | • Provide vaccine to family physicians<br>• Offer vaccine to infants at mass clinics |
| Evaluate and report | What indicators will be used to review and report progress? | • Immunization rates reported to AHW by May 2006 |

# Appendix C:
# 2006-2009 Health Plan Factors, Actions and Measures



# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

## PART 1: ASSESSING THE NEEDS OF THE POPULATION

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **1.1 Needs Assessment**<br><br>Assess on an ongoing basis the health needs of the health region | Section 5 (a) (ii) *Regional Health Authorities Act* | • Action: Consult with communities and stakeholders on health needs of the communities. Include CHC input in developing the plan.<br>• Action: provide a health plan for the region, based on an assessment of<br>o health status of the population<br>o environmental influences on health and well-being in communities and the region as a whole<br>o current health service utilization<br>o estimated health service needs<br>• Action: Assess regional ability to respond to health service needs | |
| **1.2 Community Health Councils (CHC)**<br><br>One or more CHCs are established with clear role and relationship responsibilities. | Section 9 (4) (c) *Regional Health Authorities Act* | Compliance with the legislation for the establishment of at least one CHC.<br>▪ Action: Where no CHC is established, the health plan makes provision for at least one CHC.<br>▪ Action: Bylaws for established CHCs are up to date and approved by the Minister.<br>▪ Action: continuously improve the role and relationship of CHCs. (i.e. business plan, annual report, areas of accountability)<br>▪ Action: Indicate whether the CHC operates in an advisory role as to the provision of health services has entered into agreement with the health authority, or both. | |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

## PART 2: ADVOCATE AND EDUCATE FOR HEALTHY LIVING

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **2.1 Wellness and Healthy Living**<br><br>Regions will set targets and implement strategies to achieve the objectives and targets set out in the *Framework for a Healthy Alberta* and the *Third Way* initiatives. | Section 5 (a) (i) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | 1. Active Living | • Percent of residents age 12 and over who report being "active or moderately active" |
| | | 2. Healthy Eating | • Percent of residents age 12 and over who report eating at least 5-10 servings of fruit and vegetables daily |
| | | 3. Healthy Weights | • Percent of residents reporting a healthy BMI |
| | | 4. Alcohol Consumption | • Percent of resident women who reported consumption of alcohol during pregnancy |
| | | | • Percent of residents who report regularly drinking heavily |
| | | 5. Tobacco use | • Percent of residents who report smoking |
| | | | • Percent of pregnant women who report smoking |
| | | 6. Self-reported mental health status | • Percent of residents reporting they are in "excellent, very good or good mental health" by age group (18-64; 65+) |
| | | 7. Enjoy good mental health | • Percent of residents at risk of depression |
| | | | • Percent of residents reporting "quite a lot" of stress |
| | | 8. Injury Prevention | • Percent of residents using seat belts |
| | | | • Percent of children traveling in child safety seats |
| | | | • Rate of hospitalizations due to falls |
| | | | • Lost time claims rate per 100 years worked |
| | | 9. Mortality Rates (Injury)<br>• Action: Align prevention strategies with the Alberta Suicide Prevention Strategy where appropriate. | • Mortality rates due to motor vehicle collisions (land transport accidents) per 100,000 people |
| | | | • Suicide per 100,000 population / rates and trends |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| | | 10. Diabetes | • Number of new cases of type II diabetes per 1000 general population at risk |
| | | | • Number of new cases of type II diabetes per 1000 Aboriginal population at risk |
| | | 11. Heart Disease | • Mortality rate from heart disease |
| | | 12. Cancer | • Percent of women age 50 to 69 screened for breast cancer within the recommended screening guidelines |
| | | | • Mortality rate from breast cancer |
| | | | • Percent of women aged 18 to 69 screened for cervical cancer |
| | | | • Mortality rate from cervical cancer |
| | | | • Rate at which people get lung cancer |
| | | | • Mortality rate from prostate cancer |
| | | 13. Chronic Obstructive Pulmonary Disease (chronic lower respiratory disease) | • Mortality rate from COPD |
| | | 14. HIV Rates | • Age adjusted rate of newly reported HIV cases per 100,000 population |
| | | 15. STI Rates | • Rates and type of newly reported infections per 100,000 population |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

## PART 3: PROVIDE QUALITY HEALTH AND WELLNESS SERVICES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.1 Access to Services**<br>**Targets** Provincial Targets<br>CABG:(90th percentile)<br>Emergencies**:** ≤ 24 hrs<br>Urgency 1: ≤ 1 week<br>Urgency 2: ≤ 2 week<br>Urgency 3: ≤ 6 week<br>Hip & Knee Replacement: (90th percentile)<br>Emergencies**:** ≤ 24 hours<br>Urgency 1: ≤ 4 week<br>Urgency 2: ≤ 13 weeks<br>Urgency 3: ≤ 20 week<br>Breast Cancer Care: (90th percentile)<br>Referral to surgery: ≤ 4 week<br>Referral post surgery to radiation/ systemic therapy: ≤ 8 week<br>MRI:(90th percentile)<br>Emergencies**:** ≤ 24 hours<br>Urgency 1: ≤ 1 week<br>Urgency 2: ≤ 4 weeks<br>Urgency 3: ≤ 12 weeks<br><br>CT: (90th percentile)<br>Emergencies**:** ≤ 24 hours<br>Urgency 1: ≤ 1 week<br>Urgency 2: ≤ 2 weeks<br>Urgency 3: ≤ 8 weeks | Section 5 (a) (iv) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | Timely access to services is a key provincial/territorial initiative, outlined in the Sept 2004 First Ministers' Agreement. The areas identified through the agreement align closely with existing provincial initiatives, identified in the Ministry Business Plan, in response to the Premier's Advisory Council on Health Report (2002).<br><br>Progress should be demonstrated in improving access to CABG, hip and knee replacement surgeries, MRI and CT, breast and prostate cancer care, cataract surgery, and children's mental health services.<br><br>▪ Action: identify strategies to reduce the gap between targets and actual performance<br>▪ Action: identify additional projects through improvements to access are being addressed. | Regional Achievement<br><br>**Wait Time** (in weeks, by urgency category, if appropriate)<br>▪ CABG<br>▪ Hip replacement surgery<br>▪ Knee replacement surgery<br>▪ Breast cancer care<br>o Referral to surgery<br>o Surgery to radiation or system therapy<br>▪ MRI<br>▪ CT<br>▪ Children's mental health services<br>**Wait time** (in weeks – provincial initiatives where targets not yet established)<br>▪ prostate cancer care<br>▪ children's mental health<br>▪ additional regional initiatives<br><br>**Patients Waiting** at end of reporting period<br><br>**Patients Served** in reporting period<br>▪ CABG, Hip replacement, knee replacement, breast cancer patients |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **Alberta Waitlist Registry (AWR)**<br><br>Goals (from submission Guidelines)<br>**Timeliness**: Data will be submitted to the AWR by the health authorities on the 21st of each month (exception: May 19th, due to Good Friday and Easter holiday dates)<br>**Completeness**: monthly submissions will be include surgeries, MRI & CT for all facilities contributing to the AWR | Government Expectation | The Alberta Waitlist Registry is a key tool for demonstrating progress in addressing access issues. Health authorities are accountable for the reliability of the data and its timely collection and dissemination.<br><br>There will be increased focus on timeliness of submissions and completeness of data.<br><br>Increasingly, questions are asked regarding who is on the waitlist. During this fiscal year, there is an expectation that all wait lists contributing to the AWR will be reviewed to determine that patients (still) require the service, or are at a level of urgency to merit being on the list. The Ministry and health authorities will jointly examine wait lists, to ensure they reflect Alberta's experience. | Regional Achievement<br><br>• Proportion of months the submissions were on time<br><br>• Proportion of months the submissions were complete |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.2 Quality of Service**<br><br>Accreditation<br>The Health Authority and contracted health service providers shall maintain fully accredited status<br>CCHSA identifies the following levels:<br>• ***Full Accreditation***<br>• ***Accreditation with Report***<br>• ***Accreditation with Focused Visit***<br>• ***Non- accreditation***<br><br>Quality<br>The RHA Act provides direction to health authorities that they provide quality services to residents | Section 5 (a) (iv) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | Accreditation<br>Accreditation is a mechanism to demonstrate that quality improvement is pursued.<br>▪ Action: identify accreditation achievement, including<br>o Date and level of CPSA accreditation<br>o Date and level of region and contracted agencies accreditation with CPSA (Medical Diagnostic Laboratories, Diagnostic Imaging Services, Neurophysiology testing facilities, Pulmonary function laboratories and non—hospital surgical facilities)<br><br>Quality Matrix<br>Working with health authorities and the health professions, the Health Quality Council of Alberta has led a process to obtain support for the Matrix as a measurement framework for the province. Measures of quality, in addition to those for access above, are in development.<br><br>The focus this year continues on the dimensions of accessibility, acceptability, efficiency and safety. While effectiveness and appropriateness are equally important, specific provincial initiatives have not been identified.<br><br>(Accessibility – see "Access" above) | |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| | | Acceptability<br>Patient Concerns Resolution Regulations<br>New regulations are anticipated, in support of implementation of the Ombudsman Act. The regulations focus on the resolution of patients concerns.<br><br>Efficiency<br>The projects enabling improved access are identifying efficiencies in service provision. Initial measures reflect work ongoing in the Access to Services projects and pilots.<br><br>Patient Safety<br>The *Safer Healthcare Now!* campaign is focusing attention on patient safety. Measures identified through this project may provide additional measures for next year's plan. Work is proceeding on a provincial framework for disclosure of harm within the province, and further highlights the provincial approach in reporting adverse events. | ▪ Percent of concerns/complaints responded to in three business days<br>▪ Percentage of residents, who have received a service, who are satisfied with the way services are provided (source: HQCA survey)<br>▪ Percentage of residents who rate the overall quality of health care available in their community as excellent or good- (source: HQCA survey)<br>• Client's rating of quality of care received (source: regional patient satisfaction surveys)<br><br>Patient Safety<br>• Number of health authority projects participating in *Safer Healthcare Now*! campaign.<br>• Percentage of Albertans who believe that during their care in Alberta's health system they or a family member experienced a medical mistake that resulted in serious harm, such as death, disability, or additional prolonged treatment (source: HQCA survey) |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS | MEASURES |
|---|---|---|---|
| **3.3 Primary Health Care (PHC)**<br>Regions will achieve the following PHC reform objectives:<br>1. Improve access to appropriate PHC services<br>2. Provide coordinated 24/7 management of access to appropriate PHC<br>3. Increase the emphasis on health promotion, disease prevention, and chronic disease management<br>4. Increase coordination and integration with other health services<br>5. Establish multidisciplinary PHC teams of providers so that the most appropriate care is provided by the most appropriate provider<br><br>Regions will implement the tri-lateral Primary Care Initiative Agreement | Section 9 (4) (d) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | **Primary Health Care Plan**<br>• Action: Develop and implement a 3-year PHC plan for the region based on the five PHC reform objectives. The Plan should:<br>  • address integration of all PHC and Primary Care Network activities<br>  • coordinate with regional mental health plans<br>  • include regional measures and targets<br>  • indicate how regional PHC plan addresses the five objectives of the PHC reform<br>  • point out how regional PHC plan links to regional mental health plan<br><br>**Primary Care Network**<br>• Action: identify specific plans for Primary Care Network roll-out, including how many and when<br><br>Promotion of **Health Link** and other health information services. | • Number of regional PHC plans in place<br><br>• Number of Primary Care Networks in operation<br>• Number of Primary Care Networks under development<br>• Percentage of regional residents enrolled in a Primary Care Network<br><br>• Annual number of calls to Health Link by population segment<br>• Percentage of callers to Health Link who rate the service as very good or excellent. |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.4 Mental Health**<br><br>Advance mental health by integrating mental health services with health authority operations and by improving access to meet demand for service in accordance with provincial mental health plan | Section 9 (4) (d) *Regional Health Authorities Act*<br><br>Provincial Mental Health Plan<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | **Information Management and Technology**<br>Access to good data and information is a requirement for demonstrating progress in provincial and regional mental health plans. This requires active participation by all regions.<br>• Action: Participation in developing standardized provincial mental health data; e.g., establish budgets across the continuum; build capacity to report the number of patients receiving mental health services in continuing care. | |
| | | **Wellness and Healthy Living:**<br>Regional Mental Health Promotion activities should align with provincial strategies<br>• Action: identification of alignment<br>• Action: Results of participation in the provincial Mental Health Promotion strategies<br><br>The Alberta Suicide Prevention Strategy (ASPS) focuses on suicides and suicidal behaviours.<br>▪ Action: implement the ASPS at the regional level | • Suicidal behaviour (para-suicides) per 100,000 population rates and trends (Suggested target: 10% reduction in suicidal behaviours over 3 years.) |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| | | **Access to Services**<br>Strategies are underway to develop **provincial standards for "acceptable" wait times** for programs across the continuum. . First priority: Children<br><br>**Telehealth:** this technology supports access to mental health services.<br>Action: Include mental health in setting targets for clinical use of telehealth (Health Plan Goal 4.2)<br><br>**Service Integration for select co- morbid conditions**<br>Given the high rates of co – morbidity for mental health problems with addictions or developmental disabilities, integration of services is desirable. | • Wait time for children to access mental health services (90th percentile, first visit)<br><br>• Utilization rate of Telehealth Services for metal health consults per 100,000 population<br><br>• Proportion of mental health delivery sites offering services for addictions and developmental disabilities (Target: At 75% of mental health service delivery locations, addiction and developmental disability services are available) |
| | | **Quality of Services**<br>**Effectiveness, Acceptability**<br>▪ Action: Report on measures of effectiveness and acceptability that are in development - Symptom Reduction, Level of Functioning, Quality of Life. Current priority is Client Satisfaction.<br>• Action: Research/Evaluation: Regional plans align with provincial research plan.<br>• Action: Programs have ongoing evaluations.<br>• Action: Process in place to support and implement best/leading practices. | ▪ Percentage of clients reporting overall satisfaction with mental health services<br><br>▪ Percentage of regional programs that have incorporated evaluations. |
| | | **Primary Care**: Increased regional family physician participation in shared care programs. | ▪ Number of family physicians participating in shared care programs (Target: 10% increase per year) |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| | | **Culturally Appropriate Services**<br>▪ Action: Report on the development of culturally sensitive programs | |
| | | **Collaboration initiated with key stakeholders:**<br>▪ Action: Report on outcomes of partnerships with consumer groups, other regions, government ministries, universities, colleges, AMHB and other stakeholders. (e.g., innovative collaboration that increases access for children) | • Stakeholder ratings of effectiveness |
| | | **Accountability**<br>▪ Action: Report progress of implementing Regional Mental Health Plans in the following: Annual Reports; Quarterly reports; Annual Business Plans | |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.5 Continuing Care**<br><br>Improve quality of continuing care services, implement new standards and ensure compliance | Section 9 (4) (d) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | **Quality of care:**<br>Increase of average paid hours in long term care facilities to a minimum of 3.4 hours per resident per day by 2005/2006, 3.8 hours per resident per day by 2006/07 and 4.1 hours by 2007/2008.<br><br>Continue implementation of Continuing Care System Project.<br>• Action: Report on progress including details on terms of phases, activities, and timelines.<br>• Action: Prepare and implement a quality improvement plan for all continuing care services (long-term facilities, supportive living and home care) covering core areas such as medication administration, medication utilization, care planning and case management and abuse prevention.<br>• Action: approval of action plan at the Board level<br><br>Continue to shift continuing care clients from facility living to community living: provincial target facility resident ratio per 1000 75+: 69.00 in 2005/06 and 68.00 in 2006/07<br>• Action: Regions to set regional targets for resident ratios.<br><br>**Access to services**<br>• Action: full implementation of coordinated access policies by March 2007.<br>• Action: improve seven-day access to continuing care services<br>• Action: Integration of long range planning process and projections in Health Plan submission | **Quality of care:**<br>• Average paid hour per resident day by quarter<br><br>• Resident ratio per 1000 over 75 years for long term care facilities measured against targets. Explanation of variance.<br><br>• Number of persons waiting for long-term care beds by quarter.<br>• Proportion of admissions on weekends by quarter |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| | | **Continuing care health services standards**<br>• Action: Full implementation of continuing care health services standards in fiscal year 2006/2007.<br>• Action: Implement staff training programs on new standards for all continuing care staff and contracted operators/agencies<br>**Compliance to continuing care standards and monitoring of quality of care**<br>• Action: Establish continuing care performance audit mechanisms to monitor care of operators/agencies, and report on progress.<br>• Action: Establish reporting mechanisms with service expectations on key elements of standards to ensure compliance to standards and safe and quality care, and report on progress.<br>**Home care**<br>Enhance of short-term acute home care, short-term acute community mental health home care, and end-of-life home care based on First Ministers' agreement by December 2006.<br>• Action: Implement home care commitments agreed to by First Ministers Sept 2004.<br>• Action: Implement Home Care Strategic Innovations in a phased in approach in 2005/06 and 2006/07.<br>• Action: Report on progress made in implementing strategic innovations<br>• Action: Report on impact of changes including changes on other parts of the health system.<br>**Workforce**<br>• Action: Develop and implement staff training, staff recruitment and retention strategies for continuing care workforce. | **Continuing care health services standards**<br>• Proportion of continuing care programs where standards have been implemented. (Target: 100% ) Explain variance<br>• Proportion of continuing care staff educated on new standards (Target: 100%). Explain variance.<br>**Workforce**<br>Total number of separations (April to March) over average total employee head count as of March 31. |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.6 Aboriginal Health**<br><br>Regions will close the gap in health status between Aboriginals and non-Aboriginals | Section 5, *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | Diabetes prevention<br>• Action: Identify strategies to provide diabetes prevention programs to Aboriginal People. Indicate progress made.<br><br>Suicide prevention<br>• Action: Identify strategies to prevent suicides among Aboriginal People (e.g., youth resiliency programs). Indicate progress made.<br><br>Fetal Alcohol Spectrum Disorder<br>• Action: identify initiatives to reduce/prevent FASD in Aboriginal People. Indicate progress made.<br>• Action: identify collaborative initiatives with Children Services and/or AADAC on FASD preventative program delivery. Indicate progress made.<br><br>Infant Mortality<br>• Action: identify strategies in place to reduce infant mortality in Aboriginal infants, such as focused infant care training for new mothers, additional home visiting etc. Indicate progress made. | Trends in para-suicide rate for First Nations Peoples |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **3.7 Workforce**<br><br>Regions will secure and retain an adequate and appropriate supply of health care workers to meet identified health needs | Section 5 (a) (v) *Regional Health Authorities Act*<br><br>Alberta Health and Wellness Ministry Business Plan<br><br>Government Expectation | **Building Planning Capacity**: indicates actions to build the capacity and continuously improve workforce planning<br>• Action: Report on actions to develop and implement a Workforce Plan that is aligned with the provincial Comprehensive Health Workforce Plan<br>• Action: Report regional planning actions to link Health Plan to the regional business plan, workforce plan and financial plan<br>• Action: Report on training for health care staff to serve mental health clients.<br>**Utilization**: indicates actions to strive for effective and efficient utilization of health workforce providers with reference to specific client group needs.<br>• Action: review staff mix/staff utilization<br>**Healthy Workplaces** indicates the outcomes of actions to create workplace environments that will have a positive impact on job and professional satisfaction and safety, which in turn impact recruitment, retention and productivity.<br>• Action: mental well-being programs are developed and delivered to health care staff.<br>**Separation Rates**: indicates the outcomes of actions to recruit and retain sufficient numbers of health service providers to meet health service requirements. | • Comparison of individual RHA WCB premium rate to WCB industry rate for Hospitals/Acute Care Centres, Health Units and LTC Centres<br>• Hours of sick leave usage as a percentage of total earned hours<br>• LTD incidents per 1000 insured persons<br><br>• Total number of separations (April to March) over average total employee head count as of March 31<br>• Number of RN separations (April to March) over total RN head count as of March 31 |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

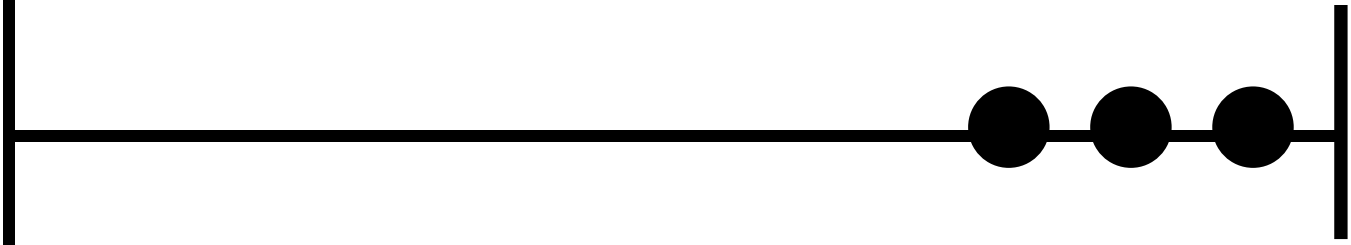
## PART 4: LEAD AND PARTICIPATE IN CONTINUOUS IMPROVEMENT IN THE HEALTH SYSTEM

| AREA / GOAL | REFERENCE | FACTORS & ACTION | MEASURES |
|---|---|---|---|
| **4.1 Cost of Services**<br><br>Deliver services in a cost-effective manner | Section 9 (4) (d)) *Regional Health Authorities Act*<br><br>Government Expectation | Action: present a comprehensive plan setting out steps and timelines to build capacity to meet reporting requirements for:<br>1. Inpatient cost on a weighted case basis<br>• Hospital inpatient (budgeted/actual) cost per weighted case using CIHI / provincial guidelines<br>• Targeted weighted cases by facility<br>• Actual costs per bed day in hospitals<br>2. Diagnostic and therapeutic activity and costs (for region) for selected high profile functional centres - e.g. X-ray, MRI, CT Scan.<br>3. Emergency room and other clinics - functional centre costs and stats.<br>4. Continuing care costs<br>• Net expenditure per resident day for all long term facilities<br>• Net RHA home care expenditures<br>• Number of home care visits<br>5. Nursing workforce<br>• Nursing (nursing inpatient unit producing personnel) working hours per weighted inpatient case<br>• Total nursing hours worked | |

# 2006-2009 HEALTH PLAN FACTORS, ACTIONS AND MEASURES

| AREA / GOAL | REFERENCE | FACTORS & ACTIONS | MEASURES |
|---|---|---|---|
| **4.2 Information & Technology**<br><br>Regions improve the capacity of Alberta's health system to promote and deliver services by cost-effectively harnessing the advances being made in information technology. | Alberta Health and Wellness Business Plan<br><br>Government Expectation | **Security Standards** | • Number of ISO 17799 controls implemented |
| | | **Electronic health record**<br>• Action: identify region-specific plans align to provincial IM/IT Plan (EHR GEN 2) | • Number and type of care providers accessing the EHR |
| | | **Data Quality**<br>• Action: Develop regional Data Quality Plan, ensuring completeness, including:<br>  • Accountability for the Plan is assigned<br>  • Data Asset Inventory is completed<br>  • Audit Plan (including schedule) is documented<br>  • Remediation Plan is documented<br><br>**Data Quality Targets:**<br>• Action: Develop and provide data quality targets | |
| | | **Technology Renewal**<br>• Action: Board approves plan<br>• Action: Implementation strategy linked to business plan | • Technology renewal expenditure as a percent of total technology expenditure |
| | | **Clinical use of Telehealth**<br>Action: set targets for increased clinical use of Telehealth | • Percentage increase in the clinical use of Telehealth |

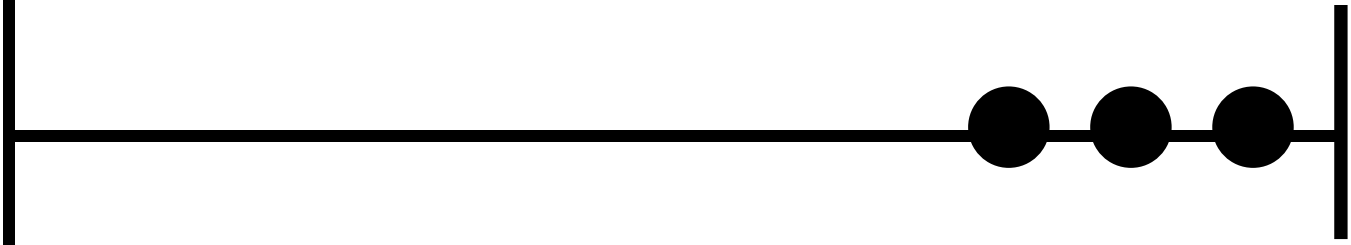
# Appendix D:
# Key Dates Reference



# Key Dates Reference

| DATE | ITEM | NOTES |
|---|---|---|
| **October 3,4 2005** | ▪ Health Plan Workshop | Executive Royal Inn, Leduc |
| **October 28** | ▪ Preliminary 2006/2007 Budget Request Submission | |
| **October 31** | ▪ 2nd Quarter Financial Report (2005/2006) | Due 30 days after the quarter |
| **November 15** | ▪ 2nd Quarter Performance Report (2005/2006)<br>▪ *Guide* issued | Due 45 days after the quarter<br><br>*Provides information on four key accountability documents (Health Plan, Business Plan, Quarterly Reports and Annual Report* |
| **December 31** | ▪ Health Plan (2006/2009)<br>▪ Preliminary Business Plan (2006/2007) | Refer to *Guide* |
| | | |
| **January 31 2006** | ▪ 3rd Quarter Financial Report (2005/2006) | Due 30 days after the quarter |
| **February 15** | ▪ 3rd Quarter Performance Report (2005/2006) | Due 45 days after the quarter |
| **March 15** | ▪ Final Business Plan (2006/2007) | Subject to tabling of the Provincial Budget |
| **March 31** | ▪ 2006/2009 Health Plan approval | Minister approval |
| **May 15** | ▪ 4th Quarter Performance Report (2005/2006) | Due 45 days after the quarter |
| **June 30** | ▪ Audited Financial Report<br>▪ Long Term Capital Plan | |
| **July 31** | ▪ Annual Report (2005/2006) | |

# Appendix E:
# Quarterly Performance Progress Report Format



**Quarterly Performance Progress Report Format**
**(Suggested Template)**
_____ < Health Authority >

## Part 1: Assessing the Needs of the Population

### 1.1 Needs Assessment

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 1.2 Community Health Councils

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

## Part 2: Advocate and Educate for Healthy Living

### 2.1 Wellness and Healthy Living

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

## Part 3: Provide Quality Health and Wellness Services

### 3.1`Acces to Services

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>o | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.2 Quality of Service

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.3 Primary Health Care

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.4 Mental Health

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.5 Continuing Care

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.6 Aboriginal Health

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 3.7 Workforce

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

## Part 4: Lead & Participate in Continuous Improvement in the Health System

### 4.1 Cost of Services

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |

### 4.2 Information and Technology

- Planned targets for 2006/07:

| |
|---|
| |

- Quarterly Update:

| | | | |
|---|---|---|---|
| Action Taken:<br>▪ | | | |
| Outcomes:<br>▪ | | | |
| Explanation: | | | |
| Status: | [] Ahead of plan | [] On track | [] Behind schedule |