

**Provincial Comprehensive Health
Workforce Plan**

**Alberta Health and Wellness
July 2003**

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Comprehensive Health Workforce Planning Committee Membership

Barb Burton	Human Resources Management Services Provincial Health Authorities Association
Barry Brayshaw	Manager, Research and Planning Unit Alberta Health and Wellness
Brenda Rebman	Director, Human Resources Alberta Mental Health Board
Dr. Eric Wasylenko	Physician Resource Planning Committee Calgary
Dr. Francine Girard	Vice President and Chief Nursing Officer Calgary Health Region
Dr. Ken Gardiner	A/Vice President, Medical Affairs Capital Health Authority
Edwin Enns (alternate)	Health System Analysis and Planning Quality Improvement and Health Information Calgary Health Region
Janet Byrne	Director, Human Resources Chinook Health Region
Laura Hill	Human Resources Management Services Provincial Health Authorities Association
Lesley Kendall	Co-ordinator Workforce Services David Thompson Health Region
Linda Mattern, Chair	Director, Health Workforce Planning Branch Alberta Health and Wellness
Stafford Dean	Health System Analysis and Planning Quality Improvement and Health Information Calgary Health Region
Wendy Hill	Executive Nursing Officer Capital Health Authority

Introduction

Comprehensive health workforce planning allows for:

- Inclusion of all stakeholders in the planning process,
- Increased communication, coordination and integration of stakeholder efforts related to workforce strategies,
- Recognition of the local, regional and global concerns related to workforce planning, and the need to be proactive in addressing issues such as limited resources,
- The inclusion of accountability as an essential component of the planning process,
- The provision of effective, efficient and appropriate health services for Albertans, and
- Accessible, quality, patient-focused health services for Albertans at a cost the system can afford.

The Premier's Advisory Council on Health (PACH) recommended that Alberta Health and Wellness work with stakeholders to develop a comprehensive health workforce plan. This comprehensive health workforce plan report presents the Comprehensive Health Workforce Planning Committee's recommended vision, principles and framework for comprehensive health workforce planning at all levels.

The committee has prepared this report in full recognition of the overall challenge of conducting effective workforce planning without consistent and comparable provincial data. Strategies related to the development of standard human resource information systems (HRIS) and a provincial health workforce information network are key to advancing health workforce planning in Alberta.

Detailed background information on health workforce planning is found in Appendix A of the Appendix Report. The vision and guidelines for planning reflect a compilation of visionary and guideline concepts found across reports identified in the Appendices. The overall goal for comprehensive workforce planning has been taken from the Provincial Health Workforce Steering Committee (PHWSC). The report also includes definitions of workforce planning / summary information / recommendations from several recent reports related to health workforce planning and illustrates the common themes across the reports (See Appendices in Appendix Report).

The framework identifies some of the existing strategies for health workforce planning that are ongoing in Alberta. It is important to note existing strategies should have accountabilities, performance measures and targets built into them and should continue within the mandate set out for the strategy.

The creation of accountabilities / performance measures / targets are the responsibility of organizations utilizing this framework. The comprehensive health workforce planning committee recognizes that this framework is only the base that organizations must consider when developing health workforce plans and that there may be additional building blocks that may be added in order to respond to particular system or organizational needs.

Why Comprehensive Workforce Planning?

It takes a wide diversity of health service providers to deliver sustainable, accessible and quality health care services to Albertans. There are currently thirty regulated health professions in Alberta plus numerous unregulated health service occupations. Moreover, numerous stakeholders share responsibility for regulating, educating, funding and utilizing the various health service providers. Consequently, health workforce resource planning is a complex and multi-dimensional process that requires collaboration amongst all stakeholders.

The PACH report in 2001 recommended that Alberta Health and Wellness work with regions, professions, post-secondary institutions and other stakeholders to develop a comprehensive workforce plan that:

- Includes all aspects of the health care system including acute care institutions, community health, long-term care and home care,
- Establishes mechanisms for communication and coordination related to workforce strategies,
- Addresses changing health needs in the population, and
- Anticipates trends in the health workforce.

Vision

The vision for the provincial comprehensive health workforce plan over the next ten years is the development of

An overall framework for health workforce planning that will support and facilitate stakeholders in:

- Being responsive to the needs of Albertans,
- Striving to ensure the health care system has the health workforce it needs to deliver quality health services,
- Striving to ensure the health workforce is sustainable,
- Striving to ensure that health practitioners employed in Alberta's health system are working to their full scopes of practice, and
- Striving to ensure healthy workplaces.

Mandate for 2003 Comprehensive Workforce Plan

Alberta Health and Wellness, regional health authorities (RHAs) (including clinical leaders and Human Resource Leaders), physicians and the Provincial Health Authorities of Alberta (PHAA) have partnered to develop a comprehensive health workforce plan that provides an overall framework for health workforce planning. The chair of the committee reports to the Deputy Minister of Alberta Health and Wellness, the RHA representatives report to the Council of Chief Executive Officers (CEOs) through the Labour Relations Policy Advisory Committee and other stakeholders report to their respective organizations.

Guidelines for Planning

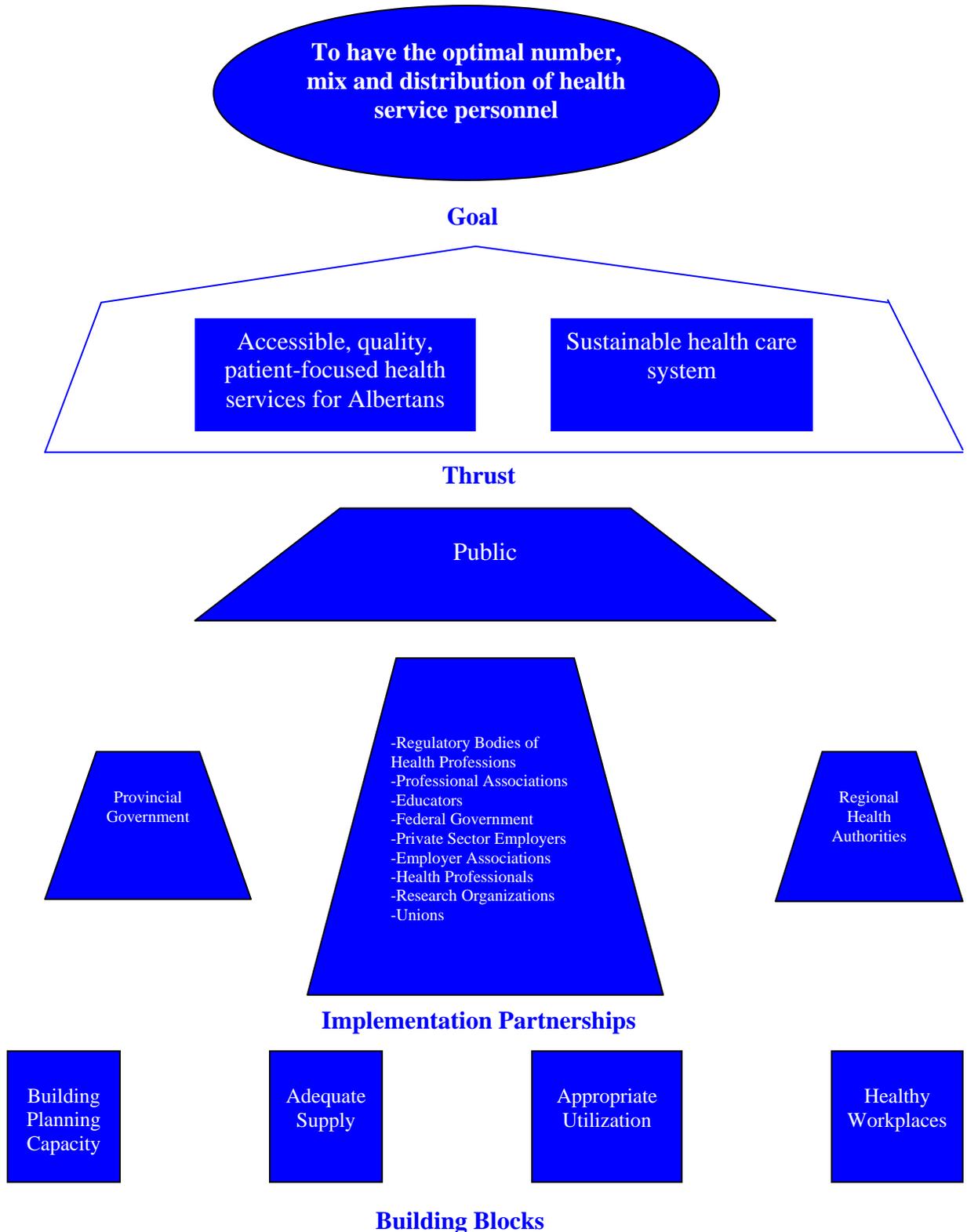
A comprehensive health workforce plan continues to support the following guidelines for planning.

Note:

- These guidelines must be considered in health workforce planning, and
- These guidelines are not presented in order of priority

1. Health workforce planning will enable attainment of defined health system goals,
2. A health workforce plan will set performance expectations that are measurable, reportable and achievable,
3. Health workforce policies, across the health care system, will facilitate effective and efficient health workforce planning,
4. A health workforce planning model will be flexible enough to accommodate variances in service delivery between Regional Health Authorities and/or private organizations,
5. Health workforce plans will be sufficiently responsive and flexible to retain relevance and validity in rapidly changing health systems,
6. Health workforce planning decisions will be guided and driven by research and/or evidence,
7. Health workforce planning will address the wide range of factors that determine desired health workforce outcomes,
8. There will be communication of best practices on health workforce issues between stakeholders who share responsibility for health workforce planning to ensure continuous improvement,
9. Health workforce planning will be done in conjunction with business planning,
10. Health workforce planning will use an integrative approach that focuses on the needs of the clients.
11. Health workforce planning will build strong and transparent accountability structures into the plan,
12. Health workforce plans will recognize, respect and value the critical importance of health care providers to the health care system,
13. Health workforce plans will support health care providers in exploring and implementing new approaches to organizing and delivering health care services,
14. There will be collaboration on health workforce issues between the numerous and diverse stakeholders who share responsibility for health workforce planning and the collaboration must add value from service quality and/or economic perspectives.
15. Health workforce planning will include consideration of both private and publicly funded health care systems.

The Strategic Framework of the Provincial Comprehensive Workforce Plan



Building Blocks

The building blocks form the foundations for achieving a health workforce with the competencies to provide quality care:

- Planning Capacity,
- Adequate Supply,
- Effective Utilization, and
- Healthy Workplaces.

Each building block starts out with a strategic goal statement setting out where the health workforce will be in ten years. Specific priorities and actions flow from each building block.

Each building block is interdependent.

Implementation Partnerships

Strong implementation partnerships must be established and maintained in order to achieve the goals of the Provincial Comprehensive Health Workforce Plan. These relationships include:

- Provincial Government,
- Regional health authorities,
- Regulatory bodies of health professions,
- Professional associations,
- Educators,
- Federal Government,
- Private sector employers
- Employer associations,
- Health professionals,
- Research organizations,
- Unions, and
- Public.

Each implementation partnership must be designed to focus health workforce planning efforts, mobilize available resources and strive to ensure all partners in the health workforce are working together to enhance accessible, timely, quality health services for Albertans and sustainability of the health care system for the future.

Roles and responsibilities of each partner (except the public, which is described below) were defined in the **Health Workforce Planning in Alberta: Optimizing Health Workforce Resources to Support Health System Performance** report and are found in Appendix B of the Appendix document. Roles and responsibilities of identified partners are carried over into this planning initiative with the recommendation that the information in the report be updated to reflect the current environment.

The role of the public is defined as:

- Making a strong commitment to staying healthy,
- Appropriately utilizing health care services, and
- Partnering with RHAs to develop innovative models for delivering health care services.

Thrust

Comprehensive Health Workforce Planning requires that all efforts be channeled in the same direction for the attainment of the overall goal:

- Accessible, quality, patient-focused health services for Albertans, and
- Sustainable health care system.

Overall Goal

The overall goal of the Comprehensive Health Workforce Plan is to have the optimal number, mix and distribution of health service personnel recognizing resource constraints.

Building Block Goals

Building Planning Capacity	To strive for workforce planning capacity that allows planners to: <ul style="list-style-type: none">• Anticipate changes in the roles of various health providers,• Build plans based on service delivery structures and on appropriate assignments of work in relation to the qualifications, skills and training of various health providers,• Anticipate trends in the workforce,• Look at changing health needs in the population, and• Evaluate health outcomes based on health workforce planning decisions.
Adequate Supply	To educate, recruit and retain sufficient numbers of health service providers to meet health service requirements.
Appropriate Utilization	To strive for effective and efficient utilization of health workforce providers with reference to specific client group needs.
Healthy Workplaces	To create workplace environments that will have a positive impact on job and professional satisfaction, which in turn, has an impact on recruitment and retention of health care providers.

Note:

In the following section, strategic goals, outcomes, existing and ongoing strategies, recommended strategies and action plans / accountabilities are identified for each building block. Information presented is not presented in a prioritized framework. As well, because this document is a conceptual framework that requires approval both from the Minister of Health and the Council of CEOs, timeframes, detailed next steps and costs have not been attached to the action plans.

Building Planning Capacity

<p><i>Strategic Goal</i></p>	<p>To strive for workforce planning capacity that allows planners to:</p> <ul style="list-style-type: none"> • Anticipate changes in the roles of various health providers, • Build plans based on service delivery structures and on appropriate assignments of work in relation to the qualifications, skills and training of various health providers, • Anticipate trends in the workforce, • Look at changing health needs in the population, and • Evaluate health outcomes based on health workforce planning decisions.
<p><i>Outcome</i></p>	<p>Workforce planners have the ability, tools and information to research, develop, implement and execute workforce plans that ensure the optimal number, mix and distribution of health service providers.</p>
<p><i>Existing and Ongoing Strategies</i></p>	<ul style="list-style-type: none"> • RHAs are required to submit health workforce plans as part of their Regional Business Plans. • Workforce Planning Groups are working within some RHAs • There is an accountability framework to identify the primary provincial health workforce stakeholders, their respective roles, relationships, functions and processes, and associated mechanisms for ensuring accountability. • The business case for the Provincial Health Workforce Information Network (HWIN) is being developed. • Development of a Provider Directory. This directory will have multiple benefits including the provision of practitioner descriptive information that will be collected from regulatory bodies and used to describe the workforce (Alberta Health and Wellness: Phase I -physicians - completion for 2003).

<p>Challenges</p>	<ul style="list-style-type: none">• Health workforce needs [and issues] are not viewed as integral to the development of the key service delivery strategies outlined in the RHA business plans. Instead, health workforce planning is viewed as a separate, often secondary, policy exercise.• RHAs have many priority needs and having payroll / human resource information systems that are integrated with service delivery systems is not always a high priority.• It is challenging for the RHAs to allocate resources to administrative systems, such as a human resource information system, over patient related information systems.• Health workforce strategies are not always based on research and evidence.• It is difficult to implement provincially coordinated health workforce planning processes in the absence of consistent and comparable health workforce information.• Although there have been numerous studies and discussion forums on health workforce issues, there is little communication of the results attained by the multiple stakeholders who have implemented health workforce strategies during the past few years.• There is no overall forum for the ongoing co-ordination, evaluation and updating of the comprehensive workforce planning components.• There is an absence of clear and consistent directions for health care objectives / models of care.• Providers working at arms length from RHAs must be fully involved in health workforce planning.
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Recommended New Strategies

Strategies	Action Plans / Accountabilities
An inventory of current health workforce planning strategies will be maintained and information will be shared with all stakeholders annually (i.e. September/October).	Alberta Health and Wellness will take the lead.
Identify health human resource research needs in consultation with stakeholders, in order to best utilize the research funds that are available.	<p>Alberta Health and Wellness will take the lead on:</p> <ul style="list-style-type: none"> • Developing and maintaining an inventory of: <ul style="list-style-type: none"> • health workforce planning research that is being conducted • priority applied health workforce planning research needs of government and RHAs, • Communicating back to stakeholders the results of research projects.
Implement HWIN (the comprehensive network that will provide the data needed for the effective planning and management of the provincial health workforce).	<p>Alberta Health and Wellness will develop a work plan with RHA involvement to:</p> <ul style="list-style-type: none"> • Ensure RHA's HRISs are compatible with HWIN, and • Implement HWIN. <p>Alberta Health and Wellness will bring the issue of the need for HWIN to the IM/IT Governance Council and to the Council of CEOs.</p>
Develop forecasting models for health workforce planning to develop health workforce planning alternatives. Forecasting models will take into consideration ongoing federal health workforce planning initiatives and future models or systems for health service delivery (e.g. primary health care).	Alberta Health and Wellness, RHAs and other stakeholders will partner to develop workforce-forecasting models. The working group's mandate, membership and terms of reference will be established.
All RHAs will evaluate the use of Workforce Planning Groups and will commit to ensuring these groups communicate best workforce planning practices with each other, and wherever possible, collaborate on planning practices and joint workforce strategies.	RHAs.
Physician Resource Planning Committee (PRPC) to consider the potential role of nurse practitioners and other service providers when projecting the demand for physicians.	PRPC.
Develop and implement an integrated business planning and workforce planning framework.	Alberta Health and Wellness in collaboration with RHAs. Implementation to begin in the 2004/05 business planning cycle.
The role of the PHWSC will be expanded to include clinical, education, research and other appropriate representation, as well as to focus on planning capacity, having an adequate supply of health service providers, effectively utilizing the workforce and ensuring healthy workplace environments.	Alberta Health and Wellness will redraft the terms of reference for the PHWSC.

Adequate Supply

Strategic Goal	To educate, recruit and retain sufficient numbers of health service providers to meet health service requirements.
Outcome	An adequate supply of health care providers to deliver the health services Albertans need.
Existing and Ongoing Strategies	<ul style="list-style-type: none"> • A Provincial Education Workforce Working Group identifies priority educational needs. The committee is currently assessing the number of clinical placements and resources (e.g. mentors) needed to support the education of health professionals. In the past, this group also made recommendations to Alberta Learning's ACCESS Fund for additional education seats. As a result, additional seats in programs across various post-secondary institutions were increased substantially over the last four years (i.e. 2116 additional seats). • The Provincial Nominee Program, recently signed by Alberta Health and Wellness, will expedite the immigration for 75 foreign-trained health professionals in occupations experiencing chronic shortages. • The Directory of Student Clinical Placements in Alberta: Health Programs, an inventory of clinical placements for nineteen professional groups, was published in 2002. • The Provincial Diagnostic Imaging Resource Planning Education / Training Steering Committee restructured diagnostic imaging training in Alberta in order to increase supply and develop education program efficiencies for diagnostic medical sonography; medical radiologic technology; combined laboratory and x-ray technology; magnetic resonance imaging; and nuclear medical technology. • The Northern Alberta Development Council has provided bursaries to Alberta students in health care professions to cover travel and accommodation costs for doing practicums in northern Alberta. • Alberta Human Resources and Employment produces employment reports by occupational groups. • The Cancer Board trains its own radiation therapists. • The number of educational seats for dieticians has increased. However, there is a clinical placement problem. • Prior learning assessment tools are being utilized to shorten internships for dieticians. • The number of enrolments for respiratory therapists at NAIT and SAIT has increased. • Alberta Health and Wellness participates on interprovincial and federal committees on human resource supply issues. • The business case for the Provincial Health Workforce Information Network is being developed. • There were 80 new post-graduate medical training seats in 2000/2001. • There were eight new family medicine residency seats for Alberta international medical graduates in 2002. • Grant MacEwan Diploma Nursing in Rural Areas program. • There are new seats in the practical nursing programs at NorQuest and Bow Valley Colleges, and three seats in the University of Alberta medical program for aboriginal people. • Nursing Refresher Program for nurses from the Ukraine in their native language.

	<ul style="list-style-type: none">• The Continuing Care Workforce Working Group (a multi-stakeholder partnership of government, RHAs and private employers) is assisting with the development and implementation of various educational strategies to ensure an adequate supply of health service providers with the competencies required to provide services to seniors and other clients of the continuing care sector. Examples:<ul style="list-style-type: none">○ Geriatric mentoring program is being developed.○ Curriculum development for health care aides is underway.○ The Continuing Care Workforce Working Group will consult with stakeholders on the potential roles and services of nurse practitioners and clinical nurse specialists in program areas serving seniors.• Grant MacEwan “Nursing 2000” special program.• Funding was provided to support over 200 additional Health Care Aide FLEs in post-secondary institutions on an annual basis.• Tuition fees for support workers were dropped from \$2500 to about \$1000.• The government of Alberta established the Alberta Nurses Educational Endowment Fund with AARN and ARNET. The Educational Trust is a registered charity providing financial assistance exclusively to AARN members in their pursuit of their educational goals.• A training strategy for the development and implementation for frontline workers providing services to individuals with Alzheimers disease is underway.• Strategies identified by professional groups for addressing adequate supply issues are being reviewed and utilized by employers as models for consideration with other professional groups.• A Projection Model was developed and is being updated for physician resource planning.
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<p>Challenges</p>	<ul style="list-style-type: none">• There is no consistent, generally accepted suite of tools, with identified strengths and limitations of each tool, for system-wide forecasting.• The availability of individuals who are prepared to take on roles of leadership and management in the health care system is becoming limited.• The availability of professional development programs to building leadership capacity and successorship at a provincial standard is limited.• There is limited evaluation of outcomes to assess effectiveness of planning activities.• There is a lack of clinical placement opportunities for students.• There is a need for additional education seats for health service providers.• Limited infrastructure presents a problem when expanding education seats.• Recruitment and retention strategies may be considerably different based on multiple factors (e.g. rural and urban locations; demographic profile; etc.).• Current models of education delivery for health service providers may not meet present and future health system needs (e.g. accelerated programming).• Current models of program content delivery for health service providers (i.e. core content being delivered in program silos) may not be fully efficient models.• Increases in tuition costs.• The demographic shift is causing limited access to traditional sources of health care providers.• Availability of preceptors.• Availability of health care providers for the provision of adequate 24/7 services.• There is a need to specify the competencies required by executive management in Alberta's health industry and ensure the availability and accessibility of the professional programs which provide these competencies.• Many professionals are increasing qualifications for entry to practice without consultation with employers. The result is that changes in qualifications may not be linked to patient outcomes.
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Recommended New Strategies

Strategies	Action Plans / Accountabilities
The Advisory Committee on Health Delivery and Human Resources (a federal/provincial/territorial committee) dealing with health human resource issues is expected to establish an issues based task force to address credentialism.	A Workforce Planning branch member, representing Alberta Health and Wellness, will be sitting on the issues based task force and communicating with Alberta stakeholders.
Appropriate, standardized data collection for forecasting for supply and demand, and for supporting information requirements for determining program/seat requirements to meet health workforce needs in the future will be established.	Implementation of HWIN according to work plan established by Alberta Health and Wellness and RHAs.
Ensure educational programming (especially the issue of core curriculums), placement capacity and infrastructure will support health system educational needs.	Alberta Learning in collaboration with Alberta Health and Wellness, RHAs and educational institutes.
Conduct research which will identify management workload issues and address issues related to management effectiveness.	RHAs in collaboration with key stakeholders, including Alberta Health and Wellness.
Develop leadership / mentoring learning strategies for managers in the health care system.	RHAs, the education community and professional associations to work collaboratively to develop leadership /mentoring learning strategies through such venues as the HR Leaders Council.
Develop and implement recruitment and retention strategies for health care providers, including expanding initiatives across the demographic profile.	RHAs and other stakeholders to work collaboratively to develop recruitment and retention strategies.
Identify the competencies required by managers in specific business (functional) organizational units in the health industry.	Alberta Health and Wellness in collaboration with RHAs and other key stakeholders.

Appropriate Utilization

Strategic Goal	To strive for effective and efficient utilization of health workforce providers.
Outcome	Health care services for Albertans will be provided by the most appropriate providers with reference to specific client group needs.
Existing and Ongoing Strategies	<ul style="list-style-type: none"> • The <i>Health Professions Act (HPA)</i> allows for overlapping scopes of practice and removes some of the regulatory barriers to the establishment of multidisciplinary care teams. • Competency profiles are being developed by professional associations and Alberta Health and Wellness as professions come under the <i>HPA</i>. • Several professions have reviewed and proposed significant expansions to scopes of practice (e.g. LPNs, opticians, dental assistants). The Health Professions Advisory Board has been established to provide advice to the Minister on matters under the <i>HPA</i> and on the provision of restricted activities. • RHAs determine appropriate staff mixes and strategies that will ensure cost effective utilization of staff. • The Professional Regulatory Bodies have formed a “Federation” to increase communication between health professions. • A new Nurse Practitioner Regulation was enacted in July 2002 and legislative changes are anticipated in 2003. • A Nurse Practitioner Supply Working Group comprised of representatives from government, the Alberta Association of Registered Nurses (AARN) and the RHAs, has been established to address barriers to an adequate supply of NPs and their effective utilization. • The Health Authorities HPA Regulations Review Committee prepared three separate discussion papers in the summer and fall of 2002 in response to the release of the draft LPN policies under the <i>HPA</i>. These papers dealt with concepts such as full scope of practice, competencies, barriers to full utilization of LPNs and “nursing sensitive outcome indicators.” All discussion papers were approved by the Council of CEOs and have been widely distributed for consideration by health authorities. • Midwifery funding issues are under review in the context of various reviews underway in the maternity system. • Alberta Health and Wellness is funding midwifery insurance premiums while the funding review is underway. • The Primary Health-Capacity Building Fund will support initiatives that advance and improve the delivery of primary health services in Alberta Health and Wellness. • AARN communicated to its members how the changes in the scope of practice for LPNs would affect the practice of RNs and have begun changing their documents to reflect the changes. • The Pharmacists’ Association is doing work on certification, accreditation, regulation, liability, and different roles and responsibilities of pharmacy technicians. The use of these providers will free up community pharmacists to move to a more expanded role.

<p><i>Challenges</i></p>	<ul style="list-style-type: none">• There is no consistent, generally accepted suite of tools, with identified strengths and limitations for each tool, for system-wide forecasting of potential scenarios related to the utilization of the workforce and the impact of changing staff mixes.• There is limited evaluation of outcomes to assess effectiveness of planning activities.• The amount and quality of collaboration that results in synergistic efforts towards actions for the “greater good” of Albertans is not sufficient.• There is limited availability and utilization of evidence-based tools which could be used by management to determine the most appropriate staff mix.• Staffing policies often focus on current supply issues, rather than long-term strategic human resource goals.• Introducing new team members into a culture that may not be ready for them.
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Recommended New Strategies

Strategies	Action Plans / Accountabilities
Evaluate patient outcomes and health system costs based on changing the mix of professionals providing health services to Albertans.	RHAs in collaboration with key stakeholders will review utilization tools developed for RNs and LPNs by groups such as The Health Authorities Health Professions Act Regulations Review Committee and research on staffing issues to determine their applicability to the deployment of other health care practitioners, and to develop dissemination and application plans.
Improve communication amongst stakeholders on health workforce issues (e.g. the results of changing staff mixes, best practices for the delivery of health services in more efficient and effective manners, etc.).	Alberta Health and Wellness will collaborate with stakeholders to develop a communication framework that will support ongoing communications.
Develop and evaluate best practices for the delivery of health services in more efficient and effective manners (e.g. educate and enable the public as part of the health care team).	RHAs in collaboration with stakeholders.
Develop and highlight protocols of care that are shared by all service providers, including the patient and families.	RHAs to work collaboratively in partnership with all appropriate stakeholders.
Consider a variety of approaches (e.g. changing staff mix of professionals, etc.) when conducting long-term strategic human resource planning.	RHAs in collaboration with key stakeholders.
Determine appropriate proportions of professionals required to be working full-time in health care settings.	Collaborative effort between Alberta Health and Wellness, employers and unions.
Develop and implement communication strategies to profile the competency profile work being developed by professional associations and Alberta Health and Wellness.	Alberta Health and Wellness in collaboration with professional associations.

Healthy Workplaces

<p>Strategic Goal</p>	<p>To create workplace environments that will have a positive impact on job and professional satisfaction, which in turn, has an impact on recruitment and retention of health care providers.</p>
<p>Outcome</p>	<p>Satisfied, healthy, stable and motivated health workforce.</p>
<p>Existing and Ongoing Strategies</p>	<ul style="list-style-type: none"> • Alberta Health and Wellness, in collaboration with the AMA, is developing and implementing Alternative Funding Plans to explore more effective ways of delivering and paying for all physician activities. • The Specialist-On-Call program has been implemented. • The RHAs have implemented a wide range of recruitment and retention strategies (advertising on websites, advertising in professional journals, hiring head hunters, participating in job fairs, hiring retired persons into flexible positions, providing relocation assistance, providing bursaries, implementing wellness committees and programs, immunization programs, communication systems, support for education upgrading, job sharing, recognition programs / events and working with unions for employee / employer benefit, etc.). • HR Leaders developed two recruitment and retention strategies: the Health Services Career Pathway of the Careers Next Generation Program; and a website which contains job opportunities in all RHAs. • A Provincial Quality of Worklife Survey that had a career satisfaction and work environment focus has provided employers with the information required to initiate strategies to improve recruitment and retention. • A proposal for a Health Care Aide Awareness and Promotional Strategy has been completed. • The Rural Physician Action Plan that provides support for the recruitment and retention of rural physicians. • Work is underway on the development of quality professional practice environments for inclusion in the Canadian Council on Health Services accreditation standards. • Opportunity North: a website, CD-ROM, brochure, business card and logo to assist in recruiting employees to northern Alberta. • Northern Nursing / Healthcare Practicum Placement Bursary. • The endowment fund (\$10 million) established by the government and administered by the Alberta Registered Nurses Educational Trust to support continuing education of Alberta's nurses may support the retention of nurses. • National Family Physicians Workforce Survey reports on indicators of healthy workplace information for family physicians in Alberta. • A pharmacy occupation sector study is underway and will provide short and long-term strategies to deal with shortages. • The Pharmacists' Association is partnering with the Canadian Medical Association and the Canadian Nurses Association to study recruitment and retention in rural areas. • Targeted programs that examine reasons for employee absenteeism and strive to reduce absenteeism are being implemented. • The Canadian Association of Occupational Therapists is working with stakeholders to improve retention.

Challenges	<ul style="list-style-type: none"> • Workloads are heavier and position vacancy rate has increased. • Health service providers are not always treated as assets by employers, counterparts, other partners in health service provision and/or the public. Health services are created in the interaction between service providers and the clients, and sometimes there is a reluctance to acknowledge that health service providers constitute the core elements of the service delivery system. • There is a lack of practical research information, tools and frameworks available for determining optimal workload / staff mixes. • Collective agreements can limit implementation of recruitment and retention strategies. • Being able to project an actual work picture of the work environment. • Introducing new team members into a culture that may not be ready for them. • How to shelter the health workforce from lack of predictability in funding. • The lack of stability in the workplace. • Some health work environments are not conducive to supporting a healthy workforce.
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Recommended New Strategies

Strategies	Action Plans / Accountabilities
In accordance with Mazankowski, develop and implement strategic initiatives to improve workforce morale for all health providers with the long-term goal of increasing work satisfaction and improving retention of the workforce.	RHAs in collaboration with key stakeholders – after the expansion of the RHAs has been established
Increased communication on initiatives and results attained amongst stakeholders with respect to improving the workplace.	Alberta Health and Wellness will establish a communication framework that will support RHA communications.
Give high priority to attaining more collaboration amongst stakeholders with respect to improving the working environment.	RHAs.
Develop programs to help employees to be better prepared for change.	RHAs in collaboration with Alberta Health and Wellness.
Identify, assess, implement and evaluate strategies to support a healthy work environment (e.g. innovative work schedules; work opportunities and equipment that are sensitive to the needs of the working demographics; safe work environments; etc.).	Alberta Health and Wellness will collaborate with RHAs and other stakeholders to determine what the indicators are for a healthy work environment that attracts and retains a healthy workforce while improving outcomes for patients.

Appendix A: Abbreviations

AARN	Alberta Association of Registered Nurses
AMA	Alberta Medical Association
ARNET	Alberta Registered Nurses Educational Trust
FLE	Full-time Learning Equivalent
HPA	<i>Health Professions Act</i>
HRIS	Human Resource Information System
HWIN	Health Workforce Information Network
IM/IT	Information Management/Information Technology
LPN	Licensed Practical Nurse
NAIT	Northern Alberta Institute of Technology
PACH	Premier's Advisory Council on Health
PHAA	Provincial Health Authorities of Alberta
PHWSC	Provincial Health Workforce Steering Committee
PRPC	Physician Resource Planning Committee
RHAs	Regional health authorities
RN	Registered Nurse
SAIT	Southern Alberta Institute of Technology