

Health and Wellness

BUSINESS PLAN 2008-11

ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2008 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of March 18, 2008 with material economic or fiscal implications of which I am aware have been considered in preparing the business plan.

The Ministry's priorities outlined in the business plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.

Ron Liepert, *Minister of Health and Wellness*
April 4, 2008

THE MINISTRY

The Ministry of Health and Wellness consists of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). This business plan sets out the strategic direction, proposed changes, enhancements and activities for both components of the Ministry in the three years ahead. The Ministry business plan guides department operational plans. The Ministry business plan serves as a framework for the development of three-year health plans and one-year business plans by Alberta's nine regional health authorities and the Health Quality Council of Alberta and multi-year performance agreements by the Alberta Cancer Board and the Alberta Mental Health Board.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this business plan will be reported in the Health and Wellness 2008-09 Annual Report. A more detailed description of Alberta's health system can be found on the Ministry's website: www.health.alberta.ca.

VISION

Healthy Albertans in a Healthy Alberta.

MISSION

Build a high-performing, effective and accountable health system.

LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The Health and Wellness business plan links to the Government of Alberta Strategic Business Plan through:
Goal 5: Albertans will be healthy

Government of Alberta Priorities

The Ministry will take a lead role in achieving the government priority to *increase access to quality health care and improve the efficiency and effectiveness of health care service delivery*. Health and Wellness will also work with Justice on the government priority to *promote strong and vibrant communities and reduce crime so Albertans feel safe*.

SIGNIFICANT OPPORTUNITIES AND CHALLENGES

Quality and Safety – The concept of quality in health care has many dimensions. They include accessibility, appropriateness, acceptability, efficiency, effectiveness and safety. Ensuring patient safety is the first priority of a high quality health care system and requires close collaboration among government, health care professionals and provider organizations. Health care workers at every level make decisions on a daily basis that affect patient safety. We need to foster a culture of safety through system change, teamwork, openness, patient involvement, sound governance and accountability.

Healthy People in Healthy Communities – Health is comprised of physical, mental, emotional, social and spiritual dimensions. There is a growing realization that good health depends on the efforts and commitment of individuals, families, entire communities and society as a whole. Alberta's children and youth, the frail elderly and vulnerable persons with chronic disease, physical disabilities, mental health needs or addictions require community support to achieve and maintain optimum health. Government has a leadership role in working with health professions, health authorities, communities, industry and all sectors of the economy in addressing the social, behavioral and environmental factors that influence individual and population health. It is easier to prevent health problems or minimize the complications from chronic diseases, than to treat them once they emerge. By involving everyone in prevention and early detection, we can reduce the burden of illness and the cost of care and treatment. This is the key to health system sustainability and cost containment.

Sustainability of the Publicly Funded Health System – Alberta's publicly funded health system has grown steadily over the last fifty years. The range of services and benefits covered by the system and the rate of cost escalation jeopardize the continued viability and affordability of the system. The Ministry's budget now represents more than one third of all provincial program spending. As new health care needs and expectations emerge the cost of meeting them threatens the ability of the province to address and fund its other obligations and priorities. In the health system context, sustainability is about finding the right balance between the needs of Albertans and our funding capacity. However we describe it, there is no question that long term sustainability is a major challenge of Alberta's publicly funded health system.

Governance and Accountability – Alberta's health system is governed by the Minister of Health and Wellness and members of health authority boards. Governance means setting clear direction and ensuring that health organizations live up to their mandate and obligations. Sound governance mechanisms are essential for health system accountability and for the system to operate within its financial limits while meeting the needs of Albertans.

A strong, broad-based accountability and reporting structure for publicly funded health service organizations enables the coordination of efforts, transparent reporting and tangible progress in meeting the needs of Albertans.

Productivity and Efficiency – Albertans are entitled to receive the best value for money possible from their health system. There is an obligation on the part of health system governors, managers, service providers and the public to maximize efficiency and productivity in the way services are organized and delivered. As new technologies and innovations become available, the challenge is to make sure that they do not duplicate services and become add-on costs, but are used to substitute for outdated, less efficient services and procedures. The most important resource in the health system is people. By allowing health service providers to work in more flexible ways and use their skills and training to the fullest, it is possible to enhance both productivity and job satisfaction.

Rapid Growth – Albertans place great value on their health system and expect it to be able to change and respond quickly to new needs and priorities. The province is now faced with the inevitable challenges that come with our current economic growth and prosperity. They include increased demand for services, workforce shortages, rapidly escalating housing costs and the need to increase the capacity of schools, health facilities and general infrastructure. All Alberta communities are affected, particularly those in the north, such as Fort McMurray and Grande Prairie. Meeting these challenges will require the combined efforts of government ministries, municipalities, health service providers, industry and non-government organizations.

STRATEGIC PRIORITIES 2008-11

Through the Ministry's review of environmental factors, the strategic priorities described below have been identified. These are in addition to the important ongoing core activities of the Ministry.

BUILDING OUR QUALITY OF LIFE

- 1. Promote healthy and vibrant communities to help Albertans stay healthy and well**

Linkage:
Goals 3 and 4

As members of society, our first job is to keep ourselves well and prevent disease and injury, so that each one of us can reach our full potential. Life-long health is important to all Albertans. The role of government and of business and community leaders is to reduce barriers and encourage people to take the best possible care of their own health and that of their families and communities. A healthy population requires fewer health services and is the best way of ensuring a sustainable health system. Albertans have a strong belief in individual responsibility and in the importance of building healthy and supportive communities. Communities are at the heart of Alberta's economic and social fabric and provide the impetus for continued growth, prosperity and well-being.
- 2. Enhance primary health care through a "whole person" approach**

Linkage:
Goals 2 and 5

For most people, primary health care serves as the initial point of contact with health service providers. Primary health care workers provide basic health services such as treatment for common illnesses, health promotion, disease prevention and chronic disease management. They also connect Albertans with more specialized care. Primary health care requires innovative, multi-disciplinary teams, new incentives and compensation methods. New primary health care models take a "whole person" approach and address both physical and mental health needs. The emphasis is on achieving life-long health and providing effective treatment for episodic health conditions. Primary health care focuses on early detection, prevention, chronic disease management and education about the factors that affect health and minimize complications of chronic diseases. Through better information people will be able to prevent disease and the complications of diseases and maintain good health.

- 3. Increase the number of treatment beds for drug addictions and mental health services**
- Linkage:**
Goals 3 and 4
- A positive state of health and well-being is more than just the absence of disease. A person's complete emotional, mental and spiritual health is a critical part of the equation. A well functioning health system must have the capacity to identify, prevent and treat mental disorders so that those affected can lead normal, productive and rewarding lives. In the same way, society must be prepared to respond in a timely manner and provide effective treatment and rehabilitation to those affected by substance abuse and addictions. Alberta's health system needs to be able to offer treatment beds and a variety of other options for helping these individuals understand their illness, deal with their condition and to live normal and productive lives.
- 4. Strengthen the governance and accountability framework with all health providers**
- Linkage:**
Goals 1, 2 and 5
- Albertans expect government to establish and improve mechanisms for ensuring the appropriate governance and accountability of all health service providers, ranging from individual care givers to large corporate entities. The public has the right to feel confident in the care they receive and in the way those services are organized, managed and delivered. Albertans expect government to work with health service providers and regulatory bodies to ensure that standards are constantly reviewed and updated, that performance is measured, monitored and reported, that safeguards are in place to anticipate, prevent and learn from errors and adverse events and that all health service organizations are governed and managed in accordance with high standards of accountability, ethical integrity, transparency, professionalism, efficiency and financial stewardship.
- 5. Ensure the safety and quality of health services**
- Linkage:**
Goals 5 and 6
- Albertans count on the health system to provide safe, quality health services. Ultimately all health services are provided by the people who make up our health workforce. The health workforce does not only consist of doctors and nurses; it encompasses a great variety of professional disciplines and direct and indirect service providers, not to mention many kinds of administrative and support personnel. Operational systems, personal commitment and an organizational culture that places the safety and well-being of patients at the centre are needed. Health system leaders must not only do their utmost to prevent the risk of potential harm, they must be prepared to learn and apply valuable lessons whenever adverse events do occur. The continuing development of versatile and responsive information systems will facilitate access to accurate and timely patient information at the point of care. Clinical and health system leaders must continuously monitor and review safety related data and information. Important lessons learned from ongoing quality and safety reviews can be used to improve care and achieve the best health outcomes for everyone.
- 6. Implement a new pharmaceutical strategy**
- Linkage:**
Goals 2 and 5
- Pharmaceuticals are a critical component of health care. A new pharmaceutical strategy is needed to ensure that Albertans have access to sustainable government drug coverage. The pharmaceutical strategy will challenge the 'old way' of doing business and will allow for new approaches to improve patient outcomes, achieve equity and fairness, and implement needed cost controls.

7. Improve the health care delivery model to ensure the roles, responsibilities and structures in the system support the most efficient delivery of services

The long-term sustainability of the health system depends on its ability to (a) sustain the health of the population and (b) enhance efficiency, cost-effectiveness and value for money. In such a large and complex system, efficiency and productivity gains can only be achieved through continuous improvement in the way services are funded, organized and delivered. The key to effective service delivery is to have a versatile and well-trained health workforce.

Linkage:

Goals 1, 2, 3, 4 and 5

8. Ensure Alberta has the health care professionals we need to meet future demand

Alberta's Health Workforce Strategy will enhance the availability and sustainability of the health workforce. It includes new initiatives to increase Alberta's ability to train, recruit and retain health professionals in all disciplines. It will encourage health professionals to work to the full capacity of their knowledge, expertise and training and support them through safe and healthy workplaces. The recruitment of internationally trained health workers is an important part of this strategy. In addition, the mobility of health workers will be enhanced through the Trade, Investment and Labour Mobility Agreement (TILMA) between Alberta and British Columbia.

Linkage:

Goals 1 and 2

CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

Core Business One: Lead and direct the health system

GOAL ONE **1** **Effective governance and an accountable health system**

What it means The public expects high standards of integrity and transparency in corporate governance and business operations, and regular reporting on the achievement of planned goals and targets. Improved performance in the health system depends on sound governance and management, and effective mechanisms for ensuring accountability and stewardship. The Ministry sets policy, provides direction to health authorities, funds health authorities and agencies and holds them accountable.

Strategies

- 1.1 Implement an overarching provincial health and wellness service optimization plan that includes a focus on wellness and a stronger linkage to environmental and community factors that affect health.
- 1.2 Assess and renew health authority and agency boards and strengthen their governance and leadership.
- 1.3 Assess and strengthen the performance, financial management, cost control and reporting structures of health authorities and other accountable organizations.
- 1.4 Implement health workforce plans, in collaboration with stakeholders, to address service provider retention, recruitment, education, competency and compensation.
- 1.5 Renew the legislative framework of the health system and ensure alignment with provincial policy direction and new service delivery models.
- 1.6 Encourage the development and implementation of regional capital plans and land-use plans that support the integration of future health facilities in community settings in alignment with provincial health and wellness service plans.

Performance Measures	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
1.a Public rating of health system overall: percentage responding "excellent" or "good" ¹	55% (2007)	70%	70%	70%
1.b Health program spending by the Ministry of Health and Wellness as a percentage of total provincial government program expenditures ²	37% (2006-07)	38%	38%	38%
1.c Average of all health authorities' annual operating surplus (deficit) as a per cent of total health authorities revenue ³	0.7% (2006-07)	0%	0%	0%

Notes:

- 1 Albertans are in a good position to rate the health system overall from their perspective. Several factors may contribute to their judgments about service quality including timeliness, competence, safety, health outcomes and communication between the patient and provider.
- 2 This proportion shows the relative size of the health sector in the provincial budget. Total provincial government program expenditures do not include debt-servicing charges. Health expenditures as a proportion of total expenditures have been increasing slowly but steadily in Alberta and across Canada.
- 3 This measure shows the effectiveness of health authorities in managing their operating budgets. The measure is an average of annual operating surplus/deficit of all health authorities.

GOAL TWO **2 Health system sustainability**

What it means Improving the efficiency of health system services and operations contributes to long-term sustainability. The Ministry's role is to challenge the old way of doing things and adopt new strategies to improve health system productivity and achieve greater value for money.

Strategies

- 2.1 Further develop primary health care models to increase the utilization of the full range of health care providers and improve care through better monitoring of patient and practice trends.
- 2.2 Increase the Ministry's capacity to measure, monitor and report costs through the Value for Money Strategy.
- 2.3 Improve the efficiency and effectiveness of the Alberta Health Care Insurance Plan in serving the needs of Albertans.
- 2.4 Implement a new pharmaceutical strategy to improve the management and access to sustainable drug coverage and protection from catastrophic drug costs.
- 2.5 Implement strategies that respond to short and long term pressures from rapid and sustained oil sands development.
- 2.6 Create a consistent, cooperative and beneficial labour relations environment for health care workers in Alberta.
- 2.7 Support a wider distribution and uptake of health information systems, technologies and business applications.

Performance Measures	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
2.a Public expenditures per capita on prescribed drugs (dollars) ¹	289 (2006)	332	356	380
2.b Number of health workforce practitioners per 100,000 population ²				
(1) Family physicians	94.9 (2006-07)	99	100	102
(2) Specialist Physicians	96.9 (2006-07)	101	102	103
(3) Nurses	1,121 (2006-07)	1,169	1,182	1,197
2.c Number of care providers accessing Alberta Netcare (EHR) ³	22,918 (2006)	24,000	25,000	27,000
2.d Percentage of Albertans who are aware of Health Link Alberta ⁴	67% (2007)	70%	73%	75%
Percentage of Albertans who have used Health Link Alberta	37% (2007)	40%	42%	45%

Notes:

- Public expenditures on prescribed drugs include provincial, federal and Workers' Compensation Board (WCB) spending. Many interrelated factors influence drug expenditures. In addition to market driven price fluctuations, these factors include the volume of drug use and the entry of new drugs into the marketplace (typically at higher prices). The Last Actual value for this measure is a forecast (source data Canadian Institute for Health Information – CIHI) and may be revised.
- Increasing the health workforce with a balanced proportion of practitioners and the population that they serve, helps to increase the quality of services (e.g., reduce wait times and improve access to services). The nurse category includes registered nurses, licensed practical nurses and registered psychiatric nurses. The family physicians group includes family physicians and general practitioners. The specialist physicians group includes all specialist physicians other than family or general practitioners.
- Netcare is a clinical health information network that works to implement a provincial Electronic Health Record (EHR) system. Netcare and the EHR system link community physicians, pharmacists, hospitals and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions and lab tests. As more providers access the system, more consistent care and improved treatment decisions will result.
- Health Link Alberta is a 24 hour a day, seven day a week service which provides Albertans with access to general health and health services information from a registered nurse.

Core Business Two: Mobilize people and partners to improve wellness

GOAL THREE

3

Healthy people in healthy communities

What it means The health of Albertans is affected by lifestyle behaviours, employment status, education, environment, early childhood development and genetic factors. The actions and choices that people make in their daily lives and the decisions made by business leaders, industries and communities play a large role in creating a healthy society. The Ministry will form broad-based alliances and partnerships with community agencies, industry, other ministries and health service providers to build healthy communities and to support healthy choices.

Strategies

- 3.1 Provide Albertans with current health information, and pursue the creation of tax incentives for investing in their own health and making healthy lifestyle choices.
- 3.2 Work with regional health authorities to ensure they have the public health capacity to address the root causes of ill health and undertake a dialogue with Albertans on creating healthy communities.
- 3.3 Address the needs of Alberta's children and youth and vulnerable persons with chronic disease, physical disabilities and mental health concerns in collaboration with other ministries.
- 3.4 Promote wellness and childhood resiliency and align with multi-sectoral initiatives that help Albertans and their communities to be healthy.
- 3.5 Work with other government departments and agencies on strategies and policies for enhancing human health and safety and for reducing the risk of disease and injury.
- 3.6 Put Alberta at the forefront of cancer prevention, screening and research through the use of funding from the Alberta Cancer Prevention Legacy Fund.

Performance Measures	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
3.a Percentage of Albertans reporting they are in "excellent", "very good" or "good" health ¹				
(1) 18 to 64 years	87% (2007)	90%	90%	90%
(2) 65 years and older	78% (2007)	80%	80%	80%
3.b Percentage of Albertans age 18 and over with an "acceptable" body mass index (BMIs 18.5 to 24.9) ²	46% (2005)	49%	51%	53%
3.c Number of new diabetes cases per 1000 population ³				
(1) General population	4.8 (2006)	4.3	4.3	4.2
(2) First Nations population	8.9 (2006)	8.7	8.7	8.6

Performance Measures	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
3.d Mortality rate (per 100,000 population) for land transport incidents ⁴	13.8 (2006)	12.0	12.0	11.5
3.e Percentage of women age 50 to 69 receiving screening mammography every two years ⁵	53% (2005)	58%	62%	65%
3.f Percentage who have received the recommended annual influenza vaccine ⁶				
(1) Seniors	62% (2007)	75%	75%	77%
(2) Children 6 to 24 months	52% (2007)	75%	75%	75%

Notes:

- 1 Self-reported health status is a good indicator of the health and well-being of Albertans. How people rate their own health is affected by a variety of factors such as: chronic disease, disability, temporary illness, and mental health.
- 2 An acceptable body mass index (BMI) falls in the normal weight range. There are four categories of BMI ranges in the Canadian weight classification system. They are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9); and obese (BMI 30 and over). Most adults with a high BMI (overweight or obese) have a high percentage of body fat. Extra body fat is associated with increased risk of health problems such as diabetes, heart disease, high blood pressure and some cancers.
- 3 Chronic diseases such as cancer and diabetes are leading causes of death in Alberta, and a drain on our health care resources. The most common chronic diseases are linked by a few risk factors: unhealthy diets, lack of exercise, tobacco use and substance abuse. If we can make healthier choices we can move closer to the vision of healthy Albertans in a healthy Alberta.
- 4 It is important to raise awareness of the significant burden of motor vehicle collisions on society and to remind Albertans of the need to reduce the factors that cause them. Along with Infrastructure and Transportation and the RCMP, the Ministry funds and supports the work of the Alberta Occupant Restraint Program through the Alberta Centre for Injury Control and Research.
- 5 Education and screening improves the outcomes of breast cancer among women from 50 to 69 years of age. The screening rate is an appropriate indicator of the effectiveness of the health system to detect breast cancer as soon as possible. The provincial/territorial benchmark is 100 per cent for eligible women every two years. The measure only includes screening mammograms; it excludes mammograms for other reasons such as diagnosis.
- 6 Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among children 6 to 24 months of age, older Albertans, residents of long-term care facilities and those with certain chronic conditions. Illness and death from influenza is more likely in these populations, which affects acute care hospitals and emergency departments.

GOAL FOUR

4

Reduce harm from alcohol, other drug and gambling problems

What it means The harm associated with alcohol, other drugs and gambling can be considerable and long lasting for individuals, families and communities. Albertans recognize that there are significant and rising costs associated with addiction and that effective intervention requires comprehensive and collaborative action. The Alberta Alcohol and Drug Abuse Commission (AADAC) offers treatment, prevention and information services that assist Albertans with alcohol, other drug and gambling problems. AADAC programs and services engage individuals, families and communities as a whole and target specific groups such as youth. Through consistent application and sustained support these programs benefit all Albertans by reducing the harm associated with substance use and gambling.

Strategies

- 4.1 Continue to develop and deliver collaborative services for groups with special needs such as pregnant women and people with concurrent mental health issues.
- 4.2 Improve services based on the province-wide review of addiction services and in response to amendments to the *Protection of Children Abusing Drugs Act*.
- 4.3 Enhance the delivery of prevention programs targeted at youth and young adults affected by alcohol, tobacco, other drugs and gambling.
- 4.4 Increase the engagement of government, community stakeholders and employers in initiatives to prevent and reduce the harm associated with substance use and gambling.
- 4.5 Improve service delivery for adults and youth and support parents and families as key stakeholders in contributing to healthier outcomes for Albertans.

Performance Measures	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
4.a Percentage of clients who are satisfied with treatment services	95% (2006-07)	95%	95%	95%
4.b Percentage of clients reporting they were improved following treatment ¹	90% (2006-07)	93%	93%	93%
4.c Prevalence of smoking among Alberta youth ²	11% (2005)	10%	10%	10%
4.d Prevalence of regular, heavy drinking among young Albertans ³	31% (2005)	30%	30%	30%
4.e Percentage of adult Albertans who are aware of AADAC services	88% (2006-07)	90%	90%	90%
4.f Percentage of women who are aware that alcohol use during pregnancy can lead to life long disabilities in a child	98% (2006-07)	99%	99%	99%

Notes:

- 1 AADAC clients reporting they were abstinent or had reduced their level of substance use or gambling following treatment.
- 2 Albertans 12 to 19 reporting daily or occasional smoking during the previous year.
- 3 Albertans 15 to 29 reporting consumption of five or more alcoholic drinks, 12 or more times in the previous year.

Core Business Three: Monitor and manage health system performance and risks

GOAL FIVE

5

Health service quality and innovation

What it means Albertans expect their health system to be capable of providing health services when they are needed and that those services will meet or exceed recognized standards of quality and safety. The Ministry continuously monitors compliance with accepted standards and performance targets. The Ministry also promotes the adoption of improved practice norms, and technological and scientific advances. Progress in achieving system-wide improvement requires clear goals and the active engagement of health system leaders and stakeholders.

Strategies

- 5.1 Improve access to primary health care and multidisciplinary teams in rural and urban Alberta, particularly in the area of maternity care.
- 5.2 Promote innovative service delivery and compensation models, including disease management and outcome-based approaches, and encourage providers to work to their full scopes of practice.
- 5.3 Improve the integration and coordination of specialized health services, including organ donation and transplantation, for enhanced service quality and accessibility.
- 5.4 Achieve provincial/territorial benchmarks for improving service accessibility and position Alberta's interests at the forefront of federal-provincial-territorial initiatives.
- 5.5 Implement continuing care service standards and develop alternative financing approaches which will provide Albertans more options and choices for "aging-in-place."
- 5.6 Establish standards and provide leadership in integrating emergency medical services with primary health care and ambulance services.

Performance Measure	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
5.a Wait time for: ¹				
(1) Heart surgery (CABG) ²	13 weeks (March 2007)	6 weeks	6 weeks	6 weeks
(2) Cataract surgery	40.1 weeks (March 2007)	16 weeks	16 weeks	16 weeks
(3) Hip fracture repair surgery	48 hours (March 2006)	48 hours	48 hours	48 hours
(4) Hip replacement surgery	40.1 weeks (March 2007)	26 weeks	26 weeks	26 weeks
(5) Knee replacement surgery	49.7 weeks (March 2007)	26 weeks	26 weeks	26 weeks
(6) Children's mental health	12 weeks (2004-05)	11 weeks	10 weeks	9 weeks

Performance Measures Under Development:

Per cent of diabetic patients with HbA1c in normal range; and
Radiation therapy wait times for breast and prostate cancer

Notes:

- 1 Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services. Albertans requiring emergency surgery are not placed on wait lists. Targets are set for the 90th percentile as it best represents the actual waiting experience of Albertans requiring these services. 90th percentile means 90 per cent of patients waited that long or less. Targets for wait times are based on the provincial/territorial benchmarks, except for children's mental health.
- 2 Wait times for Coronary Artery Bypass Graft surgery includes clinical acuity levels I and II combined.

GOAL SIX

6

Public confidence

What it means The Ministry is responsible for assuring the public that their health will be protected and that their health needs will be met in an appropriate and safe manner. The Ministry develops emergency preparedness and response plans to deal with disease outbreaks and other public health threats. Risk management, patient safety and quality improvement are intrinsically linked. The Ministry must ensure that the right systems, protocols, standards and incentives are in place for the delivery of safe health services.

Strategies

- 6.1 Protect Albertans against public health threats by strengthening the health system's capacity to prevent, prepare for and respond to risks.
- 6.2 Improve processes for identifying, reporting, monitoring and preventing adverse events and reducing risks to patient safety.
- 6.3 Implement infection prevention and control strategies and standards to reduce infections acquired in health facilities or in the community.
- 6.4 Implement an enterprise risk management process for the health system to strengthen the Ministry's role in assuring that planned results are achieved and that risks and barriers are anticipated and managed.
- 6.5 Ensure the quality and security of health data and information while enhancing appropriate access to data for administration and research.

Performance Measure	Last Actual (year)	Target 2008-09	Target 2009-10	Target 2010-11
6.a 30 day heart attack survival rate for patients treated in hospital (three year average) ¹	91.8% (2006)	92%	92%	92%

Performance Measures Under Development:

Surgical site infection rate;

Methicillin-resistant staphylococcus aureus (MRSA) infection rate;

Clostridium difficile associated disease; and

Adult intensive care unit ventilator associated pneumonia rate (per 1,000 ventilator days).

Notes:

- 1 The 30-day survival rate for heart attacks is an appropriate measure of the quality of health care the system provides in hospitals.

ENTERPRISE RISK MANAGEMENT

The Ministry has implemented the Enterprise Risk Management Framework developed by the Government of Alberta. An assessment of the significant strategic risks that may prevent the Ministry from fully achieving its business plan goals has been completed. Each goal in this business plan is subject to various kinds of risk. The strategies in the business plan pertaining to each goal have been chosen for the purpose of achieving important outcomes while minimizing risk. Although the majority of risks can be reduced to tolerable levels through these strategies, there are three important residual risks that the Ministry's initial assessment suggests will continue to be of concern. They include:

- Ability to manage and improve the performance of the health system may be reduced due to rapidly escalating costs.
- Ability to meet rising and changing demands for health services and technologies may be adversely affected as a result of accelerated economic and population growth.
- Ability to recruit and retain the health workforce needed to meet business goals and service levels may be compromised due to system-wide shortages.

The process for addressing each risk will seek to reduce the impact of the risk and identify opportunities for improved service and health outcomes. The effectiveness of risk management measures will be monitored on a continuing basis and adjustments will be made as necessary and appropriate.

EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable			2008-09 Estimate	2009-10 Target	2010-11 Target
	2006-07 Actual	2007-08 Budget	2007-08 Forecast			
Lead and Direct the Health System	10,257,342	11,649,697	11,692,875	12,783,619	13,457,876	13,871,528
Mobilize People and Partners to Improve Wellness	258,911	278,549	299,197	290,527	300,071	302,221
Monitor and Manage Health System Performance and Risks	189,326	143,337	133,327	155,891	145,130	114,153
MINISTRY EXPENSE	10,705,579	12,071,583	12,125,399	13,230,037	13,903,077	14,287,902

MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable			2008-09 Estimate	2009-10 Target	2010-11 Target
	2006-07 Actual	2007-08 Budget	2007-08 Forecast			
REVENUE						
Internal Government Transfers	387,803	304,497	304,497	285,495	428,494	430,644
Transfers from Government of Canada:						
Canada Health Transfer	1,449,757	1,701,759	1,227,579	1,496,886	1,634,884	1,794,395
Wait Times Reduction	121,335	121,889	121,889	61,222	26,888	27,172
Other Health Transfers	19,417	4,709	5,821	46,092	45,948	13,950
Investment Income	23,856	16,388	33,361	30,888	32,888	35,888
Premiums, Fees and Licences	952,734	944,588	1,009,087	779,778	27,728	28,128
Other Revenue	108,440	103,318	118,319	124,758	108,079	93,054
MINISTRY REVENUE	3,063,342	3,197,148	2,820,553	2,825,119	2,304,909	2,423,231
EXPENSE						
Program						
Health Authority Services	6,035,766	6,585,919	6,589,378	7,112,081	7,559,345	8,011,692
Mental Health Innovation	24,440	25,000	25,000	25,000	25,000	25,000
Total Health Authority Services	6,060,206	6,610,919	6,614,378	7,137,081	7,584,345	8,036,692
Physician Services	2,049,485	2,432,188	2,400,088	2,509,224	2,617,881	2,726,511
Supplementary Health Benefits	622,295	732,010	728,951	748,851	805,574	866,818
Allied Health Services	77,501	93,234	93,234	98,126	108,075	118,905
Protection, Promotion and Prevention	125,852	167,363	185,763	157,549	159,745	159,775
Human Tissue and Blood Services	131,160	135,000	135,000	142,000	149,000	149,000
Provincial Programs	409,348	367,148	375,925	743,711	1,023,360	1,134,761
Addiction Prevention and Treatment Services	92,644	96,461	98,679	104,121	112,120	114,270
Ministry Support Services	147,875	182,092	180,296	178,901	181,632	186,862
Health Information Systems	155,455	104,093	104,093	107,607	96,446	96,409
Infrastructure Support	760,089	1,084,712	1,142,629	1,235,503	1,031,862	672,899
Cancer Research and Prevention Investment	25,000	25,000	25,000	25,000	25,000	25,000
Health Care Insurance Premium Revenue Write-Offs	46,437	41,363	41,363	42,363	8,037	-
Valuation Adjustments and Other Provisions	2,232	-	-	-	-	-
MINISTRY EXPENSE	10,705,579	12,071,583	12,125,399	13,230,037	13,903,077	14,287,902
Gain (Loss) on Disposal and Write Down of Capital Assets	(9)	-	-	-	-	-
NET OPERATING RESULT	(7,642,246)	(8,874,435)	(9,304,846)	(10,404,918)	(11,598,168)	(11,864,671)

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable			2008-09 Estimate	2009-10 Target	2010-11 Target
	2006-07 Actual	2007-08 Budget	2007-08 Forecast			
Ministry Revenue	3,063,342	3,197,148	2,820,553	2,825,119	2,304,909	2,423,231
<i>Inter-ministry consolidation adjustments</i>	(387,803)	(304,497)	(304,497)	(285,495)	(428,494)	(430,644)
Consolidated Revenue	2,675,539	2,892,651	2,516,056	2,539,624	1,876,415	1,992,587
Ministry Expense	10,705,579	12,071,583	12,125,399	13,230,037	13,903,077	14,287,902
<i>Inter-ministry consolidation adjustments</i>	(168)	(200)	(168)	(200)	(200)	(200)
Consolidated Expense	10,705,411	12,071,383	12,125,231	13,229,837	13,902,877	14,287,702
Gain (Loss) on Disposal and Write Down of Capital Assets	(9)	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(8,029,881)	(9,178,732)	(9,609,175)	(10,690,213)	(12,026,462)	(12,295,115)

CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable			2008-09 Estimate	2009-10 Target	2010-11 Target
	2006-07 Actual	2007-08 Budget	2007-08 Forecast			
Lead and Direct the Health System	3,724	13,000	13,000	8,900	8,900	8,900
Mobilize People and Partners to Improve Wellness	32,495	31,778	31,778	40,278	40,278	40,278
Monitor and Manage Health System Performance and Risks	10,411	29,143	29,143	21,100	21,100	21,100
MINISTRY CAPITAL INVESTMENT	46,630	73,921	73,921	70,278	70,278	70,278

CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable			2008-09 Estimate	2009-10 Target	2010-11 Target
	2006-07 Actual	2007-08 Budget	2007-08 Forecast			
Protection, Promotion and Prevention	31,846	31,600	31,600	40,100	40,100	40,100
Addiction Prevention and Treatment Services	649	178	178	178	178	178
Ministry Support Services	912	4,100	4,100	-	-	-
Health Information Systems	13,223	38,043	38,043	30,000	30,000	30,000
MINISTRY CAPITAL INVESTMENT	46,630	73,921	73,921	70,278	70,278	70,278