Alberta Ministry of Health and Wellness

Annual Report 1999/2000

Section I

Alberta
HEALTH AND WELLNESS

For further information

For additional copies of this document or Section II, or further information about Alberta Health and Wellness, contact:

Alberta Health and Wellness
Communications
22nd floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 2N3
Phone: (780) 427-7164
Fax: (780) 427-1171
E-mail: ahinform@health.gov.ab.ca

You can find this document on Alberta Health and Wellness' Internet web site — http://www.health.gov.ab.ca

For research or technical inquiries on the performance measures and statistical data in the "Results Analysis" section, contact:

Alberta Health and Wellness
Standards and Measures
22nd floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 2N3
Phone: (780) 427-0407
Fax: (780) 422-2880

For research or technical inquiries on the "Financial Information" section, contact:

Alberta Health and Wellness
Accounting
(for Ministry financial statements)
16th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 2N3
Phone: (780) 427-1402
Fax: (780) 427-7432

Alberta Health and Wellness
External Financial Reporting
(for Health Authorities' financial statements)
16th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 2N3
Phone: (780) 427-0826
Fax: (780) 427-1643

ISSN 1492-8892

Public Accounts 1999/2000

Preface

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The Public Accounts consist of the annual report of the Province of Alberta and the annual reports of each of the 18 ministries.

The annual report of the Province of Alberta contains the consolidated financial statements of the province and a comparison of the actual performance results to desired results set out in the government's business plan, including a message from the Provincial Treasurer. The province's audited consolidated financial statements include the accounts of government entities consisting of departments (all departments combined form the General Revenue Fund), the Alberta Heritage Savings Trust Fund and other regulated funds, provincial agencies and Crown-controlled corporations.

This annual report of the Ministry of Alberta Health and Wellness contains the audited consolidated financial statements of the ministry and a comparison of actual performance results to desired results set out in the ministry's business plan, including a message from the Minister. The ministry's audited consolidated financial statements include the accounts of the Department of Health and Wellness and provincial agencies for which the Minister is responsible. The financial statements of each of these component entities of the ministry are also included in this annual report.

This annual report includes, either as a separate report or as part of financial statements, the reports or statements prepared pursuant to the *Financial Administration Act*, to the extent that the ministry has anything to report. A summary of expenditures under each appropriation in the ministry, as required by the *Government Accountability Act*, is included in the financial statements of the department.

Financial information relating to regional health authorities and provincial health boards is also included in this annual report as supplementary information. Section II of this report provides financial statements of the regional health authorities and provincial health boards, where available, which are accountable to the Minister of Health and Wellness.

Table of contents

Section I

Section II

Section II of this report is published under separate cover. It provides the financial statements of the regional health authorities and provincial boards.

Contact list:
Financial Information for Regional Health Authorities and Provincial Health Boards

For further financial information regarding the regional health authorities or provincial health boards, please contact:

1.	**Chinook Regional Health Authority**	**(403) 382-6019**
2.	**Palliser Health Authority**	**(403) 529-8058**
3.	**Headwaters Health Authority**	**(403) 601-8330**
4.	**Calgary Regional Health Authority**	**(403) 541-3677**
5.	**Regional Health Authority 5**	**(403) 823-5245**
6.	**David Thompson Regional Health Authority**	**(403) 341-8622**
7.	**East Central Health Authority**	**(403) 608-8820**
8.	**WestView Regional Health Authority**	**(780) 968-3221**
9.	**Crossroads Regional Health Authority**	**(780) 352-3766**
10.	**Capital Health Authority**	**(780) 407-1010**
11.	**Aspen Regional Health Authority #11**	**(780) 349-8705**
12.	**Lakeland Regional Health Authority**	**(780) 656-2030** **1-800-815-8683**
13.	**Mistahia Regional Health Authority**	**1-800-732-8981**
14.	**Peace Regional Health Region**	**(780) 618-4500**
15.	**Keeweetinok Lakes Regional Health Authority #15**	**(780) 523-6641**
16.	**Northern Lights Regional Health Authority**	**(780) 791-6018**
17.	**Northwestern Regional Health Authority**	**(780) 926-4388**
18.	**Alberta Mental Health Board**	**(780) 422-2233**
19.	**Alberta Cancer Board**	**(780) 412-6328**

Minister's Accountability Statement

The Honourable Ken Kowalski
Office of the Speaker
Legislative Assembly of Alberta

Sir:

The Ministry's Annual Report for the year ended March 31, 2000, 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 at September 12, 2000 with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.

[Original signed]

Gary G. Mar, Q.C.
Minister of Health and Wellness

Message from the Minister

At Alberta Health and Wellness, our mission is to improve the health of Albertans and the quality of the health system. Health is about more than treating illness. Adding Wellness to our name recognizes the importance of taking steps to prevent illness. We also welcome the Alberta Alcohol and Drug Abuse Commission and the Persons with Developmental Disabilities Boards to the ministry, under the leadership of the Honourable Gene Zwozdesky, in the newly-created position of Associate Minister.

In the year 1999/2000, we addressed three key challenges: ensure Albertans get the care they need, improve accountability and results, and prepare for the future.

First, to ensure Albertans get the care they need, we focussed on action, partnership and innovation. A mass campaign in Edmonton and area immunized 81 per cent of children aged two to 19 to control an outbreak of meningitis. Through alberta we*ll*net, a province-wide health information network, health professionals can now share best practices to help Albertans get the care they need. The new Health Innovation Fund helps health authorities and care providers explore new ways to improve service delivery and system management.

To improve results, we started by increasing total health care expenditures by 14.5 per cent, to $5.46 billion. This new funding enabled regional health authorities to hire over 1000 additional front-line staff, and helped rural areas develop additional supportive living spaces and continuing care services.

Our Six-Point Plan for Health, announced in January 2000, builds on consultations like the Health Summit '99 and the Health System Funding Review in 1998. The six points are: improve access, improve system management, enhance quality, promote wellness, foster innovation and protect the publicly funded health system.

I congratulate Alberta Health and Wellness staff and our many partners in health care for the many achievements in 1999/2000, and for their focus on continuing improvement. I look forward to reporting on new initiatives and achievements in the year ahead as we work together to implement the Six-Point Plan for Health.

[Original signed]

Gary G. Mar, Q.C.
Minister of Health and Wellness

Management's Responsibility for Reporting

The Ministry of Health and Wellness includes the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, the Persons with Developmental Disabilities Boards, the Premier's Council on the Status of Persons with Disabilities, the Health Facilities Review Committee, and the Mental Health Patient Advocate Office.

The executives of the individual entities within the ministry have the primary responsibility and accountability for the respective entities. Collectively, we ensure the ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and business plans, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the consolidated financial statements and performance results for the ministry rests with the Minister of Health and Wellness. Under the direction of the Minister, I oversee the preparation of the ministry's annual report, including consolidated financial statements and performance results. The consolidated financial statements and the performance results, of necessity, include amounts that are based on estimates and judgements. The consolidated financial statements are prepared in accordance with the government's stated accounting policies.

As Deputy Minister, in addition to program responsibilities, I establish and maintain the ministry's financial administration and reporting functions. The ministry maintains systems of financial management and internal control which give consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money,
- provide information to manage and report on performance,
- safeguard the assets and properties of the Province under ministry administration,
- provide Cabinet, Treasury Board, the Provincial Treasurer and the Minister any information needed to fulfil their responsibilities, and
- facilitate preparation of ministry business plans and annual reports required under the *Government Accountability Act*.

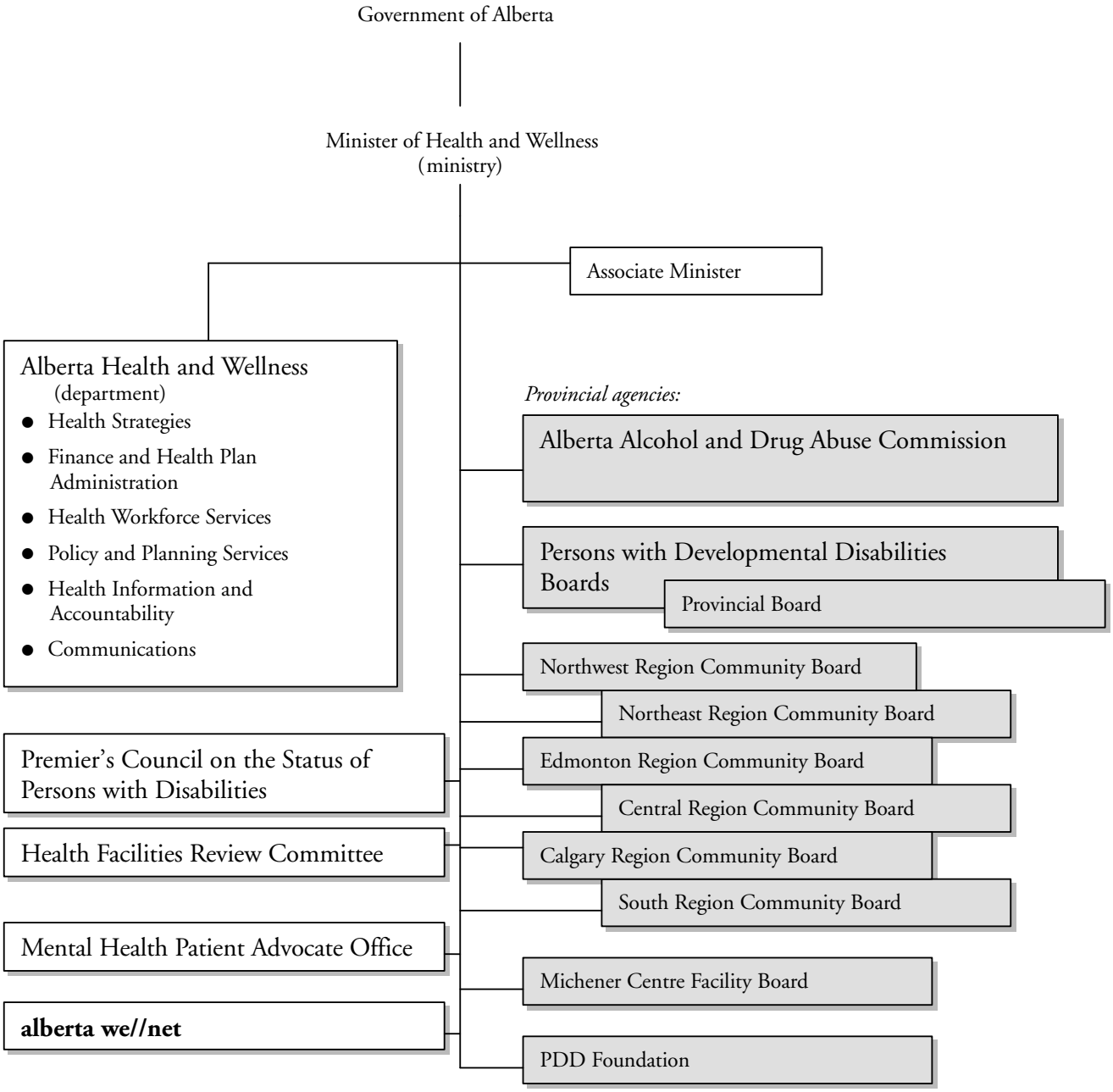
In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executives of the individual entities within the ministry.

[Original signed]

Shelley Ewart-Johnson
Deputy Minister
Ministry of Health and Wellness

Overview

Ministry of Health and Wellness Organization



Ministry Contacts

Minister of Health and Wellness, Gary G. Mar
telephone: (780) 427-3665; fax: (780) 415-0961
Responsible for ensuring that health services in the province are properly conducted in the public interest. Ultimately responsible for the overall quality of health services in Alberta and responsible for reporting to the Legislature on the health of Albertans.

Associate Minister of Health and Wellness, Gene Zwozdesky
telephone: (780) 415-4840; fax: (780) 415-4856
Assists the Minister with the Alberta Alcohol and Drug Abuse Commission, the Persons with Developmental Disabilities Boards, the Premier's Council on the Status of Persons with Disabilities, and health promotion and injury/disease prevention.

Deputy Minister of Health and Wellness, Shelley Ewart-Johnson
telephone: (780) 422-0747; fax: (780) 427-1016
Assists the Minister in discharging the responsibilities conferred on him by the Legislature and supports the Minister in all of his duties. Responsible for administrative management of ministry.

Health Strategies Assistant Deputy Minister, Ken Wilson
telephone: (780) 427-7142; fax: (780) 422-3671
Provides leadership in health surveillance, disease control and prevention, and population health strategy development. Facilitates coordinated approaches to improving health and medical care, develops policies and strategies for publicly funded drug programs.

Finance and Health Plan Administration Assistant Deputy Minister, Rai Batra
telephone: (780) 427-0885; fax: (780) 422-3672
Manages the Alberta Health Care Insurance Plan, Alberta Aids to Daily Living program, licensing and inspections of ground ambulances, Provincial Air Ambulance program, and financial management of Alberta Health and Wellness resources.

Health Workforce Services Assistant Deputy Minister, Wendy Hassen
telephone: (780) 427-3274; fax: (780) 427-5597
Provides support to Alberta Health and Wellness in all areas of human resource planning and management, administrative services, workforce support to the health system and physician services.

Policy and Planning Services Assistant Deputy Minister, Frank Jasperse
telephone: (780) 427-5211; fax: (780) 422-3674
Develops health system policy, develops ministry business plan and requirements for health authority business plans, works with federal/provincial/territorial health departments, engages in strategic planning, develops ministry strategies to support health research, coordinates and manages corporate issues, and provides legislative planning services.

Health Information and Accountability Assistant Deputy Minister, Alex Stewart
telephone: (780) 427-5280; fax: (780) 422-5176
Leads and supports the health system to continuously evaluate and improve its performance and the health of Albertans by: developing expectations; measuring, monitoring, analyzing, and reporting on system performance; promoting knowledge-based decision making; and managing information and technology resources.

Communications Director, Carol Chawrun

telephone: (780) 427-7164; fax: (780) 427-1171
Provides support and advice to Alberta Health and Wellness and the Minister to improve communication with Albertans; coordinates ministerial correspondence, the production and distribution of publications, and the department Internet site.

Alberta Alcohol and Drug Abuse Commission Chair, LeRoy Johnson, MLA Westaskiwin – Camrose

telephone: (780) 427-2837; fax: (780) 423-1419
Provides or funds a range of alcohol, other drug and gambling problem treatment, prevention and information services for adults and youth. Services are provided through a network of offices and associated agencies across the province and include community outpatient counselling and prevention, crisis services, residential treatment, and research, information and monitoring services.

Persons with Developmental Disabilities (PDD) Provincial Board Chair, Alan Anderton

telephone: (780) 427-1177; fax: (780) 427-1220
Provides and/or funds a range of direct services and advocacy services to further the inclusion of adults with developmental disabilities in community life. Provides direction and coordination with community boards of Northeast Alberta, Northwest Alberta, Edmonton, Calgary, Central Alberta, South Alberta, the Michener Centre Facility Board and the PDD Foundation Board.

Premier's Council on the Status of Persons with Disabilities Chair, Rob Lougheed, MLA Clover Bar – Fort Saskatchewan

telephone: (780) 422-1095; fax: (780) 422-9691
Champions significant improvements in the status of Albertans with disabilities through input to policy development, advocacy programs to increase awareness and understanding, and evaluation to monitor performance and recommend improvements to the support system for Albertans with disabilities.

Health Facilities Review Committee Chair, Mary O'Neill, MLA St. Albert

telephone: (780) 427-4924; fax: (780) 427-0806
Monitors the quality of care, treatment and standards of accommodation provided to patients and residents in hospitals and continuing care centres. Receives and investigates complaints.

Mental Health Patient Advocate Office Advocate, Dr. Mervyn Hislop

telephone: (780) 422-1812; fax: (780) 422-0695
Assists patients in designated mental health facilities to understand and exercise their rights; investigates complaints relating to certified patients involuntarily detained under the *Mental Health Act*. Monitors statutory and regulatory changes relating to psychiatric services and recommends improvements regarding systemic problems, administrative policies and mental health legislation.

alberta we//net Chief Executive Officer, Dan Bader

telephone: (780) 427-5073; fax (780) 415-2289
Facilitates and manages information technology initiatives that support multiple stakeholders in the health system and that aim to improve the health of Albertans, quality of care and management of the health system.

Vision

The Alberta government's vision for the province is *"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children."* This broader vision is reflected in Alberta Health and Wellness's vision for health: *"Healthy Albertans living in a healthy Alberta."* The vision encompasses three characteristics:

- Individual health and the health of all Albertans is actively promoted and protected.
- Albertans who are sick have access to quality health care services.
- Healthy social, economic and physical environments exist and contribute to improved health.

Within this context, Alberta Health and Wellness strives to achieve its mission and core businesses.

Mission and Core Businesses

The mission of Alberta Health and Wellness is to improve the health of Albertans and the quality of the health system.

The ministry works to achieve that mission through four core businesses:

1. Set direction, policies and provincial standards
2. Allocate resources
3. Ensure delivery of quality health services
4. Measure and report on performance across the health system

The department aims to be:

A visionary, collaborative and strategically focused department, respected for our knowledge, expertise and leadership through the health system in Alberta and beyond.

Individuals, teams and the organization as a whole strive to:

- demonstrate a commitment to Alberta Health and Wellness and its vision and values
- promote the work and vision of the department
- enjoy our work
- celebrate our successes

Highlights for 1999/2000

1999/2000 was a year of action and innovation for Alberta Health and Wellness — all aimed at optimizing the health of Albertans. Planning and decision-making were oriented to ensuring sustainability while holding fast to principles, to quality and to comprehensiveness of service. Through a full spectrum of actions and initiatives, Alberta Health and Wellness demonstrated the government's commitment to a publicly funded, publicly administered system for health. Consultation and participation with stakeholders were essential factors in decision-making. There was an increased emphasis on injury and disease prevention, health promotion and protection, as well as on ensuring access to services when needed. The achievements of the year provide a firm foundation for ensuring an improved health care system and improved health for Albertans in the future.

A firm base for the future

Three initiatives in particular represent the emphasis on preparing a firm base for the future.

- *Healthy Aging: New Directions for Care.* The final report of the Long Term Care Review provides a new vision of aging for the 21st century and guiding principles to help the health system respond to Alberta's aging population. *Healthy Aging: New Directions for Care* was released for public feedback in November 1999 after a lengthy and extensive consultation process. The report includes 50 recommendations. Long-term strategies include a new and different approach to continuing care in the future. Government immediately provided funds to address some of the short-term recommendations. Alberta Health and Wellness asked health authorities, other government departments, health stakeholders and Albertans for comments, priorities and suggestions on how to implement the recommendations.
- *Building Better Bridges.* An extensive consultation process during 1999 resulted in *Building Better Bridges: The Final Report on the Programs and Services in Support of Persons with Developmental Disabilities*, released in March 2000. The report's recommendations provided future directions for programs and services in support of persons with developmental disabilities. Recommendations covered areas such as mandate, policies, programs, governance and funding. The report also recommended the development of an action plan regarding the needs of people with acquired brain injuries. Feedback was requested through a consultation survey.
- *Health Information Act.* Legislation governing the collection, use and disclosure of health information — the *Health Information Act* — passed in December 1999 following extensive stakeholder involvement. The Act balances the need to protect the use of personal health information with the need for information within the health system to assist in decision-making and to provide comprehensive quality service.

New initiatives

In 1999/2000, significant actions and initiatives were taken to improve the health system and the health of Albertans.

- The Health Innovation Fund was initiated to encourage health authorities and other providers to seek new and innovative ways to maintain and improve the health of Albertans. Thirty-two projects received approval and first-year funding of $7.2 million.
- The Newborn Metabolic Screening Program was enhanced with implementation of a new system to register newborns.
- Progress was made on an Alberta Breast Cancer Screening Program and Cervical Cancer Screening Program.
- Alberta Health and Wellness, including the Alberta Alcohol and Drug Abuse Commission, participated with other government departments in implementing the Alberta Children's Initiative. Activities included developing a Child Health Plan and participating in the Alberta Partnership for Fetal Alcohol Syndrome. Support was also given to enhance children's mental health services, with $5 million in new funding.
- An interim evaluation of the Aboriginal Health Strategy indicated it is being accepted as a valid and practical strategic initiative. Recommendations for improvement are being implemented.
- The HIV campaign addressing prevention for young adults, "*Hanging with Riff*," was rolled out provincially in Calgary, Edmonton, Red Deer and Lethbridge with positive results.
- Alberta Health and Wellness added kidney and pancreas transplants and pediatric major cardiovascular procedures to the list of services funded as province-wide services.
- Extensive consultation resulted in a new short-term home IV drug program, with implementation anticipated in the next fiscal period.
- A comprehensive report from the Physician Resource Planning Committee was released February 2000. It presents the current state of Alberta's physician supply and establishes a foundation for decision-making to meet immediate and future physician supply.
- The Persons with Developmental Disabilities Provincial Board piloted a new service provider certification process based on the *Creating Excellence Together Standards*.
- Alberta Health and Wellness contributed to government-wide planning for capital infrastructure. A detailed inventory of more than 75% of health infrastructure was developed, and a framework for public-private infrastructure partnerships was implemented.
- Among many public health initiatives, a five-year immunization plan for Alberta was drafted and a conference was held to initiate planning for a potential pandemic influenza. Alberta Health and Wellness also

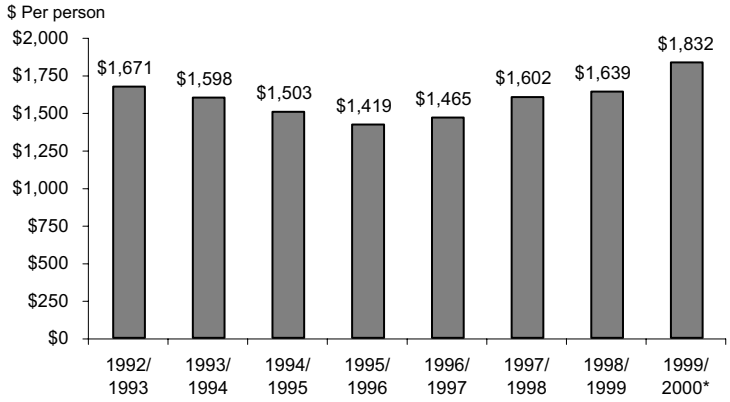
coordinated a mass meningococcal immunization campaign with health authorities in Edmonton and area in February 2000. The campaign, involving more than 200,000 vaccinations, achieved an 81% rate of immunization among the target group and was the largest mass immunization program ever held in Alberta.

- Alberta Health and Wellness supported in principle all recommendations of Health Summit '99 in its *Response to the Final Report of Health Summit 99*. The recommendations served as the basis for the 2000 – 2003 business plan and budget.
- As part of his televised address to Albertans in January 2000, Premier Ralph Klein announced government's *Six-Point Plan for Health* to protect and improve the province's publicly funded health system. Guided by the recommendations of Health Summit '99, the six-point plan takes Albertans' directions for the health system of the future and puts them into action. The six directions of the plan demonstrate Alberta's commitment to Canada's publicly funded health care:
  - Improve access to quality publicly funded health services
  - Improve the management of the health system
  - Enhance the quality of health services
  - Increase emphasis on wellness promotion, and disease and injury prevention
  - Foster new ideas to improve health care
  - Protect the publicly funded and administered health system

Financial results and new funding priorities

Alberta Health and Wellness comparable expenditures (current $)

Alberta Health and Wellness comparable expenditures declined from 1992/1993 until 1995/1996, but increased every year since then. The per capita expenditures in 1999/2000 exceed the 1992/1993 level.



*Note: Per capita expenditures in Figure 1 have been revised from previous reports to include expenditures of new entities reporting to the Minister of Health and Wellness (PDD, AADAC, and Premier's Council).

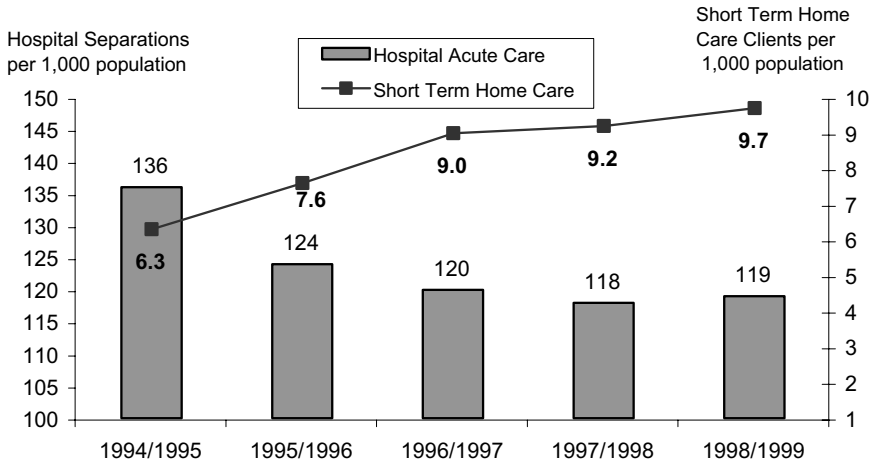
Source: Alberta Health and Wellness Financial Statements and Quarterly Demographic. Statistics, Statistics Canada Catalogue #92-002

Government continued to target additional funding to ensure that health authorities have the resources required to meet the health needs of Albertans.

- Total expenditures increased by 14.5% to a total of $5.46 billion. Increases included a significant planned budget increase from 1998/1999 as well as additional funding provided during the year. New funds were provided for the Healthy Aging Partnership Initiative, purchase of advanced medical equipment and increased utilization of physician services, as well as one-time financial assistance to health authorities to retire deficits, purchase equipment and prepare for Year 2000 computer compliance issues.
- Some specific examples of new funding include:
  - Regional health authorities received new funding to hire at least 1,000 additional full-time permanent front-line staff. As of December 31, 1999, the target was exceeded.
  - Rural health authorities received $10 million under the Healthy Aging Partnership Initiative to stimulate development of supportive living spaces and continuing care services. An additional $15 million was provided to enhance home care for lodge residents.
  - Start-up funding of $400,000 for midwifery services was provided to the University of Alberta, primarily to cover clients' costs.
  - Additional funding of $14.2 million was provided to the Persons with Developmental Disabilities program.
- In response to new funding announced in April 1999, the ministry started a system of quarterly regional health authority reporting and monitoring of performance compared to expectations in key service areas.

Trends in utilization of acute care hospitals and short-term home care

A comparison between utilization of acute care hospitals and utilization of short-term home care services (which are mostly acute care) shows how the health system has changed, moving resources and services from facilities into the community.



Note: Home Care figures are for fiscal years.

Source: Alberta Health Hospital Morbidity, Home Care Information System Acute care separations numbers have changed from 1998/1999 annual report to include clients with unknown region. Short term home care numbers have changed from 1998/1999 annual report to include clients with a blank home care status.

Measures and results

Alberta Health and Wellness tracks information annually and reports on a series of performance measures. These measures provide essential information that can lead to improved services and improved health.

Most Albertans provide positive ratings of services available to them and the quality of services they receive, although these ratings vary by region.

Quality of health care services personally received, by health region	2000 %
1. Chinook	81.4
2. Palliser	85.8
3. Headwaters	89.1
4. Calgary	85.6
5. Health Authority 5	91.3
6. David Thompson	86.4
7. East Central	92.7
8. WestView	87.8
9. Crossroads	87.9
10. Capital	84.7
11. Aspen	89.7
12. Lakeland	85.0
13. Mistahia	84.8
14. Peace	90.1
15. Keeweetinok Lakes	74.6
16. Northern Lights	85.3
17. Northwestern	76.3
Target 2000	**90**

% of respondents who said that quality of health care personally received in the past 12 months was "excellent" or "good"

Source: Alberta Health and Wellness Survey, 2000

Highlights for 1999/2000 include:

- Albertans who have personally received health services continued to rate those services positively, with 86% rating quality of health care services received as good or excellent. Ratings of the effects of this care on their health improved slightly to 85%.
- The majority of Albertans (63%) rated the health system overall in 2000 as good or excellent, an increase from the previous year. People who said they are very satisfied or somewhat satisfied with the health system stayed relatively constant at 68%.

- Albertans' rating of ease of access to health services declined in 2000. Those who said it is easy or very easy to access the health services they need decreased to 64% compared to 73% in 1999. People who said they had difficulty accessing services mentioned long waits for service, particularly from general practitioners or medical specialists.
- Home care direct service hours to clients over 65 years of age requiring long term type of care have steadily increased from 1.8 million hours in 1994/1995 to 2.9 million hours in 1998/1999 (the last year for which data is available).
- 90% of Albertans aged 18 to 64 reported good, very good or excellent health, and 79% of seniors report that their health is good, very good or excellent. Differences across the province remain. People in northern communities did not rate their own health as highly as those in other areas.
- The percentage of babies born with low birth weight in 1999, particularly in some regions, continued to be higher than the provincial target.
- Alberta childhood immunization rates continued to be lower than the provincial target. No regional health authority achieved the immunization target.

Per cent immunized at age 2	**1996**	**1997**	**1998**	**Target 2002***
Diphtheria, tetanus, pertussis, polio, Hib (4 doses)	80	80	77	97
Measles, mumps, rubella (1 dose)	88	90	86	97

Source: Alberta Health and Wellness
* The target set by the Alberta Immunization Program is 98%.

Communication with Albertans

Throughout 1999/2000, Alberta Health and Wellness continued its efforts to consult with Albertans and keep people well informed. Significant steps included the following:

- Alberta Health and Wellness continued to provide more information about health and the health system, in keeping with recommendations from Health Summit '99. Some information initiatives included:
  - *Health Care '99*, providing a general overview of health care in Alberta; released July 1999.
  - *Alberta's Health System: Where We Are Now*, outlining achievements; sent to every household in November 1999.
  - *The Report on the Health of Albertans: Looking Through a Wider Lens*, reviewing health trends and factors that influence Albertans' health; released January 2000.

  - *Health is Everyone's Business*, outlining wellness initiatives; released January 2000.
  - *Update on Health in Alberta*, communicating information about new health policies and initiatives; six issues released.
- Communication and consultation with Albertans was extensive regarding the policy statement outlining government's proposed principles for Alberta's publicly funded and administered health system. *We Are Listening — Here's What We've Heard*, released in February 2000, summarized feedback from thousands of Albertans. In March 2000, all Alberta households received a copy of the *Health Care Protection Act*. Newspaper, radio and television ads also informed Albertans about this bill.
- The *Building Better Bridges* review of programs and services in support of persons with developmental disabilities involved significant consultation. More than 170 public presentations and 300 letters were received during the province-wide review. Feedback to the recommendations was requested through a consultation survey provided to stakeholders and available on the Alberta Health and Wellness web site.
- Consultations for the Long Term Care Review were summarized in two reports — *Summary of Consultations with Public* and *Summary of Consultations with Experts.* Upon the release of *Healthy Aging: New Directions for Care* (the final report of the Long Term Care Review), further input was sought on the report's 50 recommendations to government relating to seniors' health and continuing care services. The recommendations and subsequent feedback served as the basis for government's *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta*, released May 2000.
- Information about the *Six-Point Plan for Health* was provided on an ongoing basis to Albertans through the news media, a booklet, speeches and letters.
- Vital information about a number of immunization programs was communicated during the year, including cost-free availability of the pneumococcal vaccine for seniors, promotion of childhood immunization during National Immunization Awareness Week, and the mass immunization campaign against meningococcal disease in Edmonton and area.

Results Analysis

AUDITOR GENERAL *Alberta*

Report of the Auditor General on the Results of Applying Specified Audit Procedures to Key Performance Measures

To the Members of the Legislative Assembly

I have performed the following procedures in connection with the Ministry of Health and Wellness' key performance measures included in the *Alberta Ministry of Health and Wellness Annual Report 1999/2000* as presented on pages 37, 40, 47, 49 – 51, 53, 58 – 63, 65 – 66, 76 and 79.

1. Information obtained from an independent source, such as Statistics Canada, was agreed with the information supplied by the stated source. Information provided internally was agreed to the reports from the systems used to develop the information.
2. The calculations which converted source information into reported key performance measures were tested.
3. The appropriateness of the description of each key performance measure's methodology was assessed.

As a result of applying the above procedures, I found the following exception:

The measure reported on page 61, Self-Reported Health Status, has been calculated based on a different methodology than the one described in the business plan and used to determine the target. Consequently, the performance cannot be compared with the target. Had the measure been calculated based on the methodology used to determine the target, the recorded amounts for the age 18 – 64 category would have been as follows:

Self-Reported Health Status (a **key performance measure)**	**1996** **%**	**1997** **%**	**1998** **%**	**1999** **%**	**2000** **%**	**Target** **2000**
Age 18 – 64 (% reporting ***very good*** or ***excellent*** health)	68	65	67	67	66	**70**

The above procedures do not constitute an audit of the key performance measures and therefore I express no opinion on the key performance measures included in the *Alberta Ministry of Health and Wellness Annual Report 1999/2000.*

[Original signed by Peter Valentine] FCA
Auditor General

Edmonton, Alberta
August 23, 2000

[The official version of this Report of the Auditor General, and the information the Report covers, is in printed form.]

Core Businesses

Alberta Health and Wellness continues to focus on four core businesses:

1. Set direction, policies and provincial standards
2. Allocate resources
3. Ensure delivery of quality health services
4. Measure and report on performance across the health system

Results achieved in each of these four core businesses are outlined in the following sections. Information is provided about the actions taken and results achieved for each of the goals set within the four core businesses. Results for all the performance measures included in the 1999/2000 business plan are provided and identified as **key performance measures.** Technical information about these measures is also provided in a later section of this report (see pages 71 – 73). Additional performance measures are also provided in the following sections.

Core Business 1: Set direction, policy and provincial standards

Albertans expect high standards for Alberta's health system. Through its overall leadership role, the Ministry of Health and Wellness is responsible for developing policy and standards that contribute to improvements in health and health services for Albertans. The ministry is also responsible for clarifying standards to ensure consistency across Alberta. Strategic direction is provided to health authorities by setting requirements for health authority business plans.

Goals and Achievements

Goal 1: Clear directions, policies and measurable expectations are in place.

Action: **Accepted in principle all recommendations of Health Summit '99.**

Achievement:
- *Response to the Final Report of Health Summit '99* was supportive of the recommendations and outlined actions already under way or planned. It also noted that the recommendations would serve as the basis for Alberta Health and Wellness' 2000 – 2003 business plan and budget.

Action: **Provided a new vision of aging for the 21st century and guiding principles to help the health system respond to Alberta's aging population.**

Achievements:
- *Healthy Aging: New Directions for Care*, the final report of the Long Term Care Review, was released for public feedback in November 1999. The report by the Long Term Care Policy Advisory Committee included 50 recommendations relating to seniors' health and continuing care services.

- As an interim response, government allocated funds for a palliative care drug program, new drugs to assist patients with Alzheimer's disease, enhancements to home care services, the Healthy Aging Partnership Initiative, as well as $265.8 million capital investment for additional and replacement long term care beds to reduce waiting lists.
- Alberta Health and Wellness also participated in the redevelopment of the Government of Alberta Strategic Business Plan for Seniors and the Government-Wide Study on the Impact of the Aging Population.

Action: **Developed rules to protect personal health information.**

Achievements:
- The *Health Information Act* (Bill 40) was tabled in November and passed in December 1999 following extensive stakeholder involvement. The Act balances the need for confidentiality with the need for information within the health system.
- In anticipation of the Act's proclamation, changes were made to the ministry's information systems as required.

Action: **Developed a strategic approach to setting expectations and performance measurement.**

Achievements:
- *Provincial Priorities for the Development of Health and Health System Expectations and Measures* was distributed to stakeholders across Alberta in July 1999.
- *Who is Accountable in Health?* was released to the general public in September 1999 to inform Albertans about roles and responsibilities of the major players in the health system and provide a list of contacts.

Action: **Implemented a joint strategy to improve timeliness of health authorities' business plans and annual reports.**

Achievements:
- Alberta Health and Wellness collaborated with health authorities to develop a more timely process for business plan review and approval, as represented in *Requirements for Health Authority Business Plans and Annual Reports 2000/2001 to 2002/2003.* This will lead to improved decision-making and planning. Best practices were shared among health authorities and additional initiatives are under way.

Action: **Contributed to suicide prevention.**

Achievement:
- Alberta Health and Wellness established a partnership with the Alberta Mental Health Board to develop a framework for provincial suicide prevention. A forum was held in October.

Action: **Recommended future directions for programs and services in support of persons with developmental disabilities.**

Achievements:
- *Building Better Bridges: The Final Report on the Programs and Services in Support of Persons with Developmental Disabilities*, was released in March 2000. More than 170 public presentations and 300 letters were received during the province-wide review. Recommendations covered such areas as

mandate, policies, programs, governance and funding. The report also recommended an action plan be developed regarding the needs of people with acquired brain injuries. Feedback to the recommendations was requested through a consultation survey.

- An operational grant was provided to the Brain Injury Association of Alberta to support its efforts to develop a provincial voice for survivors of brain injuries.
- Alberta Health and Wellness increased funding for the PDD program for 1999/2000 by $14.2 million and included a 9.9% increase in the 2000/2001 budget.

Action: **Participated in a number of public health initiatives.**

Achievements:

- Alberta Health and Wellness coordinated a mass immunization campaign with health authorities in Edmonton and area in February 2000. The campaign involved more than 200,000 vaccinations and achieved an 81% rate of immunization among the target group. It was the largest mass immunization program ever held in Alberta.
- Provincial standards for food safety were developed and sent out for initial stakeholder consultation.
- Revised Housing Regulations and Housing and Health Standards for rental accommodations were enacted August 1999.
- A five-year immunization plan for Alberta was drafted and is under review by regional health authorities.
- Efforts to control tuberculosis (TB) included consultation with regional health authorities and Alberta Justice to place all individuals at high risk of progressing to active disease on directly observed treatment. A province-wide TB Committee was also established to ensure a sound TB Program for Alberta.
- The first year of the Hepatitis B Grade 12 Immunization Program was implemented.
- A provincial pandemic influenza planning conference was held.
- Alberta Health and Wellness participated in interdepartmental initiatives regarding intensive livestock operations.

Goal 2: Provincial strategies are in place to protect health, prevent disease and injury, and promote the well-being of Albertans.

Action: **Participated with other government departments in implementation of the Alberta Children's Initiative.**

Achievements:

- The Alberta Health and Wellness Child Health Plan was developed to promote coordination and direction in the integrated delivery of health services to children.
- Participation in the Alberta Partnership for Fetal Alcohol Syndrome included collaboration with the Alberta Medical Association on a project to increase physician knowledge and expertise in diagnosing Fetal Alcohol Syndrome/Fetal Alcohol Effect.

- Information was gathered and strategies considered in support of the Task Force on Children at Risk.
- Alberta Health and Wellness also supported implementation of the Student Health Initiative which provides funding to enhance integrated health services for children with special needs in school. Funding was provided to 25 Student Health Partnerships.
- The first Provincial Children's Forum was held October 1999, with Alberta Health and Wellness involvement.
- Implementation of the Task Force on Children Involved with Prostitution, including distribution of a resource package for service providers, was supported.
- Alberta Health and Wellness also participated in the multi-stakeholder initiative led by the Alberta Mental Health Board to enhance children's mental health services. $5 million in new funding was provided to support this initiative following release of a report in August 1999.

Action: **Continued to implement the five-year Aboriginal Health Strategy, now in its fourth year. Alberta Health and Wellness, Aboriginal communities, provincially funded health providers such as regional health authorities, and other health stakeholders work in partnership on the strategy to improve the health status of Aboriginal people in Alberta.**

Achievements:
- The Aboriginal Health Strategy Project Fund started five new projects. Almost $3 million in project funding has been committed in the first four years of operation, with the majority of funds earmarked for multiple-year projects.
- The Aboriginal Health Careers Bursary Program awarded bursaries to 33 candidates, bringing the total to 118 bursaries awarded for adult and post-secondary education in health careers.
- Alberta Health and Wellness worked with the Gift Lake Metis Settlement and the Keeweetinok Lakes Regional Health Authority to explore ways to improve primary health care services to the community.
- Ongoing discussions continued with provincial/regional Aboriginal organizations such as the First Nations Resource Council, the Chiefs' Summit, the Alberta Treaty 8 Health Authority, the Metis Nation of Alberta Association and the Metis Settlements General Council to develop a more collaborative approach to address the health concerns of Aboriginal communities.
- An interim evaluation of the Aboriginal Health Strategy in spring 1999 indicated the strategy's presence is felt in Aboriginal communities and is being accepted as a valid and practical strategic initiative. In response to the report's recommendations, Alberta Health and Wellness committed to a number of changes in project application, approval and implementation processes.

Action: **Participated in a North Saskatchewan River Basin environmental health initiative.**

Achievements:

- Alberta Health and Wellness participated in a multi-stakeholder committee studying the link between livestock, water quality and human health in the North Saskatchewan River Basin. An interim report was completed in March 2000.

Action: **Participated in a number of health promotion, and disease and injury prevention projects.**

Achievements:

- The *You're Amazing* program evaluation report, released in November 1999, indicated a successful beginning in influencing healthy behaviours in young parents. By working through multi-sectoral partnerships, 41% of the target population was reached in two years. Recipients of materials were overwhelmingly positive about the program. The *You're Amazing* approach provides a strong basis for adaptation and further health promotion initiatives.
- Alberta Health and Wellness, through Action for Health, provided $4.5 million in grants to regional health authorities to promote health and prevent disease and injury. Health authorities implemented initiatives encouraging workplace wellness strategies, helmet-use and tobacco-use bylaws, and child passenger restraints. A four-year evaluation completed in March 2000 identified success in a number of areas, such as encouraging a philosophical shift in the way Albertans think about health and increasing awareness of factors that affect health.
- Alberta Health and Wellness worked with community AIDS organizations and Health Canada to develop the Alberta Community HIV Fund — integrating funds into one program to support community agencies' HIV programming in Alberta. Alberta Health and Wellness contributed $1.76 million.
- A draft strategy to prevent and manage HIV infection among Aboriginal people was developed as a federal/provincial initiative by Health Canada and Alberta Health and Wellness.
- Alberta Health and Wellness supported a social marketing project, owned and driven by the community, to address HIV prevention for young adults. After a successful pilot in Fort McMurray, the HIV prevention radio campaign, "*Hanging with Riff*," was rolled out provincially in Calgary, Edmonton, Red Deer and Lethbridge from October to December 1999. Evaluation was positive.
- Support was provided to the Alberta Occupant Restraint Program, an educational program on the correct use of automobile restraints.
- An evaluation of the Alberta Centre for Injury Control and Research, received June 1999, revealed the centre is effectively working toward achieving a number of its objectives. It recommended that funding continue and be enhanced to support injury control capacity in communities.

- Alberta Health and Wellness provided $1 million to the Alberta Tobacco Reduction Alliance, which initiated a public policy concept to support tobacco reduction (Let's Make Smoking History for all Albertans), the Truth About Tobacco media campaign, regional workshops and print resources.
- Following an international expert review, the Alberta Heart Health Project was awarded five-year joint funding (1999 – 2005) from Alberta Health and Wellness and the National Health Research and Development Program. It will explore how heart health promotion learnings are transferred, taken up and implemented by all 17 regional health authorities.

Measures and Results

Albertans expect high standards for Alberta's health system. Through its overall leadership role, Alberta Health and Wellness is responsible for developing policy and standards that contribute to improving health and health care for Albertans.

One general result of providing good leadership and direction to the health system should be public confidence that the health system is working well and that it provides needed health services to Albertans. Two questions from the annual Alberta Health and Wellness Survey are relevant:

- overall rating of the health care system in Alberta, and
- overall satisfaction with the health system in Alberta.

The results from the annual Alberta Health and Wellness Survey (*2000 Survey About Health and the Health System in Alberta)* for these two measures are shown below. The target for both measures is to achieve a positive rating from 75% of the respondents.

Measure	1995	1996	1997	1998	1999	2000	Target 2000
Overall rating of the health system (% responding ***good*** or ***excellent***)	65%	59%	60%	56%	57%	63%	**75%**
Satisfaction with the health system (% responding ***very satisfied*** or ***somewhat satisfied***)	67%	67%	67%	66%	67%	68%	**75%**

Source: Alberta Health and Wellness Survey, 1995, 1996, 1997, 1998, 1999, 2000.

Overall public ratings of the health system increased significantly in 2000, and individuals' ratings of satisfaction with the health system have remained generally steady at around 68% satisfied. However, the targets of 75% have not yet been met. Albertans who rate the health system fair or poor identified long waits or staff shortages as reasons for their ratings.

Core Business 2: Allocate resources

A key role of the Ministry of Health and Wellness is to determine the scope of financial, capital and human resources required to support the health system to address Albertans' health needs on an ongoing and sustainable basis. The Ministry of Health and Wellness also is responsible for setting priorities and allocating resources in a manner that is fair, equitable and reflects health needs in different parts of the province.

Goals and Achievements

Goal 1: The health system has a stable base of adequate, predictable needs-based funding that is allocated fairly and promotes efficiency and effectiveness.

Action: **Funded priority needs for advanced medical equipment technology to improve access.**

Achievements:

- An additional $7.3 million in Lottery grants and additional $10 million budget was allocated to health authorities and provincial boards for advanced medical technology. Highest priority requests were approved for direct patient care areas such as diagnostic imaging, surgery, patient monitoring and treatment, and laboratory services.
- The development of a capital equipment database to forecast/project advanced technology equipment needs was initiated.

Action: **Enhanced the provision of province-wide services for highly specialized and complex services.**

Achievements:

- Kidney and pancreas transplants and pediatric major cardiovascular procedures were newly funded as province-wide services. Funding was also approved for Flolan, a drug used in treating primary pulmonary hypertension.
- A budget increase of 6.4% for 2000/2001 over 1999/2000 was planned to ensure key life-saving medical procedures, such as dialysis and heart surgeries, are available.

Action: **Continued to improve long-range financial planning to ensure health system sustainability.**

Achievement:

- Alberta Health and Wellness continued to refine and test the Health System Economic Model, a tool designed to project the longer term requirements for health services based on population needs, and their estimated expenditures.

Action: **Continued to improve the population-based funding framework for health authorities.**

Achievement:
- The funding model was enhanced to address issues of equity and improve data collection. Enhancements included improved reporting of ambulatory care and inclusion of specific facilities such as veterans hospitals.

Action: **Continued to meet the obligations of the Alberta Health and Wellness/ Alberta Medical Association Master Agreement, to promote effective care and provide predictable and equitable funding for physicians.**

Achievement:
- An adjustment was made to the Medical Services Budget to account for the increase in utilization of physician services and number of physicians practising in Alberta.
- A new forecasting model was developed to improve the predictability of physician funding.

Goal 2: The health system makes optimal use of the workforce.

Action: **Developed a model for annual provincial health workforce planning.**

Achievement:
- The Provincial Health Workforce Steering Committee published *Health Workforce Planning in Alberta: Optimizing Health Workforce Resources to Support Health System Performance* in September 1999.

Action: **Developed a consensus of stakeholders on the direction for physician resource requirements in Alberta.**

Achievement:
- The Physician Resource Planning Committee Report was released February 2000 in *Setting a Direction for Alberta's Physician Workforce*. It represents the first comprehensive picture of the current state of Alberta's physician supply and establishes a foundation for decision-making to meet immediate and future physician supply.
- Key stakeholders contributed significantly to the development of the report, which examines how the system should change and how different models of delivering health care may involve teams of health care practitioners.

Measures and Results

The measures and results presented in this section include an analysis and discussion of ministry financial results, including sources of funding, major expenses, and a comparison with the 1999/2000 budget. Summary information has been included to show spending in the major areas of the system.

Sources of funding

The ministry had five primary sources of funding during 1999/2000 as shown in the following table:

Source of Funding	1999/2000 Million $	1999/2000 %	1998/1999 Million $	1998/1999 %
Government of Alberta	3,959	72.2	3,552	74.1
Government of Canada	688	12.5	487	10.2
Premiums	676	12.3	663	13.8
Internal Government Transfers	109	2.0	44	0.9
Third Party Recoveries and Other	53	1.0	49	1.0
Total	**5,485**	**100.0**	**4,795**	**100.0**

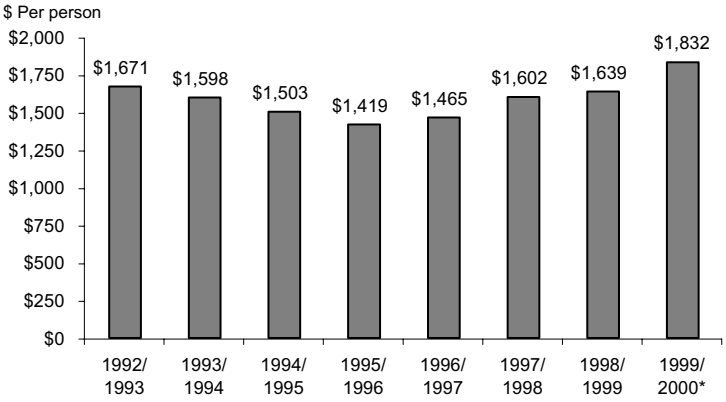
Source: Alberta Health and Wellness financial reports.

- The contribution from the Province's General Revenue Fund is the primary support for the ministry's operations. The contribution of $3.959 billion was an increase of 11.5% from the 1998/1999 amount of $3.552 billion.
- Transfers from the Government of Canada under the Canada Health and Social Transfer program increased by $201 million or 41.3% from 1998/1999. Of this increase, $192 million was for the health supplement.
- Premiums collected under the Alberta Health Care Insurance Plan and Alberta Blue Cross plan increased from $660 million to $673 million or 2.0%. The increase in population and the continued improvement in the Alberta economy resulted in a decrease in the number of registrants receiving premium assistance and a rise in premiums collected.
- Internal government transfers increased by $65 million or 148.3% from 1998/1999. This included $57.8 million from the Lottery Fund in support of various initiatives such as the Health Innovation Fund, **alberta we//net**, advanced medical equipment and AADAC.
- Recoveries under the Third Party Liability program increased by $4.8 million or 11.2% from 1998/1999.

Expenses

Total expenses. Average per capita expenditure on health is one indicator of the cost of maintaining and improving the health of Albertans. The recent trend in Alberta Health and Wellness expenditure per capita is shown in the figure below.

Figure 1: Alberta Health and Wellness comparable expenditures (current $)



Source: Alberta Health and Wellness Financial Statements and Quarterly Demographic Statistics, Statistics Canada Catalogue #92-002

*Note: Per capita expenditures in Figure 1 have been revised from previous reports to include expenditures of new entities reporting to the Minister of Health and Wellness (PDD, AADAC, and Premier's Council).

Increased expenditures in recent years have addressed specific areas of need within the health system such as: increases in front-line staffing; increasing the capacity for key, life-saving surgeries, including cardiovascular surgeries, as well as increasing hip and knee replacements; providing for more home and long-term care; and funding more health equipment and systems, including ensuring that equipment was Year 2000 compliant.

As reported by the Canadian Institute for Health Information (*Health Care in Canada, 2000*), Alberta's health expenditures per capita are among the top five in Canada.

The ministry had expenses of $5.455 billion as follows:

Expense Category	1999/2000 Million $	1999/2000 %	1998/1999 Million $	1998/1999 %
Health Authorities	3,055	56.0	2,587	54.3
Physician Services	995	18.2	922	19.4
Prescription Drug Program	261	4.8	216	4.5
Province-Wide Services	257	4.7	227	4.8
Ministry Support	94	1.7	91	1.9
Allied Health / Extended Health Benefits	75	1.4	72	1.5
Other Programs	395	7.3	356	7.5
Premier's Advisory Council on the Status of Persons with Disabilities	0.6	0.01	0.5	0.01
Services to Persons with Developmental Disabilities	287	5.3	259	5.4
AADAC	35	0.6	34	0.7
Total *	**5,455**	**100.0**	**4,764**	**100.0**

Source: Alberta Health and Wellness financial reports.
* Total does not include valuation adjustments of $30 million ($31 million in 1998/1999) in write-offs for unpaid health care premiums.

- Major expenses for the ministry are grants to the health authorities and funding of province-wide services, payments for services by health practitioners (physicians and allied health professionals), the drug benefit program, funding for the provision of services to persons with developmental disabilities, and funding for other programs such as the Alberta Aids to Daily Living program, provincial contribution to the national blood supply program, out-of-province health care costs and the payment of sterilization claims.
- The ministry provided an additional $468 million for health authorities compared to 1998/1999. Of this amount, $216 million was for one-time financial assistance to retire accumulated deficits, purchase equipment and for innovative projects to find more efficient and effective ways to deliver health services; $10 million was for the Healthy Aging Partnership Initiative; $17.3 million was for the acquisition of advanced medical equipment (of which $10 million was one-time funding); and $17 million was to address Year 2000 compliance issues.
- The continued increase in the utilization of physician services and an increase in the number of physicians have resulted in a 7.9% or $73 million increase over the 1998/1999 expense.
- Of the total operating expense, less than 2% (1999/2000: $94 million, 1998/1999: $91 million) was spent for administration of the ministry.

Regional health authorities. The ministry provided $2.8 billion in block funding to the 17 regional health authorities and two provincial health boards, an increase of 7.7**%** over the previous year. In turn, the health authorities are responsible for allocating resources among the services they deliver to Albertans. Health authorities also received $300 million to: address equipment needs, retire accumulated deficits, address Year 2000 compliance issues and support the Healthy Aging Partnership Initiative. The Calgary Regional Health Authority and Capital Health Authority also received $257 million to deliver province-wide services.

Health authorities have additional sources of revenue from investment income and various fees and charges for services. Total regional health authority expenses (excluding capital assets write-downs) were $3.49 billion in 1999/2000, up from $3.22 billion in 1998/1999, $2.96 billion in 1997/1998 and $2.74 billion in 1996 /1997. The following table shows how regional health authorities distributed their operating funds to various categories of expenses (expressed as a percentage of total expenses). Also shown is the per cent change in expense in each category from 1997/1998 to 1999/2000.

The per cent of expenditures on community and home-based services is a **key performance measure**. The target is to gradually increase expenditures in these service areas to enable more Albertans to obtain the care they need in their own communities wherever appropriate.

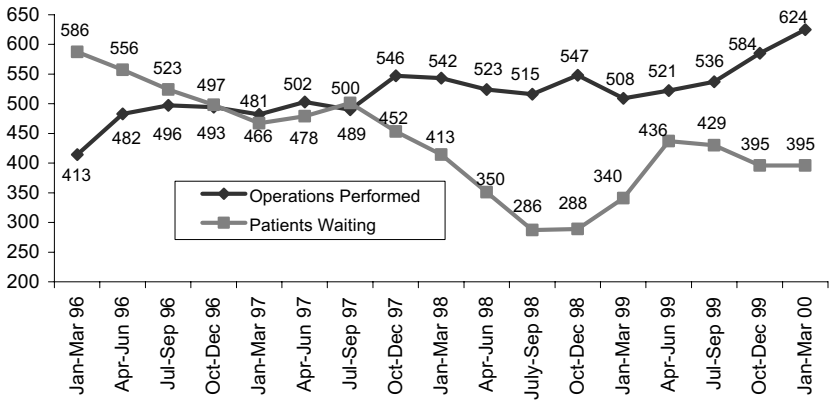
Regional Health Authority Expenses	**1997/1998 %**	**1998/1999 %**	**1999/2000 %**	**% change in actual dollars expended 1998/1999 to 1999/2000**
Hospital Inpatient	25.2	24.9	24.6	7.0
Emergency and Outpatient	7.6	8.0	8.0	8.6
Continuing Care Facilities	15.6	13.9	13.6	6.3
Community and Home Based (a **key performance measure)**	5.4	5.6	5.7	10.5
Diagnostic and Therapeutic	18.6	18.8	18.9	9.2
Promotion, Prevention, Protection	3.0	3.0	2.9	5.1
Research and Education	2.1	2.1	2.3	17.5
Administration	5.6	5.9	6.2	15.2
Support Services	14.3	15.5	15.6	8.3
Amortization	2.6	2.3	2.2	2.6
Total (%)	**100.0**	**100.0**	**100.0**	**8.4**
Total ($ million)	**2,964.1**	**3,222.2**	**3,492.3**	**270.4**

Source: Alberta Health and Wellness Annual Report; summary of Regional Health Authority Financial Statements
Note: Expenses of the Alberta Cancer Board and the Alberta Mental Health Board, and write-downs for capital assets, are not included in this table.

There has been a continued increase in expenditures on community and home-based care (a **key performance measure**). Expenses for information technology and **alberta we//net** account for the increase of total expenses on administration in 1999/2000. The costs associated with the Year 2000 problem account for the increase in per cent of total expenses on support services in 1998/1999 and 1999/2000.

Province-wide services: Cardiac surgery. The positive impact of funding for province-wide services is illustrated by the recent trends in cardiac surgery, as shown in *Figure 2.*

Figure 2: Alberta open heart surgical procedures (adults) operations performed and patients on waiting list



Source: Calgary and Capital RHAs
Note: Changes to CRHA's waiting list definitions in the 2nd quarter of 1998 may limit comparability of data before and after that time period.

The number of adult open heart surgeries performed each quarter since late 1997 has exceeded the number of persons waiting for this surgery at each quarter's end. In terms of minimizing waiting times for surgery, across all urgency categories, some jurisdictions (e.g., Ontario) have recommended a target waiting list level of one month's surgical volume capacity. Based on 1999/2000 volume of service, this target would equal a waiting list of approximately 200 persons in Alberta.

Rates for cardiac surgery and angioplasty in Alberta, and variation in rates over 5 areas* of Alberta (age-adjusted rates per 100,000 population age 20+)

Service Type	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999
Coronary Artery By-Pass Graft (per 100,000 population age 20+)	67	62	74	75	75
Angioplasty (per 100,000 population age 20+)	116	109	115	120	138

Source: Physician Claims Files
* The five areas of the province are: Calgary Region, Capital Health Region, South, Central and Northern areas.

Coronary artery by-pass graft and angioplasty surgeries are performed at hospitals in Edmonton and Calgary and are made available through province-wide funding for residents in all areas of the province. The provincial surgery rates are about 75 per 100,000 population (age 20+). In 1998/1999, surgery rates for Coronary Artery By-pass Graft (CABG) ranged from 67 to 82 per 100,000 for the five areas of Alberta. The relatively small differences in utilization for residents from different areas of the province indicate that this health surgery is provided equally to Albertans, regardless of where they live.

Angioplasty is a surgical procedure on coronary arteries that is frequently used instead of CABG. Rates for angioplasty (per 100,000 population age 20+) have been increasing in Alberta in recent years, to 138 per 100,000 in 1998/1999. There are some regional differences in utilization of angioplasty (rates vary from 117 to 167), with the highest rates of use for residents of Calgary.

Medical practitioners. Medical practitioners, including general practitioners and specialists, are mostly funded through the Alberta Health Care Insurance Plan (AHCIP). The ministry paid general practitioners and specialist physicians $995 million in 1999/2000, an increase of 7.9% from the previous year. This includes payments through Alternative Physician Payment Plans, the Rural Physician Action Plan and the Medical Education Program administered by regional health authorities.

The number of medical practitioners in Alberta per 1,000 population, including general practitioners, specialists and laboratory specialists, has not changed significantly since 1995, as shown in the following table.

In terms of absolute numbers of physicians, 4,641 medical practitioners provided services to Albertans through the Alberta Health Care Insurance Plan (AHCIP) in 1999/2000, up from 4,287 in 1995/1996. There has been an increase in the number of physicians providing services to Albertans through AHCIP since 1996/1997. Alberta has a lower number of physicians per 100,000 population than the Canadian average (Canadian Institute for Health Information, 2000).

	1995/1996	1996/1997	1997/1998	1998/1999	1999/2000
Physicians per 1,000 Albertans	1.56	1.52	1.50	1.52	1.59
Number of Physicians	4,287	4,228	4,268	4,442	4,641

Source: Alberta Health Care Insurance Plan.
Population for 1995/1996 to 1998/1999 taken from Population Registry as of March 31 of each fiscal year.
Population for 1999/2000 from June 30, 1999 DSE file.

An important objective in allocating health system resources is to ensure an adequate number and distribution of physicians to serve the health needs of Albertans. An appropriate distribution of general practitioners through the 17 health regions can help to ensure that health services and advice are reasonably available to all. One indicator of access to health care provided by general practitioners is the extent to which Albertans obtain these services in their home region (a **key performance measure**).

General Practitioner Services Obtained Within Home Region (a key performance measure) (% of all services)	**1994/1995**	**1995/1996**	**1996/1997**	**1997/1998**	**1998/1999**	**1999/2000**	**Target 2000**
Capital and Calgary Regions	95%	96%	96%	96%	96%	96%	**>95%**
All Other Regions	84%	84%	84%	83%	84%	84%	**>85%**

Source: Alberta Health and Wellness; AHCIP claims files.

As indicated under "Goals and Achievements," considerable effort was made through such programs as the Rural Physician Action Plan to attract and retain physicians in rural areas. Initiatives such as these are intended to improve this result to the 85% average target for non-urban regions.

On average, each Albertan received about five services from a general practitioner during 1999/2000. Overall, over 90% of these services were provided in the individual's home region. In some regions, particularly those adjacent to Calgary and Edmonton, residents obtain 25% or more of their general practitioner services in the cities rather than in their home regions. This may be more attributable to travel and commuting patterns, as well as individual preferences, than to the lack of physicians in these regions.

Comparison to 1999/2000 budget

Financial Results (million $)	1999/2000 Budget	1999/2000 Actual	1998/1999 Actual
Revenues			
Internal Government Transfers	109	109	44
Transfer from Government of Canada	734	688	487
Fees	661	676	663
Other Revenue	49	53	49
	1,553	1,526	1,243
Expenses			
Ministry Support Services	89	87	83
Health Services	4,737	4,976	4,346
Premier's Council on the Status of Persons with Disabilities	1	1	1
Persons with Developmental Disabilities	267	356	300
Alberta Alcohol and Drug Abuse Commission	33	35	34
	5,127	5,455	4,764
Valuation Adjustments			
Provision for Doubtful Accounts	23	30	28
Provision for Vacation Pay	–	(1)	3
	23	29	31
Loss on Disposal and Write Down of Capital Assets	1	1	–
Total Expenses	5,151	5,485	4,795
Net Operating Results	(3,598)	(3,959)	(3,552)

The ministry exceeded its $5.2 billion original base budget by $334 million. The increased expenditure was primarily the result of funding provided during the year for the following:

- $216 million to the health authorities for one-time financial assistance to retire accumulated deficits, purchase equipment and for innovative projects to find more efficient ways to deliver health services.
- $10 million for the Healthy Aging Partnership Initiative.
- $10 million for the acquisition of advanced medical equipment.

- $70 million for the settlement of sterilization claims.
- $10 million to address volume increases for services to persons with developmental disabilities.
- $10 million for an unanticipated increase in the number of physicians and the services they deliver.
- $6 million for increased utilization and cost of fractionated blood products.
- $7 million for increase in the provision established for doubtful accounts.

The ministry received additional funding through supplementary estimates, and did not expend funds in other areas.

Core Business 3: Ensure delivery of quality health services

The responsibility for service delivery rests primarily with health authorities and individual practitioners. The ministry addresses issues raised by the public, stakeholder organizations and issues identified through systematic monitoring. Continuous improvement and innovation are promoted to ensure the delivery of health services that meet high standards, achieve positive health outcomes, and address the needs of Albertans. The ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. The ministry administers registration of Albertans for health care insurance and the payment system for fee-for-service practitioners, Aids to Daily Living suppliers, ambulance operators and other services.

Goals and Achievements

Goal 1: Health services are accessible, appropriate and well managed to achieve the best value.

Action: **Increased staff levels to enhance access to front-line services.**

Achievement:
- Regional health authorities received funding to hire at least 1,000 additional full-time permanent front-line staff. As of December 31, 1999, the target was exceeded; 12 of 17 health authorities met or exceeded their hiring targets. More than 52% of the new positions were registered nurses, psychiatric nurses and licensed practical nurses.

Action: **Developed new short-term home IV drug program.**

Achievement:
- Extensive consultation with regional health authorities and the Alberta Pharmaceutical Association resulted in a program to be implemented in the next fiscal period.

Action: **Progressed in strategies to address priority health issues such as breast and cervical cancer, metabolic screening, organ donations, eating disorders and drug use.**

Achievements:

- The Alberta Program for Anorexia Nervosa and Bulimia Nervosa, led by the Alberta Mental Health Board, became a provincial program with $4 million funding.
- A proposed Alberta Breast Cancer Screening Program was approved in July 1999 and further development continued through the year, supported by **alberta we//net.** A three-year project for comprehensive breast health services, sponsored by Chinook regional health authority, was also approved under the Health Innovation Fund.
- The Cervical Cancer Screening Network's proposal for a provincial program was accepted and implementation work will start in 2000/2001.
- Through the Newborn Metabolic Screening Program, a new system developed jointly with **alberta we//net** was implemented to register newborns and improve screening coverage. As of March 2000, 90% of health regions had the system installed and operational.
- Alberta Health and Wellness participated in developing strategies to enhance organ and tissue donation and transplantation provincially and nationally.
- Alberta Health and Wellness established a multi-disciplinary group, co-chaired by the Alberta Medical Association and Alberta Pharmaceutical Association, to work with stakeholders to influence prescribing and cost-effective use of drugs. This is part of the Alberta Drug Utilization Program, located at the University of Alberta and funded by Alberta Health and Wellness, to optimize drug therapy outcomes.
- Alberta's prescription drug program provided coverage for new high cost drugs for treatment of Alzheimer's disease, arthritis and hepatitis C.
- In May 1999 the Advisory Committee on Blood, Blood Products and their Alternatives in Alberta submitted 46 recommendations to enhance the safety and effectiveness of the blood system in Alberta. Analysis of the recommendations is under way.
- Alberta Health and Wellness provided data to the Alberta Strategy to Help Manage Asthma.

Action: **Enhanced services for Alberta Aids to Daily Living (AADL) recipients.**

Achievements:

- A successful pilot project led the AADL program to expand assistance for hearing aids to clients aged 18 to 64 years with income restrictions, educational or vocational needs.
- Three-year funding was established to provide specialty footwear for diabetics with high-risk foot disorders.

Action: **Contributed to government-wide planning for capital infrastructure.**

Achievements:

- Alberta Health and Wellness developed a detailed inventory of more than 75% of health infrastructure, based on common performance measures, as part of the government-wide Capital Planning Initiative.
- Agreement was reached between Alberta Health and Wellness and regional health authorities on funds that health authorities must set aside annually for renewal of capital equipment.
- A framework for assessing and funding public-private infrastructure partnerships was developed and implemented.
- Alberta Health and Wellness allocated $115 million to six regional health authorities to develop needed long term care beds in partnership with private and voluntary sector organizations. Twelve partnerships will provide 1,090 new continuing care beds and save $52.9 million or approximately 32.1% of the funding government would otherwise need to provide.

Action: **Enhanced services for the elderly in rural Alberta and within lodges.**

Achievements:

- $10 million was provided to 15 rural health authorities under the Healthy Aging Partnership Initiative to stimulate development of supportive living spaces and continuing care services.
- $15 million additional funding was provided in November 1999 to enhance home care for Albertans receiving services in the community, including lodge residents.

Action: **Undertook a number of initiatives through the Rural Physician Action Plan (RPAP) to attract and retain physicians in rural practice.**

Achievements:

- The focus on rural physician retention during 1999/2000 involved pilot projects such as: a discretionary grant program to foster development of innovative program ideas, a recruitment expenses reimbursement program for rural regional health authorities, and a weekend workshop to help new specially licensed physicians prepare for their Canadian licensing examinations.
- RPAP approved a process to facilitate additional skills training for practising rural physicians.
- The Rural Locum Steering Committee introduced a pilot project to expand weekend locum coverage so physicians over 59 years of age may reduce weekend hospital coverage.
- Profiles of rural Alberta communities were added to the RPAP web site as a reference for physicians interested in practising in rural Alberta.

Action: **Defined an action plan to protect and improve the publicly funded and administered health system for the future.**

Achievement:

- Premier Ralph Klein announced in January 2000 the government's *Six-Point Plan for Health* to protect and improve the province's publicly funded health system. Guided by the recommendations of Health Summit '99, the six-point plan takes Albertans' directions for the health

system of the future and puts them into action. The six directions of the plan demonstrate Alberta's commitment to Canada's publicly funded health care system:

- Improve access to quality publicly funded health services
- Improve the management of the health system
- Enhance the quality of health services
- Increase emphasis on wellness promotion, and disease and injury prevention
- Foster new ideas to improve the health system
- Protect the publicly funded and administered health system

- Key initiatives in the plan include increased health spending of $1 billion over the next three years; increased number of life-saving surgeries and procedures to shorten waiting times and reduce waiting lists; hiring of more nurses, physicians and other health professionals; and increased funding for home and community care.

Goal 2: Albertans are well-informed and able to make decisions about their health and health services.

Action: **Communicated extensively with Albertans about the government's proposal to protect the publicly funded health system and regulate surgical facilities.**

Achievements:

- Alberta Health and Wellness released a policy statement outlining government's proposed principles for Alberta's publicly funded and administered health system of the future in November 1999.
- *We Are Listening — Here's What We've Heard,* summarizing comments of thousands of Albertans to the policy statement, was released in February 2000.
- All Alberta households received a copy of the *Health Care Protection Act* in March 2000 in conjunction with newspaper, radio and television ads informing Albertans about the bill.

Action: **Provided more information about health and the health system, in keeping with recommendations from Health Summit '99.**

Achievements:

- *Alberta's Health System: Where We Are Now*, outlining achievements such as new programs for seniors and students, was sent to every home in the province in November 1999.
- *Health Care '99*, providing a general overview of health care in Alberta, was released in July 1999.
- *The Report on the Health of Albertans*: *Looking Through a Wider Lens* was released in January 2000, providing information on health trends and factors that influence Albertans' health.
- *Health is Everyone's Business* was released in January 2000 to outline wellness initiatives under way.

- Six issues of *Update on Health in Alberta* were released, communicating information about new health policies and initiatives.
- The *LINKS* newsletter, communicating with medical and clinical leaders in Alberta, was published four times.

Action: **Communicated vital information about immunization programs.**

Achievements:
- Alberta Health and Wellness informed Alberta seniors about cost-free availability of the pneumococcal vaccine in September 1999.
- Alberta Health and Wellness partnered with the Canadian Public Health Association to promote childhood immunization as the cornerstone of child health during National Immunization Awareness Week.
- With involved health regions, Alberta Health and Wellness communicated with the public and other stakeholders about the mass immunization campaign against meningococcal disease in Edmonton and area.

Goal 3: Ongoing innovation occurs in the health system.

Action: **Initiated the Health Innovation Fund to encourage health authorities and other providers to seek new and innovative ways of maintaining and improving the health of Albertans.**

Achievement:
- Alberta Health and Wellness approved funding in March 2000 for 32 projects, which received $7.2 million in first-year funding; over three years these projects will receive a total of $19.2 million.
- The Health Innovation Fund Advisory Committee, including nine prominent Albertans with a range of knowledge and experience, was established earlier in the year to guide implementation of the fund.

Action: **Increased funding to integrate midwifery services into the health system.**

Achievement:
- Alberta Health and Wellness provided a $400,000 in midwifery start-up funding to the University of Alberta. The majority of the funds go to cover clients' costs.
- Three-year projects in Chinook and Capital health regions were approved under the Health Innovation Fund to provide coordination for midwifery implementation across all 17 regional health authorities.

Action: **Implemented alternative payment plan pilot projects for physicians.**

Achievements:
- Four alternative payment plan pilot projects were implemented and are operating with approximately 42 physicians: Crowfoot Village Family Practice (Calgary), Bassano Community Health Centre, North East Community Health Centre's Emergency Department (Edmonton) and Colonel Belcher Veterans Care Centre (Calgary).
- A new brochure also introduced Alberta physicians to the concept of alternative payment plans.

Action: **Established the ministerial Imaging Advisory Committee**

Achievements:

- The Imaging Advisory Committee was established in October 1999, including representatives from Alberta Health and Wellness, Alberta Medical Association, Alberta Society of Radiologists and regional health authorities. The committee will provide advice on maintaining and improving diagnostic imaging services, and access to those services, throughout the province.

Action: **Supported innovative primary care projects.**

Achievement:

- With funding from the federal Health Transition Fund, 26 primary care projects are under way in the majority of regional health authorities under the umbrella Alberta Primary Health Care Project. Interim evaluation was completed in summer 1999.

Measures and Results

Access. Albertans expect reasonable access to health services. They expect to be able to obtain the health services they need, when they need them. The **key performance measures** of access include public ratings of ease of access, and reported failure to receive needed care. Access to services is also reflected, to some extent, by how often Albertans go outside their own regional boundaries to obtain the services of physicians (a **key performance measure** included in Core Business 2 earlier in this report).

The following results show that overall ratings of access to health services dropped in 2000, from 73% in 1999 to 64% in 2000. In addition, ratings of access varied by health region.

Measure (a **key performance measure**)	**1996 %**	**1997 %**	**1998 %**	**1999 %**	**2000 %**	**Target 2000**
Ease of access to health services (% responding ***easy*** or ***very easy***)	76%	74%	73%	73%	64%	**75%**

Source: Alberta Health and Wellness Survey, 1996, 1997, 1998, 1999, 2000.

Accessibility of health care services by health region	2000 %
1. Chinook	68.1
2. Palliser	64.2
3. Headwaters	73.2
4. Calgary	63.6
5. Health Authority 5	72.1
6. David Thompson	62.8
7. East Central	62.4
8. WestView	63.8
9. Crossroads	61.9
10. Capital	67.0
11. Aspen	64.7
12. Lakeland	60.3
13. Mistahia	51.8
14. Peace	57.6
15. Keeweetinok Lakes	64.0
16. Northern Lights	47.5
17. Northwestern	52.5
Target 2000	**75**

% of respondents who said that the accessibility of health care services was "very easy" or "easy"
Source: Alberta Health and Wellness Survey, 2000

Respondents who reported difficulty in accessing services most frequently reported access concerns with the following services: general practitioner and medical specialist, followed by emergency care and diagnostic services. Reasons given for difficulty in accessing services included: long waits, not enough health professionals, hard to get quality care and advice, and long distance to travel. To address the concerns expressed by Albertans, the *Six-Point Plan for Health* is directed at improving access to quality health services and improving the management of the health system.

While overall ratings of ease of access to health services were less positive in 2000, more specific results from the Alberta Health Survey suggested no change in access. For example, there was almost no change in the per cent who reported that someone in their household was waiting for a health service (19% compared to 18% in 1999), and most (79%) reported seeing their family doctor within one week of making an appointment, unchanged from 1999 results. Overall access concerns may have been heightened as a result of considerable media attention to access issues during the year.

Survey results also indicate that, while 10% of Albertans report failure to receive needed care, less than 2% of Albertans report that they never did receive the care they needed (these are **key performance measures**). These results continue to be above the targets.

Measure (a key performance measure)	**1996 %**	**1997 %**	**1998 %**	**1999 %**	**2000 %**	**Target 2000**
Failure to receive care when needed (% responding ***yes***)	7	7	8	9	10	**7%**
Never received care	1.6	2.0	1.6	1.7	1.8	**1%**
Obtained service later	2.8	3.0	4.0	3.1	3.7	**No target set**
Obtained service elsewhere	1.7	1.5	1.4	2.8	2.9	**No target set**
Health improved without service	0.6	0.5	0.5	0.9	0.9	**No target set**
Obtained a different service/other	0.2	0.2	0.5	0.4	0.4	**No target set**

Source: Alberta Health and Wellness Survey, 1996, 1997, 1998, 1999, 2000.
Totals have been rounded to the nearest digit.

Of the 10% of Albertans reporting that they were unable to obtain the care they needed when they needed it, only 19% (19% in 1999) of these respondents reported that they never received the service (1.8% of the whole survey). Of the remainder, 72% stated that they did receive the service later, received it at a different location, or received an alternative service. A further 9% stated that their health improved without receiving any service.

Quality of care. Access to health services is important. But it is also important that the services are appropriate. Appropriate care means providing the right care in the right place at the right time in the right way. From the viewpoint of the client, indicators of appropriate care include the quality of services available, the quality of services received, and the health results. In addition to quality care, from the viewpoint of health system managers, appropriate care also makes the best use of resources and is guided by evidence of effective practice.

The Alberta Health and Wellness Survey asked Albertans to provide ratings of (1) the perceived quality of health services available in their community, (2) the quality of services personally received (a **key performance measure**), and (3) the effects of these services on their health (a **key performance measure**).

Measure	1996	1997	1998	1999	2000	Target 2000
Quality of Services in the Community (% responding ***good*** or ***excellent***)	79%	78%	78%	75%	68%	**No target set**
Quality of Care Personally Received (% responding ***good*** or ***excellent***) (a **key performance measure**)	86%	86%	86%	78%	86%	**90%**
Effect of Care on Health (% responding ***good*** or ***excellent***) (a **key performance measure**)	Not available	83%	84%	83%	85%	**85%***

Source: Alberta Health and Wellness Survey, 1996, 1997, 1998, 1999, 2000.
*Note: This target is identified in the 1999/2000 business plan with a target date 1999.

Most Albertans provide positive ratings of the quality of services available to them and the quality of services they receive, although these ratings vary by region. They also report that the effects of care are positive. The overall rating of quality of care personally received has returned to previous high levels in 2000 following a decrease in 1999, while the ratings of quality of services available in the community decreased in this same time period. It is possible that ratings of quality of services in the community were influenced by Albertans' views that the availability of community services dropped over the past year.

Quality of health care services personally received, by health region	2000 %
1. Chinook	81.4
2. Palliser	85.8
3. Headwaters	89.1
4. Calgary	85.6
5. Health Authority 5	91.3
6. David Thompson	86.4
7. East Central	92.7
8. WestView	87.8
9. Crossroads	87.9
10. Capital	84.7
11. Aspen	89.7
12. Lakeland	85.0
13. Mistahia	84.8
14. Peace	90.1
15. Keeweetinok Lakes	74.6
16. Northern Lights	85.3
17. Northwestern	76.3
Target 2000	**90**

% of respondents who said that quality of health care personally received in the past 12 months was "excellent" or "good"
Source: Alberta Health and Wellness Survey, 2000

When rating the quality of care personally received at hospitals (a **key performance measure)**, 83% responded excellent or good, an increase over 1999. Eighty-four per cent (84%) said that the effects of care on their health were excellent or good, similar to 1999 levels. When rating a household member's quality of care received in hospital, 79% responded excellent or good, and 82% said the effect of care on health was excellent or good, similar to 1999 levels.

	Received by Respondent			Received by Household Member	
Care Received at Hospital	**1999 (n=1168)**	**2000 (n=1203)**	**Target (2000)**	**1999 (n=1399)**	**2000 (n=1473)**
Quality of care received (% responding ***excellent*** or ***good***)	74%	83%	**85%**	77%	79%
Effect of care on health (% responding ***excellent*** or ***good***)	83%	84%	**No target set**	80%	82%

Source: Alberta Health and Wellness Survey, 1999, 2000.

Respondents who rated their hospital experience fair or poor most often gave these reasons: long waits at the hospital before service was provided (45%), lack of attention to respondent's needs from staff (15%) and doctors (15%), or lack of courtesy and respect from staff (14%) and doctors (10%). (Respondents could provide more than one reason).

Respondents were asked questions about services received from physicians. Most (90%) rated the quality of care received from their physician as excellent or good, and 87% reported that the results of this care were either excellent or good.

Well managed care. A major strategy for health system restructuring and reform has been to provide as much health care as possible in the community rather than in hospitals, keeping hospital beds for those who need higher levels of care. A comparison between utilization of acute care hospitals and utilization of short-term home care services (which are mostly for acute care patients) shows how the health system has changed. The trend since 1994/1995 shows that some health system resources and services are moving from facilities into the community. For example, acute care hospital separations (formal releases or discharges) per 1,000 population have declined from 136 to 119 since 1994/1995 and the number of short-term home care clients per 1,000 population has increased from 6.3 to 9.7.

The average length of stay in hospital is 6.4 days, down from almost 9 days in 1991/1992. Unplanned re-admissions to hospitals within 28 days of discharge have decreased slightly over the past 5 years to a rate of 8.5%.

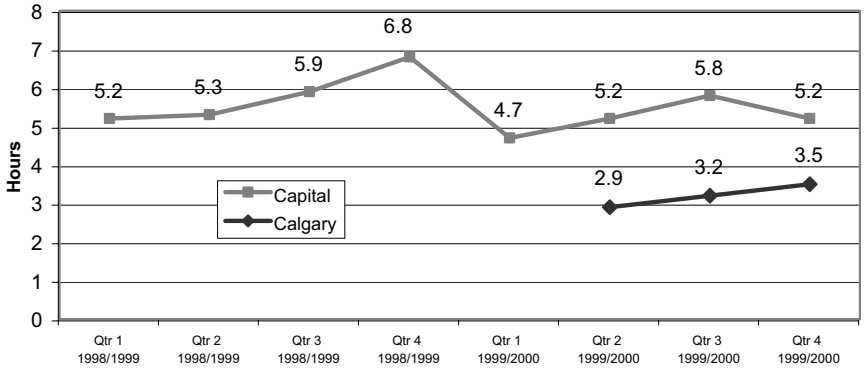
Measure	1993/1994	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999
Average length of hospital stay (days)	6.6	6.1	5.6	5.7	5.9	6.4
Unplanned re-admission to hospital within 28 days of discharge (% of all trackable hospitalizations)	Not available	9.3	9.3	9.1	9.0	8.5
Alternative level of care days (% of all hospital inpatient days)	8.9	6.9	3.9	3.9	4.1	4.9

Source: Alberta Health and Wellness; Hospital Morbidity Files.
Note: Readmission may be to the same hospital or to another Alberta hospital, excluding transfers. The change in the readmission rates compared to those reported in the 1998/1999 annual report is due to a change in the calculation method. The denominator, all *trackable* hospitalizations, includes only inpatient separation records with valid AHCIP identifiers. Presently, readmissions of individuals without a valid AHCIP identifier, such as non-residents of Alberta, cannot be tracked through Alberta's inpatient hospital system, and therefore should not be included in the calculation of a provincial readmission rate.

Effective and efficient use of health system resources is also indicated by the ability of the health system to provide appropriate care for patients who no longer require care in an acute care hospital (as determined by the patient's physician). The measure is the percentage of beds occupied in hospital by people who could be cared for in alternative settings. A lower percentage represents better utilization of appropriate alternative care. The per cent of alternative level of care days decreased from 8.9% in 1993/1994 to a low of 3.9% in 1995/1996 and 1996/1997, and has increased in 1997/1998 and

1998/1999, probably due to recent pressures on available long term care spaces in Alberta. These pressures are being addressed through new capital construction projects and the Long Term Care Committee's recommendations.

Figure 3: Average number of hours patients waited in emergency after hospital admission, Capital and Calgary Health Regions



Source: Regional Health Authorities Ambulatory Care data.
Calgary Regional Health Authority did not begin collecting this data until Quarter 2 1999/2000.
Calgary Regional Health Authority data excludes the Children's Hospital.

During 1999/2000, the two large urban regions (Capital and Calgary) began reporting on this **key measure** to Alberta Health and Wellness *(see Figure 3)*. This quarterly regional reporting includes the average length of time patients designated as 'admitted as inpatient' waited in emergency before being transferred to their hospital inpatient bed.

This **key measure** pertains to all inpatients admitted through emergency. Waiting time begins when a decision to admit has been made and an inpatient bed requested, and ends when the patient leaves the emergency department to be admitted to a hospital bed. Preliminary data indicate that, on average, this waiting time is in the range of 3 to 6 hours, with the longer average times occurring during the winter months when the flu season tends to increase demand for inpatient beds.

Proper care and support in the community can reduce the need for acute care in-patient hospital services for certain chronic health conditions. Research suggests that appropriate community or out-patient care, including education relating to self-care, can substantially reduce (but not eliminate) acute care admissions for several health conditions including asthma, diabetes, hypertension, drug or alcohol dependency, neurosis and depression.

Number Hospitalized for Selected Health Conditions	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999
Alcohol/Drug	2620	2377	2434	2622	2689
Asthma	4655	4270	3720	3737	3481
Depression	991	893	972	929	951
Diabetes	2874	2686	2656	2798	2946
Hypertension	1661	1403	1307	1325	1295
Neurosis	1661	1473	1441	1387	1363

Source: Alberta Health and Wellness; Hospital Morbidity Files.

These results show that the number of persons admitted to hospital at least once for these conditions has declined since 1994/1995 for the treatment of asthma, hypertension and neurosis. However, this trend appears to have ended, and is showing a reversing trend in some cases (e.g. for diabetes and alcohol or drug conditions). The ability to treat these conditions in the community may require innovative programs to deliver primary care services. Further research is also needed to determine the most effective care for these conditions in community settings. Due to limitations in the current information systems, data on the type and quality of care provided in the community for individuals who would previously have been admitted to hospital for these conditions is not available. The ministry supports a number of projects through the Medical Services Budget Innovation Fund and the Health Innovation Fund, which cover a wide range of health services, including primary care, mental health and diabetes care. They are delivered by physicians, regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board.

Utilization rates for selected surgeries are reported in the following table. These particular surgeries were selected because national statistics show large variations in utilization across Canada. Large regional differences may reflect the availability of appropriate alternative treatments, since surgery is not the only method of care that is appropriate in some cases. Rates for these surgeries tend to be lower in larger population centres. In 1998/1999, for each of these surgery types, a small number of regions have utilization rates that are above the typical range. Regions are informed of their utilization rates compared with other regions, and are expected to use this information to ensure the most appropriate utilization levels for their populations.

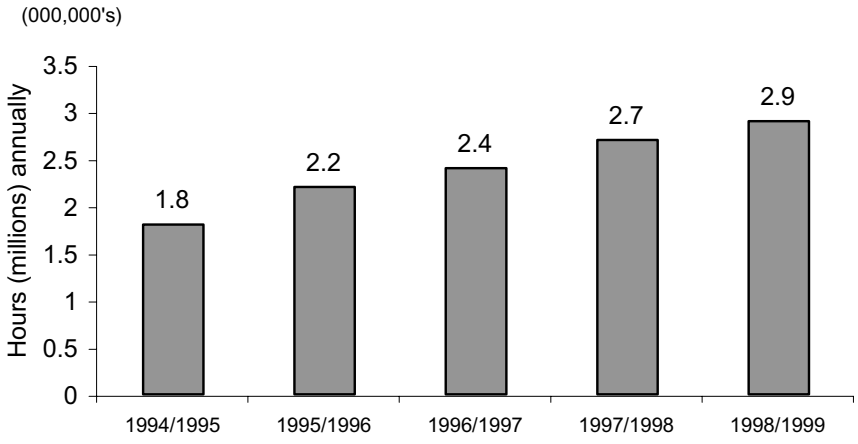
Alberta utilization rates for selected surgeries, and number of regions above the typical* range

Surgery Type (rates and number of regions above the typical range)	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999	Number of Regions Above Typical* Range (1998/1999)
Caesarean Section (per 100 births)	15.8	15.9	16.3	16.6	17.8	1
Hysterectomy (per 100,000 women age 15+)	447	430	422	422	385	2
Tonsillectomy (per 100,000 aged <19)	697	573	494	431	402	5
Gall Bladder (per 100,000 population)	241	237	238	240	240	4

Source: Inpatient Morbidity File
* Typical range is within 2 standard deviations of the provincial average.

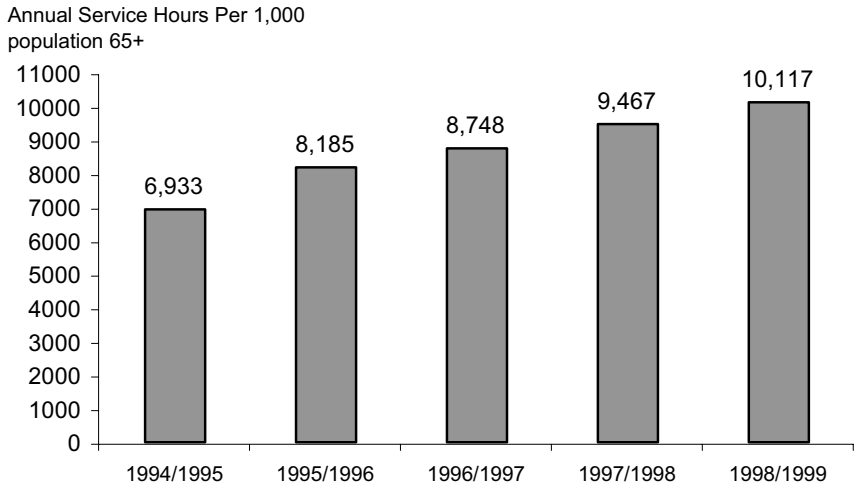
There has been a shift over time in long-term home care support to Alberta's seniors (*see Figures 4 and 5*). There is an increasing number of direct home care hours to long term clients, as well as an increase in home care service hours per 1,000 population. The greater emphasis on home care allows more seniors to remain in their homes while receiving the health care support that they need.

Figure 4: Home care direct service hours (in millions) to clients over 65 years of age requiring long term home care



Source: Annualized Home Care Information System (AHCIS)

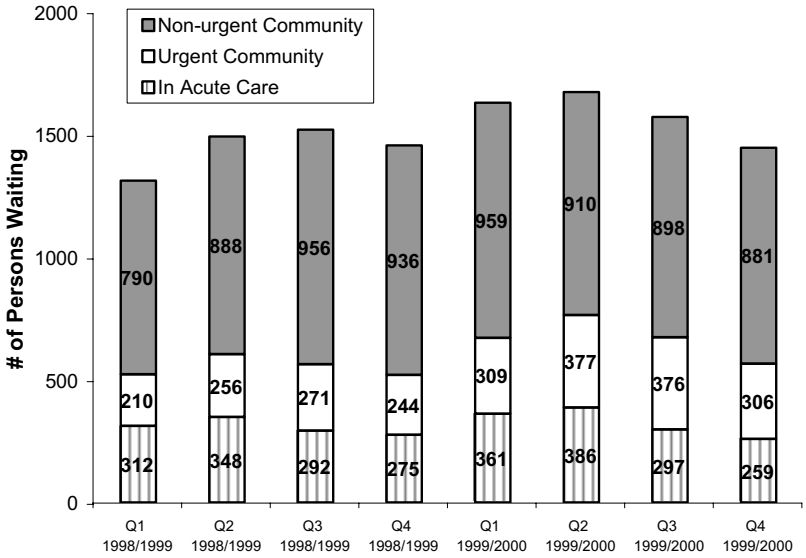
Figure 5: Home care service hours per 1000 population over 65 years of age



Source: Annualized Home Care Information System (AHCIS)

In 1999/2000, there was an overall modest increase in the number of people waiting for a long term care bed, as compared to the previous year. Of those waiting, there was a more marked increase in the proportion of those persons living in the community considered to be urgently in need of long term care. This urgency can occur when an individual has needs that exceed available resources of the home care program and other community services. A number of new capital projects announced in 1999/2000, as well as the recommendations from the Long Term Care Review, are expected to increase the number of available long term care spaces in long term care facilities and in other supportive living settings. These initiatives are expected to reduce the number of people waiting for long term care in Alberta.

Figure 6: Persons waiting for long term care beds in 13 Alberta regions



Source: Regional Health Authorities Quarterly Reporting
Data excludes Aspen, Keeweetinok Lakes, Northwestern and Peace RHAs. Some people on waiting list may reside outside Alberta. There may be some double-counting of persons who are on the waiting lists of more than one region.

As part of the approach to ensuring effective management practices, Alberta Health and Wellness encourages the regional health authorities to seek accreditation status through the Canadian Council on Health Services Accreditation (CCHSA). Since 1995, 16 of Alberta's 17 regional health authorities have participated in regional accreditation surveys, and accreditation status has been granted by CCHSA in each case.

CCHSA accreditation involves an organizational self-assessment and an on-site survey by a panel of independent health care experts. During this process, health services delivered by regional health authorities are assessed against a detailed set of quality standards that focus on service provision, team work, leadership and continuous improvement. When granted, accreditation status is held for a three-year period, during which there is ongoing follow-up with CCHSA regarding any areas recommended for improvement. The accreditation process is an excellent way for health authorities to evaluate and continuously improve the quality of their service delivery and management practices.

Albertans are well informed

To make the best use of the health system, Albertans need information that will help them make good decisions about how to use available resources. The Alberta Health and Wellness Survey has gathered the following information related to knowledge of health services.

Self-Reported Knowledge of Health Services	1997	1998	1999	2000	Target 2000
Knowledge of which health services are available (% responding ***excellent*** or ***good***) (a **key performance measure**)	70%	70%	63%	63%	**75%**
Need more information about which services are available (% responding ***yes***)	40%	39%	40%	39%	**No target set**
Where to go if you need emergency medical services (% responding ***yes***)	94%	95%	96%	97%	**No target set**

Source: Alberta Health and Wellness Survey, 1997, 1998, 1999, 2000.

These results indicate that most Albertans know where to get emergency medical services. The percentage of Albertans who report good or excellent knowledge of the health services available to them (a **key performance measure**) has remained steady at 63% following a decrease in 1999.

A significant proportion (39%) continue to indicate that they need more information about health system programs and services. Continued and improved communication by Alberta Health and Wellness, the health authorities and health service providers about the health system may help to improve public knowledge of services available.

In addition to general information about the health system provided by Alberta Health and Wellness and regional health authorities, Albertans expect to receive information about health services directly from their health care providers. Providing good information is an important part of a consumer-oriented health system. It is important for both the provider and the client to ask questions, provide answers and discuss health service options.

The Alberta Health and Wellness Survey includes questions related to the amount of information Albertans receive from their health care provider. The results indicate that there is room for improvement in this area. In the 2000 survey, 80% of Albertans reported receiving either some or a lot of information from their health care provider about the services they received, and 78% of Albertans indicated that they were involved either "a lot" or "somewhat" in the decisions about the care they received. 66% indicated that they always or often have enough information to make informed decisions about the health care services they need.

Another important strategy for improving the health of Albertans is to increase their knowledge of health, the factors that influence their health, and their ability to make good health-related decisions. For example, healthy behaviours and lifestyle help to maintain or improve health. The appropriate use of medical screening tests can often reveal the pre-conditions or early stages of a disease and improve the chances for prevention and cure. Measures are in place to assess some of these individual behaviours and knowledge.

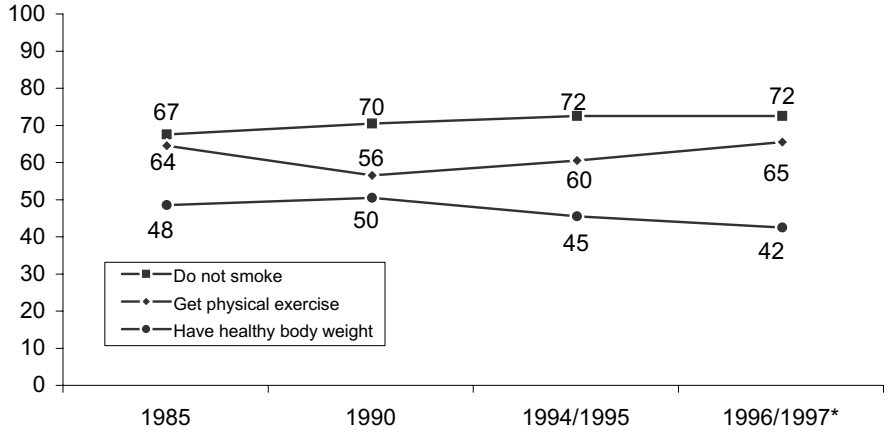
Reported Use of Medical Screening Tests	1985	1990	1994/1995	1996/1997*	Target 2000
Blood pressure check every 2 years (% age 15+)	87	89[1]	85	85	**No target set**
PAP test, last 3 years (% women age 18 and over) (a **key performance measure**)	83	81	79	77	**90**
Mammography, last 2 years (% women age 50 – 69) (a **key performance measure**)	Not available	43	71	64	**75 (Target 1999)**

Source: Health Promotion Survey (1985, 1990) and National Population Health Survey (NPHS) (1994/1995, 1996/1997)
Note: Screening results are self-reported.
[1] 1990 data are based on 17+
* Starting in 1998/1999, the NPHS is a longitudinal survey and is no longer a representative cross-section of the population. As a result, the data from the 1998/1999 NPHS is not directly comparable to previous data releases from this survey. Rates for reported use of blood pressure checks for the NPHS longitudinal survey 1998/1999 is 85%, for PAP test is 76%, and for mammography is 69%. In view of the change in methodology, data based on the 1998/1999 National Population Health Survey (NPHS) need to be interpreted with caution.

Compared to other provinces, a high proportion of Albertans make use of medical screening tests to protect their health. These comparatively good results are due to the widespread availability of the screening tests. However, the results remain below target, and there is room for improvement. There were 36 cervical cancer deaths in 1997, and 45 in 1998 (a **key performance measure)**.

Discussions with the Alberta Cancer Board have resulted in establishing a new target of 15 (<1 per 100,000) by 2002. This can be achieved with more effective and widespread use of the PAP test. Alberta Health and Wellness is also currently working with the Alberta Cancer Board, regional health authorities and **alberta we//net** to improve access to mammography for Alberta women.

Figure 7: Per cent of Albertans reporting selected healthy behaviours



Source: National Population Health Survey (NPHS) (1985, 1990, 1994/1995, 1996/1997)
(a key performance measure)

* Starting in 1998/1999, the NPHS is a longitudinal survey and is no longer a representative cross-section of the population. As a result, the data from the 1998/1999 NPHS is not directly comparable to previous data releases from this survey. For 1998/1999, rates for those in the longitudinal survey reporting that they do not smoke is 72%, get physical exercise is 67%, and have a healthy body weight is 41%. In view of the change in methodology, data based on the 1998/1999 National Population Health Survey (NPHS) need to be interpreted with caution.

The results shown in Figure 12 indicate an increasing proportion of the population getting sufficient physical exercise since 1990. However, there was no change between 1994/1995 and 1996/1997 in the per cent of Albertans who do not smoke (a **key performance measure**: the target is 75%). Alberta's smoking rates (aged 12 and over) are the same as the Canadian average (Canadian Institute for Health Information, 2000). With regard to teenage smoking rates, 25% of Alberta teens aged 15 to 19 are current smokers, identical to the Canadian average (Canadian Tobacco Use Monitoring Survey, 1999). A large proportion of Albertans have a body weight higher than the healthy range. Poor physical conditioning can contribute to a number of diseases, including cardiovascular diseases and diabetes.

The health system will continue to initiate and support a variety of health promotion activities and make available the expert support that is often required by persons who wish to improve their health. Health promotion activities also depend upon community groups, employer and employee initiatives, and families for achieving positive results.

Health of the population improves

Measures of the health of Albertans range from general population indicators, such as life expectancy and self-reported health status (a **key performance measure**), to more specific measures such as low birth weight and the incidence of communicable diseases. Some changes in the health results reported here can be directly related to health system programs and services. For example, childhood immunization, food and water inspection

and testing services, and appropriate health care services have direct positive effects on health. Other important influences on the health of the population include social, economic and environmental factors beyond the direct control of the health system.

Self-reported health status. Albertans self-reported health status has not changed significantly during the past five years, remaining at just below the target for the 18 to 64 age group and slightly above the target for seniors. Comparisons with other provinces indicate that Alberta has the lowest proportion of those 12 and over reporting fair or poor health.

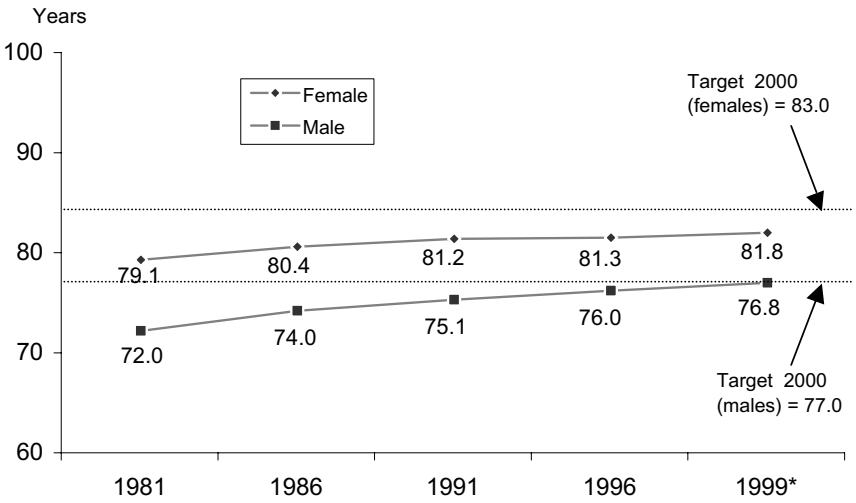
Self-Reported Health Status (a key performance measure)	**1996 %**	**1997 %**	**1998 %**	**1999 %**	**2000 %**	**Target 2000**
Age 18 – 64 (% reporting ***good, very good*** or ***excellent*** health)*	90	90	91	90	90	**70****
65 and older (% reporting ***good, very good*** or ***excellent*** health)	74	75	71	78	79	**75**

Source: Alberta Health and Wellness Survey, 1996, 1997, 1998, 1999, 2000.
*The measure was changed for consistency between both age groups.
**The target is 70% for those reporting *very good* or *excellent* health.

However, there are differences among Albertans in self-reported health status. For example, those in northern Alberta report themselves as less healthy than those in southern areas. To some extent, improved access to high-quality services may help to reduce these health status differences.

Life expectancy. Life expectancy (a **key performance measure)**, another measure of the health of Alberta's population, has been slowly increasing over the past 20 years, and is among the highest in Canada.

Figure 8: Life expectancy of Albertans



Source: 1976 – 1991 = Statistics Canada Health Indicators Database
1996 = Statistics Canada Daily
1999 = Vital Statistics Death Registration file for death counts; Alberta Health Registration File for the mid-year population estimate
*Preliminary calculations
(a key performance measure)

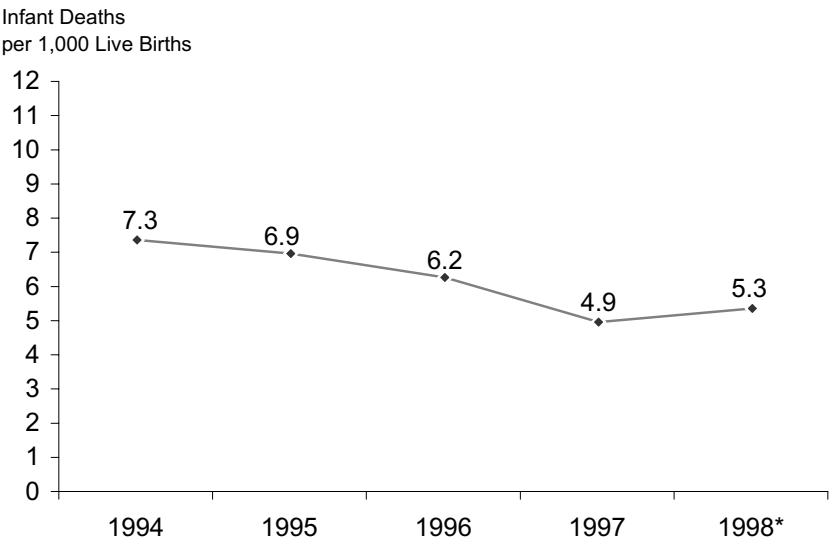
Injury and suicide mortality rates. Injury and suicide mortality rates have remained relatively stable since 1993. There is some indication that suicide among males may be decreasing. Many of these deaths affect young and healthy individuals, and can be prevented.

Mortality Rates: Injury and Suicide per 100,000 Population (a key performance measure)		1993	1994	1995	1996	1997	1998*	Target 1999
All Injury	**Males**	75	76	77	75	70	75	**No target set**
	Females	31	32	32	32	31	29	**No target set**
	Total	53	54	54	54	50	52	**45**
Suicide	**Males**	26	25	29	26	22	23	**No target set**
	Females	6	7	6	8	7	6	**No target set**
	Total	16	16	17	17	14	14	**15**

Source: Alberta Health and Wellness; calculated from Vital Statistics (April 2000) and the Alberta Health Registration File (mid-year population estimates). Mortality rates are standardized to the 1996 Canada population.
*1998 cause of death figures are preliminary.

Birth weight and infant mortality. Infant mortality rate is the number of deaths during the first year of life per 1,000 live births during the year. The Alberta infant mortality rate was 5.3 per 1,000 live births in 1998, an increase from a low of 4.9 in 1997 (*see Figure 9).* The most recent national data (1997) shows that the Alberta infant mortality rate per 1,000 live births is lower than the Canadian average (4.8 in Alberta vs. 5.5 nationally) (Canadian Institute for Health Information, 2000).

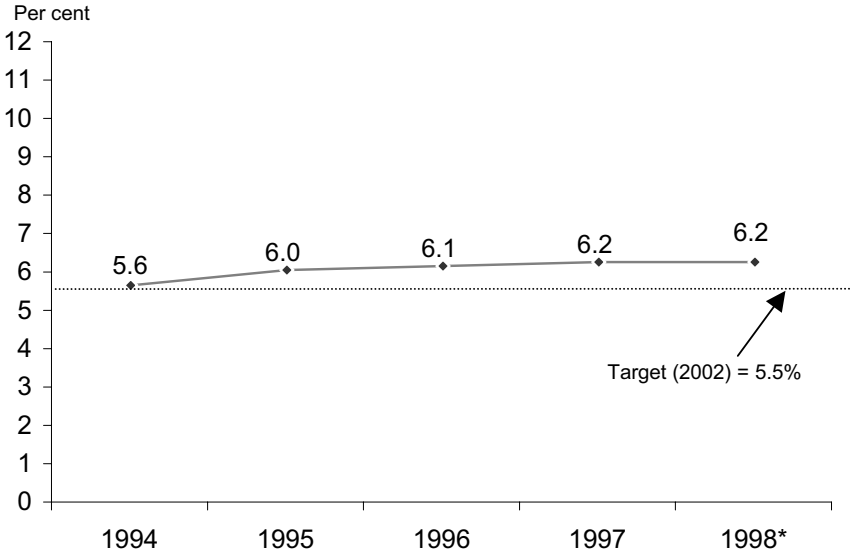
Figure 9: Infant mortality rate



Source: Alberta Registries — Vital Statistics
*Revised. The preliminary calculation (subject to change) for 1999 is 5.6.

The percentage of low birth weight babies (a **key performance measure**) is the per cent of live births that are under 2,500 grams (*see Figure 10*). Alberta's low birth weight rates (6.1%) were higher than the Canadian average (5.8%) in 1996, the latest year national comparison figures are available (Statistical Report on the Health of Canadians, 1999). The Department of Health and Wellness continues to be involved in provincial strategies that support the effort of regional health authorities to address low birth weight and achieve healthy birth outcomes, including collaborating with Health Canada and other partners to support the Canada Prenatal Nutrition Program.

Figure 10: Per cent of newborns with low birth weight



Source: Alberta Vital Statistics Birth Registration File
(a key performance measure)
* The preliminary calculation (subject to change) for 1999 is 5.9.

Per cent of newborns with low birth weight, by health region	1997 – 1999* %
1. Chinook	5.5
2. Palliser	5.7
3. Headwaters	6.6
4. Calgary	6.7
5. Health Authority 5	4.6
6. David Thompson	5.9
7. East Central	5.7
8. WestView	6.1
9. Crossroads	5.9
10. Capital	6.2
11. Aspen	5.3
12. Lakeland	5.4
13. Mistahia	5.1
14. Peace	5.0
15. Keeweetinok Lakes	5.8
16. Northern Lights	5.3
17. Northwestern	6.0
Target 2002	**5.5**

*Three years data combined.
Source: Alberta Vital Statistics Birth Registration File (January 2000)

Communicable diseases. Many communicable diseases, such as polio, typhoid, diphtheria and smallpox are rare or have been eliminated due to continuing public health programs. Measles has been targetted by Canada and the Pan American Health Organization (PAHO) for elimination from the Americas by the year 2000. This will be achieved by immunization. Some communicable diseases continue to be difficult to control. Diseases that usually occur in sporadic form can occur in outbreaks, such as meningococcal meningitis.

The measures include the incidence rates (number of new cases in a year) for 12 communicable diseases selected to represent public health results related to:

- Food and water quality (*E. coli* 0157, salmonellosis, giardiasis)
- Immunization (pertussis, invasive *Haemophilus influenzae b*, hepatitis B, rubella, measles)
- The spread of disease through contact between persons (tuberculosis, chlamydia, AIDS, gonorrhea)

Incidence rates for E.*coli* 0157, pertussis and tuberculosis are **key performance measures**. Alberta targets will be determined for many of these diseases as part of the development of public health goals.

Selected communicable diseases: incidence rates per 100,000 population

Notifiable Disease	1994	1995	1996	1997	1998	1999	Target (2000)
AIDS*	4.49	3.72	2.84	1.93	0.80	1.44	**No target set**
Chlamydia	187.17	178.30	177.88	162.90	183.74	184.71	**No target set**
E.coli 0157	4.68	5.42	5.76	6.84	8.97	6.64	**4.0**
Giardiasis	34.78	26.24	22.03	20.35	21.26	18.40	**No target set**
Gonorrhea	18.78	14.78	17.22	14.58	18.50	18.30	**No target set**
Invasive Hib**	0.19	0.22	0.15	0.14	0.25	0.07	**No target set**
Hepatitis B	4.42	3.61	3.61	2.76	3.61	2.94	**No target set**
Measles	1.15	0.00	0.29	8.78	0.04	0.58	**Elimination** ***
Pertussis	35.37	42.97	41.22	27.55	26.27	28.25	**18.0**
Rubella	1.15	0.74	2.48	1.25	1.12	0.48	**No target set**
Salmonella	28.62	19.83	23.75	28.55	30.62	26.68	**No target set**
Tuberculosis	6.61	4.64	5.11	5.95	5.53	5.10	**4.5**

Source: Alberta Health and Wellness; Notifiable Diseases, HIV / AIDS and TB databases. Data is for calendar year.
Notes: Rates are based on mid-year population from the Alberta Health Registry files.
Figures have been updated and therefore do not match the 1998/1999 annual report.
*AIDS counts are based on year of report.
**Hib = Haemophilus type b
***Elimination = means no indigenously acquired cases not directly related to imported cases. By this definition, this target was reached in 1998 and 1999. In 1995, Canada adopted a national goal of measles elimination.

In 1999, an outbreak of measles disease occurred among unimmunized contacts of a case imported from Europe. High immunization rates in the surrounding population and other public health interventions interrupted the further spread of disease. Pertussis continues to be a problem in many parts of Alberta, with the rates remaining steady and well above the target.

AIDS incidence has been declining since 1994, due to the influence of drug treatment slowing the progression from HIV infection to AIDS. Unfortunately, new reports of HIV infection have not shown a similar decline. The rates of chlamydia are significantly higher than for gonorrhea. Both gonorrhea and chlamydia rates remained essentially stable over this time period. Tuberculosis rates remain higher than the target. Rates for E.*coli* 0157 and giardiasis declined in 1999, although the *E.coli* 0157 incidence remained higher than the target. Salmonella and hepatitis B rates

remained steady. Incidence of invasive *Haemophilus influenza b* (Hib) disease and rubella continue to decline, due to the effects of successful immunization programs.

An outbreak of invasive meningococcal disease was reported in the City of Edmonton and surrounding area in late December 1999 through the winter and spring of 2000. As of March 31, 2000, seventeen cases were reported to Alberta Health and Wellness including two deaths. The increased incidence of disease occurred primarily in 15 to 19 year olds. Over 200,000 doses of meningococcal vaccine were provided to children two to 19 years in the Edmonton area through a mass immunization program that was initiated in mid-February.

Per cent immunized at age 2	**1996**	**1997**	**1998**	**Target 2002***
Diphtheria, tetanus, pertussis, polio, Hib (4 doses)	80	80	77	97
Measles, mumps, rubella (1 dose)	88	90	86	97

Source: Alberta Health and Wellness
* The target set by the Alberta Immunization Program is 98%.

Immunization against childhood diseases (a **key performance measure**) has a significant impact on the incidence of certain communicable diseases. A high rate of immunization for the population can help to ensure that the incidence of these diseases remains low. Alberta childhood immunization rates continue to be lower than provincial targets.

Special efforts are necessary in less populated regions, and with identified groups of residents, to ensure that children receive appropriate immunization to protect their health.

Core Business 4: Measure and report on performance across the health system

The measurement of results requires development of measures, collection, analysis of information and reporting of results. Analysis of the information collected and sharing of that analysis across the system supports continuous improvement in health outcomes and health system performance. Regular public reports are produced by the Ministry of Health and Wellness and health authorities.

Goals and Achievements

Goal 1: Timely, comparable and comprehensive information is available for patient care, management and research.

Action: **Continued support of health research.**

Achievements:

- Alberta Health and Wellness provided ongoing support to the Alberta Heritage Foundation for Medical Research, the Alberta Cancer Board and the Institute of Health Economics through annual grants to support research in the areas of health services, health technology assessment, population health, health economics and cancer.
- A strategic plan for departmental research responsibilities was initiated to provide a framework for research activities conducted within or funded externally by Alberta Health and Wellness.
- A health research web page link was established to the existing Alberta Health and Wellness web site.

Action: **Made enhancements to health information infrastructure.**

Achievement:

- The systems changes required for rollover to Year 2000 were completed without incident or impact on patient quality care.
- A number of improvements were made to systems and equipment to ensure availability and security of information.
- Progress was made on implementation of common systems across health authorities through **alberta we//net**'s common opportunities program.

Action: **Ensured information is collected and stored in a manner consistent with provincial and national standards.**

Achievement:

- Alberta Health and Wellness collaborated with other levels of government and stakeholders to ensure information can be shared for the benefit of all Albertans.

Action: **Began implementing a new records information system.**

Achievement:

- Conversion of existing records and staff training began throughout Alberta Health and Wellness.

Action: **Continued to implement alberta we//net to improve information exchange among stakeholders.**

Achievement:
- Advancements were made in system support for disease-specific screening programs such as cervical and breast cancer.
- The number of telehealth sites reached 54 by year-end, up from 27 at the end of 1998/1999. Alberta's telehealth program, facilitated by **alberta we//net**, provides patients access to specialist medical services from a distance.

Goal 2: The performance of the health system and indicators of the health of Albertans are measured, evaluated and reported regularly to Albertans.

Action: **Monitored changes in access to health services to assess new funding impact.**

Achievement:
- In response to new funding targetted for improved access, regional health authorities began quarterly reporting to Alberta Health and Wellness in April 1999 about performance in key service areas. Areas reported on include home care, long term care, MRI, hip/knee replacement and access to inpatient beds through emergency departments.

Action: **Conducted and reported on a number of studies relating to specific diseases, injuries, disabilities and utilization of the health system.**

Achievements:
- *Alberta Reproductive Health (Second Edition)* was released in February 2000.
- Several communicable disease reports were released: *HIV/AIDS in Alberta* in April 1999, *Tuberculosis in Alberta (1997)* in September 1999 and *STD in Alberta (1997)* in November 1999.
- *The Report on the Health of Albertans: Looking Through a Wider Lens,* describing the overall health status in Alberta, was released in January 2000.
- The *National Population Health Survey,* a federal/provincial/territorial initiative, was released in May 1999.
- Results of a study on the relationship between maternal risk factors (alcohol, drug and tobacco use) and birth weight and pre-term birth was released in July 1999.
- Results of a comprehensive environmental health study in Northern Alberta were released in April 1999.
- The Alberta Centre for Health Services Utilization Research completed studies into the utilization of health services by seniors.

Action: **Continued ongoing participation in environmental health impact assessments.**

Achievement:
- In collaboration with other ministries, Alberta Health and Wellness participated in the public health review of major industrial/agricultural development projects in Alberta, such as: Shell Muskeg River, ATCO Gas Co-generation, Pan Canadian Christina Lake, EPCOR Rossdale, Winter Gardening and Petro Canada MacKay River.

Measures and Results

As noted above, during 1999/2000 Alberta Health and Wellness supported and participated in a number of studies and research projects, and published several reports on the health of Albertans and the health system. They include:

- The *Ministry of Health and Wellness 1998/1999 Annual Report* includes financial information on each of the health authorities as well as information on health and health system performance.
- *Health Trends in Alberta* includes current information and trends on health status, infant health, health determinants, causes of death and communicable diseases.
- The *1999 Survey About Health and the Health System in Alberta* reports on the results of the Annual Health and Wellness Survey conducted by Alberta Health and Wellness, and includes ratings of access to health services, service quality and satisfaction.
- The *Annual Report on Province-Wide Health Services* (January 2000) reports on the funding and delivery of province-wide services, including heart surgery, organ transplants, trauma and burns, neurosurgery and other services.

Future Challenges

The overriding challenge for the future is to meet Albertans' needs and expectations in a way that is responsive and sustainable. One of the key reasons for assessing actions and measuring results annually, as in this annual report, is to identify areas in which performance improvements are needed. To address the longer term, Alberta Health and Wellness continues to consider with other stakeholders how to improve the publicly funded health care system without compromising quality or the principles on which the system was founded.

The 2000 – 2003 business plan for Alberta Health and Wellness identifies four forces of change that warrant increasing short-term and long-term attention and action.

1. **Demographics.** In preparing for the future, Alberta Health and Wellness must continue to be sensitive to the changing demographic profile, and particularly to the needs of an aging population. Associated with age is a higher prevalence of chronic disease and dependency, which will increase demands on the service system as well as on informal caregivers at home and in the community. The demographics of particular professions will also become a major consideration in workforce planning.

2. **Technology.** While expanding technology increases our capacity to meet needs, it also generates new costs for acquisition, financing and training. Strategies for the acquisition and integration of new medical, communications and information technology include **alberta we//net** and telehealth, and funding for expanded diagnostic capacity. The new technology also allows Alberta Health and Wellness to do things differently, perhaps more efficiently, and so continuous improvement in our service delivery system continues to be a key criterion in the assessment of new health technologies.
3. **Rising public expectations in a knowledge society.** Albertans are well educated and want to be informed about the choices and decisions they can make about their health and wellness. Technological advances will fuel their expectations for service and support. At the same time, increased information dissemination and health promotion and injury and disease prevention initiatives by Alberta Health and Wellness and other partners will have an effect. Such steps may enable many Albertans to take more responsibility for their health and make more selective demands on the service delivery system.
4. **Sustainability.** The sustainability of the public system for health is receiving considerable attention across Canada. Most jurisdictions agree that a more sustainable approach for managing the demand for services in the future is to prevent, avoid or delay illness, injury or disease in the population. A focus on long-term health gains and the many factors that influence a population's health is an essential ingredient of a future-looking strategy that the Ministry of Health and Wellness will continue to develop in collaboration with stakeholders. The cross-government Children's Health Initiative, the coordinated activities in health protection and promotion, injury and disease prevention, and environmental projects are evidence of this strategy in action.

Notes on sources and methods

The **key performance measures** identified in the Ministry of Health and Wellness 1999/2000 to 2001/2002 restated Business Plan are listed below, along with details about the source of information for these measures and about the methods used to calculate them.

For further information about these measures, or about any statistical information presented here, contact the Standards and Measures Branch, Alberta Health and Wellness, at PO Box 1360, STN Main, 10025 Jasper Avenue, Edmonton, Alberta T5J 2N3.

Measure	Page #	Source and Method
Health Service Quality		
1. Albertans' ratings of the quality of care they received	50	Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta. The response rate for the 2000 survey was 80%. Results for the entire sample are accurate within 2% 19 times out of 20. Adult Albertans who report that they have obtained health services during the past 12 months are asked to rate the quality of care personally received, using the rating categories excellent, good, fair or poor. The measure is the per cent responding excellent or good.
2. Albertans' ratings of quality of care received in hospital	51	Alberta Health and Wellness Survey (annual). [see measure 1 for method.] Adult Albertans are asked if they have personally received health services at a hospital in Alberta either as an overnight patient, a day patient, or through emergency. Those who respond "Yes" are then asked to rate the quality of care they most recently received at the hospital, using the rating categories excellent, good, fair or poor. The measure is the per cent responding excellent or good.
3. Albertans' ratings of the effect of care on their health	50	Alberta Health and Wellness Survey (annual). [see measure 1 for method]. Adult Albertans who report receiving care are asked to rate the effects of that care on their health, using the rating categories excellent, good, fair or poor. The measure is the per cent responding excellent or good.
4. Breast cancer screening rates	59	National Population Health Survey (NPHS), conducted every two years by Statistics Canada. Approximately 1,200 Albertans are interviewed, either by telephone or in person. Results for the entire sample are accurate within 3% 19 times out of 20; however, estimates for this measure are based on a much smaller sub-sample, and may only be accurate within 8%. The measure is the per cent of women aged 50 to 69 years who report having a mammogram for breast cancer screening in the past two years. [NOTE: The 1998/1999 NPHS data are longitudinal and therefore not comparable with previous years. The Canadian Community Health Survey to be launched later this year will provide cross-sectional data for this measure.]

Measure	Page #	Source and Method
5. Cervical cancer screening rates	59	National Population Health Survey (NPHS), conducted every two years by Statistics Canada. [see measure 4 for method]. The measure is the per cent of women aged 18 and older who report having a PAP test screening in the past two years. [NOTE: The 1998/1999 NPHS data are longitudinal and therefore not comparable with previous years. The Canadian Community Health Survey to be launched later this year will provide cross-sectional data for this measure.]
6. Per cent expenditure on community and home-based services	37	Alberta Health and Wellness Annual Report, summary of regional health authorities financial statements. The measure is the per cent of total operational expenditures used to provide community and home based services.

Health Access

7. Albertans' ratings of access to health services	47	Alberta Health and Wellness Survey (annual). [see measure 1 for method]. Adult Albertans are asked how easy or difficult it is for them to obtain needed services, using the rating categories very easy, easy, a bit difficult, or very difficult. The measure is the per cent who respond easy or very easy.
8. Albertans' self-rated knowledge of the health services	58	Alberta Health and Wellness Survey (annual). [see measure 1 for method]. Adult Albertans are asked to rate their knowledge of the health services that are available to them, using response categories excellent, good, fair or poor. The measure is the per cent who respond excellent or good.
9. Per cent of Albertans reporting failure to receive needed care	49	Alberta Health and Wellness Survey (annual). [see measure 1 for method.] Adult Albertans are asked if they have in the past 12 months been unable to receive care when they needed it. Those who respond "Yes" are then asked to report on what happened next. The measure is the per cent who respond "Yes." An additional measure (new in the 1999/2000 business plan) is the per cent who also report that they never did get the needed service.
10. Per cent of general practitioner services obtained within Albertans' home region	40	Alberta Health Care Insurance Plan (AHCIP) Claims File, which contains information on claims for payment related to physician services. The region of residence of the patient/client is compared with the region in which the service was provided. The measure is the per cent of all services to residents of a region which were obtained in that region. GP is defined as speciality codes GP, GNMH, OCMD, GEMD, CMSP. Physicians are classified into speciality with highest level of billings.
11. Length of stay in emergency after hospital admission	53	Regional Health Authorities Quarterly Reporting. The measure is the average length of time patients designated as 'admitted as inpatient' wait in emergency before being transferred to their hospital inpatient bed. Waiting time begins when a decision to admit has been made and an inpatient bed requested, and ends when the patient leaves the emergency department to be admitted to a hospital bed. Only Capital Health and Calgary Regional Health Authority are required to report on this measure.

Measure	Page #	Source and Method
Health Outcomes		
12. Life expectancy at birth (in years)	62	Alberta Vital Statistics Deaths Registration file and Alberta Health and Wellness Registration file. Life expectancy is calculated using standard actuarial methods.
13. Albertans' self-reported rating of their own health	61	Alberta Health and Wellness Survey (annual). [see measure 1 for method]. Adult Albertans are asked "Compared with other people your age, would you say your health is: excellent, very good, good, fair, poor?" The measures are the per cent (age 18 to 64) responding excellent, very good, or good, and the per cent (age 65 and older) responding excellent, very good or good. [The estimate for seniors is accurate within 4% 19 times out of 20].
14. Per cent of low birth weight newborn babies	63	Alberta Vital Statistics Birth Registration File. The measure is the per cent of live births during the year with a recorded birth weight of less than 2,500 grams.
15. Provincial rate of injury deaths including suicide	62	Health Trends in Alberta (Alberta Health and Wellness). The measure is derived from information on causes of death from Alberta Vital Statistics, and population information from Alberta Health and Wellness Registration File. Rates are standardized to the 1996 Canadian population.
16. Rates for selected communicable diseases	65	The Provincial Health Officer, Alberta Health and Wellness. This measure is the annual incidence rates (that is, new reported cases) per 100,000 Albertans for E. Coli Colitis, Pertussis and Tuberculosis.
17. Childhood immunization coverage	66	Immunization data are obtained from CAIT Report 24B1(P), generated from data submitted to Alberta Health and Wellness from Regional Health Authorities and Medical Services Branch, Health Canada. Population at age 2 is estimated from Alberta Health and Wellness registration files. The measure is the number of children aged 2 who have received the required immunization divided by the population of 2 year olds.
18. Number of deaths due to cervical cancer	59	Alberta Vital Statistics deaths file. The measure is the number of deaths to Alberta residents each year due to this cause.
19. Per cent of Albertans who do not smoke	60	National Population Health Survey, conducted every two years by Statistics Canada. [see measure 4 for method]. The measure is the per cent of Albertans age 12 and older who report that they do not smoke tobacco. [NOTE: The 1998/1999 NPHS data are longitudinal and therefore not comparable with previous years. The Canadian Community Health Survey to be launched later this year will provide cross-sectional data for this measure.]

Alberta Alcohol and Drug Abuse Commission (AADAC)*

Mission: To assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling.

Businesses associated with alcohol, other drug and gambling problems:

- **Treatment:** Provision of a range of treatment services, including community outpatient, residential, crisis and detoxification, and specialized treatments.
- **Prevention:** Provision of a range of prevention services including community-based prevention and education programs, and early intervention.
- **Information:** Provision of accurate and current information on issues, trends and research.

Actions and Achievements

Action: **Contributed to cross-government initiatives including: Alberta Partnership on Fetal Alcohol Syndrome, Alberta Children's Initiative, *Protection of Children Involved in Prostitution Act*, Aboriginal Policy Framework and Alberta Strategic Plan for Seniors.**

Achievements:

- Through its co-chairing of the Alberta Partnership on Fetal Alcohol Syndrome (FAS) and staff chairing of many of the 17 regional committees, AADAC provided leadership and direction in the completion of the 1999/2000 FAS $2 million action plan. Results included training physicians and Alberta Justice frontline workers, an assessment and diagnosis pilot project with high risk populations, and a mass media public awareness campaign.
- AADAC participated on the provincial committee overseeing implementation of the *Protection of Children Involved in Prostitution Act*. AADAC developed an assessment instrument for the provincial committee and delivered addictions training to safe house, community and government staff.
- AADAC was represented on the Interdepartmental Committee for Aboriginal Affairs and provided input on grant funding for culturally sensitive addiction programs and services.
- AADAC completed a literature review and awarded a study contract related to gambling and seniors.

*More detail is available from the Alberta Alcohol and Drug Abuse Commission Annual Report 1999/2000.

Action: **Implemented strategies and innovations to contribute to AADAC's overall effectiveness.**

Achievement:

- AADAC strengthened alliances with public and private sector organizations to enhance addictions services. For example, almost $1 million was provided through corporate sponsorship and services in-kind for AADAC's prevention "resiliency campaign."
- AADAC began developing a new electronic information system to support timely client access to services and consistent monitoring of service effectiveness.
- In collaboration with the Alberta Gaming and Liquor Commission and the Alberta Racing Corporation, several gambling initiatives were implemented to increase awareness of problem gambling and services available.
- AADAC collaborated with Alberta Health and Wellness and others in the prevention of HIV/injection drug use and established relationships with local needle exchange programs.

Measures and Results

Two of AADAC's performance measures were added as new performance measures to the ministry's restated business plan 1999/2000 as a result of the government reorganization.

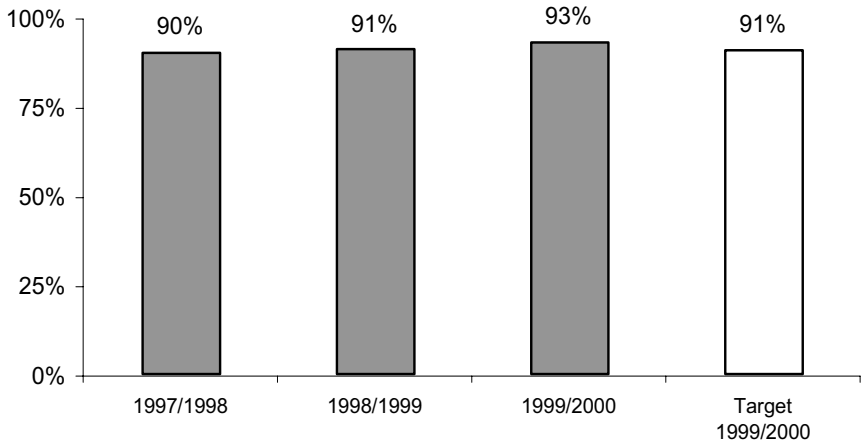
To determine AADAC's performance in ensuring reasonable access to local, regional, and provincial treatment services, clients were asked to rate access to the services they received (a **key performance measure)**. As shown in Figure 11, the target for access to treatment was exceeded as the level of clients reporting 'no difficulty in gaining access to treatment services' was 93%.

Service effectiveness, that is ensuring that services facilitate clients' success in achieving their goals, was assessed using follow-up interviews (a **key performance measure)**. As shown in Figure 12, the treatment effectiveness target was met, with 94% of clients reporting 'abstinent or improved' after treatment.

Measure	Page #	Source and Method
Access		
1. AADAC clients' ratings of access to service	76	A confidential, standardized, self-administered questionnaire was the instrument used to gather the data. All clients were asked to fill out the questionnaire during their first treatment session; 21,704 clients were surveyed. Three treatment sites were excluded from sampling as part of information system redevelopment.

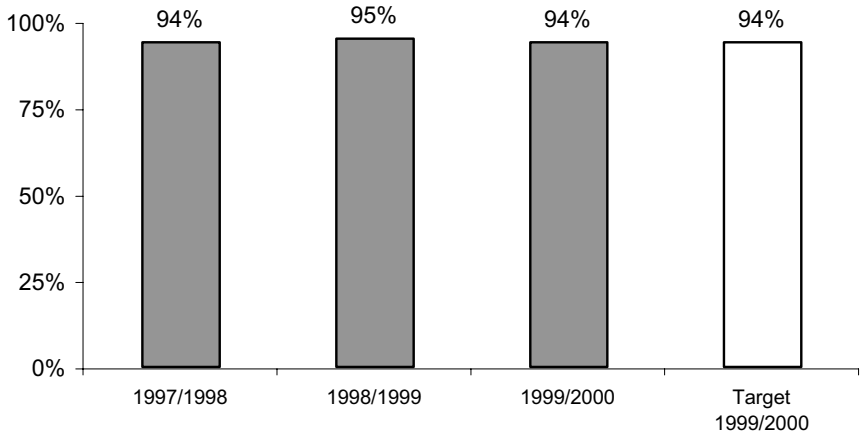
Measure	Page #	Source and Method
Effectiveness		
2. Effectiveness of AADAC treatment	76	Clients entering residential and outpatient treatment programs were eligible for interview selection. A systematic sample of clients was interviewed for post-treatment outcomes (n=973) 3 months following treatment. Based on annual client admissions, sample quotas were assigned to each treatment type. For seven months, September 1999 through March 2000, one-seventh of the annual quota was selected for follow-up interviews. Three treatment sites were excluded from sampling as part of information system redevelopment. For the follow-up interviews, clients were interviewed by a private contractor. The margin of error is ±3.1%, 19 times out of 20.

Figure 11: AADAC client access



% of clients reporting no difficulty in gaining access to treatment services
Source: AADAC

Figure 12: AADAC service effectiveness



% of clients reporting "abstinent or improved" after treatment
Source: AADAC

Future Challenges

Over the coming year, AADAC faces a number of challenges in delivering addictions services. A key challenge is our capacity to respond to increased service demand related to a growing Alberta population and increasing complexity of clients' problems. AADAC will need to be flexible to maximize collaborative opportunities yet remain focused on our core businesses.

AADAC has taken huge strides in developing problem gambling prevention and treatment services. The challenge now is to continue to expand and fully integrate problem gambling services with alcohol and other drug services.

AADAC will continue to focus its efforts on children and youth, especially those at risk for developing addiction problems. Recent surveys in Ontario and Nova Scotia indicate an upward trend in adolescent drug use in the 1990s. AADAC will monitor this situation and continue collaborative prevention efforts focused on youth.

With the design of a new information system completed, AADAC begins the challenge of implementing the system province-wide. When fully operational, the system will support timely client access to services and consistent monitoring of service effectiveness.

Persons with Developmental Disabilities Provincial Board (PDD)*

Mission: To lead the creation of an Alberta that includes adults with developmental disabilities in community life.

Businesses:

- **Community inclusion:** Ensure that adults with developmental disabilities have opportunities to be included as fully as possible in community life.
- **Resources:** Ensure that services provided under the PDD board structure are based on equitable funding and access to resources.
- **Support:** Support the ability of communities to include adults with developmental disabilities.

Goals and Achievements

Goal: Improve quality of services provided and satisfaction with services received.

Action: **Progressed on projects that will improve the board's ability to provide high-quality services.**

Achievements:

- The PDD Provincial Board, in an ongoing partnership with the Alberta Association of Rehabilitation Centres, piloted a new PDD Service Provider Certification process based on the *Creating Excellence Together Standards*.
- The PDD Provincial Board revised its 1997 PDD Abuse Reporting and Investigation Protocol to reflect legislative changes.
- Extensive consultations with stakeholders took place regarding the individual needs assessment process. Options will be considered by the provincial and community boards. Ultimately, an updated approach will improve the boards' ability to promote equity in service provision and funding.
- The PDD Provincial Board updated the Community Inclusion Supports Framework Manual and trained staff and service providers regarding the changes.

*More detail is available from the Persons with Developmental Disabilities Provincial Board Annual Report 1999/2000.

Goal: Increase the number of adults with developmental disabilities in supported and competitive employment.

Action: **Advanced in implementation of employment supports for persons with disabilities.**

Achievements:

- The PDD Provincial Board worked on standardized reporting that will facilitate a results focus for the multi-department *Investing in Employment Supports for Persons with Disabilities Initiative.* The initiative is a provincial response to the federal/provincial/territorial vision paper, *In Unison: A Canadian Approach to Disabilities.*

Measures and Results[1]

The following represent new key performance measures added following reorganization into the restated business plan 1999/2000.

As part of the certification process for PDD service providers (a **key performance measure**), PDD measures quality of life for persons with developmental disabilities receiving services. The *Creating Excellence Together Standards* and their measurement system were implemented in October 1999. The measurement system is currently being evaluated as baseline data is collected. The system will be revised as necessary, based on this evaluation. Once the reliability and validity of the data and system are confirmed, the results will be reported. The target for 2003 is for 85% of persons with developmental disabilities to report they are experiencing an enhanced quality of life.

The Provincial Persons with Developmental Disabilities Board conducts a satisfaction survey with persons with developmental disabilities and their families/guardians bi-annually. The survey, completed for the first time in the 1998/1999 fiscal year, will be repeated in February 2001. In the first survey, 7,764 surveys were sent to people getting services. 2,008 surveys were returned. The margin of error for the client survey is ±2.5%, 19 times out of 20. 78% of persons with developmental disabilities who responded reported satisfaction with their role in planning and their access to information (a **key performance measure)**. The target for 2001/2002 is 85%.

Satisfaction with role in planning and their access to information	**1998/1999**	**Target 2001/2002**
% satisfied	78%	**85%**

Source: Survey of people with developmental disabilities (1998/1999).

[1] Three performance measures for the Persons with Developmental Disabilities (PDD) Provincial Board established under Family and Social Services have not been included in the restated business plan for the Ministry of Health and Wellness, and are therefore not reported here. These performance measures are:

- Number of adults with developmental disabilities in supported and competitive employment
- Percentage of PDD service providers who have been measured on the CET Certification Standards who met these standards
- Percentage of people who were satisfied with the services provided by their primary service provider

Future Challenges

A ministerial review of Persons with Developmental Disabilities programs and services that was completed this year will help confirm current directions, shape or refine new ones, and address issues related to a stable and rational funding base. Following from community input already received, the PDD Provincial Board will consider and, where possible, implement the recommendations in the Associate Minister's Report (*Building Better Bridges*) in the upcoming year.

The *Persons with Developmental Disabilities Community Governance Act* requires a comprehensive review to have started by June 2000. This provides the PDD boards and communities an opportunity to recommend changes to the legislation and improvements in community governance.

The PDD Provincial Board has an ongoing challenge to ensure there is an appropriate resource base that is equitably distributed to provide quality programs and services. This is particularly a challenge, given:

- The PDD caseload is increasing, just as the Alberta population is growing steadily.
- The average cost of programs and services is increasing as the population ages.
- PDD continues to receive requests from other disability groups to provide them with programs and services through PDD. Legislative changes and additional resources would be needed to allow the Board to consider and respond to these requests.

Premier's Council on the Status of Persons with Disabilities*

Mission: To champion significant improvements in the status of Albertans with disabilities.

Businesses:
Policy development: Developing strategic umbrella policies; contributing to the development of public sector legislation, policies, outcomes and targets; reporting progress toward outcomes; and facilitating coordination of related programs and services.

Advocacy: Informing and influencing key decision-makers, proactive public education and social marketing to increase awareness and understanding, and addressing and reducing systemic barriers that may impede rights and opportunities of Albertans with disabilities.

Evaluation: Developing standards for and monitoring performance of the support system for Albertans with disabilities and recommending systemic improvement.

Goals and Achievements

Goal: Achievement of business plan goals

Action: **Made significant progress on (1) Bridge Building (2) Image/Profile and Communications (3) Regionalization (4) Provincial Business Plans and (5) Integration.**

Achievements:

- Council hosted six Open Houses and two Aboriginal Community Forums across the province to gain direct input from Albertans with disabilities.
- Council developed partnerships in support of the International Year of Older Persons (1999) and the International Year of the Volunteer (2001), developed an increasing collaborative relationship with the Alberta Disabilities Forum, and attended meetings of other Alberta disability organizations.
- Council has been formally involved in the review process of regional health authorities' business plans.
- Council had increased involvement in developing ministry business plans.
- The Alberta Disability Strategy was identified, through extensive stakeholder consultation, and endorsed as Council's first priority in championing significant improvements.

*More detail is available from the Premier's Council on the Status of Persons with Disabilities Annual Report 1999/2000.

Goal: Teamwork

Action: **Demonstrated participation and collaboration among and between ministerial and community stakeholders.**

Achievements:

- The secretariat conducted a series of interviews with government and community stakeholders in the development of its Strategic Directions document.
- Six Open Houses and two Aboriginal Community Forums were conducted to communicate the three-year business plan, discuss future initiatives and establish regular communication.
- Council provided input on the restructuring of the Assured Income for the Severely Handicapped (AISH) program and the review of services for the Persons with Developmental Disabilities (PDD) program.

Goal: Human resource management

Action: **Enhanced Council's human resource management mechanisms.**

Achievements:

- Council established effective performance management processes, continued to encourage continuous learning and professional/personal development and implemented leadership continuity strategies.

Goal: Innovation

Action: Encouraged innovation in the Council's activities as well as in public policy.

Achievements:

- The Strategic Directions framework, Open Houses and Aboriginal Community Forums provided innovative ideas and value-added participation.
- The continuous development of the Alberta Disability Strategy is in response to directions received from the disability community and other key stakeholders.
- Council provided input on a number of government initiatives, including the AISH Review, PDD review process, Alberta Partnership on Fetal Alcohol Syndrome/Effect, and the Long Term Care Review.
- Council regularly participated on the Barrier-Free Transportation Committee chaired by Alberta Infrastructure.
- Council participated in the development of the Aboriginal Policy Framework.

Measures and Results

The following represent new performance measures added following reorganization into the restated business plan 1999/2000.

The **key performance measure** for the Premier's Council on the Status of Persons with Disabilities is the percentage of stakeholders who rate their familiarity with the Council and its work as 'high' or 'very high.' The target for 1999/2000 was to establish this measure and improve this by 10% in 2000/2001.

Establishing benchmarks to determine the 'rate of familiarity' with the Council and its work requires the further development of methodologies and instruments to accurately reflect individual, community and provincial perspectives. Implementation of six Open Houses throughout the province during 1999 was the first step in establishing accurate benchmarks in a process that will continue into 2000/2001.

Future Challenges

The Premier's Council must focus on issues of common interest to all persons with disabilities, inform key stakeholders, and provide opportunities for constructive debate and to generate collective recommendations. The Council must also be positioned to deliver such recommendations effectively, given its unique mandate to advise and influence government. Communication bridges to the disability community and their governments must be open and trusting. To be effective, the Council must place a priority on creative effective partnerships and strategic alliances as evidenced in the continued development of the Alberta Disability Strategy.