Alberta Ministry of Health and Wellness

Annual Report 2000/2001

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:

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

Alberta Health and Wellness
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(for Ministry financial statements)
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ISSN 1492-8884

Public Accounts 2000/2001

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 Government of Alberta and the annual reports of each of the 18 Ministries.

The annual report of the Government of Alberta released June 2001 contains the Minister of Finance's accountability statement, 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 the *Measuring Up* report.

On March 15, 2001, the government announced new ministry structures. Since the 2000/2001 fiscal year was substantially completed prior to this announcement, ministry annual reports and financial statements have been prepared as if the restructuring took place on April 1, 2001, to provide proper accountability for the 2000/2001 fiscal year against the original business plan.

This annual report of the Ministry of Alberta Health and Wellness contains the Minister's accountability statement, the audited consolidated financial statements of the Ministry and a comparison of actual performance results to desired results set out in the ministry business plan. This Ministry annual report also includes:

- **the financial statements of entities making up the Ministry including the provincial agencies for which the Minister is responsible, and**
- **other financial information as required by the *Financial Administration Act* and *Government Accountability Act*, either as separate reports or as a part of the financial statements, to the extent that the Ministry has anything to report.**

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.

Government of Alberta

2001 IPAC
Gold Award
for Innovative
Management

The Alberta Public Service has been awarded the Gold IPAC Award for Innovative Management for its Corporate Human Resource Development Strategy, an innovative approach to meeting the human resource needs of the Alberta government. It is a long-term commitment to learning, leadership and the promotion of the Alberta public service as an attractive employer.

IPAC is short for the Institute of Public Administration of Canada.

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Section II

Section II of this report is published under separate cover. It provides the financial statements of the regional health authorities and provincial health boards. To obtain financial statements of individual regional health authorities and provincial health boards, please consult the list on the following page.

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 Health Region**	**(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 Authority**	**(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 Ministry's Annual Report for the year ended March 31, 2001 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 5, 2001, 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

Minister's Message

The past year was both eventful and rewarding. In my first year as Minister of Health and Wellness, I was continually impressed by the dedication, professionalism and compassion of Alberta's health professionals and managers in their efforts to meet health needs. The theme for 2000/2001 was continuous improvement as we worked to strengthen our existing foundation of care, and address specific pressures to position our health system for quality and sustainability.

Health service delivery starts with the trained professional. With Alberta Learning, we created hundreds of new training spaces in the health disciplines. The commitment to the new Rural Family Medicine Program and International Medical Graduate Program will attract doctors to rural Alberta, and help foreign-trained physicians qualify to practice here. Our new agreement with the Alberta Medical Association makes Alberta the province of choice for medical doctors. Health authorities reached a similarly beneficial agreement with registered nurses.

We expanded the toolbox of care our professionals use. New, targeted funding reduced wait times for cardiac surgery and kidney dialysis. We added 24 new medicines to the drug benefit list and immunized more than 300,000 young people in Calgary and Edmonton against meningitis. Under the Aboriginal Health Strategy, we introduced nine new community-based projects. With an eye to the future, the Health Innovation Fund approved 15 new projects, bringing the total to 48, and we almost doubled our funding for health services research to $23 million over five years.

Programs need equipment and facilities. To meet the needs of an aging population, and in collaboration with Alberta Infrastructure, almost $260 million was committed for new and replacement beds for long term care. Seven new MRI machines bought in 2000/2001 will reduce wait times and help us reach a target of 24 MRI scans per thousand population, the highest rate in the country. We also made a commitment to open two centres of excellence that will build on Alberta's leadership in cardiac and bone-and-joint care. The centres will open in 2005, Alberta's centennial year.

To support these advances, government spending on Albertans' health rose in 2000/2001 to $5.956 billion, an increase of $470.5 million over the previous year. It was an investment in Albertans' priorities and healthy future.

Most rewarding are the results. The number of Albertans who rated the health system as good or excellent was 68 per cent in 2001, up from 63 per cent the year before. Eighty-six per cent of Albertans rated the quality of care they received personally as good or excellent.

The first full year of the 21st century set a tone of commitment and progress for Alberta's health system. I look forward to continue working with all our health partners, especially the new regional health authority boards to be elected and appointed in the fall of 2001, to make Alberta's health system the best in the country, and sustainable into the future.

[Original signed]

Gary G. Mar, Q.C.
Minister of Health and Wellness
M.L.A. Calgary-Nose Creek

Management's Responsibility for Reporting

In 2000/2001, 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 (PDD), the Premier's Council on the Status of Persons with Disabilities, the Health Facilities Review Committee and the Mental Health Patient Advocate Office. Effective April 1, 2001, the Premier's Council and PDD joined the Ministry of Community Development.

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 Executive Council, Treasury Board and the Minister of Finance 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.

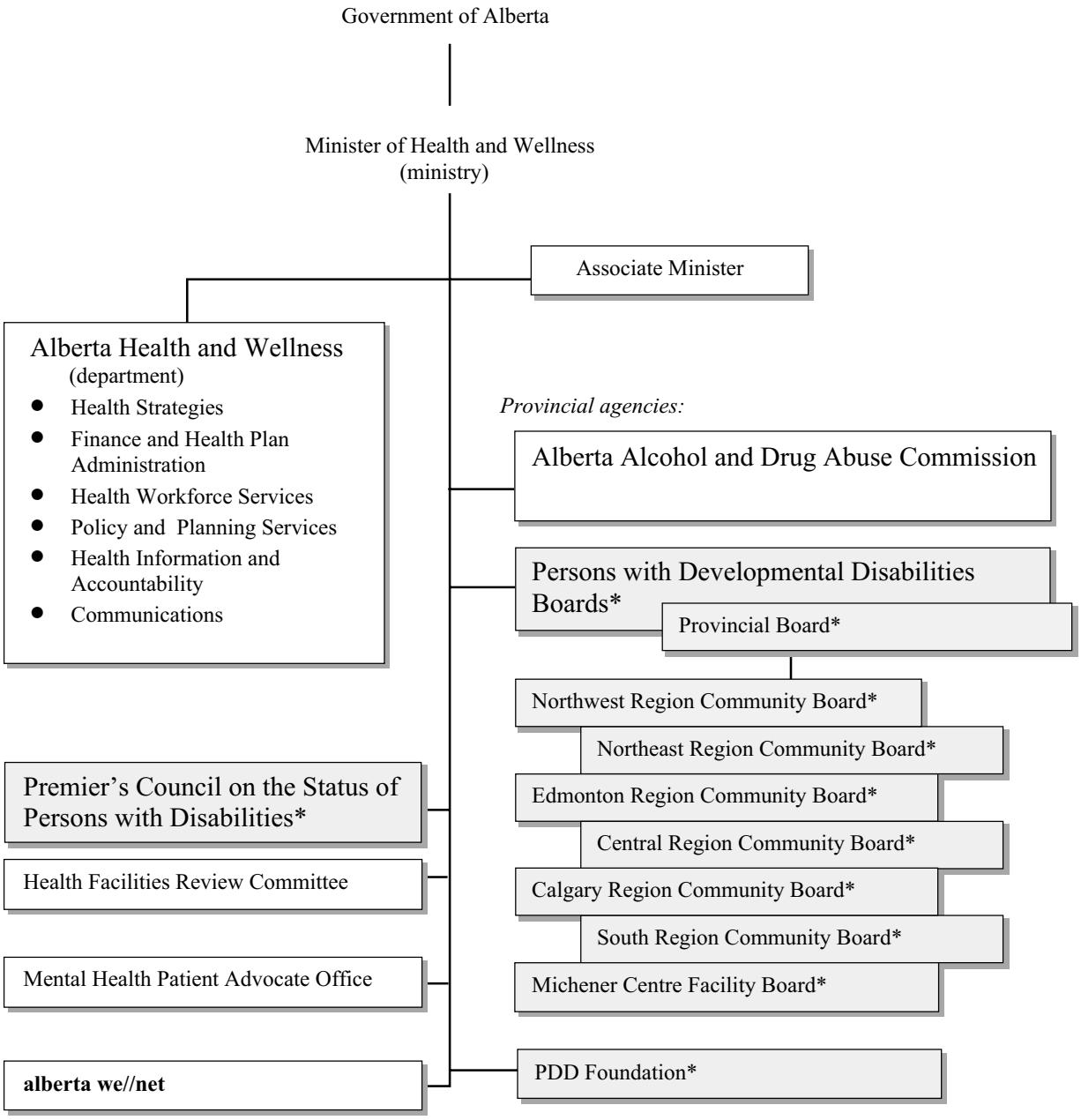
[Original signed]

Shelley Ewart-Johnson
Deputy Minister
Ministry of Health and Wellness

Overview

Ministry of Health and Wellness Organization

(April, 2000 to March, 2001)



* Transferred to the Ministry of Community Development, effective April 1, 2001.

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.

Deputy Minister of Health and Wellness, Shelley Ewart-Johnson

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

Population Health Assistant Deputy Minister, Art McIntyre

telephone: (780) 427-8596; 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, and develops policies and strategies for publicly funded drug programs.

Finance and Corporate Services Assistant Deputy Minister, Bruce Perry

telephone: (780) 422-8437; fax: (780) 422-3672
Provides leadership on internal and external funding allocations, financial accountability, and fiscal planning and governance to support and sustain public health care; conducts analytical studies and liaises with the Auditor General on fiscal reporting; financially manages Alberta Health and Wellness resources, and advises on legal issues and capital planning.

Health Workforce Assistant Deputy Minister, Wendy Hassen

telephone: (780) 427-3274; fax: (780) 415-8455
In collaboration with regional health authorities, physician and other professional associations, health workplace stakeholders, and other partners, ensures the provision of high quality and integrated physician services and works to enhance the quality and effectiveness of the health care workforce.

Strategic Planning Assistant Deputy Minister, Wayne McKendrick

telephone: (780) 415-0571; fax: (780) 415-0570
Develops health system policy, ministry business plan and requirements for health authority business plans. Works with federal/provincial/territorial health departments, engages in strategic and organizational planning, and co-ordinates the management of issues in the health system.

Health 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; managing information and technology resources, and co-ordinating health research programs.

Note: the structure of the Ministry was adjusted effective April 1, 2001 and so differs from the organizational chart on the preceding page which was in effect during the reporting period.

Program Services
Assistant Deputy Minister,
Janet Skinner

telephone: (780) 415-1599; fax: (780) 422-0102
Registers residents, practitioners, facilities and other stakeholders, provides information and customer services, bills and collects premiums, administers the practitioners and out-of-province hospitalization fee-for-service benefit programs, monitors and reports on billing patterns, and administers the Alberta Aids to Daily Living and the Emergency Health Service air and ground ambulance services programs.

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, media relations, the production and distribution of publications, and the department Internet site.

Alberta Alcohol and
Drug Abuse Commission
Chair,
LeRoy Johnson, MLA
Wetaskiwin-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 to inform and influence key decision-makers, and evaluation to monitor performance and recommend improvements to the support system for Albertans with disabilities.

Health Facilities
Review Committee
Chair,
Bob Maskell, MLA
Meadowlark -Edmonton

telephone: (780) 415-9581; fax: (780) 415-0951
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.

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 the slogan: "Healthy Albertans in a healthy Alberta."

In this context, the vision of Alberta Health and Wellness is
"Citizens of a healthy Alberta achieve optimal health and well-being".

In acknowledgement that the determinants of the health and well-being of a population include factors such as education, employment, income and the environment, this vision is comprised of two distinct but interwoven dimensions:

- Albertans are able and encouraged to realize their full health potential in a safe environment, with adequate income, housing, nutrition and education, and to play a valued role in family, work and their community; and
- Albertans have equitable access to affordable and appropriate health and wellness services of high quality.

The achievement of this vision requires individuals to take responsibility for health in their communities, in collaboration not only with the Ministry and providers of health services, but with a wide variety of parties including other Ministries, other levels of government and the private sector.

Mission and Core Businesses

Within the context of the Government's Business Plan and the vision for health, the mission of the Ministry is…
"…to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders".

To achieve our mission, the Ministry engages in two core businesses:

- Lead and support a system for the delivery of quality health services, and
- Encourage and support healthy living.

Highlights for 2000/2001

The beginning of the new century brought opportunities to build on previous groundwork and move forward with new innovations. In 2000/2001, Alberta Health and Wellness focused its attention on meeting its goals in ways that ensure quality improvement, accountability and sustainability.

Leading public health care into the new century

Alberta Health and Wellness protected and sustained public health care through balanced attention to illness and wellness.

Alberta Health and Wellness progressed on its efforts to protect and sustain public health care during 2000/2001. Key actions represented a balance between services aimed at diagnosing and treating illness, and initiatives aimed at promoting wellness and preventing injury and disease. Projects also targeted improving the health system and Ministry effectiveness. All were focused on optimizing the health and well-being of Albertans.

Accessible, quality care

Front-line staff will increase by 2,400 and initiatives got under way to attract and retain physicians and nurses.

In 2000/2001, Alberta Health and Wellness – with its many partners – took significant actions and initiatives to sustain and improve accessible, effective, quality health services.

- Increased funding enables regional health authorities to add up to 2,400 nurses and other front-line staff over the next three years.
- Implementation began on strategies to enhance long-term care, contained in *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta.*
- A number of programs and initiatives were undertaken to attract and keep physicians in Alberta, including signing a two-year compensation agreement, and announcing rural and international medical graduate training programs.
- Recruitment and retention within the nursing sector was boosted through continuing education and professional development initiatives identified in a worklife study.
- New funding targeted province-wide or essential services to dramatically reduce waiting times for diagnosis and treatment. The additional funding addressed such areas as open heart surgeries, joint replacements, MRIs and breast and prostate cancer treatment.
- Nine new Aboriginal community-based projects under the Aboriginal Health Strategy addressing health issues such as diabetes, tuberculosis, injury prevention, mental health and access to services.
- Health research capacity was expanded with a renewed Health Research Collaboration Agreement with Alberta Heritage Foundation for Medical Research in which funding almost doubled to $23 million.

- Significant advancement was made in ensuring information and care is accessible throughout the province through **alberta we//net** and Telehealth. **alberta we//net** progressed on development of its cornerstone province-wide pharmaceutical information network. All 15 rural regional health authorities and the Alberta Mental Health Board gained access to Telehealth.
- Support was provided to the government in prohibiting two-tiered health care, while permitting health authorities to contract for insured surgical services through the *Health Care Protection Act.*
- Key learnings from 27 primary health care projects were shared through a provincial conference, reports and other vehicles.
- Reasonable access to and appropriate use of prescribed drugs was ensured by adding 24 new medicines to the drug benefit list and implementing the Alberta Prescription Checkpoint Program.

Measures and results

- Albertans' ratings of ease of access to health services were unchanged in 2001.
- 86 per cent of Albertans considered the quality of care received to be 'good' or 'excellent' – near the 90 per cent target.

Measure	1997	1998	1999	2000	2001	Target 2003
Quality of care personally received (% responding ***good*** or ***excellent***)	86	86	78	86	86	**90**

- While waiting lists for heart surgery declined slightly in the past two years, the number of people waiting for joint replacement surgery increased. Waiting lists for MRIs decreased significantly during 2000/2001.
- The per cent of in-patient hospital days that could have been provided in an alternative setting has increased in recent years.

Protection, promotion and prevention

Immunization programs protected record numbers against meningococcal disease, while strategies resulted in lower rates for tuberculosis.

Significant advances were made to improve the health and well-being of Albertans during 2000/2001.

- Immunization programs with Calgary and Capital Health Authorities protected more than 300,000 young Albertans against meningococcal disease.
- Improved information systems were developed to support screening programs for selected newborn metabolic disorders.
- Alberta achieved one of its lowest rates ever for tuberculosis through ongoing monitoring, treatment and prevention strategies.
- National and provincial planning took place in the event of an influenza pandemic.

- Alberta Health and Wellness led and participated in a number of environmental assessments and programs throughout the province to identify and address potential human health concerns.
- Improvements for persons with developmental disabilities continued to be supported, through reviews of the *Building Better Bridges* report and increased funding for service providers. Alberta Health and Wellness also coordinated a forum to examine the needs of adults with acquired brain injury.
- Alberta Health and Wellness participated in many projects to enhance the health of children and youth, including the Ever Active School Program and the Alberta Children's Initiative.
- The department helped to establish an integrated community HIV fund.

Measures and results

- The per cent of newborns with low birth weight has not changed significantly and, at 6.1 per cent, remains above the target of 5.5 per cent.
- Injury mortality rates lowered slightly to 48 per 100,000 population, while suicide rates (15 per 100,000 population) have changed very little since 1997.
- Breast cancer screening rates, although slightly improved, continue to be below target.

Reported Use of Medical Screening Tests for Breast Cancer	1994/95	1996/97	1998/99	Target 2002/2003
Mammography, last 2 years (% women age 50–69)	71	64	69	**75**

Health system and Ministry effectiveness

Alberta Health and Wellness led and participated in many projects to support a system for health and to optimize departmental effectiveness.

Consistent reporting means information can be better exchanged provincially and nationally.

- Albertans had access to information about health and the health system to support them in taking responsibility for their health and use of health services. Communication initiatives included *Health Trends in Alberta: A Working Document* about the health status of Albertans, *Alberta's Health System: Some Performance Measures* and results of the annual *Alberta Health Survey Report.*
- Alberta Health and Wellness developed consistent reporting methods for a variety of data so information can be better exchanged provincially and nationally.
- The department supported public-private partnerships to increase availability of long-term care.

- Alberta Health and Wellness employees joined inter-governmental projects, such as the new Alberta Corporate Services Centre, that offer efficiencies and standards for all departments.

Measures and results

- Self-reported knowledge about available health services increased in 2001, but remains below target at 66 per cent compared to the desired 75 per cent.
- Overall public ratings of the health system have improved in recent years, with 68 per cent responding "good" or "excellent" in 2001.
- 70 per cent of stakeholders rate the Ministry's effectiveness and performance as "good" or better.

Financial results and funding priorities

Additional funding targeted waiting times, facilities and equipment, and health care professionals.

Government continued to target additional funding to ensure the health needs of Albertans were met. The Ministry expended $5.956 billion in 2000/2001. Eighty five per cent of health spending is for the health services provided by the health authorities, by physicians and other health practitioners and for drug benefits.

The $5.9 billion expenditure was an increase of $470.5 million or 8.6 per cent over the 1999/2000 expenses.

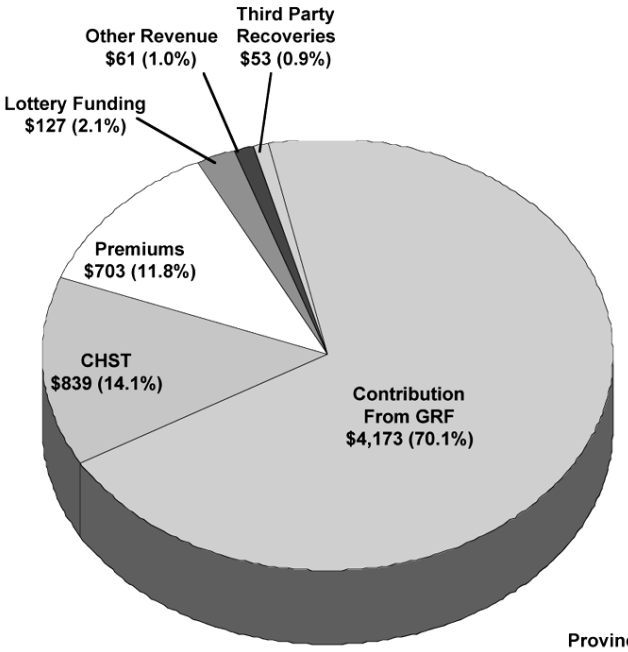
The increased funding ensured that:

- Wait times for major diagnostic and treatment services such as joint and hip replacements, open-heart surgeries, angioplasties and renal dialysis would be reduced ($54.4 million).
- Increased demand for drug benefits was addressed as well as the addition of new high cost drugs to the drug benefit list during the year ($48.7 million).
- There would be increased access to quality health services and to services for persons with development disabilities ($112.4 million).
- There would be adequate compensation for regional health authority staff and for agency staff that provided services to persons with developmental disabilities ($63.6 million).
- Support was available for nurses continuing education through the establishment of an endowment fund ($10 million).
- Long term care and home care services were expanded ($20 million).
- Regional health authorities, which include the provincial mental health and cancer boards, were able to replace and acquire medical equipment ($143.6 million), including $14 million for the acquisition of additional MRI's. Also included is $48.7 million from the federal government for the purchase by the regional health authorities and public health laboratories of high-tech equipment for diagnostic and treatment purposes.

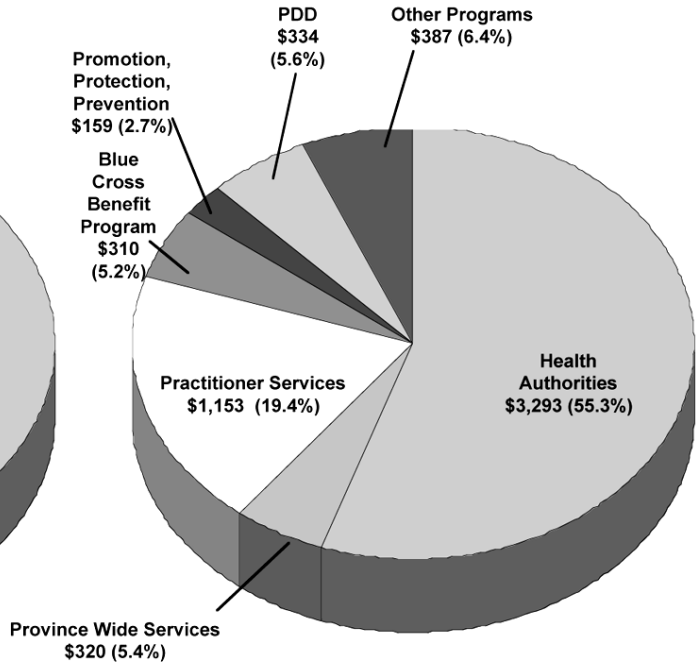
- Initiatives were started to respond to the Children at Risk Task Force Report, in conjunction with other Ministries ($3.4 million).

In addition, there was an increase of $14.4 million for the provision of Health Care Insurance Premiums write-offs.

Sources Of Funding



How Was Funding Spent



Total $5,956 Million

Communication with Albertans

Throughout 2000/2001, 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. Some information initiatives included:
  - The release on September 15, 2000 of the *Alberta Health Survey Report* in which 85 per cent of Albertans reported results of the care they received as good or excellent. The Population Research Laboratory at the University of Alberta conducted this health survey. The 2000 survey incorporated the views of 4,000 Albertans interviewed between March 30 and May 10, 2000.
  - The sending out on December 28, 2000, of *Alberta's Health System - Some Performance Measures, November 2000*. This publication updates Albertans on the performance of the health system.
- Alberta Health and Wellness consulted with stakeholders on developing regulations for the *Health Care Protection Act*. On September 28, 2000, the Alberta government proclaimed the Act and enacted the *Health Care Protection Regulation*. An extensive campaign provided media relations and advertising support during this process and in implementing the government's Six Point Plan for Health.
- Alberta Health and Wellness consulted with the public and key health care stakeholders on the recommendations submitted by the Alberta Advisory Committee on Organ and Tissue Donation and Transplantation.
- Alberta Health and Wellness consulted with Alberta Learning and post-secondary institutions in the province about jointly establishing 575 new training spaces in health care professions.
- The Alberta Brain Injury Forum consulted with 135 Albertans in Red Deer December 8-9, 2000. From the Forum, recommendations were developed for the Alberta Brain Injury Action Plan. Both are part of the Alberta Brain Injury Initiative to identify and address the needs of adult Albertans with acquired brain injury.
- A vaccination campaign on meningitis began in Edmonton in October 2000 and was followed up by a similar campaign in Calgary in February 2001. Alberta Health and Wellness set up a provincial meningitis hot line to respond to public calls. The experience in Edmonton and Calgary was then used to prepare for the provincial campaign, announced on February 5, 2001.

Results Analysis

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

To the Members of the Legislative Assembly:

I have performed the following procedures in connection with the Ministry of Alberta Health and Wellness' key performance measures included in the *2000-2001 Annual Report of the Ministry of Alberta Health and Wellness*.

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 that converted source information into reported measures were tested.
3. The appropriateness of the description of each measure's methodology was assessed.

As a result of applying the above procedures, I found no exceptions. However, these procedures do not constitute an audit of the key measures and therefore I express no opinion on the key measures included in the *2000-2001 Annual Report of the Ministry of Alberta Health and Wellness.*

[Original signed by Peter Valentine] FCA
Auditor General

Edmonton, Alberta
July 13, 2001

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

Deputy Minister's Message

As Deputy Minister, I work to ensure effective governance of a health system that meets Albertans' needs. In this past year, we have forged new directions in health care, and I am pleased that this annual report shows progress toward our vision to achieve optimal health and wellness for Albertans.

Alberta Health and Wellness has a renewed focus on preventing illness and maintaining the health of Albertans. In 2000/2001, Alberta Health and Wellness worked with the regional health authorities to expand childhood immunization to include chickenpox, and introduced a province-wide vaccination campaign to prevent meningitis. We also expanded breast-cancer screening by introducing coverage for annual mammograms. We worked with other government departments on initiatives to protect children's health and continued our cross-government work on seniors and aboriginal health policy.

We also work with all our partners to provide services when people become ill or injured. For example, we worked with health authorities to identify the resources needed to reduce waiting times for key surgeries. Through quarterly reporting, we are monitoring progress in achieving waiting list targets and are reporting these results to Albertans.

I am especially pleased with the contracts we negotiated with the Alberta Medical Association, and that the health authorities negotiated with Alberta's nurses, that make Alberta the province of choice for health professionals. These agreements create a more favourable work environment that includes ongoing education, as well as appropriate compensation. We look to the agreements to be part of the solution in addressing the continuing shortage of care providers in the province.

Developing a new sense of team and re-energizing our staff within the department has been a major focus in the past year. In 2000/2001, we began to recognize excellence by introducing the first annual REACH awards for outstanding staff achievement. A new focus on internal communication keeps all staff members informed of key developments and activities within the department. This and other efforts have had a tangible impact on our ability to work effectively with our external partners and deliver quality services to Albertans.

My first year as Deputy Minister of Alberta Health and Wellness has been personally and professionally rewarding. Our executive team and I look forward to reporting on greater achievements in the year to come.

[Original signed]

Shelley Ewart-Johnson
Deputy Minister
Alberta Health and Wellness

Core Businesses

Alberta Health and Wellness engages in two core businesses:

- **lead and support a system for the delivery of quality health services**
  For Albertans who are fragile and/or ill, or who may need diagnosis, treatment or support, a system of quality health services is in place to meet their needs. While the responsibility for delivering those services rests with health authorities, agencies and individual practitioners, the Ministry is required to demonstrate leadership in setting direction, policy and provincial standards which ensure quality services. Key Ministry roles are to set priorities based on health needs, determine the scope of financial, capital and human resources required, and measure/report on the performance of the system.

- **encourage and support healthy living**
  A primary focus of the health system is to support and encourage the well-being and health of Albertans, not just to diagnose and treat the ill and injured. Health promotion and protection programs, disease and injury prevention programs, along with enhanced supports for persons with disabilities, address risks to health where knowledge or early intervention can make a major difference. Through health authorities and provincial agencies, programs for the promotion of well-being, as well as the prevention of disease and injury, enable Albertans to make informed decisions about their health. In acknowledgement of the wide array of factors that have an impact on health, the Ministry is engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

In the following sections, information is provided about the actions and key achievements for each of the Ministry's four goals that support the two core businesses. Results for all the key performance measures included in the 2000/2003 business plan are provided in the Key Performance Measures and Results section for each goal. Additional statistical information is also provided.

Goal 1: To sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them

The responsibility for service delivery rests primarily with health authorities and individual practitioners. Continuous improvement and innovation are promoted to ensure the delivery of health services which meet high standards, achieve positive health and wellness 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. Registration of Albertans for health care insurance and operation of the payment system for fee-for-service practitioners, aids to daily living suppliers, ambulance operators and other services are administered by the Ministry.

Action and Achievements

Action: **Improved access by increasing staff levels for front-line services.**

Achievements:

- Alberta Health and Wellness included funding in the 2000/2001 budget to enable regional health authorities to begin adding up to 2,400 nurses and other front-line workers over the next three years.

Action: **Began implementing strategies to enhance long-term care, contained in *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta.***

Achievements:

- Alberta Health and Wellness allocated an additional $20 million to regional health authorities to expand home care services.
- Developed guidelines for partnerships between regional health authorities and private, public or voluntary sector organizations to develop long-term care facilities. Financial assistance is conditional upon the best interests of the public and the community being served through an appropriate allocation of risks and returns between the partners.
- A computer-based needs projection model was developed and provided to regional health authorities to assist in their development of a 10-year continuing care service plan for their region.
- Experts and stakeholder groups provided advice on quality Alzheimer's and dementia care, and core components of services needed for this special population.
- Background work began toward enhancing the skills and supply of health care workers to serve the aging population, and to develop policies for supportive living.

Action: **Initiated improvements to attract and keep physicians in Alberta.**

Achievements:

- 89 per cent of the Alberta Medical Association's membership voted to accept a two-year compensation agreement for physicians developed by Alberta Health and Wellness and the AMA. The objectives of a new agreement were to attract and retain physicians, provide for appropriate volume increases and support innovation. Funding increases keep Alberta competitive on a national scale and support fee equity between physician specialties, as outlined by Alberta's Relative Value Guide Commission.
- $4.5 million in new funding was announced to create 40 new post graduate medical residency positions in rural Alberta. Twenty students started in July 2001 and 20 more will start in July 2002. Seventeen of these positions were filled, with the remaining three reallocated and added to the Alberta International Medical Graduate Program. The new Alberta Rural Family Medicine Network is a partnership between the Rural Physician Action Plan, the University of Calgary and University of Alberta Family Medicine departments.

Number of Physicians in Alberta

The number of physicians participating in AHCIP has increased steadily since 1996.

	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001
Physicians per 1,000 Albertans	1.53	1.52	1.54	1.58	1.63
Number of Physicians	4,228	4,268	4,442	4,641	4,856

Source: Alberta Health Care Insurance Plan (AHCIP).
Mid-year population for 1996/1997 to 2000/2001 taken from Population Registry as of September 30 of each fiscal year. This is a change in methodology from previous reports. There are additional physicians practising in Alberta who are not compensated through AHCIP.

- The Alberta International Medical Graduate (IMG) Program commenced this year with 11 IMGs participating. This new two-year family medicine residency program will provide foreign medical graduates with the training they need to practise in Alberta.
- According to the College of Physicians and Surgeons of Alberta, as of March 31, 2001, there were 5205 fully registered physicians in Alberta compared to 5044 for the previous year, an increase of 161.
- $10 million in new funding was targeted over two years to recruit and retain specialists providing province-wide services, such as neurosurgery and organ transplants provided by the Capital Health Authority and Calgary Health Region for all Albertans.
- Two new alternative payment plan projects were implemented: The Taber Associated Medical Centre and the Calgary Chronic Pain Centre. Four previously implemented projects continued to operate and 13 others are being developed.
- Progress was made on an alternative funding plan for the University of Alberta Departments of Medicine and Pediatrics. Implementation is targeted for 2001. The activities will improve recruitment and retention of specialists, and encourage innovative solutions to health care delivery.

Waiting to See a Family Physician or Specialist

Most Albertans (75 per cent) report that they are able to see their family physician within one week of making the appointment. There are longer waits to see a specialist physician, with 57 per cent of respondents reporting a wait of less than a month. These results have remained unchanged since 1999.

	Same day	Less than one week	1 – 2 weeks	2 weeks – 1 month	1 month or longer
Family physician (%)	35	40	13	7	4
Specialist (%)	10	12	15	20	43

Source: Alberta Health Survey 2001.

Action: **Funded initiatives to improve recruitment and retention within the nursing sector.**

Achievements:

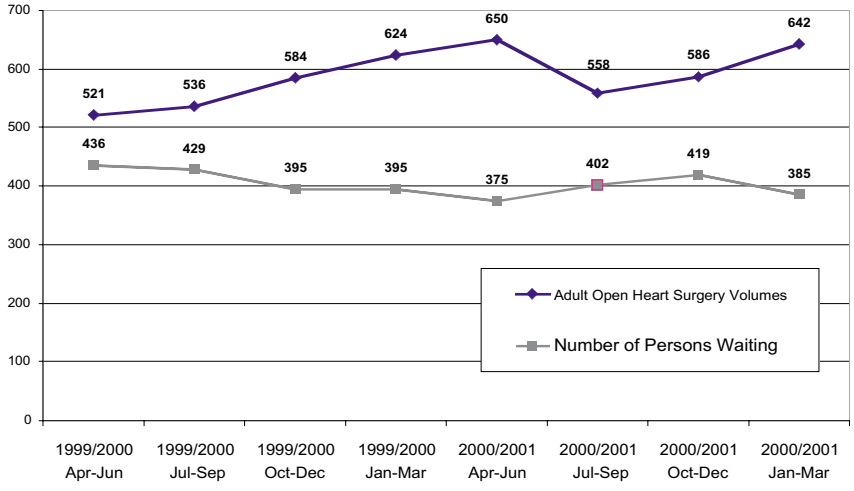
- A large-scale study of quality of work-life and career satisfaction within the nursing sector will provide the basis for partnering with stakeholders to address work-life issues.
- Alberta Health and Wellness allocated $10 million to the Alberta Association of Registered Nurses for an endowment fund to support continuing education.
- Funding and facilitation was provided for development of competency profiles for the Professional College of Licensed Practical Nurses.
- Alberta Health and Wellness chaired a federal-provincial-territorial working group that developed *The Nursing Strategy for Canada,* which proposes an integrated solution to address the need for an adequate supply of nursing personnel.

Action: **Improved access to province-wide or essential services.**

Achievements:

- Increased funding for province-wide services allowed for a 5.9 per cent volume increase in such life-saving medical procedures as dialysis and heart surgeries. New therapies and prevention programs also were added.
- New funding was provided to reduce waiting times for diagnosis and treatment. The additional funding addressed areas such as open heart surgeries, joint replacements, MRIs and breast and prostate cancer treatment. Specific targets for 2000/2001 included an additional 185 cardiac surgeries, 150 angioplasties, 830 major joint replacement surgeries and 4,000 additional MRI procedures. Funds were also provided for increased capacity for kidney dialysis and improved pre-dialysis care management.

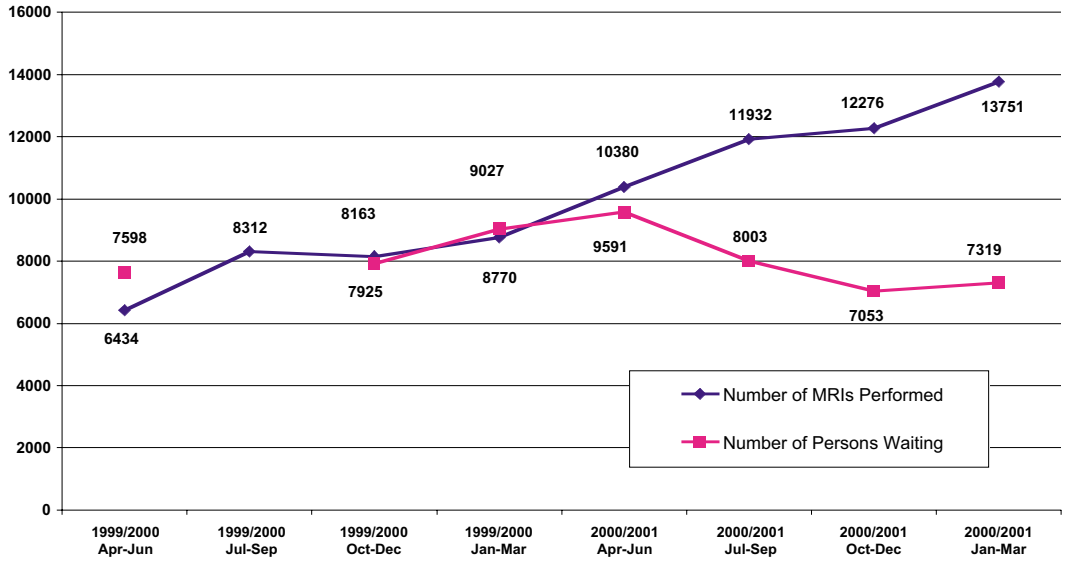
Alberta - Adult Open Heart Surgery Volumes and Number of Persons Waiting



Source: Alberta Health and Wellness, Standards and Measures, Quartely Reporting

- New funding for the recruitment of additional cancer specialists was provided and the average waiting times for radiation therapy for breast and prostate cancer improved. A reduction from approximately 11 weeks in March, 2000 to 4 weeks in March, 2001 was documented.
- Alberta Lottery Fund grants, totalling $10 million, were awarded to seven regional health authorities and the Alberta Cancer Board for the purchase of advanced medical technology to improve access and reduce wait times for diagnostic and treatment services. In 2000/2001, the grants supported the acquisition of equipment including a MRI scanner, renal dialysis machines, ultrasound units and anaesthetic machines.
- An MRI Report *(Magnetic Resonance Imaging Report of Findings and Recommendations)* prepared by the Imaging Advisory Committee contained a province-wide strategy to improve access to MRI services in Alberta.

Province - Number of MRI Examinations Completed and Number of Persons Waiting for an MRI



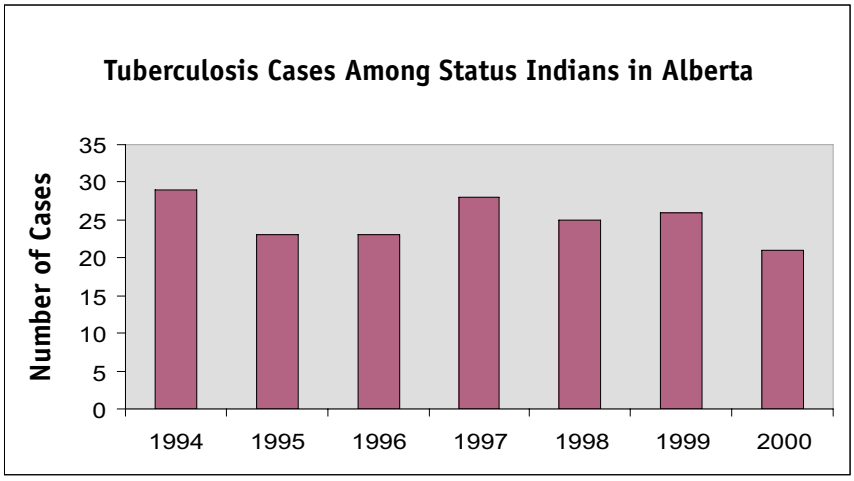
*Data includes: Calgary, Capital and Chinook Regions (99/00 Q2 and after), David Thompson (00/01, Q1 and after), Mistahia (00/01, Q4 and after). Excludes Qtr 2 99/00 due to incomplete data.
Source: Alberta Health and Wellness, Standards and Measures, Quarterly Reporting

Action: **Continued to implement the Aboriginal Health Strategy to address Aboriginal health issues in co-operation with the federal government, other ministries, provincially-funded health providers such as regional health authorities and Aboriginal communities.**

Achievements:

- The Aboriginal Health Strategy Project Fund started nine new Aboriginal community-based projects to enhance aboriginal access to provincial health services and to facilitate partnerships between health authorities and aboriginal communities. The projects address such health issues as diabetes, tuberculosis, injury prevention, mental health and access to services. The department has committed $3.2 million during the Strategy's first five years, for 46 projects.

- The Aboriginal Health Careers Bursary Program funded 47 students to further their studies (bringing the total to 163 bursaries awarded since 1996) and thereby increase health workforce participation by aboriginal people and address the critical shortage of health care workers in aboriginal communities.
- The Paddle Prairie and Gift Lake Metis Settlements, and Fort Chipewyan received grants to encourage innovation in service delivery and enhance the provision of primary health services in remote aboriginal communities.
- Alberta Health and Wellness is one partner ministry in the government-wide Aboriginal Policy Initiative. As part of this initiative, Alberta Health and Wellness is committed to reducing the number of new tuberculosis cases among Aboriginal Albertans.



Source: Alberta Health and Wellness, Communicable Disease Control TB database.

Action: **Boosted health services research through a renewed Health Research Collaboration Agreement with the Alberta Heritage Foundation for Medical Research.**

Achievements:

- The renewed and enhanced Health Research Collaboration Agreement almost doubled funding by Alberta Health and Wellness from the previous agreement to $23 million over five years. The Agreement supports the Health Research Fund, the development of a province-wide research agenda, Alberta's health technology assessment program and effective communication of the research results.
- Examples of projects funded under the Health Research Fund include: prevention of Streptococcus B infection, a potentially deadly disease in newborns; development of better imaging technology for detecting breast cancer; development of a self-help program for problem gamblers and determination of the value and effects of exercise in cancer patients.

Action: **Promoted changes to enhance quality, accessibility and sustainability through the Health Innovation Fund.**

Achievements:

- A second call for proposals resulted in 15 new projects being funded for $13 million over three years. In total, there are 48 projects testing the innovative use of new technologies (e.g.teleradiology), organizational models and personnel (e.g. nurse practitioner) to improve access effectiveness or efficiency.
- An evaluation strategy implemented for projects of the Fund will enhance accountability and ensure experience gained is disseminated.

Action: **Prohibited two-tiered health care, while permitting health authorities to contract for insured surgical services.**

Achievements:

- The Minister approved 34 new and 2 pre-existing contracts for insured surgical services after the *Health Care Protection Act* and Regulation came into force in September 2000. A process had been established for Ministerial review and approval of contracts between regional health authorities and operators of surgical facilities for the provision of insured surgical services, as well as for the Minister to designate surgical facilities.
- Development and implementation of the Act and Regulation included communication with the public, RHAs and surgical operators; stakeholder consultations and independent third-party reviews.

Action: **Completed consultation toward improvements in professional self governance.**

Achievements:

- Consultations were completed for four profession's policies, which will form the basis for regulations under the *Health Professions Act*.

Action: **Enabled co-ordinated workforce planning across the province.**

Achievements:

- Regional health authorities developed their first health workforce plans as part of their business plans, using a template developed by Alberta Health and Wellness.
- A Continuing Care Workforce Working Group was established to implement the human resource strategies contained in *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta.*

Action: **Proposed improvements in such areas as perinatal health, physical therapy and children's mental health.**

Achievements:

- A steering committee proposed an Alberta Perinatal Health Program to improve overall coordination throughout the province. Funding was secured to implement the proposed program in 2001/2002.
- Policy options were examined and developed for community physical therapy. A consultation paper will be released in 2001/2002.

- The use of a single information system by the two provincial laboratories was proposed to ensure the long-term exchange of laboratory information and will be implemented in 2001.
- Alberta Health and Wellness participated in the Children's Mental Health Provincial Working Committee report, *Enhancing and Improving Mental Health Services for Selected Groups of Children and Youth.*
- A policy change reduced financial hardship for patients and their escorts travelling out of Canada for medically required services approved by the Out of Country Health Service Committee.

Action: **Progressed toward implementation of the *Health Information Act.***

Achievements:

- Steps toward implementation of the Act included completing regulations; developing a guidelines and practices manual; developing and delivering training of health authorities, Alberta Health and Wellness staff, pharmacists and other custodians; and developing pubic information materials. The Act was proclaimed on April 25, 2001. It 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.

Action: **Shared key learnings from 27 primary health care projects completed under the Alberta Primary Health Care Project to inform practice and policy development.**

Achievements:

- A Provincial Showcase Conference held in November 2000 disseminated key learnings from the projects, along with a video and projects booklet. Reports on each project and its evaluation are available on the website of Alberta Health and Wellness. Learnings relate to such areas as access, quality, impact on populations and transferability, integration, multi-discipinary teams and community health centres.

Action: **Continued to enhance Telehealth services to improve access to specialists and continuing medical education in smaller/rural communities.**

Achievements:

- Fifteen regional health authorities and the Alberta Mental Health Board gained access to Telehealth.
- The Mental Health Board and six regional health authorities pilot tested a provincial project for the scheduling of telemental health sessions.

Telehealth Implementation – Progress

Telehealth installations enable physicians and other health service providers in rural and remote communities to consult with specialists in the urban centres for diagnostic and treatment advice.

	March 2000	Sept 2000	March 2001
Teleconference Sites	52	59	70
Teleradiology Sites	2	17	19

Source: Alberta we//net

Action: **Implemented a seniors drug profile to help caregivers make more informed decisions.**

Achievement:

- **Alberta we//net** further rolled out the seniors drug profile information system which provides the medication history of seniors in 86 facilities throughout Alberta. It is also used by 81 homecare sites.

Seniors Drug Profile

The Seniors Drug Profile gives health service providers access to information about the medication prescribed to Alberta seniors. This improves diagnosis and treatment quality, especially when the patient cannot recall which medications they are currently taking. These results show rapid increase in the implementation and use of this new information system.

	March 2000	September 2000	March 2001
Number of health facilities	23	42	86
Number of sites, including home care sites	50	163	418
Number of drug profiles accessed (6 months prior to reporting date)	6,626	19,209	27,071

Source: Alberta we//net

Action: **Ensured reasonable access to and appropriate use of prescribed drugs.**

Achievements:

- The Minister added 24 new medicines to the Alberta Health and Wellness Drug Benefit List, on the advice of the Expert Committee on Drug Evaluation and Therapeutics. They included medications for the treatment of hypertension, bacterial infections, rheumatoid arthritis, diabetes and osteoporosis
- Development is under way on a province-wide pharmaceutical information network as the cornerstone project of **alberta we//net.**
- The Alberta Prescription Checkpoint Program, launched in September 2000, encourages patients to try a few doses of each new prescription before it is fully dispensed, to ensure suitability and reduce drug waste.

Action: **Contributed to enhanced long-term planning for health infrastructure.**

Achievement:

- Developed a conceptual framework and essential components for health authority long-term capital plans, and performance measures for health infrastructure in collaboration with health authorities and Alberta Infrastructure.
- 25 per cent of regional health authorities completed long-term capital plans. Plans from the remaining health authorities are expected in the first quarter of 2001/2002.

Action: **Made improvements to the Alberta Aids to Daily Living program.**

Achievements:

- Alberta Aids to Daily Living conducted a program mandate and operational review, its first since 1989, to make improvements to the program.
- Specific improvements in 2000/2001 included use of interactive voice response for client inquiries, expanded access to burnscar garments, a pilot project for compression stockings, improved processes for respiratory benefits and funding for replacement bone-anchored hearing aid devices.

Action: **Developed a provincial health capital plan to improve access and reduce waiting lists for acute and long term care services, and to replace health capital assets.**

Achievements:

- The approved capital plan targeted beds and increased capacity to reduce waiting times for cancer, heart and orthopedic surgery, and to improve access to renal dialysis, psychiatric and emergency services. Enhanced children's services will be available in the new Alberta Children's Hospital.
- The capital plan places high priority on the regeneration and expansion of long-term care facilities to improve the living environment and reduce wait lists. Capacity will increase by 1032 beds while 1231 beds will be upgraded or replaced.

Key Performance Measures and Results

Measure 1.1 **Ratings of ease of access to health services**

The per cent of Albertans who report access to health services is "easy" or "very easy."

Target (2002) = 80 per cent

Rationale: Access to publicly funded health services is a fundamental principle for the health care system. Health services are made available to all Albertans through the public health system, and the Ministry's goal is to achieve reasonable access for all.

Results:

	1997	1998	1999	2000	2001	Target 2002
Ease of access to health services (% responding ***easy*** or ***very easy***)	74	73	73	64	64	**80**

Source: Alberta Health Survey, 1997/2001.

Discussion: Public ratings of ease of access to health services remained at 64 per cent in 2001, below our target of 80 per cent.

Many of the activities and achievements of the Ministry, including targeted funding in high need areas and successful recruiting of physicians and nurses, are intended to improve access to services. Continued work in these and other areas of service delivery are needed to achieve our target by 2002.

Source: 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 2001 is 81 per cent. Results for the entire sample are accurate within ±2 per cent 19 times out of 20.

Adult Albertans are asked: "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is: very easy, easy, a bit difficult, or very difficult?" The measure is the per cent who respond easy or very easy.

Measure 1.2 Ratings of quality of service received, and the effects of care on health

The per cent who report quality of care personally received was "excellent" or "good."

Target (2003) = 90 per cent

The per cent who report that the effect of care on their health was "excellent" or "good."

Target (2003) = 85 per cent

Rationale: Our goal is to ensure provision of health services that are of high quality, and are effective in improving the health of Albertans. These key measures reflect the views of Albertans on the quality and effectiveness of services they have received, based on their experiences with the health system.

Results:

Measure	1997	1998	1999	2000	2001	Target 2003
Quality of care personally received (% responding ***good*** or ***excellent***)	86	86	78	86	86	**90**
Effect of care on health (% responding ***good*** or ***excellent***)	83	84	83	85	86	**85**

Source: Alberta Health Survey; 1997/2001.

Discussion: 2001 results maintain the levels achieved in 2000. Generally, Albertans remain positive about the quality of care they receive, and the effects of this care on their health.

Many of the Ministry's actions and achievements directly affect the quality and effectiveness of health services. Funding ensures the appropriate levels of health professionals, staff, equipment, medications and supplies. Through legislation such as the *Health Disciplines Act*, we ensure health professionals are highly skilled and professional in their interactions with patients.

Source: Alberta Health and Wellness Survey (annual). (please refer to *Source* note to measure 1.1 for methodology)

Adult Albertans who report that they have obtained health services during the past 12 months (approx. sample of 3,000 each year) are asked: "Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was: excellent, good, fair or poor?" The measure is the per cent responding excellent or good.

Respondents are then asked: "How did the health care services you received in the past 12 months affect your health? Would you say the results were: excellent, good, fair or poor?" The measure is the per cent responding excellent or good.

Measure 1.3 Wait lists for MRI, joint replacement, heart surgery and long-term care

The number of persons waiting at the end of each quarter.

Target (2002/2003) = decreasing trends

Rationale: Waiting for health services is one measure of whether the health system is providing reasonable access to needed health services. Very urgent need is responded to immediately; however, less urgent cases are placed on waiting lists according to the level of need. In recent years, Alberta Health and Wellness has developed a process for targeted funding and specific quarterly reporting of the number of persons waiting and the number served for specified services, to ensure that access to these services improves.

Results:

Number of Persons Waiting for Service	1999/2000 Q1	Q2	Q3	Q4	2000/2001 Q1	Q2	Q3	Q4	Target 2002/2003
Heart surgery	436	429	395	395	375	402	419	385	**Decreasing trend**
Joint replacement	1936	2052	2110	1853	1984	2215	2315	2497	**Decreasing trend**
MRI	7598	n/a*	7925	9027	9591	8003	7053	7319	**Decreasing trend**
Long term care placement** (urgent)	705	797	729	619	561	771	775	745	**Decreasing trend**

* complete MRI results unavailable for this quarter

**Represents change in methodology from previous years. Non-urgent people waiting in the community are not included in totals for 2000/2001 and 1999/2000. Figures have been restated to reflect the change. Previous year's numbers may also have been subject to corrections by regional health authorities. Complete information for Q1 and Q2 of 1999/2000 on persons waiting for long term care placement is not available from two health authorities, affecting about 30-40 cases.

Discussion: The number of persons waiting for heart surgery has declined only slightly in the past two years. The number of persons waiting for joint replacement surgery has increased steadily in 2000/2001. The number of persons waiting for MRIs increased during 1999/2000, but has decreased quite rapidly during 2000/2001. The number of persons waiting for long-term care placements has increased during 2000/2001. We continue to monitor progress and publish regular reports on these wait lists (reports can be found on the Alberta Health and Wellness web-site: www.health.gov.ab.ca).

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system. Waiting begins on the date a person is placed on the list for a particular procedure or service and ends on the date the service is received. Some waiting lists may contain a few individuals who are opting to wait for a preferred service date.

Measure 1.4 Alternate level of care (ALC) days (efficiency in acute care facilities)

The per cent of total hospital days for care that could have been provided in an alternative setting, as determined by medical staff.

Target (2002/2003) = decreasing trend

Rationale: The effective and efficient delivery of health services requires that appropriate care is provided in the most appropriate setting. This measure indicates the level of use of acute care hospitals by persons who could be served in an alternative setting, such as a long term care facility, assisted living, home care, or out-patient care. Several key Ministry strategies are focused on developing and implementing effective and efficient ways to provide services, so that acute care facilities are used to best advantage.

Results:

Measure	1994/ 1995	1995/ 1996	1996/ 1997	1997/ 1998	1998/ 1999	1999/ 2000	Target 2002/2003
Alternative level of care days (% of all hospital inpatient days)	6.9	3.9	3.9	4.1	4.9	5.4	**Decreasing trend**

Source: Alberta Health and Wellness; Hospital Morbidity Files (includes acute care hospitals only).

Discussion: The results show that the per cent of all in-patient hospital days that could have been provided in an alternative setting has been increasing in recent years. Major strategies to address this trend are focused on providing suitable facilities for continuing care, as recommended in the final report of the Long Term Care Review (1999). These recommendations are being implemented now, and the new housing and long term care facilities are expected to have an impact on this measure in the next two years.

Source: Alberta Health and Wellness; Hospital Morbidity Files via Canadian Institute for Health Information.

Goal 2: To improve the health and well-being of Albertans through provincial strategies for protection, promotion and prevention

The health and wellness of individuals is determined by a number of factors. Key factors include genetic endowment, early childhood development, education, environment and employment status, as well as personal decisions about lifestyle behaviours. The services and supports available through the health system are a relatively minor factor, though essential when they are needed. With access to accurate and timely information, Albertans can make wise choices, whether it is to prevent disease or injury, or to safeguard their own health, wellness and quality of life.

Self-Reported Health Status

Self-reported health status was lower in 2001 compared with previous years.

	1997	1998	1999	2000	2001	Target 2003
Age 18 – 64 (% reporting ***very good*** or ***excellent*** health)	65	67	67	66	63	**70**
65 and older (% reporting ***good, very good*** or ***excellent*** health)	75	71	78	79	72	**80**

Source: Alberta Health Survey; 1997, 1998, 1999, 2000, 2001.

Actions and Achievements

Action: **Developed electronic information systems to support cancer and metabolic screening programs.**

Achievements:

- Information system linking laboratory and regional coordinators was implemented to ensure all newborns are tested for three inherited metabolic disorders.
- Information systems to support breast cancer and cervical cancer screening programs were under development.

Action: **Expanded the Alberta immunization program to protect Albertans.**

Achievements:

- Albertans were protected from chicken pox by the introduction of a new varicella virus vaccine into the routine Alberta Immunization Program.
- More than 300,000 young Albertans in the Calgary and Capital Health Authorities were immunized against meningococcal disease, in a one-time provincial program involving Alberta Health and Wellness, the provincial laboratory of public health and Health Canada.

Action: **Achieved among the lowest rates ever for tuberculosis in Alberta.**

Achievement:

- Ongoing monitoring, treatment and prevention strategies resulted in rates of TB during 2000 being among the lowest in the province's history.

Action: **Prepared for a potential pandemic influenza outbreak through involvement in Canada-wide planning.**

Achievement:

- Alberta Health and Wellness coordinated further development of a provincial plan to be prepared for a pandemic influenza outbreak. The plan supports the Canadian Contingency Plan.

Selected Communicable Diseases: Rates per 100,000 Population

Higher incidence rates occurred for *E.Coli* (primarily in southern regions), invasive meningococcal (primarily in the Edmonton area), and measles (primarily among unimmunized children). Decreased incidence rates occurred for pertussis and tuberculosis; rates for these two diseases are now at or below the provincial target levels.

Communicable Disease	1996	1997	1998	1999	2000
AIDS*	2.8	1.9	0.8	1.4	1.6
E.Coli 0157	5.8	6.8	9.0	6.6	10.9
Gonorrhea	17.2	14.6	18.5	18.3	19.8
Invasive Meningococcal	0.2	0.1	0.2	0.1	2.6
Measles	0.3	8.8	0.04	0.6	4.1
Pertussis	41.2	27.6	26.3	28.2	15.6
Tuberculosis	5.1	5.9	5.5	5.1	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.
*AIDS counts are based on year of report.

Action: **Participated in environmental assessments and programs.**

Achievements:

- Alberta Health and Wellness led an interdepartmental human health team to review environmental impact assessments prepared by a number of major projects in Alberta. Team representatives also participated on the government panel at the Alberta Energy and Utilities Board public hearings. Projects examined included EPCOR's Rossdale plant, Cardinal River Coals, Shell Scotford co-generation project, True North Energy L.P. Fort Hills oil sands project, Inland Cement's fuel conversion project and Lafarge Canada's proposed fuel conversion project.
- Alberta Health and Wellness completed *The Alberta Oil Sands Community Exposure and Health Effects Assessment Program: Summary Report* providing results of studies to address human health concerns about air quality. The results were provided to the principal clients, Alberta Energy and Utilities Board, Syncrude Canada and Suncor Energy, and to stakeholders.
- An Environmental Health Law Conference was organized for regional health authority and other representatives, medical officers of health; other government departments, Health Canada and others involved in public health.

Action: **Continued to support improvements for persons with developmental disabilities.**

Achievements:

- The Ministry and the Persons with Developmental Disabilities (PDD) Board reviewed and prepared a response to *Building Better Bridges: The Final Report on the Programs and Services in Support of Persons with Developmental Disabilities.* The PDD function was transferred to Alberta Community Development at year-end.
- Alberta Health and Wellness was one of four government departments to contribute $40.8 million over two years to community agencies that provide programs and services to individuals with special needs. The funds will augment the wages paid to an estimated 15,000 service providers who are employees of the community agencies. Alberta Health and Wellness contributed $26.5 million. The *Building Better Bridges* report made this recommendation.
- PDD Board appointments made by the Minister in January 2001 ensured a balanced community perspective.

Action: **Contributed to projects to enhance the health of children and youth.**

Achievements:

- Planning began for the implementation of the Alberta Perinatal Health Program, including more integrated initiatives focussing on low birth weight.
- An Ever Active School Program was implemented in partnership with Alberta Learning and Alberta Community Development to promote physical activity opportunities.
- Alberta Health and Wellness continued to contribute to the Alberta Children and Youth Services Initiative to enable children with special health needs to participate fully in education programs. Under the Student Health Initiative, twenty-two partnerships involving schools, regional health authorities, child and family services and mental health partners are delivering rehabilitation and emotional/behavioural services to students across the province.
- The health authorities in Edmonton and Calgary received $125,000 each in grants (with an additional $125,000 each to come) to improve diagnosis and management of children and youth with fetal alcohol syndrome.
- Alberta Health and Wellness allocated $1.85 million for child health initiatives to help regional health authorities respond to recommendations from the Children's Forum and the Task Force on Children at Risk reports. Examples of projects include the Mexican Mennonite Nutrition Program in Chinook region and the Eat Well, Play Hard Program in Lethbridge and surrounding communities.
- In addition, the provincial Mental Health Board and AADAC received $2M and $1.4M respectively for initiatives responding to the recommendations of the Children at Risk Task Force.

Action: **Consolidated recommendations to reduce tobacco use.**

Achievements:

- The Minister established in January 2001 an intergovernmental committee chaired by the Alberta Alcohol and Drug Abuse Commission to recommend a made-in-Alberta tobacco reduction plan.

Action: **Helped establish an integrated community HIV fund.**

Achievement:

- Alberta Health and Wellness contributed $2 million to the Alberta Community HIV Fund. The fund was developed collaboratively by agencies, Health Canada and Alberta Health and Wellness to integrate funds into one program to support community agencies' HIV/AIDS programming in Alberta.

Action: **Made health information easily accessible to public health professionals to aid in tackling health dangers and protecting Albertans.**

Achievement:

- **Alberta we//net** fully implemented a public health information exchange program (SPHINX) that assists public health professionals monitor and report on public health issues and analyze the factors influencing health. Further enhancements of the system were also tested.

Key Performance Measures and Results

Measure 2.1 **Per cent low birth weight infants**

Per cent of newborns with birth weight less than 2500 grams.

Target (2002) = 5.5 per cent.

Rationale: Birth weight is an indicator of the general health of newborns, and an important determinant of infant survival, health and development. A healthy birth weight (>2500 grams) is associated with the health and care of the mother during pregnancy. Appropriate medical care and a healthy lifestyle can improve the chances that the baby will have a healthy birth weight.

Results:

	1996	1997	1998	1999	2000*	Target 2002
Low birth weight (%)	6.1	6.2	6.2	5.9	6.1	**5.5**

Source: Alberta Vital Statistics Births Registration File

* Preliminary result; subject to change.

Discussion: The low birth weight percentage in Alberta has not changed significantly during the past five years, and remains above the target of 5.5 per cent. These results are affected mainly by the activities of health authorities and physicians.

Source: Alberta Vital Statistics Birth Registration File. The measure is the per cent of live births in Alberta during the year with a recorded birth weight of less than 2,500 grams.

Measure 2.2 Mortality rates for injury and suicide

Age standardized mortality rates for death due to injury and suicide.
Targets (2002) = 45 (injury); 13 (suicide)

Rationale: Injury, including suicide, is a major cause of death in Alberta. Our injury and suicide mortality rates are among the highest in Canada.

Results:

Mortality Rates: Injury and Suicide per 100,000 Population		1994	1995	1996	1997	1998	1999	Target 2002
Injury & suicide	Males	76	77	75	70	75	67	
	Females	32	32	32	31	29	29	
	All Albertans	54	54	54	50	52	48	**45**
Suicide	Males	25	29	26	22	23	24	
	Females	7	6	8	7	6	6	
	All Albertans	16	17	17	14	14	15	**13**

Source: Alberta Health and Wellness; calculated from Vital Statistics (April 2001) and the Alberta Health Registration File (mid-year population estimates). Mortality rates are standardized to the 1996 Canada population.

Discussion: Injury mortality rates are slightly lower in 1999, and approaching the target. Suicide rates have changed very little since 1997.

Source: 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.

Measure 2.3 Breast cancer screening rates

The per cent of women aged 50-69 who receive mammography screening every two years.
Target (2002/2003) = 75 per cent

Rationale: Appropriate screening can have a significant impact on early detection and prevention of death due to breast cancer.

Results:

Reported Use of Medical Screening Tests for Breast Cancer	1994/1995	1996/1997	1998/1999*	Target 2002/2003
Mammography, last 2 years (% women age 50–69)	71	64	69	75

Source: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999)

Note: Screening results are self-reported.

*The NPHS is a longitudinal survey and is not a perfect representative cross-section of the population since the 1994/1995 survey. In view of this, trends in the results of the National Population Health Survey (NPHS) should be interpreted with caution.

Discussion: Breast cancer screening rates have not changed significantly during the past several years, and remain below the 75 per cent target. Recent improvements in programs to deliver services to rural and remote parts of Alberta, the release of a Clinical Practice Guideline in 1999, and

improvements in data systems, are expected to improve these results by 2002/2003.

Source: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999); Statistics Canada.

The 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 per cent 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 per cent. The measure is the per cent of women aged 50-69 years who report having a mammogram for breast cancer screening in the past two years. [NOTE: The NPHS is a longitudinal survey, interviewing the same persons every two years; trends should be interpreted with caution. The Canadian Community Health Survey, launched in 2000, will provide improved data for this measure later in 2001.]

Measure 2.4 Childhood immunization rates

The per cent of two-year-old children who have received the recommended immunizations.

Target (2002) = 97 per cent (diphtheria, pertussis, tetanus, haemophilus influenza b, polio)

Target (2002) = 98 per cent (measles, mumps, rubella)

Rationale: Immunization against childhood diseases has a significant impact on their incidence. A high rate of immunization for the population can help to ensure the incidence of the disease remains low, and outbreaks are controlled. Immunization contributes significantly to the health of our children.

Results:

Immunized at age 2 (%)	1996	1997	1998	1999	Target 2002
Diphtheria, tetanus, pertussis, polio, Hib (4 doses)	80	80	77	79	**97**
Measles, mumps, rubella (1 dose)	88	90	86	89	**98**

Source: Alberta Health and Wellness

Discussion: Immunization coverage rates for Alberta remain steady and below target. Special efforts are needed in remote areas of the province, and with some groups of residents, to ensure children receive appropriate immunization to protect their health.

Source: Immunization data are obtained from reports provided by regional health authorities to Alberta Health and Wellness, and from Health Canada, which has responsibility for Aboriginal children on reserves. Population at age 2 is estimated from Alberta Health and Wellness mid-year 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.

Goal 3: To support and promote a system for health

The health system is very complex. With numerous stakeholders involved in the process of organizing and delivering services to citizens, it is a continuous challenge to ensure that their efforts are effectively coordinated in the service of Albertans. Towards this end, effective communication, accountability and information systems are essential, as is leadership in addressing emerging system-wide challenges.

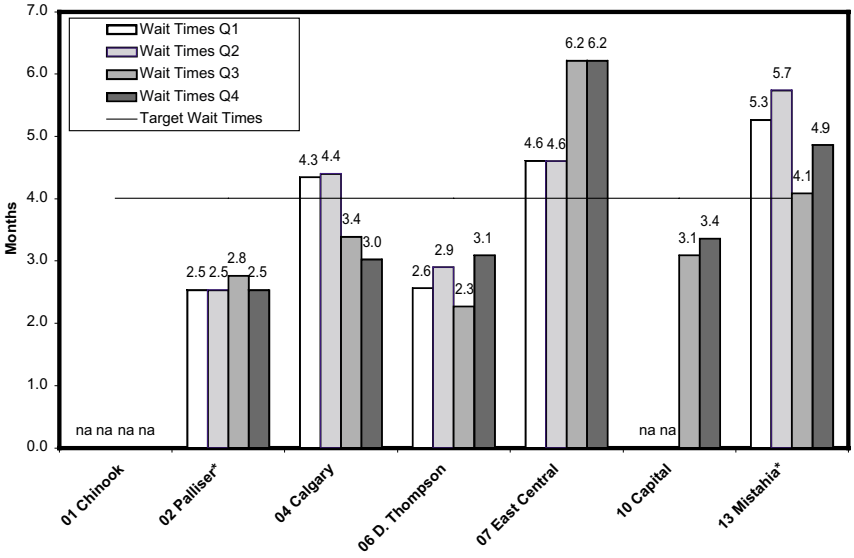
Actions and Achievements

Action: **Provided information about health and the health system to enable Albertans to take responsibility for their health and use of health services.**

Achievements:

- Alberta Health and Wellness prepared *Health Trends in Alberta: A Working Document* to present information about the health status of Albertans. It will be published in the second quarter of 2001.
- A new report, *Alberta's Health System: Some Performance Measures,* included measures on access to such services as hip and knee replacement surgery, MRIs, open-heart surgery and waits in emergency for an inpatient bed. Much of the new information on waiting times, including what is shown below, has been developed and improved this year.

Hip/Knee Replacement: Median Waiting Times (months) by Service RHA for April 2000 through March 2001



* Mean waiting time available only
na - not available

- Distribution of the LINKS newsletter, providing expert and diverse opinions on key issues, was increased among medical and clinical leaders.
- Newspaper ads titled *Health Care in Alberta: a Message to Canadians* and meetings with editorial boards by the Minister highlighted Alberta's commitment to the principles of the Canada Health Act and explained health care initiatives.

Action: **Developed consistent reporting methods so information can be exchanged provincially and nationally.**

Achievements:

- Alberta Health and Wellness supported the development of a national health infostructure, approved by the Conference of Deputy Ministers of Health. Activities included developing standard data requirements for such provincial programs as continuing care, breast cancer screening

and immunization and adverse reactions. Nationally, collaboration included indicators in home care, joint replacement, continuing care and mental health/addictions services.

- Alberta Health and Wellness is leading the Federal/Provincial/Territorial Performance Indicators Reporting Committee to develop a set of comparable health and health system indicators.
- Six regional health authorities began testing a new method for assessing and monitoring clients receiving continuing care services. This involves development of a province-wide coordinated approach as recommended by the Long Term Care Review Committee.
- Alberta Health and Wellness organized an ongoing Chief Information Officers Forum which is attended by representatives of all 17 regional health authorities, the Alberta Mental Health Board and Alberta Cancer Board.

Action: **Supported public-private partnerships to increase long-term care facilities and capacity.**

Achievements:

- Alberta Health and Wellness implemented a strategy and provided funding and a process for regional health authorities to partner with private and voluntary sector organizations to develop additional long-term care beds. This is in keeping with the government-wide Corporate Capital Planning Initiative, and recommendations of the Long Term Care Review Policy Advisory Committee. Partnerships have demonstrated good value and an economic advantage for the Province.

Action: **Expanded a pilot program to enhance education and accountability.**

Achievement:

- Letters to patients of randomly selected practitioners were increased from 500 to 3,000 as part of the practitioner service verification program. This educates patients and practitioners about wise use of the health care system, while enhancing risk management and accountability.

Action: **Progressed on systems to enhance the exchange of information across the province.**

Achievements:

- The Alberta Cancer Board progressed on a network to provide caregivers with electronic cancer treatment protocols and patient records. The system is being used in all community and associate cancer centres to schedule patients. When complete, it will be the first complete cancer care information system in Canada.
- **alberta we//net** supported planning and pilot testing of a physician office system initiative of Alberta Health and Wellness and the Alberta Medical Association.
- All 19 health authorities began using a network to access authorized information at **alberta we//net** and Alberta Health and Wellness. **alberta we//net** is also working with the four western provinces to build a shared electronic registry for all health care providers.

Key Performance Measures and Results

Measure 3.1 Public self-rated knowledge of health services available

The per cent of Albertans who rate their knowledge of health services available to them as "excellent" or "good."

Target (2003) = 75 per cent

Rationale: Albertans who are knowledgeable about the health services available are better able to access these services and are better able to seek appropriate services. Alberta Health and Wellness, health authorities and health professionals have responsibilities to contribute to Albertans' knowledge about health services. A more knowledgeable public can help improve the effectiveness and efficiency of the health system by making good decisions about how to use our health resources.

Results:

Self-Reported Knowledge of Health Services	1997	1998	1999	2000	2001	Target 2003
Knowledge of which health services are available (% responding ***excellent*** or ***good)***	70	70	63	63	66	**75**

Source: Alberta Health Survey, 1997 – 2001.

Discussion: Self-reported knowledge of available health services increased somewhat in 2001, but remains below target. The health system has changed significantly in recent years, but Albertans are now becoming more familiar with the services provided by the system. More effort is needed to inform health providers and the public about which services are available.

Source: Alberta Health and Wellness Survey (annual). Please refer to Source note to Measure 1.1 for methodology. Albertans are asked: "In general, how would you rate your knowledge of the health services that are available to you? Would you say: excellent, good, fair or poor?" The measure is the per cent who respond "excellent" or "good".

Measure 3.2 Public ratings of the quality of the health system

The per cent of Albertans who rate the health system "excellent" or "good."

Target (2003) = 70 per cent

Rationale: Albertans expect high standards for Alberta's health system. Alberta Health and Wellness, through its leadership role, is responsible for the policy and legislation that maintains and improves the health system. Good leadership and direction should lead to public confidence that the health system is working well to provide needed health services.

Results:

Measure	1997	1998	1999	2000	2001	Target 2003
Overall rating of the health system (% responding ***good*** or ***excellent***)	60	56	57	63	68	**70**

Source: Alberta Health Survey, 1997– 2001.

Discussion: Overall public ratings of the health system have improved in recent years. These more positive public ratings may be due to greater familiarity with the system, and improved management of the system. Over the past several years, targeted funding has been directed to parts of the health system needing more resources (e.g., heart surgery, physicians, nurses, long term care), and this approach may have had a positive effect on these public ratings.

Source: Alberta Health and Wellness Survey (annual). Please refer to Source note to Measure 1.1 for methodology.

Albertans are asked: "Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is excellent, good, fair, or poor?" The measure is the per cent who respond "excellent" or "good".

Measure 3.3 Quality of health system information

Ministry stakeholder ratings of the quality of health system information and information management.

Target (2002/2003) = improvement

Rationale: Appropriate decision making for the health system requires the right information at the right time. Alberta Health and Wellness has the overall responsibility to ensure the quality and management of information for the health system.

Results:

	2000	Target 2002/2003
Stakeholder rating of department performance on gathering, managing and sharing information (% responding ***good*** or better).	60	**Improvement**

Source: The Assessment of the Performance of Alberta Health and Wellness by its Stakeholders, October 2000.

Discussion: 60 per cent of stakeholders reported that the department was "good" or better in gathering, managing and sharing information. There is the need for improvement in this area.

Source: The Assessment of the Performance of Alberta Health and Wellness by its Stakeholders, KPMG, October 2000.

The survey was conducted through face-to-face and telephone interviews with 89 individuals (of 93 invited to participate), representing health authorities (CEOs and executive level), other government departments, selected health professional organizations and other agencies. The interviews were conducted between June and August 2000. KPMG was contracted to conduct the interviews and prepare the report.

The measure is the average per cent responding "good" or better to three questions concerning the department's performance in gathering, managing and sharing information: overall performance, communication and consultation, and leadership in relation to this activity area.

Goal 4: To optimize the effectiveness of the Ministry

To be as effective and efficient as possible in the service of its mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion.

Actions and Achievements

Action: **Enhanced information sharing about communicable diseases.**

Achievement:

- A new communicable diseases reporting system was completed in 2000. It will enhance reporting and information sharing on notifiable diseases, HIV/AIDS, adverse reactions to immunization, sexually transmitted diseases and tuberculosis.

Action: **Continued to update information technology plans and projects.**

Achievements:

- The department participated in many government-wide information technology initiatives that offer co-ordination and business efficiencies.
- The information strategic plan was updated to reflect priorities for 2000/2001 including an enhanced central stakeholder registry system, an immunization adverse reaction reporting system, as well as tools to better present data to decision makers.
- Implementation of many priorities led to advances in such areas as continuing care, sexually transmitted diseases, Alberta Blue Cross drug coverage and pandemic influenza planning.
- A concise, easy-to-use information resource catalogue was developed to broaden data awareness and understanding, and minimize redundancy of additional data requests.

Action: **Involved employees in inter-governmental projects that offer efficiencies and standards.**

Achievements:

- 51 Alberta Health and Wellness employees joined the new Alberta Corporate Services Centre, through which transactional and professional human resources, administrative, finance and information technology services are shared.
- Participation in the Corporate Human Resource Development Strategy linked individual employees' performance with department goals. Use of learning plans also increased by 20 per cent.
- Improvements resulted from involvement in numerous cooperative initiatives with other departments, nationally and provincial agencies such as **alberta we//net** and regional health authorities.

Action: **Made improvements to the *Alberta Health Care Insurance Regulation* and administration.**

Achievements:

- Revisions to the Regulation provided more flexibility to Albertans who temporarily leave the province for extended periods.
- Streamlined processes provided clearer direction for administering coverage for such individuals as released armed forces personnel, newcomers to the province, newborns and adoptions.

Key Performance Measures and Results

Measure 4.1 Stakeholder ratings of Ministry effectiveness and performance

Ministry stakeholder ratings of quality of services provided by Alberta Health & Wellness.

Target (2002/2003) = improvement

Rationale: Alberta Health and Wellness is the government department with the responsibility to "lead and work collaboratively" with health system stakeholders in order to improve and maintain the quality of health services and the health system.

Results:

	2000	Target 2002/2003
Stakeholder rating of department on overall performance in nine activity/function areas (% responding ***good*** or better).	70	**Improvement**

Source: The Assessment of the Performance of Alberta Health and Wellness by its Stakeholders; October 2000.

Discussion: 70 per cent report that performance was "good", "very good" or "excellent". Results indicate there is room for improvement in most department activity/function areas.

Source: The Assessment of the Performance of Alberta Health and Wellness by its Stakeholders; KPMG; October 2000.

(Please refer to *Source* note to Measure 3.3 for methodology).

The measure is the average per cent responding "good" or better to the question: "Overall, in your experience, how well does the Department carry out this activity or function?" Respondents were asked to rate performance in nine activity or function areas.

Measure 4.2 Quality of service provided by registry and client information service

Client ratings of quality of service received.

Target (2002/2003) = improvement

Rationale: Customer Services and Registration Branch is a primary link between the public and Alberta Health Care Insurance Plan, providing information on health service claims and coverage and responding to general enquiries. The department is committed to the Service Excellence Framework, a cross-government initiative to find ways to provide excellent service to Albertans and all other clients of government.

Results:

	1999/2000	2000/2001	Target 2002/2003
Client satisfaction with service provided by Registry and Client Information Services, Alberta Health and Wellness. (% responding ***satisfied or very satisfied*** [4,5,6 or 7] on a 7-point scale).	86	Data not available	**Improvement**

Source: Customer Services and Registration Branch Client Satisfaction Survey, June 2000. The 2001 survey was not completed at time of publication.

Discussion: These 1999/2000 results indicate Albertans who receive registry and information services from Alberta Health and Wellness are mostly very satisfied with the services provided.

Source: Registry & Client Information Services Survey (June 2000) conducted by KPMG.
The survey covered the areas of document processing and telephone enquiries. A total of 1000 clients were interviewed, 500 each from document processing and telephone enquiries. The margin of error for the sample size of 500 is within 4 per cent, 19 times out of 20. The results of the 2001 survey are not available at this time.

Future Challenges

Optimizing the health and well-being of Albertans requires a balance be maintained between services aimed at diagnosing and treating illness, and initiatives focused on promoting wellness and preventing injury and disease. What balance is appropriate and feasible will be an evolving target. It will depend on population demographics, emerging technological capacity, public expectations, priorities established and choices made, and resources available.

These factors are inter-related. Expectations are heightened by technological advances and service intensity is higher among older age groups. While technology can allow better diagnosis and treatment, it can also be used to inform and educate as well as promote and prevent. To sustain the public health system, costs must not exceed revenues.

The challenge is to design a flexible system that responds to emerging needs in the most effective and efficient fashion.

First and foremost, all citizens must be supported in staying well for as long as possible. Second, for those who need care, the service delivery system should be as effective and efficient as possible at ensuring access and rendering treatment.

The transition from the traditional illness orientation to a wellness orientation is difficult, even though considerable evidence in support of the shift is available. In the short-term, the capacity for diagnosis and treatment must be maintained while the infrastructure for effective prevention and promotion at the population level is established. In the long-term, the rate of growth in illness expenses will subside. In the interim, investments must support this transition to a different balance and a more sustainable system. As our information capacity develops, performance measurement will evolve to have a greater focus on outcomes and to support the new direction.

This shift in orientation and behaviour requires collaboration among key stakeholders and public support. All parties have an essential role to play. All share in the responsibility for making progress. Most of the essential building blocks have been put in place or are under development. The creation and implementation of an integrated strategy, perhaps focused on the point of first contact between citizens and their health system, will be Alberta Health and Wellness' principal approach to address the challenge.

Organizations with a Provincial Mandate

In support of and complementary to the vision and goals of the Ministry, the following organizations carry out their mission and conduct their businesses. More detail is available from their individual annual reports, available directly from their offices.

Alberta Alcohol and Drug Abuse Commission (AADAC)[1]

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

Businesses:

- **Prevention:** Provision of a range of alcohol, other drug and problem gambling prevention services including community-based education and early intervention programs.
- **Treatment:** Provision of a range of alcohol, other drug and problem gambling treatment services including community outpatient counselling and day treatment, short and long term residential treatment, crisis and detoxification, and specialized treatment (youth, women, Aboriginal people, business and industry, opiate dependency and cocaine).
- **Information:** Provision of accurate and current information on issues, trends and research regarding alcohol, other drug and gambling problems.

Results Achieved

Strategy: **Participate in cross-government initiatives in a manner appropriate to AADAC's businesses and goals.**

Achievements:

- AADAC co-chaired the Alberta Partnership on Fetal Alcohol Syndrome (FAS) providing leadership and direction in the completion of the 2000/2001 FAS action plan. Results included AADAC's leadership and contribution cited as excellent in an independent evaluation report. The *Born Free* public awareness campaign, in which 58 Boston Pizza locations participated, received positive evaluation. AADAC also participated in planning the FAS Inter-provincial conference held in Winnipeg in May 2000, which was attended by 700 delegates.
- AADAC participated on the provincial committee overseeing Phase 2 of the implementation of *Protection of Children Involved in Prostitution Act.* AADAC provided consultation regarding assessment and access to addiction treatment in support of community PChIP initiatives.
- In conjunction with other Ministries, AADAC helped develop an Alberta Children's Ministerial Request that resulted in $10.4 million in new funding for the Initiative. This included $1.4 million to AADAC

[1] More detail is available from the Alberta Alcohol and Drug Commission Annual Report 2000/2001.

for substance abuse prevention and treatment initiatives for youth at risk. AADAC established mobile treatment teams in six communities; developed a multi-media public awareness campaign targeting youth and their key influencers; launched a website for youth aged 9-13; established a youth advisory council; and pilot tested a province-wide, toll-free Help Line for crisis intervention and information.

- AADAC continued to be represented on the Interdepartmental Committee for Aboriginal Affairs. Initiatives consistent with the Alberta Aboriginal Policy Framework were implemented at the local level. An inventory of AADAC services for Aboriginal people was completed along with an action plan for enhanced services.
- AADAC identified implications for the delivery of addictions treatment, prevention and information services targeted to seniors following a review of the findings from the *Impact of Aging Study*. AADAC also completed an exploratory study on *Seniors and Gambling* that was publicly released in December 2000.

Strategy: **Address substance abuse and problem gambling issues and needs of Albertans through enhancement of AADAC core services.**

Achievements:

- Space was identified and planning is under way for opening two new AADAC Area Offices in Wetaskiwin and Canmore in 2001.
- AADAC provided continued support to the Alberta Tobacco Reduction Alliance as a member of the Board of Directors, through corporate financial contribution, and by providing representation on three subcommittees addressing smoking cessation, youth (advocacy and awareness), and research.
- AADAC established a contract with an external researcher to evaluate the pilot of home detoxification services in Medicine Hat.
- AADAC continued to build on the resiliency campaign themes of previous years. In partnership with Community Development and Agriculture, two television commercials were developed and aired during the Summer Olympic Games. A video called *Faces of Reality* that focuses on youth and recovery was developed in collaboration with the Canadian Association of Distillers.
- In conjunction with the Gaming Ministry and other stakeholders, several gambling initiatives were implemented to increase awareness of problem gambling. Some initiatives included: providing server intervention training for 20 gaming venues across Alberta (80% of participants found the training useful); a contract with two non-profit agencies to deliver educational sessions in schools; and development of an Adolescent Early Intervention package (on gambling and other addiction issues) for use by referral agencies.
- AADAC collaborated with Alberta Health and Wellness and other partners to address HIV/injection drug use. The Commission was active in the Non-Prescription Needle Use (NPNU) consortium through developing an action plan and contributing to the

development of the Harm Reduction Kit currently being distributed throughout the province. AADAC also launched a partnership with the Capital Health Authority to provide a system of integrated services to injection drug users in Edmonton's inner city.

- AADAC and Alberta Human Resources and Employment developed and approved plans for staff training, promotion of agency services, and refined protocols for mutual client case management.
- AADAC and the Canadian Centre of Substance Abuse co-hosted the Third International Symposium on the Economic and Social Costs of Substance Abuse (Banff, May 2000) that was attended by 38 experts in the economic and/or addictions fields.

Key Performance Measures and Results

Measure 1.7 (a) **Client Access - ensure reasonable access to local, regional and provincial services**

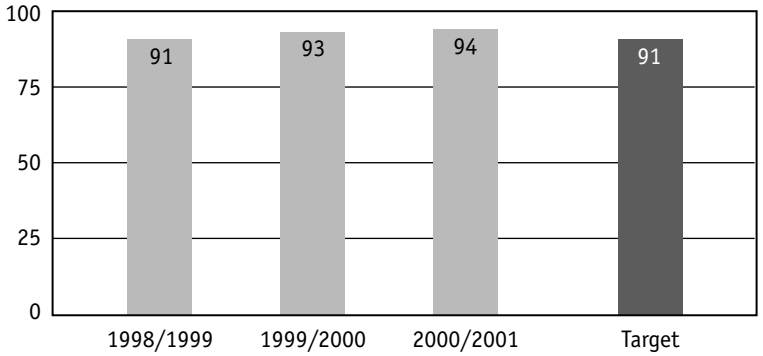
The percentage of clients who find "no difficulty" in accessing AADAC treatment and prevention services.

Target (2000/2003) = maintain at or above 91 per cent

Rationale: Client and community access to services increases the likelihood of positive outcomes. AADAC believes that clients should have access to basic services in their home communities. More specialized services are available in fewer locations and may require travel outside the individual's community

Results:

Figure 1: AADAC client access



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

Discussion: As shown in Figure 1, the target for access to treatment was exceeded, as the level of clients reporting 'no difficulty in gaining access to treatment services' was 94 per cent.

Source: A confidential, standardized, self-administered questionnaire was used to gather the data. All clients were asked to fill out the questionnaire during their first treatment session; 24,393 clients were surveyed. Three treatment sites were excluded from sampling as part of information system re-development.

Measure 1.7 (b) **Service Effectiveness - ensure that services facilitate clients' success in achieving their goals**

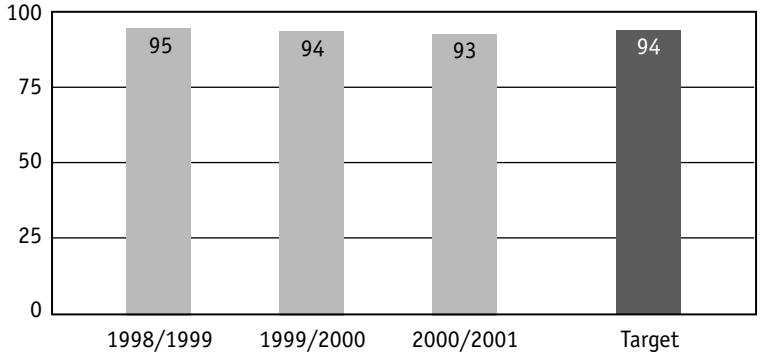
The percentage of clients abstinent or improved at three months after treatment.

Target (2000/2003) = maintain at or above 94 per cent

Rationale: AADAC has a continuum of programs available that can appropriately address the specific needs of the client. Treatment programs need to be continually monitored to ensure they are providing optimum benefit.

Results:

Figure 2: AADAC service effectiveness



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

Discussion: As shown in Figure 2, treatment effectiveness was within one per cent of the target with 93 per cent of clients reporting 'abstinent or improved' after treatment.

Source: Service effectiveness was assessed using follow-up telephone interviews. Clients entering residential and outpatient treatment programs were eligible for interview selection. A systematic sample of clients was interviewed for post-treatment outcomes (n = 1,192) three months following treatment. Based on annual client admissions, sample quotas were assigned to each treatment type. For eleven months, April 2000 through August 2000 and October 2000 through March 2001, one-eleventh of the annual quota was selected for follow-up interviews. Three treatment sites were excluded from sampling as part of information system re-development. A private research contractor conducted the follow-up interviews with clients, with a response rate of 40.0 per cent. The margin of error is 2.8 per cent, 19 times out of 20.

Future Challenges

An ongoing challenge for AADAC in recent years and for the future is our capacity to respond to increased service demands. Compared to prior years, urban and rural service demands have changed. Alberta's population has grown and increasingly clients' addictions issues are more complicated with concurrent conditions related to mental health, FAS/FAE, HIV and Hepatitis C. Our challenge is to be responsive to client and community needs, taking advantage of collaborative opportunities but remaining focused on our core businesses.

A continuing concern is youth; especially youth at risk for developing addictions problems. AADAC will continue to invest its prevention, treatment and information/research resources in children and youth offering a range of appropriate services that meet their particular needs.

Another challenge is for AADAC to be innovative in its service response. Some client groups do not readily access services through the usual routes and AADAC needs to be open to alternative ways to deliver programming. For example, with problem gambling there is a continuing need to enhance public awareness of problem gambling as an issue and to provide new ways to access and deliver treatment services that encourage people with problems to seek early intervention.

Addiction problems do not occur in isolation. There is a growing recognition that effective treatment, prevention, and information services play an important role in sustaining the individual, the community and the economy. To have a positive widespread impact, AADAC will need to continue to work collaboratively with other partners and to link effectively to other service systems of other government departments (e.g., education, health).

Persons with Developmental Disabilities (PDD) Provincial Board

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

Businesses:

- To develop, maintain and deliver quality programs and services to support persons with developmental disabilities.
- To promote the inclusion of persons with disabilities in community life.
- To ensure the community governance system is responsive to individuals with developmental disabilities, their families/guardians and their community.

Results Achieved

Action: **Responded to *Building Better Bridges: The Final Report on the Programs and Services in Support of Persons with Developmental Disabilities*.**

Achievements:

- Reviews by the PDD Board, Alberta Health and Wellness and other stakeholders identified a need for Minister's approval and financial support for recommendations outside the existing business plan.
- Government approval delays limited activity on several issues involving policy, finance or governance.

Action: **Supported projects that enhanced the quality of life for persons with developmental disabilities**

Achievements:

- *Creating Excellence Together* quality of life standards were implemented for PDD-funded community service providers. 37 service providers were certified on the standards in 2000/2001.
- PDD finalized principles and recommendations for determining individual support needs.

- Information resources were developed or enhanced, including planning guides, resource directories and newsletters, workshops for individuals and families/guardians, and internet-based information resources. This will ensure individuals and families/guardians can make informed decisions about the services they require to live quality lives.
- PDD moved closer to developing seamless supports and services for individuals with developmental disabilities through co-operation, collaboration and formal partnerships with other local authorities.

Action: **Supported projects and research into developmental disability issues.**

Achievements:
- The PDD Foundation Board funded $250,000 in grants for capital, research and pilot projects to enhance quality of life of adults with developmental disabilities.
- The Board approved an innovative research policy that will promote research for and by persons with developmental disabilities.

Action: **Strengthened community governance for persons with developmental disabilities.**

Achievements:
- Community and Facility Boards implemented multi-faceted strategies to increase opportunities for families/guardians and the broader community to provide direction on PDD initiatives.

Key Performance Measures and Results

The Persons with Developmental Disabilities Alberta Provincial Board monitors progress and results with a number of key measures. The following two are included in the Alberta Health and Wellness Annual Report.

1. **Measure: Percentage of persons with developmental disabilities experiencing an enhanced quality of life.**

Target (2002/2003) = 85 per cent

PDD Business Plan Goal: Outcomes for individuals with developmental disabilities will improve.

Rationale:

PDD provides a range of supports to individuals with developmental disabilities, including living, employment and community access supports. Ensuring the quality of life for individuals who receive supports from PDD is fundamental to the achievement of the Vision and Mission of the PDD Provincial Board. Further, the Board believes that outcomes for individuals form the basis of accountability. Therefore, in order to promote service excellence the Board expects all service providers to meet standards that directly measure the outcomes or quality of life of those individuals who receive service. The standards used to evaluate PDD-funded service providers are the new Alberta Association of Rehabilitation Centres (AARC) *Creating Excellence Together* (*CET*) Standards.

Results and Discussion:

In 2000/2001, the first full year of implementation of the *CET* Certification Standards, 48 service providers were reviewed through this process. The method for calculating Quality of Life survey results is currently being refined and benchmarks established. Because further analysis is required, the PDD Board will not publish data for this measure until the 2001/2002 PDD Annual Report.

Data Source:

Every service provider funded by PDD is required to maintain AARC *Creating Excellence Together* Certification. Certification Reviews, conducted by AARC-trained surveyor teams, are completed for each funded service provider every three years. Quality of life of individuals supported by PDD-funded service providers is assessed as part of every AARC *CET* Certification Survey. The CET standards include 12 Quality of Life Standards that address:

- Choices and Decision Making
- Personal Control
- Community Inclusion
- Work and Community Options
- Leisure
- Health and Safety

In each service provider certification survey the quality of life for a sample of individuals supported by the service provider is assessed by the survey team. This is done through conversations with the individuals and with others close to them including their family or guardian, friends and support staff.

The data from the Quality of Life Standards accumulated annually for all the service providers who participated in a Certification Review will provide the information for the Quality of Life key measure for that fiscal year.

2. Measure: Percentage of persons with developmental disabilities satisfied with their role in planning and their access to information.

Target (2001/2002) = 85 per cent

Rationale:

The percentage of persons receiving services and their families/guardians who are satisfied with key aspects of planning their services and access to service information provides an indication that support for quality living is being provided.

Results:

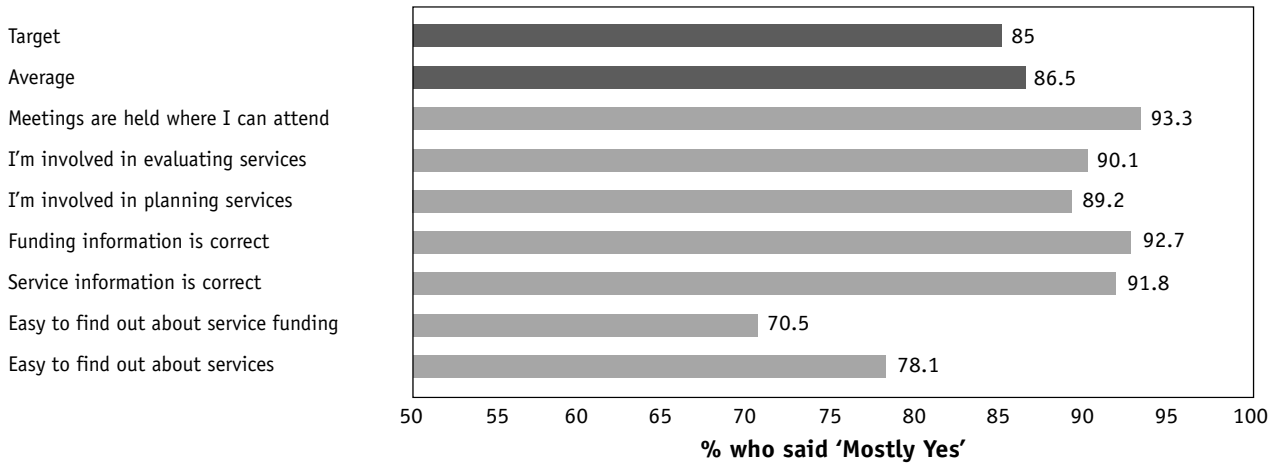
Results are calculated separately for the consumers and family/guardians surveyed because the surveys were structured differently, to better meet the respective needs of the two respondent groups.

Service consumers

The percentage of consumers surveyed who responded "mostly yes" to survey questions linked to service planning and information, was 86 per cent, calculated on an average of the seven survey questions linked

to this items. A large number of respondents indicated that meetings were held at times that were convenient for them (93.3 per cent) and that they were involved in both planning (89.2 per cent) and evaluating (90.1 per cent) their services. Consumers also expressed confidence that information they received on services (91.8 per cent) and on service funding (92.7 per cent) was correct.

Chart 1: Service Information and Planning Consumers

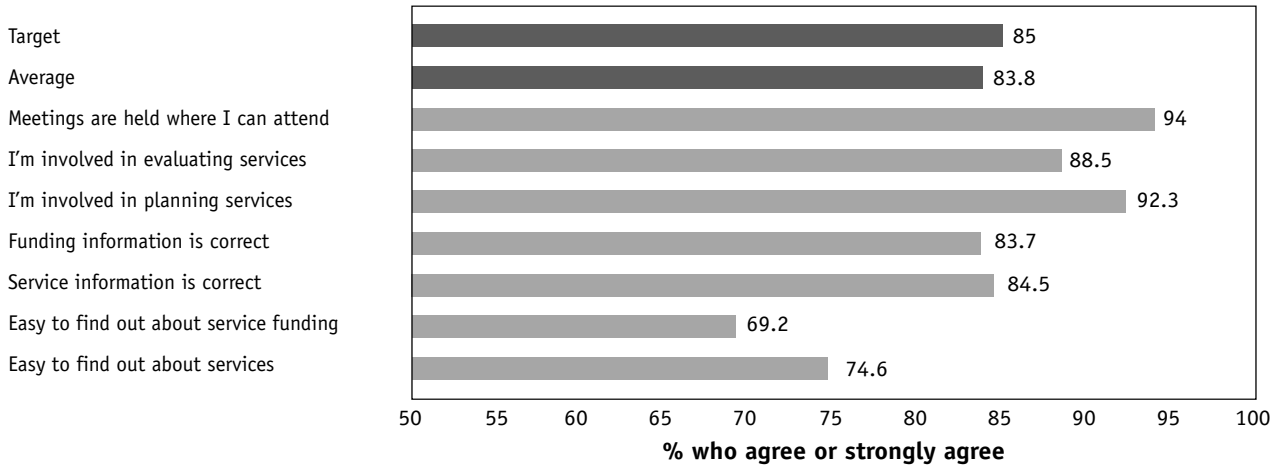


Families/guardians

The percentage of family members and guardians surveyed who reported they were satisfied or very satisfied with service planning and information, based on the average score for the seven survey questions linked to this area, was 83.8 per cent.

Satisfaction with involvement in planning was high (92.3 per cent) and 94.0 per cent felt that meetings were held when they could attend. 84.5 per cent believed that service information was accurate, and 83.7 per cent believed information about funding was accurate.

Chart 2: Service Information and Planning Families/Guardians



Discussion:

The 2001 satisfaction ratings were compared with the 1999 satisfaction ratings to determine the areas of greatest change. While it appears that satisfaction has increased, direct comparisons between the two years cannot be made. The amount reported in 1999 is not comparable for 2 reasons:

- In the 1999 Survey only an average was provided and not every question was detailed. The average was based on 8 questions, vs. in the current year the average is based on 7 questions.
- In the 1999 Survey a 4 point scale was used "strongly disagree/ disagree/ agree/ strongly agree". In the current year a 2 point scale was used "mostly yes/mostly no".

However, for all items where comparisons could be made for service consumers, 2001 ratings were either consistent with 1999 ratings or better. The greatest change for service consumers was in the area of involvement in planning their services. In 1999, 73.9 per cent indicated that they got to help plan their services. In 2001, 89.2 per cent were involved in service planning. Significant gains were also made in the area of confidence in the accuracy of service information and service funding information.

Based on the 1999 results, the PDD boards made plans to address areas of lower satisfaction, which included making service changes easier, developing better information on services and funding, and encouraging more involvement in planning. It appears that the PDD board initiatives have been helpful, although additional efforts are required to fully address some of the more challenging issues.

The PDD Provincial Board has established a target of 85 per cent satisfaction for both consumers and family members and guardians by 2001/2002. The current results indicate that the PDD Provincial Boards will achieve their target.

Data Source(s): PDD conducts a Satisfaction Survey with people receiving services and their families/guardians every two years (starting in 1998/99 fiscal year). In January, 2001, the survey was mailed to 5,928 PDD service consumers and 4,442 family members and guardians associated with them. A total of 1,195 consumer surveys and 902 family/ guardian surveys—20 per cent of each group—were returned.

Overall, the 2001 data are considered accurate within a margin of +/- 2.8 per cent for the consumer surveys, and +/- 3.3 per cent for family/guardian surveys, 19 times out of 20.

Future Challenges

- In the first quarter of the 2001/2002 fiscal year, the provincial government approved strategic directions that addressed the remaining recommendations in the *Building Better Bridges* report. In the 2001/2002 fiscal year, the PDD Provincial Board will see the winding down of the Foundation and Facility Boards. Governance of Michener Centre will be transferred to the Central Alberta Community Board.
- The Provincial Board will be developing strategies to respond to business plan priorities: expanding community living options for adults with developmental disabilities, developing more community employment for adults with developmental disabilities, and supporting and strengthening the PDD community service provider workforce.

- The PDD Board looks forward to working with a new government department, Alberta Community Development, in achieving its vision and mission.

Financial Results

PDD operated within available resources and ended the year showing a small surplus. For additional financial information please refer to PDD's financial statements.

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:** Contributing to the development of public sector legislation, policies, outcomes and targets pertaining to the needs of persons with disabilities, reporting progress towards outcomes and facilitating co-ordination of related programs and services.
- **Advocacy:** Informing and influencing key decision-makers on issues of interest to persons with disabilities. Addressing and reducing systemic barriers that impede the rights and opportunities of Albertans with disabilities
- **Evaluation:** Developing standards for and monitoring the performance of the support system for Albertans with disabilities, and recommending systemic improvement.

Results Achieved

Business: **Contribute to the development of public sector legislation, policies, outcomes and targets pertaining to the needs of persons with disabilities, reporting progress towards outcomes and facilitating co-ordination of related programs and services.**

Achievements:

- The Council drafted the *Disability Lens* to assist mainstream government programs to assess how their activities will affect people with disabilities.
- *Full Citizenship: Alberta's Disability Strategy Interim Report* was released with 65 policy recommendations, based on extensive community and governmental consultation.
- The Council established the Aboriginal Disability Advisory Committee to review previous reports and provide input into Alberta's Disability Strategy.
- Representatives participated in the development of the Brain Injury Action Plan.
- Council participated in the Review of Special Education in Alberta.

- Work took place with the Champions of Workplace Diversity Consortium to develop a comprehensive employment service for persons with disabilities in Calgary.
- Council participated in the Interdepartmental Committee on Employability Supports for Persons with Disabilities.
- Members participated on the RHA Joint Business Planning Committee.
- Council participated in the Aboriginal Policy Initiative cross-ministerial committee.

Business: **Inform and influence key decision-makers on issues of interest to persons with disabilities. Address and reduce systemic barriers that impede the rights and opportunities of Albertans with disabilities.**

Achievements:

- The Council worked with the Alberta Disabilities Forum to develop four policy proposals to improve access to home care.
- Recommendations for improved services for adults and children with mental illness resulted from collaboration with the Alberta Alliance on Mental Health and Mental Illness.
- Representatives consulted with Alberta Health and Wellness, Alberta Human Resources and Employment, Infrastructure, Children's Services, and other government ministries concerning their programs and policies towards persons with disabilities.
- The Council participated in the Alberta Partnership on Fetal Alcohol Syndrome.
- Co-operation with the Intersectoral/Interdepartmental Stakeholder Committee resulted in recommendations regarding the urgent need for deaf and deaf/blind interpreter services.
- The Council published *Connections: A Guide to Programs, Services and Resources for Albertans with Disabilities.*
- Council participated in the Minister's Employability Council.

Business: **Develop standards for and monitor the performance of the support system for Albertans with disabilities, and recommend systemic improvement.**

Achievements:

- The Council produced draft outcomes and indicators based on consultations with the disability community
- A program audit tool was developed to assess disability programs against common standards.

Key Performance Measures and Results

The performance measure "percent of stakeholders who rate their familiarity with the Council and its work as *high* or *very high*" is currently under review by the Council. There are no results from this measure to report in 2000/2001.

Future Challenges

In the coming year, the Premier's Council on the Status of Persons with Disabilities will be seeking endorsement of Alberta's Disability Strategy. This will begin the process of creating a co-ordinated and comprehensive system of support for persons with disabilities. The Council's legislated mandate expires in 2003. The Council will begin discussions with persons with disabilities, government and community groups to ask what needs to be done to ensure "significant improvement in the status of persons with disabilities" now and in the future.