Workforce Issues and Transformation in Alberta

Presented by
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to

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Presentation outline

- Some background on Alberta Health Services
- Our key health human resource challenges:
  - Developing a formal structure
  - Developing pay scales for management and exempt staff (c. 8,500 staff)
  - Developing a performance based culture
  - Workforce planning
    - using nursing as an example
  - Transforming the workplace

That was then

- Evolution from 1993
- 128 hospital boards to 17 regions, then 9 to AHS

Historical eras in Alberta ’s health system

Number of reports to service delivery integration point

Pre-1988 — 196

Hospitals and Medical Care Ministry

- Hospital Board 1
- Hospital Board 2
- Hospital Board 3
- ...
- Hospital Board 128

- LTC Board 1
- LTC Board 2
- LTC Board 3
- ...
- LTC Board 40

Community Health Ministry

- Public health board 1
- Public health board 2
- Public health board 3
- Public health board 25

- Cancer Board
- Mental Health Board

1988-1994 — 196

Alberta Health Ministry

- Hospital Board 1
- Hospital Board 2
- Hospital Board 3
- ...
- Hospital Board 128

- LTC Board 1
- LTC Board 2
- LTC Board 3
- ...
- LTC Board 40

- Public health board 1
- Public health board 2
- Public health board 3
- Public health board 25

- Cancer Board
- Mental Health Board
- Alcohol and Drug Abuse Commis-sion

May 15, 2008 — 1

Health Minister

- **Alberta Health and Wellness Ministry**
- **Alberta Health Services**

1994-2003 — 20

Alberta Health and Wellness Ministry

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10
- Region 11
- Region 12
- Region 13
- Region 14
- Region 15
- Region 16
- Region 17
- Cancer Board
- Mental Health Board
- Alcohol and Drug Abuse Commission

2003-08 — 12

Alberta Health and Wellness Ministry

Health regions

- Capital
- Calgary
- Palliser
- Chinook
- David Thompson
- Aspen
- East Central
- Peace Country
- Northern Lights

Boards

- Cancer Board
- Mental Health Board
- Alcohol and Drug Abuse Commission

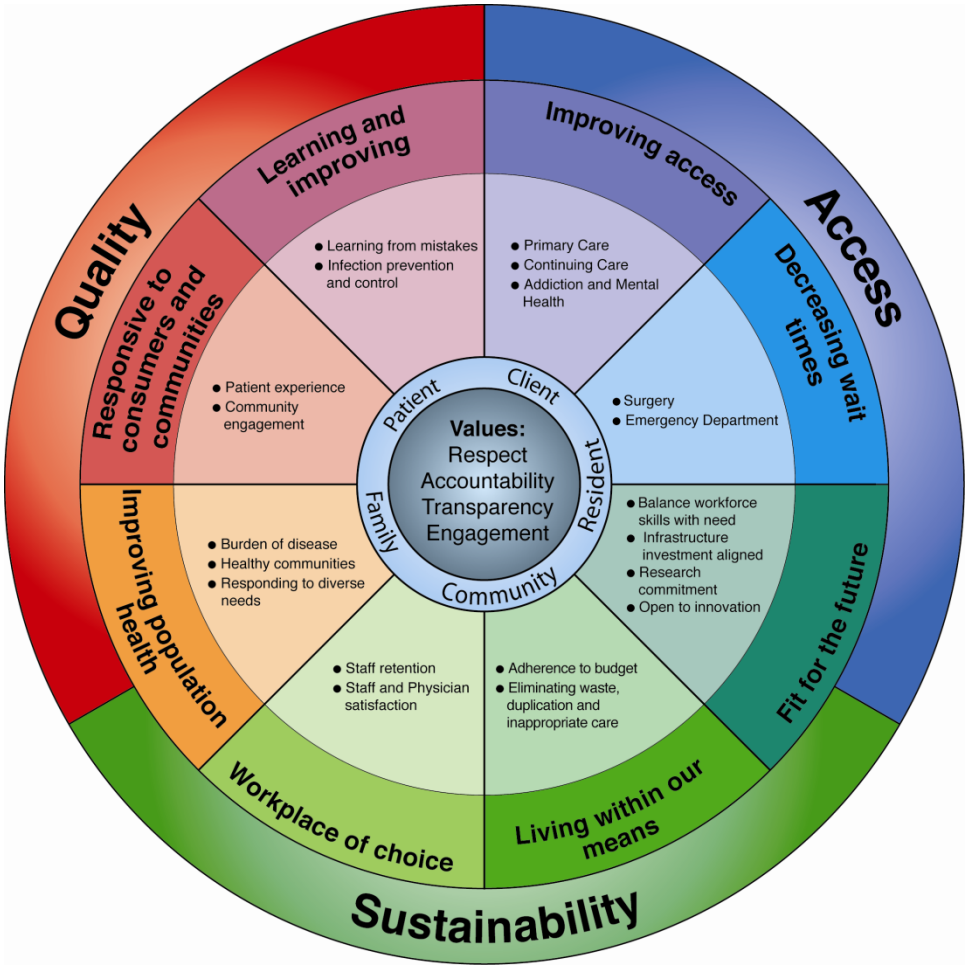
That was then

- Evolution from 1993
- 128 hospital boards to 17 regions, then 9 to AHS
- Regional system had real strengths, talents
- But needless structural duplication and waste
- Weaker co-ordination of some service delivery, enhancements, financial allocation, response to needs

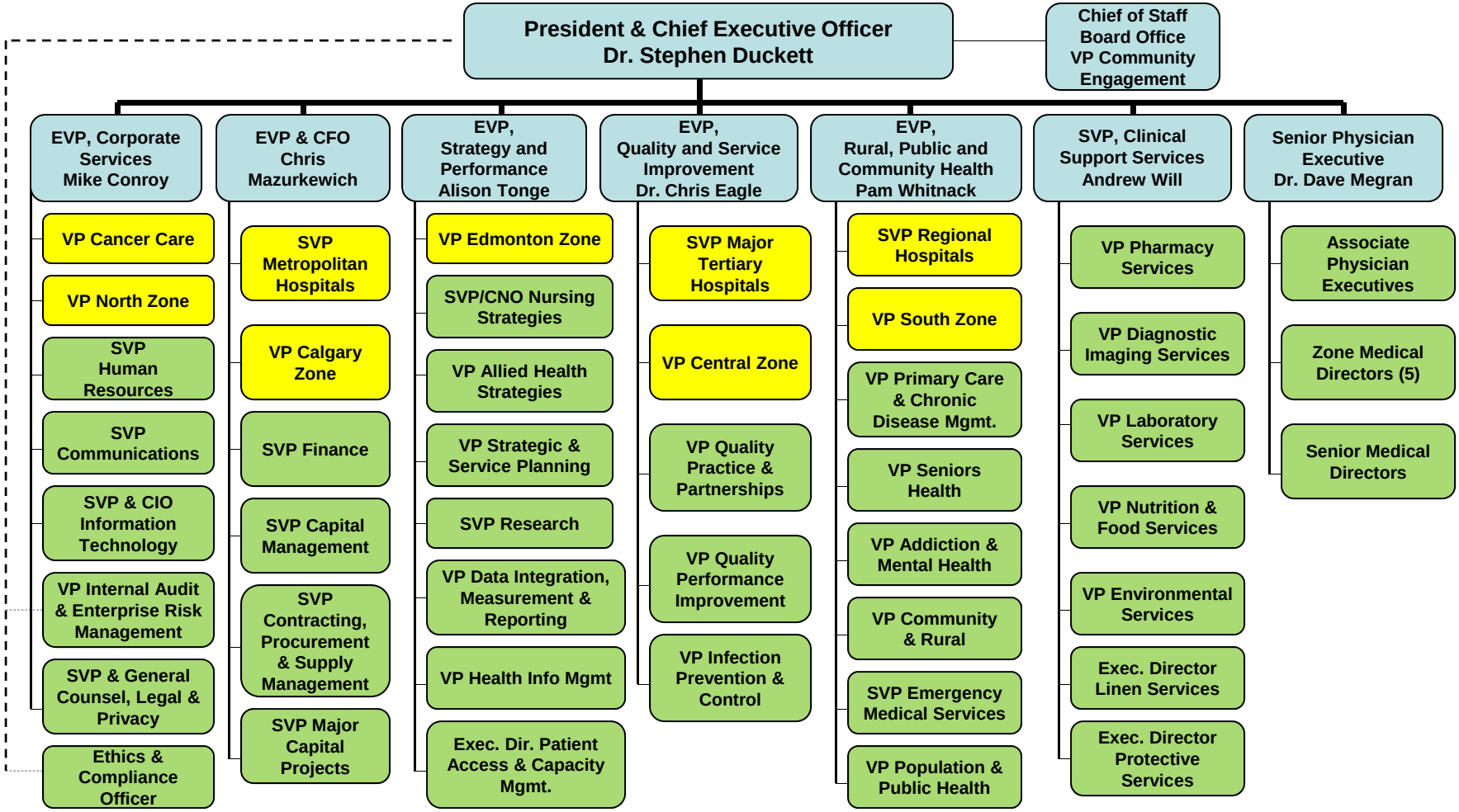
The Merger

- 12 legacy organizations plus ground EMS
- The largest healthcare provider in Canada
- Aiming to move from ‘biggest’ to ‘best’
- The largest employer in Alberta:
  - 90,000 staff + c. 10,000 physicians
- Budget of $11 billion
- $6 billion in capital projects “in flight”

Strategic Direction



AHS formal structure: mutual accountability to the fore



Developing a performance-oriented culture

- About 500 staff eligible for pay-at-risk
  - All VPs and above, 2009-10
  - Management levels and above, 2010-11
- Pay at risk is not a ‘bonus’ but seen as part of employee compensation
- Clear performance criteria established
  - Linked to organizational goals (Access, Quality, Sustainability)
  - For executive, performance criteria published on web
- In 2009-10, for VPs and above:
  - 40% based on achievement of President and CEO
  - 30% based on individually negotiated measurable goals (including some from President and CEO)
  - 30% based on adherence to values

Performance Agreement – President and CEO

Alberta Health Services

2009/10 Performance Agreement Targets for President and CEO

Goal	Focus	Performance Measure	Baseline	2009/2010 Target	3 year Target	Weighting	% of Bonus			
							100%	66%	33%	0%
Access	Improving access	Number of alternate level of care patients in acute care	700	550	350	10%	≤ 550	≤ 650	≤ 700	> 700
	Decreasing wait times	Wait time in Emergency Department for uncomplicated cases (90th percentile)	5.6 hours	5 hours	4 hours	10%	≤ 5 hours	≤ 5.2 hours	≤ 5.3 hours	>5.3 hours
		Wait time in Emergency Department for complex cases (90th percentile)	16.1 hours	14 hours	8 hours	10%	≤ 14 hours	≤ 15 hours	≤ 16 hours	>16 hours
		Wait time for hip replacement surgery (90th percentile)	33 weeks	30 weeks	26 weeks	10%	≤ 30 weeks	≤ 31 weeks	≤ 32 weeks	>32 weeks
Quality	Learning and Improving	Develop incident reporting system (including common definitions, approaches, etc.)	n/a	Completed by December 31, 2009	n/a	10%	By Dec. 31, 2009	By Jan. 31, 2010	By March 31, 2010	Later than Mar. 31, 2010
	Improving population health	Seniors influenza immunization rates	58%	63%	75%	10%	≥ 63%	≥ 62%	≥ 60%	< 60%
	Responsive to consumers and communities	Establish Health Advisory Councils	n/a	12 HACs by March 31, 2010	n/a	10%	12	-	-	-
Sustainability	Living within our means	Any bonus within the sustainability component is contingent on achieving Board-endorsed budget targets.								
	Fit for the future	Implement organizational structure with associated HR and financial delegations, and budget assignment.	n/a	By September 30, 2009	n/a	10%	By Sept. 30, 2009	By October 31, 2009	By Dec. 31, 2009	Later than Dec. 31, 2009
	Workplace of choice	Develop Board-endorsed human resource management plan.	n/a	By December 31, 2009	n/a	10%	By Dec. 31, 2009	By Jan. 31, 2010	By March 31, 2010	Later than Mar. 31, 2010
		Board-endorsed Strategic Plan	n/a	By June 30, 2009	n/a	10%	By June 30, 2009	By Sept. 30, 2009	By Oct. 31, 2009	Later than Oct. 31, 2009

Performance Agreement – CFO

2009/10 Performance Agreement Targets for EVP & CFO*

Goal	Focus	Performance Measure	Baseline	2009/2010 Target	Weighting	Performance Score			
						100%	66%	33%	0%
Access	Improving access	Number of alternate level of care patients in acute care – Calgary Zone	231	185 (20% reduction)	5%	≤ 185	≤ 200	≤ 231	> 231
	Decreasing wait times	Wait time in ED for uncomplicated cases – Metropolitan Hospitals	5.6 hours (provincial)	5 hours	5%	≤ 5 hours	≤ 5.2 hours	≤ 5.3 hours	>5.3 hours
		Wait time in ED for complex cases – Metropolitan Hospitals	16.1 hours (provincial)	14 hours	5%	≤ 14 hours	≤ 15 hours	≤ 16 hours	>16 hours
		Wait time for hip replacement surgery – Metropolitan Hospitals	33 weeks (provincial)	30 weeks	5%	≤ 30 weeks	≤ 31 weeks	≤ 32 weeks	>32 weeks
Quality	Improving population health	Seniors influenza (seasonal or H1N1) immunization rate – Calgary Zone	n/a	63% of seniors immunized	15%	≥ 63%	≥ 60%	≥ 55%	<55%
Sustainability	Living within our means	Adherence to budget	Current Budget	$107.7 M Savings to Budget	10%	$136.9 M Savings to Budget	100% of Target	90% of Target	<90% of Target
		Action plan to implement internal control recommendations from OAG	n/a	Completed by September 30, 2009	10%	Sep 30, 2009	Oct 31, 2009	Nov 30, 2009	Later than Nov 30, 2009
		Implement reliable cash and expenditure forecasting tools	n/a	Completed by October 31, 2009	5%	Oct 31, 2009	Nov 30, 2009	Dec 31, 2009	Later than Dec 31, 2009
		Implement organizational structure with associated human resources and financial delegations and budget assignment	n/a	Completed by September 30, 2009	10%	Sep 30, 2009	Oct 31, 2009	Nov 30, 2009	Later than Nov 30, 2009
		Achieve savings through implementation of procurement strategy	n/a	$55 M savings by March 31, 2010	10%	≥$55 M	≥$40 M	≥$25 M	<$25 M
		Develop activity based funding formula for long term care for planned implementation 2010/11	n/a	Completed by March 31, 2010	10%	Mar 31, 2010	-	-	-
	Fit for the future	Approved Finance/Procurement system	Business Case Approved	December 2009	10%	December 2009	January 2010	February 2010	Later than February

* 100% achievement of these targets would determine 30% of at risk component of total compensation.

Performance Agreement – SVP, Contracting, Procurement & Supply Management

2009/10 Performance Agreement Targets for SVP, CPSM

Goal	Focus	Performance Measure	Baseline	2009/2010 Target	Weighting	% of Bonus			
						100%	66%	33%	0%
Access	Improving access	Complete contracts required for 2009/10 with LTC/DAL operators in support of Edmonton and Calgary strategy	n/a	Calgary: 356 spaces Edmonton: TBD	5%	March 31, 2010	April 30, 2010	May 30, 2010	June 30, 2010
	Decreasing wait times	Implement new contracting model for non-complex ophthalmology procedures through use of both in-hospital and NHSF capacity	7600	New model implementation only	5%	March 31, 2010	June 30, 2010	Sept 30, 2010	Dec 31, 2010
Quality	Learning and Improving	Complete business process mapping and recommend a provincial approach in dealing with device recalls and regulatory standards	n/a	Single Process	5%	March 31, 2010	June 30, 2010	Sept 30, 2010	Dec 31, 2010
Sustainability	Living within our means	Implement procurement strategy to achieve savings	n/a	$52.5m savings by March 31, 2010	25%	≥$52.5m	≥$40m	≥$25m	<$25m
		Complete business plan to consolidate warehousing functions to 3 and to implement automation. Consolidation for period ending March 31, 2010 to 25	37	25	10%	March 31, 2010	June 30, 2010	Sept 30, 2010	Dec 31, 2010
		Develop medical equipment allocation methodology and process.	n/a	3 year plan	5%	Feb 28, 2010	April 30, 2010	June 30, 2010	August 31, 2010
		Implement organizational structure with associated human resources and financial delegations and budget assignment	n/a	Completed by September 30, 2009	10%	Sep 30, 2009	Oct 31, 2009	Nov 30, 2009	Later than Nov 30, 2009
		Create a system wide contracting and procurement process in accordance with contracting policy and an inventory of all contracts	n/a	Completed by March 31, 2010	10%	March 31, 2010	June 30, 2010	Sept 30, 2010	Dec 31, 2010
	Fit for the future	Complete Phase I implementation of procurement consolidation	22 sites	3 sites	10%	March 31, 2010	June 30, 2010	Sept 30, 2010	Later than Sept 30, 2010
		Develop a procurement strategy and overall strategic plan for CPSM	n/a	Complete plan by October 31, 2009	5%	Oct 31, 2009	Jan 31, 2010	Feb 28, 2010	> Feb 28, 2010
		Develop Consolidated Finance/ Procurement System. Approved business case by Dec 2009. January 15 implementation starts.	n/a	Approved business case by Dec 2009. January 15 implementation starts.	10%	Jan 31", 2010	Mar 31, 2010	April 30, 2010	> April 30, 2010

Workplace Transformation

To build, communicate and deliver on an integrated plan of care with each patient and his/her family.

Goal 1
To improve the quality and safety of patient care and services.

Goal 2
To increase the ability and capacity of staff and physicians to work to their full potential.

Goal 3
To improve the efficiency and effectiveness of care delivery.

Key Objectives

- Reduce significant variations in care provided to patients.
- Increase patient and family involvement and engagement in their care and services.
- Improve management of care transitions from a patient perspective.

Key Objectives

- Increase time spent by providers on appropriate clinical activity.
- Increase role clarity between and among the care team.
- Improve clinical processes required to support care delivery.

Key Objectives

- Reduce costs per patient treated.
- Reduce overall costs associated with adverse events.
- Reduce overall costs associated with rework, inefficiency, variability and waste.

3 Key Strategies

- *Clinical Practice/Process Redesign*: use of lean methodologies to analyze and standardize clinical processes, practices and workflows required to support integrated care planning.
- *Workforce Redesign*: including the full enactment of health care provider roles and the implementation of a collaborative service delivery model of care, supported by a clinical practice framework.
- *Supporting Infrastructure and Information*: including the tools, technologies and documentation that will be essential in supporting clinical practice and role redesign and foundational to information sharing with patients and providers across the continuum of care.

Proposed Measures**

- Quality and Safety (e.g. mortality rates, re-admissions)
- Systemic (e.g. expected/actual LOS, ED volumes)
- Satisfaction/Engagement (e.g. Patient, Provider)
- Financial (e.g. labour costs, cost per patient bed)
- Care Sensitive (e.g. in-hospital falls, decubitus ulcers)
- Workforce (e.g. staff mix ratios, direct care hrs)

** *exact measures in the process of being defined*