

ALBERTA URBAN MUNICIPALITIES ASSOCIATION MAYORS' CAUCUS

June 15 – Municipal leaders, population 2,500 or less

June 16 – Municipal leaders, population 2,500-10,000

Pomeroy Inn and Suites, Olds College

4601 46 Ave.

- Good afternoon, everyone, and thank you for inviting my colleagues and me to your Mayors' Caucus here in Olds.
- We appreciate this opportunity for us to meet with you — municipal leaders from across the province — and to talk about Alberta Health Services and our ongoing efforts to improve health care services in rural communities.
- I know local health care delivery is important to you and to the communities you represent.
- But I want you to know that it's also important to everyone at AHS.
- Yes, we're a province-wide health organization; the biggest in Canada.
- But our size doesn't blind us to the needs of our smaller communities, or prevent us from addressing those needs.
- We continue to work with many of you in this room about health care issues and concerns that affect your communities.
- We also hear about local issues and concerns from our 12 Health Advisory Councils that bring forth the voices of Albertans from all parts of the province.
- And it should be noted that more than one-third of our staff, physicians and volunteers live and work in communities outside of Calgary and Edmonton.

- That's about 38,000 people who are, for all intents and purposes, your friends and neighbours.
- Like you, they also want and expect the best health care services possible for themselves, their families and their friends.
- So it's no surprise the men and women of AHS are also vocal advocates for rural health care improvements, as well as drivers of change.
- I'll be happy to answer question about your community's specific issues and concerns in a few minutes.
- But first let me talk a little more generally about what we're doing to address some common health care concerns within rural communities.
- I'll start with this.
- I believe a fully integrated health care system, like AHS, is good for rural communities.
- Success, for us, means all Albertans can access safe, high-quality health services wherever they live.
- Now, this doesn't mean all services are provided in every community.
- That's simply not feasible.
- But it does mean we try to ensure all Albertans can access health services as close to home as possible — and our planning focuses on that goal.
- For instance, before AHS, a cancer diagnosis for a patient outside Calgary and Edmonton likely meant a tough decision: travel hours each day for radiation therapy or settle for alternative treatment.
- Some patients would travel hundreds of kilometres one way and stay in a big city for the entire week just to have their daily treatment, which lasts less than 20 minutes.

- This wasn't right.
- Alberta's cancer patients deserved better.
- So AHS collaborated with our partners to add radiation therapy treatment to new cancer centres in southern and central Alberta, and we will soon be adding the service in northern Alberta.
- Once this radiation therapy corridor is complete, the number of people having to travel 100 kilometres or more to receive radiation treatment will be reduced from 28 per cent to eight per cent.
- This will be a game-changer for cancer patients in rural communities.
- A fully integrated health system also enables AHS to share innovations and best practices with communities, big and small, throughout the province.
- Before AHS, there was a full suite of stroke services for people living in Calgary and Edmonton, but many services were simply not available for people living in rural and remote regions.
- So AHS established Stroke Unit Equivalent Care in many rural hospitals, so Albertans who live in rural areas can access the same optimal, high-quality stroke care as those Albertans who live in larger cities.
- A patient in rural Alberta should have the same opportunity to fully recover from a stroke as a patient in Edmonton or Calgary.
- Again, that's just the right thing to do.
- An integrated health system also enables AHS to focus efforts and resources to address urgent local issues, including physician recruitment.
- The competition to hire qualified professionals is tough — nationally and internationally.

- AHS is always working hard to find new, innovative solutions to attract skilled care providers, especially to our smaller communities.
- As part of our overall physician recruitment strategy, AHS works with the Government of Alberta, local physicians, community partners and our Health Advisory Councils to identify and pursue international and domestic physician recruitment opportunities.
- AHS also provides several incentives, including top-tier monetary incentives, to encourage physicians to live and work in our communities, including our rural communities.
- Through these efforts, we've improved access to primary care and specialist services in many smaller communities.
- We've recently recruited five new physicians to High Prairie, two new physicians in Milk River and we're expecting a new full-time physician to start practising in Hardisty next month.
- Through our recruitment and training efforts, we've reintroduced obstetrical services in Slave Lake, and we're working to do the same in Drayton Valley
- We realize there will always be work in this area.
- Physician recruitment is an ongoing concern for health systems around the world.
- Now, with one province-wide health system, Albertans can work cooperatively rather than competitively to bring new health care providers to communities across the province.
- We're making progress and the successes we've had to date show we are on the right track.
- I also know some of you have questions and concerns about AHS' transition to coordinated EMS dispatch.

- EMS is a complex part of health care and I believe it is most efficient and effective when resources are coordinated and closely controlled by the health system.
- Dispatch consolidation is not a new model for emergency services.
- The RCMP has a coordinated dispatch service, and many provinces in Canada have moved to consolidated dispatch for EMS.
- Certainly, AHS has demonstrated the ability to dispatch ambulances quickly and effectively with the dispatch consolidation model already implemented.
- The creation of one provincial EMS dispatch system means AHS can see where all EMS resources are located in real time, which means the nearest available ambulance can be sent to a patient regardless of geographic boundaries.
- This is the right way to go, although I acknowledge it has caused anxiety in some of your communities.
- I'm happy to talk more about this subject, or any other subject that you're passionate about, such as:
 - Potential new facilities.
 - Upgrades to current facilities.
 - Expansion of services.
 - And capacity growth for acute care, emergency care, continuing care and community care.
- We're here to answer your questions but we're also here to listen.
- I've worked in health care long enough to know that health care is a people business.

- If you want to build a good health system, you need to reach out to people, draw on their experiences and expertise, and develop good relationships built on trust and respect.
- Over the past several months, Alberta Health Services has worked hard to strengthen the trust and respect between us, our Board and with the Ministry of Health.
- I must say: AHS governance today has never been better — and that's the by-product of improved relationships.
- We also want to improve relationships with all of our other partners and stakeholders, including:
 - Our staff, physicians and volunteers.
 - Foundations and auxiliaries.
 - Community agencies.
 - Our academic and research partners.
 - Local leaders like yourselves.
 - And, of course, with the more than four million Albertans we serve.
- We have unprecedented alignment with the Ministry and the Board to improve community engagement.
- This is enabling us to expand our community engagement team, and to reinvigorate our 12 Health Advisory Councils by recruiting new volunteers and ensuring their voices are considered in health care decision-making.
- A community engagement framework has been developed to ensure our engagement efforts are based on best practice, and the AHS Board has established a new standing committee to review and provide advice on these efforts.
- Again, the goal is to make sure communities have input into the health care decisions that affect them, as well as some decision-making responsibility.

- We want to have a health system in which Albertans benefit from our integrated, province-wide model but also benefit from local decision-making by local health care leaders and community members.
- These are not mutually exclusive goals.
- They're complementary goals that will help AHS evolve into a high-performing, learning health care organization.
- Our vision is Healthy Albertans. Healthy Communities. Together.
- That last word — together — is so important.
- Together, we all have a shared responsibility for health and wellness.
- And together, we can build a health system that Albertans can rely upon for generations to come.
- So, as AHS leaders, it's crucial for us to visit communities across the province and make ourselves available to talk about health care delivery on a community and provincial level.
- And that's why we're here today — to have face-to-face discussions, to share perspectives and viewpoints, and to listen to what you have to say.
- We live in a world of Facebook friends and virtual meetings.
- But, in my experience, nothing builds stronger relationships than meeting in person and having conversations ... together.
- Thank you for inviting us here, for your time and for your interest in Alberta Health Services.
- We can take your questions and comments.