HEALTH AUTHORITY ACCOUNTABILITY IN ALBERTA'S HEALTH SYSTEM

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1.0 INTRODUCTION

The Government of Alberta's vision is for "healthy and well Albertans". It is a broad and long-term vision that includes the importance of promoting and protecting good health for individuals and for Alberta as a whole as well as access to and the delivery of quality of health services. The public wants to know what health services can be expected and what results have been achieved. Government and the public expect that all participants in the health system are to be accountable for their responsibilities, acts and decisions.

Accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities*. Improvement in the quality of Alberta's health system requires a continued focus on accountability.

The purpose of this document is to describe the structure and processes supporting accountability between the Minister and Alberta's health authorities. It references the concept of accountability within Alberta's health system, outlines the broad roles, responsibilities and reporting relationships of health authorities and describes the overall process and some specific mechanisms supporting health system accountability.

The accountability framework is structured on formal lines of authority – areas where responsibilities have been delegated and accepted, expectations are clear, reporting is required and performance is evaluated. Reports about performance are an important element in accountability and appropriately represent prior agreement on delegated responsibilities, performance expectations, including the measures used to monitor progress and report on activities and performance outcomes.

The accountability framework between the Minister and the health authorities is an important tool for managing the health system and informing health system stakeholders, including the public, about how the system is managed. This framework will evolve as the health system changes in response to new challenges.

2.0 HEALTH AUTHORITY ACCOUNTABILITY STRUCTURE: ROLES, RESPONSIBILITIES AND REPORTING RELATIONSHIPS

The structure of accountability – roles, responsibilities and reporting relationships of Alberta's health authorities is based on legislation.

2.1 Minister of Health

The Minister of Health and Wellness represents the Government of Alberta in putting in place and maintaining a health system which, within available resources, meets the health needs of Albertans.

The Minister of Health and Wellness is held ultimately responsible for the overall quality of health services in Alberta and is responsible for reporting to the Legislative Assembly on the health of Albertans.

Within this context, the Minister sets overall direction, priorities and expectations, including standards, for the provincial health system. The Minister develops the planning, policy, legislative and standards framework within which health authorities plan

and deliver services. Therefore, the Minister seeks assurance that regional and provincial health authorities' work is co-ordinated with government. This co-ordination is necessary to achieve the best health outcomes for Albertans, to avoid duplication of effort and expense and to promote commitment to the five principles of the *Canada Health Act*.

The accountability framework and supporting processes ensure overall performance of the health system and account for results. Resources are made available to health authorities and health service providers to enable them to perform their responsibilities.

The Minister monitors the overall health of Albertans and the factors that affect health and assesses the overall performance of the health system. The Minister assesses whether the health system has met standards, is making progress toward goals and is effective in promoting government priorities.

2.2 Regional Health Authorities

Regional health authorities (RHAs) have responsibilities conferred on them by the Legislative Assembly, primarily through the *Regional Health Authorities Act*. Regional health authorities also have responsibilities under the *Hospitals Act* respecting the operation of hospital programs, the *Nursing Homes Act* respecting the operation of nursing home programs, the *Mental Health Act* respecting the admission, detention, administration and treatment and control of mental health patients, the *Public Health Act* respecting home care and the prevention of communicable diseases and health hazards, and the *Government Accountability Act* respecting the preparation of business plans and annual reports.

RHA boards are responsible for governing their organizations; the board provides vision, direction and leadership to the organization to ensure that its mandate is achieved and govern their organizations by establishing policies and bylaws – it is the responsibility of management and staff to implement the policies and bylaws developed by the board.

Section 5 of the *Regional Health Authorities Act* defines the following primary responsibilities of RHAs:

i) promoting and protecting the health of the population in the region and working toward the prevention of disease and injury
ii) assessing the health needs of people living in the region
iii) determining priorities for the provision of health services in the region and allocating resources accordingly
iv) ensuring reasonable access to quality health services is provided in and through the region, and
v) promoting the provision of health services in a manner that focuses on the needs of individuals and communities and supports integration of services and facilities in the region.

RHAs allocate resources, coordinate and provide services, and are expected to work with each other to improve Alberta's health system. Their responsibility for the health of Albertans living in their regions is limited by the role that the health system plays in ensuring good health. Many factors besides health services contribute to health. Where factors outside the health system are contributing to high priority health concerns in a region, the health authority works with other organizations and individuals to address

emerging issues. The health status of Albertans is a shared responsibility. It starts with individuals and includes community services, health providers and government.

RHAs Responsibilities

Conduct Needs Assessments
Regional health authorities are responsible for planning and delivering services in ways that respond to the unique needs of those who live in each region. To do this, regional health authorities must assess the health needs of communities and residents within their health region.

Solicit Community Input and Dialogue
Regional health authorities are responsible for soliciting community input on service expectations, the responsiveness and effectiveness of health services, and the regional delivery system overall. Each region is responsible for establishing at least one community health council to provide a mechanism for public participation in the health system.

Allocate and Manage Resources
Regional health authorities are responsible for determining service priorities and for allocating and managing human, capital and financial resources based on regional needs assessments and a provincial framework of legislation and policies. Regional health authorities, like other health system stakeholders, are stewards of public funds and must prudently manage their resources.

Consult with Other Sectors
In order to improve the health of their regions' residents, regional health authorities are responsible for consulting and working closely with other organizations and individuals in the health region, including:

- Alberta Cancer Board
- Alberta Mental Health Board
- municipal governments
- lodges
- ambulance services
- schools
- Child and Family Service Authorities
- Persons with Developmental Disabilities Boards
- Alberta Alcohol and Drug Abuse Commission
- social service agencies
- community pharmacies
- community physicians, and
- provincial ministries.

Since RHAs refer patients to, and receive patients from, other local, regional and provincial agencies that provide complementary services, they need to consult and work with these agencies to address common concerns.

RHAs must also work with groups such as regulatory bodies and the academic health centres to ensure the authorities' services are of high quality.

Plan and Deliver Services
RHAs are responsible for planning and delivering services as specified by legislation and the Minister of Health and Wellness. They must also submit a health plan to the Minister for approval, and an annual business plan for information. RHAs are also responsible for developing a health workforce plan that forecasts future health workforce needs and strategies to meet these challenges.

RHAs are responsible for providing health services and planning for the full continuum of health services in conjunction with other health authorities, service providers, other provincial ministries, and local agencies. RHAs are responsible for finding the right mix of physician and non-physician professionals to meet the health needs of their regions, taking into account the knowledge, skills and costs of different professionals.

RHAs are responsible for organizing and delivering services in ways that reflect their regions' unique characteristics and respond to individual and community needs. RHAs are responsible for providing off-reserve health services to members of First Nations and may also provide on-reserve health services, subject to contracts or agreements negotiated with First Nations.

Although most health services are provided in each region as close as feasible to where people live, a small group of complex, high-technology, high-cost services are provided to Albertans who need them through funding provided to the Calgary Health Region, Capital Health and other RHAs, by special arrangement with the Minister of Health and Wellness. These province-wide services include, among others: organ and bone marrow transplants, heart surgery and angioplasty, special drug programs, renal dialysis, neurosurgery and intensive care for severely ill infants and patients with severe trauma or burns.

Province-wide services are a collaborative effort between the Ministry of Health and Wellness, the provider RHAs and other health authorities to ensure these highly specialized services are planned and delivered in the interests of the province as a whole.

Emphasize Wellness
RHAs are responsible for developing policies and programs which promote good health and emphasize wellness. This includes working with the Ministry of Alberta Health and Wellness and following the policy direction outlined in a *Framework for a Healthy Alberta* (this report sets objectives and targets to guide the Government of Alberta's action in promoting health and preventing disease and injury). It also includes working with organizations outside the health system to improve health and providing Albertans with information and skills to take greater responsibility for their own health.

Provide Information
RHAs are responsible for providing information to Albertans that allows them to make informed decisions about their health and health services. This includes making information available about the cost and effectiveness of health services as well as about health choices and treatment options.

Ensure Reasonable Access to Services
RHAs are responsible for providing or facilitating reasonable access to health services. The service delivery system should ensure Albertans have access to quality health

services, based on need; it should also strive for ease of access to services from the client's perspective. This includes developing client-centred approaches, planning for referrals to and from services in other regions, communicating with residents about how to access health services and about service eligibility criteria, and monitoring and reporting wait times through the Alberta Waitlist Registry. Expectations about reasonable access are being developed over time through discussions among Alberta Health and Wellness, RHAs, physicians and other stakeholders.

Maintain a Concerns Resolution Process
RHAs are responsible for establishing a well-publicized process to receive complaints, concerns and questions from the public. This process ensures that people with concerns about specific treatment problems or general health issues will have a simple and effective appeal route in place.

Monitor, Report on, and Evaluate Services and Regional System Performance
RHAs monitor and evaluate health services in their region, including the performance of contracted organizations and contracted health professionals. Performance during the year is monitored through ongoing and ad hoc reporting processes. On a quarterly basis, the Minister requires financial reports and service performance reports for key programs from all health authorities.

RHAs also submit information about wait lists for surgical services and MRI/CT scans on a monthly basis, which is published in the web-based Alberta Waitlist Registry.

Authorities submit annual reports to the Minister of Health and Wellness for approval, and tabling in the Legislative Assembly. Authorities are also responsible for communicating with their residents on results achieved relative to plans.

Information from annual reports and many other sources helps health authorities make decisions about future directions and plans.

Delegating Responsibility
To carry out their activities, RHAs must provide direction to and work with service providers and health professionals who are directly employed, contracted or privileged (i.e., have been granted hospital privileges) by them.

3.0 MECHANISMS SUPPORTING ACCOUNTABILITY

A number of mechanisms support accountability between the Minister and the health authorities. Key among these are health plans, business plans, performance agreements and annual reports. In addition to legislation, standards and other expectations, some of the major mechanisms supporting health system accountability include board and committee appointment processes, health plans, business plans and annual reports, contracts, reporting and monitoring, and processes to assure good practice.

3.1 Board and Committee Appointments
Through the appointment of individuals to the governing bodies of regional health authorities, to provincial health boards and to committees and councils, the Minister formally delegates responsibilities to these individuals as members of their respective

health authorities, boards, committees and councils.

3.2 Health and Wellness Ministry Business Plan

The Ministry of Health and Wellness business plan provides the vision and direction for Alberta's health system. This plan identifies the Ministry's core businesses, business goals, key performance measures and targets, and outlines the strategies Alberta Health and Wellness will implement to achieve its goals.

Using the government approved Ministry business plan as a guide, the Minister provides overall direction to the health authorities on essential requirements for the preparation of their health plans or performance agreement, and business plan. The Minister of Health and Wellness requires health plans to be aligned with the Ministry's goals, in order to link the plans and operations of the regional health authorities and provincial health boards with the Ministry business plan.

3.3 Key Accountability Documents

Health plans, business plans and performance agreements are the primary means used by the Ministry to hold health authorities accountable for legislated responsibilities and government direction. These plans outline an organization's vision, goals and strategies, as well as its corresponding performance targets. Annual reports complete the accountability loop by providing information about actual achievements and performance relative to the goals and targets set out in the plans.

Regional health authorities and provincial health boards are responsible for carrying out their plans, reporting on their performance, and explaining any variation between planned and actual performance.

3.3.1 Health Plans

A health plan is a three-year strategic document that communicates how the health authority intends to carry out its obligations under Section 5 of the *Regional Health Authorities Act.* The health plan indicates how the health authority has aligned its strategic direction with the ministry's business plan and what steps the health authority has planned to meet government expectations.

Health authorities must ensure that their health plans address the health needs of people in their area of jurisdiction and meet the key expectations of the Minister. The health plan must contain statements addressing how the health authority proposes to carry out its responsibilities, information on the key strategies to be implemented and the measures and targets to be used to assess and monitor performance.

Health plans are to be submitted to the Minister by December 31, covering the three-year period beginning with the next fiscal year. The Minister expects health authorities to have their health plans approved before the commencement of that fiscal year.

Once approved by the Minister, the health plans represent an agreement between the Minister of Health and Wellness and a health authority on what is to be accomplished and how it will be monitored and measured.

3.3.2 Performance Agreements

Performance agreements have been signed as a key accountability mechanism with the

two provincial boards, the Alberta Cancer Board and the Alberta Mental Health Board. These performance agreements indicate the Minister's expectations of the Board, the Minister's obligations in relation to those expectations and the performance measures, with expected results the Board is to attain for each fiscal year covered by the performance agreement. As appropriate, performance agreements include health plan requirements.

Once approved, performance agreements represent the agreement between the Minister of Health and Wellness and the provincial health boards on what is to be accomplished and how it will be monitored and measured.

3.3.3 Business Plans

Health authority *business plans* are public documents and are submitted to the Minister of Health and Wellness in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act*
- Alberta Mental Health Board: P*rovincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: *Government Accountability Act.*

The business plan is provided to the Minister in the form and manner prescribed by the Minister. Business plans include a financial plan and describes key tactical actions the health authority will take in deploying its available resources to achieve expected results in the next fiscal year. Business plans must include performance measures and targets against which actual results can be compared.

Detailed program and service plans, implementation plans and work plans are not required to be submitted, although the business plan may make reference to significant aspects of those plans. Health authorities may choose to release other documents that complement the business plan for a variety of audiences.

3.3.4 Annual Report

Annual Reports are required pursuant to the *Government Accountability Act* and are provided to the Minister in the form and manner prescribed. Annual reports are a key public accountability document for reporting how the health authority has discharged its legislated responsibilities and any other responsibilities delegated by the Minister.

The annual report provides information on key areas fundamental to good accountability including governance, organization and legislated requirements. It includes information on achievements relative to government expectations, including an explanation for any significant variation between actual and planned results, and financial results. Annual reports are approved by the Board before submission.

As a matter of good business practice, regional health authorities and provincial health boards should require business plans and annual reports from the organizations with which they contract for the delivery of health services.

3.4.5 Reporting and Monitoring

Reporting and monitoring mechanisms provide assurance that reasonable levels of performance are achieved relative to expectations and resources used. Regional health authorities and provincial health boards are responsible for carrying out their plans, reporting on their performance, and explaining any variation between planned and actual

performance. Except where specifically indicated, performance measures are reported on annually and progress on identified strategies is reported quarterly.

There are two forms of quarterly reporting. *Quarterly performance reports* provide narrative updates on what action the health authority has started, continued, or completed relative to the strategies presented in its three-year health plan and the tactical initiatives identified in the annual business plan. *Quarterly financial reports* are prepared and submitted in accordance with the requirements set out in financial directives.

As an accountability document between a health authority and the Minister, these reports should be approved by the Board before submission and include a statement indicating the health authority's overall assessment and satisfaction with its performance.

4.0 APPENDICES

Two appendices are attached as further reference.

- *Appendix A: Specific 2007-2010 Health Plan Government Expectations* provides information on the specific factors and measures regional health authorities are to address in the 2007-2010 health plan submissions. Information primarily addresses requirements for the accountability documents to be provided to the Minister by health authorities.
- *Appendix B: Planner's Guide to Accountability Documents* is specifically provided for health authority planners engaged in the preparation and submission of accountability documents and expands on key principles and processes. Also included is the *Health Plan Reference,* which provides a quick reference to health plan purposes, processes and expectations.

APPENDIX A: SPECIFIC EXPECTATIONS
2007-2010 HEALTH PLANS

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1.0 HEALTH NEEDS ASSESSMENT

Rationale:
Regional Health Authorities' planning decisions must address their populations' needs.

Goal(s):
Current and relevant health needs information is used in development of the region's 3-year health plan.

Authorities and References:
- Section 5 (a) (ii) *Regional Health Authorities Act*

Factors	**Reporting:**
▪ Communicate in the health plan the extent and level of consultations to assess the needs of the population ▪ Include input from Community Health Council(s) in plan development ▪ Factor in relevant information to provide a context about the region's needs ▪ Discuss extent of collaboration with AMHB and others assessing mental health needs in the region.	▪ The health plan has factored in health needs assessment information relevant to region's communities and key stakeholders

2.0 COMMUNITY HEALTH COUNCILS (CHCs)

Rationale:
Regional health authorities (RHAs) are required by legislation to establish one or more CHC to solicit input and dialogue with resident population.

Goals:
Legislative compliance

Authorities and References:
- Section 9 (4) *Regional Health Authorities Act*
- Section 10 *Regional Health Authorities Act*

Factors

▪ Discuss how the RHA intends to continuously improve the role and relationship with CHCs in providing effective input.

3.0 WELLNESS AND HEALTHY LIVING

Rationale:
Chronic diseases, such as heart disease, diabetes, cancer and chronic obstructive lung disease, are the leading causes of death in Alberta. The most common chronic diseases are linked by a few risk factors – unhealthy diets, lack of exercise, tobacco use,

substance abuse and other risk-taking behaviours. These risk factors reflect choices we make in our daily lives. The *Framework for a Healthy Alberta* (see Appendix) sets objectives and target to guide regional health authorities in policies, programs and services.

Goals:
Regions will set targets and implement strategies to achieve the objectives and targets set out in the *Framework for a Healthy Alberta*.

Authorities and References:
- Section 5 (a) (i) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan
- *Framework for a Healthy Alberta*
- *Health Policy Framework 2006*
- Direction as contained in government business plans and strategic plans

Factors	**Reporting:**
The Health Plan should discuss strategies to promote the *Framework for a Healthy Alberta*	The RHA should report annually on its efforts to promote the *Framework for a Healthy Alberta* consistent with the measures therein.

4.0 QUALITY OF SERVICE

Rationale:
Albertans want to be confident in the quality of the health services provided to them. Quality means that services are people-centered and meet accepted standards of accessibility, appropriateness, effectiveness, efficiency and safety. Albertans expect to see effective processes for continuous quality improvement and the avoidance of error or harm.

Albertans recognize that every geographic location cannot provide all the health services that a person may require. Still, Albertans should have access to the services they need in other locations without undue delay. Timely and fair access to health services must take into account differing levels of clinical urgency. There must be no barriers to access based on a person's ability to pay.

Goals:
Health authorities deliver people-centered, quality health services in a timely manner.

Authorities and References:
- Section 5 (a) (iv) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan
- *Health Policy Framework 2006*
- Government Expectations
- Alberta Cancer Board (Incidence rates, Prevalence rates, Five-year survival rate after diagnosis)

Factors	Measures
The Health Quality Council of Alberta prepares an annual survey of Albertans on Satisfaction with Health Care Services. The Council works with government and regional health authorities on strategies to make sure Albertans are well served by the health system including identifying best practices and reviewing and monitoring health care quality: access, acceptability, appropriateness, effectiveness, efficiency and patient safety.	▪ In response to the HQCA survey, RHA should outline their plans and actions to address specific initiatives for improving patient quality, (for example, Access, Continuity of Care and Satisfaction.) ▪ Outline strategies to address patient safety (example, disclosure of harm framework and safer healthcare now campaign).
Patient Concerns Resolution Process Regulations have been approved in support of the amended Ombudsman Act. The regulations focus on the resolution of patients concerns.	▪ Report on the implementation of new RHA processes.
P/T Benchmarks and Alberta Goals In 2004, P/T Ministers of Health established benchmarks in five priority areas in an effort to reduce wait times: ▪ Coronary Artery Bypass Graft (CABG) o {Level 1: 2 weeks; o Level 2: 6 weeks o Level 3: 26 weeks } ▪ Hip & Knee Replacement {all cases within 26 weeks} ▪ Cataract removal surgery {Priority cases within 16 weeks} ▪ Percentage of hip fractures repaired within 48 hours of admission ▪ Cancer Wait times for radiation therapy {All cases within 4 weeks of readiness to treat.}	Report on initiatives to meet the P/T Benchmarks by March 2008. Annually, outline specific strategies and action to reduce wait times and the number of people waiting.
Alberta Health & Wellness has established goals for the following: ▪ **Outpatient MRI** {Level 1: 1 weeks; Level 2: 4 weeks Level 3: 12 weeks } ▪ **Outpatient CT** {Level 1: 1 weeks; Level 2: 4 weeks Level 3: 8 weeks } ▪ **Breast Cancer**: i) Family Physician referral to first surgery/oncology treatment within 4 weeks. ▪ **Prostate Cancer**: i) Family Physician referral to urologist re: biopsy results within 5 weeks, ii) Discussion re: biopsy results to treatment booking within 4 weeks and iii) Booking of treatment to initiation of treatment within 5 weeks unless radiation therapy required (within 4 weeks).	Report on initiatives to meet the Alberta Goals by 2008-09. Annually, outline specific strategies, action and targets to reduce wait times and the number of people waiting.

5.0 PRIMARY HEALTH CARE REFORM

Rationale:
Primary health care is the first point of contact people have with the health system, where health services are mobilized and coordinated to promote health, prevent illness, care for common illness and manage ongoing problems.

Primary health care is important. The available evidence shows that a strong primary health care system improves the health of individuals and the overall health of populations. Good primary health care increases access to health services, improves preventative care such as blood pressure screening, and reduced rates of hospitalization and use of emergency rooms.

Primary health care is not a single program that can be designed, developed and implemented. Primary health care reform is about fundamental change across the entire health care system. It is about transforming the way the health system works today-taking away the almost overwhelming focus on hospitals and medical treatments, breaking down barriers that too frequently exist between health care providers, and putting the focus on consistent efforts to prevent illness and injury and improve health.

The overall aim of primary health care reform is to significantly increase the importance of the first line of care and those who deliver these" first contact" services. In effect, primary health care should be the "central function and main focus" of the health care system (WHO 1978).

Federal, provincial and territorial governments agreed to five components of primary health care reform, which are the basis for the factors and measures identified below.

Goal:
Regional health authorities will facilitate implementation of primary health care reform.

Authorities and References:
- Section 9(4)(d) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan 2006/2007
- *Health Policy Framework 2006*
- Direction as contained in government business plans and strategic plans
- PCN Management Reports
- RHA Self reporting
- HealthLink Alberta
- Health Quality Council of Alberta surveys

Factors	**Measures:**
Service to a Defined Population Increase the proportion of the population having access to primary care organizations accountable for the planned provision of a defined set of comprehensive services to a defined population **Examples:** ▪ Support and encourage development and	▪ Percentage of regional residents enrolled in a Primary Care Network (source – PCN Management Reports) ▪ Percentage of primary care physicians participating in a Primary Care Network (source –

implementation of Primary Care Networks, Alternate Relationship Plans and Academic Alternate Relationship Plans in both rural and urban communities ▪ Support and encourage primary care physicians to use tools such as paneling to optimize performance in primary care	PCN Management Reports) ▪ Number of primary care physicians participating in an alternate relationship plan or an academic alternate relationship plan (source – RHA self-report)
Increased health promotion and disease prevention Increase emphasis on health promotion, disease and injury prevention, and management of chronic diseases **Examples:** ▪ Encourage Primary Care Networks to offer clinics that emphasize health promotion and disease prevention such as well-women clinics ▪ Expand patient self-management in chronic disease management through initiatives such as the Stanford Self-Management Leader Training Program. Self-management training increases the skills necessary for patients to manage chronic conditions and work effectively with health care professionals. ▪ Expand role of home care in chronic disease management to serve a broader scope of patients who would benefit from earlier interventions (National Home Care and Primary Health Care Partnership Project)	▪ Number of Self-Management Leader Training Sessions (source – RHA self-report)
Expanded 24/7 access to care Expand 24/7 access to essential primary care services **Examples:** ▪ Encourage patient use of Health Link Alberta for after hours care ▪ Encourage Health Link Alberta to direct unattached patients to primary care physicians accepting new patients ▪ Encourage Primary Care Networks to expand after-hours coverage to include evenings and week-ends	▪ Percentage of regional residents who called Health Link Alberta (source – Health Link Alberta) ▪ Percentage of regional residents who said they have a personal family doctor (source – HQCA survey)
Multidisciplinary teams Establish interdisciplinary primary care teams of providers, so that the most appropriate care is provided by the most appropriate provider **Examples:** ▪ Increase primary care physician participation in shared mental health care programs wherein a team of mental health professionals (including psychiatrists, psychologists, nurses and social workers) would support primary care physicians to diagnose and treat patients	▪ Number of primary care physicians participating in shared mental health care programs. (Source – RHA self-report) Target: 10% annual increase).

with mental illness ▪ Encourage Primary Care Networks to develop interdisciplinary teams to work with primary care physicians ▪ Support Primary Care Networks to attract and retain health professionals through innovative solutions such as allowing RHA employees to be seconded to Primary Care Networks ▪ Implement strategies to optimize multidisciplinary teams such as reallocating work to appropriate level of skill, expertise and licensure and implementing pre-approved protocols to delegate care tasks	
Coordinate and integrate with rest of the health care system Facilitate coordination and integration with other health services, i.e. in institutions and in communities **Examples:** ▪ Align home care case managers with primary care physicians through formalized and structured partnership to create health teams uniquely equipped to provide optimal patient/client care (National Home Care and Primary Health Care Partnership Project) ▪ Align public health nurse immunization clinics with routine physician office visits at 2, 4, 6, 12, and 18 months. ▪ Improve capacity to share information with primary care physicians about care received in hospital or emergency rooms, or from specialists ▪ Improve capacity to share results of diagnostic imaging testing with primary care physicians ▪ Work to better integrate walk-in clinics with the rest of health care system	▪ Percentage of regional residents who said that their personal family physician has been informed about treatment received at the hospital (source – HQCA survey) ▪ Percentage of regional residents who said that their personal family physician has been informed about treatment received in the emergency room (source – HQCA survey) ▪ Percentage of regional residents who said that their personal family physician has been informed about treatment received from a specialist (source – HQCA survey) ▪ Percentage of regional residents who said that their family doctor had received the results of diagnostic imaging testing (source – HQCA survey)

6.0 MENTAL HEALTH

Rationale:
Over 20% of Albertans are estimated to experience mental illness in their lifetime yet many will not seek help due to a variety of factors.

Targeting specific situations and communities, RHAs should advance mental health awareness and public education services within their regions and provide clinical and evidence-based service delivery that improves mental health programming and outcomes for residents.

Goals:
Mental health services are integrated with RHA operations to improve access to meet demand for mental health services in accordance with the Provincial Mental Health Plan.

Authorities and References:
- Section 9 (4) (d) *Regional Health Authorities Act*
- Provincial Mental Health Plan
- Alberta Health and Wellness Ministry Business Plan
- Direction as contained in government business plans and strategic plans

Factors	**Reporting:**
▪ RHAs collaborate with key stakeholders to advance mental health priorities as identified in the PMHP. ▪ Regional research and evaluation plans align with the provincial research plan. ▪ RHAs have processes in place to support and implement best/leading practices ▪ Mental health programs have ongoing evaluations. ▪ Implementation of strategies to collaborate with forensic services provided through the Provincial Forensic Psychiatry Program (e.g. CGTs) and community justice. ▪ Implementation of strategies for collaboration to advance the priorities of the Provincial Mental Health Plan.	▪ The RHA should report annually on its efforts to improve mental health services with specific reference to its Regional Mental Health Plan Results of participation in provincial promotion and awareness strategies.

7.0 CONTINUING CARE

Rationale:
Continuing care services quality of care and standards have been of concern to the public over the last few years. In 2005, the Auditor General's Report recommended the updating and implementation of new continuing care standards. In 2006, the MLA Task Force report recommended the enhancement of quality of care in continuing care and implementation of the standards as a priority. New continuing care standards were released by Alberta Health and Wellness on May 3, 2006. The major emphasis for continuing care in the health plan over the next three years is to implement the new standards and improve quality of care in continuing care settings.

Improvement to access and of aging in place strategies have been implemented by RHAs since 2000, and they have proven to be effective in improving access and

ensuring effective use of continuing care services. These strategies will continue to remain as key factors for the health plan for the next three years.

Goals:
To improve quality of continuing care services, implement new standards and ensure compliance with standards.

Authorities and References:
- Section 9 (4) (d) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan
- *Health Policy Framework 2006*
- Direction as contained in government business plans and strategic plans
- No AHW sources for these data - measurement and outcomes generated by RHAs.

Supporting Documents:
1. Provincial Coordinated Access Policies – July 2004
2. Continuing Care Health Service Standards, May 2006
3. Health Policy Framework:
   - Action 1 – Put the health of Albertans first
   - Action 4 – Strengthen inter-regional collaboration
4. Alberta Continuing Care Information System Reporting Requirements, May 2006
   - Alberta Continuing Care Information System Frequency of Submission Specifications
   - Alberta Continuing Care Data Element Specifications:
     - Appendix A – Facility Data Element Specifications
     - Appendix B – Community Care Data Element Specifications
   - Alberta Continuing Care Information System Data Submission Guidelines
5. RAI – Home Care (RAI – HC), Canadian version, 2nd edition, October 2002, CIHI
6. Resident Assessment Instrument MDS 2.0 and RAPs User Manual, , Canadian Version, March 2005, CIHI
7. The MLA Task Force on Continuing Care Health Service and Accommodation Standards, *Seniors Report*
8. Health Quality Council of Alberta surveys

Factors	**Measures:**
Quality of Care - personal care and nursing care hours	▪ Increase average paid hours for personal and nursing care in long-term care facilities to a minimum of 3.8 paid hours per resident per day in 2007/2008. ***Report progress quarterly*** *(AHW developed template)*
Aging in Place Strategy Actions: ▪ Continue to shift continuing care clients from facility living to supportive living and home living as appropriate. ▪ Update long-term strategies for achieving ten-year continuing care service plan and integrate them as part of health plan. ▪ Regions to set regional	▪ Number and percentage change in the long-term care (LTC) resident ratio: LTC facility residents 75+ per 1000 population 75+ ▪ Number and percentage change in long-term home care client ratio: long-term home care clients per 1000 population 75+ ▪ Number of placements in designated assisted living spaces ***Report progress quarterly:*** *highlights of 10-year continuing care service plan and projections.*

targets for resident ratio for long-term care facilities, supportive living ratio and home care clients ratio to achieve the shift.	
Continuing Care System Project Actions: ▪ Enhance care planning, quality of care practice and quality measurements by completing the implementation of MDS 2.0 and MDS Home Care by December 2007. ▪ Submit data by December 31, 2007 to Alberta Health and Wellness by health authorities and LTC facilities.	▪ Number and percentage change of LTC facilities that have completed implementation of the MDS 2.0 ▪ Progress report on the region's work to implement the MDS Home Care in its community care programs ▪ Number and percentage change of facilities and Regional Health Authorities each submitting MDS data to Alberta Health and Wellness
Access to Continuing Care Services Actions: ▪ Regions fully implement coordinated access policies and inter-regional transfer policy to remove barriers for residents to access services in another region by March 2007. ▪ Full implementation of system case management by 2008/2009. ▪ Reduction in number of Albertans waiting for long-term care beds and high level supportive living sites that have contracts with RHAs (commonly known as designated assisted living)	▪ Number and percentage change in wait list for long-term beds ▪ Number and percentage change in wait list for designated assisted living spaces ***Report progress quarterly***
Health services standards Actions: ▪ Implement continuing care health service standards in fiscal year 2006/2007. ▪ Implement education program on new continuing care standards for all continuing care staff and contracted operators/agencies. ▪ Enhance access to	▪ All staff trained on new continuing care health service standards by March 31, 2008.

continuing care services and navigation to other sectors of the health system through implementation of the system case management model.	

8.0 ABORIGINAL HEALTH

Rationale:
Aboriginal peoples within Alberta continue to have poorer health status than other Albertans. Many long-standing and complex factors contribute to this disparity including:

- multi-faceted health issues such as high injury and suicide rates,
- alcoholism and diabetes,
- social and economic factors such as inadequate and overcrowded housing,
- lower rates of educational attainment and labour participation,
- over utilization of acute and chronic care services and
- lower participation rates for preventative and screening programs.

AHW promotes initiatives to address Aboriginal health in key areas and several Cross Ministry Initiatives focus on Aboriginal health needs. Information provided from RHA business plans contribute to AHW being able to support the Cross Ministry Initiatives with qualitative and quantitative information.

Goals:
RHAs partner with First Nations communities to reduce Aboriginal peoples' health status inequities.

Authorities and References:

- Section 5 (a) (i) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan
- Direction as contained in government business plans and strategic plans
- The First Nations in Alberta – A Focus on Health Service Use (2004) Report (from Surveillance Branch, AHW) validates the disparities in health for Aboriginal people.
- Data on Aboriginals is often difficult to collect accurately or not available since only First Nations people can be identified from administrative databases. Nevertheless, programs and initiatives must be implemented to start addressing the health issues although data sources are not fully developed. For the most part, non-numeric, narrative data provided by each health region is a beginning point to collect descriptive data which can lead to more detailed quantitative data over time.

Factors	**Measures:**
Diabetes prevention: identify key strategies to provide diabetes programs and report progress **Suicide prevention**: Identify strategies to prevent suicide, example: youth resiliency program **Infant mortality**: identify strategies to reduce infant mortality	▪ Trends in para-suicide rate for First Nations people

Fetal Alcohol Spectrum Disorder: identify initiatives planned/in place to prevent FASD	

9.0 WORKFORCE

Rationale:
The government requires the health authorities to plan for, employ and appropriately and effectively utilize the optimal number of health service personnel within healthy workplace environments to support the provision of population-based needs within the health authority.

Goal(s):
Health authorities will report on performance metrics established in collaboration between Alberta Health and Wellness and health authorities that will support the ability of the Ministry to identify and develop strategies related to provincial health workforce trends and issues.

Authorities and References
- Section 5 (a) (v) *Regional Health Authorities Act*
- Alberta Health and Wellness Ministry Business Plan
- Direction as contained in government business plans and strategic plans

Factors	**Measures:**
Building Planning Capacity Report on collaborative health workforce planning capacity strategies.	Participation of human resource, clinical and financial leaders in: ▪ The development of health authority workforce plans, ▪ The completion of the annual Collaborative Health Workforce Template.
Adequate Supply Report on supply and demand gaps, recruitment and retention strategies and performance metrics (established collaboratively with health authorities) that indicate effectiveness of health authority recruitment and retention efforts.	▪ Health Workforce plan, as outlined in the health authority's Health Plan, identifies three year workforce requirements as well as recruitment and retention strategies to address any current and projected gaps between supply and demand. ▪ Overall workforce metrics for the fiscal year: o Separation rates, o External hire rates, o Internal transfer rates, o Vacancy percentage, o Average length of time to fill a vacancy – difficult to recruit positions by classification.
Healthy Workplaces Report on workplace environment metrics (established collaboratively with health authorities) that have an	Overall workforce metrics for the fiscal year: ▪ Comparison of health authority WCB premium rate to WCB industry rate for hospitals, acute care centres, health units and long term care

impact on the employer's ability to recruit and retain health service personnel.	centres, ▪ Hours of sick leave usage as a percentage of total earned hours, ▪ LTD incidents per 1,000 insured persons.

10.0 COST OF SERVICES

Rationale:
Government requires reliable, appropriate and relevant cost and activity information from health authorities structured to facilitate analysis of the use of health dollars.

Goal:
Reliable, appropriate and relevant cost of service information is available to advance efficient and cost-effective delivery of health care services.

Authorities and References:
- Section 9 (4) (d) *Regional Health Authorities Act*
- Health Authority Schedule of Health Services Guideline for Reporting (October 2006)

Factors:	**Reporting:**
▪ A Schedule of Health Services, per Guideline and templates developed through cooperation with AHW initiatives to capture and report expenditures along all health care continuums (including mental health)**.** ▪ A review of the Health Authority Schedule of Health Services Guideline for Reporting, due December 31, 2006, will determine the required steps to improve consistency in cost and activity measurement and will identify measures of efficiency at an operational unit level. ▪ Appropriate measures of effectiveness will be developed at a program level with input from health authorities.	▪ This pilot project is underway with the first schedule of health services due to AHW in December 2006. ▪ Definitive measures will be developed following a thorough review and analysis of the initial submissions.

11.0 INFORMATION AND TECHNOLOGY

Rationale:
A provincial electronic health record (EHR) provides a secure and confidential lifetime record of an individual's key health information critical for future health service delivery and will enhance patient safety, increase the efficiency of the health system, facilitate

team-based care and improve patient health outcomes. Alberta Netcare (EHR) is building on existing technology, where possible, and introducing newer technology where necessary.

Goal:
A province-wide interoperable EHR will enable patient-centric health service delivery through access to health information at the point of care.

Authorities and References:
- Alberta Health and Wellness Business Plan
- Government Expectations

Factors	**Measures:**
<u>Security Standards:</u> Adopt the ISO 17799 controls regarding health system security.	▪ Number of ISO 17799 controls implemented
<u>Privacy:</u> Alberta's privacy legislation, the Health Information Act (HIA) defines the rules of access to and disclosure of information to promote a secure and confidential electronic health record.	▪ Number of staff who have received HIA training in the region
<u>Service Management Standards:</u> For Information Technology to function effectively, numerous linked processes have to be identified and managed. The Information Technology Infrastructure Library (ITIL/ISO 20000) defines operational processes that, once implemented, will provide ongoing control, greater efficiency and operational consistency. ISO 20000 is emerging as an EHR operational standard.	▪ Number of ISO 20000 controls implemented
<u>Data Quality:</u> As information is increasingly shared across regions and provincially, data integrity becomes an issue. AHW has developed a provincial data quality strategy with defined roles for provincial and regional data quality management and control measures. ▪ Develop regional Data Quality Plans that include: o Accountability for the plan/data, o Complete data asset inventory, o Documented audit plan/schedule, o Documented remediation strategy ▪ Develop data quality targets (for inpatient and ambulatory care data at minimum). ▪ Perform scheduled audits/remediation.	▪ Data quality targets (inpatient and ambulatory care data) for 2007-08 ▪ Number of audits/remediation reviews completed

<u>Health Information Standards:</u> Health Information and technology standardization is required in the interest of international (market) collaboration, provincial interoperability and cross-regional comparability and consistency. ▪ Continue to implement the Health Information Standards Committee for Alberta (HISCA) provincial standards. ▪ HISCA continues to investigate and recommend new and evolving standards for the health system such as: o ISO 11179 (Metadata), o Vendor Conformance and Usability Requirements 2006-2008, o Integrating the Healthcare Enterprise (IHE), and o Clinical vocabularies such as SNOMED CT and LOINC.	▪ Number (and names) of the HISCA standards (data set level) approved and/or being ready for use adopted
<u>Technology Renewal:</u> There needs to be renewal of existing technology as well as investment in new development to ensure continued interoperability and information sharing capability. There is a documented board-approved technology renewal plan in place that aligns with the regional business plan.	▪ Current documented regional technology renewal plan in place and evidence funding allocated for priority areas.

12.0 HEALTH POLICY FRAMEWORK

Rationale:
The *Health Policy Framework* is the Government of Alberta policy direction with respect to health care. The values and policy directions contained in the Framework provide a broad and flexible foundation for the organization and delivery of health care in Alberta. It provides direction to a more sustainable, responsive and accessible health system that is based on a more holistic and comprehensive approach to care.

Other areas of Health Authorities Accountability relate to the *Health Policy Framework* through specific initiatives (such as public health and primary care networks). This category reflects broader system management expectations of the Government of Alberta.

Goal:
Regional Health Authorities will undertake initiatives that are consistent with the values and policy directions contained within the *Health Policy Framework* in order to develop a health system that is more sustainable, responsive and accessible.

Authorities and References:

- Section *Regional Health Authorities Act.*

  The Minister may give directions to a regional health authority for the purpose of (a) providing priorities and guidelines for it to follow in the exercise of its powers, and (b) co-ordinating the work of the regional health authority with the programs, policies and work of the Government and public and private institutions in the provision of health services in order to achieve the best health outcome and to avoid duplication of effort and expense.
- *Health Policy Framework* 2006

Factors	**Measures:**
Interregional Collaboration ▪ Boundaries of Alberta's nine health regions should not act as barriers to equal care for all Albertans. ▪ Albertans who receive care in more that one region must feel they are part of a seamless provincial health system. ▪ Development of a health services plan reflects collaboration across regions	▪ Demonstrated activity to increase coordination and collaboration with other regions.
Reshaping the Role of Hospitals ▪ The role of hospitals should reflect the needs of a region's population and a commitment to better and cost-effective access to services. ▪ Identification and implementation of opportunities for intra and/or interregional collaboration in the delivery of services.	
Publicly Funded Health Services ▪ Decisions on provincial funding for new health services will be informed by scientific evidence and value and effectiveness	▪ Contribution to informing the Alberta Advisory Committee on Health Technologies on the safety, effectiveness, and value for money of new technologies
Sustainability of the Health System ▪ The Health System must be fiscally responsible	▪ Value of contribution to the sustainability of the health care system through revenue generation.

Alberta Quality Matrix for Health

Dimensions of Quality / Areas of Need	Acceptability	Accessibility	Appropriateness	Effectiveness	Efficiency	Safety
	Health services are respectful and responsive to user needs, preferences and expectations.	Health services are obtained in the most suitable setting in a reasonable time and distance.	Health services are relevant to user needs and are based on accepted or evidence-based practice.	Health services are provided based on scientific knowledge to achieve desired outcomes.	Resources are optimally used in achieving desired outcomes.	Mitigate risks to avoid unintended or harmful results.
Being Healthy Achieving health and preventing occurrence of injuries, illness, chronic conditions and resulting disabilities.						
Getting Better Care related to acute illness or injury.						
Living with Illness or Disability Care and support related to chronic or recurrent illness or disability.						
End of Life Care and support that aims to relieve suffering and improve quality of living with or dying from advanced illness or bereavement.						

HQCA
Health Quality Council of Alberta

Adopted June 2005 by the Health Quality Network, an HQCA collaborative consisting of: Alberta Association of Registered Nurses, Alberta Cancer Board, Alberta Health and Wellness, Alberta Medical Association, Alberta Mental Health Board, Alberta College of Pharmacists, Aspen Regional Health, Calgary Health Region, Capital Health, Chinook Health Region, College of Physicians & Surgeons of Alberta, David Thompson Health Region, East Central Health, Federation of Regulated Health Professions, Health Quality Council of Alberta, Northern Lights Health Region, Palliser Health Region and Peace Country Health.

Adapted from the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services under contract to the Institute of Medicine.

APPENDIX B: PLANNER'S GUIDE TO ACCOUNTABILITY DOCUMENTS

Introduction
The Three-year Health Plan, Annual Business Plan, Performance Agreement, Quarterly Performance Reports and Annual Report are key accountability documents required to promote governance and management of the health authority, accountability to the Minister, and an informed public. These notes will assist health authority boards in the preparation and submission of these key accountability documents.

Three-year Health Plans
The purpose of the three-year *health plan* is to:

1. Enable the health authority to document its plans to meet its accountability obligations for effective governance of the health region
2. Ensure and commit to the Minister that the health authority has aligned its strategic direction with the ministry's business plan
3. Document what strategies the health authority has planned to meet government direction.

Each health authority is accountable to the Minister for meeting its responsibilities as set out in the *Regional Health Authorities Act.* Health authorities are to submit for approval a proposed health plan to the Minister, and annually to submit to the Minister a proposal to amend an approved health plan. Section 9 (4) requires a proposal for a health plan to contain:

- A statement of how the regional health authority (RHA) proposes to carry out its Section 5 responsibilities and to measure its performance in carrying out those responsibilities. Under Section 5 an RHA is required to:
    - Promote and protect the health of the population in the health region and work toward the prevention of disease and injury;
    - Assess on an ongoing basis the health needs of the health region;
    - Determine priorities in the provision of health services in the health region and allocate resources accordingly;
    - Ensure that reasonable access to quality health services is provided in and through the health region; and,
    - Promote the provision of health services in a manner responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.
- Provisions for the establishment of one or more Community Health Councils (CHCs).
- Provisions setting out the role of the CHCs in their relationship to the regional health authority.
- Information respecting the health services to be provided and the anticipated cost of providing those health services.
- Any other information required in the regulations or by the Minister.

Health plans indicate the key strategies to be implemented and the measures and targets to be used to assess performance to meet legislated obligations and government direction. As a public document, the health plan is a key communication vehicle for informing stakeholders of RHA plans. (Reference: *Regional Health Authorities Act, Health Quality Council of Alberta Regulation;* also see Attachment A: Health Plan Reference)

The Minister is most interested in the content of the health plan, not in its form. The development and form of the health plan should flow from a health authority's governance responsibilities, management systems and existing planning processes.

As an aid to increasing stakeholder awareness and understanding, the health plan should include key descriptive information about the health authority and the environment within which it operates. Typically, areas of interest include:

- The health authority's vision, mission and values statements
- Identification of health authority opportunities and challenges
- Other information the health authority deems important to communicate.

The health plan should be specific about planned achievements. For each legislative responsibility and government expectation the health plan should identify performance information. (Reference: *Attachment B: Specific 2007-2010 Health Plan Expectations)*

Performance information is evolving, reflects discussions with RHAs, and is, to some extent, subject to available data and data collection processes. Based on stated priorities, health authorities are to identify measures and targets to track performance accomplishments and select strategies that can best accomplish priorities.

The health plan should highlight and present intended actions and accomplishments for the respective period covered in the long-term plans (i.e. Continuing Care Plans, Mental Health Plans, 10-year Healthy Living Plan). Appropriate reference to these plans is sufficient; there is no requirement they be submitted with the health plan.

In addition to addressing legislative responsibilities and government expectations, the health plan should identify any further priorities and initiatives the health authority intends to pursue, complete with related goals, measures, targets and strategies.

The health plan must contain a statement of accountability, signed by the Chair of the health authority. The required wording is:

> "This three-year health plan for the period commencing April 1, ____ was prepared under the Board's direction in accordance with the *Regional Health Authorities Act* and direction provided by the Minister of Health and Wellness.
>
> The strategic direction and priorities of the *{health authority}* have been developed in the context of legislated responsibilities, the Ministry of Health and Wellness' business plan, and provincial government expectations as communicated by the Minister.
>
> Performance measures are included as the basis for assessing achievements.
>
> The Board and administration of the *{health authority}* are committed to achieving the planned results laid out in this three-year health plan.
>
> Respectfully submitted on behalf of *{health authority}*,
>
> Signed by *{health authority}* Board Chair"

Submission of the health plan is required by December 31 of the year preceding the three-year period covered by the health plan. The submission is in effect a proposed amendment to a previously approved health plan. (Reference: section 9 (7) of the *Regional Health Authority Act)*

The Minister will approve, amend or refer the revised proposal back with further directions. If a proposed health plan is not approved, it must be resubmitted as directed by the Minister. Once approved, a health plan is a public document. The health authority will publish the approved health plan and make a copy available, upon request, to any person requesting a copy. The health authority's web site may post the approved health plan.

A *Health Plan Reference* is included at the end of this appendix.

Performance Agreements

Two health authorities, the Alberta Cancer Board and the Alberta Mental Health Board, have signed *Performance Agreements* with the Minister. *Performance agreements* are negotiated and approved by the Minister prior to the fiscal year(s) covered by the agreement and indicate the Minister's expectations of the Board, the Minister's obligations in relation to those expectations and the performance measures, with expected results the Board is attain for each fiscal year covered by the *performance agreement.*

As appropriate, *performance agreements* include *health plan* requirements.

Business Plan

Required by legislation, the *annual business plan* communicates how the health authority expects to achieve the results in the first year of its three-year health plan, or performance agreement, describes planned tactical and operational approaches and implementations, and indicates how available financial and other resources are to be deployed. (Reference: *Government Accountability Act;* P*rovincial Mental Health Board Regulation; Health Quality Council of Alberta Regulation.)*

Detailed program and service plans, implementation plans and work plans are not required to be submitted, although the business plan may make reference to significant aspects of those plans. Health authorities may choose to release other documents that complement the business plan for a variety of audiences. Expected information in the business plan includes:

- Province-wide services**:** Health authorities that deliver province-wide services shall include, as part of its business plan, information outlining the intended approaches, budget and expected results in its delivery of province wide services.
- Surgical contracts under the *Health Care Protection Act:* Health authorities with contracts or with plans, over the next business plan cycle, to enter into contracts for surgical services with facilities pursuant to the *Health Care Protection Act* are to include relevant information regarding the type, volume and costs of these services to facilitate assessment of the plan. A comprehensive proposal including analysis of public benefit is required when seeking ministerial approval of the proposed contracts.
- Financial information: The business plan must include a financial plan that is compliant with existing legislation related to operating deficits. Financial plan form and content are set out in templates and guidelines provided by the Ministry.

When submitting the annual business plan, a health authority is also required to submit to the Minister a statement of *Assumptions, Risks and Implications* as advice to the Minister. Development of this statement considers analysis of the current and projected future of the health authority, its external environment and key internal variables. As a guide:

- **Assumptions** describe the significant underlying factors, current and anticipated, that provide the foundation, rationale and strategic direction for the business plan.
- **Risks** focus on key variables and challenges that could impact a health authority's planning decisions, performance targets and strategies, including information on the degree of certainty and what contingency plans are in place to deal with key risks.
- **Implications** address what impact the planned deployment of financial resources is expected to have on programs, people and infrastructure and the extent to which these impacts may affect local communities.

A draft of the annual business plan is submitted as information, with the three-year health plan, to the Minister by December 31. Upon approval of the provincial government budget, the health authority will finalize the business plan and submit it to the Minister by March 31. As a public accountability document, the health authority is required to publish the business plan.

Quarterly Performance Reports

Health authorities are responsible for carrying out their plans, reporting on their performance, and explaining any variation between planned and actual performance. Except where specifically required, performance measures are reported on annually and progress on identified strategies is reported quarterly. There are two forms of quarterly reporting.

Quarterly performance reports, due 45 days after the quarter, provide narrative updates on what action the health authority has started, continued, or completed relative to the strategies stated in its three-year health plan and the tactical initiatives identified in the annual business plan.

Quarterly financial reports, due 30 days after the quarter, are prepared and submitted in accordance with the requirements set out in financial directives. The submission of an annual report eliminates the need for a fourth quarter Financial Report.

As accountability documents between a health authority and the Minister, these reports should be approved by the Board before submission and include a statement indicating the health authority's overall assessment and satisfaction with its performance.

Annual Report

The *Annual report* is key public accountability document for reporting how a health authority has discharged its legislated responsibilities and any other responsibilities delegated by the Minister. The annual report provides information on: key areas fundamental to good accountability including governance, organization and legislated requirements, achievements relative to government expectations, and financial results. The Minister is required to table health authority annual reports in the Legislative Assembly. (Reference: *Government Accountability Act; Regional Health Authorities Act; Regional Health Authorities Regulation 17/95;* P*rovincial Mental Health Board Regulation; Alberta Cancer Programs Act; Health Quality Council of Alberta Regulation.)*

As guiding principles, the content of the annual report should focus on achievements rather than on activities that have not yet yielded results, objectively report quantitative or qualitative evidence directly relevant to the performance measures laid out in the annual business plan and health plan and provide explanation on any variance to expected achievements and targets.

The following minimum elements are to be included when preparing the annual report:

- **Letter of Accountability from Health Authority Chair** required wording is:

  We have the honour to present the annual report for the {health authority} for the fiscal year ended March 31, ____.

  This annual report was prepared under the Board's direction, in accordance with the Government Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known as of July 31, ____ have been considered in preparing the Annual Report.

  Respectfully submitted on behalf of {health authority}.

  Signed by *{health authority}* Chair

- **Board Governance:** Convey to the readers of the annual report how the Board directs and governs the business of the health authority in accordance with the *Expectations for Board Governance* set out by the Minister. Include information such as Board structure and process.

- **Organizational and Contact Information**: Describe the current organizational and advisory structure and identify any changes that occurred to these structures during the year. Provide an overview of the Community Health Councils, including names, dates established, mandate, and accomplishments. Include information sufficient to enable a reader to contact the health authority for information about the operations or services of the health authority.

- **Service Delivery Information**: Provide sufficient information to inform a reader about the responsibilities of the health authority and the services it provides within the region.

- **Activities and Accomplishments**: Describe the major strategic directions for the past year as set out in the three-year health plan and expected activities and accomplishments relative to the annual business plan. Items discussed should include highlights of major initiatives and accomplishments during the past year that promoted achievements of the health authority's strategic, capital, information management and technology, and health workforce plans. A discussion on accomplishments of province wide services should also be provided if applicable.

- **Performance Report:** Include a Performance Report section describing key results relative to the expectations set out in the three-year health plan and the annual business

plan and provide comparison of actual results to expected achievements. Include a brief explanation of variance against targets and any other facts relevant to aid understanding of performance. Relevant facts may include community needs assessment findings, social, economic or political changes, health authority resources, and factors affecting the health status of the health region's population.

Conclude this section with the Board's overall assessment of performance during the year, and specifically highlight strategic activities that have promoted collaboration among regions, innovation and effective practices. The Minister of Health and Wellness may use the health authority information in public communications.

- **Financial Summary**, including:
  - A complete set of audited financial statements prepared in accordance with Financial Directives
  - A Statement of Management Responsibility for Financial Reporting
  - Management Discussion and Analysis (MD&A)
  - The following financial indicators as calculated per financial reporting guidelines:
    1. Adjusted working capital ratio
    2. AHW funding coverage
    3. Remaining useful life of capital equipment
    4. Equipment reinvestment to consumption
    5. Internally-funded equipment
    6. Externally-funded equipment
    7. Remaining useful life of facilities
    8. Distribution of expense ratios
  - Explanation of significant variance from budget
  - Any additional information to improve the communication value of the annual report.

- **Surgical Contracts under the Health Care Protection Act**: Summarize results from the annual performance reports submitted during the fiscal year to the health authority by surgical facilities under an agreement. For each broad service area, discuss the extent to which expected public benefit anticipated in the proposal to the Minister was achieved. Include reference to any improvements in the operations of the health authority, reduction in wait-lists and costs, flexibility to patients and any other matters relevant to the strategy for contracting out surgical services. The discussion is to closely relate to the rationale provided in the request to the Minister for approval of the proposal.

The ministry will provide updated data to support health authority annual reports by June 15. Annual reports approved by the Board are to be submitted to the Minister by **July 31** following the end of the fiscal year to which they relate. Fifteen bound copies of the approved annual report are to be provided to the ministry.

Once approved by the Board, an annual report is a public document. The health authority will publish the annual report and make a copy available, either in hard copy or electronic medium, on request, to any person requesting a copy.

Key Reference Dates
The following table identifies expected due dates relative to any given fiscal year.

DATE	ITEM	NOTES
December 31	▪ Three-year Health Plan	Ministry direction
	▪ Preliminary Business Plan	Ministry direction
March 31	▪ Final Business Plan	Date subject to tabling of the Provincial Budget
	▪ Health Plan approval	Minister approval
July 31	▪ 1st Quarter Financial Report	30 days after the quarter
August 15	▪ 1st Quarter Performance Report	45 days after the quarter
October 31	▪ 2nd Quarter Financial Report	30 days after the quarter
November 15	▪ 2nd Quarter Performance Report	45 days after the quarter
January 31	▪ 3rd Quarter Financial Report	30 days after the quarter
February 15	▪ 3rd Quarter Performance Report	45 days after the quarter
June 30	▪ Audited Financial Report	Legislated requirement
July 31	▪ Annual Report	Legislated requirement

Contact Information

For further information on this document contact:

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HEALTH PLAN REFERENCE

Four Reasons for a Health Plan

- Accountability required by legislation
- To meet government expectations
- Aligns with Ministry business plan
- Sets direction for effective governance

Government's Specific Expectations (evolving)

- Health Needs Assessment
- Community Health Councils
- Wellness and Healthy Living
- Access to Services
- Quality of Service
- Primary Health Care Reform
- Mental Health
- Continuing Care
- Aboriginal Health
- Workforce
- Cost of Services
- Information Technology

Key Health Plan Attributes (5 Cs)

Health plans and business plans are the basis for reporting performance. They are:

- Complete – addresses all four reasons for a health plan
- Comprehensive – articulates the region's intentions
- Converged – focuses on key strategies for desired results
- Comparable – enables comparison across the regions
- Concise – facilitates administrative and public reporting

Relationship to Business Plan

The health plan outlines strategy – what will be accomplished
The business plan present tactics – how human, fiscal and other resources are to be used to implement strategies

3-year Health Plan

- Results-focused strategy document
- Required under the *Regional Health Authorities Act*
- Identifies measures, targets and key strategies over the three-year time period
- Subject to Minister's approval
- Released publicly

Annual Business Plan

- Tactical implementation document
- Required under the *Government Accountability Act*
- Health authorities are "accountable organizations"
- Shows how resources will be used over one year
- Does not require Minister's approval
- Released publicly

Measuring Results

- Measures support provincial business plan goals

- Measures should be S.M.A.R.T.:
  Strategic: reflect highest health system priorities
  Measurable: valid, reliable and timely data is available
  Attainable: RHAs can significantly influence initiative
  Results-oriented: outcome and results focused
  Time-based: impact measurable in the 3-year timeframe

Alberta HEALTH AND WELLNESS