

Health

Status of Recommendations

Total Recommendations	Status of Recommendations			
	Ready for Assessment	Not Ready for Assessment	>3 Years	<3 Years
16	2	14	3	13

Recommendation summary (by report, newest to oldest)

Report Title	Number of Recommendations	
	Department	AHS
<ul style="list-style-type: none"> ● COVID-19 in Continuing Care Facilities—February 2023 <ul style="list-style-type: none"> › Department: Update and expand a pandemic plan common to entire continuing care sector › Department: Exercise and simulate updated plan regularly, with all parties › Department: Develop a continuing care staffing strategy to increase staffing system resilience › Alberta Health Services: Formalize centre of expertise capacity for outbreak management › Alberta Health Services: Formalize operational improvements in outbreak testing › Department: Evaluate all existing infrastructure and set a strategy for improving facility infrastructure › Alberta Health Services: Track resident illness and staff absences during communicable disease outbreaks in facilities › Alberta Health Services: Implement recommendations from Alberta Health Services internal reports 	4	4
<ul style="list-style-type: none"> ● Seniors Care in Long-term Care Assessment of Implementation—February 2023 <ul style="list-style-type: none"> › Alberta Health Services: System to mitigate risk to safe, quality resident care from insufficient staffing › Department: Improve public reporting on expected results and whether the provincial long-term care system is achieving them 	1	1

Health

Report Title	Number of Recommendations	
	Department	AHS
<ul style="list-style-type: none"> ● Use of Publicly Funded CT and MRI Services—April 2021 <ul style="list-style-type: none"> › Department: Implement and measure the effectiveness of standard operational policy and work-flow for electronic order entry › Alberta Health Services: Improve the outpatient CT and MRI intake and scheduling processes › Alberta Health Services: Measure and report on performance to identify areas of improvement and promote best practices 	1	2
<ul style="list-style-type: none"> ● Primary Care Networks—October 2017 <ul style="list-style-type: none"> › Department: Evaluate PCN effectiveness › Department: Informing Albertans about PCN services 	2	0
<ul style="list-style-type: none"> ● Healthcare Processes—October 2015 <ul style="list-style-type: none"> › Department: Establish a proactive check to ensure that individuals with an Alberta healthcare number continue to meet residency requirements 	1	0
Total	9	7

Detailed recommendation list (by report, newest to oldest)

Recommendation	When	Status
<p>DEPARTMENT COVID-19 in Continuing Care Facilities:</p> <p>Update and expand a pandemic plan common to entire continuing care sector</p> <p>We recommend that the Department of Health ensure the development of an up-to-date, comprehensive, continuing care-focused pandemic plan relevant to all key stakeholders—Department of Health, Alberta Health Services and facility operators. The Department of Health should ensure such a plan for facility-based continuing care:</p> <ul style="list-style-type: none"> • sets measurable goals and targets, is aligned with other related plans, and is regularly communicated to operational management and front-line staff across the continuing care sector, including at the Department of Health and AHS • reflects learnings from the COVID-19 response • is disease-agnostic and is scalable • integrates compliance monitoring and other inspection activities • includes clearly defined escalation pathways, based on established measures or triggers, for outbreak management and resolution • clearly defines roles, responsibilities, accountabilities, and decision-making structures for all stakeholders <p>Consequences of not taking action: Precious time and effort may be diverted to preparation and organization in the critical early stages of a pandemic response if appropriate planning is not in place.</p>	<p>February 2023, p. 20</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT COVID-19 in Continuing Care Facilities:</p> <p>Exercise and simulate updated plan regularly, with all parties</p> <p>We recommend that the Department of Health lead periodic pandemic response exercises for Alberta’s facility-based continuing care sector across all levels of the system, and involve operational and front-line staff.</p> <p>Consequences of not taking action: In an emergency situation the facility-based continuing care system must respond seamlessly across multiple organizations. Without periodic exercises including all parts of the system, this cross-organizational preparedness cannot be critically evaluated and continuously strengthened.</p>	February 2023, p. 21	Not Ready for Assessment
<p>DEPARTMENT COVID-19 in Continuing Care Facilities:</p> <p>Develop a continuing care staffing strategy to increase staffing system resilience</p> <p>We recommend that the Department of Health work with Alberta Health Services and facility operators to develop and implement a staffing strategy for facility-based continuing care. This strategy should build on efforts already underway focused on staffing hours and staff mix from the response to the Facility-based Continuing Care review recommendations, and consider other factors that contributed to staff vulnerability during COVID-19 such as:</p> <ul style="list-style-type: none"> • the costs and benefits of maintaining a largely single-site staffing model • appropriateness of primarily part-time and casual staffing model use in the care of vulnerable elderly residents • mandatory benefits—particularly paid sick leave • minimum staff training • staff quality of work and life • staff mental health, wellness, and post-traumatic support <p>A staffing strategy should determine what the Department of Health wants to achieve in these areas and determine what it can accomplish with existing and potential future resources.</p> <p>Consequences of not taking action: Insufficient resources to care for residents during COVID-19 reinforced the importance of continuing care facility staff to safe resident care, outbreak response, and facility operations.</p>	February 2023, p. 42	Not Ready for Assessment

Recommendation	When	Status
<p>ALBERTA HEALTH SERVICES COVID-19 in Continuing Care Facilities:</p> <p>Formalize centre of expertise capacity for outbreak management</p> <p>We recommend that Alberta Health Services formalize multi-disciplinary outbreak response and support systems tasked with providing centre of expertise services, monitoring and tracking, and post-outbreak debriefing and reporting for communicable disease outbreaks at continuing care facilities.</p> <p>Consequences of not taking action: Without established teams of specialists prepared to support outbreak response and debrief them, outbreak response can be hampered and valuable lessons in disease-specific and general outbreak management may be lost.</p>	<p>February 2023, p. 42</p>	<p>Not Ready for Assessment</p>
<p>ALBERTA HEALTH SERVICES COVID-19 in Continuing Care Facilities:</p> <p>Formalize operational improvements in outbreak testing</p> <p>We recommend that Alberta Health Services work with Alberta Precision Labs to review, identify, and formalize process improvements and streamlining during COVID-19.</p> <p>Considerations should include other process improvements that could prevent human errors, facilitate linking samples to outbreaks, build redundancy and resiliency into the critical outbreak testing processes, and ensure timely delivery of results to continuing care facilities.</p> <p>Consequences of not taking action: Alberta Precision Labs, along with AHS zone and provincial management, worked tirelessly to find the best solution possible to every challenge they faced. If APL and AHS do not capture and formalize these process improvements, the invaluable testing system will not be able to optimally support continuing care facility outbreak management.</p>	<p>February 2023, p. 43</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT COVID-19 in Continuing Care Facilities:</p> <p>Evaluate all existing infrastructure and set a strategy for improving facility infrastructure</p> <p>We recommend that the Department of Health develop a priority list and strategy for improving existing buildings, where necessary.</p> <p>This priority list and strategy should be based on a comprehensive assessment of all continuing care facilities in the province to be completed by Alberta Health Services for:</p> <ul style="list-style-type: none"> • whether the building meets the mandatory requirements of current facility design guidelines, and its capacity for upgrading to current minimums if necessary • the adequacy of their HVAC and filtration systems • the size of resident rooms and extent of shared accommodations • the capacity of the building to permit adequate isolation practices • the extent of building entrances and exits and their ability to be secured <p>An infrastructure strategy should determine what the Department of Health wants to achieve and determine what it can accomplish with existing and potential future resources.</p> <p>Consequences of not taking action: Without a strategy for making informed, priority-based decisions to improve facility infrastructure where necessary, some of Alberta's continuing care facility infrastructure will continue to challenge the best responses to communicable disease outbreaks.</p>	February 2023, p. 43	Not Ready for Assessment
<p>ALBERTA HEALTH SERVICES COVID-19 in Continuing Care Facilities:</p> <p>Track resident illness and staff absences during communicable disease outbreaks in facilities</p> <p>We recommend that Alberta Health Services develop or adapt a surveillance system to track all resident cases and deaths, as well as information on staff absences, during any communicable disease or outbreak in facilities.</p> <p>Consequences of not taking action: Without regular, complete tracking of both resident and staff impacts from communicable disease outbreaks, AHS may miss these important indicators of resident care, staff well-being, and overall facility risk.</p>	February 2023, p. 51	Not Ready for Assessment

Recommendation	When	Status
<p>ALBERTA HEALTH SERVICES COVID-19 in Continuing Care Facilities:</p> <p>Implement recommendations from Alberta Health Services internal reports</p> <p>We recommend that Alberta Health Services accumulate, evaluate and action recommendations, lessons learned, and other required actions identified in its own internal summary reports on continuing care outbreaks. Any recommendations not adopted should be rationalized. We have organized and summarized these recommendations in Appendix E.</p> <p>Consequences of not taking action: Through considerable analysis and effort, AHS identified many important recommendations and suggestions for how it, Alberta Health, and facilities can make improvements. If not actioned, the system may not be better prepared for future pandemics, and other smaller communicable disease outbreaks such as seasonal influenza.</p>	<p>February 2023, p. 51</p>	<p>Not Ready for Assessment</p>
<p>ALBERTA HEALTH SERVICES Seniors Care in Long-term Care Assessment of Implementation:</p> <p>System to mitigate risk to safe, quality resident care from insufficient staffing</p> <p>We recommend that Alberta Health Services implement a system to mitigate the risk that a facility is not providing residents with the number and type of care staff needed to ensure safe, quality resident care.</p> <p>Consequences of not taking action: Long-term care facilities must ensure residents receive the care they need. AHS plays a critical role in mitigating the risk that facilities are not able to provide the staff necessary to do this.</p>	<p>February 2023, p. 8</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT Seniors Care in Long-term Care Assessment of Implementation:</p> <p>Improve public reporting on expected results and whether the provincial long-term care system is achieving them</p> <p>We recommend that the Department of Health improve its public reporting by:</p> <ul style="list-style-type: none"> • establishing what the provincial long-term care system is expected to achieve • identifying measures to evaluate performance • reporting what results the system is achieving annually, based on those measures • identifying what processes and activities are or will be done to continuously improve system results and meet expectations <p>If limitations on the length, content, and format of existing avenues for this information, such as ministry business plans and annual reports, cannot facilitate this, the Department of Health should identify and use alternative means of communicating this information to Albertans.</p> <div style="border: 1px dashed black; padding: 5px;"> <p>Consequences of not taking action: Albertans spend more than \$2 billion a year on continuing care services and entrust the system with the care of our society’s most vulnerable people—long-term care serves those with the greatest needs of all. Albertans can and should expect such a system to have clear goals, regular measurement and accountability for results, and continuous improvement at its core.</p> </div>	<p>February 2023, p. 11</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT Use of Publicly Funded CT and MRI Services:</p> <p>Implement and measure the effectiveness of standard operational policy and work-flow for electronic order entry</p> <p>We recommend Alberta Health work with Alberta Health Services and stakeholders to implement, and measure the effectiveness of, standard operational policy and work-flow for electronic order entry that will assist primary care and non-AHS clinicians when ordering CT and MRI exams.</p> <div style="border: 1px dashed gray; padding: 5px;"> <p>Consequences of not taking action: AHS Path to Care states one of its goals is to “support fair and equal access to health services for all Albertans no matter where they live in the province.” The current system does not provide the desired access to diagnostic imaging services for Albertans.</p> <p>Without centralized and standardized processes that incorporate CDS tools for all of Alberta, it will be difficult for AHS to obtain optimization of CT and MRI service delivery.</p> <p>Wait times, which exceed targets, may lead to diminished health outcomes for patients. They may also create economic inefficiencies.</p> </div>	<p>April 2021, p. 25</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>ALBERTA HEALTH SERVICES Use of Publicly Funded CT and MRI Services:</p> <p>Improve the outpatient CT and MRI intake and scheduling processes</p> <p>We recommend for outpatient CT and MRI exams, Alberta Health Services:</p> <ul style="list-style-type: none"> • standardize the intake and scheduling processes, including the use of clinical decision support tools • implement a process to standardize protocoling and monitor adherence to prioritization and protocoling standards • execute the Diagnostic Imaging, CT and MRI Implementation Plan to meet wait time targets <div style="border: 1px dashed gray; padding: 5px; margin-top: 10px;"> <p>Consequences of not taking action: AHS Path to Care states one of its goals is to “support fair and equal access to health services for all Albertans no matter where they live in the province.” The current system does not provide the desired access to diagnostic imaging services for Albertans.</p> <p>Without centralized and standardized processes that incorporate CDS tools for all of Alberta, it will be difficult for AHS to obtain optimization of CT and MRI service delivery.</p> <p>Wait times, which exceed targets, may lead to diminished health outcomes for patients. They may also create economic inefficiencies.</p> </div>	<p>April 2021, p. 25</p>	<p>Not Ready for Assessment</p>
<p>ALBERTA HEALTH SERVICES Use of Publicly Funded CT and MRI Services:</p> <p>Measure and report on performance to identify areas of improvement and promote best practices</p> <p>We recommend Alberta Health Services implement a process for regular measuring and reporting on performance for intake and scheduling of outpatient CT and MRI exams to identify areas of improvement and promote best practices.</p> <div style="border: 1px dashed gray; padding: 5px; margin-top: 10px;"> <p>Consequences of not taking action: If AHS does not use performance information regularly for continuous improvement, it is missing out on a valuable tool that could assist in improving operational effectiveness and efficiency.</p> </div>	<p>April 2021, p. 29</p>	<p>Not Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT Primary Care Networks: Evaluate PCN effectiveness</p> <p>We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with the PCNs and PCN physicians to:</p> <ul style="list-style-type: none"> • agree on appropriate targets for each PCN program performance measure, and require PCNs to measure and report results in relation to the targets • develop a formal action plan for public reporting of PCN program performance <p>Consequences of not taking action: Without adequate systems to measure performance, the department cannot evaluate the results of the PCN program to make informed decisions on what is working well in the program and what needs to improve. The department will also lack the information needed to report to Albertans on the results achieved for the significant public investment in this program.</p>	<p>October 2017, Performance Auditing, p. 79</p>	<p>Ready for Assessment</p>
<p>DEPARTMENT Primary Care Networks: Informing Albertans about PCN services</p> <p>We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with PCNs and PCN physicians to:</p> <ul style="list-style-type: none"> • require PCN physicians to complete the established patient attachment process, and set appropriate timelines for completing this process • agree on the best approaches for engaging Albertans as active participants in their own care, and explaining the PCN services available to help them achieve their health goals <p>Consequences of not taking action: If patients are not engaged to understand who their family physician is, what services are available through their patient medical home and their PCN, and how they can access those services, there is significant risk that key benefits of the PCN program will not be fully realized. As one PCN told us, “patients themselves are the largest untapped resource in primary care”.</p>	<p>October 2017, Performance Auditing, p. 84</p>	<p>Ready for Assessment</p>

Recommendation	When	Status
<p>DEPARTMENT Healthcare Processes:</p> <p>Establish a proactive check to ensure that individuals with an Alberta healthcare number continue to meet residency requirements</p> <p>We recommend that the Department of Health improve its processes by establishing a proactive check to ensure that individuals who have been issued an Alberta healthcare number continue to meet the residency requirements specified in the <i>Alberta Health Care Insurance Act</i> and <i>Regulation</i>.</p> <p>Consequences of not taking action: The department may pay for healthcare for people who do not meet Alberta residency requirements.</p>	<p>October 2015, no. 12, p. 101</p>	<p>Not Ready for Assessment</p>