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Alberta Children's Hospital Foundation
Patrons' Council Dinner

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Thank you for the opportunity to join you this evening.

One of my top priorities is to keep Albertans apprised of what Alberta Health Services has accomplished so far, the challenges that lie ahead, and our overall plan for the health care system.

This evening I'd like to talk more specifically about leadership, our commitment to child health research as a cornerstone of that commitment, and the importance of ACTING on those commitments.

To that end we are fortunate indeed to have the support of donors and health Foundations

throughout Alberta. Albertans are nothing if not task-oriented and I have every confidence in our collective ability to move from strategy to action.

I don't have to remind you that Alberta Children's Hospital Foundation's ongoing support for research, education, and fundraising for state of the art equipment has been absolutely critical in supporting the work of the hospital. So I will start and I will conclude tonight by sincerely thanking all of you for what you have done and continue to do.

Alberta Children's Hospital Foundation has a more than 50-year history, including I daresay several decades of personal leadership in this room tonight.

Alberta Health Services has a one-year history. That's quite a gap, so we recognize that in many ways AHS as a new organization is

catching up to you and I look forward to hearing more of your insights and ideas tonight.

It is unfortunate that there has not been more time and opportunity for me to meet with you personally, but you will have some sense of the demands inherent in what is likely the largest corporate merger in Canadian history.

Let's start there with a broad overview. Our goals for 2010/2011 are part of an ambitious agenda that will position Alberta as a national leader in health and wellness, emphasizing the need to move quickly.

How quickly? Well, for example, within a week of the provincial budget announcement earlier this year of a 5-Year Health Funding Plan – the first of its kind in Canada – we launched an \$8-million dollar drive to add some 2,300 more surgeries and procedures across Alberta – an

immediate blitz designed to drive surgical wait times down. With that first blitz successfully completed, stayed tuned for the announcement of a second blitz in the near future.

Funding for the ramp-up in surgeries is possible in part because of the financial savings we have achieved in non-clinical areas, which in turn was made possible by bringing together the 12 former Health Regions and other entities.

It has not been easy and no did we expect it to be. As John Maynard Keynes put it, the difficulty lies not so much in developing new ideas, as in escaping old ones.

We now have the responsibility to deliver all health services to 3.5 million Albertans. We are the largest single healthcare provider in Canada and the largest employer in Alberta, with 90,000 staff. We have an \$11 billion dollar

**budget and \$5 billion worth of capital projects
“in flight.”**

That scale of transformation – and the ability to drive the best ideas and innovations across the province – positions us to launch a series of initiatives to reduce waitlists and increase access.

How is that possible? Sustainability is imperative. We were given the task of streamlining back-office processes and effectively leverage the buying power of a province-wide health system.

We identified and moved quickly to capture around \$700 million — the cost to run a major urban hospital for an entire year.

And all of this was captured without decreasing front-line services provided to Albertans.

Fast forward to 2010: The current provincial budget provides Alberta Health Services with a new, stable, sustainable budget platform.

We now have a five-year funding envelope, and no deficit. The Five-Year Plan funded us at the rate we are currently spending and gave us a 6 per cent uplift on top of that. This is a tremendous commitment, and if I may say, a sign of confidence in our ability to continue effectively and efficiently manage our health dollars, which are in fact your health dollars.

Sustainable, stable funding also means we can now target additional funding to areas where we know we must make a real difference in as short a time as possible.

It's important to note that historically, health spending has increased at a rate of 10 per cent a year. Our five-year funding envelope does not allow for that level of expenditure growth.

So we are, by no means, in a position to relax our commitment to fiscal discipline.

But we can and we are investing in growth and increased access. Knowing that care is there when you need it is really important to all of us. This is why our highest priorities this year will be addressing emergency department waits and the direct link to community care. We have ONE health system, and it's critical to make the connection from one end of the care continuum to the other.

On average, every day in Calgary there are about 280 beds occupied by people waiting to transfer to seniors accommodations. Their acute care needs have been met. They no longer want to be in the hospital, they no longer need to be in the hospital, they no longer SHOULD be in the hospital. Some of these patients have been waiting more than a year for a bed in the community. Meanwhile we

have patients waiting in our emergency departments to be admitted into hospital beds.

If we can open more seniors beds in the community, these patients can be moved into more appropriate accommodation. Better for them and a measurable, quality improvement.

At the same time, the beds they used to occupy in the hospital can now be used by someone else. On average we have about 60 people in emergency departments in Calgary waiting for a bed, leading to overcrowding and back-ups in the emergency department.

So this year we are opening approximately 550 seniors beds here in Calgary, including more than 200 at Garrison Green. This will cost us \$41 million in a full year. And we plan to open approximately 650 more next year, at a cost of \$36 million in a full year, and 350 the year after costing \$16 million.

Because we are achieving the cost savings through amalgamation, because we set an ambitious agenda, because we have a five-year funding commitment, because we are building more beds for seniors in the community I can say to you today that we are expanding, not contracting.

Now let's drill down even further and talk specifically about child health. As I mentioned, Emergency Department care is a priority and Alberta Children's Hospital has demonstrated outstanding leadership.

Last fall, the Alberta Children's Hospital Emergency Department opened what are called "flow beds" — a transitional triage area where physicians can quickly assess children and determine the need for further treatment.

To put it in context: during typical peak times in the previous year, more than 200 children a day visited ACH's emergency department, waiting as long as eight hours.

But during the busiest point of the second wave of H1N1 they were seeing upwards of 315 patients a day, but on average the wait time was less than four hours – a dramatic improvement possible because of the new approach.

And the reduced wait times were sustained after H1N1 subsided.

The team there had looked at the movement of patients through the department. They found that there were efficient processes for patients who are very acutely ill and for those with minor illnesses and injuries.

But they found that the patients who came in with needs somewhere in the middle – which were 60 per cent of the kids coming through the door – were having the longest wait times.

Now, they are spending less time waiting, while freeing up beds that can be used for sicker kids.

Here is a second example of leadership at ACH: Professionals must be educated to work within a team, with effective communication skills and a real understanding of roles and accountabilities.

Training high-functioning teams is a powerful use of simulation training.

Simulations provide a safe environment in which to learn and practice the skills needed on today's front lines.

The uses of simulation are limited only by the imagination. We're only at the earliest stages here in Alberta, yet the breadth of application of simulation techniques is already immense.

We've got training in trauma, ICUs, codes, surgery, obstetrics, pediatrics and EMS.

The simulation work being done here in Calgary has been extensive – a grassroots movement that began and has evolved through the dedicated efforts of clinicians such as ACH's Dr. Vince Grant and his team within KIDSIM.

It's the way real quality improvement begins: at the frontlines.

Allow me to give you an example of the very real, tangible and immediate results simulation training can have.

In early January, an Alberta Children's Hospital Emergency Department team spent part of their morning in a simulation exercise.

The scenario featured a newborn baby in distress from an undiagnosed heart defect – something the team had never experienced firsthand.

The life-saving but rarely used drug Prostaglandin can keep the blood vessels open and buy some time. It's a difficult drug to draw up for infusion, and to administer.

The team struggled with the diagnosis and with drawing the medication up. They held a debrief after the exercise, learned some valuable tools, and went back to the ED.

Less than six hours later, a baby only a few days old came in: blue and having a lot of distress. The team was able to quickly establish

that they were dealing with a congenital heart defect, and were able to snap into action using the skills from the morning's training – saving the child's life. Notably, the simulation lab they practiced in . . . the only one located in a children's hospital in Canada . . . was funded by the Alberta Children's Hospital Foundation and its many donors, including some of you in this room tonight.

We've talked about clinical leadership so let's talk now about community leadership and the reason I am here tonight.

Just as the relationship between Alberta Health Services and Alberta Health and Wellness is evolving, so too is our relationship with the Foundation and with all of you.

In shaping and guiding that relationship, let's start with the most important question: Where and how can we be the best in the country and

even best in the world? I trust there is no disagreement on that point. Now, where should we focus our energy and expertise to that end?

How should we structure our relationship to reach that goal? Where do we want to be next year, in five year and 10 years from now? How will our commitment to the value of child health – your commitment and our commitment - be expressed and realized?

Let's think about the following as a possible framework, a way to prioritize fundraising and investments to benefit Alberta's children.

There are really two main areas we need help: improving care right now, and improving care in the future.

Clinical care improvement can be divided into two areas: high technology care for those children who need hospital admission and

improvement in care in the community. The latter tends to be a bit neglected but when you think about, say, the need to improve mental health care for kids, the need to invest now in kids at risk to improve their life choices, you can see there is a big agenda, with big needs and I want to hear more about your thoughts in this area.

So we end up with a two by two table. One row being clinical care for rare diseases, high tech care, hospital care and so on. The other row being care in the community. One column is improving care right now, here we can think about investments in equipment so what's being done is state of the art. But also we should look at investments in implementing and evaluating innovative care models.

The other column is improving care in the future. Here I'm thinking of investments in research, finding better treatments.

I would invite you and indeed other Foundations to think about having a balanced portfolio of projects, or investments if you will, across the four cells of that table. Improving care now and in the future. Improving hospital care and care in the community.

For our part, we can plan with confidence if our plans are consistent with how we see the services evolving, and we are working closely with the Foundation knowing that the money you raise will be available for the priorities we set.

There is and will always be discussion about the difference between the basic care that is the responsibility of government and the opportunity to support enhancements. That's understood, but let's remember that it begins with the vision, the collective undertaking and the shared responsibility.

I am also aware that in Alberta the word "community" is expansive. In the last year I have learned and been struck by the close and influential relationship between the foundations and government, and the broad understanding of your role as community leaders, as both advocates for child health and as active participants in the growth of the child health system.

You also know and have demonstrated year after year that success is a combination of both strategy and action.

Now, what can you expect of us? What does commitment from AHS look like?

As Saifa mentioned earlier, last fall we made a funding commitment to cover the sixth year of operating costs for the Alberta Children's Hospital's very exciting paediatric oncology initiative. We are very pleased with the

collaboration around this project and look forward to the great advancements it will make possible in the fight against childhood cancer.

We want to do more of that.

As you just heard, we recently signed a Letter of Intent with the Foundation and the University of Calgary which confirms our interest in exploring a large scale, joint fundraising initiative in support of child health.

Tonight I offer these examples as a tangible expression the value of child health to Alberta Health Services.

There will be more. We are ready to accelerate our partnership with the Alberta Children's Hospital Foundation and all of you in this room. From what I have learned and I have seen, you are a unique group of community leaders. You truly Walk the Talk. Your genuine commitment

to this community is an example to others in this province and we look forward to working together to develop national and international expertise in children's health.

Commitment is measured in many ways. It is also an investment in time and talent, and so as promised that's where I would like to conclude tonight, by thanking you for your immeasurable personal commitment. It means the world to us, and our children. Thank-you.