



## ACA Workforce Transfer Frequently Asked Questions

FAQs have been prepared for employees identified to transfer from Alberta Health Services to Acute Care Alberta, effective April 1, 2025. **Please note that this FAQ document contains new questions and updated answers. It should replace any previous versions, as the information provided below is the most current and accurate.** This document is also intended to supplement the union-AHS FAQs found on the Acute Care Alberta website.

- [AUPE General Support Services \(GSS\) FAQs](#)
- [Health Sciences Association of Alberta \(HSAA\) FAQs](#)

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## Transfer Timing

### 1. What is the timing of the transfer to Acute Care Alberta (ACA)?

- ACA was formally established as a provincial health agency under the Provincial Health Agencies Act on February 1, 2025.
- As ACA becomes operational, positions have been identified to transfer from AHS to ACA to support ACA operations.
  - **February 25, 2025:** Affected AHS staff were notified of the intent to transfer their position from AHS to ACA on April 1, 2025.
  - **March 3, 2025:** Affected AHS staff will receive a formal transfer notice with detailed information and next steps.
  - **April 1, 2025:** First day for staff who transfer to ACA.

### 2. Why is this happening now?

- We are at a critical time when it comes to health care in Alberta.
- We know that the province's acute care system isn't meeting the needs of Albertans. People are waiting too long for referrals, for specialized care, for surgeries, and in emergency department waiting rooms.
- That's why ACA has been created to improve access to high-quality care for emergencies and ongoing treatments by: reducing wait times for emergency departments, surgeries and ambulances, by bringing specialized services closer to home and by improving access to hospital care, especially in rural, remote and Indigenous communities.
- Establishing ACA is part of the work underway to refocus Alberta's health care system, ensuring that Albertans have better access to care and improved frontline service delivery.
- As part of the refocusing initiative, AHS will become a leading provider of hospital-based services, with a renewed focus on shorter wait times, and supporting high-quality hospital care for patients in Alberta.
- As a result, there will be some AHS staff who transfer to the new provincial health agencies to support health care delivery in Alberta.

### 3. Why is this happening so fast?

- While the transfer itself may seem sudden for some, the intent to make this change was shared through various channels (e.g. town halls) since this work was announced in November 2023.
- It is important that we have the right people in the right places to continue the momentum toward building a health care system that prioritizes the needs of Albertans.
- Albertans need and deserve a system that works for them and prioritizes their needs, whether these needs are finding a primary care provider, getting urgent care without long wait times, or accessing the best continuing care options and supports within appropriate timelines.



#### **4. When will the transfer be complete?**

- Staff identified for transfer will transfer to ACA on April 1, 2025.
- As this is an organizational shift, it's important to both ACA and AHS that that people are supported throughout the transfer as they settle into their new teams so they can continue their important work.

#### **5. Will more staff be moving?**

- Staff transfers mark important steps toward supporting the efforts to refocus Alberta's health care system.
- As provincial health agencies continue to be established, appropriate resources will move from AHS to better align and support these areas.
- AHS and provincial health agencies are committed to implementing these changes in a transparent and coordinated manner to make transfers as smooth as possible.

### **Affected Positions**

#### **6. Why were these staff members selected to move?**

- Refocusing is about creating a more effective health care system and putting people in the right places to deliver better care for Albertans.
- Establishing provincial health agencies, like Acute Care Alberta, is about creating a more effective health care system and putting people in the right places to deliver better care for Albertans.
- Individuals identified for transfer align with positions better suited to Acute Care Alberta as the agency assumes province-wide oversight of acute care so that AHS can shift from the single health authority to a leading hospital service provider with a renewed focus on shorter wait times and supporting high-quality hospital care.
- Comprehensive information and resources will be provided following the issue of transfer notices beginning March 3, 2025. HR questions can be sent to [transition.HR@ahs.ca](mailto:transition.HR@ahs.ca).

#### **7. How many positions are affected?**

- Approximately 425 positions and functions have been identified to transfer from AHS to ACA, effective April 1, 2025.
- The positions identified for transfer include teams that will support the establishment of four key ACA functions: quality management and improvement, operations oversight and coordination, acute care commissioning and surgical contract management, and acute care strategy and planning.
- All Program Improvement Integration Networks (PINS) will report to ACA effective April 1, 2025.
- Additionally, the Surgery PIN, Provincial Surgery Utilization team, the Alberta Surgical Initiative (ASI) and the Institute of Healthcare Optimization (IHO) team will integrate to form a new



provincial program within ACA called Surgical Care Alberta, to serve as a provincial hub for surgical expertise, standardization, and planning.

**8. Are all positions from each function/team identified for transfer moving to Acute Care Alberta?**

- No, not all positions are moving from each program and function identified for transfer will move to ACA.
- Positions were identified based on alignment with the responsibilities shifting to ACA to support the newly established provincial health agency.
- The following programs and functions will move from AHS to ACA to support this work:
  - **All of the Provincial Surgery Utilization team, all of the Alberta Surgical Initiative team, all of the Institute of Healthcare Optimization team (IHO) and the Surgery PIN** will integrate to form a new provincial program within Acute Care Alberta called Surgical Care Alberta to serve as a provincial hub for surgical expertise, standardization, and planning. This is effective April 1, 2025.
  - **All of the Health, Evidence and Innovation team (except for the Edmonton Zone Clinical Trial Unit)** to maintain working with partners to find, create, share and apply evidence in order to make informed decisions about clinical practices, health system improvements and innovations.
  - **All of the Planning and Performance** team to oversee business and service planning, bed capacity and facility designation.
  - **All of the Sustainability Program Office** team to focus on addressing financial and operational sustainability to create a resilient and viable healthcare system that can adapt to future challenges.
  - **All Program Improvement Integration Networks (PINs):** Surgery, Emergency and EMS, Critical Care, Medicine (except Stability and Fragility Program), Children's Health, Women's Health, Cardiovascular, and Neuroscience & Stroke.
  - Within Quality & Healthcare Improvement:
    - **Parts of the Patient Relations** team to provide the Patient Concerns Officer role for the acute care sector and to develop standardization policies, frameworks and education to support patient concerns management in alignment with legislation in addition to monitor and report on patient concerns and management. Team members remaining at AHS will implement the policies and frameworks and continue to support the organization in patient concerns management.
    - **Parts of the Engagement and Patient Experience** team to develop policies, frameworks and support sector-wide initiatives aimed at improving patient experience. Team members remaining at AHS will support the implementation of policies and frameworks, build capacity related to patient experience and engagement, and support the organization to interpret patient experience data and develop action plans.



- **Parts of the Accreditation** team to liaise with Alberta Health and accreditation partners (e.g. Accreditation Canada, CPSA). ACA will monitor system performance, ensure compliance with accreditation requirements and review plans or remedies of any accreditation deficiencies in the acute care sector. Team members remaining at AHS will continue to develop and implement accreditation action plans.
- **All of the Quality Patient Safety Education** team to develop and deliver standardized education to support quality and safety management for the acute care sector.
- **All of the Improving Health Outcomes Together (IHOT) and Process Improvement** teams to provide skilled expertise in order to support strategic quality improvement and clinical appropriateness initiatives in the acute care sector.
- **Parts of the Patient Safety** team to oversee patient safety policy development and frameworks, and support the identification and sharing of safety learnings across the acute care sector. Support quality assurance activities undertaken by the ACA. Team members remaining at AHS will: implement policies and frameworks developed by ACA; continue to support the identification of safety issues, quality assurance activities, and initiatives to create safer systems; and lead organization-wide simulation services, education, and training.
- **All of the Senior Provincial Office** to provide leadership and guidance to ACA to fulfill its mission and mandate related to performance monitoring of the acute care sector, in particular, aspects related to quality and safety management.
- **All of the Design Lab** team to integrate design-led approaches, systems thinking and strategy execution to address complex challenges in the acute care sector.
- **Parts of the contracting and commissioning** work that manages chartered surgical facilities contracts. Team members remaining at AHS will continue to manage other contracts including medical and non-medical equipment, corporate services, retail, food, housekeeping, facilities, provincial distribution and warehousing, inventory and more.
- **Parts of the operational oversight** work to develop processes, standards, monitor compliance with protocols and performance, oversee patient flow coordination and monitor real-time bed capacity. Work staying with AHS includes patient care, development of operational plans, referral through established processes, activation of protocols for surge capacity, adjusting patient flow processes and managing elective surgeries.

## **9. What if staff don't want to move?**

- This is addressed in the joint union/AHS FAQ.



**10. What does the Acute Care Alberta transfer mean for unionized AHS employees identified to transfer?**

- AHS has concluded Letters of Understanding with Health Sciences Association of Alberta (HSAA) and Alberta Union of Provincial Employees (AUPE) regarding the transfer of employees to provincial health agencies including Acute Care Alberta.
- Affected staff can find more details in the following documents:
  - [AHS/HSAA Letter of Understanding](#)
    - [AHS/HSAA Supplemental FAQ](#)
  - [AHS/AUPE GSS Letter of Understanding](#)
    - [AHS/AUPE GSS Supplemental FAQ](#)
- For all other AHS staff who have not received a notice of transfer to Acute Care Alberta, you will continue to work for AHS under the current leadership and will continue to work in your current role.

**11. Will union employees be given the opportunity to accept or decline the transfer?**

- The provisions available for affected employees will vary by union and their Letter of Understanding regarding Transition Agreement.
- HSAA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. This is addressed in the joint union/AHS FAQs.

**12. Can AUPE and HSAA employees select a temporary vacancy if they opt to remain employed with AHS?**

- No. AUPE and HSAA employees can only select a regular vacancy as an option on their preference reply. Additional information can be found in Letters of Understanding and joint union/AHS FAQs.

**13. Will there be an open competition for possible vacant positions?**

- Any vacancies identified to be filled will be posted per applicable collective agreement provisions, allowing all interested candidates the opportunity to apply in a fair and transparent process.

**14. Why is the move needed?**

- This shift is part of a larger plan to refocus and fully integrate the health care system in Alberta.
- The establishment of ACA is another step to enable AHS to shift from the single health authority to a leading hospital service provider with a renewed focus on shorter wait times and supporting high-quality hospital care for patients in communities across Alberta. In some rural health centres, AHS will continue delivering long term care to support streamlined care delivery.
- As hospital service providers, AHS, Covenant Health, Lamont Health Care Centre, and chartered surgical facilities will be accountable to ACA and the Minister of Health.





- Some positions and functions currently within AHS are now more suitably aligned to provincial health agencies. As a result, future adjustments may be made to ensure that every role within the health care system contributes effectively to shared goals.
  - Recovery Alberta has assumed the delivery of mental health and addiction services across the province as of September 1, 2024.
  - Primary Care Alberta has assumed oversight and governance of the primary health care system as of February 1, 2025.
  - Assisted Living Alberta is the provincial health agency responsible for overseeing a comprehensive system of care and wraparound services, including medical and non-medical supports, home care, community care and social services. It will become a legal entity April 1, 2025, and will be operational in fall 2025.

**15. What does this transfer mean for staff members who hold more than one position?**

- We know some staff hold multiple roles within AHS, and they may report to other areas than that of their primary position.
- Between April 1, 2025 and the payroll transfer date (to be determined), there will be no impact if you hold positions with multiple employers (Acute Care Alberta and AHS).
- Please see question below for reference of “payroll transfer date”
- HSAA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. Please see union/AHS FAQs for more information.

**16. How much time are people given to respond to the transfer notice?**

- Transfer notices will be issued starting March 3, 2025.
- HSAA and AUPE affected staff have until March 10, 2025 to respond to the options outlined in their transfer notice.

**17. Have unions been engaged/consulted on these moves?**

- Yes. All applicable unions have been engaged in the transfer process and Letters of Understanding regarding Transition Agreement have been established.

## **Informing Affected Staff**

**18. What about staff who are on leave or are away (medical, maternity, etc.) during the transfer?**

- Staff who are on leave or are away will not receive an email with their transfer notice until after they have advised AHS that they are ready to return to work or are declared fit to return to work.
- If staff have received a transfer notice in error, while on a leave of absence, they should disregard that notice. A new transfer notice will be provided to them upon their readiness to return to work.



**19. What happens to casual employees?**

- HSA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. This is addressed in the joint union/AHS FAQs.

**20. How are affected staff being updated?**

- Recognizing that change is never easy, ACA and AHS want to make sure staff feel respected, informed, and heard during the transfer process.
- ACA and AHS recognize this transfer also impacts the wider AHS community.
- As such, ACA and AHS are committed to providing regular updates and clear communication to all staff to keep everyone informed as the transfer progresses.
- AHS and ACA are working closely with applicable unions to ensure a smooth transfer process for staff.

**21. What is being done to support staff during the transfer?**

- Change can evoke feelings of uncertainty. The well-being of you and your colleagues is top priority.
- ACA, AHS and applicable unions are available to provide guidance and support throughout the transfer process.
- Resources are available to support you through the transfer. For the most up to date resources, including transition agreement FAQs, workforce transfer FAQs, and fact sheets, please visit the [Acute Care Alberta](https://www.acutecarealberta.ca) website.
- You are encouraged to have conversations with your manager, HR, and your union about specific and personal questions.
- In addition, you can direct HR questions to [transition.HR@ahs.ca](mailto:transition.HR@ahs.ca) and questions about ACA to [ask@acutecarealberta.ca](mailto:ask@acutecarealberta.ca).

**22. What are ACA reporting structures going to look like for managers and staff?**

- We are in the process of finalizing organizational charts for ACA. Staff transferring to ACA will be provided with this information prior to April 1, 2025.

**Human Resources, Pay, Benefits**

- Staff transferring from AHS to ACA can expect a smooth transfer to ACA including continuity of pay, benefits, pension, standard hours, vacation entitlement, seniority, years of service, union affiliation, work location and corporate systems and processes. Existing banks (vacation, overtime, etc.) remain in place.
- For most staff, day-to-day responsibilities will not change on April 1, 2025, and existing relationships, will be maintained during the transfer. Existing contracts or agreements affected by this transfer will transfer as-is from AHS to ACA. Any work to establish new processes, if needed, will occur after April 1, 2025 in collaboration with staff.



- Transfer from AHS to ACA is a successorship under legislation which means the current terms and conditions of employment and collective agreement will continue to apply.

**23. Will staff be required to relocate?**

- AHS employees who transfer to ACA are not required to relocate to another city or town for April 1, 2025.

**24. What is the difference between operational day 1 and the payroll transfer date?**

- April 1, 2025 is operational day 1 for Acute Care Alberta. This marks the point at which identified functions, and oversights and delivery of those functions, transfer into Acute Care Alberta. This includes positions transferring from AHS to Acute Care Alberta. April 1, 2025 is the day transferring AHS employees become Acute Care Alberta employees.
- Payroll transfer date is the date that Acute Care Alberta is established as a separate entity in e-People, marking the implementation of the Acute Care Alberta payroll system and HR and pay transactions. The payroll transfer date has not been determined for Acute Care Alberta.

**25. What impact will the transfer to Acute Care Alberta have on employment-related areas like pension and benefits?**

- This transfer from AHS to Acute Care Alberta as an employer will not result in changes to any Terms and Conditions of Employment including pay, benefits, pension, standard hours, vacation entitlement, seniority, years of service, union affiliation, work location and corporate systems and processes. Existing banks (vacation, overtime, etc.) remain in place.
- See detailed questions provided below for more information.

**26. Will affected staff lose pay?**

- No. Your pay will remain the same as it is now.
- You are not required to take any action or next steps to ensure a smooth continuation of pay.

**27. Will affected staff lose benefits?**

- No. Your benefits will be maintained, including anniversary dates and provider.
- You are not required to take any action or next steps to ensure a smooth continuation of benefits.

**28. Will affected staff lose pension?**

- No. Your pension will be maintained with the same provider.
- You are not required to take any action or next steps to ensure a smooth continuation of pension.



**29. Will affected staff lose seniority?**

- No. The start date, length of service, and seniority date will not change for staff transferring. You will carry your length of service with you and will not be forced to start over on your transfer day.

**30. What if I hold a regular position (union or non-unionized) but I'm currently temporarily assigned to another position and one of my positions is transferring to Acute Care Alberta?**

- HSAA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. This is addressed in the joint union/AHS FAQs.

**31. As an employee transferring to ACA, if I apply to Alberta Health Services, Primary Care Alberta, Recovery Alberta or future provincial health agencies, will I have to apply as an external candidate and will my seniority be affected?**

- HSAA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. This is addressed in the joint union/AHS FAQs.

**32. Following the April 1, 2025 staff transfer, how will the ongoing administration of employment provisions be managed for current NUEEs who apply and are offered a new position with either AHS or Acute Care Alberta?**

- For the period between April 1, 2025 (initial transfer date) and the Payroll Transfer Date (to be determined), a NUEE who accepts an offer of employer from AHS to Acute Care Alberta (or vice versa) will be treated as an internal hire. All current banks and entitlements remain in place and port with the employee, and employment will be deemed continuous. Items to be ported include:
  - Vacation entitlement/accrual date
  - Banked Overtime (if applicable)
  - Earned vacation bank
  - Banked Stat/Floater Stat
  - Earned Sick Bank/Salary Continuance
  - Personal Leave Days
  - Date of Hire

**33. If I am a new employee on probation with AHS, will my probationary period continue when I transfer to ACA?**

- HSAA and AUPE GSS have each reached agreements with AHS to deal with these scenarios. This is addressed in the joint union/AHS FAQs.



**34. I am currently being accommodated and my position has been identified to transfer to ACA. Will my accommodation continue?**

- Yes. Accommodations currently in place will continue after transfer to ACA. Accommodations will continue to be guided by the Workplace Accommodation Policy and Workplace Accommodation Process Guide.

**35. Will my vacation time be honored once I transfer to ACA?**

- Yes. Acute Care Alberta intends to honour any previous pre-approved vacation. There may be extenuating circumstances where vacation may need to be reviewed but these will be addressed at an individual or department level. All provisions of collective agreements and the AHS Vacation Policy will be applied.

**36. Will my remote-hybrid work arrangement continue?**

- Yes. The Remote-Hybrid Work Arrangement policy will apply to Acute Care Alberta.

## Information and Technology

**37. Will staff be required to obtain new equipment (laptops, cell phones, badges)?**

- No. Staff members who currently use equipment or devices will retain them, but they will receive a new email address ([firstname.lastname@acutecarealberta.ca](mailto:firstname.lastname@acutecarealberta.ca)) effective April 1, 2025.

**38. Will emails change?**

- Yes. As of April 1, 2025, staff transferring to Acute Care Alberta will have their email addresses reflect the name of the new organization: ([firstname.lastname@acutecarealberta.ca](mailto:firstname.lastname@acutecarealberta.ca)).
- Any emails sent to your albertahealthservices.ca/ahs.ca address following the transfer will continue to be directed to your Acute Care Alberta inbox.
- Your email account and set-up will not change, and you will still have access to all existing emails and folders.
- Regardless of the automatic direction of emails from your AHS account to your ACA inbox, you are encouraged to share your new email address with regular contacts to promote transparency and ensure continuity of communication and service.

**39. How do Acute Care Alberta staff log into their devices and email?**

- Staff will continue logging into devices and emails as they always have.
- The IT department has scheduled the migration of email accounts for the evening of Monday, March 31. During this time, inboxes may be temporarily unavailable as the synchronization process takes place.
- Staff who transfer to Acute Care Alberta will be provided with additional information prior to April 1, 2025, if there are any changes.



**40. Will existing AHS shared email inboxes and Zoom accounts transfer to ACA?**

- Teams or individuals that operate a shared email inbox that will still be required after April 1, 2025, should submit a ticket through the IT portal to have the email address changed to [@acutecarealberta.ca](mailto:@acutecarealberta.ca). Inbox owners will be responsible for membership, including adding/deleting people as required.
- Owners of shared Zoom accounts transferring to ACA are encouraged to review and remove users who should no longer have access, as non-transferring users will otherwise retain access.

**41. Will I have access to Zoom after the transfer?**

- Yes, Zoom users that sign in with SSO will be able to sign in without issue and can change their own email address in their profile. The generic accounts that are changing to [firstname.lastname@acutecarealberta.ca](mailto:firstname.lastname@acutecarealberta.ca) will need to submit tickets through the IT portal to have their email addresses changed and will receive automatic notification when the change is done. There should be no impact on accounts as the only change will be the sign-in address.

**42. Will Connect Care access be impacted by this transfer?**

- There will be no impact to Connect Care throughout the transfer to ACA.

**43. Will systems and tools be impacted by the transfer?**

- All the systems currently in place to support staff and patients will continue to exist in their current form during and following the transfer to ACA. This includes Connect Care, HR systems (such as e-People and access to staff directories), financial systems, and IT and EFAP services.
- Access to AHS network accounts will stay the same, including your username, password, MyLearningLink and access to shared drives. All medical affairs functions will continue uninterrupted with the same support medical staff currently receive from all corporate and clinical operations.

**44. Will I continue to have access to Learning Link?**

- Yes. Access to AHS network accounts will stay the same, including MyLearningLink. Staff will continue logging into MyLearningLink as they always have.

**45. Will I have access to an ACA-dedicated InSite page?**

- An ACA page on InSite is in development. More information will be provided soon.
- In the meantime, resources including FAQs and fact sheets can be found on the [Acute Care Alberta](https://www.acutealberta.ca) website throughout the transfer process.

## Updates and Communication

### **46. I missed the Minister-led town halls and announcement on ACA. Are they available online?**

- The town halls were recorded and are available at [alberta.ca/shape-the-way](http://alberta.ca/shape-the-way).

### **47. How will health information sharing be managed going forward?**

- Health information as it relates to patient care can flow between Acute Care Alberta and AHS physicians and staff so long as it is treated securely in keeping with the Health Information Act.
- While ACA and AHS will continue to collaborate closely for the benefit of all patients, we will be working through how non-clinical information will be shared and exchanged as new processes and practices are formed. Throughout the transition, if you're unsure whether information should be shared please reach out to a medical or operational leader to clarify.

### **48. What can we share with our patients, clients and the public?**

- The key point we want our clients and patients to know is that they will continue to receive high-quality care from their care team.
- We will be here for them, as we are now.
- Patients and clients can still access their usual treatment services, the same way that they always have.

## About Acute Care Alberta (ACA)

### **49. What is Acute Care Alberta?**

- ACA is one of the four provincial health agencies in Alberta. Provincial health agencies are designed to focus on four priority areas: primary care, acute care, continuing care, and mental health and addiction.
- Acute care is foundational to a high-performing health care system, providing critical care to Albertans when and where they need it most.
- By bringing together specialized care providers, ACA will oversee fast, efficient and compassionate health care across the province in emergencies, surgeries or specialized treatments.



**50. What is the first task at hand for Acute Care Alberta?**

- Acute Care Alberta will begin to develop a governance framework for acute care, and work with stakeholders in the acute care community as it begins its work.
- ACA will implement Alberta Health's strategies, allocate funds and set operational standards for healthcare providers by:
  - Fostering strong partnerships with both government and providers.
  - Ensuring system priorities are aligned from the government through the entire system.
  - Directing resources towards priority areas.
  - Prioritizing results and outcomes to improve performance, and making informed data driven decisions
- ACA will provide oversight to the acute care system; monitor compliance, address performance issues, and ensure effective use of government funds, serving as a link between the government and service providers by:
  - Adopting an execution-driven mindset and driving change across the system.
  - Providing the public and stakeholders with clear and accessible information about how organizations and programs operate.
  - Holding ACA and the system accountable for fulfilling commitments.
  - Being responsible stewards of public funds.

**51. Who is accountable for acute health care in Alberta under the new structure?**

- The Ministry of Health sets policy and direction to achieve a sustainable and accountable health system.
- Acute Care Alberta will oversee the governance and coordination of acute care services across Alberta. ACA is accountable to the Ministry of Health.
- This unified health care system will rely on the oversight of Alberta Health in areas such as integration, patient pathways, capital planning, and other areas that affect all of health care service delivery in the province.
- This improved governance will help the Government of Alberta better direct critical resources to the front lines to support workers and improve patient care.

**52. Will this change the way Albertans access acute care services?**

- No. Where or how Albertans access acute health care services will not change.
- As ACA becomes operational in spring 2025, Albertans will continue to access acute care health services as they always have through hospitals, emergency departments, urgent care centres and ambulances.





**53. How will ACA benefit Albertans and service providers?**

- Over time, ACA will help improve access to high-quality care for emergencies and ongoing treatments by: reducing wait times for emergency departments, surgeries and ambulances, by bringing specialized services closer to home and by improving access to hospital care, especially in rural, remote and Indigenous communities.
- The creation of ACA means providers responsible for acute care will have greater accountability to the province and, above all, to patients. Providers will be required to ensure they are delivering on commitments to improve access to acute care services.
- This work will be done alongside the work of Primary Care Alberta to ensure every Albertan is attached to a primary care provider, which will reduce pressure on acute care services.
- ACA will focus on achieving key outcomes, including:
  - Creating shorter wait times in emergency departments and for surgeries
  - Improving overall surgery times
  - Creating faster EMS response times
  - Creating higher-quality care across the province, and enhanced access to care in rural areas
  - Improving patient flow across our acute care services including hospitals, urgent care centres and ambulatory care
- ACA will achieve this by working directly with acute care service providers — including AHS, Covenant Health, the Lamont Health Care Centre and chartered surgical facilities—hospitals, urgent care centres, and EMS to make every patient’s journey through the acute care system efficient and effective.

**54. Timeline-wise, when exactly do you hope Albertans will start to see real change in the acute care system?**

- It will take time to build capacity in the system.
- Acute Care Alberta became a legal entity as of February 1, 2025, with the goal of improving access to high-quality care for emergencies and ongoing treatments.
- The transformation is ongoing, with efforts to reduce wait times for emergency departments, surgeries and ambulances by bringing specialized services closer to home and by improving access to hospital care, especially in rural, remote and Indigenous communities.
- ACA will be working with Alberta Health and AHS over the coming months to fully establish its operational responsibilities.
- In Year 1, ACA will continue to:
  - Increase access to surgical services and reduce surgical wait times.
  - Reduce wait times for cancer care.
  - Ensure appropriate patient flow across acute care system.
  - Collaborate across health sectors to work to reduce the ALC rate by improving ALC patient flow, hospital length of stay and optimizing acute care bed use.



- Expand services and capabilities offered in rural areas; support overflow from urban centres through a hub and spoke model.
- Reduction of EMS Response Time and Increased Community Presence (note link to rural health).
- In Year 2, the organization will see continued improvements in the acute health care system in Alberta.

**55. How will Acute Care Alberta integrate with other provincial health agencies?**

- ACA will collaborate closely with Primary Care Alberta, Recovery Alberta and Assisted Living Alberta (once established) to focus on ensuring smooth coordination between services to strengthen patient care and reduce wait times for health care services across the province.

**56. Why are acute, continuing and primary care services being set up as entities?**

- The creation of Acute Care Alberta, Assisted Living Alberta, and Primary Care Alberta will mean a greater focus and improved visibility for acute, continuing and primary care services. This reflects a strong commitment by the Government of Alberta to these vital areas of service.
- Alberta is refocusing the health care system with the goal of prioritizing patients and empowering front-line professionals. This refocus will result in the creation of dedicated health organizations, which are Acute Care Alberta, Assisted Living Alberta, Primary Care Alberta, and Recovery Alberta.

## **Surgery**

**57. How does the standup of ACA impact surgeries across the province?**

- There will be no impact to surgery delivery and services for Albertans throughout the transfer.
- Alberta Health Services, Covenant Health, Lamont Health Care Centre and chartered surgical facilities will continue to deliver surgeries and manage operational aspects, including staffing, facilities, and patient care.
- On April 1, 2025, all provincial surgical responsibilities that were previously managed by AHS will transfer to ACA and be managed through Surgical Care Alberta as a new provincial program to reduce surgical wait times and ensure Albertans have access to high-quality surgical care.
- This is being done to help address and decrease surgery wait times, increase accountability in delivering surgical services, set standards, monitor results, streamline planning and coordination, and efficiently allocate surgeries across Alberta to meet new targets.
- As of April 1, 2025, ACA will assume responsibility of setting surgical standards, targets and policies, determining volumes of surgeries (consistent with existing contracts), monitoring performance, reporting on surgical performance and setting surgical priorities across the province.



- AHS, Covenant Health, Lamont Health Care Centre and chartered surgical facilities will deliver high-quality services in alignment with ACA's policies and standards.
- There is no anticipated change to surgical operations, processes, contracts or agreements, systems or ways of working on April 1, 2025. Any changes thereafter will be communicated with affected staff and stakeholders.
- Existing relationships will be maintained and work will occur over the coming months to establish new practices or approaches as needed. Acute Care Alberta will work closely to establish ways of working to ensure that all acute care service provider organizations work together for the benefit of patients across Alberta.

#### **58. What is Surgical Care Alberta?**

- SCA is a new provincial program within ACA that serves as a provincial hub for surgical expertise, standardization, and planning.
- SCA combines existing AHS surgical responsibilities under one program to reduce surgical wait times and ensure Albertans have access to the high-quality surgical care they deserve, when they need it.
- Effective April 1, 2025, all provincial surgical responsibilities that were previously managed by AHS will transfer to SCA. This includes setting provincial surgical operational standards, priorities, surgical targets and policy as well as monitor performance and determine volumes of surgeries (consistent with existing contracts), and capacity across the province to increase access and meet targets.

#### **59. Once ACA is established, how are responsibilities allocated between Acute Care Alberta and AHS, Covenant Health, Lamont Health Care Centre and chartered surgical facilities?**

- **Before April 1, 2025:** No changes
- **On and after April 1, 2025:**
  - The following responsibilities remain with AHS, Covenant Health, Lamont Health Care Centre and chartered surgical facilities:
    - Deliver surgeries according to existing policies, practices and contracts or agreements
  - The following responsibilities will move to ACA on April 1, 2025:
    - Setting surgical operational standards,
    - Surgical targets and surgical policy
    - Determine volumes of surgeries (consistent with existing contracts)
    - Reporting on surgical performance and setting provincial surgical priorities, in collaboration with Alberta Health
    - Surgical contracting and commissioning
    - After April 1, 2025, AHS, Covenant Health, Lamont Health Care Centre and all chartered surgical facilities will align with the standards, performance requirements, allocation processes and policies set by SCA.



- There is no anticipated change to surgical operations, processes, contracts or agreements, systems or ways of working on April 1, 2025. Any changes thereafter will be communicated with affected staff and stakeholders.

#### **60. What happens to existing contracts?**

- Existing contracts or agreements affected by this transfer will transfer as-is from AHS to ACA, effective April 1, 2025.

### **Program Improvement Integration Networks (PINs)**

- Program Improvement Integration Network (PINs), play a crucial role in the provincial health care system by bringing together specialized networks to drive advancements in specific areas of health.

#### **61. Will PIN operations be impacted by the transfer?**

- To best support the valuable work of PINs, all PINs will transfer to ACA in one cohesive move, effective April 1, 2025.
- On April 1, 2025, the Surgery PIN, Provincial Surgery Utilization team, the Alberta Surgical Initiative (ASI) and the Institute of Healthcare Optimization team (IHO) will integrate to form a new provincial program within Acute Care Alberta called Surgical Care Alberta.
- Throughout the transfer to ACA, PINs will continue to work with service providers and other components of the health care system as they always have. The transition is structured to minimize disruption and maintain continuity in the valuable work that PINs perform.
- Any changes to processes after April 1, 2025, will be communicated with affected staff and stakeholders.

### **Engagement**

#### **62. The refocus initiative has done many engagement sessions with health care professionals – what are the top concerns that have been voiced?**

- A second round of in-person public engagement is underway to share information and receive feedback about the refocusing work. Details on sessions are posted on [alberta.ca/leadtheway](https://alberta.ca/leadtheway).
- Many health professionals attended the first round of public engagement sessions from January through April 2024. Their concerns are included in the public feedback that Alberta's government received.
- A comprehensive [What We Heard report](https://alberta.ca/lead-the-way) is available at [alberta.ca/lead-the-way](https://alberta.ca/lead-the-way). The top themes that government heard from Albertans included:
  - access to care
  - ongoing communication and transparency
  - supporting and sustaining the health care workforce



- unique needs in rural, remote and Indigenous communities
- local decision-making and empowerment
- accountability of the health care system
- system integration and coordination

**63. How have those concerns been addressed in the stand up of the provincial health agencies?**

- The stand up of the provincial health agencies provides the framework for clear accountabilities in the provision of health care to Albertans. It will take time for these frameworks to be implemented, but their establishment is a major step in the right direction.
- For instance, before the stand up of Primary Care Alberta, there was no direct accountability to ensure Albertans have access to primary care services.
- Primary Care Alberta is now specifically responsible for an unattached patient strategy, essentially creating a path to addressing the access challenges that currently exist.

**64. How can I stay up to date with refocusing news?**

- Engaging with health care professionals, patients and all Albertans is vital to refocus the health care system. The input, experiences and feedback Alberta's government gathers will help create a more effective and efficient health care system.
- A second round of in-person public engagement is underway to share information and receive feedback about the refocusing work. Details on sessions are posted on [alberta.ca/leadtheway](http://alberta.ca/leadtheway).
- Those interested in keeping up to date on the health system refocusing work and new engagement opportunities can also sign up for an e-newsletter at [alberta.ca/health-care-refocusing-newsletter](http://alberta.ca/health-care-refocusing-newsletter).
- Questions about refocusing the health care system can be submitted directly to Alberta Health online here: [Refocusing health care in Alberta | Alberta Online Engagement](#)

## **Refocusing the Health System**

**65. How will the system work together?**

- As the health care system establishes provincial health agencies, tools are being put in place to make sure the system works collaboratively.
- An Integration Council was established to ensure all ministries, provincial health agencies and service delivery providers work together to deliver better health outcomes for Albertans. The council looks at system-wide strategic goals, finds efficiencies, and removes barriers to system coordination.
- The Government of Alberta, AHS and all provincial agencies, continue to work together throughout refocusing to establish ways of working and ensure a unified approach to care.



## 66. What is the status of the refocusing health care initiative?

- Since announcing plans to refocus Alberta’s health care system in November 2023, significant progress has been made in several key areas.
- Under Alberta’s refocused health care system, four fully integrated provincial health agencies are being created to oversee the priority sectors of primary care, acute care, continuing care, and mental health and addiction.
- Two of the provincial health agencies, Recovery Alberta and Primary Care Alberta, have been established with input from more than 30,000 health care professionals and Albertans.
  - **Primary Care Alberta** is the provincial health agency responsible for overseeing the coordination and delivery of primary health care services across the province. It is a legal entity under the leadership of CEO Kim Simmonds as of November 18, 2024 and operational as of February 1, 2025, and will work to implement its mandates, develop operational plans and set vision and mission. It is accountable to the Ministry of Health. Goals include:
    - Increasing Albertans’ attachment to a care provider team through new models of care
    - Increasing after-hours services
    - Improving access to virtual and digital health services
    - Improving access to primary care delivery in underserved communities, specifically rural and remote areas
    - You can learn more by visiting [primarycarealberta.ca](https://primarycarealberta.ca)
  - **Acute Care Alberta** is the provincial health agency responsible for acute care. It became a legal entity on February 1, 2025, and will begin operating in spring 2025. It is accountable to the Ministry of Health. It will work closely with acute care providers to speed up access to quality care and achieve key outcomes, including:
    - Shorter wait times for emergency departments and surgeries.
    - Lower emergency medical services response time.
    - Higher-quality care across the province and enhanced access to care in rural areas.
    - The Acute Care Provincial Health Agency Executive Transition Team has been established to support standing up Acute Care Alberta.
    - You can learn more by visiting [acutealberta.ca](https://acutealberta.ca).
  - **Recovery Alberta** is the provincial health agency responsible for recovery-oriented mental health and addiction services and correctional health services. It is operational as of September 1, 2024. It is accountable to the Ministry of Mental Health and Addiction. Services are available through this provincial health agency. You can learn more by visiting [recoveryalberta.ca](https://recoveryalberta.ca). Recovery Alberta will focus on:
    - Ensuring every Albertan struggling with the disease of addiction and/or mental health challenges is supported in their pursuit of recovery.



- Providing Albertans with access to a full continuum of recovery-oriented supports that help them improve overall well-being and sustain recovery.
- Improving mental health and addiction care for Albertans by further expanding access to treatment and recovery supports across Alberta.
- **The Centre of Recovery Excellence, CoRE** began operations in June 2024 and is leading recovery excellence by informing best practices, conducting program evaluation and analyzing data to support the development of objective and practical policy. CoRE's mission is to empower recovery through data and analysis with a focus on:
  - Research and evaluation
  - Data and analytics
  - Expert advice
  - Guidance and leadership collaboration
  - The department of Mental Health and Addiction and Recovery Alberta will work closely with CoRE to advance the mental health and addiction system in Alberta.
  - You can learn more by visiting [recoveryexcellence.org](https://recoveryexcellence.org)
- **Assisted Living Alberta** is the provincial health agency responsible for overseeing a comprehensive system of care and wraparound services, including medical and non-medical supports, home care, community care and social services. It will become a legal entity on April 1, 2025, and will be operational in fall 2025. It is accountable to the Ministry of Seniors, Community and Social Services. Goals include:
  - Fair, timely, and consistent access.
  - More beds in the places where Albertans need them most.
  - Better long-term care for patients through improved access to other health and social service supports.
  - Accelerate transformation of care in home and community care settings.
  - Ensure seniors, people with disabilities and other vulnerable Albertans are supported with comprehensive, wraparound services that meet both their medical and non-medical needs.