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POSTER ABSTRACT

Supporting caregivers is not an add-on—it is a system strategy.

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Background: Alberta Health Services (AHS) is entering a new era. Under the 2024–27 Health Plan, AHS is shifting from being the province's sole health authority to serving as a hospital-based service delivery provider accountable for access, quality, and system sustainability. This transition is central to the Government of Alberta's health system refocus—creating four provincial agencies (acute care, primary care, continuing care, and mental health/addictions) with shared responsibility for seamless, high-quality care.

Within this new structure, success will depend not only on clinical efficiency, but on relationships. Family caregivers—family, friends, neighbours, and chosen family—are the consistent presence across hospital, home, and community settings. They provide essential care, support transitions, and often act as de facto navigators within a complex and evolving system.

Context: and Rationale: Each year, one in four Albertans provides unpaid care. This "hidden workforce" delivers an estimated 647 million hours of unpaid care—the equivalent of 345,000 full-time jobs. As hospitals refocus on core mandates, caregivers' contributions are central to achieving system goals: improving patient flow, reducing wait times, preventing avoidable readmissions, and enhancing satisfaction.
Yet despite their importance, caregivers often remain unrecognized in hospital documentation, excluded from discharge planning, and unsupported during transitions. Without acknowledgment and preparation, their capacity to safely sustain care at home diminishes—impacting both outcomes and hospital efficiency.

Approach: Through the Health System Integration (HSI) portfolio, AHS is advancing awareness and advocacy for caregiver inclusion as part of the refocused health system. Current efforts include:
•Raising system awareness of caregiver contributions and their impact on flow and capacity.
•Building partnerships with acute care leaders to explore how caregiver identification, education, and engagement can be aligned with operational priorities.

•Collaborating with provincial and community partners involved in the Alberta Family Caregiver Strategy to ensure alignment with the refocused system vision.
•Developing simple advocacy tools—briefs, prompts, and recognition practices—that highlight caregiver partnership as an enabler of access, quality, and equity.
This work emphasizes foundational readiness rather than implementation—ensuring that caregiver inclusion is visible, understood, and prioritized as policy and operational frameworks evolve.

Results: Early awareness work across AHS zones and portfolios has strengthened recognition of caregivers as system enablers, not “extras.” Acute care leaders increasingly link caregiver engagement to measurable improvements in discharge readiness, staff efficiency, and patient satisfaction. Workforce discussions also highlight the importance of supporting “double-duty caregivers”—staff who provide unpaid care at home—as part of retention and well-being strategies.

Implications: for International Delegates- A refocused health system must balance structure with humanity. Alberta’s experience demonstrates that embedding caregiver partnership begins with awareness and advocacy, not program creation. Framing caregivers as partners in achieving access, flow, and equity enables acute care organizations to align compassion with performance. For health systems undergoing similar transformation, the lesson is simple but powerful: “Supporting caregivers is not an add-on—it is a system strategy.”