

# **Alberta Health Services Performance Report**

**September 2009**

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## Introduction

The health of every Albertan is at the centre of our patient-focused system. Providing good quality care and good preventive services to the people of Alberta, and to do so in a manner that is financially sustainable is the primary focus of Alberta Health Services.

Transforming our provincial health system is an enormous task, one that requires specific targets, and action plans to achieve our three primary goals of quality, accessibility, and sustainability. Our future success will be measured by the health and satisfaction levels of Albertans.

Consistent with our values of accountability and transparency, today we are releasing a detailed report that will eventually present more than forty health system measures to demonstrate the overall performance of Alberta Health Services in managing our provincial health system and set a baseline upon which to assess our future progress.

The data included in this report are representative of the end of regionalization, our transition to a provincial health system and the inaugural months of Alberta Health Services. From this baseline, we will move forward and improve – in fact, since the collection of this data, there have already been significant gains realized through the concerted efforts of health care teams throughout the province, but we have much work yet to do.

The measures presented here track our current and projected performance in a broad range of indicators that span the continuum of care including primary care, population and public health, and acute (hospital-based) care. In addition, they touch upon various dimensions of quality and utilization such as timeliness, effectiveness, efficiency, satisfaction rates and others.

Our transition to a single provincial health service has provided significant challenges in collecting this data. Former health regions had used different definitions and different ways of collating data which meant that the data were not compatible and didn't allow accurate or fair comparisons. We've taken time to resolve many of these discrepancies to ensure the data we present today are comparable, accurate and representative of our performance across the province.

We anticipate releasing this information into the public domain on a quarterly basis. Over time, as we continue our work on data integrity across the province, we will expand this information as additional indicators become available. Enhancements to the report's structure and format will also be considered as needs dictate.

Dr. Stephen Duckett  
President & Chief Executive Officer

## How to Read this Report

Alberta Health Services delivers care in geographic zones which reflect differences in population and geography. Some measures contained in this report are broken down by zones to allow for comparison.

In other cases metrics by facility will be presented based on peer groupings for like facilities. For instance, we will group all tertiary or teaching hospitals together for reporting purposes. This does not necessarily reflect exclusive complexity as many sites will perform complex care and tertiary facilities will also deliver care in routine cases.

Where available, data are presented for up to three years, from fiscal 2006/07 through to fiscal 2008/09 (year end March 31). This includes detailed activity and quality snapshots data on hospital, emergency and urgent care for the province. Wait time measures are available for selected procedures in the first quarter of fiscal year 2009/10.

The development of a report like this is a learning process. At this early stage of integrating information from twelve former health organizations, it is important to note that variations in indicators across sites or zones can reflect both performance differences as well as differences in record keeping methods. As we work to develop reporting consistencies retrospective changes in indicator results from one report to another may occur. These changes are anticipated as we enhance the integration of information, implement standard approaches to measurement and work towards more consistent record keeping across the province.

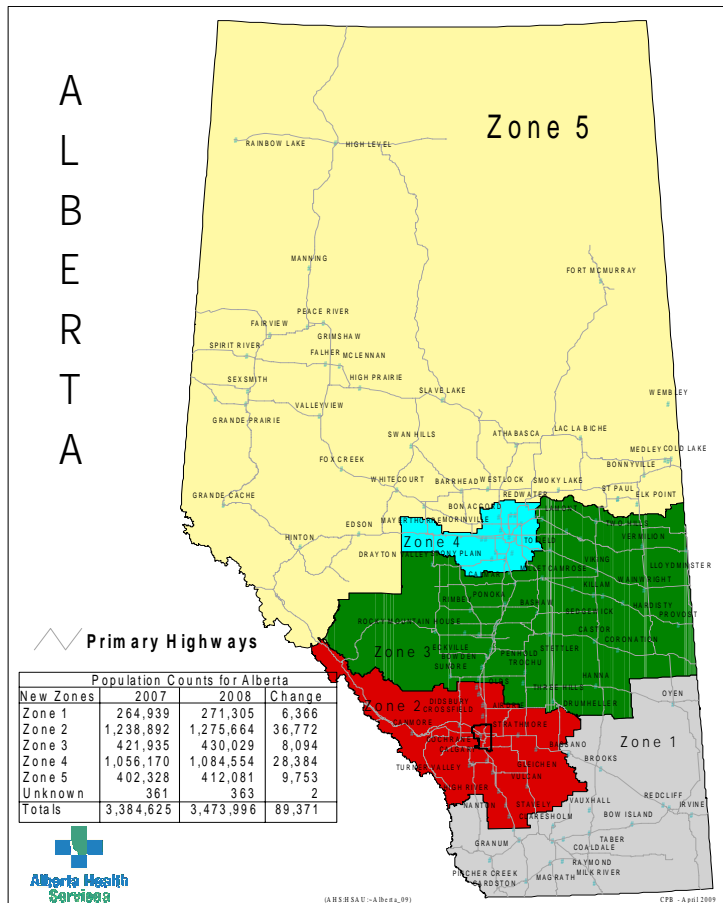
The data included in this report are derived within Alberta Health Services, Alberta Health and Wellness, the Health Quality Council of Alberta (HQCA), the Canadian Institute of Health Information (CIHI), and Stats Canada.

## System Descriptions

### Alberta Health Services Zones and Peer Hospitals

Alberta Health Services delivers care in geographic zones which reflect differences in population and geography. Some measures contained in this report are broken down by zones to allow for comparison.

In other cases metrics by facility will be presented based on peer groupings for like facilities. For instance, we will group all tertiary or teaching hospitals together for reporting purposes. This does not necessarily reflect exclusive complexity as many sites will perform complex care and tertiary facilities will also deliver care in routine cases.



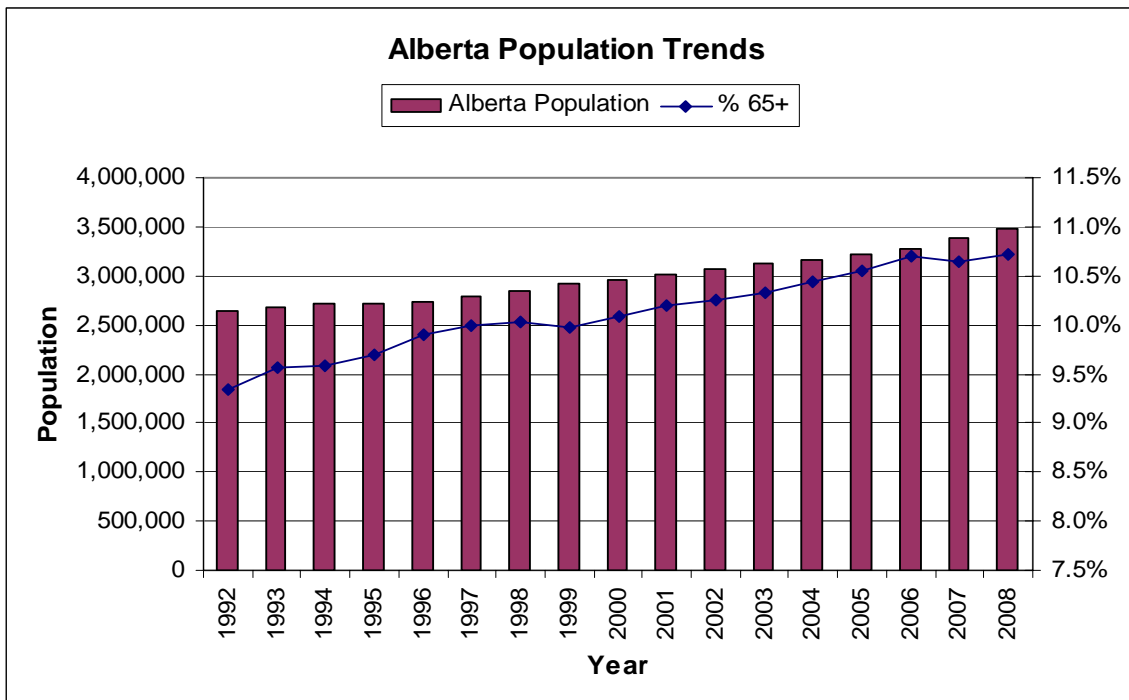
### Population by Age and Zone for Alberta in 2008

It is important to understand that the different geographical regions represent different population distributions and this will impact the services offered, demand for those services and the health issues within the local populations. To understand this context within the report, the population figures are provided here for 2008.

Planning for healthcare delivery to the growing population of older adults in Alberta will be a key challenge for the Alberta Health Services and the province.

A population's size and age composition impact the health status of a region and its need for health services. Population data also provide the "denominators" used to calculate rates for most health and social indicators.

Age Group	Zone					
	North	Edmonton	Central	Calgary	South	Total
< 1	6,724	14,536	5,929	17,717	4,037	48,943
1 to 9	54,145	114,930	49,732	140,382	32,496	391,685
10 to 19	64,104	142,328	62,227	164,361	38,687	471,707
20 to 44	152,936	405,032	145,005	497,372	91,617	1,291,962
45 to 64	98,742	285,995	111,516	332,473	68,170	896,896
65+	35,402	121,686	55,602	123,277	36,286	372,253
Unknown	28	47	18	82	12	187
Total	412,081	1,084,554	430,029	1,275,664	271,305	3,473,633



## Hospital Care Context and Activity

Hospital activity provides a context for hospital based reporting. Sites across the province serve different population sizes and have varying demands for services. The number of patients discharged by the hospital in that quarter is a measure of activity. This can include patients with very short and very long stays.

The days of care delivered is measured by the total number of days the patients are in care. Patients admitted and discharged on the same day are counted as having received one day of care. All others in care for more than a day are calculated by the number of days from admission to discharge. These calculations assist in determining the average length of stay (LOS). The resulting average LOS becomes a measure of resource utilization for that facility.

There are many reasons why the average length of stay might vary. Complex procedures and psychiatric conditions will typically be associated with longer hospital stays, as will stays associated with care later in life. Women admitted to hospital to give birth will typically have short stays so hospitals reporting a high number of births may also see a relatively lower average length of stay.

The length of stay needs to be understood in the context of the patient mix and procedures performed at that facility. Within this context, the average length of stay provides an indication of complexity of patients served within a particular hospital.

## Hospital Activity Snapshot: Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)

- Total Discharges, Total Patient Days, Average Length of Stay, and Number of Babies Born at Alberta Hospitals

Peer Group	Hospital	Hospital Discharges (Separations)	Total Patient Days	Average Length of Stay	Babies Born
Teaching	ALBERTA CHILDREN'S HOSPITAL	1,859	10,161	5.5	0
	FOOTHILLS MEDICAL CENTRE	9,784	88,043	9.0	1,365
	UNIVERSITY OF ALBERTA HOSPITAL	7,027	68,297	9.7	0
	<b>Total</b>	<b>18,670</b>	<b>166,501</b>	<b>8.9</b>	<b>1,365</b>
Large Urban	GREY NUNS COMMUNITY HOSPITAL	5,377	34,398	6.4	1,361
	MISERICORDIA COMMUNITY HOSPITAL	4,196	29,571	7.0	706
	PETER LOUGHEED CENTRE	7,248	49,639	6.8	1,346
	ROCKYVIEW GENERAL HOSPITAL	8,085	54,011	6.7	1,442
	ROYAL ALEXANDRA HOSPITAL	8,906	67,218	7.5	1,251
	<b>Total</b>	<b>33,812</b>	<b>234,837</b>	<b>6.9</b>	<b>6,106</b>
NHSF <sup>1</sup>	HEALTH RESOURCE CENTRE	289	844	2.9	0
	<b>Total</b>	<b>289</b>	<b>844</b>	<b>2.9</b>	<b>0</b>
Psychiatric	ALBERTA HOSPITAL EDMONTON	237	38,255	161.4	0
	CENTENNIAL CENTRE FOR MENTAL HEALTH AND BRAIN INJURY	324	25,977	80.2	0
	CLARESHOLM CARE CENTRE	43	13,091	304.4	0
	SOUTHERN ALBERTA FORENSIC PSYCHIATRIC CENTRE	83	2,472	29.8	0
	<b>Total</b>	<b>687</b>	<b>79,795</b>	<b>116.1</b>	<b>0</b>
Regional	CHINOOK REGIONAL HOSPITAL	3,800	24,305	6.4	596
	MEDICINE HAT REGIONAL HOSPITAL	2,825	18,911	6.7	324
	NORTHERN LIGHTS REGIONAL HEALTH CENTRE	1,400	6,776	4.8	250
	QUEEN ELIZABETH II HOSPITAL	825	4,747	5.8	156
	RED DEER REGIONAL HOSPITAL CENTRE	4,617	32,912	7.1	619
	<b>Total</b>	<b>13,467</b>	<b>87,651</b>	<b>6.5</b>	<b>1,945</b>
Specialty Hospital	GLENROSE REHABILITATION HOSPITAL	361	20,390	56.5	0
	<b>Total</b>	<b>361</b>	<b>20,390</b>	<b>56.5</b>	<b>0</b>
Subacute	BASHAW HEALTH CENTRE	11	142	12.9	0
	CAPITAL CARE GRANDVIEW	202	2,765	13.7	0
	CAPITAL CARE NORWOOD	270	14,771	54.7	0
	CAREWEST DR. VERNON FANNING CENTRE	120	10,785	89.9	0
	CAREWEST GLENMORE PARK	260	13,237	50.9	0
	CAREWEST SARCEE	43	2,522	58.7	0
	EDMONTON GENERAL CONTINUING CARE CENTRE	124	3,731	30.1	0
	GOOD SAMARITAN DR. GERALD ZETTER CARE CENTRE	16	1,251	78.2	0
	ST. JOSEPH'S AUXILIARY HOSPITAL	33	1,420	43.0	0
	ST. MICHAEL'S LONG TERM CARE CENTRE	7	372	53.1	0
	ST.MICHAEL'S AUX HEALTH CENTRE	75	2,796	37.3	0
	<b>Total</b>	<b>1,161</b>	<b>53,792</b>	<b>46.3</b>	<b>0</b>

February and March 2009 data is missing from Queen Elizabeth II Hospital, Grande Prairie. Figures based on available data.

<sup>1</sup> Non-Hospital Surgical Facility



Peer Group	Hospital	Hospital Discharges (Separations)	Total Days	Average Length of Stay	Babies Born
Suburban / Rural	ATHABASCA HEALTH CARE CENTRE	176	1,437	8.2	1
	BARRHEAD HEALTH CARE CENTRE	388	2,421	6.2	32
	BASSANO HEALTH CENTRE	36	459	12.8	0
	BEAVERLODGE MUNICIPAL HOSPITAL	153	1,149	7.5	8
	BIG COUNTRY HOSPITAL	55	437	7.9	3
	BONNYVILLE HEALTHCARE CENTRE	445	1,785	4.0	80
	BOW ISLAND HEALTH CENTRE	72	643	8.9	0
	BOYLE HEALTH CARE CENTRE	136	1,083	8.0	0
	BROOKS HEALTH CENTRE	447	2,881	6.4	21
	CANMORE GENERAL HOSPITAL	329	1,913	5.8	52
	CARDSTON HEALTH CENTRE	286	1,237	4.3	3
	CENTRAL PEACE HEALTH COMPLEX	97	1,083	11.2	0
	CLARESHOLM GENERAL HOSPITAL	137	1,476	10.8	0
	COLD LAKE HEALTHCARE CENTRE	423	1,656	3.9	90
	CONSORT HEALTH CENTRE	40	172	4.3	0
	CORONATION HEALTH CENTRE	61	377	6.2	0
	CROWSNEST PASS HEALTH CENTRE	158	1,440	9.1	9
	DAYSLAND HEALTH CENTRE	301	1,750	5.8	26
	DEVON GENERAL HOSPITAL	91	1,154	12.7	0
	DIDSBURY GENERAL HOSPITAL	118	737	6.2	0
	DRAYTON VALLEY HOSPITAL AND CARE CENTRE	206	2,287	11.1	19
	DRUMHELLER DISTRICT HEALTH SERVICES	396	2,686	6.8	56
	EDSON HEALTHCARE CENTRE	180	1,380	7.7	21
	ELK POINT HEALTHCARE CENTRE	109	638	5.9	0
	FAIRVIEW HEALTH COMPLEX	250	1,751	7.0	4
	FORT SASKATCHEWAN HEALTH CENTRE	361	2,463	6.8	34
	FOX CREEK HEALTHCARE CENTRE	22	146	6.6	0
	GEORGE MCDOUGALL - SMOKY LAKE HEALTHCARE CENTRE	105	765	7.3	0
	GRANDE CACHE GENERAL HOSPITAL	88	521	5.9	1
	HANNA HEALTH CENTRE	142	994	7.0	0
	HARDISTY HEALTH CENTRE	30	230	7.7	0
	HIGH LEVEL GENERAL HOSPITAL	441	988	2.2	127
	HIGH PRAIRIE HEALTH COMPLEX	185	2,315	12.5	1
HIGH RIVER GENERAL HOSPITAL	448	3,294	7.4	141	
HINTON HEALTHCARE CENTRE	353	1,746	4.9	71	
INNISFAIL HEALTH CENTRE	164	1,875	11.4	8	
KILLAM HEALTH CARE CENTRE	51	341	6.7	0	
LACOMBE HOSPITAL AND CARE CENTRE	391	2,448	6.3	39	
LAMONT HEALTH CARE CENTRE	102	904	8.9	0	

Peer Group	Hospital	Hospital Separations	Total Days	Average Length of Stay	Babies Born
	LEDUC COMMUNITY HOSPITAL	473	5,117	10.8	0
	MANNING COMMUNITY HEALTH CENTRE	143	644	4.5	0
	MAYERTHORPE HEALTHCARE CENTRE	168	1,937	11.5	0
	MINERAL SPRINGS HOSPITAL	480	1,493	3.1	32
	OILFIELDS GENERAL HOSPITAL	105	1,659	15.8	0
	OLDS HOSPITAL AND CARE CENTRE	417	2,254	5.4	56
	OUR LADY OF THE ROSARY HOSPITAL	43	363	8.4	0
	PEACE RIVER COMMUNITY HEALTH CENTRE	433	3,053	7.1	87
	PINCHER CREEK HEALTH CENTRE	245	1,456	5.9	25
	PONOKA HOSPITAL AND CARE CENTRE	314	1,957	6.2	15
	PROVOST HEALTH CENTRE	193	971	5.0	30
	RAYMOND HEALTH CENTRE	128	1,124	8.8	4
	REDWATER HEALTH CENTRE	112	955	8.5	0
	RIMBEY HOSPITAL AND CARE CENTRE	135	2,299	17.0	13
	ROCKY MOUNTAIN HOUSE HOSPITAL AND CARE CENTRE	290	2,901	10.0	40
	SACRED HEART COMMUNITY HEALTH CENTRE	297	1,320	4.4	34
	SETON - JASPER HEALTHCARE CENTRE	93	638	6.9	0
	SLAVE LAKE HEALTHCARE CENTRE	202	657	3.3	22
	ST. JOSEPH'S GENERAL HOSPITAL	149	1,911	12.8	0
	ST. MARY'S HOSPITAL	756	4,949	6.5	67
	ST. THERESA GENERAL HOSPITAL	243	1,154	4.7	15
	ST. THERESE - ST. PAUL HEALTHCARE CENTRE	474	2,571	5.4	38
	STETTLER HEALTH CENTRE	242	1,845	7.6	25
	STRATHMORE GENERAL HOSPITAL	155	2,168	14.0	0
	STURGEON COMMUNITY HOSPITAL	2,929	12,966	4.4	685
	SUNDRE HOSPITAL AND CARE CENTRE	125	1,123	9.0	9
	SWAN HILLS HEALTHCARE CENTRE	17	79	4.6	0
	TABER HEALTH CENTRE	287	1,526	5.3	37
	THREE HILLS HEALTH CENTRE	149	1,651	11.1	19
	TOFIELD HEALTH CENTRE	105	1,640	15.6	1
	TWO HILLS HEALTH CENTRE	96	1,777	18.5	0
	VALLEYVIEW HEALTH CENTRE	145	1,581	10.9	7
	VERMILION HEALTH CENTRE	119	1,340	11.3	6
	VIKING HEALTH CENTRE	265	1,228	4.6	32
	VULCAN COMMUNITY HEALTH CENTRE	106	499	4.7	0
	WABASCA/DESMARAIS HEALTHCARE CENTRE	111	581	5.2	1
	WAINWRIGHT HEALTH CENTRE	274	1,475	5.4	33
	WESTLOCK HEALTHCARE CENTRE	430	2,897	6.7	27
	WESTVIEW HEALTH CENTRE - STONY PLAIN	351	2,282	6.5	68
	WETASKIWIN HOSPITAL AND CARE CENTRE	997	5,935	6.0	73
	WHITECOURT HEALTHCARE CENTRE	247	1,598	6.5	42
	WILLIAM J.CADZOW - LAC LA BICHE HEALTHCARE CENTRE	330	1,355	4.1	35
	<b>Total</b>	<b>21,346</b>	<b>139,991</b>	<b>6.6</b>	<b>2,425</b>
<b>Grand Total</b>		<b>89,793</b>	<b>783,801</b>	<b>8.7</b>	<b>11,841</b>

## Emergency and Urgent Care Context and Activity Snapshot

The Canadian Triage and Acuity Scale (CTAS) is a tool used to assess patients triaged at Emergency Departments and Urgent Care facilities. The scale is based on an acuity level between 1 and 5.

Patients requiring immediate intervention and possibly resuscitation are assessed as CTAS level 1.

CTAS 2 (emergent) and 3 (urgent) categories represent patients needing more timely attention than those categorized as CTAS 4 (less urgent) and 5 (non-urgent).

When a CTAS level is not recorded a value of 9 (unknown) is subsequently assigned to the patient. Given this occurrence, the sum of percentages of patients seen at that site with CTAS levels 1 through 5 may not total to 100%.

It's important to note that due to differences in data collection, record keeping and reporting processes across the twelve former health regions, the assignment of CTAS levels can vary significantly. As a result, CTAS data cannot be compared reliably across sites.

This data collection issue has been recognized by AHS and plans are being developed to standardize CTAS allocation in the future as a means of improving data reliability and comparability. Potential approaches include common teaching/educational standards, use of common computerized decision support tools, and/or implementation of standardized presenting complaint lists for Emergency Department data collection.

This table presents the total number of emergency department visits and the percentage of patients in triaged groups of CTAS 1, CTAS 2 and 3 and CTAS 4 and 5.

## Emergency Department Snapshot: Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)

- Total Visits, Percentage of patients in groups of CTAS 1, CTAS 2 and 3 and CTAS 4 and 5

Peer Group	Hospital	Emergency Department Visits	Percentage CTAS 1	Percentage CTAS 2 and 3	Percentage CTAS 4 and 5
Teaching	Alberta Children's Hospital	16,055	0.3%	58.4%	41.2%
	Foothills Medical Centre	16,828	1.2%	81.3%	17.4%
	University of Alberta Hospital	20,284	1.0%	69.9%	29.1%
	<b>Total/Overall</b>	<b>53,167</b>	<b>0.9%</b>	<b>70.1%</b>	<b>29.1%</b>
Large Urban	Grey Nuns Community Hospital	14,235	0.5%	75.7%	23.8%
	Misericordia Community Hospital	12,530	0.3%	70.7%	29.0%
	Peter Lougheed Centre	17,347	0.9%	78.2%	20.9%
	Rockyview General Hospital	16,792	0.5%	83.5%	16.0%
	Royal Alexandra Hospital	14,764	0.9%	71.9%	27.2%
	<b>Total/Overall</b>	<b>75,668</b>	<b>0.6%</b>	<b>76.4%</b>	<b>22.9%</b>
Large Urban Ambulatory <sup>2</sup>	Northeast Community Health Centre	12,106	0.0%	44.1%	55.9%
	<b>Total/Overall</b>	<b>12,106</b>	<b>0.0%</b>	<b>44.1%</b>	<b>55.9%</b>
Regional	Chinook Regional Hospital	11,742	0.2%	28.0%	66.5%
	Medicine Hat Regional Hospital	9,617	0.3%	32.4%	66.0%
	Northern Lights Regional Health Centre <sup>3</sup>	NA	NA	NA	NA
	Queen Elizabeth II Hospital	13,021	0.3%	36.1%	56.0%
	Red Deer Regional Hospital Centre	14,999	0.3%	52.2%	47.4%
	<b>Total/Overall</b>	<b>49,379</b>	<b>0.2%</b>	<b>38.1%</b>	<b>58.6%</b>
Rural Ambulatory	Breton Health Centre	8	0.0%	0.0%	0.0%
	Coaldale Health Centre	338	0.0%	0.0%	0.0%
	Fort MacLeod Health Centre	890	0.6%	15.1%	69.8%
	Grimshaw/Berwyn and District Community Health Centre	3,546	0.1%	5.0%	60.3%
	Milk River Health Centre	628	0.8%	18.0%	47.1%
	Rainbow Lake Health Centre	1,080	0.6%	5.0%	63.9%
	St.Mary's Health Care Centre	46	0.0%	0.0%	100.0%
	<b>Total/Overall</b>	<b>6,536</b>	<b>0.3%</b>	<b>7.3%</b>	<b>58.0%</b>
Suburban /Rural	Athabasca Healthcare Centre	2,510	0.3%	15.8%	65.8%
	Barrhead Healthcare Centre	5,590	0.1%	25.3%	59.8%
	Bassano Health Centre	688	0.4%	15.4%	82.8%
	Beaverlodge Municipal Hospital	5,270	0.0%	2.8%	35.0%
	Big Country Hospital	1,378	0.0%	6.7%	90.3%
	Bonnyville Healthcare Centre	6,987	0.1%	27.2%	64.6%
	Bow Island Health Centre	1,825	0.2%	13.0%	75.1%
	Boyle Healthcare Centre	1,385	0.8%	14.5%	72.8%
	Brooks Health Centre	8,049	0.1%	24.1%	75.3%
	Canmore General Hospital	4,300	0.1%	23.6%	72.6%
	Cardston Health Centre	3,024	0.3%	16.6%	79.9%
	Central Peace Health Complex	1,695	0.2%	7.3%	23.5%

<sup>1</sup> Ambulatory sites classified as Emergency Departments based on AH&W criterion

<sup>2</sup> Northern Lights Regional Health Centre data are unavailable at this time – will be updated in later reports.

Peer Group	Hospital	Emergency Department Visits	Percentage CTAS 1	Percentage CTAS 2 and 3	Percentage CTAS 4 and 5
Suburban/ Rural	Claresholm General Hospital	2,392	0.3%	9.4%	82.1%
	Cold Lake Healthcare Centre	7,360	0.1%	9.0%	78.9%
	Consort Hospital and Care Centre	513	0.2%	5.1%	81.3%
	Coronation Hospital and Care Centre	911	0.0%	3.7%	65.5%
	Crowsnest Pass Health Centre	1,544	0.5%	7.3%	60.8%
	Daysland Health Centre	1,896	0.0%	7.2%	87.1%
	Devon General Hospital	3,310	0.0%	8.5%	85.5%
	Didsbury District Health Services	3,038	0.0%	17.2%	67.6%
	Drayton Valley Hospital and Care Centre	4,820	0.3%	21.3%	77.4%
	Drumheller Health Centre	4,224	0.1%	9.2%	79.8%
	Edson Healthcare Centre	5,006	0.2%	15.7%	71.0%
	Elk Point Healthcare Centre	1,365	0.2%	14.1%	81.3%
	Fairview Health Complex	4,876	0.0%	4.0%	28.6%
	Fort Saskatchewan Health Centre	5,063	0.0%	23.0%	70.1%
	Fox Creek Healthcare Centre	1,824	0.2%	10.6%	56.7%
	George McDougall - Smoky Lake Healthcare Centre	982	0.1%	12.0%	81.1%
	Grande Cache Community Health Complex	1,907	0.1%	2.4%	14.9%
	Hanna Health Centre	956	0.1%	6.8%	81.6%
	Hardisty Health Centre	588	0.0%	8.3%	90.5%
	High Prairie Health Complex	4,022	0.0%	18.7%	58.2%
	High River General Hospital	5,121	0.1%	35.0%	53.1%
	Hinton Healthcare Centre	2,967	0.2%	27.3%	69.8%
	Innisfail Health Centre	3,703	0.2%	12.8%	71.4%
	Killam Health Care Centre	1,180	0.2%	12.4%	84.4%
	Lacombe Hospital and Care Centre	5,969	0.3%	9.3%	78.0%
	Lamont Health Care Centre	1,432	0.0%	8.9%	85.6%
	Leduc Community Hospital	6,093	0.1%	39.5%	60.3%
	Manning Community Health Centre	2,355	0.0%	8.8%	70.6%
	Mayerthorpe Healthcare Centre	3,430	0.0%	23.6%	63.4%
	Mineral Springs Hospital	3,170	0.1%	28.3%	69.8%
	Northwest Health Centre	4,613	0.1%	9.0%	85.2%
	Oilfields General Hospital	2,990	0.1%	24.5%	71.2%
	Olds Hospital and Care Centre	3,749	0.0%	17.5%	62.8%
	Our Lady of the Rosary Hospital	941	0.1%	5.2%	72.3%
	Peace River Community Health Centre	5,813	0.3%	10.3%	24.6%
	Pincher Creek Health Centre	2,029	0.4%	14.4%	45.5%
Ponoka Hospital and Care Centre	3,908	0.2%	8.4%	71.2%	
Provost Health Centre	1,363	0.0%	13.3%	81.8%	
Raymond Health Centre	2,263	0.5%	10.5%	71.1%	
Redwater Health Centre	1,614	0.1%	17.6%	75.0%	
Rimbey Hospital and Care Centre	1,705	0.1%	8.2%	51.1%	
Rocky Mountain House Health Centre	6,886	0.1%	35.9%	59.1%	

Peer Group	Hospital	Emergency Department Visits	Percentage CTAS 1	Percentage CTAS 2 and 3	Percentage CTAS 4 and 5
Suburban/ Rural	Sacred Heart Community Health Centre	2,109	0.3%	6.6%	59.9%
	Seton - Jasper Healthcare Centre	1,630	0.1%	18.7%	75.9%
	Slave Lake Healthcare Centre	4,016	0.0%	9.3%	90.5%
	St. Joseph's General Hospital	2,966	0.3%	21.7%	71.2%
	St. Mary's Hospital	4,121	0.5%	41.4%	58.0%
	St. Theresa General Hospital	4,885	0.4%	11.6%	71.5%
	St. Therese - St. Paul Healthcare Centre	5,084	0.4%	24.6%	66.0%
	Stettler Hospital and Care Centre	3,488	0.2%	5.4%	69.7%
	Strathmore District Health Services	7,648	0.1%	28.7%	65.7%
	Sturgeon Community Hospital	10,632	0.3%	58.4%	41.3%
	Sundre Hospital and Care Centre	2,196	0.0%	13.8%	70.9%
	Swan Hills Healthcare Centre	978	0.2%	7.1%	89.2%
	Taber Health Centre	2,135	0.1%	6.2%	87.1%
	Three Hills Health Centre	3,759	0.2%	12.1%	66.0%
	Tofield Health Centre	1,836	0.0%	16.0%	74.7%
	Two Hills Health Centre	1,385	0.0%	11.5%	87.3%
	Valleyview Health Centre	4,167	0.1%	9.6%	63.9%
	Vermilion Health Centre	2,275	0.4%	15.3%	72.7%
	Viking Health Centre	1,502	0.8%	15.4%	73.1%
	Vulcan Community Health Centre	1,035	0.8%	9.4%	48.4%
	Wabasca/Desmarais Healthcare Centre	2,642	0.1%	9.2%	85.9%
	Wainwright Health Centre	3,950	0.1%	5.8%	87.5%
	Westlock Healthcare Centre	3,968	0.1%	20.1%	62.4%
	WestView Health Centre - Stony Plain	8,192	0.2%	40.0%	59.8%
Wetaskiwin Hospital and Care Centre	7,930	0.1%	19.1%	75.4%	
Whitecourt Healthcare Centre	4,467	0.0%	16.2%	71.2%	
William J.Cadzow - Lac La Biche Healthcare Centre	3,664	0.1%	21.3%	77.2%	
<b>Total</b>		<b>275,252</b>	<b>0.2%</b>	<b>19.4%</b>	<b>66.5%</b>
<b>Grand Total</b>		<b>472,108<sup>3</sup></b>	<b>0.3%</b>	<b>36.7%</b>	<b>54.2%</b>

<sup>3</sup> Total does not include visits to Northern Lights Regional Health Centre

## Urgent Care Visits: Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)

Peer Group	Care Centre	Visits
Urgent Care Centre	Health First Strathcona	4,318
	Sheldon M Chumir Centre	12,193
	South Calgary Health Centre	11,339
	<b>Total</b>	<b>27,850</b>
Community Ambulatory Care Centre	Airdrie Regional Health Centre	7,366
	Okotoks Health and Wellness Centre	6,857
	<b>Total</b>	<b>14,223</b>

**Urgent Care Centres** are medical facilities for people who have unexpected but not life-threatening health concerns requiring same-day treatment. The Urgent Care team is comprised of nurses, doctors, and other health care providers. Urgent Care Centres operate separately from hospitals.

**Community Ambulatory Care Centres** provide diagnosis and treatment for illnesses and injuries for unscheduled patients who require immediate medical attention for non-life-threatening conditions. Community Ambulatory Care Centres operate separately from hospitals.

This table presents the number of visits to Urgent Care Centres and Ambulatory Care Centres in the first quarter of 2009.

## Performance Measures Waiting Times – Acute Care Procedures

### Coronary Artery Bypass Graft (CABG) Wait times: Percentage meeting Target, Median Wait Time and 90<sup>th</sup> Percentile Wait Time

#### AHS CABG\* Wait Time Performance (April 1 to June 30, 2009)

Urgent Target = 1 week, Semi-Urgent Target = 2 weeks, Non-Urgent Target = 6 weeks

<i>Site</i>	<i>Urgency Rating</i>	<i># Patients</i>	<i>% That Met Target</i>	<i>Number of weeks by which 50% of patients had their surgery</i>	<i>Number of weeks by which 90% of patients had their surgery</i>
Foothills Medical Centre	Urgent	50	100%	0.4	1.0
University of Alberta Hospital	Urgent	74	39%	1.1	2.0
Foothills Medical Centre	Semi-Urgent	27	100%	1.9	2.0
University of Alberta Hospital	Semi-Urgent	4	0%	3.3	7.0
Foothills Medical Centre	Non-Urgent	61	34%	8.0	15.7
University of Alberta Hospital	Non-Urgent	61	13%	9.0	20.1
<b><i>Total</i></b>		<b>277</b>	<b>49%</b>	<b>N/A</b>	<b>N/A</b>

\* CABG only procedures

Wait times for surgical procedures are an indicator of access to the health care system and a reflection of efficient use of resources. Wait times are for elective procedures.

As urgency ratings for Coronary Artery Bypass Graft (CABG) procedures are not consistently applied across the two centres included in this table (Foothills Medical Centre and University of Alberta Hospital), results should be interpreted with caution. Agreement on the category definitions is expected to be reached by the Alberta Cardiac Tertiary Committee.



## Primary Elective Total Hip and Knee Replacement Wait Times: Percentage meeting Benchmark, Median Wait Time and 90<sup>th</sup> Percentile Wait Time

### Primary Elective Hip Replacements (April 1 to June 30, 2009)

Benchmark = 26 weeks

<i>Site</i>	<i># Completed</i>	<i>% That Met Provincial Territorial Benchmark and AHS Target</i>	<i>Number of weeks by which 50% of patients had their surgery</i>	<i>Number of weeks by which 90% of patients had their surgery</i>
Foothills Medical Centre	26	88%	14.7	36.4
Health Resource Centre	138	93%	8.2	22.3
Misericordia Community Hospital	59	68%	19.6	41.6
Peter Lougheed Centre	46	87%	14.1	34.2
Royal Alexandra Hospital	162	69%	17.4	43.5
Red Deer Regional Hospital	59	95%	13.7	23.9
Rockyview General Hospital	63	90%	14.4	26.3
University of Alberta Hospital	44	93%	8.6	23.1
<b>Total</b>	<b>597</b>	<b>83%</b>	<b>13.1</b>	<b>33.2</b>

### Primary Elective Knee Replacements (April 1 to June 30, 2009)

Benchmark = 26 weeks

<i>Site</i>	<i># Completed</i>	<i>% That Met Provincial Territorial Benchmark and AHS Target</i>	<i>Number of weeks by which 50% of patients had their surgery</i>	<i>Number of weeks by which 90% of patients had their surgery</i>
Foothills Medical Centre	27	81%	15.9	39.2
Health Resource Centre	113	96%	9.9	22.1
Misericordia Community Hospital	114	41%	30.2	86.7
Peter Lougheed Centre	111	77%	15.7	37.9
Royal Alexandra Hospital	245	58%	24.3	54.7
Red Deer Regional Hospital	62	89%	15.9	27.0
Rockyview General Hospital	146	80%	15.7	32.1
University of Alberta Hospital	46	89%	12.7	26.3
<b>Total</b>	<b>864</b>	<b>72%</b>	<b>18.0</b>	<b>48.0</b>

Wait times for surgical procedures are an indicator of access to the health care system and a reflection of efficient use of resources. Wait times are for elective procedures.

Wait times are commonly used as indicators of the efficiency of the system. A variety of factors can impact the wait times such as the demographics of the population, treatment patterns of physicians, the number of emergency surgeries, which have higher priorities in use of resources, nurse shortages, or job action (Statistics Canada). Knee replacement surgery has the potential to result in considerable improvement in functional status, pain relief, as well as other gains in health-related quality of life (CIHI)

## Timeliness of Care in Tertiary Oncology Facilities (Referral to First Consult): Percentage meeting Target, Median Wait Time and 90th Percentile Wait Time (April 1 to June 30, 2009)

TIME PERIOD 1: REFERRAL TO FIRST CONSULT - The number of days between the date that a referral was received from a physician outside a cancer facility (eg, family physician or surgeon) to the date that the first consult with an oncologist occurred. Target = 4 weeks

Facility	Type of First Consult	Number of patients who had their first consult	% That Met Target	Number of weeks by which 50% of patients had their first consult	Number of weeks by which 90% of patients had their first consult
Cross Cancer Institute	Medical Oncologist <sup>1</sup>	613	70%	3.0	6.1
Cross Cancer Institute	Radiation Oncologist	614	70%	2.7	9.9
Tom Baker Cancer Centre <sup>2</sup>	Medical Oncologist	905	82%	2.0	6.1
Tom Baker Cancer Centre	Radiation Oncologist	466	75%	2.9	6.9
<b>Total</b>	<i>Medical Oncologist</i>	<b>1,518</b>	<b>77%</b>	<b>2.2</b>	<b>6.1</b>
<b>Total</b>	<i>Radiation Oncologist</i>	<b>1,080</b>	<b>72%</b>	<b>2.7</b>	<b>9.1</b>

TIME PERIOD 2: READY-TO-TREAT TO FIRST RADIATION THERAPY - The number of days from the date the patient is physically ready to commence treatment to the date the patient receives his/her first radiation therapy.

Facility	Type of First Treatment	Number patients who started radiation therapy	% Meeting Provincial Territorial Benchmark (within 4 weeks)	Number of weeks by which 50% of patients had their first treatment	Number of weeks by which 90% of patients had their first treatment
Cross Cancer Institute	Radiation Therapy	895	70.0%	2.0	5.7
Tom Baker Cancer Centre <sup>2</sup>	Radiation Therapy	691	77.0%	2.0	5.0
<b>Total</b>	<i>Radiation Therapy</i>	<b>1586</b>	<b>73%</b>	<b>2.0</b>	<b>5.4</b>

1 - Medical Oncologist – includes Medical Oncologists and Surgical/Gyne oncologists

2 - TBCC includes the Holy Cross Site

Wait time are an important measure of how quickly people are getting access to cancer care. They indicate Alberta Health Services ability to meet the needs of cancer patients.

Wait times are commonly used as indicators of the efficiency of the system. A variety of factors can impact the wait times such as the demographics of the population, treatment patterns of physicians, the number of emergency surgeries, which have higher priorities in use of resources, timing of first treatment, tumour site, and decisions to postpone treatment for medical or personal reasons.

## Performance Measures

### Length of Stay - Emergency and Urgent Care

#### Emergency Department Length of Stay – 14 high volume sites

Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)

Peer Group	Site	90th percentile Time in Hours ED LOS for Uncomplicated Cases	Median Time in Hours ED LOS for Uncomplicated Cases	90th percentile Time in Hours ED LOS for Complicated Cases (7 day window)	Median Time in Hours ED LOS for Complicated Cases (7 day window)
Teaching	Alberta Children's Hospital	5.2	2.9	7.4	3.7
	Foothills Medical Centre	7.4	3.1	20.9	6.1
	University of Alberta Hospital	7.9	3.4	20.0	5.3
	Grey Nuns Community Hospital	5.4	2.0	18.4	4.7
Large Urban	Misericordia Community Hospital	4.7	1.7	12.7	3.8
	Peter Lougheed Centre	6.9	3.0	16.4	5.2
	Rockyview General Hospital	5.4	2.0	19.4	5.1
	Royal Alexandra Hospital	11.0	4.9	24.6	7.3
Large Urban Ambulatory	Northeast Community Health Centre	5.8	2.8	7.8	3.6
Regional	Chinook Regional Hospital	4.8	2.3	7.5	3.4
	Northern Lights Regional Health Centre	4.3	1.6	6.3	2.6
	Queen Elizabeth II Hospital	6.0	2.5	9.0	3.7
	Red Deer Regional Hospital Centre	4.2	2.0	16.8	4.4
Suburban/Rural	Sturgeon Community Hospital	5.7	2.7	11.1	4.1
Overall	14 high volume site aggregate	5.9	2.5	15.9	4.6

The Emergency Department (ED) length of stay (LOS) is the time from when a patient is triaged until they are discharged or enter the hospital (leave the emergency department).

The top 14 Emergency Department sites in terms of high patient volume (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding waiting times in Emergency.

These sites include:

1. University of Alberta Hospitals (Edmonton)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)

It is important to understand the extent to which patients are waiting in EDs, because waiting for care can result in delays to treatment for individual patients and reduced efficiency in the flow of patients that require admission from the ED onto an in-patient ward. There is some evidence to indicate that a relationship exists between patient flow through the ED and delays in care. For example, delays in some door-to-treatment times

have been found in recent studies to be associated with ED overcrowding or longer ED wait times (Statistics Canada).

Cases are grouped into complicated and uncomplicated in this analysis since the resources utilized and the time required to provide care is expected to be quite different.

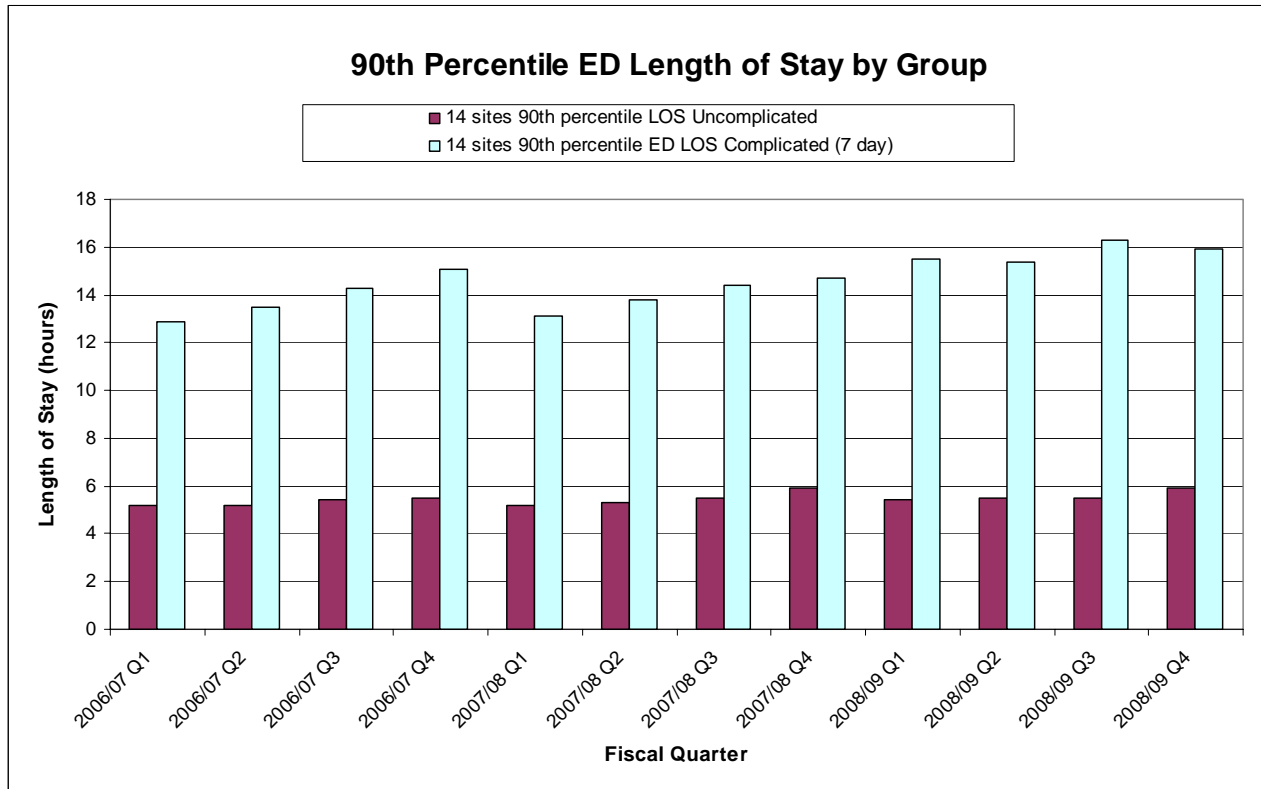
Patients with a more serious initial assessment (CTAS 1, 2 or 3) or those that require admission to a hospital are classified as complicated cases. Patients without a serious initial assessment and that are not admitted are classified as uncomplicated cases.

The Emergency Department (ED) length of stay (LOS) is the time from when a patient is triaged until they are discharged or enter the hospital (leave the emergency department).

The time of leaving ED is captured for discharged patients on the patient Emergency Department (ED) record. However, for admitted patients the time the patient leaves the ED is captured on the inpatient (IP) record which requires linking across patient records. Linking the ED and IP records is done by matching a unique patient identifier, as well as the decision to admit time, with the IP admission time. Since it may take many hours to allocate an appropriate bed for a patient waiting in the ED, a 7 day matching window is utilized.

The median (50th percentile) wait times and 90th percentile wait times presented in the following table provide an indication of the ED length of stay (LOS) for a certain percentage of patients. The median refers to the number of hours under which 50% of patients complete their ED stay. The 90th percentile refers to the number of hours under which 90% of patients complete their ED stay.

## 90<sup>th</sup> Percentile Emergency Department Length of Stay for Uncomplicated and Complicated Cases – High Volume Sites



The Emergency Department (ED) length of stay (LOS) is the time from when a patient is triaged until they are discharged or enter the hospital (leave the ED). Cases are grouped into complicated and uncomplicated in this analysis since the resources used and the time required is expected to be quite different. The 90th percentile refers to the number of hours under which 90% of patients complete their ED stay. That is, patients experience an ED LOS equal to or shorter than 90th percentile of the time.

The top 14 volume sites (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding wait times in Emergency. The sites include:

1. University of Alberta Hospitals (Edmonton)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)

## Emergency Department Length of Stay

- Percentage of discharge patients under 4 hours length of stay and admitted patients under 8 hours length of stay in Emergency, and percentage of visits Left Without Being Seen (LWBS) (includes patients leaving against medical advice)

Peer Group	Site	ED Visits	% Discharged with ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percentage ED visits LWBS
Teaching	Alberta Children's Hospital	16,055	65%	66%	5.7%
	Foothills Medical Centre	16,828	42%	26%	8.2%
	University of Alberta Hospital	20,284	49%	28%	7.1%
	Peer Group Aggregate	<b>53,167</b>	53%	32%	7.0%
Large Urban	Grey Nuns Community Hospital	14,235	55%	24%	8.1%
	Misericordia Community Hospital	12,530	66%	39%	5.6%
	Peter Lougheed Centre	17,347	46%	22%	9.9%
	Rockyview General Hospital	16,792	52%	25%	4.3%
	Royal Alexandra Hospital	14,764	28%	24%	14.0%
	Peer Group Aggregate	<b>75,668</b>	50%	26%	8.4%
Large Urban Ambulatory	Northeast Community Health Centre	12,106	64%	N/A	8.9%
	Peer Group Aggregate	<b>12,106</b>	64%	N/A	8.9%
Urgent Care Centre	Sheldon M Chumir Centre	12,193	71%	N/A	N/A
	South Calgary Health Centre	11,339	75%	N/A	N/A
	Health First Strathcona	4,318	75%	N/A	N/A
	Peer Group Aggregate	<b>27,850</b>	73%	N/A	N/A
Regional	Chinook Regional Hospital	11,742	81%	83%	4.4%
	Medicine Hat Regional Hospital	9,617	81%	81%	5.0%
	Northern Lights Regional Health Centre	N/A	N/A	N/A	N/A
	Queen Elizabeth II Hospital	13,021	71%	55%	10.2%
	Red Deer Regional Hospital Centre	14,999	72%	39%	4.5%
	Peer Group Aggregate	<b>49,379</b>	77%	66%	5.7%
Community Ambulatory Care Centre	Airdrie Regional Health Centre	7,366	96%	N/A	N/A
	Okotoks Health and Wellness Centre	6,857	98%	N/A	N/A
	Peer Group Aggregate	<b>14,223</b>	97%	N/A	N/A
Suburban / Rural	Athabasca Healthcare Centre	2,510	95%	87%	0.6%
	Barrhead Healthcare Centre	5,590	96%	97%	2.1%
	Bassano Health Centre	688	91%	52%	2.9%
	Beaverlodge Municipal Hospital	5,270	76%	92%	2.1%
	Big Country Hospital	1,378	96%	84%	0.3%
	Bonnyville Healthcare Centre	6,987	99%	82%	3.2%
	Bow Island Health Centre	1,825	98%	93%	0.4%
	Boyle Healthcare Centre	1,385	93%	95%	4.2%
	Brooks Health Centre	8,049	98%	100%	2.4%
	Canmore General Hospital	4,300	86%	73%	2.9%
	Cardston Health Centre	3,024	93%	90%	1.5%
	Central Peace Health Complex	1,695	93%	84%	0.8%
	Claresholm General Hospital	2,392	82%	65%	0.3%
	Cold Lake Healthcare Centre	7,360	99%	94%	2.2%

\* Northern Lights Regional Health Centre data are unavailable at this time – will be updated in later reports.

Peer Group	Site	ED Visits	% Discharged with ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percentage ED visits LWBS
	Consort Hospital and Care Centre	513	97%	100%	0.0%
	Coronation Hospital and Care Centre	911	88%	98%	0.4%
	Crowsnest Pass Health Centre	1,544	83%	87%	0.5%
	Daysland Health Centre	1,896	93%	84%	0.5%
	Devon General Hospital	3,310	93%	47%	1.3%
	Didsbury District Health Services	3,038	93%	83%	2.2%
	Drayton Valley Hospital and Care Centre	4,820	95%	76%	0.7%
	Drumheller Health Centre	4,224	59%	93%	1.0%
	Edson Healthcare Centre	5,006	90%	76%	2.3%
	Elk Point Healthcare Centre	1,365	95%	96%	1.0%
	Fairview Health Complex	4,876	57%	88%	2.3%
	Fort Saskatchewan Health Centre	5,063	87%	53%	2.9%
	Fox Creek Healthcare Centre	1,824	64%	67%	0.3%
	George McDougall - Smoky Lake Healthcare Centre	982	93%	99%	0.5%
	Grande Cache Community Health Complex	1,907	94%	91%	0.2%
	Hanna Health Centre	956	81%	89%	1.1%
	Hardisty Health Centre	588	97%	88%	0.7%
	High Prairie Health Complex	4,022	93%	74%	7.0%
	High River General Hospital	5,121	74%	30%	3.4%
	Hinton Healthcare Centre	2,967	90%	85%	2.1%
	Innisfail Health Centre	3,703	92%	91%	1.3%
	Killam Health Care Centre	1,180	73%	61%	5.5%
	Lacombe Hospital and Care Centre	5,969	91%	91%	1.8%
	Lamont Health Care Centre	1,432	94%	63%	0.7%
	Leduc Community Hospital	6,093	94%	65%	3.1%
	Manning Community Health Centre	2,355	91%	88%	1.7%
	Mayerthorpe Healthcare Centre	3,430	89%	95%	0.6%
	Mineral Springs Hospital	3,170	90%	85%	1.8%
	Northwest Health Centre	4,613	77%	94%	9.1%
	Oilfields General Hospital	2,990	95%	91%	0.5%
	Olds Hospital and Care Centre	3,749	84%	95%	1.0%
	Our Lady of The Rosary Hospital	941	86%	82%	0.9%
	Peace River Community Health Centre	5,813	59%	91%	3.0%
	Pincher Creek Health Centre	2,029	82%	78%	0.9%
	Ponoka Hospital and Care Centre	3,908	94%	95%	2.3%
	Provost Health Centre	1,363	89%	90%	2.0%
	Raymond Health Centre	2,263	96%	93%	0.0%
	Redwater Health Centre	1,614	94%	57%	2.0%
	Rimbey Hospital and Care Centre	1,705	91%	79%	0.7%
	Rocky Mountain House Health Centre	6,886	89%	78%	3.7%

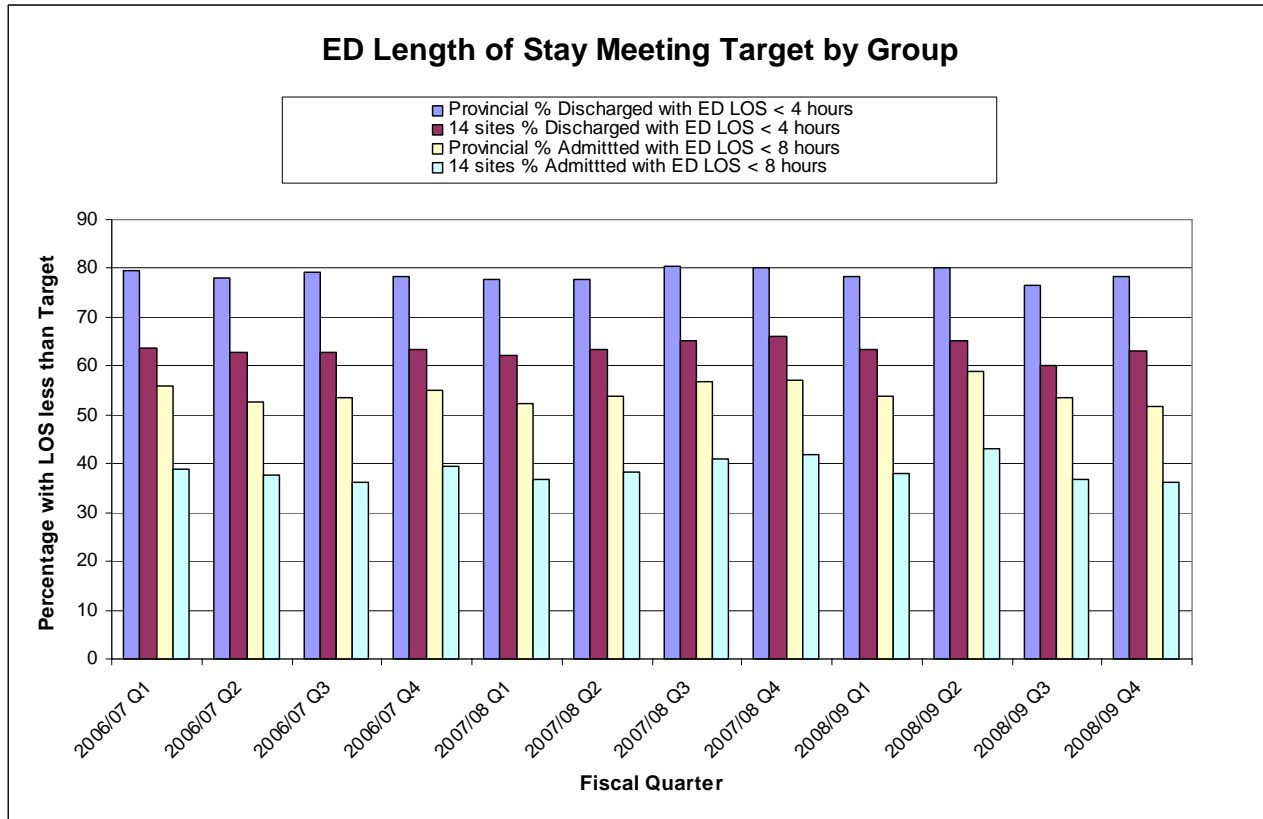


Peer Group	Site	ED Visits	% Discharged with ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percentage ED visits LWBS
	Sacred Heart Community Health Centre	2,109	99%	100%	1.3%
	Seton - Jasper Healthcare Centre	1,630	86%	94%	0.3%
	Slave Lake Healthcare Centre	4,016	92%	83%	1.3%
	St. Joseph's General Hospital	2,966	94%	96%	1.8%
	St. Mary's Hospital	4,121	92%	83%	1.5%
	St. Theresa General Hospital	4,885	95%	95%	1.5%
	St. Therese - St. Paul Healthcare Centre	5,084	94%	96%	3.8%
	Stettler Hospital and Care Centre	3,488	96%	92%	1.1%
	Strathmore District Health Services	7,648	77%	70%	2.7%
	Sturgeon Community Hospital	10,632	60%	37%	6.6%
	Sundre Hospital and Care Centre	2,196	88%	95%	1.9%
	Swan Hills Healthcare Centre	978	98%	100%	0.0%
	Taber Health Centre	2,135	96%	97%	2.3%
	Three Hills Health Centre	3,759	54%	83%	1.5%
	Tofield Health Centre	1,836	90%	71%	1.1%
	Two Hills Health Centre	1,385	93%	84%	1.7%
	Valleyview Health Centre	4,167	80%	87%	0.7%
	Vermilion Health Centre	2,275	94%	92%	0.2%
	Viking Health Centre	1,502	97%	96%	1.1%
	Vulcan Community Health Centre	1,035	93%	98%	0.6%
	Wabasca/Desmarais Healthcare Centre	2,642	96%	94%	2.1%
	Wainwright Health Centre	3,950	97%	94%	0.9%
	Westlock Healthcare Centre	3,968	93%	65%	0.1%
	Westview Health Centre - Stony Plain	8,192	67%	6%	6.0%
	Wetaskiwin Hospital and Care Centre	7,930	92%	87%	3.7%
	Whitcourt Healthcare Centre	4,467	35%	93%	0.0%
	William J.Cadzow - Lac La Biche Healthcare Centre	3,664	97%	99%	1.7%
	<b>Peer Group Aggregate</b>	<b>275,252</b>	<b>86%</b>	<b>83%</b>	<b>2.4%</b>
Rural Ambulatory	Coaldale Health Centre	338	99%	0%	0.6%
	Fort MacLeod Health Centre	890	91%	0%	4.7%
	Grimshaw/Berwyn District Community Health Centre	3,546	81%	0%	0.7%
	Milk River Health Centre	628	85%	0%	0.5%
	Rainbow Lake Health Centre	1,080	99%	0%	0.0%
	St.Mary's Health Care Centre	46	100%	0%	0.0%
	<b>Peer Group Aggregate</b>	<b>6,528</b>	<b>87%</b>	<b>0%</b>	<b>1.1%</b>
<b>All Sites Aggregate</b>		<b>514,173</b>	<b>77%</b>	<b>51%</b>	<b>4.4%</b>

The length of stay in Emergency (ED LOS) can be significantly different for patients treated and discharged from emergency than for those subsequently admitted. The additional time for admitted patients includes time for care and consultation for complex conditions as well as time associated with waiting for assignment and movement to an inpatient bed. A target is ED LOS of under 4 hours for discharged patients with a goal to have 90% or more of these patients having a LOS of 4 hours or less. For admitted patients a goal is to have 90% or more moved to an inpatient space within 8 hours. Some limitations exist to determine times accurately. LWBS includes patients that left without seeing a physician or left against medical advice or prior to treatment.



## Percentage of Emergency Department Length of Stay within Target Time for Discharged and Admitted Patients – Provincial and 14 High Volume Sites



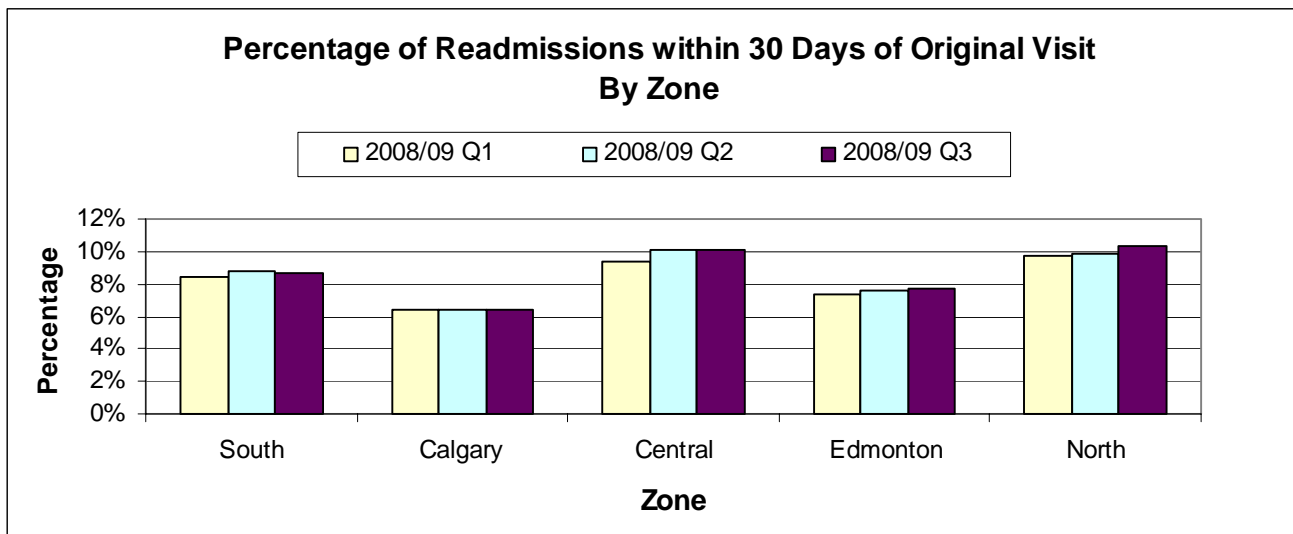
The Emergency Department (ED) length of stay (LOS) is the time from when a patient is triaged until they are discharged or enter the hospital (leave the ED). A target is an ED LOS of less than 4 hours for discharged patients with a goal to have 90% or more of these patients having an LOS of 4 hours or less. For admitted patients a goal is to have 90% or more moved to an inpatient space within 8 hours. Some limitations exist to determine times accurately.

The top 14 volume sites (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding wait times in Emergency. The sites include:

1. University of Alberta Hospitals (Edmonton)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)

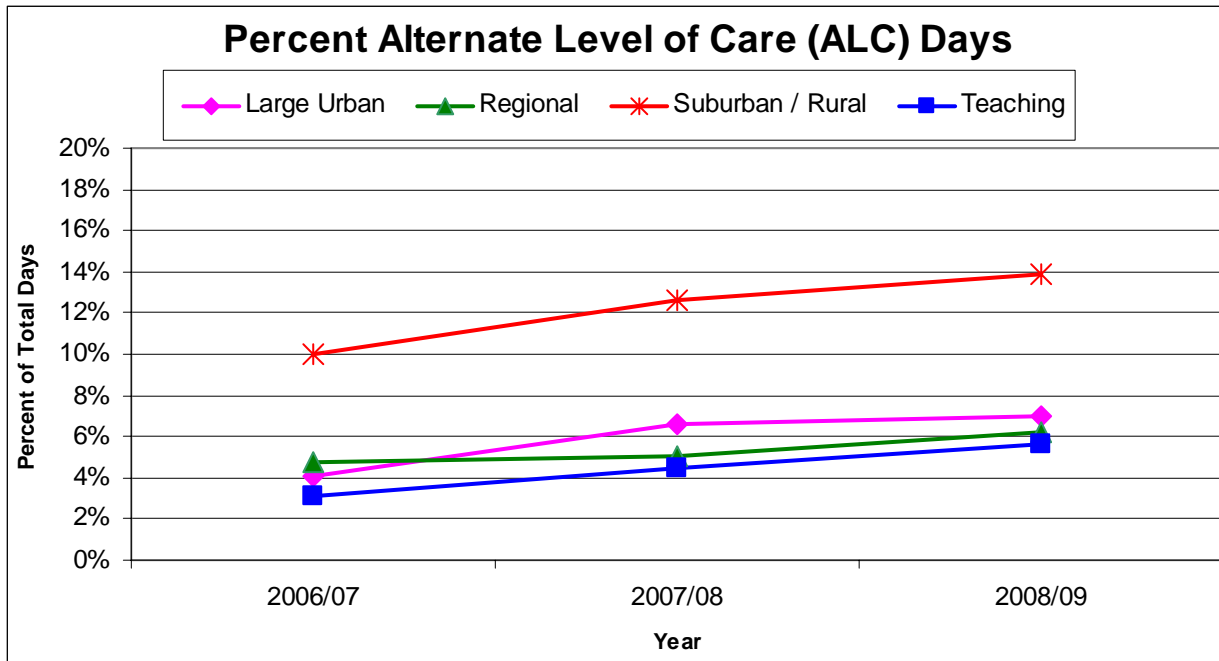
## Performance Measures Acute Care

### Percentage of Patients with a Hospital Readmission within 30 Days



Readmission rates provide one measure of the quality of care. The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care. All causes of readmissions are reported and are not necessarily be due to related conditions.

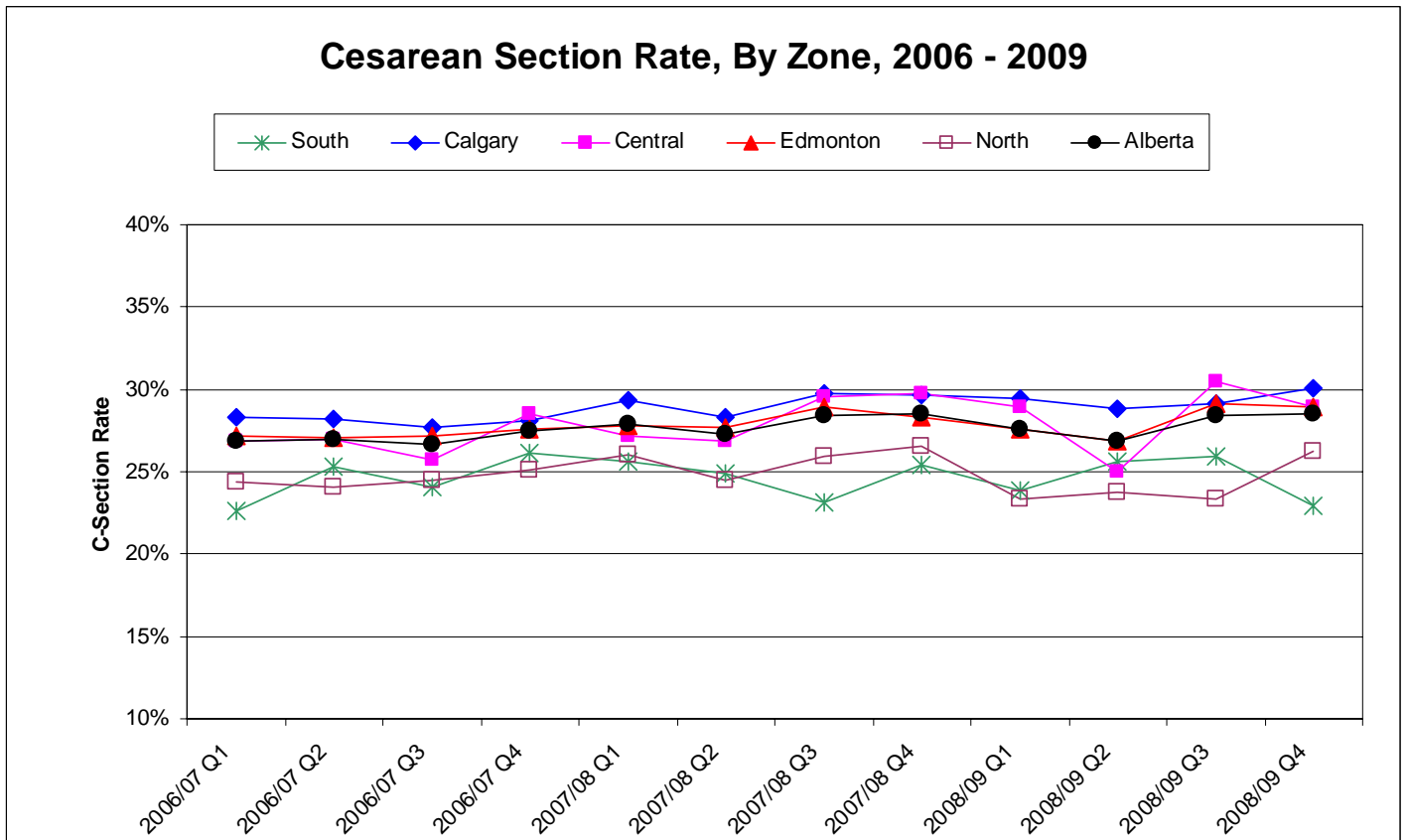
## Percentage of Alternate Level of Care (ALC) Days by Year by Type of Hospital



ALC identifies a patient who has completed the acute care phase of his/her treatment but remains in an acute care bed. A physician (or designated other) has indicated that the patient occupying an acute care hospital bed is well enough to be cared for elsewhere; therefore, the patient is awaiting admission to a Long Term Care, Designated Assisted Living (DAL), Personal Care Home (PCH) program or other.

This indicator is designed to assess the processes that ensure patients are cared for in the most appropriate setting. It identifies the proportion of patients who are occupying acute care beds due to the unavailability of services in more appropriate settings. Maintaining a lower percent of ALC days requires aggressive management and placement of the most complex patients.

## Caesarean Section Rate by Zone and Quarter



Caesarean section rates provide information on the frequency of surgical birth deliveries relative to all modes of birth delivery. Since Caesarean section delivery increases maternal morbidity/mortality and is associated with higher costs, Caesarean section rates are often used to monitor clinical practices with an implicit assumption that lower rates indicate more appropriate and more efficient care. (CIHI Health Indicators Report)

A higher rate of Caesarean section deliveries would be expected in Edmonton and Calgary because referral centres for high risk pregnancies are located within these zones.

## Performance Measures Continuing Care

### Patients Waiting in Acute Care for Continuing Care by Zone: Fiscal Year 2008/09 to Quarter 1 2009/10

Zone	Quarter 1 2008/09 (Apr. 1 to Jun. 30, 2008)	Quarter 2 2008/09 (Jul. 1 to Sep. 30, 2008)	Quarter 3 2008/09 (Oct. 1 to Dec. 31 2008)	Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)	Average of quarterly "snapshots" 2008/09 Fiscal Year	Quarter 1 2009/10 (Apr. 1 to Jun. 30, 2009)
South	26	64	30	47	42	34
Calgary	237	241	274	231	246	276
Central	67	79	83	79	77	72
Edmonton	230	269	255	182	234	198
North	105	89	108	117	105	135
<b>Provincial Total</b>	<b>665</b>	<b>742</b>	<b>750</b>	<b>656</b>	<b>703</b>	<b>715</b>

Alberta Health Services is working with Alberta Health & Wellness and Alberta Seniors and Community Support with a goal to providing Albertans with the right care in the right place.

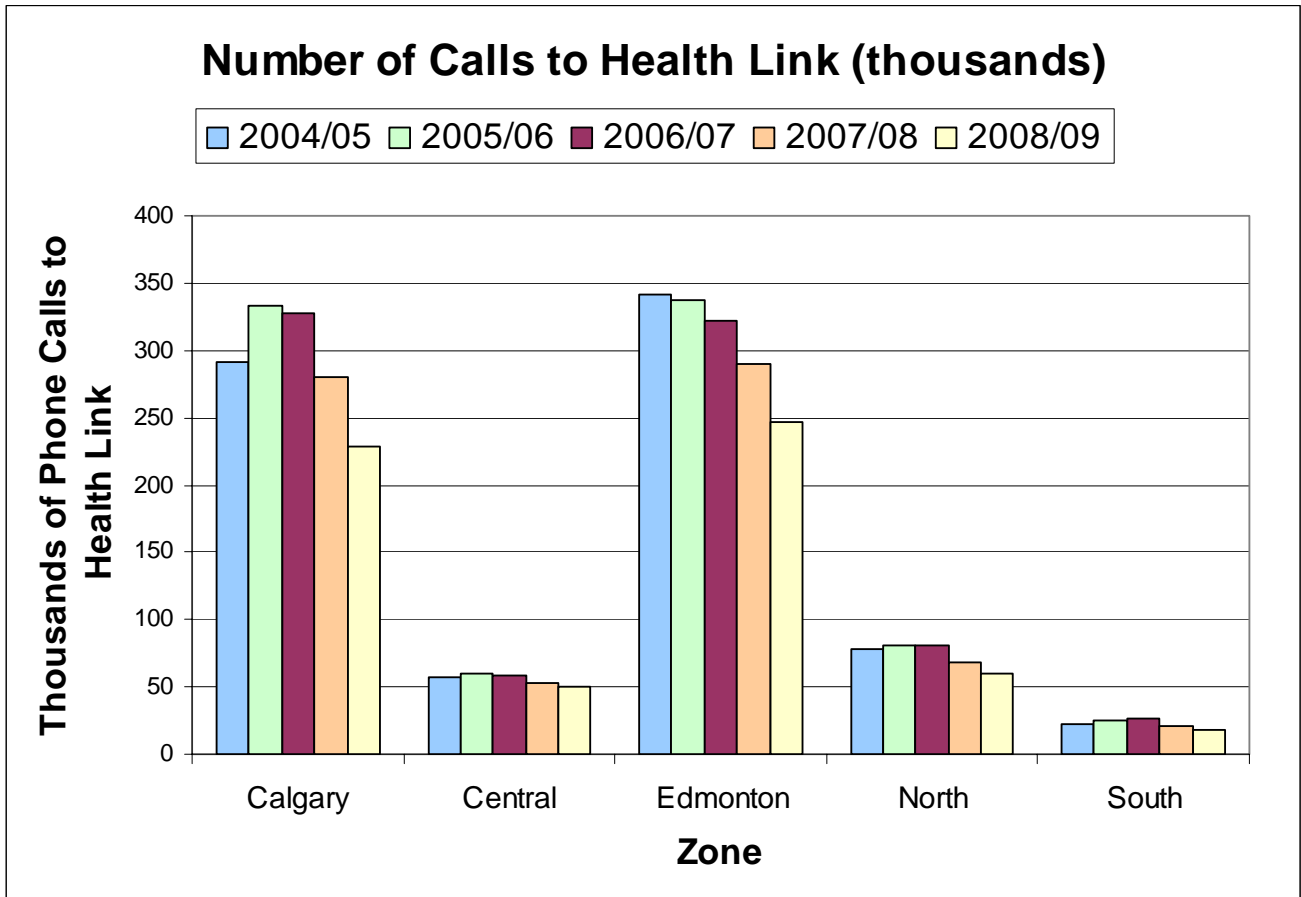
This table reflects individual patients who have been assessed and approved and are waiting in acute or sub-acute facilities for continuing care placement. This includes people waiting for long term care and supportive living levels 3 and 4. The numbers provide end-of-quarter "snapshots".

The data regarding patients waiting in acute care for continuing care are currently compiled separately in the nine former health regions. The data reported here include adjustments received from former health regions that were made in light of calculation discrepancies uncovered during the compilation of this report. Adjustments for the former Northern Lights Region still need to be fully validated.

SOURCE: Alberta Health and Wellness "Snapshots" of the Wait List at the end of the Quarter

## Performance Measures Primary Care

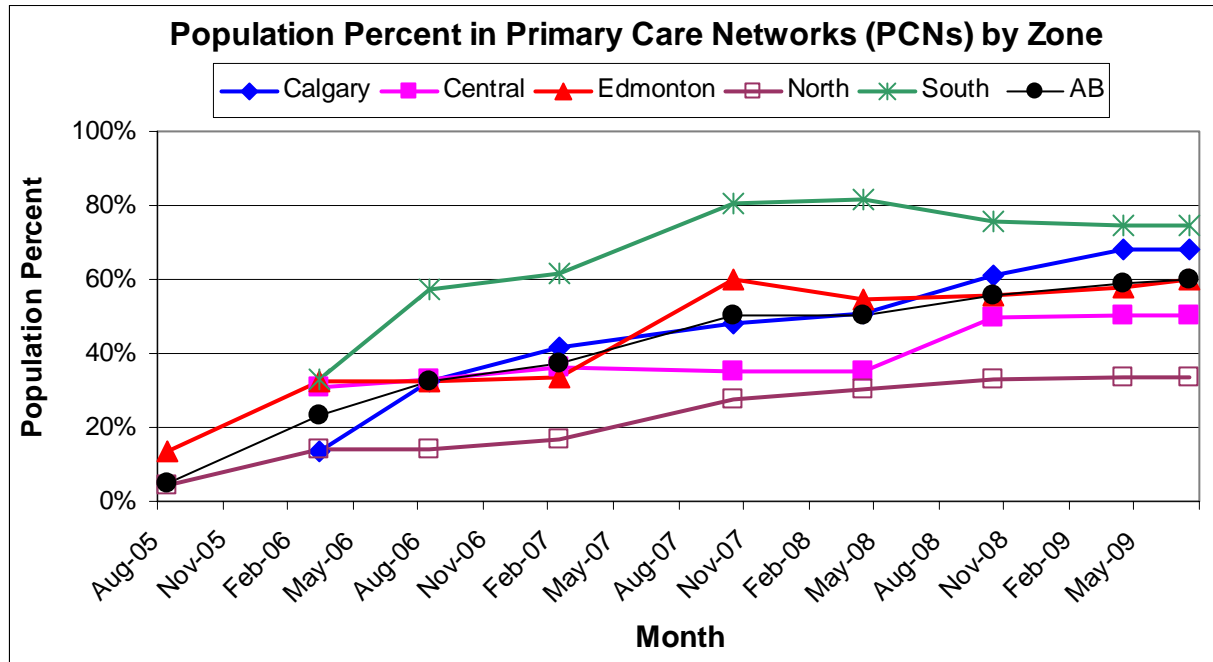
Number of Calls in thousands to Health Link Alberta by Zone and Year



Health Link Alberta provides telephone health information from registered nurses and is available 24 hours a day, 7 days a week. Anyone in Alberta can access Health Link toll free. The goal is to give health care consumers a greater role in managing their own health so they can make informed decisions about their health and what health care resources to use from their own homes.

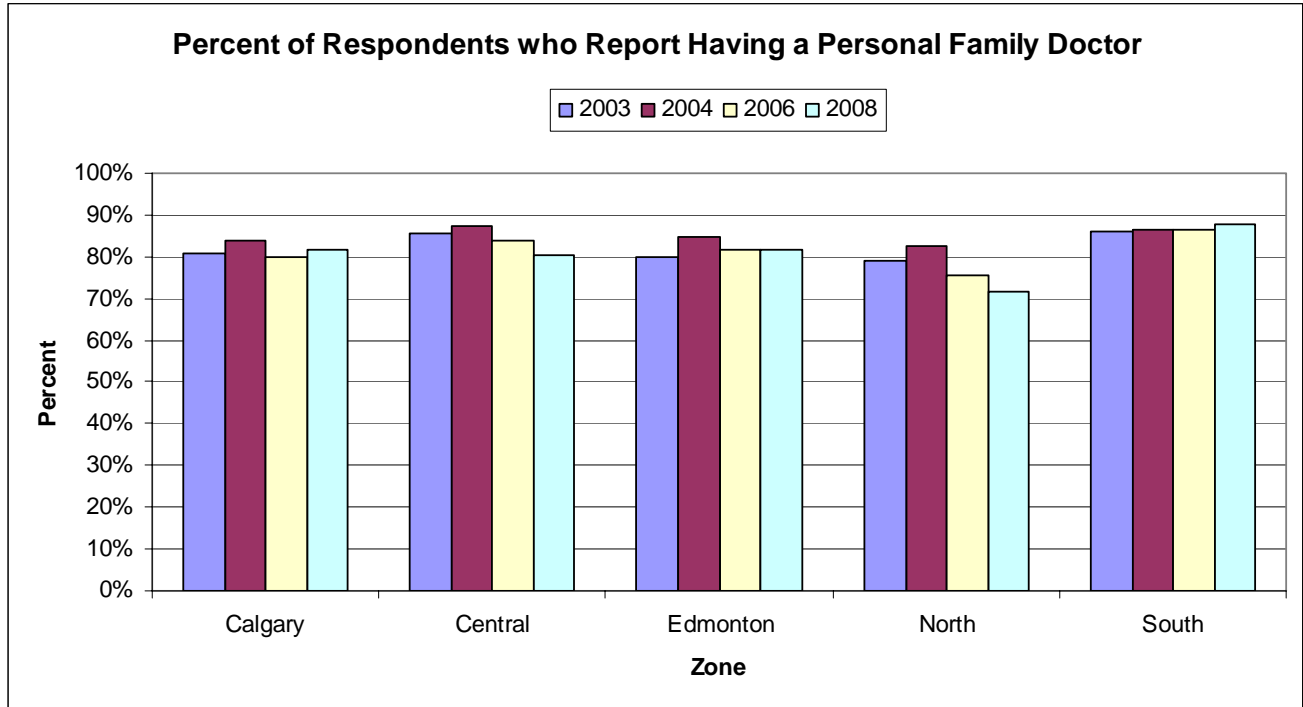
The decreasing numbers in calls to Health Link may be attributed to greater public reliance on Web based resources.

## Percentage of Alberta Population in Primary Care Networks (PCNs)



In a Primary Care Network (PCN), a group of family doctors and other Alberta Health Services health care professionals coordinate health services for patients. A PCN can be comprised of one clinic with many physicians and support staff, or several physicians in several clinics across a health zone. Each network has the flexibility to develop local programs and provide services in ways that meet the specific needs of patients.

## Percent of Respondents Who Report Having a Personal Family Doctor by Zone and Year (Provincial Survey)



This measure serves as an indicator of access to primary care.

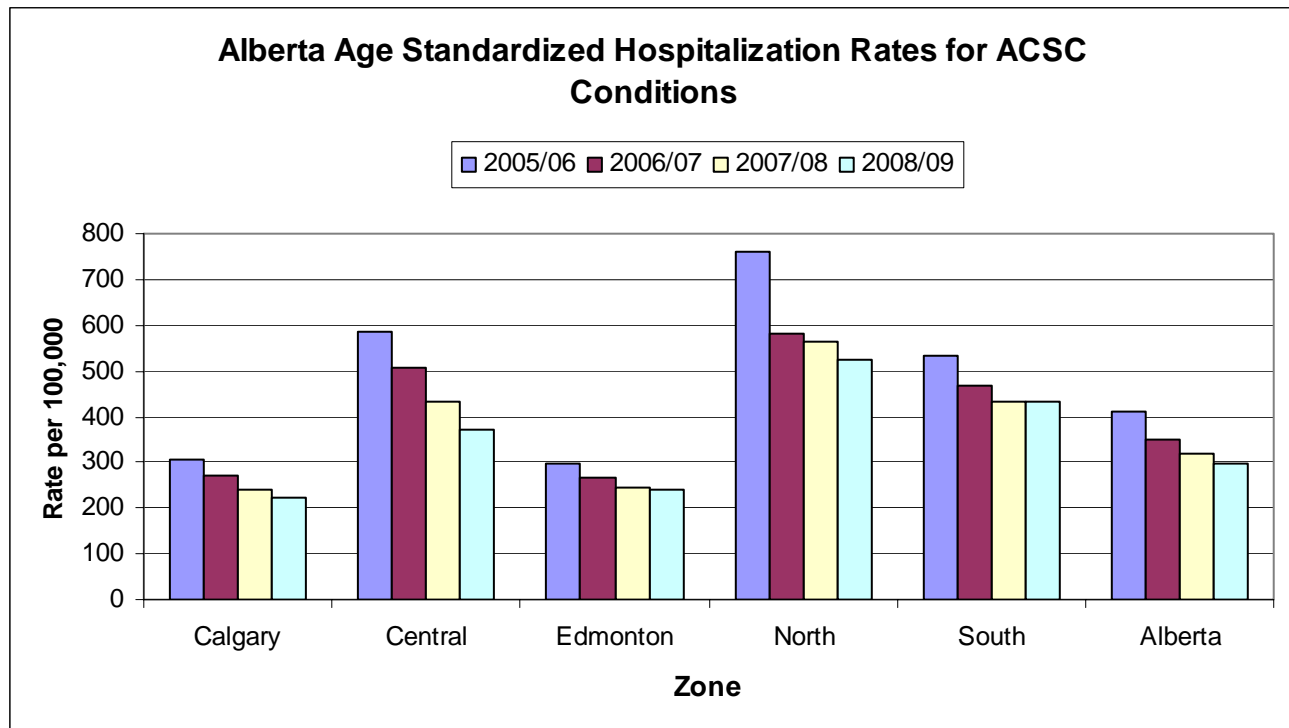
Survey question: Do you currently have a personal family doctor who you regularly see for most of your health care needs? I'm speaking of a family doctor and not a specialist.

Physician to population ratios are used to support health human resource planning. While physician density ratios are useful indicators of changes in physician numbers relative to the population, they do not necessarily reflect whether health provider resources are adequate. Various factors influence whether the supply of physicians is appropriate, such as: distribution and location of physicians within a region or province; physician type (i.e., family medicine physicians vs. specialists); level of service provided (full time vs. part time); physician age and gender; population's access to hospitals, health care facilities, technology and other types of health care providers available; population needs (demographic characteristics and health problems); and society's perceptions and expectations. (CIHI)

SOURCE: Satisfaction with Health Care Services: A survey of Albertans, 2008. Health Quality Council of Alberta. Page 71. Most recent values are for the 2008 cycle of the survey.



## Hospitalization Rates for Ambulatory Care Sensitive Conditions (ACSC) measured per 100,000 population younger than 75 years of age by Zone and Year



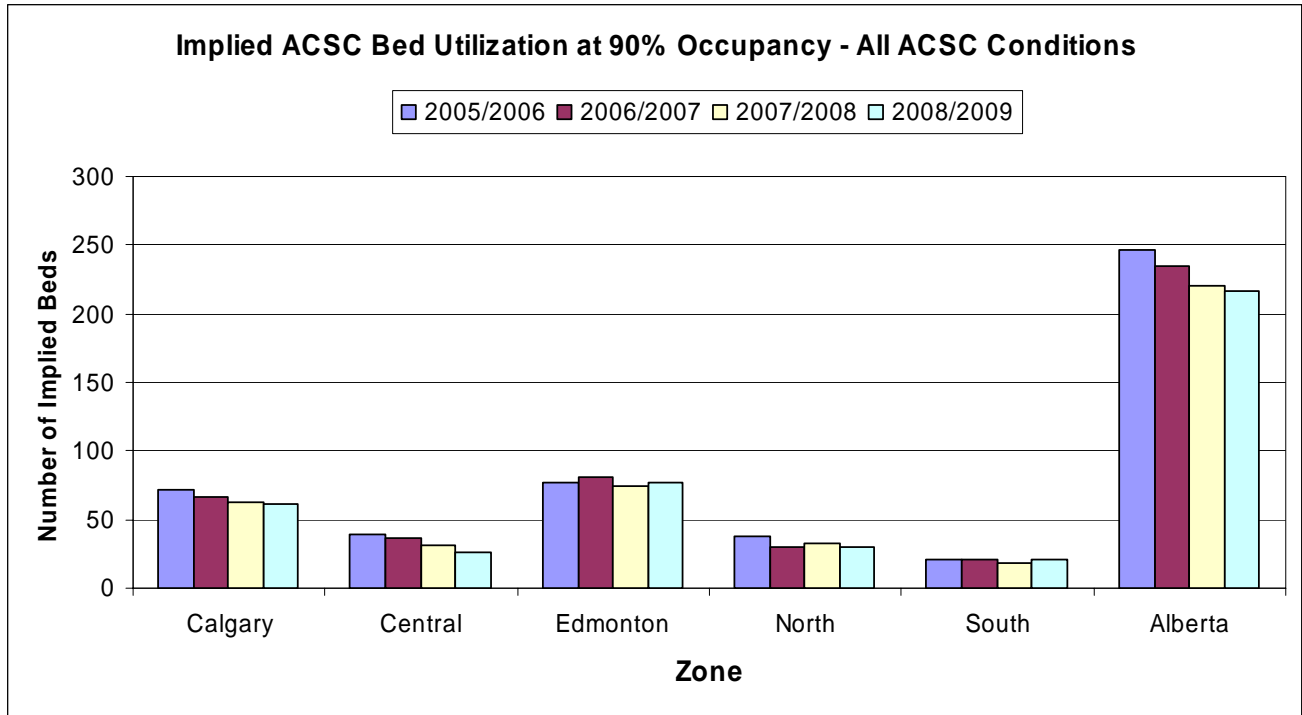
Ambulatory Care Sensitive Conditions (ACSC) are conditions where appropriate ambulatory care may prevent or reduce the need for hospitalization. These conditions include *Angina, Asthma, COPD, Diabetes, Grand Mal Seizures/Epileptic Convulsions, Heart Failure/Pulmonary Edema and Hypertension*.

While not all admissions for these conditions are avoidable, appropriate ambulatory care in the community could potentially prevent the onset, control an acute episodic illness or condition, or manage these types of chronic conditions. In addition to improving the health of the patient, this could have an impact on health spending for chronic illnesses in Canada.

Hospitalization for an ACSC is considered to be a measure of access to appropriate primary health care. A disproportionately high rate of ACSC is presumed to reflect problems in obtaining access to appropriate primary care (CIHI).

Here the hospitalization rates are age standardized using Alberta Registry Population Data, Provincial Inpatient Discharge (DAD) Abstract Data, 1991 Census Data.

## Implied Bed Utilization due to Ambulatory Care Sensitive Conditions at 90% Occupancy by Zone and Year



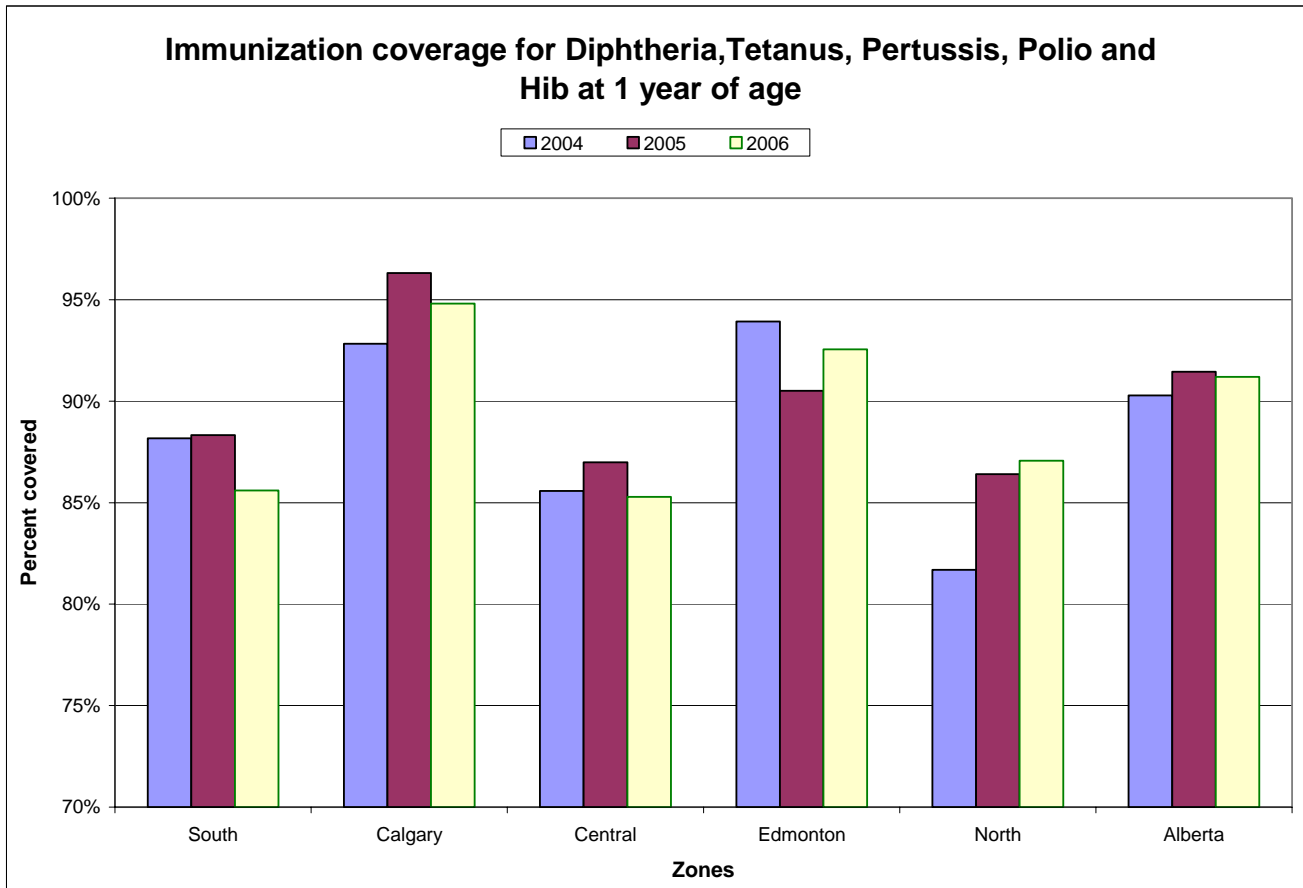
Ambulatory Care Sensitive Conditions are defined as conditions where appropriate ambulatory care may prevent or reduce the need for hospitalization. Ambulatory care sensitive conditions include; *Angina, Asthma, COPD, Diabetes, Grand Mal Seizures/Epileptic Convulsions, Heart Failure/Pulmonary Edema and Hypertension*. While not all admissions for these conditions are avoidable, appropriate ambulatory care in the community could potentially prevent the onset of these types of chronic conditions.

Implied Bed Utilization Numbers are based on 90% Occupancy Rate for the inpatient bed days actually utilized and are suggestive of the number of beds potentially being used solely as a result of these conditions.

Ambulatory care sensitive conditions include *Angina, Asthma, COPD, Diabetes, Grand Mal Seizures/Epileptic Convulsions, Heart Failure/Pulmonary Edema and Hypertension*.

Hospitalization for an Ambulatory Care Sensitive Condition is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care (CIHI).

## Immunization Coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib at 1 Year of Age by Zone



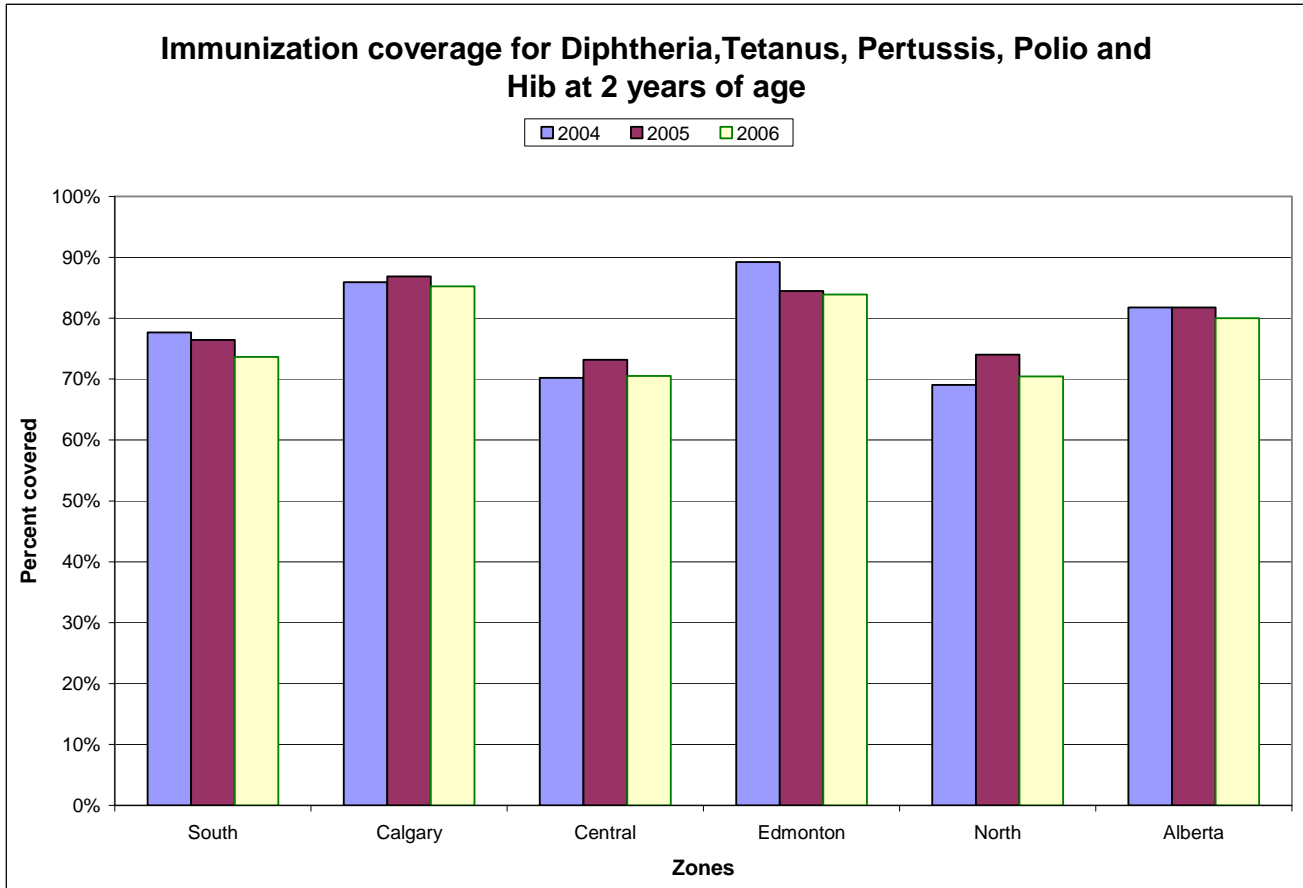
Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

Childhood immunization coverage rates contain the percentage of children covered for Diphtheria, Tetanus, Pertussis, Polio and Hib by 1 and 2 years of age (see next graph for immunization at 2 years).

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunizations on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

SOURCE: Alberta Health and Wellness Interactive Health Data Application

## Immunization coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib at 2 years of age by Zone



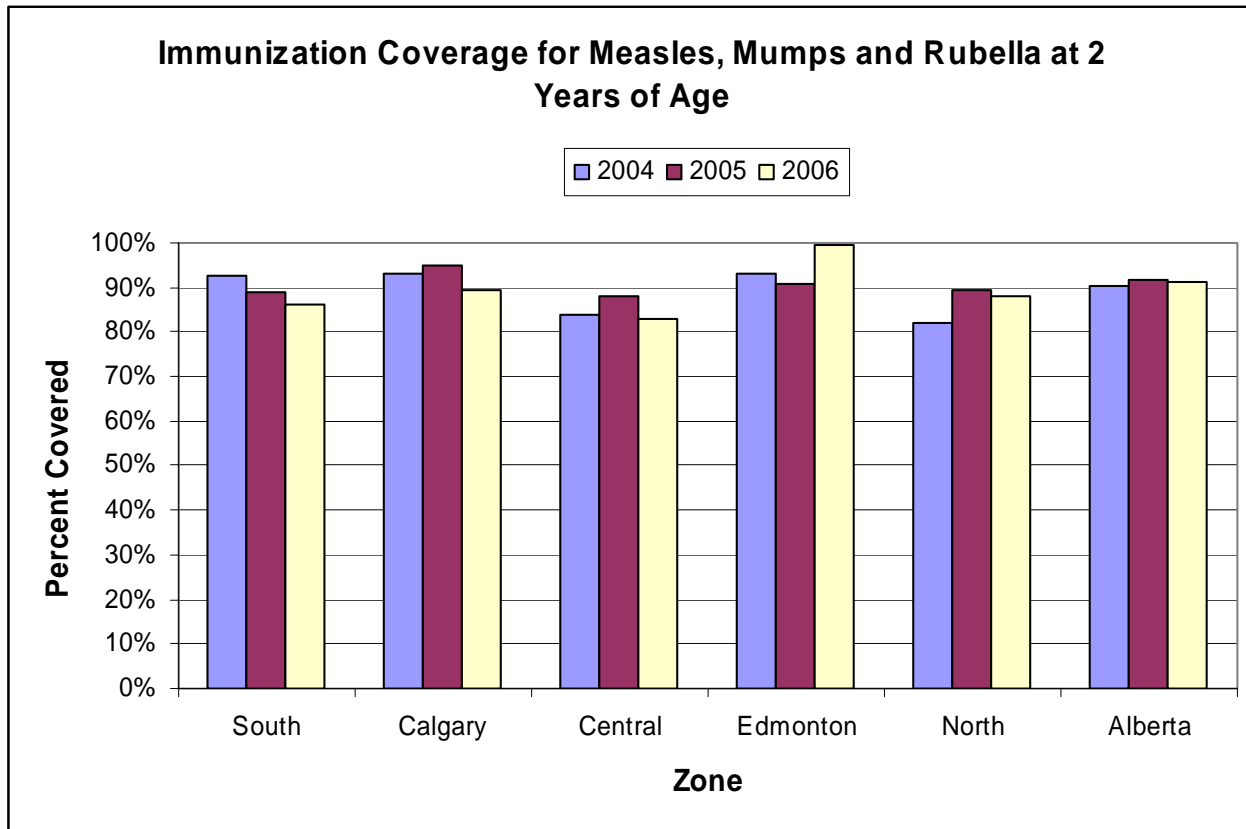
Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

Childhood immunization coverage rates contain the percentage of children covered for Diphtheria, Tetanus, Pertussis, Polio and Hib by 1 and 2 years of age (see previous graph for immunization at 1 year).

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunization on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

SOURCE: Alberta Health and Wellness Interactive Health Data Application

## Immunization Coverage for Measles, Mumps and Rubella at 2 Years of Age by Zone



Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

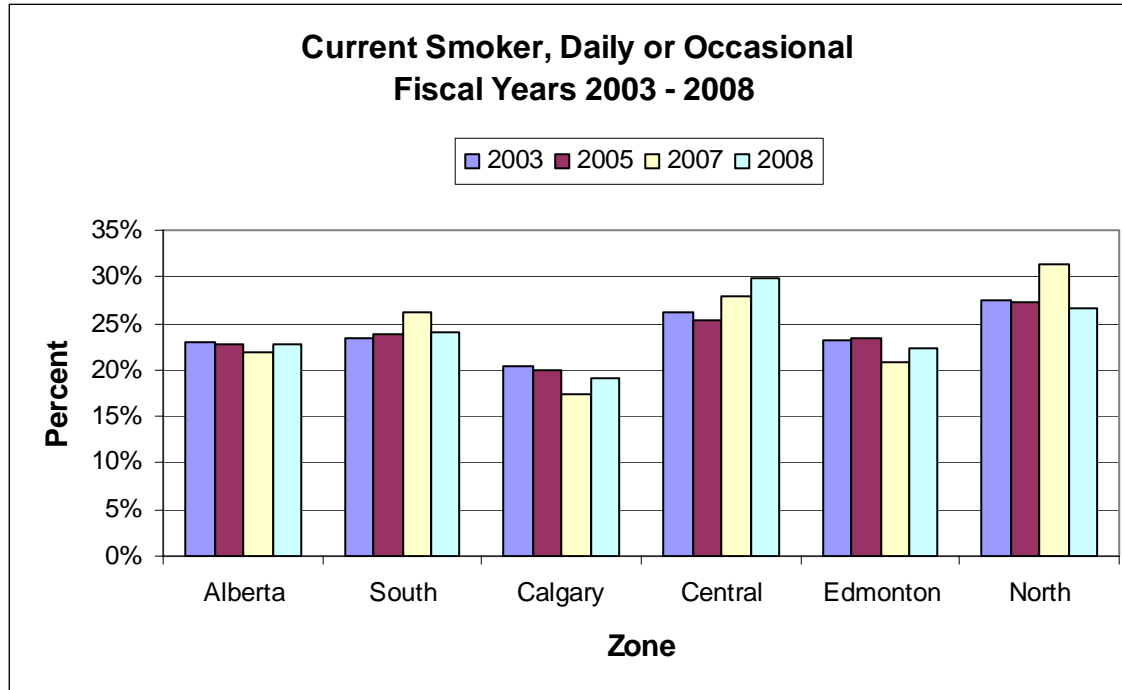
Childhood immunization coverage rates contain the percentage of children covered for Measles, Mumps and Rubella at 2 years of age.

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunization on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

SOURCE: Alberta Health and Wellness Interactive Health Data Application

## Performance Measures Population Health

Daily Smoker and Daily/Occasional Smoker Based on the Canadian Community Health Survey (CCHS) by Zone and Year

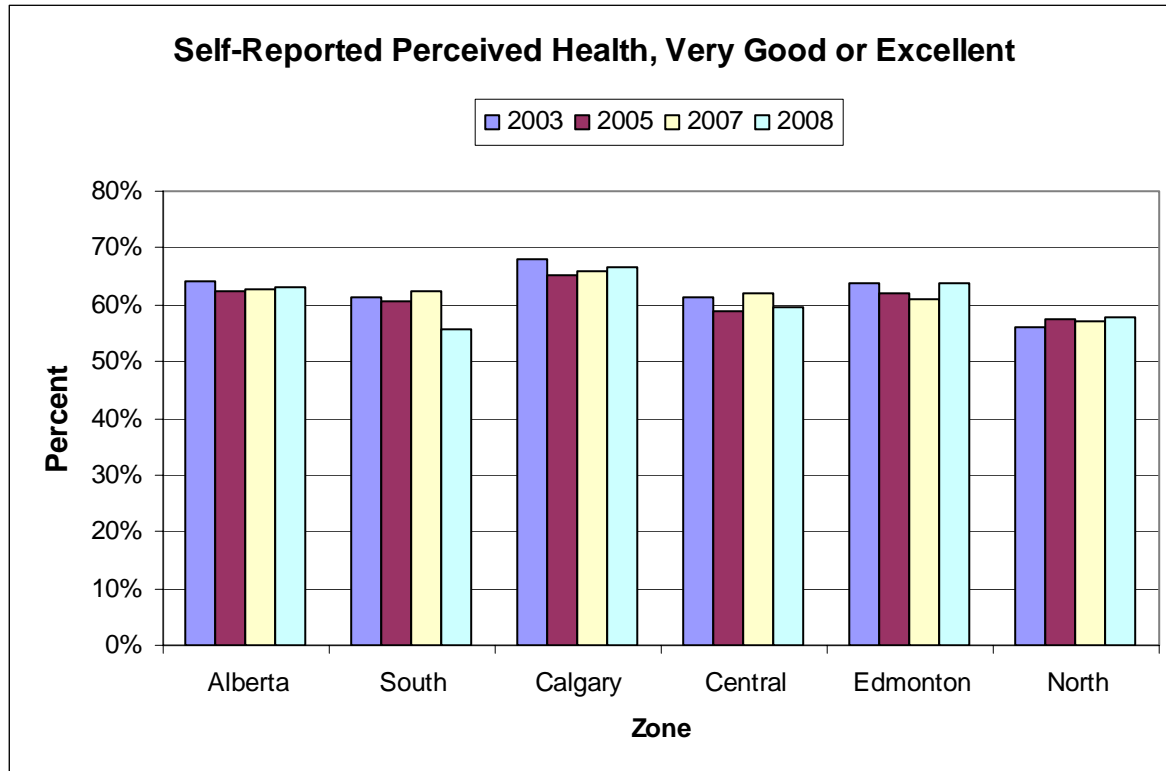


Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease and other conditions. Smoking is an important and preventable cause of death and disease.

All CCHS data are weighted; this is so the data are representative of the population covered and not just the sample itself.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

## Self-Reported Health of Very Good or Excellent by Zone and Year

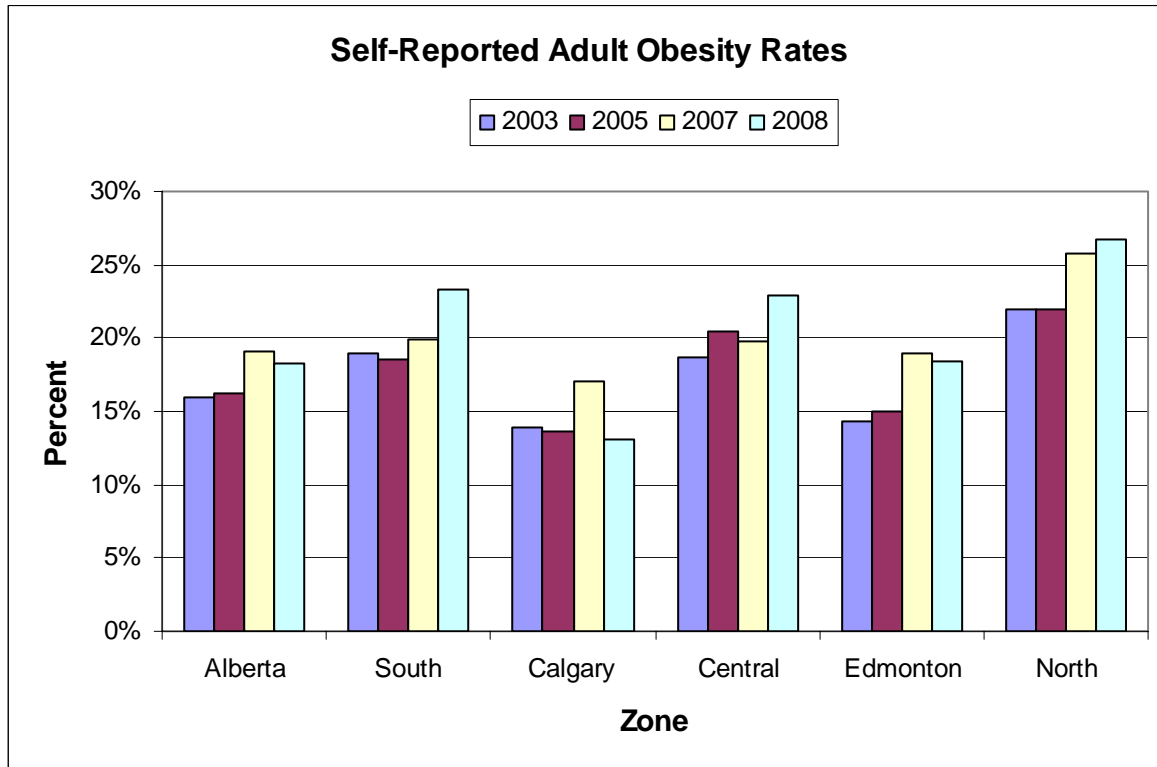


Health means not only the absence of disease or injury but also the presence of physical, mental and social well-being. Perceived health refers to the perception of a person's health in general, either by that person, or, in the case of proxy response, by the person responding.

Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves, and social and mental function.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

## Self-Reported Adult Obesity Rates by Zone and Year



The BMI (body mass index, which is determined by weight in kilograms divided by height in metres squared) is used as an indicator of healthy and unhealthy weight. (A person with a BMI greater than 30 may be considered obese.)

According to the World Health Organization (WHO) and Health Canada guidelines, the following BMI categories are associated with certain health risk levels: normal weight = least health risk; underweight and overweight = increased health risk; obese class I = high health risk; obese class II = very high health risk; obese class III = extremely high health risk.

In 2008, 17.2% of Canadians aged 18 or older (roughly 4.2 million adults) reported height and weight that classified them as obese. From 2003 to 2008, obesity among men rose from 16.0% to 18.3%, and among women, from 14.5% to 16.2%.

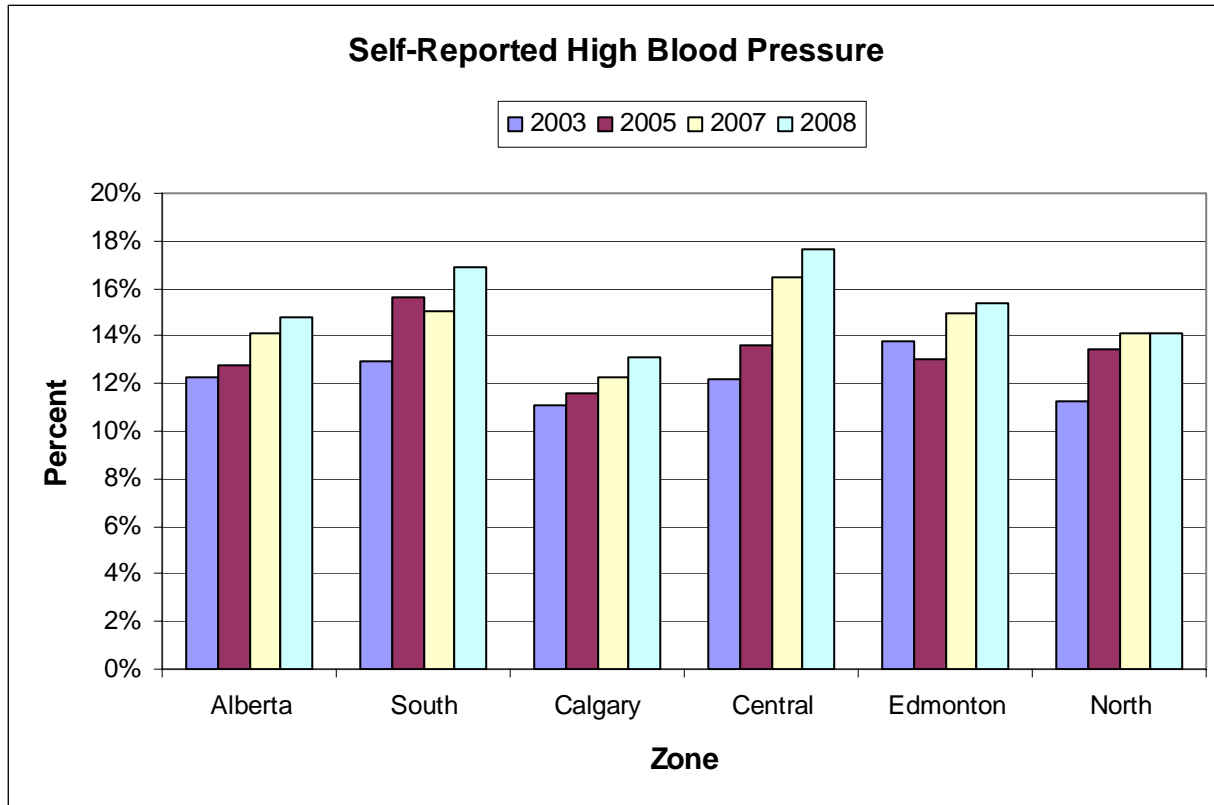
When those who were considered overweight were included in the percentages, 58.6% of Canadian men and 43.5% of women were at increased health risk because of excess weight.

The rates of those who were overweight were stable from 2003 to 2008.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)



## Self-Reported High Blood Pressure by Zone and Year

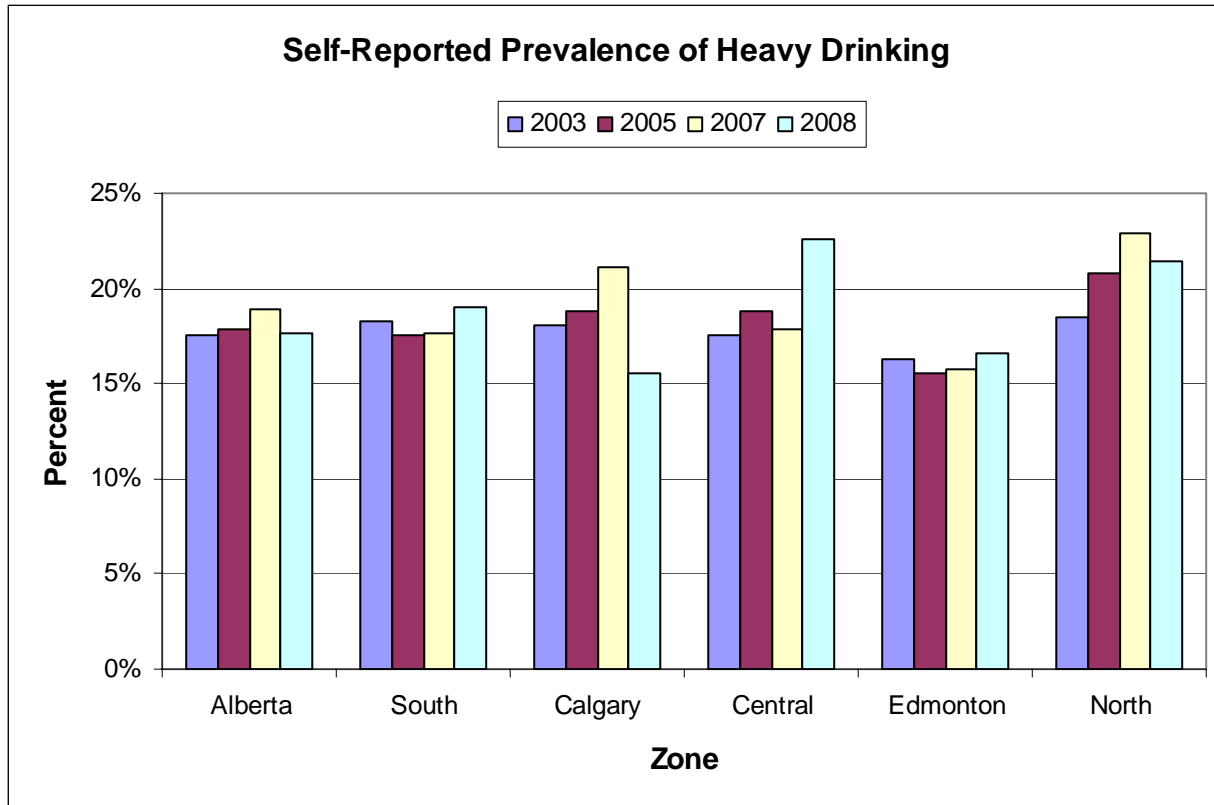


High blood pressure, also known as hypertension, can cause stroke, heart attack, and heart and kidney failure. It can narrow and block arteries and strain and weaken the body's organs.

Nationally, in 2008, 16.4% of Canadians aged 12 or older reported that they had high blood pressure. This was not a significant change from 2007, but was a significant increase from 2005.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

## Self-Reported Prevalence of Heavy Drinking by Zone and Year

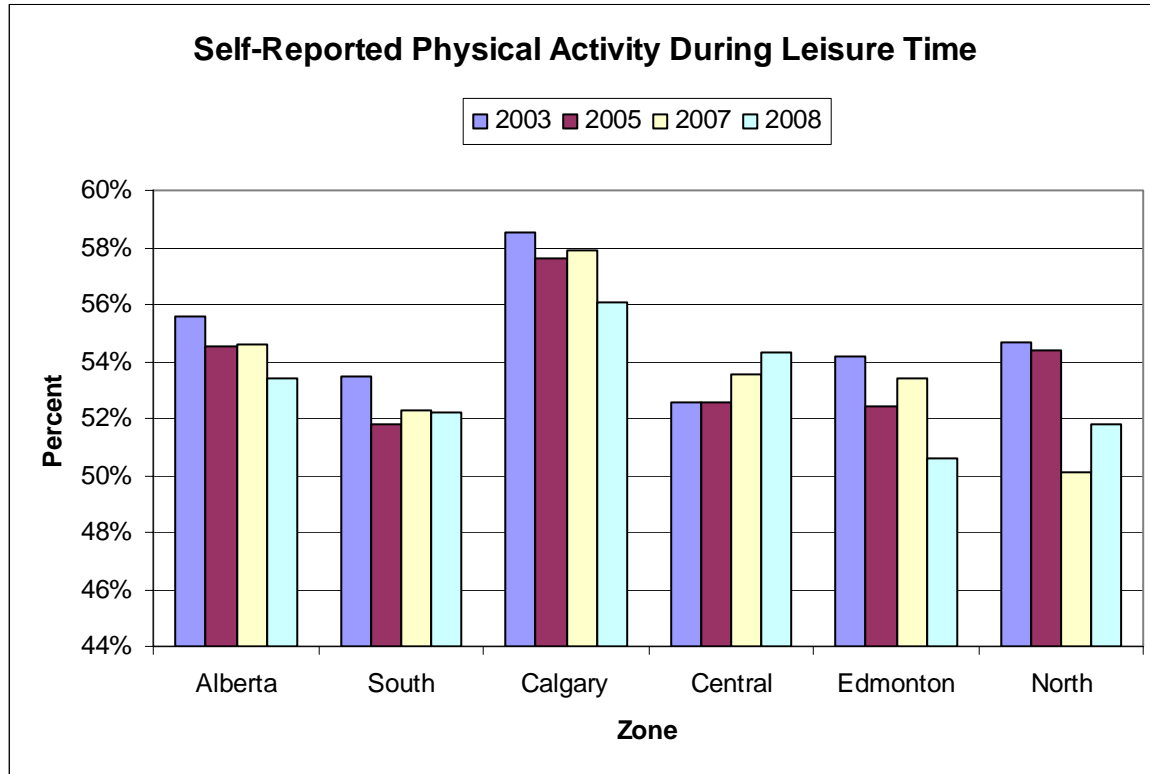


Heavy drinking refers to consuming five or more drinks per occasion, at least 12 times a year. This level of alcohol consumption can have serious health and social consequences, especially when combined with other behaviours such as driving while intoxicated.

Nationally, in 2008, 24.1% of men and 9.6% of women reported heavy drinking. In every province and territory and in every age group, a higher proportion of men than women reported heavy drinking, with the exception of 12- to 15-year-olds, where there was no significant difference between the sexes. Men aged 18 to 19 (44.4%) and 20 to 34 (39.1%) were the most likely to report heavy drinking.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

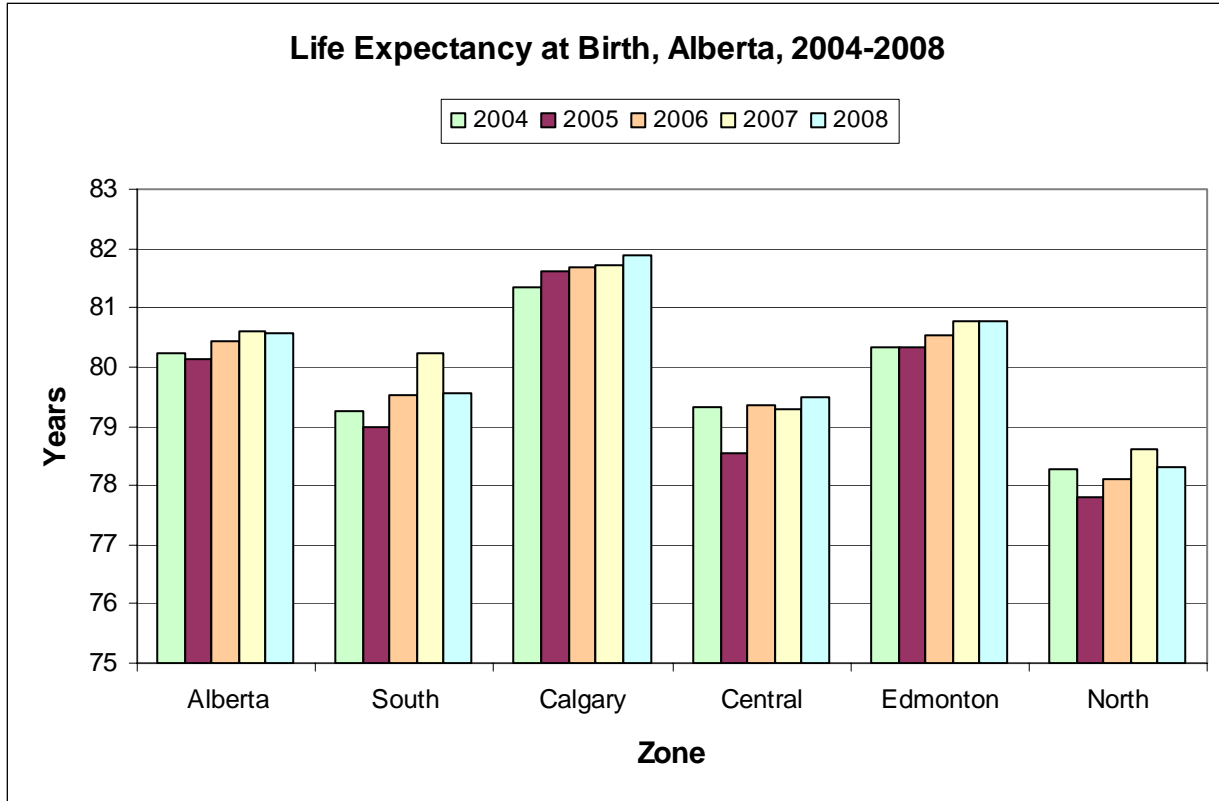
## Self-Reported Physical Activity During Leisure Time, Active or Moderately Active by Zone and Year



The health benefits of physical activity include a reduced risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress, and anxiety.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

## Life Expectancy at Birth by Zone and Year

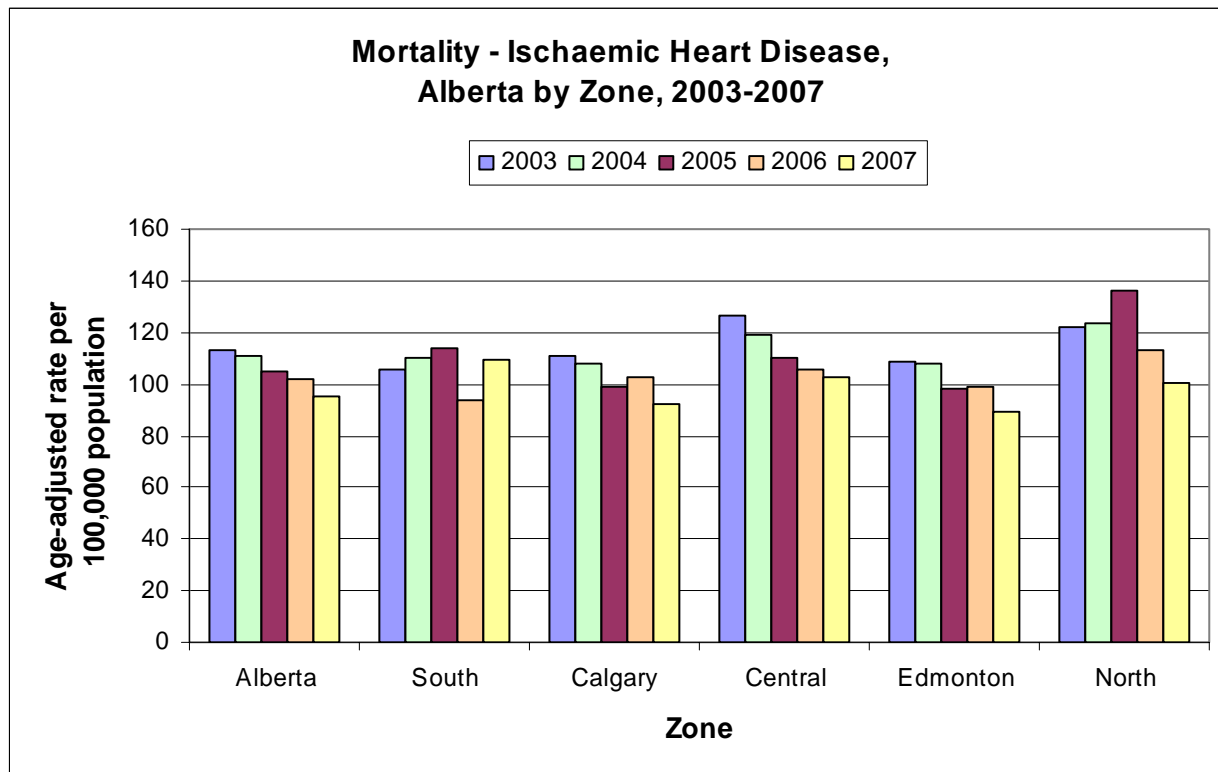


Life expectancy is a population health measure. It can be interpreted as the average number of years that those in a hypothetical birth cohort would live if subjected to the current mortality conditions throughout the rest of their lives.

Life expectancy is a widely used indicator of the health of a population. It measures quantity rather than quality of life.

Alberta Health & Wellness Interactive Health Data Application

## Mortality Rates for Alberta and Its Zones by Cause of Death, 2003 to 2007 by Zone and Year

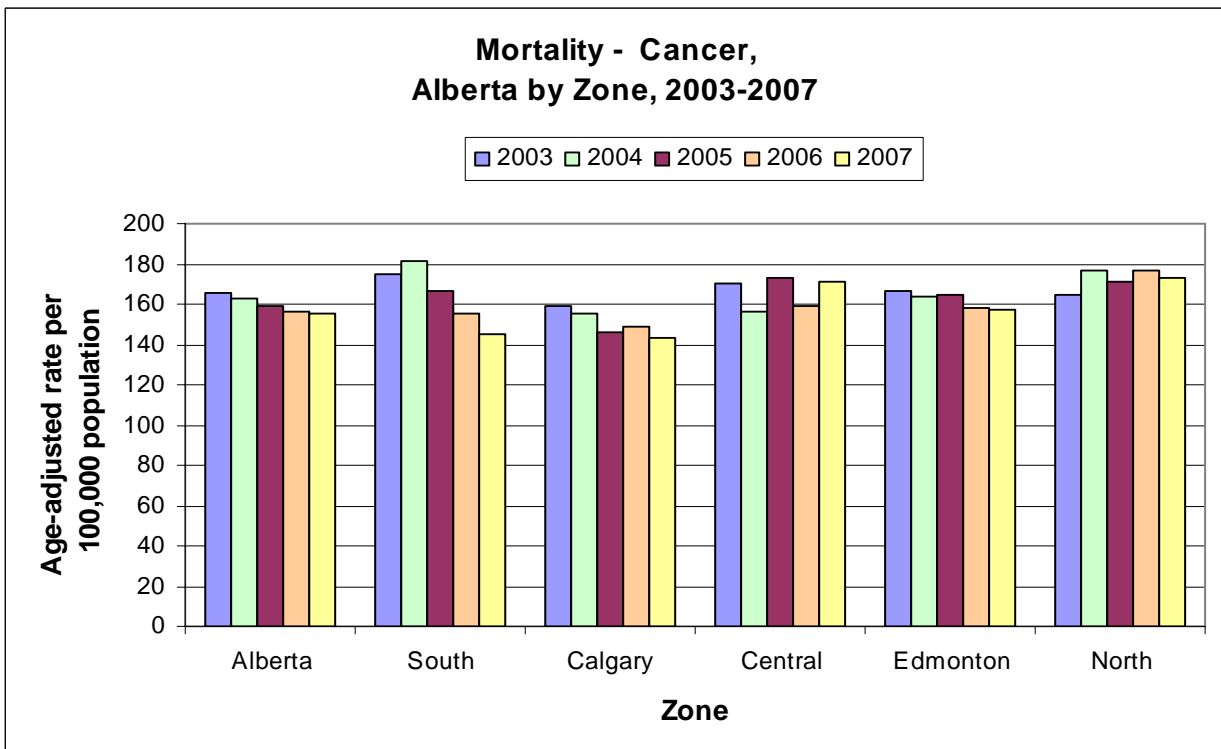
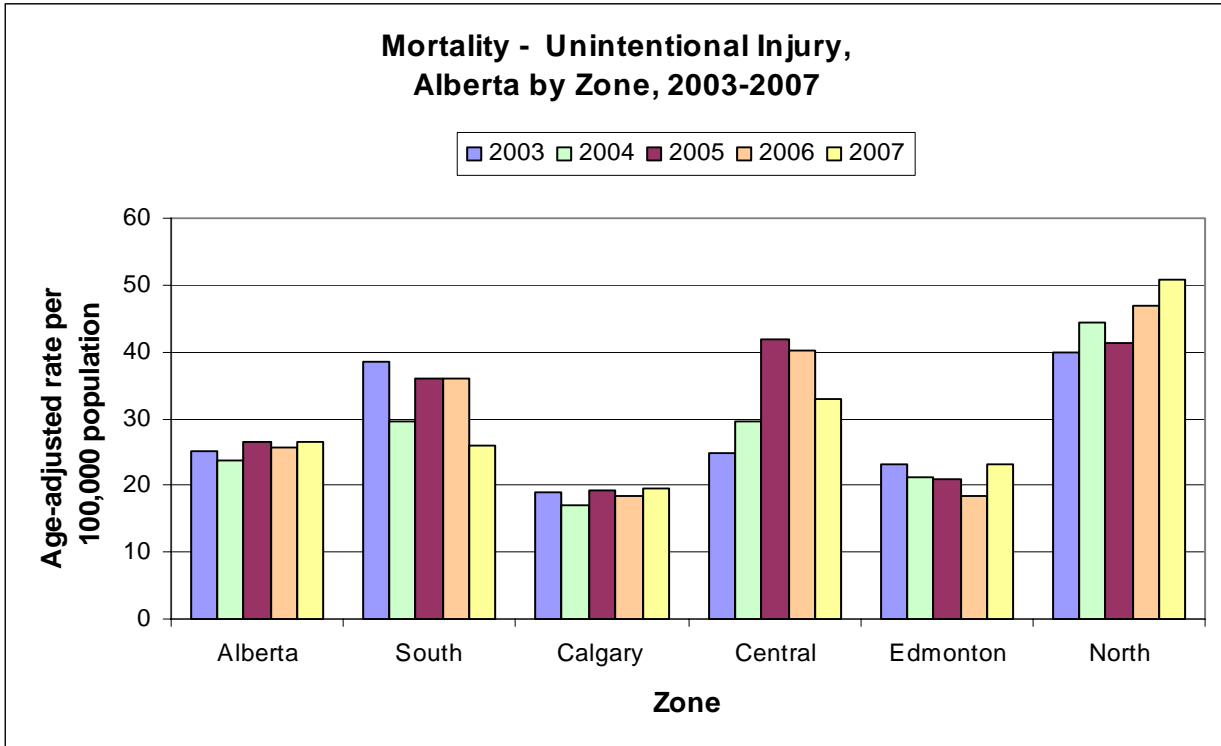


The age-adjusted mortality rates by cause of death measure the rate at which deaths occur in a given population due to a certain cause. The potential confounding effects of different age structures across geographic boundaries or years are reduced when comparing rates that have been age-adjusted.

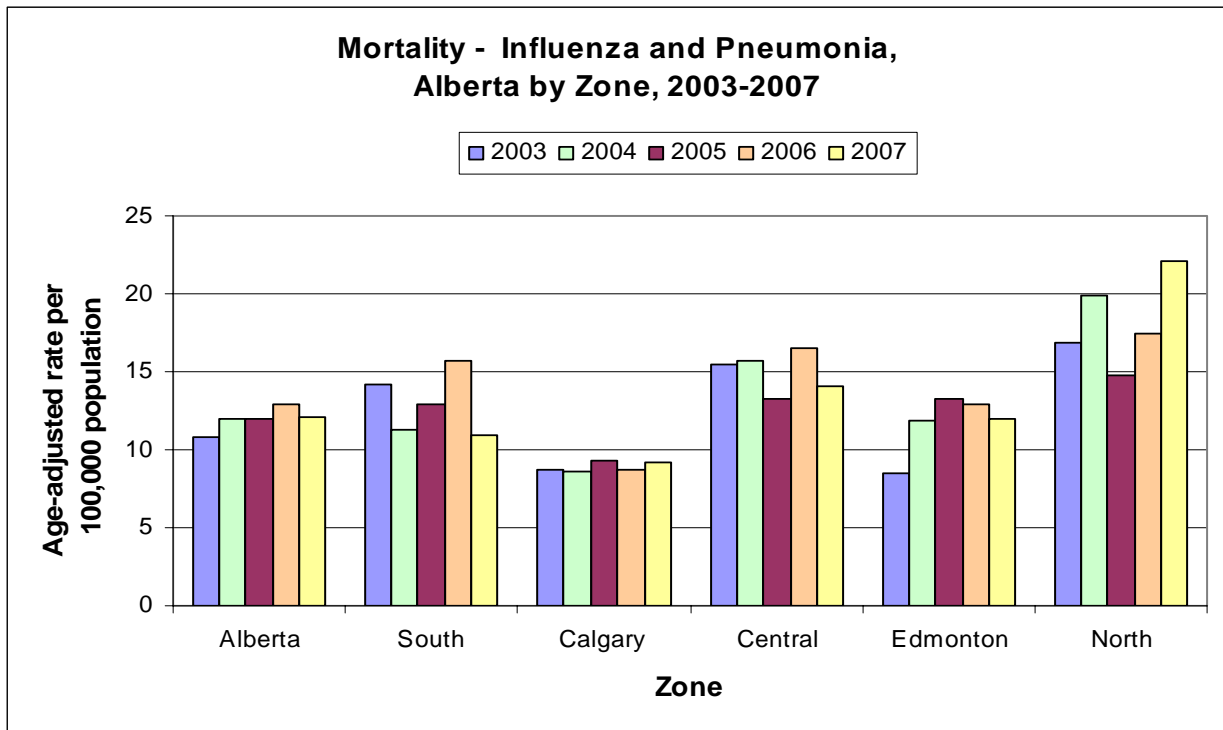
Age-adjusted mortality rates indicate the overall health of the population and are similar to what is measured by life expectancy. Age-adjusted rates (as opposed to crude rates) allow for comparisons between health regions, provinces, and countries.

Source: Alberta Health & Wellness Interactive Health Data Application

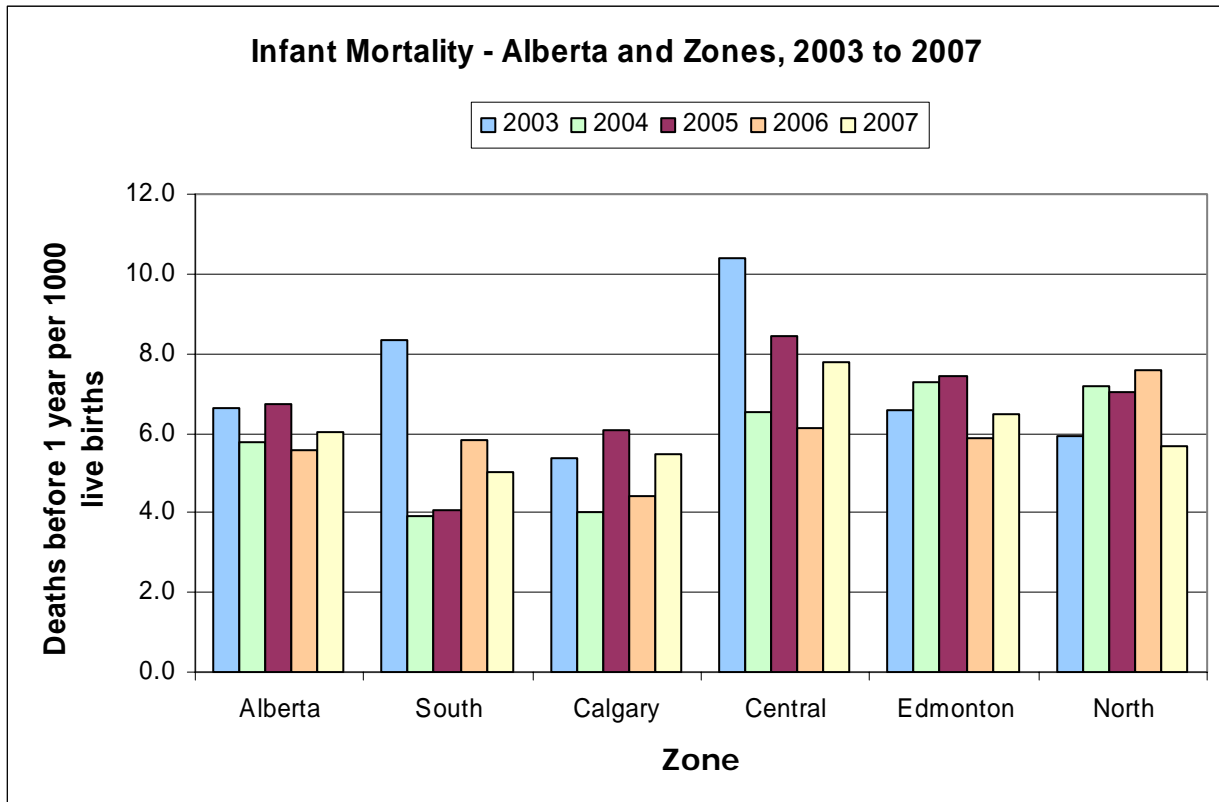
## Mortality Rates for Alberta and Its Zones by Cause of Death, 2003 to 2007 by Zone and Year



Mortality Rates for Alberta and its Zones by Cause of Death, 2003 to 2007  
by Zone and Year



## Infant Mortality Rate by Zone and Year



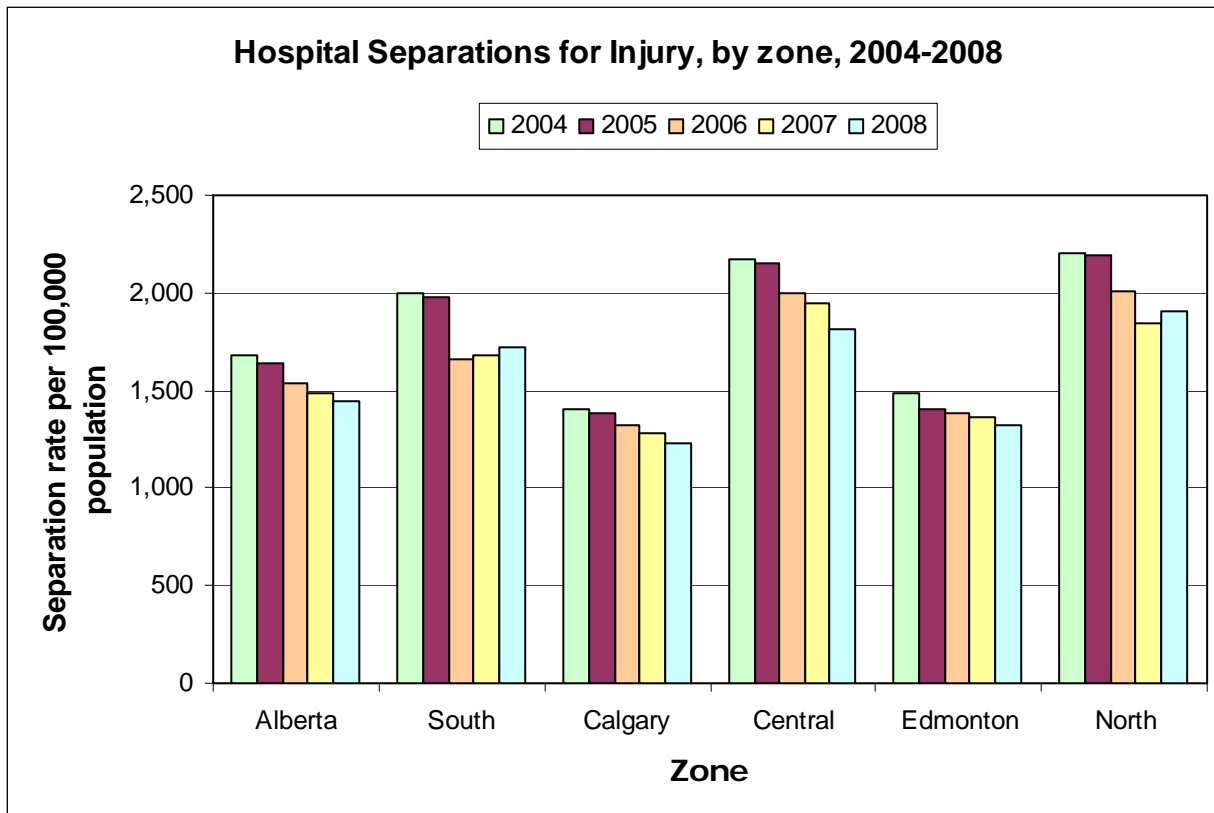
The infant mortality rate is the rate at which infants (age < 1 year) die over a given year based on live births during that year.

Infant mortality rate is a long-established measure not only of child health, but also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

Source: Alberta Health & Wellness Interactive Health Data Application



## Hospital Separations for Injury by Zone and Year



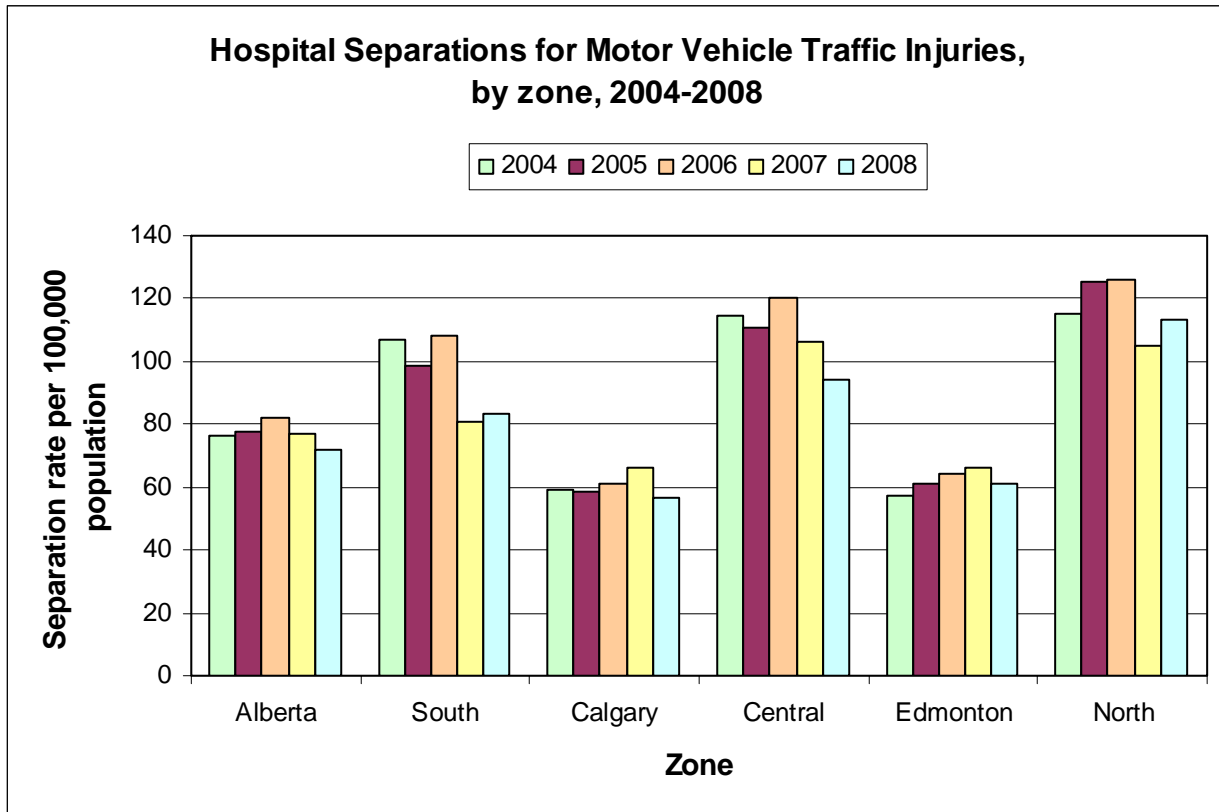
Injuries require a significant amount of health care resources and may be preventable to some extent.

Data were available for each of the former Regional Health Authorities. Age-standardized rates were weighted by the population for the new zones.

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources. (CIHI)

Source: Alberta Health and Wellness Interactive Health Data Application

## Hospital Separations for Motor Vehicle Traffic Injuries by Zone and Year



Injuries require a significant amount of health care resources and may be preventable to some extent.

Data were available for each of the former Regional Health Authorities. Age-standardized rates were weighted by the population for the new zones.

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources. (CIHI)

Source: Alberta Health and Wellness Interactive Health Data Application

## Acceptability

### HQCA - Satisfaction with Health Care Services: A Survey of Albertans, 2008

Gathering information on the patient experience through client surveys is an essential component of performance measurement in health systems that are truly focused on being responsive to the needs of their clients

Measure	Zone/Provincial	Year			
		2003	2004	2006	2008
Access to Health Care (% easy and very easy)	North	39%	41%	39%	39%
	Edmonton	40%	47%	50%	47%
	Central	53%	49%	48%	50%
	Calgary	41%	45%	46%	45%
	South	46%	49%	40%	52%
	Provincial Average	44%	46%	46%	46%
Overall Quality of Health Care Received (% good and excellent rating)	North	N/A	N/A	66%	66%
	Edmonton	N/A	N/A	75%	75%
	Central	N/A	N/A	77%	77%
	Calgary	N/A	N/A	73%	71%
	South	N/A	N/A	75%	78%
	Provincial Average	N/A	N/A	73%	74%
Satisfaction with Health Care (% satisfied and very satisfied)	North	N/A	48%	50%	54%
	Edmonton	N/A	53%	59%	62%
	Central	N/A	55%	62%	64%
	Calgary	N/A	50%	57%	57%
	South	N/A	55%	59%	65%
	Provincial Average	N/A	52%	58%	60%
Access to ED Services (% easy and very easy)	North	42%	49%	50%	51%
	Edmonton	48%	48%	42%	48%
	Central	65%	59%	60%	65%
	Calgary	37%	44%	44%	46%
	South	45%	53%	53%	55%
	Provincial Average	46%	50%	48%	51%
Satisfaction with ED Services (% satisfied and very satisfied)	North	45%	53%	53%	54%
	Edmonton	53%	51%	45%	53%
	Central	65%	62%	58%	65%
	Calgary	46%	40%	51%	58%
	South	51%	53%	50%	61%
	Provincial Average	50%	50%	51%	58%

Measure	Zone/Provincial	Year			
		2003	2004	2006	2008
Unexpected Harm (% reporting having experienced (or family) unexpected harm while receiving healthcare in Alberta)	North	15%	14%	14%	8%
	Edmonton	15%	12%	12%	11%
	Central	12%	14%	10%	9%
	Calgary	14%	13%	14%	10%
	South	14%	13%	14%	10%
	Provincial Average	14%	13%	13%	10%
<b>Zone Level Reporting Unavailable for Below</b>					
Inpatient Quality of Care (% good and excellent rating)	Provincial Average	N/A	N/A	76%	80%
Inpatient Access to Care (% easy and very easy)	Provincial Average	N/A	N/A	76%	80%
Access to Health Link (% who called in past year)	Provincial Average	N/A	35%	39%	33%
Satisfaction with Health Link (% satisfied and very satisfied)	Provincial Average	N/A	77%	78%	73%
Access to Public MRI received (% easy and very easy)	Provincial Average	N/A	N/A	56%	59%
Satisfaction with MRI received (% satisfied and very satisfied)	Provincial Average	N/A	N/A	79%	89%
Serious Complaints (% indicating serious complaint in past year)	Provincial Average	15%	15%	14%	13%
Satisfaction With Handling of Complaint (% satisfied and very satisfied)	Provincial Average	21%	15%	24%	19%

Satisfaction with Health Care Services: A survey of Albertans, 2008. Health Quality Council of Alberta. Most recent values are for the 2008 cycle of the survey.

## Alberta-Canada Comparison

Indicator	Time Period	Alberta	Canadian Average	Lowest Province	Highest Province	Relative Difference Canadian Average	Source
<b>ACCESS</b>							
Wait time for hip fracture surgery - same/next day - Both sexes (Risk-adjusted rate) (Percentage)	2007-2008	61.9	62.5*	48.2	67.7	-1.0%	3
Wait time for hip fracture surgery - same/next day/day after - Both sexes (Risk-adjusted rate) (Percentage)	2007-2008	83.5	83.3*	73.8	89.3	0.2%	3
Hip Replacement 20+ - Both sexes (Age-standardized rate / 100,000)	2007-2008	110	109*	81	120	0.9%	3
Knee Replacement 20+ - Both sexes (Age-standardized rate / 100,000)	2007-2008	174	179*	116	196	-2.9%	3
General/Family Physicians - Both sexes (Rate / 100,000)	2007	108	99	85	116	8.3%	3
Specialist Physicians - Both sexes (Rate / 100,000)	2007	90	94	58	113	-4.4%	3
Newborns born in Facility (2007) (Average Length of Stay - days)	2007	2.5	2.9*†	2.5	3.8	-16.0%	2
Regular medical doctor (12+years) (Percentage)	2008	80.5	84.4	72.7	94.2	-4.8%	5
<b>EFFECTIVENESS - CLINICAL</b>							
Acute Myocardial Infarction Readmission - Both sexes (Risk-adjusted rate) (Percentage)	2005-2008	4	5.1*	4	6.4	-27.5%	3
Asthma Readmission - Both sexes (Risk-adjusted rate %)	2005-2008	3.8	4.5*	2.5	6.6	-18.4%	3
30-Day Acute Myocardial Infarction In-hospital Mortality - Both sexes (Risk-adjusted rate) (Percentage)	2005-2008	7.8	9.4*	7.8	11.3	-20.5%	3
30-Day Stroke In-hospital Mortality - Both sexes (Risk-adjusted rate %)	2005-2008	16.7	18*	13.5	23.4	-7.8%	3
<b>EFFECTIVENESS - MAINTAINING HEALTH</b>							
Hospitalized Acute Myocardial Infarction Event - Both sexes (Age-standardized rate/100,000)	2007-2008	221	219*	169	351	0.9%	3
Hospitalized Stroke Event - Both sexes (Age-standardized rate / 100,000)	2007-2008	124	130*	121	155	-4.8%	3
Injury Hospitalization - Both sexes (Age-standardized rate / 100,000)	2007-2008	732	541*	430	809	26.1%	3
Hospitalized Hip Fracture Event - Both sexes (Age-standardized rate / 100,000)	2007-2008	483	486*	476	601	-0.6%	3
Infant mortality rate (Rate per 1000 live births)	2006	5.3	5	2.1	6.1	5.7%	4
Low Birth Weight Rate (< 2500 grams excluding < 500 grams) (Percentage)	2007-2008	6.5	6.0*†	4.7	6.5	7.7%	1
Low Birth Weight Rate (< 2500 grams) (Percentage)	2007-2008	6.6	6.1*†	4.8	6.6	7.6%	1
5 or more drinks on one occasion, at least once a month in the past year (12+years) (Percentage)	2008	17.6	16.7	15.5	22.3	5.1%	5
Current smoker, daily or occasional (12+years) (Percentage)	2008	22.7	21.4	18.6	25.1	5.7%	5
Diabetes, self reported (12+years) (Percentage)	2008	4.7	5.9	4.7	8.8	-25.5%	5

High blood pressure, self-reported (12+years) (Percentage)	2008	14.8	16.4	14.7	20.4	-10.8%	5
Perceived health, very good or excellent (12+years) (Percentage)	2008	63	58.9	54.1	63	6.5%	5
Physical activity during leisure-time, moderately active or active (12+years) (Percentage)	2008	53.4	50.6	43.6	58.7	5.2%	5
Body mass index, self-reported, adult (18 years and over), obese (12+years) (Percentage)	2008	18.3	17.2	13.5	27.4	6.0%	5
Females 50-69 with no mammogram for at least 2 years (Percentage)	2008	30.5	28.9	29.3	47.4	5.2%	5
Persons age 65+ who report having received an influenza vaccination in past year (Percentage)	2008	60.9	66.6	51.1	75.9	-9.4%	5
<b>EFFECTIVENESS - SAFETY</b>							
In-hospital Hip Fracture - Both sexes (Risk-adjusted rate / 1,000)	2005-2008	1	0.8*	0.6	1.1	20.0%	3
<b>APPROPRIATENESS</b>							
Ambulatory Care Sensitive Conditions Hospitalizations (2006 Revision) - Both sexes (Age-standardized rate / 100,000)	2007-2008	328	326*	281	576	0.6%	3
Total Caesarean Section Rate (% of women delivering in acute care)	2007-2008	27.9	27.7*	20.1	31.7	0.7%	3
Assisted Delivery Rate (Forceps) Among Vaginal Deliveries (Percentage)	2007-2008	3.9	3.7*†	2.3	5.2	5.1%	1
Assisted Delivery Rate (Overall) Among Vaginal Deliveries (Percentage)	2007-2008	17.1	14.5*†	6.3	17.1	15.0%	1
Assisted Delivery Rate (Vacuum Extraction) Among Vaginal Deliveries (Percentage)	2007-2008	12.1	10.0*†	3.6	12.5	17.3%	1
Epidural Rate for All Deliveries (Percentage)	2007-2008	42.3	44.0*†	28.4	50.4	-4.0%	1
Epidural Rate for Vaginal (Percentage)	2007-2008	48.4	47.1*†	29.4	58.2	2.7%	1
Primary Caesarean Section Rate (Percentage)	2007-2008	19.7	19.5*†	13.4	22.8	1.1%	1
Primary Caesarean Section Rate (< 35 years) (Percentage)	2007-2008	18.8	18.6*†	12.9	22.3	0.9%	1
Primary Caesarean Section Rate (>= 35 years) (Percentage)	2007-2008	24.9	23.7*†	17.3	30.5	4.7%	1
Repeat Caesarean Section (Percentage)	2007-2008	81.2	83.1*†	68.7	92.4	-2.4%	1
<b>APPROPRIATENESS - SATISFACTION</b>							
Patient satisfaction with most recent hospital care received in past 12 months aged 15 and over (Percentage)	2007	82.1	81.7	79.3	88.5	0.5%	5
Patient satisfaction with any health care services received in past 12 months (Percentage)	2007	82.7	86.3	82.2	88.1	-4.4%	5

\* - Does not include Quebec

† - Canadian average estimated using 2007 population weighted averaging

HEALTH EXPENDITURES							
Provincial per capita spending on	Time Period	Alberta	Canadian Average	Lowest Province	Highest Province	Relative Difference Canadian Average	Source
Hospitals	2008 (projected)	\$1,561.30	\$1,290.31	\$1,157.09	\$1,932.87	17.4%	6
Other Institutions	2008 (projected)	\$235.10	\$380.95	\$235.10	\$680.54	-62.0%	6
Physicians	2008 (projected)	\$702.44	\$668.83	\$531.19	\$735.88	4.8%	6
Other Professionals	2008 (projected)	\$44.29	\$21.57	\$6.46	\$44.29	51.3%	6
Drugs	2008 (projected)	\$258.79	\$285.87	\$207.08	\$318.82	-10.5%	6
Capital	2008 (projected)	\$254.98	\$163.09	\$90.93	\$254.98	36.0%	6
Public Health	2008 (projected)	\$418.55	\$269.74	\$130.00	\$418.55	35.6%	6
Administration	2008 (projected)	\$57.47	\$56.31	\$25.36	\$110.91	2.0%	6
Other Health Spending	2008 (projected)	\$284.52	\$193.18	\$85.95	\$284.52	32.1%	6
Total	2008 (projected)	\$3,817.44	\$3,329.85	\$3,005.68	\$3,962.27	12.8%	6
Hospitals	2006 (actual)	\$1,398.58	\$1,173.18	\$1,060.64	\$1,609.94	16.1%	6
Other Institutions	2006 (actual)	\$196.06	\$353.79	\$196.06	\$587.71	-80.4%	6
Physicians	2006 (actual)	\$574.77	\$591.07	\$452.59	\$658.78	-2.8%	6
Other Professionals	2006 (actual)	\$38.08	\$19.03	\$6.09	\$38.08	50.0%	6
Drugs	2006 (actual)	\$225.16	\$252.97	\$175.09	\$290.70	-12.4%	6
Capital	2006 (actual)	\$246.93	\$151.52	\$60.86	\$251.19	38.6%	6
Public Health	2006 (actual)	\$382.94	\$219.00	\$100.28	\$382.94	42.8%	6
Administration	2006 (actual)	\$52.70	\$47.51	\$21.86	\$98.15	9.8%	6
Other Health Spending	2006 (actual)	\$212.26	\$164.91	\$68.48	\$244.98	22.3%	6
Total	2006 (actual)	\$3,327.49	\$2,972.98	\$2,690.84	\$3,327.49	10.7%	6

**Sources**

1. CIHI: Childbirth Indicator Results by Place of Residence and Fiscal Year
2. CIHI: Newborns Born in Reporting Facility
3. CIHI: Health Indicator 2009
4. Statistics Canada
5. Statistics Canada: Canadian Community Health Survey (CCHS)
6. Canadian Institute for Health Information (CIHI) - *National Health Expenditures Trends 1975-2008*