

# AHS Annual Performance Report 2013-14

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## Introduction

The following 16 performance measures align with the overall direction for the organization as outlined by the Minister of Health and the Official Administrator. They provide a more balanced snapshot across the spectrum of care and include measures for acute care as well as those for community-based care and better patient outcomes in the areas of seniors' care, mental health and cancer care. The measures for satisfaction with long-term care, continuing care placement, early cancer detection and mental health readmissions are good examples of how the measures now better reflect the whole health care system. These performance measures reflect key areas within the health system important to Albertans and important health indicators held as standards within health care.

We listened and heard that Albertans want to know how our ability to take care of them compares with other health service jurisdictions across Canada. This has meant rethinking what and how we measure. And, we've added measures that align with national standards which have existing benchmarks. You can also see how your community is doing by looking at the zone and site details for each measure.

The 16 performance measures were chosen because they are also held as standards of care across the country and are used as key indicators of how well health systems are doing nationally. They reflect a goal and standard to be achieved over time and targets have been set for two consecutive years. As needed, the measures and targets will evolve over time to reflect current priorities and progress.

For this update, we have added attainable targets for every zone and site in the province, and we have made these targets specific to each of these locations. Zones and sites have different targets because they are starting from different points. Some sites will need to focus their improvement efforts in some areas rather than others. The health care needs of the populations they serve are also different. We've taken these factors into account in setting their individual targets.

The measures support the overall strategic direction of AHS, and are aligned with the Alberta Health Quality Matrix. The updated measures are based on AHS' most up-to-date annual performance (2013-14). The measures include a stronger focus on patient outcomes.

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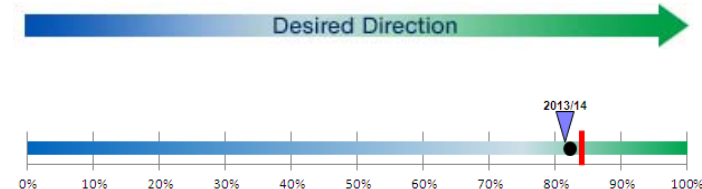
## Performance Measures Dashboard

Acceptability

### Satisfaction with Hospital Care

Are patients satisfied with their hospital care?  
*The percentage of adult patients who rated their overall care in hospital as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.*

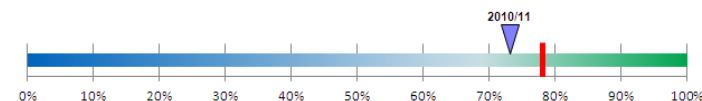
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
81%	N/A	82%	84%



### Satisfaction with Long Term Care

Are the families of long term care residents satisfied with the care their loved one received?  
*The percentage of families of long term care residents who rated the overall care as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.*

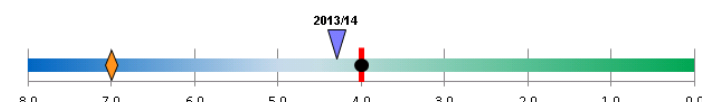
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
73% 2010/11	N/A	N/A	78%



### Hospital-acquired Clostridium difficile Infections:

Are patients acquiring infections while in the hospital?  
*The number of Clostridium difficile infections (C-diff) acquired in hospital every 10,000 days of care. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta.*

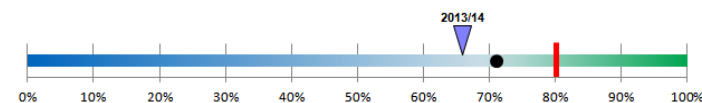
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
4.3	7.0 2011	4.0	4.0



### Hand Hygiene

Are health care workers cleaning their hands to avoid spreading infections?  
*The percentage of times health care workers clean their hands during the course of patient care.*

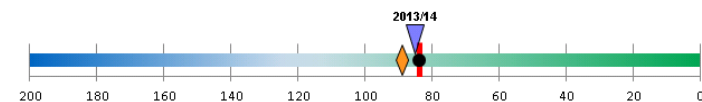
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
66%	N/A	71%	80%



### Hospital Mortality

Are more patients dying in the hospital than expected?  
*The actual number of deaths compared to the expected number of deaths in hospital. Values less than 100 mean fewer than expected deaths In Alberta, a rate of 84 means 850 fewer deaths in hospital than expected each year.*

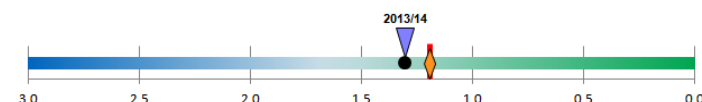
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
85	89 2012/13	84	84



### Emergency Department Wait to see a Physician

How long are patients waiting to see a physician in the Emergency Department?  
*The average patient's length of time in emergency department before being seen by a physician at the 17 busiest emergency departments.*

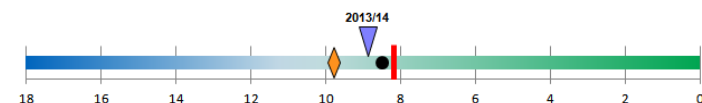
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
1.3 hours	1.2** hours 2012/13	1.3 hours	1.2 hours



### Emergency Department Length of Stay for Admitted Patients\*

How long does a patient stay in the emergency department before moving to a hospital bed?  
*The average patient's length of time in the emergency department before being admitted to a hospital bed at the 16 busiest emergency departments.*

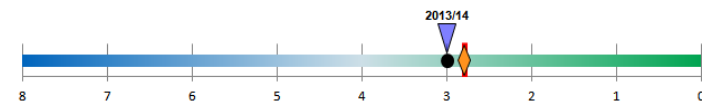
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
8.8 hours	9.8** hours 2012/13	8.5 hours	8.2 hours



### Emergency Department Length of Stay for Discharged Patients\*\*\*

How long does a patient stay in emergency department before going home if they don't need to stay in hospital?  
*The average patient's length of time in the emergency department before being discharged at the 17 busiest emergency departments.*

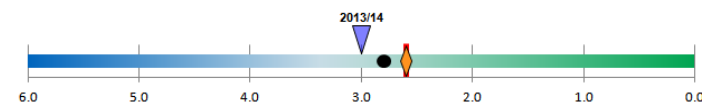
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
3.0 hours	2.8** hours 2012/13	3.0 hours	2.8 hours



### Access to Radiation Therapy

How long do most patients wait for radiation therapy?  
*The length of time or less that 9 out of 10 patients wait to receive radiation therapy.*

 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
3.0 weeks	2.6 weeks Apr-Sep 2013	2.8 weeks	2.6 weeks



Safety

Accessibility

## Performance Measures Dashboard

Appropriateness

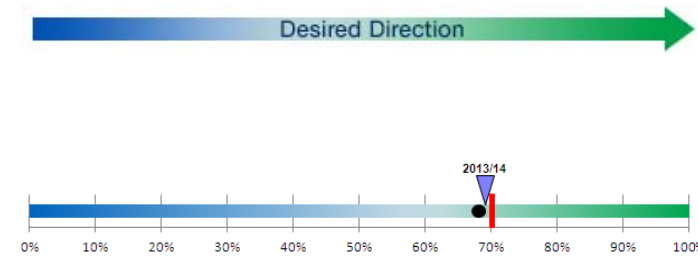
Efficiency

Effectiveness

### Continuing Care Placement

How many people are placed in continuing care within a month?  
*The percentage of people placed into continuing care within 30 days of being referred.*

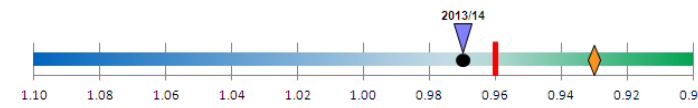
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
69%	N/A	68%	70%



### Actual Length of Hospital Stay Compared to Expected Stay

Are patients in hospitals longer than needed?  
*The actual length of stay in hospital compared to the expected length of stay in hospital at the busiest hospitals. Every .01 drop in this ratio means we can treat over 3,200 more patients in hospital every year.*

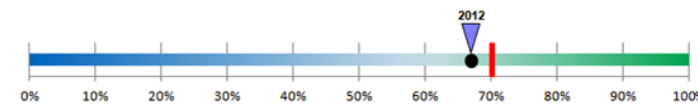
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
0.97	0.93 2012/13	0.97	0.96



### Early Detection of Cancer

Are we diagnosing cancer in its early stages?  
*The percentage of patients with breast, cervical and colorectal cancers who are diagnosed at early stages.*

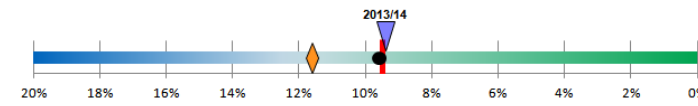
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
67% 2012	N/A	67%	70%



### Mental Health Readmissions

Are mental health patients returning to hospital unexpectedly?  
*The percentage of mental health patients with unplanned readmission to hospital within 30 days of leaving hospital.*

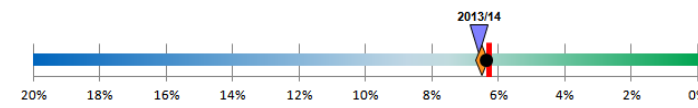
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
9.4%	11.6% 2011/12	9.6%	9.5%



### Surgery Readmissions

Are surgery patients returning to hospital unexpectedly?  
*The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving hospital.*

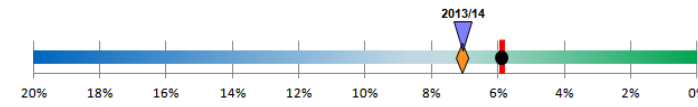
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
6.6%	6.5% 2010/11	6.4%	6.3%



### Heart Attack Mortality

Are patients dying in the hospital following a heart attack?  
*The percentage of patients dying in hospital within 30 days of being admitted for a heart attack.*

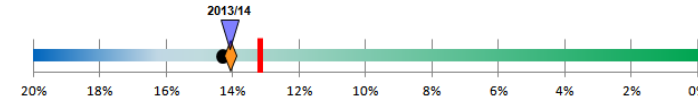
 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
7.1%	7.1% 2011/12	5.9%	5.9%



### Stroke Mortality

Are patients dying in the hospital following a stroke?  
*The percentage of patients dying in hospital within 30 days of being admitted for a stroke.*

 <u>2013/14 Performance</u>	 <u>National Average<sup>1</sup></u>	 <u>Target 2014/15</u>	 <u>Target 2015/16</u>
14.1%	14.0% 2011/12	14.3%	13.2%



#### Note:

Parts of this material are based on data and information provided by the Canadian Institute for Health Information. However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of the Canadian Institute for Health Information

<sup>1</sup> National Average shown where available.

\* AHS reports on the busiest 17 Emergency Departments across Alberta. One of these sites, Northeast Community Health Centre, is a non-admitting site. Therefore, it is not included in the Emergency Department Length of Stay for Admitted Patients measure

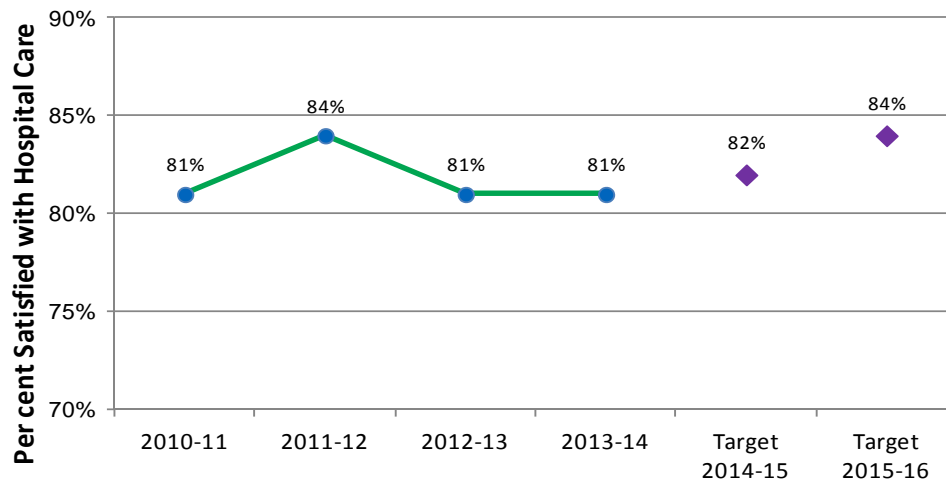
\*\* Average is for BC, AB, SK, MB, ON Provinces only

\*\*\* Work is underway to further refine this measure. This will include engagement with stakeholders including the Section of Emergency Medicine - Alberta Medical Association and will reflect non-admitted patients safely discharged within 4 hours.

## Satisfaction with Hospital Care – Provincial Details

See below for additional zone / site details where available.

### Satisfaction with Hospital Care



#### Measure Definition

**Satisfaction with Hospital Care:** This measure is the percentage of adults aged 18 years and older discharged from hospitals who rate their overall stay as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Note: National Average not available.

#### Understanding this Measure

Feedback gathered from individuals using hospital services is critical to improving the health system. This measure reflects patients' overall experience with their hospital care. Telephone interviews are conducted with a random sample of patients within six weeks of their discharge date from hospital. The questions asked are taken from the Hospital-Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) survey.

#### 2014-15 Actions:

- Improve the effectiveness of the Patient Concerns Resolution Process.
- Facilitate meaningful partnerships through implementation of a provincewide Patient and Family-Centred Care Strategy (Patient First Strategy) through CoACT and TeamCARE.
- Develop resources for AHS staff to embed Patient and Family-Centred Care into all aspects of their work.
- Implement *Enhancing the Patient Meal Experience Standards* in collaboration with stakeholders.
- Continue *Closer to Home* actions and communicate with Health Advisory Councils (HACs). This initiative, developed with HACs, gathers input from residents, families, community members and staff on changes and improvements to menu selections at long-term care centres.
- Compile a patient and family centered initiative inventory within the Zones to provide opportunities for patients and families to increase exposure to committees.

Examples of local initiatives include:

- Create consistency across sites regarding *Family Presence* practices (i.e. visiting hours).
- Family / patients participation in focus group sessions as part of research study on family centred care in Intensive Care Unit (ICU).

## Satisfaction with Hospital Care – Zone Details

Percentage of adults aged 18 years and older discharged from hospitals who rate their overall stay as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Zone	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>81%</b>	<b>84%</b>	<b>81%</b>	<b>81%</b>	<b>82%</b>	<b>84%</b>
South	78%	84%	84%	82%	84%	85%
Calgary	83%	84%	81%	79%	82%	84%
Central	82%	86%	85%	83%	85%	86%
Edmonton	80%	83%	80%	81%	81%	83%
North	82%	82%	82%	82%	82%	84%

## Satisfaction with Hospital Care –Site Details

Percentage of adults aged 18 years and older discharged from hospitals who rate their overall stay as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Satisfaction with Hospital Care	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>84%</b>	<b>81%</b>	<b>81%</b>	<b>82%</b>	<b>84%</b>
<b>South Zone Total</b>	<b>84%</b>	<b>84%</b>	<b>82%</b>	<b>84%</b>	<b>85%</b>
Chinook Regional Hospital	84%	82%	81%	83%	84%
Medicine Hat Regional Hospital	86%	86%	81%	86%	86%
All Other Hospitals	83%	85%	87%	85%	85%
<b>Calgary Zone Total</b>	<b>84%</b>	<b>81%</b>	<b>79%</b>	<b>82%</b>	<b>84%</b>
Alberta Children's Hospital	Measure restricted to Adult Sites only				
Foothills Medical Centre	84%	79%	77%	80%	82%
Peter Lougheed Centre	80%	84%	81%	84%	84%
Rockyview General Hospital	84%	82%	83%	82%	84%
South Health Campus	Opened February 2013			82%	84%
All Other Hospitals	91%	90%	92%	90%	90%
<b>Central Zone Total</b>	<b>86%</b>	<b>85%</b>	<b>83%</b>	<b>85%</b>	<b>86%</b>
Red Deer Regional Hospital Centre	84%	82%	81%	82%	84%
All Other Hospitals	87%	87%	87%	87%	87%
<b>Edmonton Zone Total</b>	<b>83%</b>	<b>80%</b>	<b>81%</b>	<b>81%</b>	<b>83%</b>
Grey Nuns Community Hospital	85%	86%	86%	87%	87%
Misericordia Community Hospital	80%	77%	79%	79%	82%
Royal Alexandra Hospital	82%	76%	80%	78%	81%
Stollery Children's Hospital	Measure restricted to Adult Sites only				
Sturgeon Community Hospital	85%	87%	90%	87%	88%
University of Alberta Hospital	85%	78%	77%	79%	82%
All Other Hospitals	83%	82%	87%	83%	84%
<b>North Zone Total</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>84%</b>
Northern Lights Regional Health Centre	78%	79%	75%	80%	82%
Queen Elizabeth II Hospital	78%	81%	76%	82%	83%
All Other Hospitals	84%	83%	84%	83%	84%

Note: Data collection began in 2011-12

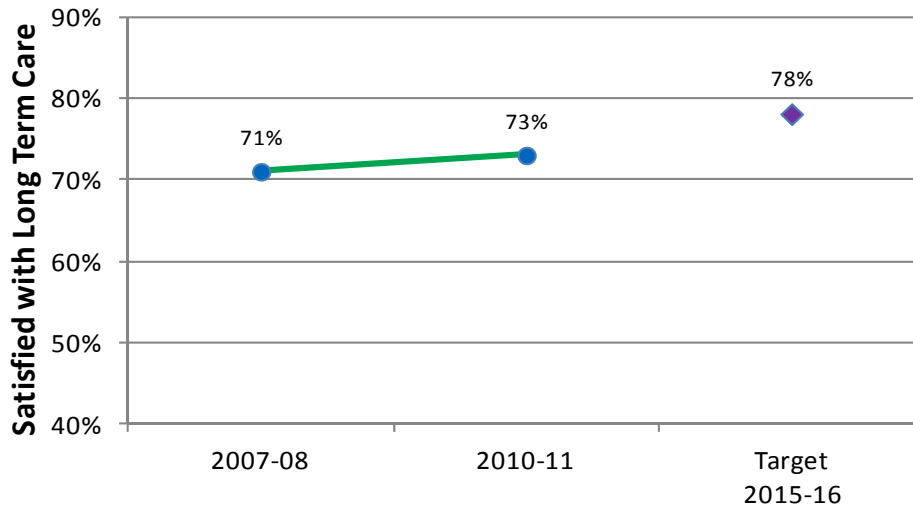
South Health Campus full year results not available due to phased opening of inpatient beds.



## Satisfaction with Long-Term Care – Provincial Details

See below for additional zone details where available.

### Satisfaction with Long Term Care



#### Measure Definition

**Satisfaction with Long Term Care:** This measures the percentage of families of long-term care residents who rate their overall care as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Information for this measure is collected through a survey of family members whose relative is a resident in long-term care. This measure is updated every two years.

Note: National Average not available.

#### Understanding this Measure

Measuring family satisfaction with the care that is being delivered to residents is an important component of managing the quality of Alberta's long-term care services. The survey is administered by the Health Quality Council of Alberta.

#### 2014-15 Actions:

- Implement the *Continuing Care Quality & Risk Management Framework* to provide increased quality assurance in continuing care.
- Engage Patient Advisors on the Continuing Care Quality Committee to help identify gaps and develop a provincial approach to support zones in quality improvement initiatives.
- Reduce use of antipsychotic medication in long term care settings through improved dementia care.
- Develop and implement more regular satisfaction surveys to capture client experiences.
- Implement the Medication Management Program across home care and supportive living settings.

Examples of local initiatives include:

- Implement moveEZ to acute care with integration of Functional Mobility Guidelines. The moveEZ program is designed to prevent the functional decline of elderly patients during their stay.
- Address gaps in care for seniors with complex dementia and/or behavioural issues.
- Work with Family and Resident Councils to ensure processes are in place to address concerns and provide on-going communication with patients / residents and families on a regular basis.

## Satisfaction with Long Term Care – Zone Details

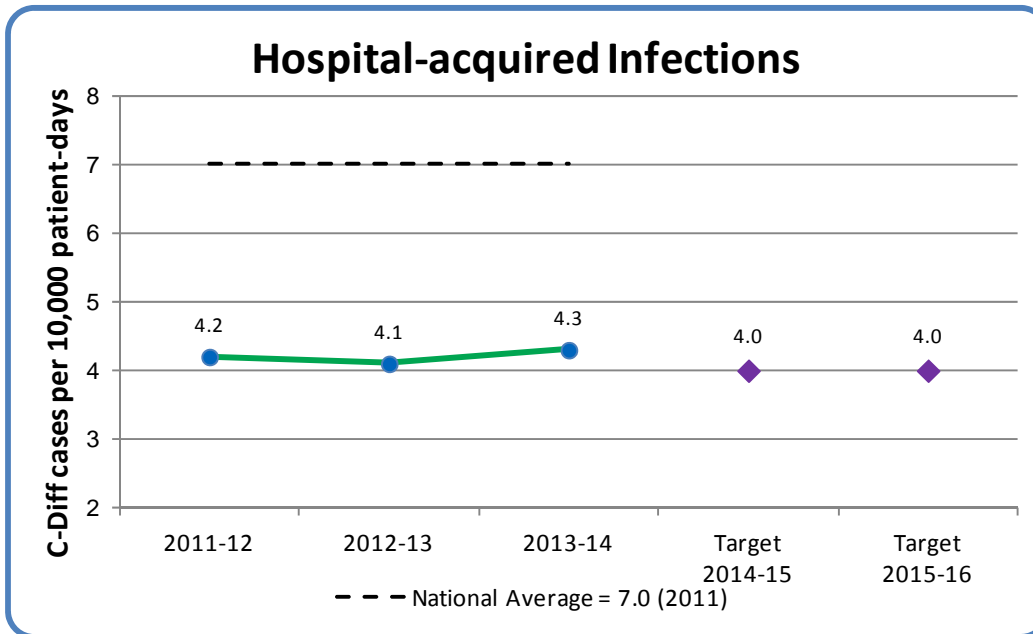
Percentage of families of long-term care residents who rate their overall care as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Zone	2007	2010	2013	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>71%</b>	<b>73%</b>			<b>78%</b>
South	80%	80%	2013 Values not available at time of publication	Not Applicable	81%
Calgary	65%	70%		Target not set since survey	76%
Central	78%	80%		results not available.	81%
Edmonton	67%	70%			76%
North	80%	82%			83%

Note: Data calculated every three years for this measure.

## Hospital-acquired *Clostridium difficile* Infections – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Hospital acquired Infections:** The number of *Clostridium difficile* infections (C-diff) acquired in hospital every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta. AHS is performing better than the national average of 7.0.

C-diff infection cases include patients with a new infection or re-infection while in hospital. Patients are considered to have a C-diff if they exhibit symptoms and confirmation by a laboratory test or colonoscopy.

### Understanding this Measure

Some individuals carry C-diff in their intestines while others may acquire it while in hospital. C-diff is the most frequently identified cause of hospital-acquired diarrhea. This infection complicates and prolongs hospital stays and impacts resources and costs in the health care system. Monitoring C-diff trends provide important information about effectiveness of infection prevention and control strategies.

### 2014-15 Actions:

- Implement the Infection Prevention Control (IPC) Plan in all five zones and CancerControl to reduce infections and improve patient safety.
- Develop integrated education to support internal and external best practices in infection prevention and control.
- Leverage existing ProvSurv (IPC Surveillance Platform) reporting and communication capability to provide timely surveillance data to clinicians and AHS leaders to better recognize and respond to emerging issues and optimize patient care.
- Provide a review of the Quality Assurance program and conduct initial independent cleanliness audits.
- Implement a program framework for the AHS Antimicrobial Stewardship program. This will improve the use of antimicrobials to achieve better patient outcomes, reduce risk of infections, reduce or stabilize levels of antibiotic resistance, and promote patient safety.

Examples of local initiatives include:

- Implement physician specific Infection Prevention & Control content into an orientation program for physicians.
- Apply the equipment cleaning initiative, the *Clear the Path* program and the *Stop Hospital Acquired Infection* program to engage front-line ownership at specific sites.
- Implement provincewide standards for cleaning of patient care environments starting with quality training and auditing.

## Hospital-acquired *Clostridium difficile* Infections – Zone Details

The number of *Clostridium difficile* infections (C-diff) acquired in hospital every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta.

Zone	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>4.2</b>	<b>4.1</b>	<b>4.3</b>	<b>4.0</b>	<b>4.0</b>
South	3.4	4.7	5.2	4.4	4.4
Calgary	4.8	4.3	4.0	4.2	4.1
Central	1.5	2.0	2.4	1.9	1.9
Edmonton	5.6	5.4	5.7	5.2	4.9
North	1.3	0.9	1.6	0.8	0.8

Note: Data collection began in 2011-12.

## Hospital-acquired *Clostridium difficile* Infections – Site Details

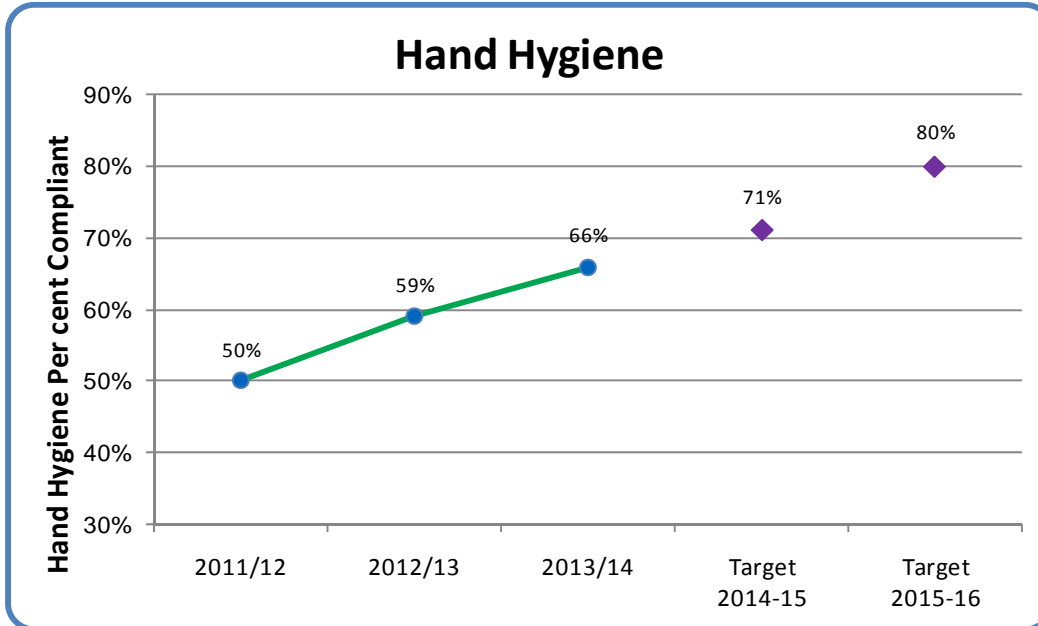
The number of *Clostridium difficile* infections (C-diff) acquired in hospital every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta.

Hospital Acquired Infections (Patient Days)	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>4.2</b>	<b>4.1</b>	<b>4.3</b>	<b>4.0</b>	<b>4.0</b>
<b>South Zone Total</b>	<b>3.4</b>	<b>4.7</b>	<b>5.2</b>	<b>4.4</b>	<b>4.4</b>
Chinook Regional Hospital	4.4	7.5	7.5	7.0	6.9
Medicine Hat Regional Hospital	1.7	1.3	2.8	1.3	1.3
All Other Hospitals	3.9	4.2	4.3	4.0	4.0
<b>Calgary Zone Total</b>	<b>4.8</b>	<b>4.3</b>	<b>4.0</b>	<b>4.2</b>	<b>4.1</b>
Alberta Children's Hospital	4.9	2.4	3.5	2.4	2.4
Foothills Medical Centre	5.4	6.5	5.4	6.2	6.1
Peter Lougheed Centre	5.4	2.1	3.4	2.1	2.1
Rockyview General Hospital	4.5	3.5	4.0	3.4	3.4
South Health Campus	Opened in February 2013		2.2	4.2	4.1
All Other Hospitals	0.6	2.4	0.9	2.3	2.3
<b>Central Zone Total</b>	<b>1.5</b>	<b>2.0</b>	<b>2.4</b>	<b>1.9</b>	<b>1.9</b>
Red Deer Regional Hospital Centre	2.6	2.9	3.3	2.8	2.8
All Other Hospitals	1.0	1.5	2.0	1.5	1.5
<b>Edmonton Zone Total</b>	<b>5.6</b>	<b>5.4</b>	<b>5.7</b>	<b>5.2</b>	<b>4.9</b>
Grey Nuns Community Hospital	3.8	5.7	5.9	5.4	5.4
Misericordia Community Hospital	9.1	6.9	8.3	6.5	6.4
Royal Alexandra Hospital	6.0	6.6	6.7	6.2	6.1
Stollery Children's Hospital	4.0	2.1	2.8	2.0	2.0
Sturgeon Community Hospital	11.8	5.6	9.3	5.4	5.3
University of Alberta Hospital	7.8	8.7	8.4	7.9	7.8
All Other Hospitals	2.3	1.6	1.9	1.6	1.6
<b>North Zone Total</b>	<b>1.3</b>	<b>0.9</b>	<b>1.6</b>	<b>0.8</b>	<b>0.8</b>
Northern Lights Regional Health Centre	1.7	1.0	0.7	1.0	1.0
Queen Elizabeth II Hospital	1.6	1.0	3.0	1.0	1.0
All Other Hospitals	1.1	0.8	1.3	0.8	0.8

Note: Data collection began in 2011-12.

## Hand Hygiene – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Hand Hygiene:** The percentage of opportunities for which health care workers clean their hands during the course of patient care. For this measure, health care workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute “4 Moments of Hand Hygiene”.

Note: National Average not available.

### Understanding this Measure

Hand hygiene is the single most effective strategy to reduce transmission of infection in the health-care setting. The World Health Organization and Canadian Patient Safety Institute have identified four opportunities during care when hand hygiene should be performed, most commonly before and after contact with a patient or the patient's environment. Direct observation is recommended to assess hand hygiene compliance rates for health care workers. Hand hygiene performance is a challenge for all health care organizations. In AHS, compliance has improved overall for the last three years and has improved for each type of health care worker. We must continue to improve our health care worker hand hygiene compliance and are working hard to achieve our targets.

### 2014-15 Actions:

*Having clean hands is the single most effective way to prevent the spread of communicable diseases and infections. AHS strives for, and promotes, 100 per cent clean hands with every patient, and that is our ultimate goal. We have set targets over the coming years which will move us toward that goal.*

- Continue to implement AHS Hand Hygiene Action Plan in accordance with the Infection, Prevention and Control Strategy and required monitoring of compliance.
- Enhance Hand Hygiene protocol adherence through monitoring and reporting across all sites.
- Provide a standardized hand hygiene data management reporting platform and feedback mechanism that will provide a real time report of hand hygiene observations conducted at the unit, program, site, and zone level to enable health care worker ownership and improvement.
- Focus on Hand Hygiene surveillance/audits and, target staff, physician and patient education.
- Address Accreditation Canada 2014 recommendations:
  - Ensure consistent Hand Hygiene education is provided to staff and volunteers at all sites with appropriate monitoring and feedback.
  - Complete hand hygiene compliance reviews.

Examples of local initiatives include:

- Implement “Caught Clean Handed!” campaign to raise awareness and to create and encourage conversation in every department and operational unit around importance of Hand Hygiene in health care. Manager’s Toolkit made available, including posters, contests, information cards/tents, recognition stickers, etc., to assist local leaders and staff.

## Hand Hygiene – Zone Details

The percentage of opportunities for which health care workers clean their hands during the course of patient care.

Zone	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>50%</b>	<b>59%</b>	<b>66%</b>	<b>71%</b>	<b>80%</b>
South	61%	69%	78%	80%	84%
Calgary	38%	51%	60%	66%	78%
Central	75%	59%	64%	69%	79%
Edmonton	43%	60%	57%	64%	76%
North	64%	56%	66%	71%	81%

Note: Data collection began in Summer 2011.

## Hand Hygiene –Site Details

The percentage of opportunities for which health care workers clean their hands during the course of patient care.

Hand Hygiene (% Compliant)	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>50%</b>	<b>59%</b>	<b>66%</b>	<b>71%</b>	<b>80%</b>
<b>South Zone Total</b>	<b>61%</b>	<b>69%</b>	<b>78%</b>	<b>80%</b>	<b>84%</b>
Chinook Regional Hospital	66%	67%	81%	82%	84%
Medicine Hat Regional Hospital	51%	70%	76%	79%	83%
All Other Hospitals	n/a	n/a	78%	80%	83%
<b>Calgary Zone Total</b>	<b>38%</b>	<b>51%</b>	<b>60%</b>	<b>66%</b>	<b>78%</b>
Alberta Children's Hospital	54%	74%	57%	64%	77%
Foothills Medical Centre	32%	45%	51%	58%	73%
Peter Lougheed Centre	35%	51%	62%	68%	80%
Rockyview General Hospital	34%	45%	61%	68%	79%
South Health Campus	Opened February 2013		59%	66%	78%
All Other Hospitals	n/a	n/a	71%	71%	81%
<b>Central Zone Total</b>	<b>75%</b>	<b>59%</b>	<b>64%</b>	<b>69%</b>	<b>79%</b>
Red Deer Regional Hospital Centre	57%	62%	75%	78%	83%
All Other Hospitals	n/a	n/a	57%	64%	77%
<b>Edmonton Zone Total</b>	<b>43%</b>	<b>60%</b>	<b>57%</b>	<b>64%</b>	<b>76%</b>
Grey Nuns Community Hospital*	n/a	n/a	66%	73%	82%
Misericordia Community Hospital*	n/a	n/a	67%	72%	81%
Royal Alexandra Hospital	43%	55%	62%	68%	79%
Stollery Children's Hospital	46%	60%	60%	67%	79%
Sturgeon Community Hospital	48%	59%	59%	66%	78%
University of Alberta Hospital	39%	57%	45%	53%	68%
All Other Hospitals	n/a	n/a	58%	65%	77%
<b>North Zone Total</b>	<b>64%</b>	<b>56%</b>	<b>66%</b>	<b>71%</b>	<b>81%</b>
Northern Lights Regional Health Centre	61%	52%	56%	63%	76%
Queen Elizabeth II Hospital	55%	47%	69%	74%	82%
All Other Hospitals	n/a	n/a	66%	71%	81%

Note: n/a reflects where data collection began in Summer 2013

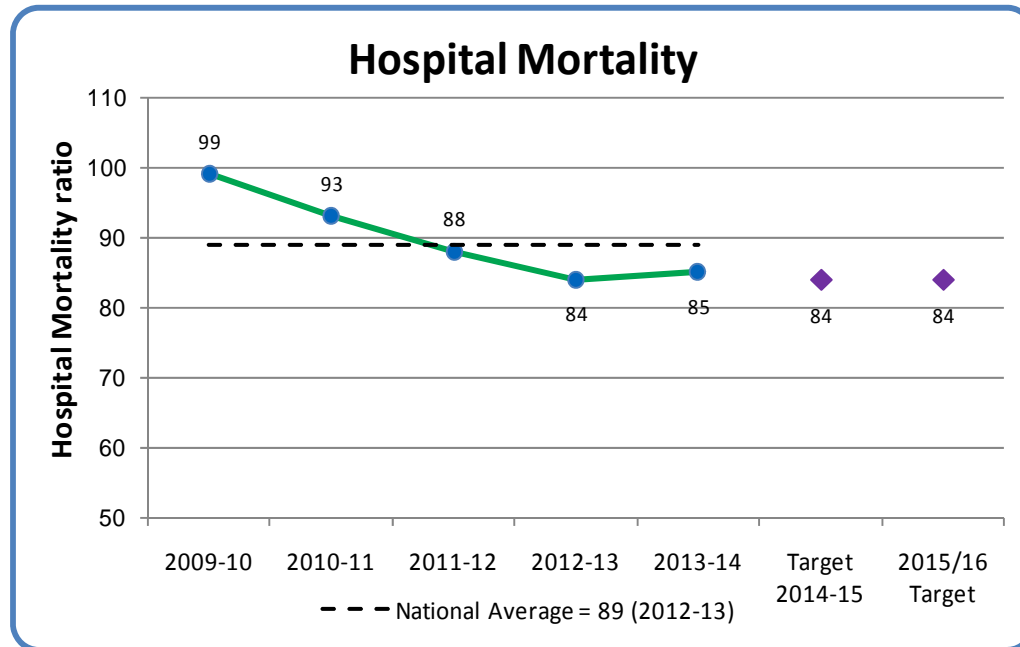
\*Edmonton Covenant sites use different methodologies for computing hand hygiene compliance rates.



Rates at these sites have not been blended into Zone or Provincial rates.

## Hospital Mortality – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Hospital Mortality:** The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. AHS is performing better than the national average of 89.

The ratio compares actual deaths to expected deaths after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected deaths are based on comparison to similar patients in national databases.

### Understanding this Measure

This measure of quality care shows how successful hospitals have been in reducing patient deaths and improving patient care.

A mortality ratio equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate. A mortality ratio greater than 100 suggests that the local mortality rate is higher than the overall average. A mortality ratio less than 100 suggests that the local mortality rate is lower than the overall average.

### 2014-15 Actions:

- Continue implementation of the Rural Stroke Action Plan (Cardiovascular Health & Stroke Strategic Clinical Network).
- Follow best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI), which is expected to reduce or maintain post myocardial infarction (MI) mortality.
- Implement the National Surgical Quality Improvement Program (NSQIP) and the Trauma Quality Improvement Program (TQIP) - both provide validated, risk-adjusted, outcomes-based benchmarked reports for surgical procedures and major trauma cases to help reduce preventable complications.
- Complete *Best Possible Medication History* on admission as part of Medication Reconciliation.
- Focus on reducing hospital hip fracture rates through falls prevention.
- Reduce community hip fracture rates through improved osteoporosis screening and treatment.

Examples of local initiatives include:

- Ventilator Associated Pneumonia (VAP) bundles have been implemented in Intensive Care Unit (ICU) and Catheter Related Blood Stream Infection precautions have been implemented in intensive care unit, diagnostic imaging, operating room and emergency.

## Hospital Mortality – Zone Details

The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>99</b>	<b>93</b>	<b>88</b>	<b>84</b>	<b>85</b>	<b>84</b>	<b>84</b>
South	106	108	101	97	104	95	91
Calgary	94	88	79	79	83	79	79
Central	110	103	95	84	85	84	84
Edmonton	100	90	90	86	82	86	85
North	87	89	93	85	82	84	83

## Hospital Mortality –Site Details

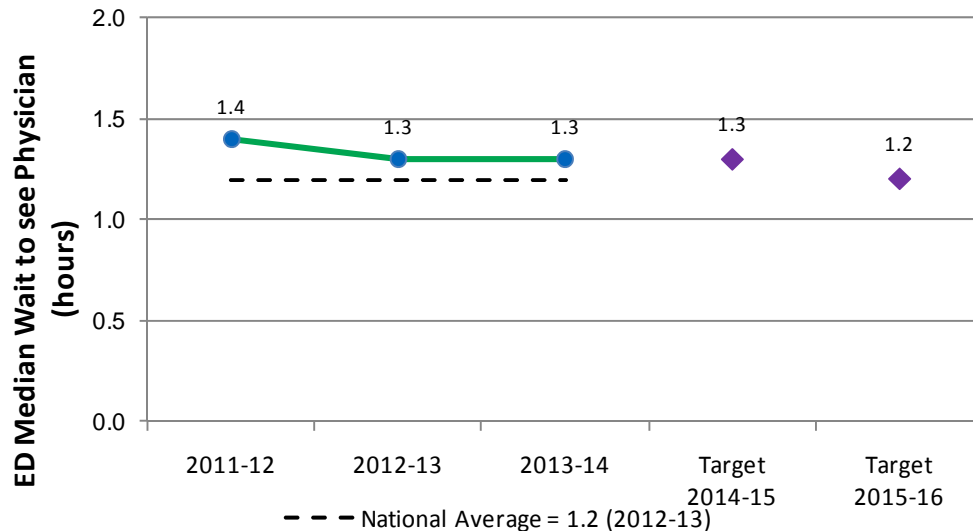
The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes.

Hospital Mortality	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>99</b>	<b>93</b>	<b>88</b>	<b>84</b>	<b>85</b>	<b>84</b>	<b>84</b>
<b>South Zone Total</b>	<b>106</b>	<b>108</b>	<b>101</b>	<b>97</b>	<b>104</b>	<b>95</b>	<b>91</b>
Chinook Regional Hospital	114	115	95	91	111	90	89
Medicine Hat Regional Hospital	124	116	119	117	105	113	105
All Other Hospitals	73	85	96	85	92	85	85
<b>Calgary Zone Total</b>	<b>94</b>	<b>88</b>	<b>79</b>	<b>79</b>	<b>83</b>	<b>79</b>	<b>79</b>
Alberta Children's Hospital	Only Available for Adult Hospitals						
Foothills Medical Centre	93	87	77	79	86	79	79
Peter Lougheed Centre	97	88	80	78	77	77	77
Rockyview General Hospital	96	91	82	79	81	79	79
South Health Campus	Facility opened February 2013				78	79	79
All Other Hospitals	81	89	81	83	92	81	81
<b>Central Zone Total</b>	<b>110</b>	<b>103</b>	<b>95</b>	<b>84</b>	<b>85</b>	<b>84</b>	<b>84</b>
Red Deer Regional Hospital Centre	111	111	93	90	90	89	88
All Other Hospitals	110	100	95	81	82	81	81
<b>Edmonton Zone Total</b>	<b>100</b>	<b>90</b>	<b>90</b>	<b>86</b>	<b>82</b>	<b>86</b>	<b>85</b>
Grey Nuns Community Hospital	119	113	95	83	77	83	83
Misericordia Community Hospital	92	90	92	89	80	89	88
Royal Alexandra Hospital	96	80	88	83	83	83	83
Stollery Children's Hospital	Only Available for Adult Hospitals						
Sturgeon Community Hospital	105	87	87	90	84	89	88
University of Alberta Hospital	96	89	89	90	84	90	88
All Other Hospitals	99	95	86	78	73	84	84
<b>North Zone Total</b>	<b>87</b>	<b>89</b>	<b>93</b>	<b>85</b>	<b>82</b>	<b>84</b>	<b>83</b>
Northern Lights Regional Health Centre	50	68	53	56	65	56	56
Queen Elizabeth II Hospital	95	86	100	102	76	100	96
All Other Hospitals	88	92	94	83	86	83	83

## Emergency Department Wait to see a Physician – Provincial Details

See below for additional zone / site details where available.

### Busiest 17 Emergency Departments



#### Measure Definition

**Emergency Department Wait to see a Physician:** The average length of time (hours) a patient waits to be seen by a physician at the busiest emergency departments. This is calculated as the median wait which means that 50 per cent of patients wait to be seen by a physician in the emergency department in this length of time or less. This measure is the time between when a patient is assessed by a nurse in the emergency department and when they are first seen by a physician.

#### Understanding this Measure

Patients coming to the emergency department need to be seen by a physician in a timely manner for diagnosis or treatment. It is important to keep this number low to ensure people do not leave without being seen.

#### 2014-15 Actions:

- Reduce Emergency Department triage to physician assessment times by improving intake assessment areas to ensure patients are put in the right place for the right treatment.
- Improve Specialist consult process in the Emergency Department.
- Implement multidisciplinary team clinic approach at specific sites for back pain.
- AHS collaborate with Family Care Clinics and Primary Care Networks (PCNs) to appropriately direct patients who meet criteria to be seen in an Urgent Care Clinic.
  - Work with PCNs to enhance case management of individuals with complex needs.
  - Partner with PCNs to expand after hours support at key times (e.g. influenza outbreak, Stampede).
- Enhance Emergency Medical Services community paramedic program to provide additional support to the multidisciplinary health care teams to supportive living facilities and community lodges. These community paramedics are able to provide care in the resident's home in certain circumstances, potentially reducing the need to present to the emergency department.

Examples of local initiatives include:

- Extend Minor Treatment Area hours from 12 hours to 24 hours per day (24/7) on 6 month trial to determine impact on patient flow and timely access to physician and emergency treatment at specific sites.

## Emergency Department Wait to see a Physician – Zone Details

The average length of time (hours) a patient waits to be seen by a physician at the busiest emergency departments. This is calculated as the median wait which means that 50 per cent of patients wait to be seen by a physician in the emergency department this length of time or less. This measure is the time between when a patient is assessed by a nurse in the emergency department and when they are first seen by a physician.

Zone	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	<b>1.2</b>
South	1.2	1.3	1.2	1.2	1.2
Calgary	1.5	1.4	1.3	1.3	1.2
Central	1.1	1.1	1.2	1.1	1.1
Edmonton	1.4	1.3	1.3	1.3	1.2
North	n/a	n/a	n/a	n/a	n/a

Note: Data collection began in 2011/12.

n/a indicates North Zone sites excluded due to data capture issues

## Emergency Department Wait to see a Physician –Site Details

The average length of time (hours) a patient waits to be seen by a physician at the busiest emergency departments, by a physician.

ED Wait to See a Physician (Top 17) (Hours)	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	<b>1.2</b>
<b>South Zone Total</b>	<b>1.2</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.2</b>
Chinook Regional Hospital	1.2	1.4	1.3	1.2	1.2
Medicine Hat Regional Hospital	1.2	1.2	1.1	1.1	1.1
All Other Hospitals	Measure only available for Busiest Sites				
<b>Calgary Zone Total</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.2</b>
Alberta Children's Hospital	1.4	1.2	1.1	1.0	1.0
Foothills Medical Centre	1.4	1.5	1.4	1.4	1.3
Peter Lougheed Centre	1.6	1.6	1.7	1.6	1.4
Rockyview General Hospital	1.4	1.4	1.3	1.2	1.2
South Health Campus	Opened February 2013		1.3	1.3	1.2
All Other Hospitals	Measure only available for Busiest Sites				
<b>Central Zone Total</b>	<b>1.1</b>	<b>1.1</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>
Red Deer Regional Hospital Centre	1.1	1.1	1.2	1.1	1.1
All Other Hospitals	Measure only available for Busiest Sites				
<b>Edmonton Zone Total</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	<b>1.2</b>
Grey Nuns Community Hospital	1.5	1.3	1.1	1.1	1.1
Misericordia Community Hospital	1.3	1.5	1.4	1.4	1.3
Northeast Community Health Centre	1.3	1.5	1.4	1.4	1.3
Royal Alexandra Hospital	1.6	1.5	1.8	1.7	1.4
Stollery Children's Hospital	1.0	0.8	0.8	0.8	0.8
Sturgeon Community Hospital	1.5	1.3	1.3	1.3	1.2
University of Alberta Hospital	1.2	1.3	1.5	1.4	1.3
All Other Hospitals	Measure only available for Busiest Sites				
<b>North Zone Total</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
Northern Lights Regional Health Centre	n/a	n/a	n/a	n/a	n/a
Queen Elizabeth II Hospital	n/a	n/a	n/a	n/a	n/a
All Other Hospitals	Measure only available for Busiest Sites				

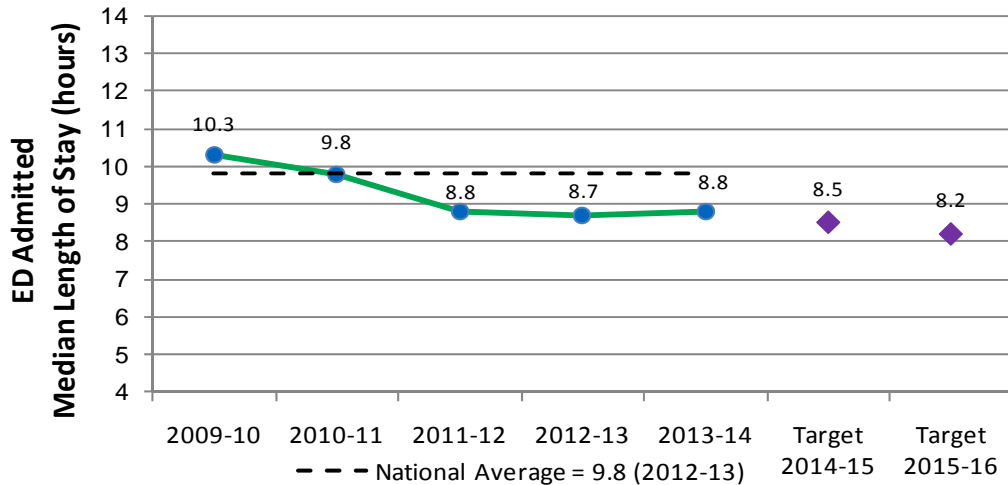
Note: Data collection began in 2011/12.

n/a indicates North Zone sites excluded due to data capture issues

## Emergency Department Length of Stay for Admitted Patients – Provincial Details

See below for additional zone / site details where available.

### Busiest 16 Emergency Departments



#### Measure Definition

**Emergency Department Length of Stay for Admitted Patients:** The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments. This is calculated as the median length of stay which means that 50 per cent of patients stay in the emergency department this length of time or less, before being admitted. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they are admitted. AHS is performing better than the national average of 9.8 hours.

National Average includes British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

#### Understanding this Measure

This measure reflects the performance of the entire system. It is influenced by our ability to manage complex patients in primary care, efficiencies in the Emergency Department, efficiencies and capacity in the acute care (when staying in hospital), better quality of care and integration with community services in reducing unplanned readmissions, timely placement of patients into continuing care (e.g., long-term care) and linking patients to the appropriate services in the community after a stay in hospital.

#### 2014-15 Actions:

- Opened Strathcona Community Hospital Emergency Department in the Edmonton Zone in May 2014.
- Implement CoACT initiatives to improve patient flow such as implementing integrated plan of care, anticipated date of discharge and standardized transition process. CoACT is a project aimed at bringing all members of the team, patient and family together in the patient's journey from arrival at the hospital, day-by-day, until discharged home.
- Reduce Emergency Department (ED) triage to physician assessment times by improving intake treatment areas.
- Improve specialist consult process in the ED.
- Add more continuing care and home care capacity across the province.

Examples of local initiatives include:

- At specific sites, increase trauma team activations and implement the Trauma Quality Improvement Program (TQIP).
- Initiated principles to utilize rural site capacity to repatriate appropriate patients and decant overcapacity.
- Triple AIM project underway to provide enhanced case management for clients with addiction and mental health diagnoses to better manage care in the community and minimize the overall visits to ED.

## Emergency Department Length of Stay for Admitted Patients – Zone Details

The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments. This is calculated as the median length of stay which means that 50 per cent of patients stay in the emergency department this length of time or less, before being admitted. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they are admitted.

Zone (Hours)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>10.3</b>	<b>9.8</b>	<b>8.8</b>	<b>8.7</b>	<b>8.8</b>	<b>8.5</b>	<b>8.2</b>
South	4.6	4.4	4.6	5.2	5.5	5.2	5.1
Calgary	11.0	10.5	8.7	8.8	8.8	8.6	8.3
Central	10.4	8.6	9.5	10.4	12.8	9.9	9.0
Edmonton	14.2	13.8	11.8	9.9	10.2	9.5	8.8
North	5.7	5.7	6.1	6.6	7.0	6.6	6.5



## Emergency Department Length of Stay for Admitted Patients – Site Details

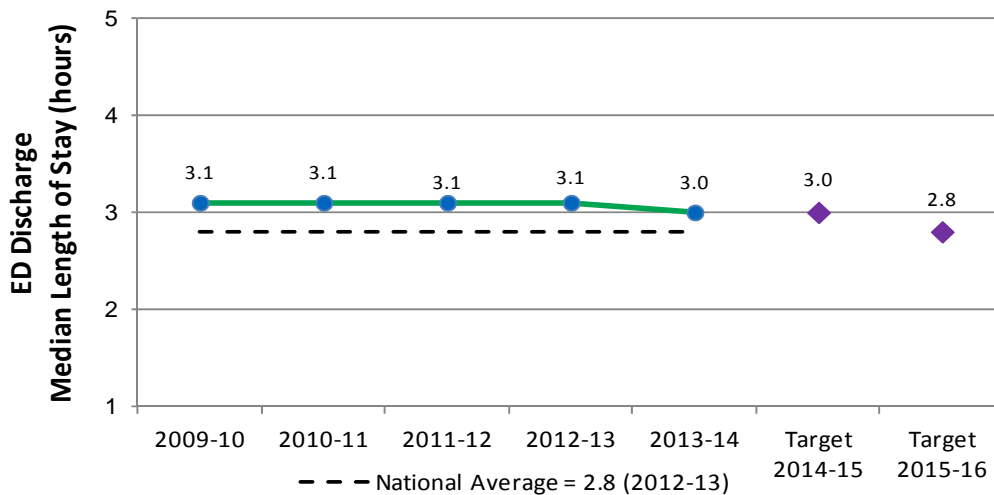
The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments.

ED LOS for Admitted Patients (Top 17) (Hours)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>10.3</b>	<b>9.8</b>	<b>8.8</b>	<b>8.7</b>	<b>8.8</b>	<b>8.5</b>	<b>8.2</b>
<b>South Zone Total</b>	<b>4.6</b>	<b>4.4</b>	<b>4.6</b>	<b>5.2</b>	<b>5.5</b>	<b>5.2</b>	<b>5.1</b>
Chinook Regional Hospital	4.6	4.5	4.9	5.6	6.0	5.6	5.5
Medicine Hat Regional Hospital	4.5	4.3	4.3	4.8	5.1	4.8	4.7
All Other Hospitals	Measure only available for Busiest Sites						
<b>Calgary Zone Total</b>	<b>11.0</b>	<b>10.5</b>	<b>8.7</b>	<b>8.8</b>	<b>8.8</b>	<b>8.6</b>	<b>8.3</b>
Alberta Children's Hospital	6.2	6.1	6.2	6.5	7.2	6.5	6.4
Foothills Medical Centre	10.8	10.2	8.2	8.5	8.6	8.4	8.3
Peter Lougheed Centre	11.9	11.2	9.4	9.8	9.5	9.5	8.8
Rockyview General Hospital	14.0	13.3	9.8	9.4	9.0	9.1	8.7
South Health Campus	Facility opened in February 2013				8.7	8.6	8.3
All Other Hospitals	Measure only available for Busiest Sites						
<b>Central Zone Total</b>	<b>10.4</b>	<b>8.6</b>	<b>9.5</b>	<b>10.4</b>	<b>12.8</b>	<b>9.9</b>	<b>9.0</b>
Red Deer Regional Hospital Centre	10.4	8.6	9.5	10.4	12.8	9.9	9.0
All Other Hospitals	Measure only available for Busiest Sites						
<b>Edmonton Zone Total</b>	<b>14.2</b>	<b>13.8</b>	<b>11.8</b>	<b>9.9</b>	<b>10.2</b>	<b>9.5</b>	<b>8.8</b>
Grey Nuns Community Hospital	19.6	19.2	15.6	13.3	16.8	11.9	9.4
Misericordia Community Hospital	16.0	14.1	11.5	12.0	12.5	11.1	9.3
Northeast Community Health Centre	Stand alone Emergency Department with no inpatient beds / admissions						
Royal Alexandra Hospital	15.9	15.8	13.4	9.7	9.9	9.4	8.8
Stollery Children's Hospital	8.4	8.4	7.9	7.8	7.4	7.8	7.7
Sturgeon Community Hospital	18.5	19.2	17.1	13.4	20.5	12.0	9.4
University of Alberta Hospital	13.4	13.0	10.7	9.2	9.1	9.0	8.6
All Other Hospitals	Measure only available for Busiest Sites						
<b>North Zone Total</b>	<b>5.7</b>	<b>5.7</b>	<b>6.1</b>	<b>6.6</b>	<b>7.0</b>	<b>6.6</b>	<b>6.5</b>
Northern Lights Regional Health Centre	4.7	5.0	4.9	5.4	5.9	5.4	5.3
Queen Elizabeth II Hospital	6.9	6.4	7.6	8.3	8.6	8.3	8.2
All Other Hospitals	Measure only available for Busiest Sites						

## Emergency Department Length of Stay for Discharged Patients – Provincial Details

See below for additional zone / site details where available.

### Busiest 17 Emergency Departments



#### Measure Definition

**Emergency Department (ED) Length of Stay for Discharged Patients:** The average patient's length of time (hours) in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs. This is calculated as the median length of stay which means that 50 per cent of patients stay in the ED this length of time or less.

National Average includes British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

#### Understanding this Measure

Patients treated in an emergency department should be assessed and treated in a timely fashion. This measure focuses on the total time these patients are in the ED before being discharged home. Many patients seen in the emergency do not require admission to hospital. The length of stay in an ED is used to assess the timeliness of care delivery, overall efficiency, and accessibility of health services throughout the system.

#### 2014-15 Actions:

- Identify services to improve discharge processes and reduce length of stay in the emergency department for highest volume, longest stay complex patients.
- Mobilize appropriate community supports and capacity, especially for complex populations and mental health.
- Collaborate with Family Care Clinics and Primary Care Networks (PCNs) to appropriately direct patients who meet criteria to be seen in an Urgent Care Clinic.
- Partner with PCNs to expand after hours support at key times (e.g. influenza outbreak, Stampede).
- Enhance Emergency Medical Services community paramedic program to provide additional support to the multidisciplinary health care teams to supportive living facilities and community lodges. These community paramedics are able to provide care in the resident's home in certain circumstances, potentially reducing the need to present to the emergency department.
- Provide AHS "Your Healthcare Options" information to discharged patients to inform them about Health Link Alberta and provide options for receiving health care through other services.
- Add more continuing care and home care capacity.

Examples of local initiatives include:

- At specific sites, pilot project with EMS, Continuing Care and Palliative Care to reduce situations requiring transport of palliative care patients to emergency department.
- Trial in the emergency department the implementation of a Rapid Assessment Zone (RAZ) for up to four hours as needed when there are flow issues within the ED.

## Emergency Department Length of Stay for Discharged Patients – Zone Details

The average patient's length of time (hours) in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs. This is calculated as the median length of stay which means that 50 per cent of patients stay in the ED this length of time or less.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>2.8</b>
South	2.2	2.2	2.3	2.5	2.4	2.5	2.5
Calgary	3.6	3.6	3.3	3.3	3.1	3.2	3.0
Central	2.7	2.5	2.9	2.9	3.0	2.9	2.8
Edmonton	3.6	3.6	3.4	3.4	3.5	3.3	3.0
North	1.8	2.1	2.3	2.2	2.2	2.2	2.1

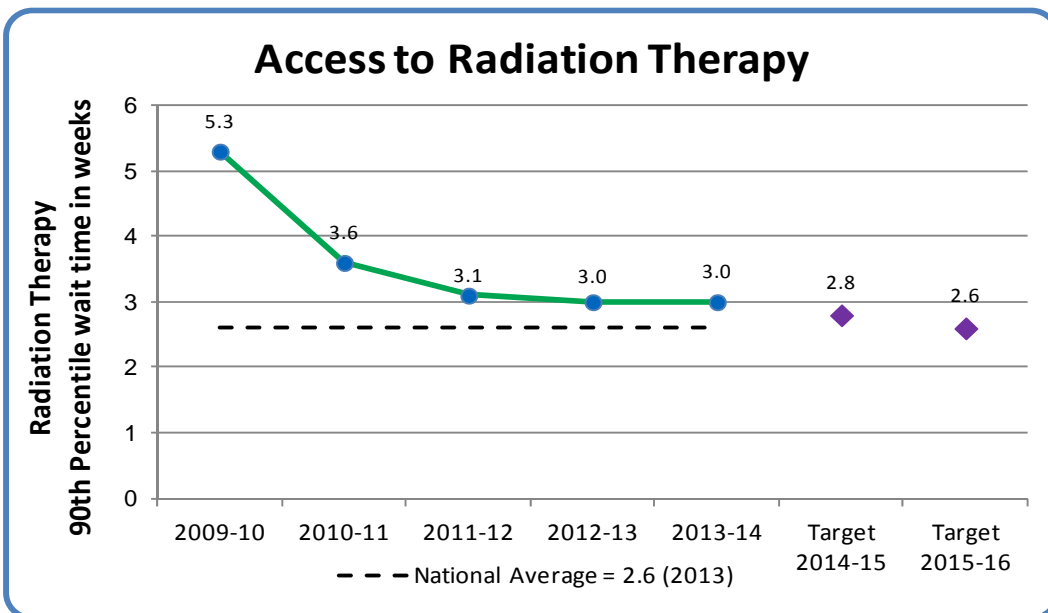
## Emergency Department Length of Stay for Discharged Patients –Site Details

The average patient's length of time (hours) in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs.

ED LOS for Discharged Patients (Top 17) (Hours)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>2.8</b>
<b>South Zone Total</b>	<b>2.2</b>	<b>2.2</b>	<b>2.3</b>	<b>2.5</b>	<b>2.4</b>	<b>2.5</b>	<b>2.5</b>
Chinook Regional Hospital	2.2	2.2	2.4	2.6	2.4	2.6	2.5
Medicine Hat Regional Hospital	2.2	2.2	2.3	2.4	2.3	2.4	2.4
All Other Hospitals	Measure only available for Busiest Sites						
<b>Calgary Zone Total</b>	<b>3.6</b>	<b>3.6</b>	<b>3.3</b>	<b>3.3</b>	<b>3.1</b>	<b>3.2</b>	<b>3.0</b>
Alberta Children's Hospital	2.9	2.8	2.6	2.3	2.2	2.3	2.3
Foothills Medical Centre	4.5	4.2	4.0	4.0	3.8	3.8	3.3
Peter Lougheed Centre	3.9	3.9	3.5	3.7	3.7	3.5	3.2
Rockyview General Hospital	3.6	3.7	3.5	3.5	3.2	3.4	3.1
South Health Campus	Facility opened in February 2013				2.9	3.2	3.0
All Other Hospitals	Measure only available for Busiest Sites						
<b>Central Zone Total</b>	<b>2.7</b>	<b>2.5</b>	<b>2.9</b>	<b>2.9</b>	<b>3.0</b>	<b>2.9</b>	<b>2.8</b>
Red Deer Regional Hospital Centre	2.7	2.5	2.9	2.9	3.0	2.9	2.8
All Other Hospitals	Measure only available for Busiest Sites						
<b>Edmonton Zone Total</b>	<b>3.6</b>	<b>3.6</b>	<b>3.4</b>	<b>3.4</b>	<b>3.5</b>	<b>3.3</b>	<b>3.0</b>
Grey Nuns Community Hospital	3.7	3.8	3.5	3.1	3.3	3.0	2.9
Misericordia Community Hospital	2.7	2.8	3.0	3.3	3.2	3.2	3.0
Northeast Community Health Centre	3.0	2.9	2.9	3.2	3.2	3.1	3.0
Royal Alexandra Hospital	5.4	4.9	4.4	4.4	5.1	4.0	3.4
Stollery Children's Hospital	2.8	2.6	2.5	2.3	2.3	2.3	2.3
Sturgeon Community Hospital	3.5	3.6	3.5	3.0	2.9	3.0	2.9
University of Alberta Hospital	4.8	4.9	4.3	4.6	4.9	4.2	3.4
All Other Hospitals	Measure only available for Busiest Sites						
<b>North Zone Total</b>	<b>1.8</b>	<b>2.1</b>	<b>2.3</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>2.1</b>
Northern Lights Regional Health Centre	1.6	2.0	2.1	2.1	2.1	2.1	2.1
Queen Elizabeth II Hospital	2.2	2.3	2.6	2.3	2.4	2.3	2.3
All Other Hospitals	Measure only available for Busiest Sites						

## Access to Radiation Therapy – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Access to Radiation Therapy:** 90 per cent of patients wait for radiation therapy this length of time or less (measured from when they are ready to treat).

This measure is the time from the date the patient was physically ready to commence treatment, to the date that the patient received his/her first radiation therapy.

### Understanding this Measure

Timely access to radiation therapy for cancer diagnosis can impact treatment effectiveness and outcomes. Currently, this data is reported on patients who receive radiation therapy at the Cross Cancer Institute in Edmonton, the Tom Baker Cancer Centre in Calgary, and the Jack Ady Cancer Centre in Lethbridge. Data from 2013-14 will include the new Central Alberta Cancer Centre. The data applies only to patients receiving external beam radiation therapy.

### 2014-15 Actions:

- Implement operational improvement initiatives at each of the Tertiary and Associate Cancer Centres to optimize the use of health professionals and resources with the goal of improving patients' access to care.
- Lead an interprovincial collaborative for the purchase of Linacs (radiation treatment units) to optimize buying power and strengthen related services and support from equipment vendors.

## Access to Radiation Therapy – Zone Details

90 per cent of patients wait (weeks) for radiation therapy this length of time or less (measured from when they are ready to treat). This measure is the time from the date the patient was physically ready to commence treatment, to the date that the patient received his/her first radiation therapy.

Zone (Weeks)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>5.3</b>	<b>3.6</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>2.8</b>	<b>2.6</b>
South	Opened Oct. 2010	2.1	1.4	1.0	0.9	1.0	1.0
Calgary	4.6	3.7	3.4	3.1	3.1	3.0	2.7
Central	Cancer Centre opened November 2013				3.9	n/a	n/a
Edmonton	5.7	3.4	3.0	3.0	3.0	2.8	2.6
North	Grande Prairie Cancer Centre scheduled to open in 2017						

Note: n/a indicates where targets are yet to be developed.

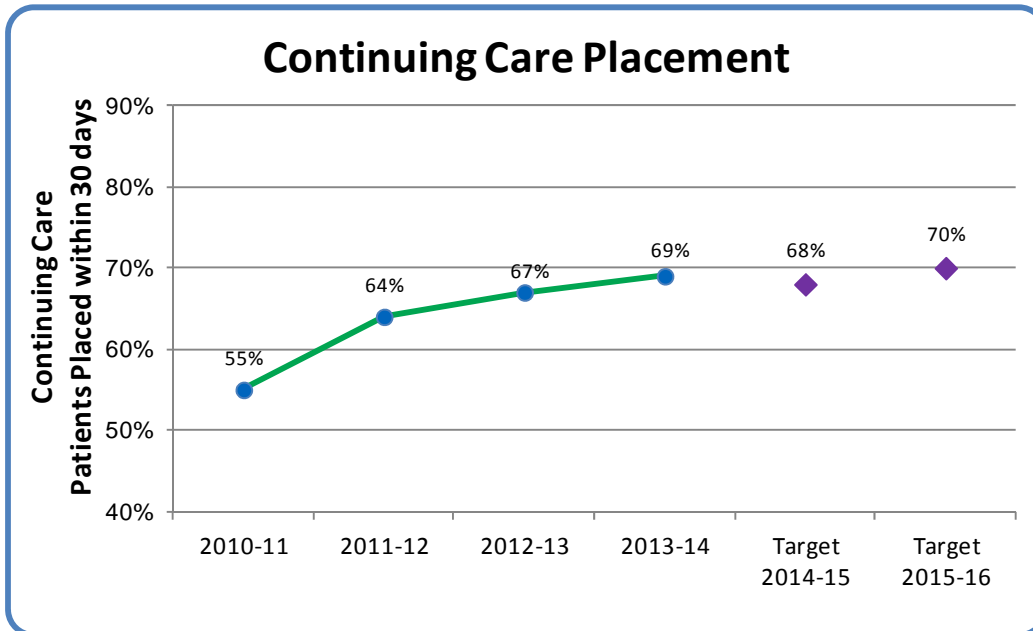
## Access to Radiation Therapy – Site Details

90 per cent of patients wait (weeks) for radiation therapy this length of time or less (measured from when they are ready to treat). This measure is the time from the date the patient was physically ready to commence treatment, to the date that the patient received his/her first radiation therapy.

Access to Radiation Therapy (Weeks)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>5.3</b>	<b>3.6</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>2.8</b>	<b>2.6</b>
<b>South Zone Total</b>	Opened	<b>2.1</b>	<b>1.4</b>	<b>1.0</b>	<b>0.9</b>	<b>1.0</b>	<b>1.0</b>
Jack Ady Cancer Centre	Oct. 2010	2.1	1.4	1.0	0.9	1.0	1.0
<b>Calgary Zone Total</b>	<b>4.6</b>	<b>3.7</b>	<b>3.4</b>	<b>3.1</b>	<b>3.1</b>	<b>3.0</b>	<b>2.7</b>
Tom Baker Cancer Centre	4.6	3.7	3.4	3.1	3.1	3.0	2.7
<b>Central Zone Total</b>	Central Alberta Cancer Centre				<b>3.9</b>	<b>n/a</b>	<b>n/a</b>
Central Alberta Cancer Centre	opened November 2013				3.9	n/a	n/a
<b>Edmonton Zone Total</b>	<b>5.7</b>	<b>3.4</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>	<b>2.8</b>	<b>2.6</b>
Cross Cancer Institute	5.7	3.4	3.0	3.0	3.0	2.8	2.6
<b>North Zone Total</b>	Grande Prairie Cancer Centre scheduled to open in 2017						

## Continuing Care Placement – Provincial Details

See below for additional zone details where available.



### Measure Definition

**Continuing Care Placement:** The percentage of clients admitted to a continuing care space (supportive living or long-term care) within 30 days of the date they are assessed and approved for placement. This includes patients assessed and approved and waiting in hospital or community.

Note: National Average not available.

### Understanding this Measure

Providing appropriate care for our aging population is extremely important to Albertans. Timely access to continuing care (supportive living or long-term care) ensures higher quality of life for our seniors. In addition, by improving access to continuing care, AHS is able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost effective manner.

### 2014-15 Actions:

- Create and expand community capacity through initiatives such as Destination Home, Adult Day Programs and Home Care Redesign.
- Define and develop the restorative care model and implement restorative care spaces.
- Add net new continuing care spaces across the province.
- Address gaps in care for seniors with complex dementia and/or behavioural issues.
- Working with Addiction and Mental Health, create an integrated housing and supports framework that includes a component for housing, care and supports for clients with complex care needs.
- Identify opportunities to increase the number of care spaces for clients with complex care needs.
- Implement standards for Falls Risk Management and Advanced Care Planning/ Goals of Care Designation.

Examples of local initiatives include:

- Focus on *Aging in Place Strategy* is being established at all AHS owned and operated long-term care sites.
- Demonstration of integrated care and supports delivery for complex Persons with Developmental Disabilities (PDD) clients in collaboration with Ministry of Human Services.



## Continuing Care Placement – Zone Details

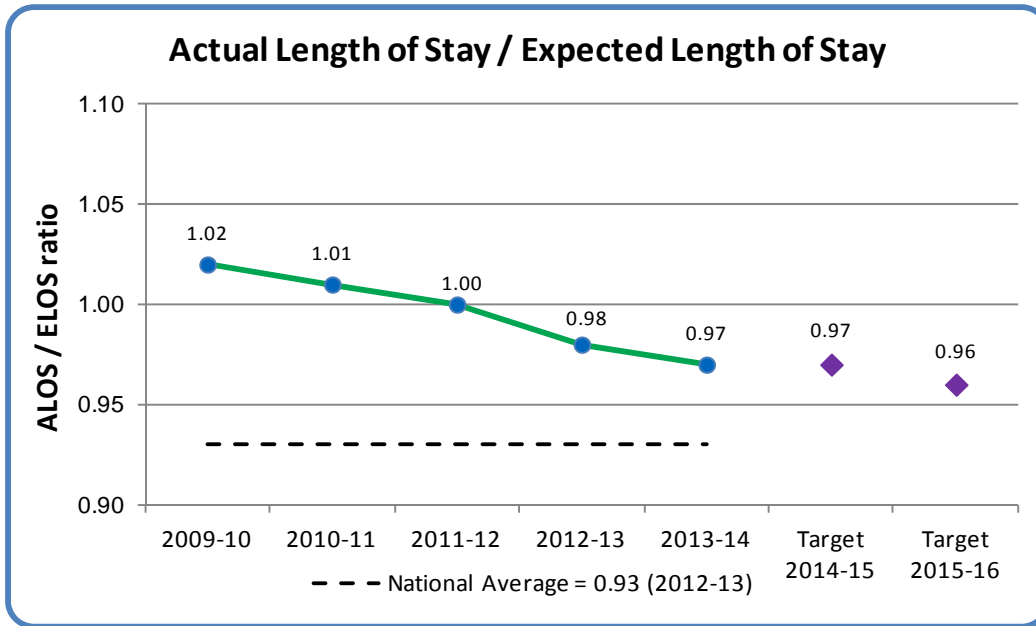
The percentage of clients admitted to a continuing care space (supportive living or long-term care) within 30 days of the date they are assessed and approved for placement. This includes patients assessed and approved and waiting in hospital or community.

Zone	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>55%</b>	<b>64%</b>	<b>67%</b>	<b>69%</b>	<b>68%</b>	<b>70%</b>
South	68%	80%	82%	77%	82%	83%
Calgary	59%	58%	65%	72%	66%	68%
Central	57%	66%	58%	41%	60%	63%
Edmonton	49%	66%	74%	78%	74%	75%
North	41%	49%	45%	63%	48%	53%

Note: Data collection began in 2010-11.

## Actual Length of Hospital Stay Compared to Expected Stay – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Actual Length of Hospital Stay Compared to Expected Stay:** The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient. This measure compares actual length of stay in hospital to expected length of stay after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected length of stay is based on comparison to similar patients in national databases.

### Understanding this Measure

This measure gauges how efficiently beds are utilized in the hospital. A ratio of actual to expected length of stay which is below one, represents an overall greater than expected efficiency and indicates that more patients are able to be treated for a given inpatient bed. Monitoring this ratio can help health-care teams ensure care appropriateness and efficiency. Improvement in this measure enables the ability to treat more patients with the existing beds and other resources.

### 2014-15 Actions:

- Implement CoACT initiatives to improve patient flow such as applying integrated plan of care, anticipated date of discharge and standardized transition process. CoACT is a project aimed at bringing all members of the team, patient and family together in the patient's journey from arrival at the hospital, day by day, until discharged home.
- Optimize clinical information systems to support access and flow.
- Develop and implement an enhanced restorative care model for continuing care by:
  - Increasing the number of restorative care spaces in acute/ sub-acute settings and in some existing continuing care settings.
  - Redesigning the service delivery model in Home Care to a more restorative focus.
  - Implementing elder-friendly acute care units.
  - Implementing Destination Home provincewide.
- Implement new and consistent ways of managing care before, during, and after specific colorectal surgeries by focusing on mobility, nutrition, hydration and pain management (Enhanced Recovery After Surgery - ERAS).

Examples of local initiatives include:

- Continue implementation of discharge planning tools such as the rural discharge planning model.
- Implement Elder Friendly care units at specific sites.
- Track delays in care in Medworxx and identify root causes and improvement opportunities.

## Actual Length of Hospital Stay Compared to Expected Stay – Zone Details

The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient. This measure compares actual length of stay in hospital to expected length of stay after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected length of stay is based on comparison to similar patients in national databases.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>1.02</b>	<b>1.01</b>	<b>1.00</b>	<b>0.98</b>	<b>0.97</b>	<b>0.97</b>	<b>0.96</b>
South	1.05	1.04	1.05	1.05	1.05	1.03	1.00
Calgary	1.05	1.05	1.04	1.01	0.99	0.99	0.97
Central	1.04	1.04	1.03	1.03	1.00	1.01	0.98
Edmonton	1.01	0.98	0.98	0.95	0.94	0.95	0.94
North	0.93	0.92	0.92	0.93	0.92	0.92	0.92

## Actual Length of Hospital Stay Compared to Expected Stay –Site Details

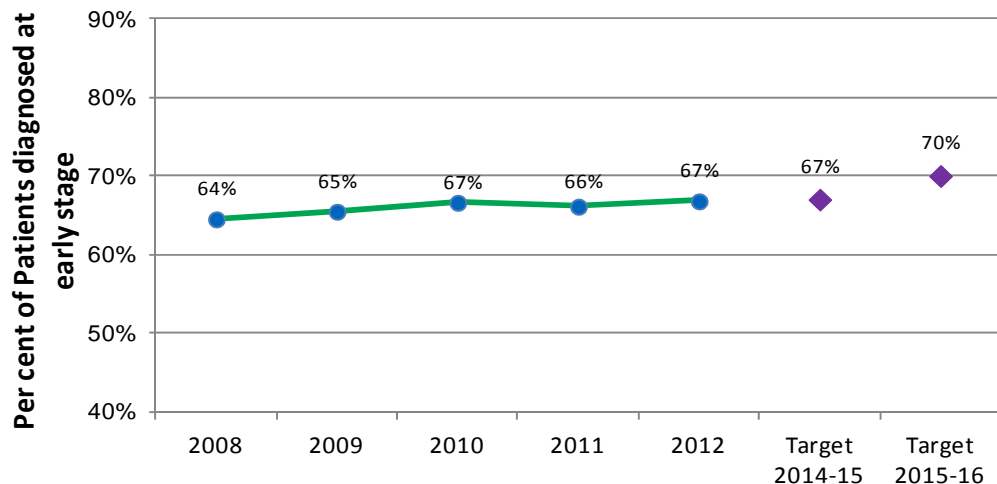
The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient.

ALOS/ELOS	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>1.02</b>	<b>1.01</b>	<b>1.00</b>	<b>0.98</b>	<b>0.97</b>	<b>0.97</b>	<b>0.96</b>
<b>South Zone Total</b>	<b>1.05</b>	<b>1.04</b>	<b>1.05</b>	<b>1.05</b>	<b>1.05</b>	<b>1.03</b>	<b>1.00</b>
Chinook Regional Hospital	1.07	1.05	1.07	1.08	1.07	1.05	1.01
Medicine Hat Regional Hospital	1.07	1.08	1.06	1.05	1.08	1.03	1.00
All Other Hospitals	0.96	0.93	0.97	0.95	0.94	0.95	0.95
<b>Calgary Zone Total</b>	<b>1.05</b>	<b>1.05</b>	<b>1.04</b>	<b>1.01</b>	<b>0.99</b>	<b>0.99</b>	<b>0.97</b>
Alberta Children's Hospital	0.98	0.95	0.98	0.98	1.00	0.97	0.96
Foothills Medical Centre	1.09	1.10	1.05	1.04	1.01	1.02	1.00
Peter Lougheed Centre	1.04	1.01	1.02	0.99	0.98	0.98	0.97
Rockyview General Hospital	1.04	1.04	1.05	1.00	0.99	0.99	0.97
South Health Campus	Opened February 2013				0.94	0.99	0.97
All Other Hospitals	0.91	0.93	0.93	0.96	0.96	0.96	0.96
<b>Central Zone Total</b>	<b>1.04</b>	<b>1.04</b>	<b>1.03</b>	<b>1.03</b>	<b>1.00</b>	<b>1.01</b>	<b>0.98</b>
Red Deer Regional Hospital Centre	1.10	1.09	1.07	1.06	1.03	1.03	1.00
All Other Hospitals	0.98	1.00	0.99	1.00	0.97	0.99	0.97
<b>Edmonton Zone Total</b>	<b>1.01</b>	<b>0.98</b>	<b>0.98</b>	<b>0.95</b>	<b>0.94</b>	<b>0.95</b>	<b>0.94</b>
Grey Nuns Community Hospital	1.04	1.02	1.00	0.99	0.94	0.98	0.97
Misericordia Community Hospital	1.05	1.04	1.03	1.04	0.97	1.02	0.99
Royal Alexandra Hospital	0.99	0.97	0.95	0.92	0.93	0.91	0.91
Stollery Children's Hospital	1.02	1.00	1.01	0.98	1.01	0.98	0.97
Sturgeon Community Hospital	0.92	0.91	0.95	0.90	0.92	0.90	0.90
University of Alberta Hospital	1.00	0.96	0.96	0.92	0.91	0.92	0.92
All Other Hospitals	1.01	1.00	0.97	0.98	1.02	0.98	0.97
<b>North Zone Total</b>	<b>0.93</b>	<b>0.92</b>	<b>0.92</b>	<b>0.93</b>	<b>0.92</b>	<b>0.92</b>	<b>0.92</b>
Northern Lights Regional Health Centre	1.01	0.94	0.95	0.95	0.96	0.95	0.95
Queen Elizabeth II Hospital	0.96	0.95	0.96	0.93	0.93	0.93	0.93
All Other Hospitals	0.90	0.91	0.89	0.92	0.91	0.91	0.91

## Early Detection of Cancer – Provincial Details

See below for additional zone details where available.

### Early Detection of Cancer



#### Measure Definition

**Early Detection of Cancer:** The percentage of patients with breast, cervical and colorectal cancers who were diagnosed at early stages 1 or 2.

This measure covers the three most common cancers; breast, cervical and colorectal. It represents the percentage of invasive cancer cases diagnosed in the stages (Stage I, and II (and stage 0 for breast cancer)) in relation to all patients diagnosed with these diseases in all stages.

Note: National Average not available.

#### Understanding this Measure

Patients whose cancers are captured at early stages have higher survival rates than those who were diagnosed at later stages. Provincial cancer screening programs aim to diagnose cancers at the earliest stage possible in the target population. This measure is developed to reflect both screening effectiveness and efficiency of clinical diagnosis pathways.

### 2014-15 Actions:

- Implement strategies to improve cancer screening participation rates among target populations.
- Engage physicians with implementation of Fecal Immunochemical Testing (FIT) and the new Alberta Colorectal Cancer Screening Program (ACRCSP) clinical practice guidelines.
- Work with Family Care Clinics, Primary Care Networks, physicians and Lab to increase uptake of FIT.
- Implement follow-up processes for patients with positive FIT results.
- Continue ongoing cancer prevention enhancements through provincial cancer screening initiatives:
  - Colorectal screening (FIT and colonoscopies)
  - Breast cancer screening -Mobile mammography
  - Cervical cancer screening
- Implement the Aboriginal Access Initiative to improve access to services.

## Early Detection of Cancer – Zone Details

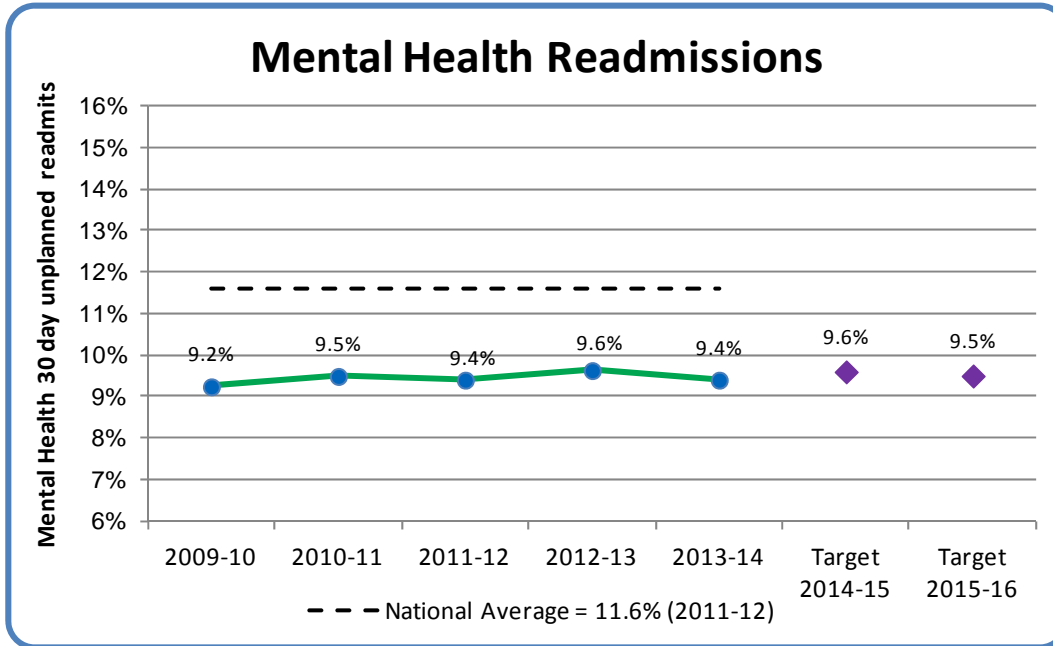
The percentage of patients with breast, cervical and colorectal cancers who were diagnosed at early stages 1 or 2. This measure covers the three most common cancers; breast, cervical and colorectal. It represents the percentage of invasive cancer cases diagnosed in the stages (Stage I, and II (and stage 0 for breast cancer)) in relation to all patients diagnosed with these diseases in all stages.

Zone	2008	2009	2010	2011	2012	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>64%</b>	<b>65%</b>	<b>67%</b>	<b>66%</b>	<b>67%</b>	<b>67%</b>	<b>70%</b>
South	60%	66%	68%	64%	63%	66%	70%
Calgary	66%	69%	66%	70%	70%	70%	71%
Central	62%	61%	63%	62%	63%	64%	69%
Edmonton	65%	65%	69%	66%	66%	67%	70%
North	65%	61%	65%	61%	64%	64%	69%

Note: 2012 most recent data available. Data dependent on Canadian Community Health Survey data reporting cycle.

## Mental Health Readmissions – Provincial Details

See below for additional zone details where available.



### Measure Definition

**Mental Health Readmissions:** The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes patients who have mental health disorders who require scheduled follow-up care.

AHS is performing better than the national average of 11.6%.

### Understanding this Measure

Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications.

While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and follow up care.

### 2014-15 Actions:

- Create and enhance community capacity for children’s mental health access to scheduled level of services, Mental Health in Supportive Living, P150 Housing for Vulnerable Albertans (provides care to the group of people with complex needs who are hard to house), and Family Violence Services.
- Increase the number of detoxification and addiction residential treatment beds.
- Increase the utilization of Telemental Health in providing concurrent disorder education to staff.
- Complete follow-up audit on recommendations by Office of Auditor General.
- Develop and deliver environmental risk assessment training on suicide and elopement for inpatient acute Addiction and Mental Health units.
- Reduce hospitalization for Community Treatment Orders (CTO) clients with a mental disorder one year post CTO issuance.
- Enhance prevention and promotion services through the *Mental Health Wellness - Knowledge Exchange* event.
- Support and maintain community coalitions to develop and implement local actions to reduce alcohol related harms in alignment with the Alberta Alcohol Strategy.
- Deliver AHS prevention activities through the *Safe Communities School-Based Prevention Initiative*.

Examples of local initiatives include:

- Develop Aboriginal Mental Health Strategy and service area based action planning.

## Mental Health Readmissions – Zone Details

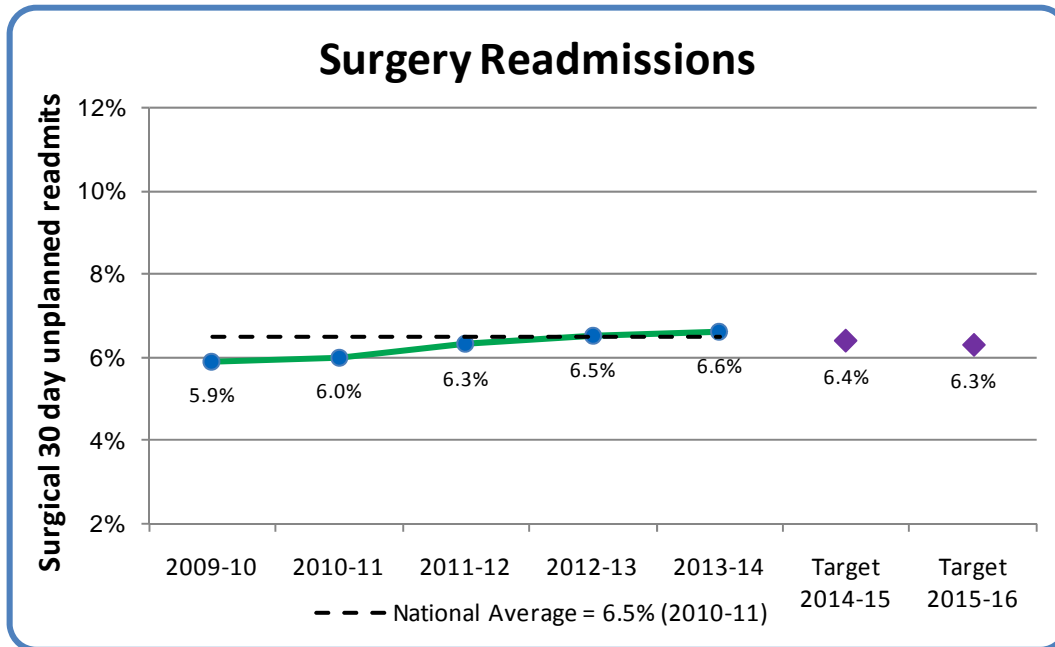
The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes patients who have mental health disorders who require scheduled follow-up care.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>9.2%</b>	<b>9.5%</b>	<b>9.4%</b>	<b>9.6%</b>	<b>9.4%</b>	<b>9.6%</b>	<b>9.5%</b>
South	11.8%	10.4%	10.2%	9.1%	9.7%	9.1%	9.1%
Calgary	8.5%	8.9%	9.0%	9.9%	9.3%	9.9%	9.8%
Central	8.7%	9.9%	8.6%	9.6%	9.1%	9.6%	9.6%
Edmonton	8.4%	8.3%	7.9%	8.1%	9.0%	8.1%	8.1%
North	10.3%	11.4%	12.5%	11.6%	10.4%	11.4%	11.0%



## Surgery Readmissions – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Surgery Readmissions:** The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes surgical patients who require scheduled follow up care.

### Understanding this Measure

Unplanned readmissions to hospitals are used to measure quality of surgical care and follow up.

Readmission rates are also influenced by a variety of other factors, including the effectiveness of the care transition to the community.

### 2014-15 Actions:

- Use infection prevention and control strategies to prevent and reduce transmission of hospital acquired infections with front line staff.
- Launch Choosing Wisely campaign to encourage physicians to discuss with their patients the benefits of selected interventions.
- Continue implementation of the Safe Surgery Checklist. This tool is used by surgical teams and enhances existing safety checks before, during and after a surgical procedure to reduce the number of preventable complications associated with surgery.
- Continue implementation of Adult Coding Access Target for Surgery (aCATS) which standardizes surgical wait times based on patient's condition and level of urgency.
- Continue implementation of Enhancing Recovery After Surgery (ERAS) for colorectal surgeries. ERAS improves surgical care of patients through adoption of best practices.
- Develop and implement standardized pathways to decrease system demands on length of stay (e.g. hip fracture pathway, head and neck surgical pathways).
- Implement the National Surgical Quality Improvement Program (NSQIP) and the Trauma Quality Improvement Program (TQIP) - both provide validated, risk-adjusted, outcomes-based benchmarked reports for surgical procedures and major trauma cases to help reduce preventable complications.
- Implement and sustain medication reconciliation (MedRec) in all settings.

## Surgery Readmissions – Zone Details

The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes surgical patients who require scheduled follow up care.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>5.9%</b>	<b>6.0%</b>	<b>6.3%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>6.4%</b>	<b>6.3%</b>
South	5.5%	6.2%	6.1%	6.4%	6.7%	6.3%	6.2%
Calgary	5.5%	5.5%	5.9%	6.1%	6.2%	6.1%	6.1%
Central	5.7%	5.9%	6.2%	6.1%	6.0%	6.1%	6.1%
Edmonton	6.1%	6.4%	6.8%	6.9%	7.1%	6.8%	6.5%
North	6.9%	6.4%	6.2%	7.2%	6.6%	7.0%	6.7%

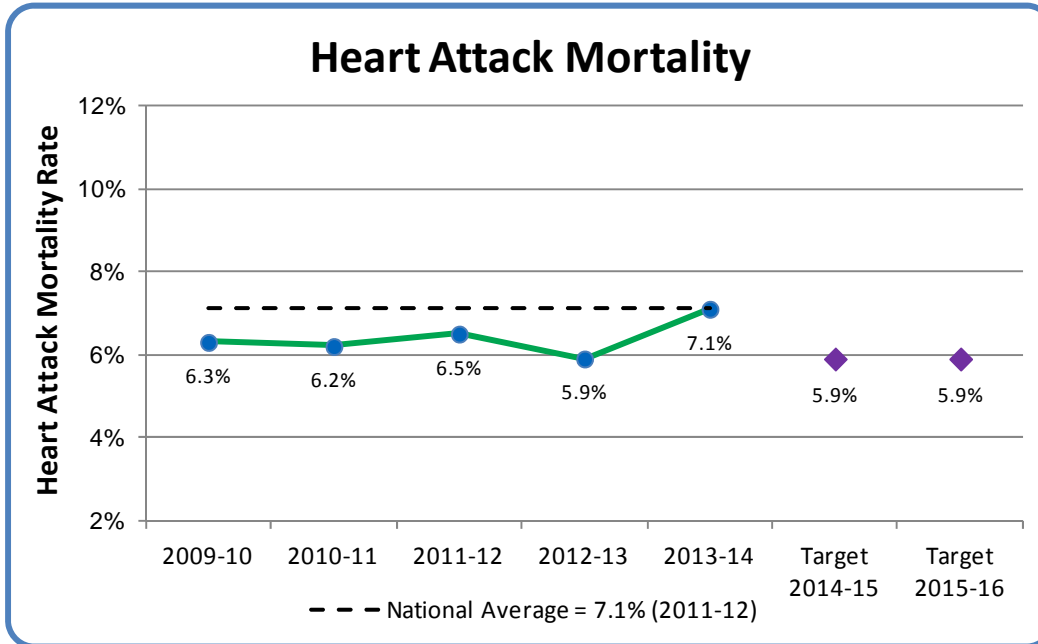
## Surgery Readmissions –Site Details

The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes surgical patients who require scheduled follow up care.

Surgery Readmissions	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>5.9%</b>	<b>6.0%</b>	<b>6.3%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>6.4%</b>	<b>6.3%</b>
<b>South Zone Total</b>	<b>5.5%</b>	<b>6.2%</b>	<b>6.1%</b>	<b>6.4%</b>	<b>6.7%</b>	<b>6.3%</b>	<b>6.2%</b>
Chinook Regional Hospital	5.9%	6.7%	5.7%	6.9%	6.6%	6.8%	6.7%
Medicine Hat Regional Hospital	4.8%	5.2%	6.6%	5.5%	7.0%	5.5%	5.4%
All Other Hospitals	5.9%	9.3%	7.6%	7.8%	5.0%	7.6%	7.3%
<b>Calgary Zone Total</b>	<b>5.5%</b>	<b>5.5%</b>	<b>5.9%</b>	<b>6.1%</b>	<b>6.2%</b>	<b>6.1%</b>	<b>6.1%</b>
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	6.0%	5.9%	5.9%	6.4%	6.6%	6.4%	6.4%
Peter Lougheed Centre	5.2%	5.5%	5.9%	5.9%	5.6%	5.9%	5.9%
Rockyview General Hospital	5.7%	5.5%	6.2%	6.1%	6.1%	6.1%	6.1%
South Health Campus	Opened February 2013				6.8%	6.1%	6.1%
All Other Hospitals	2.6%	2.5%	2.9%	1.7%	2.5%	1.7%	1.7%
<b>Central Zone Total</b>	<b>5.7%</b>	<b>5.9%</b>	<b>6.2%</b>	<b>6.1%</b>	<b>6.0%</b>	<b>6.1%</b>	<b>6.1%</b>
Red Deer Regional Hospital Centre	5.5%	5.9%	6.1%	6.0%	6.0%	6.0%	6.0%
All Other Hospitals	6.1%	5.8%	6.4%	6.4%	5.9%	6.4%	6.4%
<b>Edmonton Zone Total</b>	<b>6.1%</b>	<b>6.4%</b>	<b>6.8%</b>	<b>6.9%</b>	<b>7.1%</b>	<b>6.8%</b>	<b>6.5%</b>
Grey Nuns Community Hospital	5.5%	6.1%	5.6%	6.3%	5.7%	6.3%	6.2%
Misericordia Community Hospital	5.6%	6.5%	6.9%	6.1%	6.9%	6.1%	6.0%
Royal Alexandra Hospital	6.3%	6.2%	7.0%	7.4%	7.3%	7.3%	7.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	4.0%	4.8%	4.9%	5.0%	5.5%	5.0%	5.0%
University of Alberta Hospital	7.0%	7.0%	7.5%	7.5%	7.9%	7.4%	7.1%
All Other Hospitals	5.7%	7.3%	5.0%	4.5%	4.0%	4.5%	4.5%
<b>North Zone Total</b>	<b>6.9%</b>	<b>6.4%</b>	<b>6.2%</b>	<b>7.2%</b>	<b>6.6%</b>	<b>7.0%</b>	<b>6.7%</b>
Northern Lights Regional Health Centre	6.7%	6.9%	6.7%	8.3%	6.5%	8.0%	7.6%
Queen Elizabeth II Hospital	7.1%	6.6%	6.5%	6.8%	7.1%	6.7%	6.6%
All Other Hospitals	6.7%	6.0%	5.6%	7.0%	6.0%	6.9%	6.8%

## Heart Attack Mortality – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Heart Attack Mortality:** The probability of dying in hospital within 30 days of being admitted for a heart attack. AHS is performing at the same level as the national average of 7.1%.

This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of acute myocardial infarction (AMI), often called a heart attack. This measure is adjusted for age, sex and other conditions.

### Understanding this Measure

Heart attacks are one of the leading causes of death in Canada. Breakthroughs in treatments, particularly the timing of re-opening coronary arteries for blood flow, are greatly increasing survival rates.

### 2014-15 Actions:

- Focus on strategies to reduce door-to-balloon times for patients undergoing primary percutaneous coronary intervention to ensure heart attack patients are treated early, providing the best chance for improvement or cure. Current guidelines for the treatment of heart attack (ST-segment elevation myocardial infarction) recommend a door-to-balloon time of 90 minutes or less for patients undergoing primary percutaneous coronary intervention. Door-to-balloon time has become a performance measure and is the focus of quality-improvement initiatives.
- Some Emergency Departments (ED) are implementing a code in the patient care system to identify an electrocardiogram (ECG) required for ruling out myocardial infarction diagnosis over other reasons for an ECG. Designated nurses in the ED will do these ECGs to ensure the ECG is done within 10 minutes of arrival. A protocol is in place to transfer patients to a catheterization lab within 90 minutes if necessary.

## Heart Attack Mortality – Zone Details

The probability of dying in hospital within 30 days of being admitted for a heart attack.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>6.3%</b>	<b>6.2%</b>	<b>6.5%</b>	<b>5.9%</b>	<b>7.1%</b>	<b>5.9%</b>	<b>5.9%</b>
South	8.1%	7.0%	8.3%	5.3%	7.4%	5.3%	5.3%
Calgary	5.0%	6.0%	5.6%	6.4%	7.1%	6.4%	6.3%
Central	8.9%	7.9%	5.8%	7.3%	9.7%	7.2%	7.1%
Edmonton	6.1%	5.8%	6.6%	4.9%	6.1%	4.9%	4.9%
North	6.5%	6.2%	8.7%	8.5%	9.1%	8.4%	8.2%

## Heart Attack Mortality –Site Details

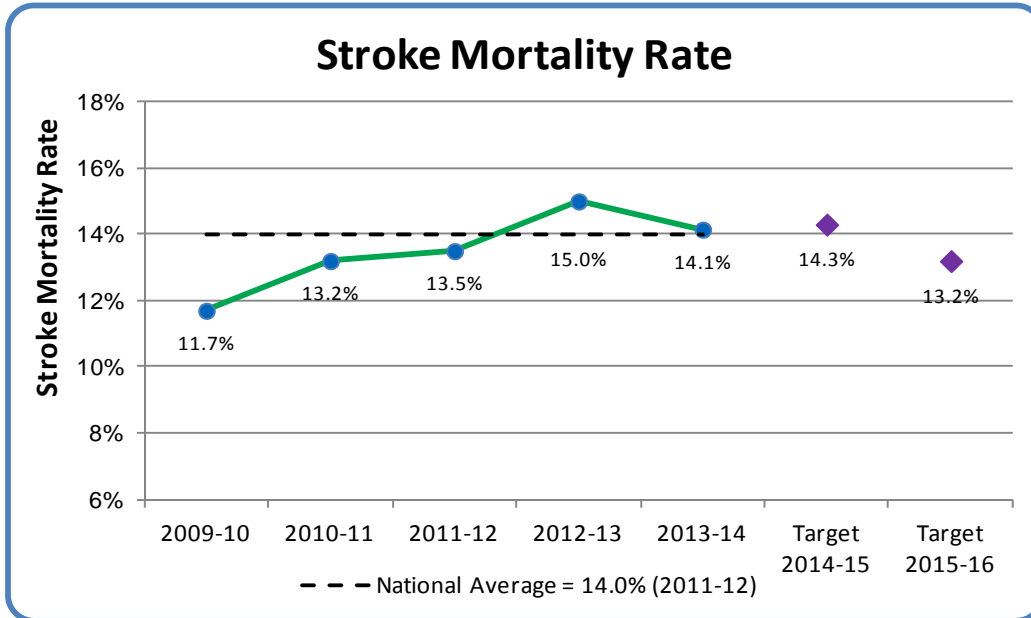
The probability of dying in hospital within 30 days of being admitted for a heart attack.

Heart Attack Mortality	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>6.3%</b>	<b>6.2%</b>	<b>6.5%</b>	<b>5.9%</b>	<b>7.1%</b>	<b>5.9%</b>	<b>5.9%</b>
<b>South Zone Total</b>	<b>8.1%</b>	<b>7.0%</b>	<b>8.3%</b>	<b>5.3%</b>	<b>7.4%</b>	<b>5.3%</b>	<b>5.3%</b>
Chinook Regional Hospital	10.5%	7.8%	5.4%	3.5%	7.0%	3.5%	3.5%
Medicine Hat Regional Hospital	8.0%	7.0%	11.7%	7.4%	7.5%	7.3%	7.3%
All Other Hospitals	n/a	3.9%	10.1%	n/a	n/a	5.5%	5.5%
<b>Calgary Zone Total</b>	<b>5.0%</b>	<b>6.0%</b>	<b>5.6%</b>	<b>6.4%</b>	<b>7.1%</b>	<b>6.4%</b>	<b>6.3%</b>
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	5.2%	6.3%	7.0%	6.7%	7.4%	6.7%	6.6%
Peter Lougheed Centre	5.5%	8.2%	6.0%	6.6%	5.8%	6.6%	6.5%
Rockyview General Hospital	4.4%	2.0%	1.6%	4.2%	6.4%	4.2%	4.2%
South Health Campus	Opened February 2013				6.5%	6.4%	6.3%
All Other Hospitals	4.4%	10.3%	2.3%	8.6%	8.3%	8.5%	8.4%
<b>Central Zone Total</b>	<b>8.9%</b>	<b>7.9%</b>	<b>5.8%</b>	<b>7.3%</b>	<b>9.7%</b>	<b>7.2%</b>	<b>7.1%</b>
Red Deer Regional Hospital Centre	8.4%	5.8%	3.4%	3.9%	10.2%	3.9%	3.9%
All Other Hospitals	9.3%	9.7%	7.0%	9.2%	9.5%	9.1%	8.9%
<b>Edmonton Zone Total</b>	<b>6.1%</b>	<b>5.8%</b>	<b>6.6%</b>	<b>4.9%</b>	<b>6.1%</b>	<b>4.9%</b>	<b>4.9%</b>
Grey Nuns Community Hospital	5.8%	4.3%	6.2%	5.3%	4.9%	5.3%	5.3%
Misericordia Community Hospital	5.6%	4.5%	5.7%	3.8%	6.6%	3.8%	3.8%
Royal Alexandra Hospital	6.2%	6.4%	6.9%	5.0%	6.5%	5.0%	5.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	3.8%	4.2%	5.0%	2.7%	5.7%	2.7%	2.7%
University of Alberta Hospital	6.3%	6.8%	6.6%	4.7%	6.5%	4.7%	4.7%
All Other Hospitals	11.2%	5.6%	11.2%	11.3%	4.0%	11.1%	10.6%
<b>North Zone Total</b>	<b>6.5%</b>	<b>6.2%</b>	<b>8.7%</b>	<b>8.5%</b>	<b>9.1%</b>	<b>8.4%</b>	<b>8.2%</b>
Northern Lights Regional Health Centre	n/a	n/a	n/a	n/a	n/a	3.1%	3.1%
Queen Elizabeth II Hospital	5.2%	2.1%	3.3%	6.7%	4.9%	6.7%	6.6%
All Other Hospitals	8.4%	8.5%	10.2%	10.5%	10.2%	10.4%	10.0%

Note: n/a indicates statistically unreliable rates due to low numbers.

## Stroke Mortality – Provincial Details

See below for additional zone / site details where available.



### Measure Definition

**Stroke Mortality:** The probability of dying in hospital within 30 days for patients admitted because of stroke.

This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of stroke. This measure is adjusted for age, sex and other conditions.

### Understanding this measure

Stroke is a significant cause of death and disability in the Canadian population. This rate may be influenced by a number of factors, including effectiveness of emergency treatments and quality of care in hospitals.

### 2014-15 Actions:

- Focus on strategies to reduce door to needle (DTN) times for tPA to ensure stroke patients are treated early, providing the best chance for improvement or cure. When a patient has an ischemic stroke, there's a 4.5-hour window in which treatment will be effective, and the most common treatment is a clot-busting drug called tPA.
- Increase access and flow to Stroke Unit Care through Early Supported Discharge (ESD) and Central Stroke Rehab Coordination.
- Incorporate quality review of Alberta stroke strategy guidelines in the action plan including Stroke Unit Equivalent Care at primary stroke centres.
- Implement the Rural Stroke Action Plan: Stroke Unit Equivalent Care is expected to reduce mortality by 15%.
- Increase access to same-day assessment for high risk TIA (transient ischemic attack) patients.
- Improve turnaround time of Holter Monitor results to rural sites from 2 weeks to 36 hours to facilitate faster access to treatment to prevent strokes.

## Stroke Mortality – Zone Details

The probability of dying in hospital within 30 days for patients admitted because of stroke.

Zone	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>11.7%</b>	<b>13.2%</b>	<b>13.5%</b>	<b>15.0%</b>	<b>14.1%</b>	<b>14.3%</b>	<b>13.2%</b>
South	15.0%	16.8%	17.0%	19.5%	19.3%	17.8%	14.8%
Calgary	10.1%	11.1%	10.6%	13.8%	13.6%	13.2%	12.3%
Central	12.8%	18.9%	20.0%	16.2%	12.5%	15.5%	14.3%
Edmonton	11.0%	12.2%	14.0%	15.0%	13.3%	14.4%	13.3%
North	19.4%	18.6%	13.5%	16.2%	19.2%	15.6%	14.5%



## Stroke Mortality –Site Details

The probability of dying in hospital within 30 days for patients admitted because of stroke.

Stroke Mortality	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
<b>Provincial</b>	<b>11.7%</b>	<b>13.2%</b>	<b>13.5%</b>	<b>15.0%</b>	<b>14.1%</b>	<b>14.3%</b>	<b>13.2%</b>
<b>South Zone Total</b>	<b>15.0%</b>	<b>16.8%</b>	<b>17.0%</b>	<b>19.5%</b>	<b>19.3%</b>	<b>17.8%</b>	<b>14.8%</b>
Chinook Regional Hospital	17.6%	16.1%	21.3%	19.6%	22.2%	17.8%	14.4%
Medicine Hat Regional Hospital	14.7%	14.6%	15.0%	13.5%	11.4%	13.3%	13.0%
All Other Hospitals	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Calgary Zone Total</b>	<b>10.1%</b>	<b>11.1%</b>	<b>10.6%</b>	<b>13.8%</b>	<b>13.6%</b>	<b>13.2%</b>	<b>12.3%</b>
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	9.4%	10.4%	9.9%	13.4%	13.0%	13.3%	13.0%
Peter Lougheed Centre	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rockyview General Hospital	11.9%	12.0%	15.6%	12.0%	n/a	11.9%	11.7%
South Health Campus	Opened February 2013				n/a	13.2%	12.3%
All Other Hospitals	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Central Zone Total</b>	<b>12.8%</b>	<b>18.9%</b>	<b>20.0%</b>	<b>16.2%</b>	<b>12.5%</b>	<b>15.5%</b>	<b>14.3%</b>
Red Deer Regional Hospital Centre	11.9%	18.6%	17.5%	18.5%	12.2%	17.0%	14.4%
All Other Hospitals	13.4%	19.2%	22.2%	14.2%	12.9%	13.9%	13.3%
<b>Edmonton Zone Total</b>	<b>11.0%</b>	<b>12.2%</b>	<b>14.0%</b>	<b>15.0%</b>	<b>13.3%</b>	<b>14.4%</b>	<b>13.3%</b>
Grey Nuns Community Hospital	8.6%	10.2%	12.5%	12.3%	8.9%	12.2%	12.0%
Misericordia Community Hospital	9.5%	11.3%	12.9%	11.3%	12.5%	11.2%	11.0%
Royal Alexandra Hospital	7.5%	12.9%	15.4%	13.4%	16.7%	13.2%	13.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a
University of Alberta Hospital	13.4%	12.9%	13.8%	15.4%	13.6%	14.8%	13.8%
All Other Hospitals	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>North Zone Total</b>	<b>19.4%</b>	<b>18.6%</b>	<b>13.5%</b>	<b>16.2%</b>	<b>19.2%</b>	<b>15.6%</b>	<b>14.5%</b>
Northern Lights Regional Health Centre	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Queen Elizabeth II Hospital	21.0%	18.0%	20.4%	22.3%	23.6%	19.7%	15.0%
All Other Hospitals	19.6%	21.6%	11.9%	14.0%	18.4%	13.7%	13.3%

Note: n/a indicates statistically unreliable rates due to low numbers.