Provincial
Performance Measure Update
Q4 2014-15

(Data tables as of May 25, 2015)

Prepared by Strategy, Accountability and Performance

Analytics (DIMR)

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Introduction

Beginning in Quarter 1 of 2014-15, a new quarterly report was introduced internally within AHS. This report focuses on the 16 Public Performance Measures first publicly reported annually in January 2014 for 2012-13 data and in September 2014 for 2013-14 data. A new measure for children's mental health was added in the third quarter. The quarterly report update is a performance management tool to track progress and assist in planning to achieve targets established within the publicly published reports.

It is expected that the quarterly report will evolve as use, intent and production adjustment combine to best meet the needs of the users.

How to read the included charts

This report is designed for an audience which is familiar with the measures and has a basic understanding of their implications. For each measure, the report includes a provincial chart page followed by a chart page for each zone where needed. In addition, there is a corresponding page which contains a more detailed data table form along with actions and variance explanations where appropriate.

Chart content

There are 3 charts for each Quarterly Measure.

1) Overall Results and Forecast
    a. This graph includes "Actual" quarterly results from Q1 2012-13 through to the current quarter.
    b. A "Target" reference line indicates the 2014-15 target for the measure.
    c. A "Volume" line which shows the relevant volume for a given measure over time.

2) YTD Comparison
    a. This trend includes the year-to-date values (provincially and by zone) for this measure over the last 3 years to enable direct comparison of current performance with a corresponding historical time period.
    b. The Annual Target is shown provincially and for each zone where available.

3) Zone Trending Graph
    a. A multi-line trend graph shows the Actual results for each zone over a two year period.
    b. This allows comparison across zones/sites over time.

Q4 2014-15 Summary Dashboard

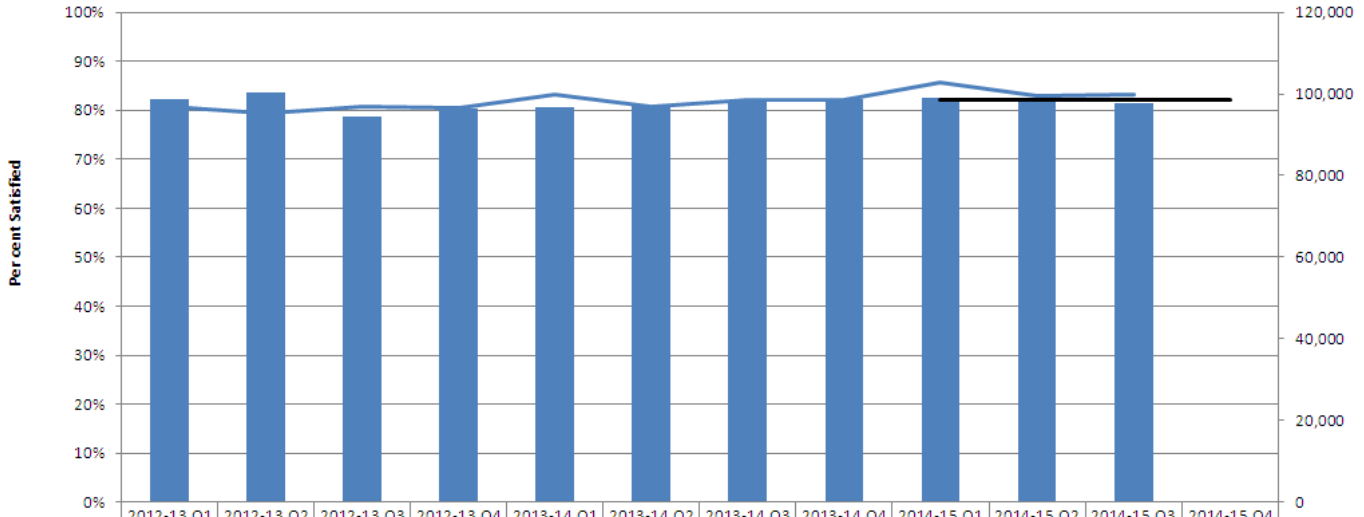
Performance Measure	Annual Comparison			
	2013/14 (Previous)	2014/15 (Current)	Comparative Performance	2014/15 Annual Target
Acceptability				
Satisfaction with Hospital Care	81% Q3 2013-14	82% Q3 2014-15	↑	82%
Satisfaction with Long Term Care	73% 2010/11	Measured every three years	n/a	n/a
Safety				
Hospital-acquired Infections (rate per 10,000 patient days)	4.5 Q3 2013-14	3.7 Q3 2014-15	↑	4.0
Hand Hygiene Compliance Rate	66%	73%	↑	71%
Hospital Mortality (HSMR Standardized Rate)	84	82	↑	84
Accessibility				
Emergency Department Wait to see a Physician (Median)	1.3 hours	1.4 hours	↓	1.3 hours
Emergency Department Length of Stay for Admitted Patients (Median)	8.6 hours	9.9 hours	↓	8.5 hours
Emergency Department Length of Stay for Discharged Patients (Median)	3.0 hours	3.2 hours	↓	3.0 hours
Access to Radiation Therapy (90th percentile)	3.0 weeks	3.1 weeks	↓	2.8 weeks
Child Mental Health (DTT) (per cent seen within 30 days)	81%	82%	↑	n/a
Appropriateness				
Continuing Care Placement (per cent placed within 30 days)	69%	60%	↓	68%
Efficiency				
Acute (Actual) length of hospital stay compared to expected stay	0.97	0.96	↑	0.97
Effectiveness				
Early Detection of Cancer	67% 2012	Measured annually	n/a	67%
Mental Health Readmissions within 30 days (standardized)	9.4% Q3 2013-14	9.3% Q3 2014-15	↑	9.6%
Surgical Readmissions within 30 days (standardized)	6.7% Q3 2013-14	6.5% Q3 2014-15	↑	6.4%
Heart Attack Mortality within 30 days (standardized)	7.2% Q3 2013-14	6.1% Q3 2014-15	↑	5.9%
Stroke Mortality within 30 days (standardized)	14.3% Q3 2013-14	14.0% Q3 2014-15	↑	14.3%

Prior Quarter Comparative Performance
↑ Indicates Improvement
→ Indicates Stability
↓ Indicates areas that require additional focus

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.

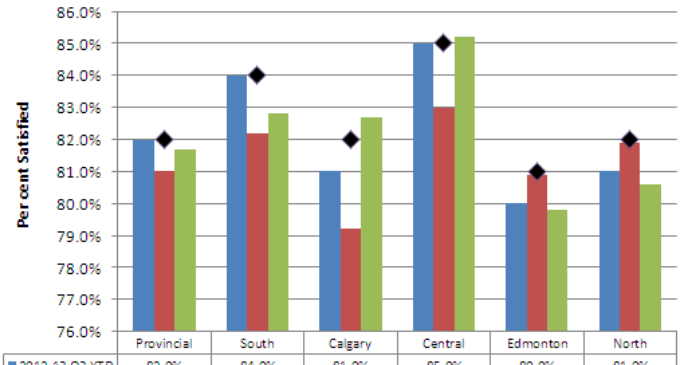
Satisfaction with Hospital Care - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	82%	84%	79%	80%	81%	81%	82%	82%	83%	82%	81%	
2014-15 Target									82%	82%	82%	82%
Total Discharges	96,924	95,369	96,820	96,423	99,989	96,835	98,406	98,535	102,783	99,637	99,752	

Satisfaction with Hospital Care

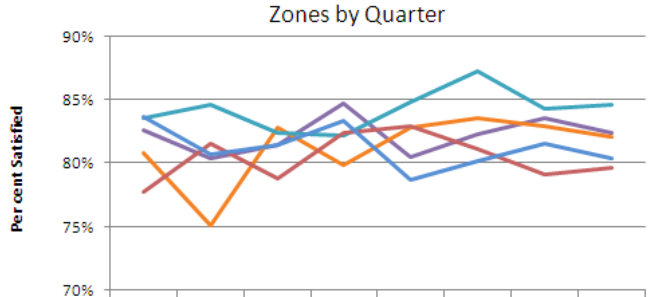
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	82.0%	84.0%	81.0%	85.0%	80.0%	81.0%
2013-14 Q3 YTD	81.0%	82.2%	79.2%	83.0%	80.9%	81.9%
2014-15 Q3 YTD	81.7%	82.8%	82.7%	85.2%	79.8%	80.6%
2014-15 Target	82%	84%	82%	85%	81%	82%

Satisfaction with Hospital Care

Zones by Quarter



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	83%	80%	81%	85%	81%	82%	84%	82%
Calgary	81%	75%	83%	80%	83%	84%	83%	82%
Central	84%	85%	82%	82%	85%	87%	84%	85%
Edmonton	78%	82%	79%	82%	83%	81%	79%	80%
North	84%	81%	81%	83%	79%	80%	82%	80%

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.

Provincial Overview

Zones	Key Actions
South:	• Develop and implement a patient engagement strategy that uses patient experience to foster and improve quality care through the Patient First Strategy. This includes exploring ways to bring the patient voice into current work. • Develop and implement a zone quality strategy. Zone Quality Council formed; discussion ongoing regarding regional and unit councils. • Provincial Engagement and Patient Experience Department developed a pilot learning session for leadership on patient engagement and specifically on collaborating with patient/family advisors in systems level planning. • Completed Path-to-Care presentations and workshops to build awareness of the Wait Time policy.
Calgary:	• Work on new hire orientation, site-wide name tags for all staff, NOD (Name, Occupation, Duty principle), and WiFi access. • Patient representatives have joined a number of committees. For example, at Alberta Children's Hospital - Patient and Family Centered Care Committee composed of families, physicians and staff; and Child and Youth Advisory Committee composed of children and youth. • Participation in way finding and signage upgrades. • Visiting and Family Presence guidelines revised to be more inclusive and flexible; overhead notification to end visiting hours has stopped. • Conducted a hospital-child inpatient experience survey with results scoring over 90% in most categories.
Central:	• At Red Deer Regional Hospital, CoACT Quality Culture Suite launched, NOD and bedside whiteboards implemented and World Cafe planned with patients on improving patient experience. Comfort Rounds, Rapid Rounds and ADOD implementation underway to enhance discharge planning and care coordination. • Rural sites are in different stages of implementing Comfort Rounds, NOD, and bedside whiteboard use to engage patients and families in their care. Quality Improvement Councils are in place at some acute care and long-term care sites. Physician Handovers Project (physician to physician transfer of care, intra-facility) is underway. • Improved signage in Intensive Care Unit (ICU) family area to improve access to the unit, established goal to have a family conference within 24 hours of admission to the ICU, open visiting hours to 24/7, if required. Family members who are with patient during a cardiac arrest are encouraged to stay with the patient in ICU and in the Emergency Department. • Continue implementation of CoACT. • TeamCARE demonstration project at Olds Hospital and Care Centre underway.
Edmonton:	• Participate in the roll-out and achievement of the Patient First Strategy for 2014/15 focused on improving the patient experience. • Work ongoing on a model for transitioning children from paediatric to adult services. • The Family Advisory Council has completed its Peer to Peer training to facilitate families supporting families.
North:	• Develop unit specific action plans of CoACT practice, process and performance elements for the sites. Site assessments completed. • Developed communication plans for staff, physicians, volunteers and health advisory councils to understand the initiative and potential benefits. Town hall meetings held at all project sites. • Developed a rural discharge planning model that is flexible and responsive to specific site pressures. Pilot done and evaluation planned. Weekly multi-disciplinary discharge planning meetings continue. • A Patient and Family Centred Care (PFCC) Steering Committee overseeing development of a PFCC vision, environmental scan and action plan. For example, NOD implementation started and community of practice established. • Patient advisors recruited to North Zone Steering Committee. • Discharge planning tool added to charts at some rural sites to help with specific site pressures.

Analysis

- The Q3 year-to-date results declined slightly and are just below target. AHS continues to innovate and look for ways to improve care.
- The zones continue to educate/ develop enhanced awareness of patient relations department with staff, physicians, clients and families using brochures, posters and in-servicing. Other actions in development include multidisciplinary discussions to increase communications and planning with discharge activities.
- AHS is currently rolling out the Patient First Strategy, which reflects a Patient- and Family-Centred Care approach including: improving communications, treating people well, adopting a team-based approach to care and, providing better transitions in care.
- Overall Paediatric patient hospital satisfaction rate (Alberta Children's Hospital and Stollery Children's Hospital) remains constant in the mid 90 percent range.

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.

Percentage Satisfied with Long Term Care

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

The most recent data is from 2010. The survey is performed by HQCA every three years.

In March and April 2014, the HQCA conducted its third long-term care family experience survey. A provincial summary of the results will be completed and made public in 2015.

Satisfaction with Long Term Care

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Provincial Overview

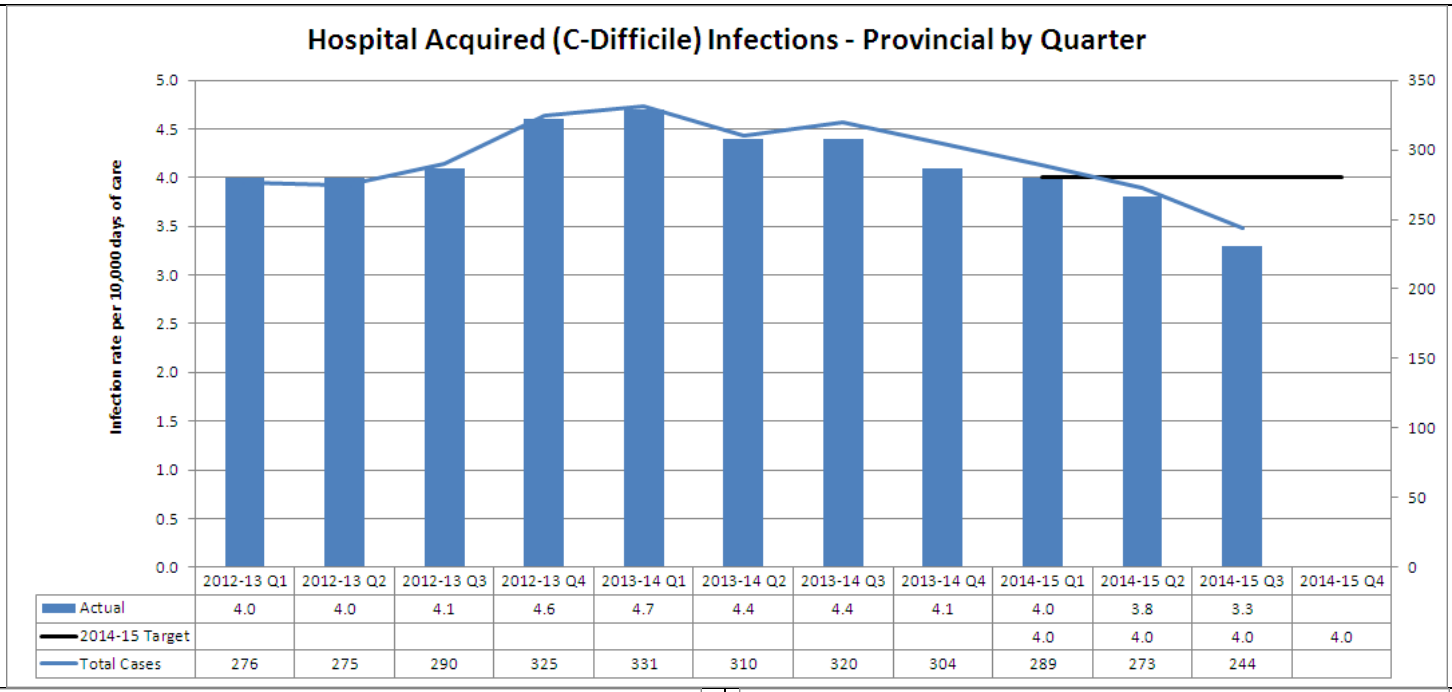
Zones	Key Actions
South:	• Develop and implement a patient engagement strategy that uses patient experience to foster and improve quality care through a Patient First Strategy. This includes exploring ways to bring the patient voice into current work. • Develop and implement a zone quality strategy. Zone Quality Council formed; discussion ongoing regarding regional and unit councils. Continue to assess the need for specialty beds to address gaps in care for seniors with complex dementia and/or behavioural issues. • Continue to monitor and follow up on all concerns brought forward through the Continuing Care Resolution Team.
Calgary:	• Assess the need for specialty beds with supporting portfolios to address gaps in care for seniors with complex dementia and/or behavioural issues. • Work with managers and operators to determine ways to partner for client satisfaction. Quarterly quality improvement sessions held with operators and Director of Care to discuss satisfaction. • Respond to public complaints and inquiries through the 24/7 line in a timely manner.
Central:	• Implement resident focused satisfaction initiatives at below target continuing care sites with a focus on involving patients and their families in their own care planning and decisions. • Appropriate Use of Antipsychotics (AUA) activities continue in long-term care (LTC) facilities and sites. Reporting successes in decreased utilization where not appropriate. For example, Stettler has shown a substantial reduction in % of residents on an antipsychotic from 50% in August reduced to 16% in March), in Three Hills 35% reduced to 17% and Hanna 31% reduced to 2%. • TeamCARE (building collaborative team practice) demonstration project underway at Olds Hospital and Care Centre. • Continue to monitor and follow-up resident and family concerns through Patient Concerns Resolution
Edmonton:	• Assess the need for specialty beds with supporting portfolios, to address gaps in care for seniors with complex dementia and/or behavioural issues. • A zone HQCA Supportive Living Satisfaction Survey indicated overall satisfaction ratings for clients at 84% and families at 91%.
North:	• Began implementation of a coordinated placement model. Engaging with partners regarding placement opportunities. • Completed action plans at one of two regional hospitals informed by resident councils, patient concerns and family consults. Action plans at other sites are underway.
Strategic Clinical Networks:	• Reduce the use of antipsychotic medications to improve outcomes of long-term care residents at early adopter units, and spreading to all other long-term care sites sites. Early adopter sites are sustaining results, engagement with other sites is underway, clinical guidelines are under approval, and resources have been developed.

Analysis

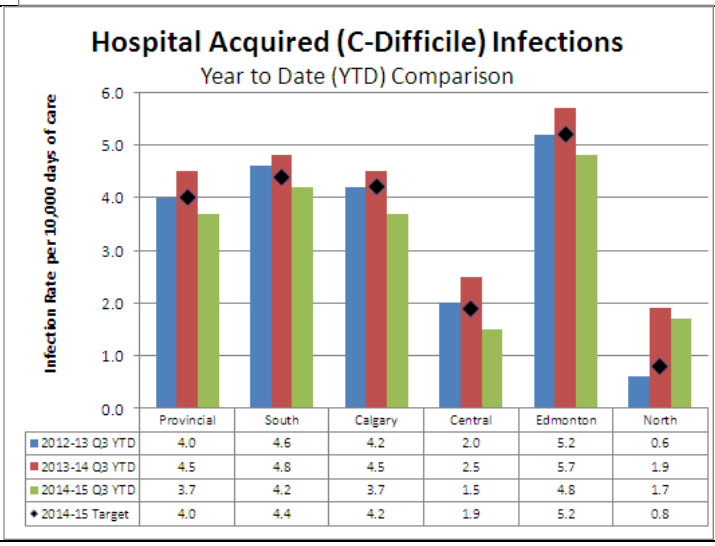
- The most recent data is from 2010. The survey is performed by HQCA every three years. In March and April 2014, the HQCA conducted its third long-term care family experience survey. A provincial summary of the results will be completed and made public in 2015.
- In 2010, the average overall family rating of care at Alberta nursing homes was 73%, a very modest but statistically significant improvement from 71% in 2007.
- Smaller facilities and facilities in rural communities may be pre-disposed to better performance in terms of family and resident experience ratings. Despite this, there is still considerable variation in performance between facilities which are comparable in size and location.
- In March and April 2014, the HQCA conducted its third long-term care family experience survey. A provincial summary of the results will be completed and made public in 2015.
- In 2013-14, HQCA conducted resident and family experience surveys in 134 supportive living (SL) level 3 and 4 facilities across the province. These were the first such surveys conducted at the provincial level and provide a baseline of residents' and family members' experience within supportive living facilities. The *Supportive Living Resident Experience Survey Report* explores resident responses to questions about 11 difference dimensions of care and services in SL facilities. The rating reflects residents' overall evaluation of their SL facility. Residents were asked: *Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the SL facility?* Residents rated their care at an average of 7.8 out of 10.

Hospital-acquired Infections

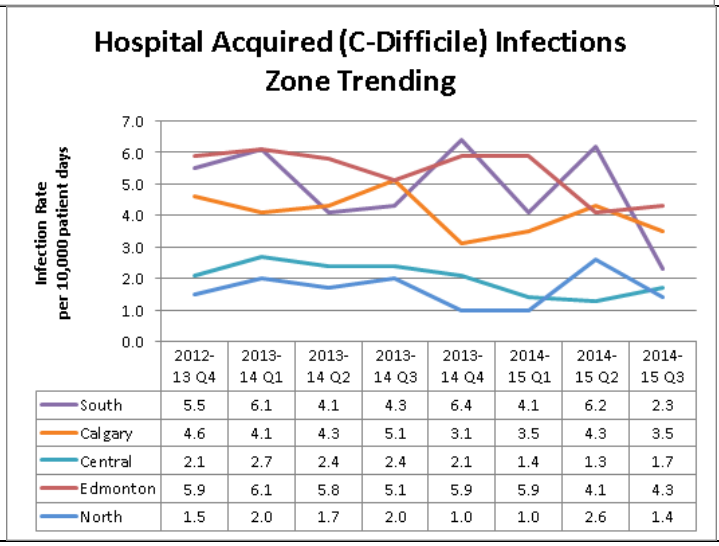
The number of Clostridium difficile infections (C-diff) acquired in hospital every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta. C-diff infection cases include patients with a new infection or re-infection while in hospital. Patients are considered to have a C-diff if they exhibit symptoms and confirmation by a laboratory test or colonoscopy.



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	4.0	4.0	4.1	4.6	4.7	4.4	4.4	4.1	4.0	3.8	3.3	
2014-15 Target									4.0	4.0	4.0	4.0
Total Cases	276	275	290	325	331	310	320	304	289	273	244	



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	4.0	4.6	4.2	2.0	5.2	0.6
2013-14 Q3 YTD	4.5	4.8	4.5	2.5	5.7	1.9
2014-15 Q3 YTD	3.7	4.2	3.7	1.5	4.8	1.7
2014-15 Target	4.0	4.4	4.2	1.9	5.2	0.8



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	5.5	6.1	4.1	4.3	6.4	4.1	6.2	2.3
Calgary	4.6	4.1	4.3	5.1	3.1	3.5	4.3	3.5
Central	2.1	2.7	2.4	2.4	2.1	1.4	1.3	1.7
Edmonton	5.9	6.1	5.8	5.1	5.9	5.9	4.1	4.3
North	1.5	2.0	1.7	2.0	1.0	1.0	2.6	1.4

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. 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.

Provincial Overview

Zones	Key Actions
South:	• Work continues on implementing specific activities related to Antimicrobial Stewardship. Reports outlining Defined Daily Doses for 15 antimicrobials causative of *C. difficile* was completed for 2014/2015 Q2 and will be shared with the Antimicrobial Stewardship Committee and Zone Working Groups. • Continued implementation of province wide standards for cleaning of patient care environments through quality training and auditing.
Calgary:	• Established innovative treatment options for patients with recurrent *C-diff*.
Central:	• All sites are monitoring surveillance reports and daily activities on new *C-diff* cases, infection prevention and control work with operational managers when new cases identified, and an investigation is conducted when a spike is identified. • Implemented Standardized Environmental Services protocol using Sporicidal Accelerated Hydrogen Peroxide for cleaning of inpatient rooms of patients with *C-diff*. • Pilot of Clostridium difficile infections treatment orders concluded and implementation planning under way. Tool kit will be implemented in May 2015 which includes treatment algorithms, standardized care orders, and communication plan.
Edmonton:	• Site-based Antimicrobial Stewardship committees in place. • Developed restricted antibiotic utilization process and identified sites to pilot process. • Developed defined daily dose (DDD)/100 per 100 patient days for adult patient population within identified sites. • Environmental services leading work to amalgamate shared clinical equipment cleaning and automation of portering functions as part of a pilot. • Developed document outlining 10 Key Strategies for Stopping Transmission of *C-diff* as well as new process for identifying isolation patients on the chart and ensuring infection prevention and control documentation is included in the chart.
North:	• Continue implementation of the North Zone Antimicrobial Stewardship Committee, with an initial focus on the roll-out of *C-diff* pre-printed medication orders. • Reporting mechanism pilot launched for site-level data collection for enhanced monitoring and potential for action planning to address issues.

Analysis

- The Q3 year-to-date results demonstrate significant improvement from 2013-14 and from Q2 2014-15. Provincially, the measure is better than the 2014-15 target.
- Several factors affect hospital rates of C-diff including the size, physical layout and nature of services provided, type of population served and use of antibiotics. The major objective of C-diff monitoring is to track trends in hospital facilities and the community in order to implement appropriate control measures as needed.
- Infection Prevention and Control works collaboratively with physicians and staff in hospitals and with public health by providing C-diff rates and assisting with intervention and control strategies.

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"

Hand Hygiene Percent Compliance

Zone	2011-12	2012-13	2013-14	2014-15	2014-15 Target	2015-16 Target
Provincial	50%	59%	66%	73%	71%	80%
South	61%	69%	78%	82%	80%	84%
Calgary	38%	51%	60%	67%	66%	78%
Central	75%	59%	64%	70%	69%	79%
Edmonton	43%	60%	57%	74%	64%	76%
North	64%	56%	66%	73%	71%	81%

Note: Year-end data for Hand Hygiene was reported in August 2014 for the 2014-15 fiscal year.

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"

Provincial Overview

Zones	Key Actions
South:	• Hand Hygiene Champions boards have been posted at the two regional hospitals for posting compliance rates. • Planning underway for audits to take place in continuing care facilities. • Glo Germ kits and supplies were purchased using the one-time hand hygiene funding grant.
Calgary:	• Roll-out of the new Hand Hygiene data platform to acute care sites and standardizing the process for students, return to work employees and volunteers. • New dashboard enables near real time or monthly reporting to managers and leadership that can be posted. • Hand hygiene action plans underway at several sites/units. For example, elevator banners, "Glitterbug Lamps," training additional auditors. • Continue optimization of Hand Hygiene Plan in accordance with the IPC Strategy and required monitoring of compliance.
Central:	• Improved timeliness of data on results of hand hygiene audits. Most sites/units are generating regular reports for more timely intervention and improvement on hand hygiene practice along with formal quarterly reporting. Compliance rates are regularly posted at all sites, with a move to post in areas accessible to the public. • Hand Hygiene committees share success stories across the zone. • One-time funding used to purchase GlitterBug Glow Germs kits, and posters used for educating staff, physicians, and members of the public. Training sessions underway. • Central Zone Theme – "100% CLEAN HANDS. Every patient, Every time."
Edmonton:	• Enhance Hand Hygiene protocol adherence, monitoring and reporting across all sites. PDSA cycles (Plan Do Study Act) being completed to address audit results. • Implementation underway for the Edmonton Zone Action Plan, including recruitment of project manager and reviewers, "Clean Hands Pro" pilot project on six units, and patient/family brochure available upon admission. Strategies/action plans developed for meeting 2015 Accreditation requirements. • Survey results from *No Excuse Clean Your Hands* campaign indicated increase in awareness (20%) and increase in good practices (10%) for staff.
North:	• Implemented the Hand Hygiene Action Plan. For example, using hand hygiene observations to drive change in practice, increasing awareness, discussing at site meetings.

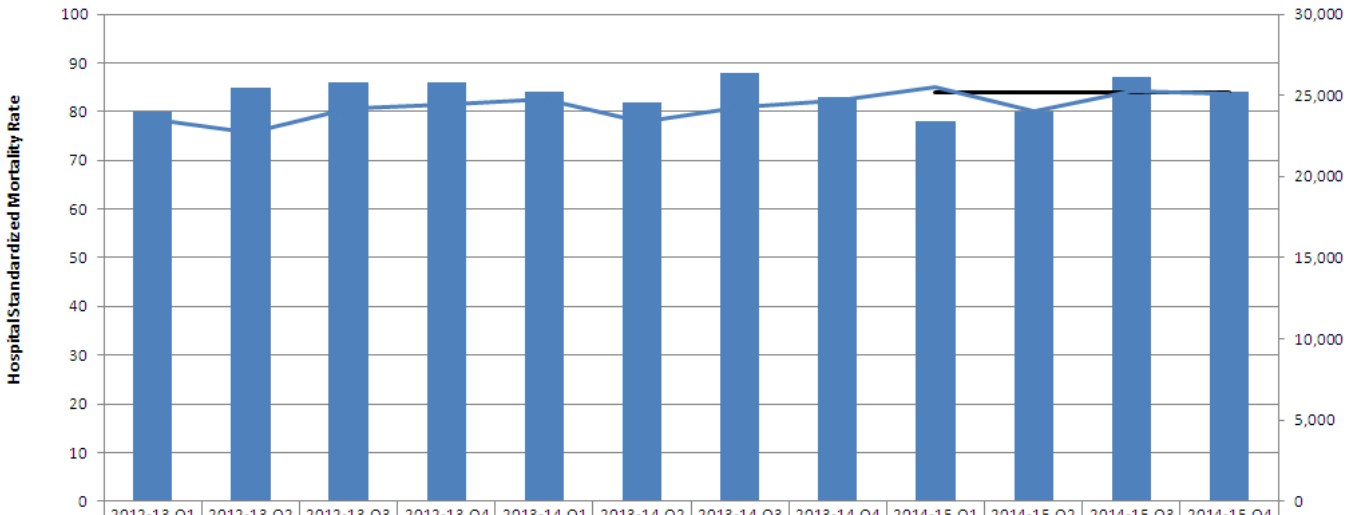
Analysis

- Hand Hygiene rates have improved significantly due to activities put into place at sites.
- This measure is reported annually but in 2015-16 Hand Hygiene Compliance rates will be reported quarterly starting in the fall of 2015.
- New Hand Hygiene data platform implemented which will enable real-time reporting of HH rates by unit, site, zone, and province. Recruitment for zone-embedded HH project teams initiated. These teams, consisting of a zone HH project manager and HH reviewers will support year-round HH observations and zone and site HH improvement initiatives.

Hospital Mortality

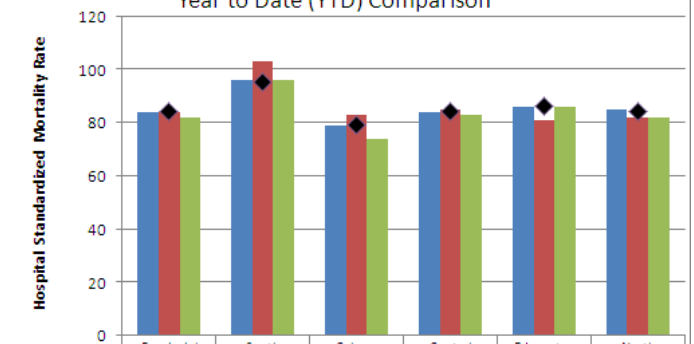
The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. AHS is performing slightly better at 82 (Q3 year to date – April to December 2014-15) than the 2013-14 national average of 85. 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.

Hospital Mortality - Provincial by Quarter



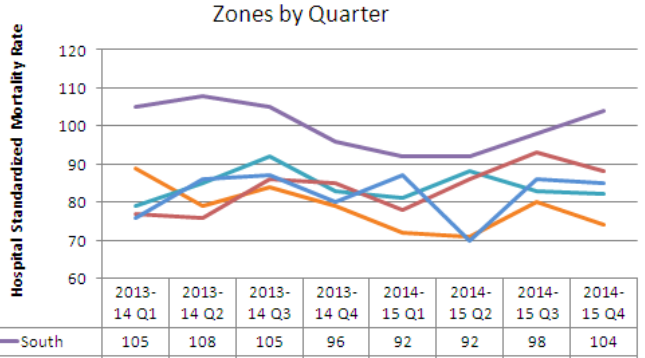
	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	80	85	86	86	84	82	88	83	78	80	87	84
2014-15 Target									84	84	84	84
Total Cases	23,550	22,725	24,166	24,447	24,750	23,342	24,274	24,721	25,551	24,042	25,238	25,068

Hospital Mortality
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	84	96	79	84	86	85
2013-14 Q4 YTD	84	103	83	85	81	82
2014-15 Q4 YTD	82	96	74	83	86	82
2014-15 Target	84	95	79	84	86	84

Hospital Mortality
Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	105	108	105	96	92	92	98	104
Calgary	89	79	84	79	72	71	80	74
Central	79	85	92	83	81	88	83	82
Edmonton	77	76	86	85	78	86	93	88
North	76	86	87	80	87	70	86	85

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. 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.

Provincial Overview

Zones	Key Actions
South:	• Implementation of Rural Stroke Action plan: Early Supportive Discharge (ESD), Stroke Unit Equivalent Care (SUEC) and Community support of stroke patients. • Continue to implement and integrate into practice best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI) such as provincial order sets. Monitoring is ongoing. • Communication with clinicians and patients underway, and charts are being reviewed for implementation of American College of Surgeons National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care. • Implementation of Medication Reconciliation practices to complete the best possible medication history on admission, transfer and discharge. For example, process maps for Transfer and Discharge, introduction of Med Red audit tool in home care and supportive living. • Participation in the Provincial Falls Prevention Collaborative in Crowsnest Pass Long Term Care & Acute Care including the following strategies for implementation in both acute and continuing care: Falling Star including environmental falls precautions, Post Fall Huddle, Comfort Rounds and Medication reviews. • Continued monitoring of Venous thromboembolism (VTE) - the most common complications of hospitalization and preventable cause of hospital death. • Planning and baseline audits complete on Dangerous Abbreviations Audit; first audit cycle in Q1 2015-16. • Implementation of the High Alert Medication Policy Suite in progress.
Calgary:	• All inpatient admissions completing Best Possible Medication History on admission, initial phase implemented in the outpatient areas, and emergency departments identifying patients on whom MedRec is required and implementing process. • Falls prevention to reduce hospital hip fracture rates implemented and underway with support from Provincial Falls Collaborative. Falls, Entrapment, Strangulation and Entanglement screening implemented on medical/surgical units at Alberta Children's Hospital.
Central:	• Rural roll out of cardiac care protocols, stroke protocols, asthma protocols, community acquired pneumonia protocols, and standard order sets. • Falls risk management program implementation underway. • Regional hospital is standardizing paths of care for select patient populations. • Implementation of Stroke Action Plan at four Central Zone Primary Stroke centers. The centers are meeting goals for trained individuals to deliver stoke care and treatment, as outlined in the Stroke Unit Equivalent Care clinical practice guidelines. • Continue implementation of Med Rec on admission, transfer and discharge with a quality focus of transitions of care.
Edmonton:	• Continue implementation of the Rural Stroke Action Plan. • Pilot ongoing on medication reconciliation process on patients to inform ongoing strategies for patients in emergency departments.
North:	• A chart audit tool has been finalized, and action plans are under development for pilot projects and phased zone rollout. • Active engagement in safe surgery checklist, hand hygiene, and other quality related initiatives combined with collaboration with IPC at local level to ensure compliance and ongoing improvement.

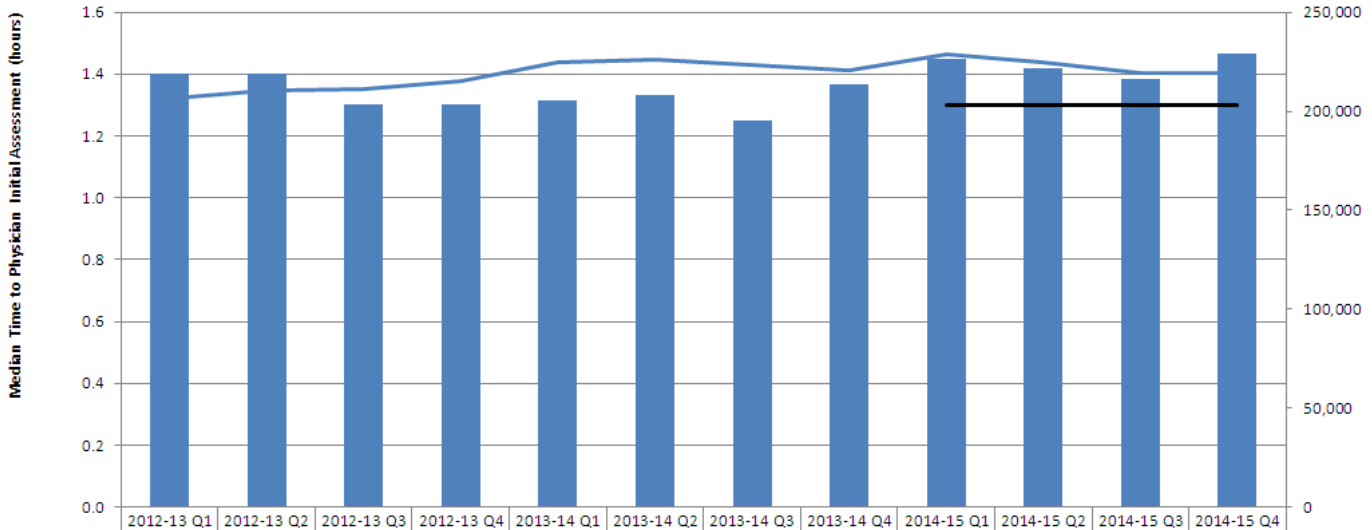
Analysis

- Q4 year-to-date demonstrates an improvement from 2013-14, and from Q3 2014-15. The measure is well below target for 2014-15.
- Alberta hospitals are using the Hospital Standardized Mortality Ratio (HSMR) for internal benchmarking purposes. Quarterly reported data helps to show hospitals how their HSMR has changed, where they have made progress, and where they can continue to improve.
- Trending HSMR results for several years has proven very useful: stable reporting year after year helps show how our HSMR has changed in relation to our quality improvement efforts – where we've made progress and where we can continue to improve.
- Each year, we carefully review the results, identify and work to implement improvements wherever possible. This year will be no exception.
- Since the ratio is less than 100, than actual overall mortality rate is lower than the expected overall mortality rate.

Emergency Department Wait to see a Physician

The average patient's length of time 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.

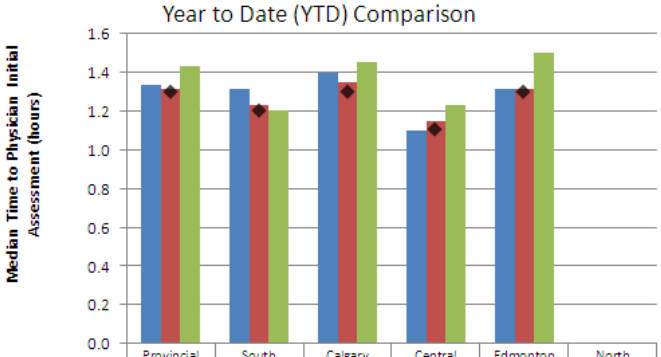
ED Time to Physician Initial Assessment - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	1.4	1.4	1.3	1.3	1.3	1.3	1.3	1.4	1.5	1.4	1.4	1.5
2014-15 Target									1.3	1.3	1.3	1.3
Total Cases	206,299	210,753	211,325	215,233	224,646	226,018	223,059	220,725	228,745	224,728	219,043	219,081

ED Time to Physician Initial Assessment

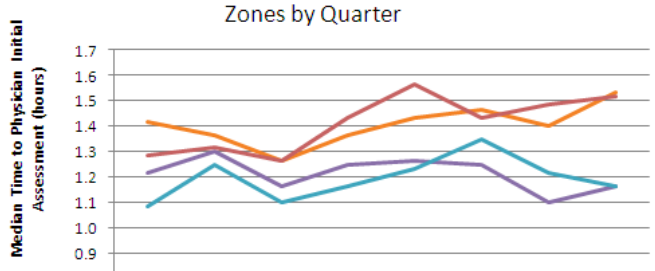
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	1.3	1.3	1.4	1.1	1.3	
2013-14 Q4 YTD	1.3	1.2	1.4	1.2	1.3	
2014-15 Q4 YTD	1.4	1.2	1.5	1.2	1.5	
2014-15 Target	1.3	1.2	1.3	1.1	1.3	

ED Time to Physician Initial Assessment

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	1.2	1.3	1.2	1.3	1.3	1.3	1.1	1.2
Calgary	1.4	1.4	1.3	1.4	1.4	1.5	1.4	1.5
Central	1.1	1.3	1.1	1.2	1.2	1.4	1.2	1.2
Edmonton	1.3	1.3	1.3	1.4	1.6	1.4	1.5	1.5
North								

Emergency Department Wait to see a Physician

The average patient's length of time 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.

Provincial Overview

Zones	Key Actions
South:	• Patient journey mapping to understand the wait times and delays of patients in the ED. • Implementation of a process change in ED admissions where the hospitalist would attend the patient in the ED to right any admission orders is complete. Collaborating with hospitals to improve response to ED and efficiency patient admissions. • Activities include implementing nursing initiated protocols through Plan-Do-Study-Act (PDSA) cycles, communication with EMS on Facility Transfer Forms, increasing triage reassessments to meet the standard of every hour, and a triage card for patients upon registration. • Work underway through Plan-Do-Study-Act (PDSA) to test opportunities to improve door to physician time for CTAS 3 (mid-level) emergency patients in the ED including streamlining, reduction of rework and implementation of parallel work processes.
Calgary:	• Physician assessment of emergency medical services (EMS) patients waiting for treatment space – enables earlier initiation Triage to Physician assessment process to support patient care and flow of EMS teams. • Work with Primary Care Networks (PCNs) on complex high-needs patients using ED. • Creating an e-PCR based integrated coordinated care program and case management tool that can inform practitioners and align patients with appropriate services and treatments with a goal of reducing unnecessary EMS transports. • Site based accreditation teams building action plans, and implementing processes to support Accreditation ROPs and Standards. For example, Falls and MedRec screening tools have been developed. • Improvement of Regional Type and Screen process to reduce documentation errors across all sites. • Working with strategic capital planning to identify opportunities to improve patient flow. • Majority of PCNs provide after-hours services throughout the year.
Central:	• Continue implementing emergency department quality initiatives to improve ED flow such as Rapid Assessment Zone (RAZ). • Increased hours of minor treatment area in the ED to assist with patient flow. • Physician scheduling demand/capacity analysis completed to support trial ED physician schedule to improve wait times.
Edmonton:	• Collaborate with Primary Care Networks to negotiate expanded after hours support at key times (Influenza season). • Create community options for complex high needs populations (i.e. Persons with Developmental Disabilities) through collaboration with ministries. • Completed EMS community programs to decrease transports of patients identified as frequently needing service patients. • Expand utilization of non-ambulance transport modalities and the initiation of critical care paramedics through implementation of a critical care transport team. Team training completed and moved to use of Critical Care Medical Control procedures begun.
North:	• Continue implementing Emergency Department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED. • Implement quality initiatives outlined in the Health Quality Council of Alberta EMS recommendations. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
Strategic Clinical Networks:	• Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015.

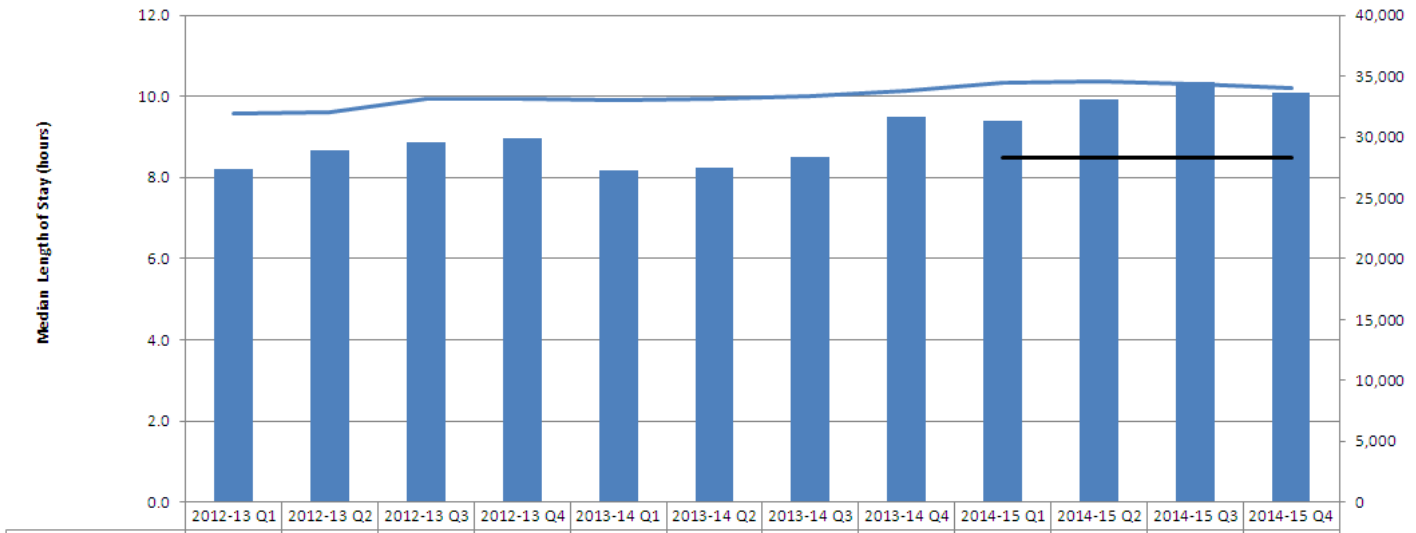
Analysis

- Q4 year to date results have shown a slight increase in wait time from Q3 2014-15. AHS did not achieve the 2014-15 target.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised FAALO policy.
- Continue to have strong liaisons with Emergency Medical Services (EMS) and review EMS destination criteria.
- Work with EMS, Primary Care Networks and other services to develop processes to support specific populations.

Emergency Department Length of Stay for Admitted Patients

The average patient's length of time 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 leave the emergency department.

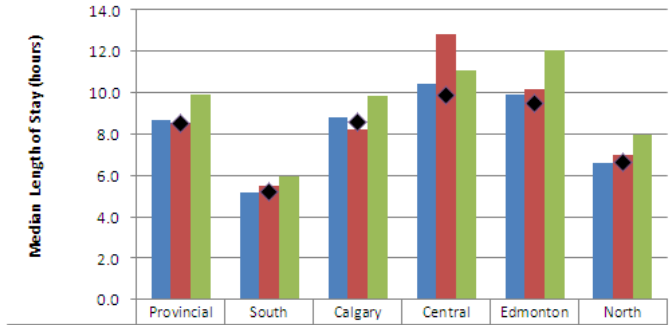
ED Length of Stay for Admitted Patients - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	8.2	8.7	8.9	9.0	8.2	8.3	8.5	9.5	9.4	9.9	10.4	10.1
2014-15 Target									8.5	8.5	8.5	8.5
Admitted from ED	31,966	32,009	33,191	33,157	33,019	33,083	33,388	33,820	34,419	34,553	34,351	34,068

ED Length of Stay for Admitted Patients

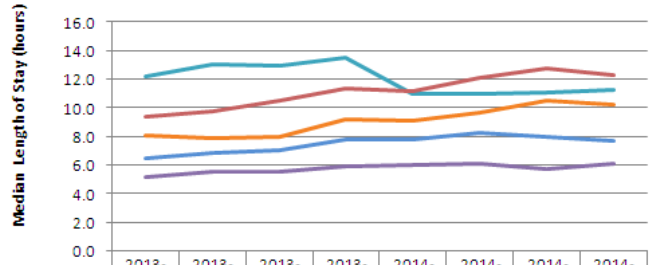
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	8.7	5.2	8.8	10.4	9.9	6.6
2013-14 Q4 YTD	8.6	5.5	8.2	12.8	10.2	7.0
2014-15 Q4 YTD	9.9	6.0	9.8	11.1	12.0	7.9
2014-15 Target	8.5	5.2	8.6	9.9	9.5	6.6

ED LOS Admissions Zone Trending

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	5.2	5.5	5.5	6.0	6.0	6.1	5.7	6.1
Calgary	8.1	7.9	7.9	9.2	9.1	9.7	10.5	10.2
Central	12.2	13.1	12.9	13.5	11.0	11.0	11.1	11.3
Edmonton	9.4	9.8	10.5	11.4	11.2	12.1	12.7	12.3
North	6.4	6.9	7.1	7.8	7.8	8.3	7.9	7.7

Emergency Department Length of Stay for Admitted Patients

The average patient's length of time 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 leave the emergency department.

Provincial Overview

Zones	Key Actions
South:	• Development of admission and discharge processes. For example, streamline patient readiness for admission using a standardized handoff format, and development of comprehensive assessment tool to triage adolescents at risk of harm to decrease wait time to inpatient assessment by psychiatrist. • Identification of high-frequency users to ED with mental health and/or addiction issues and flow mapping current state.
Calgary:	• Spread of Anticipated Date of Discharge (ADOD), Unit Councils and white boards. • Complete roll-out of all 11 CoACT milestones, such as Path to Home and collaborative practice. • Patients are linked with an appropriate Primary Care Network (PCN) for management of health issues, and linkage with community resources. Process for identification of patients appropriate for a PCN visit is initiated at Triage. • Initiated the Green Bar Project at select acute care sites, aimed at improving the inpatient transfer process for patients admitted from the ED to a unit/bed. Initiatives include the Bed Blocking Delay Tracking Sheet, daily checks and weekly progress dashboards.
Central:	• Continue implementing emergency department quality initiatives to improve ED flow such as Rapid Assessment Zone (RAZ), availability of Holter Monitors and diversion of patients directly to cardiology. • Implemented access and flow initiatives e.g. expanded patient flow coordinator coverage, improved utilization of Medworxx to identify delays in service or care and standardized reports on barriers to patient's progress. • Cardiology takes calls from rural sites (cardiac navigation) to divert appropriate patients directly to the cardiology department. • Ongoing collaboration with rural sites to repatriate patients and receive diverted ED admissions. • Opened 10 beds 24/7 on Short Stay unit and working to revise bed placement priorities/guidelines at Red Deer Regional Hospital. • Revised Overcapacity protocol currently being trialled to more accurately reflect expected actions and escalation within Red Deer Regional Hospital (RDRH) and rural sites in the zone. • RDRH Bed Turn Process developed to standardize turnaround time. • Initiated work with Clinical Quality Improvement to develop a consistent approach between RDRH and rural sites for repatriation.
Edmonton:	• Develop a plan for trauma model as part of Major Trauma Program Planning. • Implementation of revised Trauma Team Activation criteria. • Implement Trauma Quality Improvement Program (TQIP) at University of Alberta Hospital, Royal Alexander Hospital and Stollery Children's Hospital. • Developed a surge influenza plan.
North:	• Continue implementing emergency department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED and streamlining ED referral processes. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
Strategic Clinical Networks:	• Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015. • Development of a Standardized Emergency Nursing Provincial Education Program for new orientees.

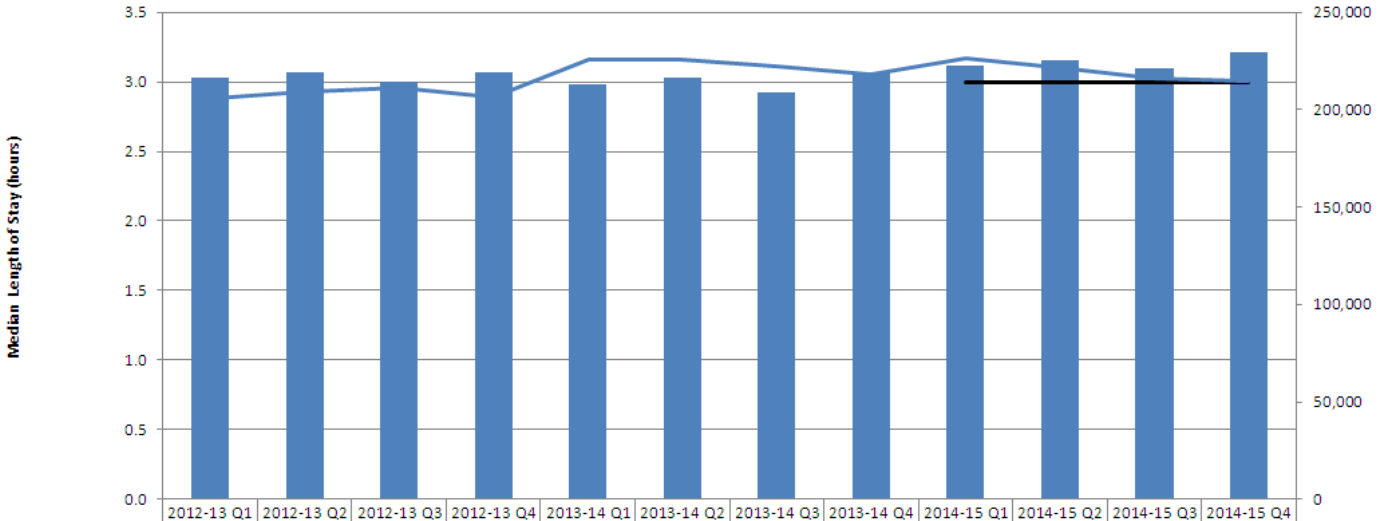
Analysis

- Q4 year to date results have shown an increase in wait time from Q3 2014-15. AHS did not achieve the 2014-15 target.
- All zones have shown a slight increase in wait times due to system capacity issues.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised FAALO policy.
- Keep action focused on patient flow initiatives realizing that improvement in performance may be realized over a longer period of time.
- Plans to increase continuing care beds underway.
- CoACT implementation is underway in all zones which will start to demonstrate a positive impact on efficiency and emergency department flow.

Emergency Department Length of Stay for Discharged Patients

The average patient's length of time 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. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they leave the emergency department.

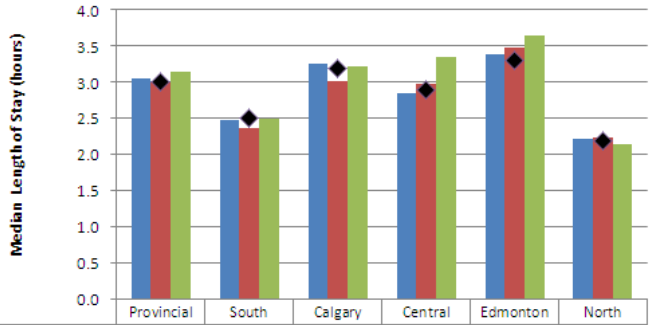
ED Length of Stay for Discharged Patients - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	3.0	3.1	3.0	3.1	3.0	3.0	2.9	3.1	3.1	3.2	3.1	3.2
2014-15 Target									3.0	3.0	3.0	3.0
Discharged from ED	205,791	209,227	211,457	206,224	225,537	225,763	222,426	218,331	226,340	221,556	216,060	214,600

ED LOS Discharges YTD Comparison

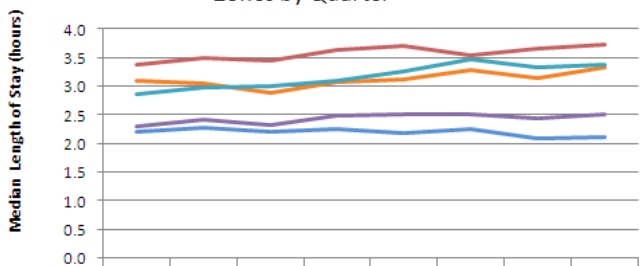
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	3.1	2.5	3.3	2.9	3.4	2.2
2013-14 Q4 YTD	3.0	2.4	3.0	3.0	3.5	2.2
2014-15 Q4 YTD	3.2	2.5	3.2	3.4	3.7	2.2
2014-15 Target	3.0	2.5	3.2	2.9	3.3	2.2

ED LOS Discharges Zone Trending

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	2.3	2.4	2.3	2.5	2.5	2.5	2.5	2.5
Calgary	3.1	3.0	2.9	3.1	3.1	3.3	3.2	3.3
Central	2.9	3.0	3.0	3.1	3.3	3.5	3.3	3.4
Edmonton	3.4	3.5	3.5	3.6	3.7	3.6	3.7	3.7
North	2.2	2.3	2.2	2.3	2.2	2.3	2.1	2.1

Emergency Department Length of Stay for Discharged Patients

The average patient's length of time 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. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they leave the emergency department.

Provincial Overview

Zones	Key Actions
South:	• Establish process for early identification of discharge needs expectation for discharge planning. • Developing a formal process for flow of patients between rural hospital ED and clinic to ensure that the most appropriate care is provided in the most appropriate setting. Develop tools necessary to execute ongoing tracking and measurement to improve this relationship. For example, workload redistribution to improve input and throughput times and increasing bed turn by having patients waiting for results do so in a treatment chair rather than bed if they can be moved.
Calgary:	• Re-referral work from emergency department to primary care began as a partnership between the Calgary Foothills Primary Care Network (PCN) and the Foothills Medical Centre as a result of the flood in Calgary in June 2013. This work continues and is offered beyond an after-hours timeframe solely, and continues to also address peak times such as influenza season and Stampede. • The results and outcomes of this work are being shared with other PCNs in terms of ensuring other potential areas of opportunity are connected.
Central:	• Implemented emergency department quality initiatives to improve ED flow e.g. Rapid Assessment Zone (RAZ), availability of Holter Monitors and diversion of patients directly to cardiology. • Cardiology takes calls from rural sites (cardiac navigation) to divert appropriate patients directly to the cardiology department. • Ongoing collaboration with PCNs to identify cost neutral opportunities. • Improved community based client flow between PCN and Addiction and MH services in Red Deer to improve access to appropriate level of services, coordination of care and transitions to appropriate services.
Edmonton:	• Completed pilot of emergency medical services (EMS), continuing care and palliative care to reduce transports of palliative care patients to ED. • Opened Emergency Department and Ambulatory Clinics at Strathcona Community Hospital and begin capital project for the development of Addiction and Mental Health Outpatient Clinics. • Plan being prepared to have Ambulatory Care 7 days per week.
North:	• Continue implementing emergency department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED. • Implement quality initiatives outlined in the Health Quality Council of Alberta EMS recommendations. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
Strategic Clinical Networks:	• Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015. • Grants related to appropriate CT imaging in EDs and Choosing Wisely in the Emergency to ensure decisions are based on the highest level of evidence.

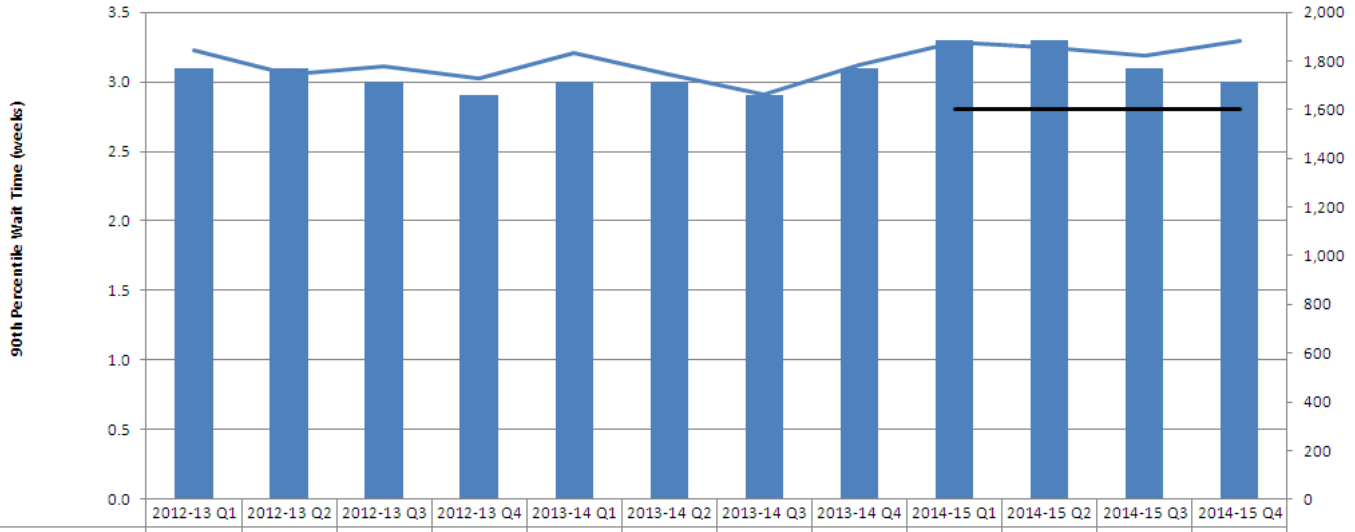
Analysis

- Q4 year to date results have shown an increase in wait time from Q3 2014-15. AHS did not achieve the 2014-15 target.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised FAALO policy.
- CoACT implementation is underway in all zones which will start to demonstrate a positive impact on efficiency and emergency department flow.

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.

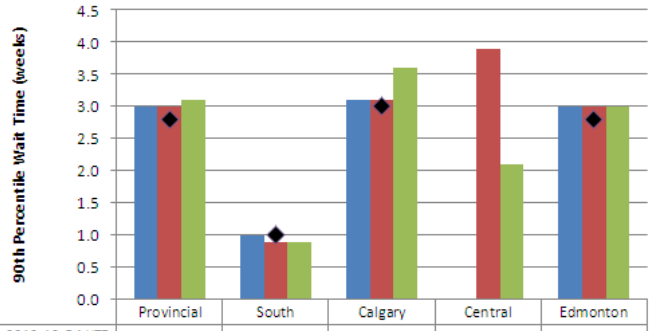
Radiation Therapy - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	3.1	3.1	3.0	2.9	3.0	3.0	2.9	3.1	3.3	3.3	3.1	3.0
2014-15 Target									2.8	2.8	2.8	2.8
1st Consult Attended	1,844	1,743	1,777	1,729	1,831	1,746	1,660	1,782	1,876	1,856	1,820	1,883

Radiation Therapy YTD Comparison

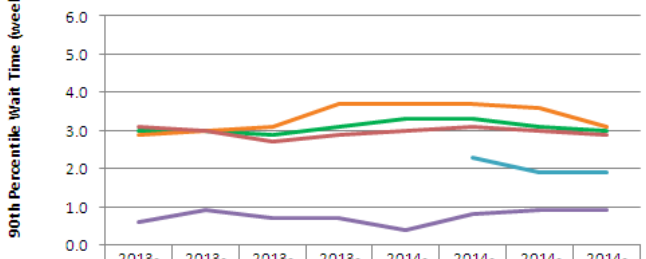
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton
2012-13 Q4 YTD	3.0	1.0	3.1		3.0
2013-14 Q4 YTD	3.0	0.9	3.1	3.9	3.0
2014-15 Q4 YTD	3.1	0.9	3.6	2.1	3.0
2014-15 Target	2.8	1.0	3.0		2.8

Radiation Therapy Access Zone Trending

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Provincial	3.0	3.0	2.9	3.1	3.3	3.3	3.1	3.0
South	0.6	0.9	0.7	0.7	0.4	0.8	0.9	0.9
Calgary	2.9	3.0	3.1	3.7	3.7	3.7	3.6	3.1
Central						2.3	1.9	1.9
Edmonton	3.1	3.0	2.7	2.9	3.0	3.1	3.0	2.9

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.

Provincial Overview

	Key Actions
Cancer Control:	• Implement operational improvement initiatives at each of the tertiary and regional cancer centres to optimize the use of health professionals and resources with the goal of improving patients' access to treatment. • Create a ten year Radiation Therapy Capital Equipment Replacement Plan. • Lead an interprovincial collaborative for the purchase of radiation treatment units (Linacs) to optimize buying power and strengthen related services and support from equipment vendors. • Planning underway to expand the Radiation Therapy Corridor through completion of the third and final component of the Radiation Therapy Corridor project in Grande Prairie.

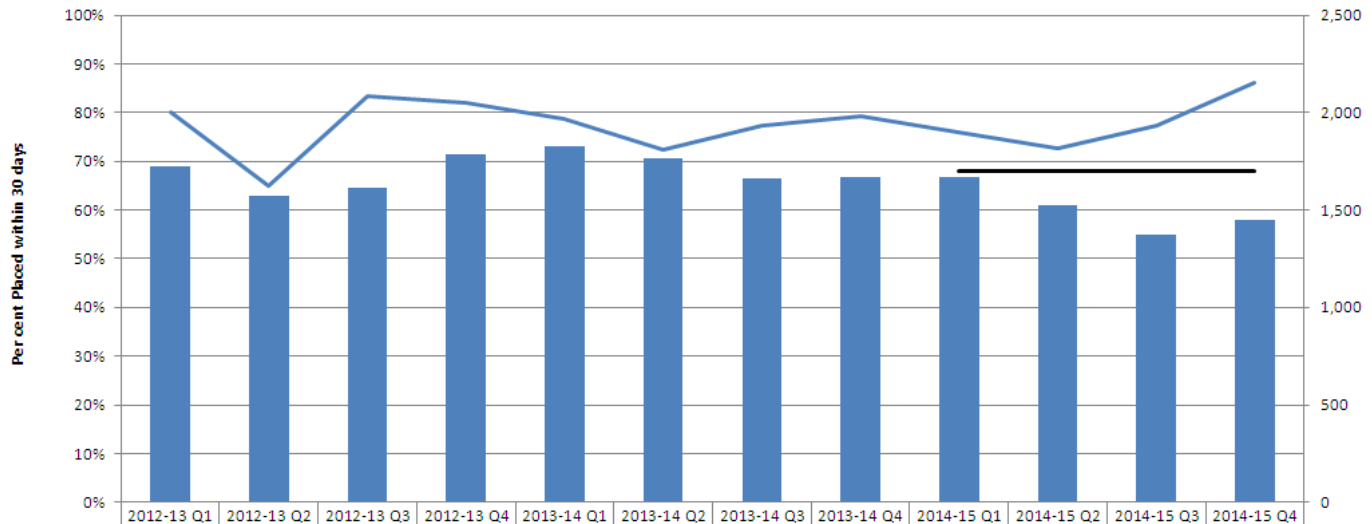
Analysis

- Q4 year to date results have shown a slight improvement from Q3 2014-15, but results worsened slightly compared to the same period as last year. AHS did not achieve the 2014-15 target.
- Long lead time for replacement of Linac equipment results in a reduction in radiation therapy capacity (10%) for greater than 12 months at a time.
- Limited functionality of older equipment also reduces capacity resulting in longer wait times for some radiation therapy services.
- Operational improvement initiatives at cancer centres were initiated to optimize the use of health professionals and resources with the goal of improving access to care.

Continuing Care Placement

The percentage of clients admitted to a continuing care space (designated 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 (acute/sub-acute) or community.

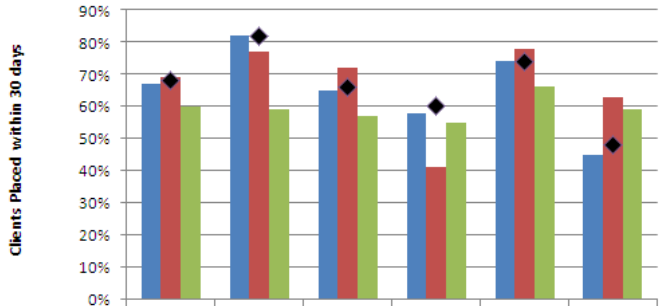
Patients Placed in Continuing Care within 30 Days - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	69%	63%	65%	72%	73%	71%	66%	67%	67%	61%	55%	58%
2014-15 Target									68%	68%	68%	68%
Clients Placed	2,003	1,625	2,082	2,051	1,968	1,811	1,933	1,982	1,899	1,819	1,936	2,156

Patients Placed in Continuing Care

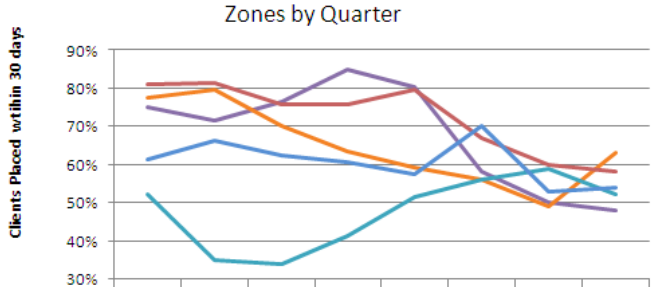
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	67%	82%	65%	58%	74%	45%
2013-14 Q4 YTD	69%	77%	72%	41%	78%	63%
2014-15 Q4 YTD	60%	59%	57%	55%	66%	59%
2014-15 Target	68%	82%	66%	60%	74%	48%

Patients Placed in Continuing Care

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	75%	71%	76%	85%	80%	58%	50%	48%
Calgary	77%	80%	70%	64%	59%	56%	49%	63%
Central	52%	35%	34%	41%	51%	56%	59%	52%
Edmonton	81%	81%	76%	76%	80%	67%	60%	58%
North	61%	66%	62%	60%	58%	70%	53%	54%

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.

Provincial Overview

Zones	Key Actions
South:	• Continue implementation of the Seniors Continuing Care Capacity Plan. • In 2014-15, South Zone opened 36 new Supportive Living spaces - 25 designated for dementia • 22 restorative care spaces opened in acute care at Medicine Hat Regional Hospital.
Calgary:	• Continue implementation of the Seniors Continuing Care Capacity Plan. • In 2014-15, Calgary Zone opened 629 continuing care spaces, 148 long term care spaces, 481 supportive living spaces - 148 designated for dementia. • Work with continuing care partners to identify hard to place patients and identify ways to repurpose or create different capacity for complex populations, determine alternate care streams for new supportive living build, and identify potential space for Persons with Developmental Disability (PDD) population and monitor use of C3 spaces for special seniors population. • Complete implementation of Advanced Care Planning/ Goals of Care Designation and move into "business as usual".
Central:	• Continue implementation of the Seniors Continuing Care Capacity Plan. • Central Zone is an active participant in the Restorative Care funding model at AHS owned and operated sites. • In 2014-15, Central Zone opened 67 continuing care spaces. • Continue to develop continuing care capacity plan for Lloydminster in partnership with Prairie North Regional Health Authority - Saskatchewan. • Continue implementation of Advance Care Planning/Goals of Care Designation. • Continue consultation with A&MH to determine options and mechanisms to identify and expand CCLO's.
Edmonton:	• Continue implementation of the Seniors Continuing Care Capacity Plan. • In 2014-15, Edmonton Zone opened 114 supportive living spaces, 97 designated for dementia. • Implement and evaluate Restorative Care Demonstration Unit at CapitalCare Norwood. • Implement and evaluate Care Management Optimization in Home Living and Transition Services. • Creation of moveEZ Communiqué one-pagers to relay messaging regarding the importance of functional mobility. • Established 6 hospice beds at Westview Health Centre to ensure right care in the right place and reduce acute care utilization for end of life care. • Increase home care capacity.
North:	• Continue implementation of the Seniors Continuing Care Capacity Plan. • In 2014-15, North Zone opened 31 supportive living spaces. • Alignment with Provincial definition and funding model for Restorative Beds in progress. • Develop and begin implement coordinated placement model.

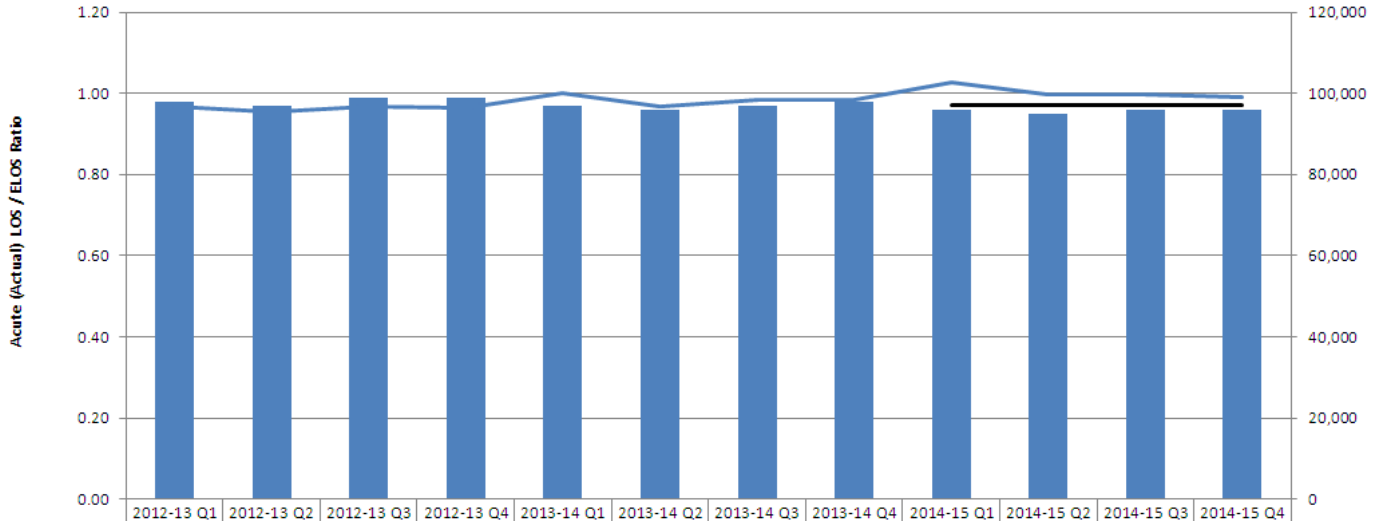
Analysis

- Q4 year to date results have shown a slight improvement from Q3 2014-15, but results worsened compared to the same period as last year. AHS did not achieve the 2014-15 target.
- Provincially less people are being placed within 30 days due to system capacity issues.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised FAALO policy.
- The number of people waiting in acute care for continuing care placement has increased by 351 individuals from last Q4 2013/14 (n=1,193) to Q4 2014/15 (n=1,544).
- From April 2014 to March 2015, over 880 net new continuing care beds have been opened across the province.
- Since April 2010, as of March 31, 2015, we've added approximately 4,250 spaces to the continuing care system, and more spaces will continue to be added in the coming years.
- Work in underway to develop restorative care, a multi-program approach to restoring a person's abilities to a level that makes independent living an option.

Acute (Actual) Length of Hospital Stay Compared to Expected Stay

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

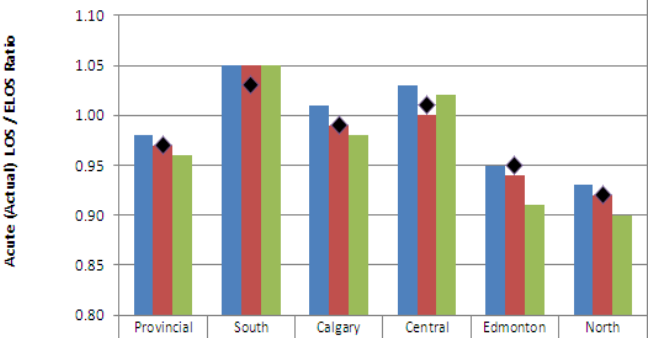
Acute (Actual) LOS / Expected LOS Ratio - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	0.98	0.97	0.99	0.99	0.97	0.96	0.97	0.98	0.96	0.95	0.96	0.96
2014-15 Target									0.97	0.97	0.97	0.97
Discharges	96,924	95,369	96,820	96,423	99,989	96,835	98,406	98,535	102,782	99,637	99,825	99,035

Acute (Actual) LOS / Expected LOS Ratio

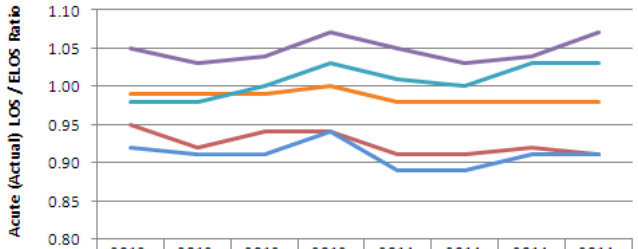
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	0.98	1.05	1.01	1.03	0.95	0.93
2013-14 Q4 YTD	0.97	1.05	0.99	1.00	0.94	0.92
2014-15 Q4 YTD	0.96	1.05	0.98	1.02	0.91	0.90
♦2014-15 Target	0.97	1.03	0.99	1.01	0.95	0.92

Acute (Actual) LOS / Expected LOS Ratio

Zones by Quarter



	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
South	1.05	1.03	1.04	1.07	1.05	1.03	1.04	1.07
Calgary	0.99	0.99	0.99	1.00	0.98	0.98	0.98	0.98
Central	0.98	0.98	1.00	1.03	1.01	1.00	1.03	1.03
Edmonton	0.95	0.92	0.94	0.94	0.91	0.91	0.92	0.91
North	0.92	0.91	0.91	0.94	0.89	0.89	0.91	0.91

Acute (Actual) Length of Hospital Stay Compared to Expected Stay

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

Provincial Overview

Zones	Key Actions
South:	• Continue implementation of CoAct and patient flow initiatives. For example, Integrated plan of care being developed for each patient/family and updated daily including the anticipated date of discharge and incorporation into Meditech; Rapid Round and Quality Boards are being installed, and Inter-professional Assessment education packages distributed. • Identification of obstacles and reasons for delays with new intravenous antibiotic orders for sepsis NYD and/or uro-sepsis and/or test changes and implement process changes to eliminate or reduce these delays (physician-led project). • Using the IHI hospital waste identification tool- ward module, a pilot study will be conducted to determine any areas of waste associated with bed utilization (physician-led project). • Held day 1 of Patient Flow Boot Camp as part of the patient flow spread and sustainability plan to new flow team members, physician champions and 2-3 rural acute care teams not involved in patient flow with Day 2 of the learning event planned. • Med-Surg is using AHS Improvement Way (AIW) to standardize the process for patient admission to the most appropriate service and is using PDSA cycles to work on patient-centred care. • Continue to work with contracted providers to add additional continuing care capacity in the community and to identify opportunities to reduce the number of days supportive living 4 and long term care beds are empty.
Calgary:	• Continue implementation of CoAct and patient flow initiatives. • Increase acute care capacity – Medicine Beds.
Central:	• Continue implementation of CoAct and patient flow initiatives e.g. NOD, comfort rounds, ADOD, Rapid rounds, bedside whiteboards underway. • Implementation of restorative care programs underway at 5 rural sites. • Utilization of Medworxx optimized to support patient flow and safe discharge.
Edmonton:	• Continue implementation of CoAct and patient flow initiatives. For example, team huddles, comfort rounds, quality councils, whiteboard optimization, and Rapid Rounds, NOD (Name-Occupation-Duty), and patient orientation folders. • Implement moveEZ for integration of functional mobility guidelines with other initiatives like CoACT. • Implement Enhanced Recovery After Surgery (ERAS) for colorectal surgery, fractured hip care pathway. • Increase acute care capacity with 18 additional medicine beds opened and a new bed map developed for the University of Alberta Hospital.
North:	• Continue implementation of CoAct and patient flow initiatives. For example, Quality Councils being formed, Rapid rounds being implemented, a rural focused working group is developing a rural workforce model. • Continue implementation of discharge planning tools such as the rural discharge planning model.
Strategic Clinical Networks:	• Implement new and consistent ways of managing care before, during, and after specific colorectal surgeries by focusing on mobility, nutrition, hydration and pain management (ERAS), currently implemented at six sites in Calgary and in Edmonton, showing an increase in compliance with protocol at all sites from 40% to 63% and a reduction in average complication rates. • Implement Elder Friendly care units at specific sites.

Analysis

- Overall, the provincial results have improved slightly and are better than target.
- AHS has improved the average length of stay of patients relative to their expected length of stay compared to previous years, bringing this ratio below one in 2012-13. This performance has been improving, but there is still opportunity for improvement for this ratio to increase efficiency in our hospitals.

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.

Per Cent diagnosed at early Stages

Zone	2008	2009	2010	2011	2012	2014-15 Target	2015-16 Target
Provincial	**64%**	**65%**	**67%**	**66%**	**67%**	**67%**	**70%**
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%

No quarterly update as this is an annual measure.

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.

Provincial Overview

Zones	Key Actions
South:	• Work with Primary Care Networks and Lab regarding options to increase uptake of FIT (Fecal Immunochemical Testing), targeting clinics with low FIT test return rates. • Provide education for primary care physicians on the use of FIT testing. For example a Screening Clinic Nurse visited primary care offices to review screening processes leading to an increase in referrals to the screening clinic. • Monitor and evaluate FIT testing implementation. There were 3,095 screening colonoscopies performed as of March 31, 2015 (annual target 3,345). • Develop and implement clear follow-up processes for patients with positive FIT results.
Calgary:	• Work with Primary Care Networks and Lab regarding options to increase uptake of FIT, targeting clinics with low FIT test return rates. • Provide education for primary care physicians on the use of FIT testing. • Monitor and evaluate FIT testing implementation. • Develop and implement clear follow-up processes for patients with positive FIT results by implementing Alberta Colorectal Cancer Screening Program (ACRCSP) quality guidelines, gap identification on processes with primary care physicians, and a pilot.
Central:	• A coordinated approach to colonoscopies has been developed that addresses provincial standards for colon cancer screening: implemented FIT Testing across the zone as the average-risk colon cancer screening tool as well as meeting the reporting requirements for ACRSP. 37% of all screening and surveillance colonoscopies were for a positive FIT. • Colorectal Cancer Primary Care Engagement Working Group has been engaging physicians regarding early detection of cancer for colorectal (FIT). • ORM on-line reporting module has been developed and installed in all rural facilities that complete colonoscopy screening in operating room settings.
Edmonton:	• Increased uptake has occurred such that patients requiring colonoscopies post FIT wait times have increased. There has been an uptake of FIT testing in the Edmonton Zone (approximately 43% of all provincial samples) with 10% of all samples testing positive. • Developed a new plan to reallocate resources from low uptake site to high uptake site. • Continue to book mobile breast screening clinics in rural communities. • Birth Control Centre offers cervical cancer screening to clients during clinic visits for contraception as per provincial screening guidelines. • Working with Family Care Clinic to provide cervical cancer screening to attached patients that fit the criteria. • Continue to enhance ability to utilize ambulatory EMR (eClinician) to trigger early detection.
North:	• Continue delivering community cancer screening programs (e.g. mobile screening services, cervical screening, fecal immunochemical test, colonoscopy). For example, rolled out a standardized FIT colonoscopy screening form, and Community Health offering FIT. • Engagement with Alberta Cancer Prevention Legacy Fund to promote and enhance awareness of cancer risks and screening. • Implement the Enhanced Access to Cancer Screening Project Community Planning Kit was implemented in targeted communities (17 communities) and action plans under development for areas with low screening rates. • Expand cancer screening to First Nation communities to improve access to services. • Toward Optimized Practice's panel management is being promoted and encouraged across all Primary Care Networks. • Ongoing Screen Test mobile mammography services delivered to multiple communities. Mobile announcement letters, informing communities of upcoming Screen Test visits, delivered to multiple communities.

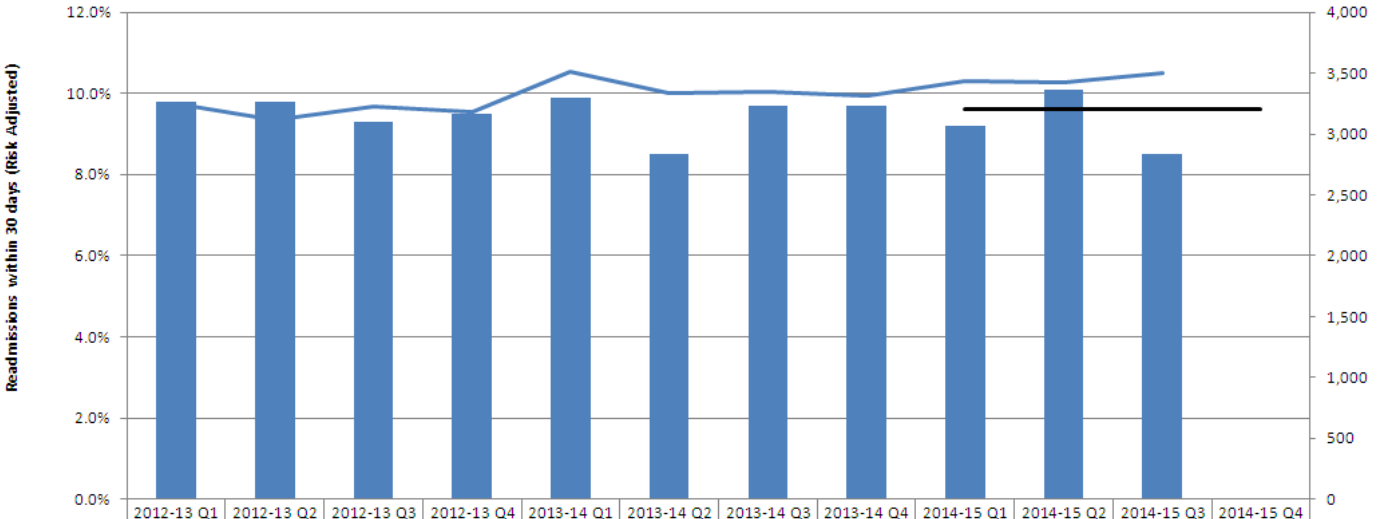
Analysis

- Data is published annually.
- The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individual's knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions.
- The volumes of Fecal Immunochemical Testing (FIT) as the primary entry level screening test for individuals at average risk of colorectal cancer steadily increased with over 263,000 individuals aged 50-74 having completed the tests in 2014-15, a 36.2 per cent increase from 2013-14 (FIT was implemented November 2013).
- Continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program.
- Work is underway within the zones to offer cervical cancer screening to clients during clinic visits as per provincial screening guidelines.
- Working with primary care physicians and Primary Care Networks to build awareness.

Mental Health Readmissions

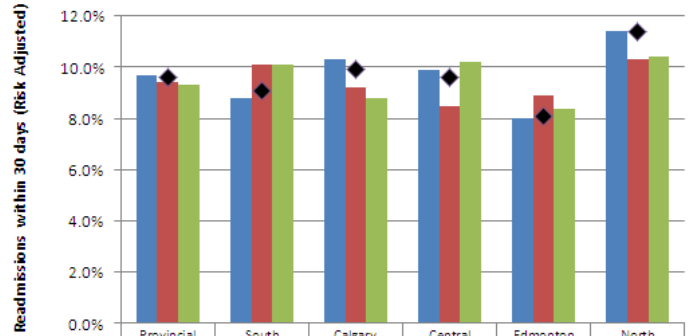
The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes scheduled readmissions such as for planned follow-up care.

Mental Health Readmissions - Provincial by Quarter



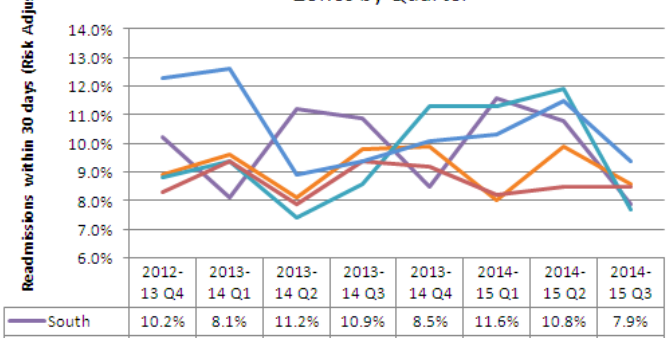
	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	9.8%	9.8%	9.3%	9.5%	9.9%	8.5%	9.7%	9.7%	9.2%	10.1%	8.5%	
2014-15 Target									9.6%	9.6%	9.6%	9.6%
Total Cases	3,248	3,120	3,225	3,187	3,514	3,331	3,350	3,313	3,440	3,423	3,503	

Mental Health Readmissions
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	9.7%	8.8%	10.3%	9.9%	8.0%	11.4%
2013-14 Q3 YTD	9.4%	10.1%	9.2%	8.5%	8.9%	10.3%
2014-15 Q3 YTD	9.3%	10.1%	8.8%	10.2%	8.4%	10.4%
2014-15 Target	9.6%	9.1%	9.9%	9.6%	8.1%	11.4%

Mental Health Readmissions
Zones by Quarter



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	10.2%	8.1%	11.2%	10.9%	8.5%	11.6%	10.8%	7.9%
Calgary	8.9%	9.6%	8.1%	9.8%	9.9%	8.0%	9.9%	8.6%
Central	8.8%	9.4%	7.4%	8.6%	11.3%	11.3%	11.9%	7.7%
Edmonton	8.3%	9.4%	7.9%	9.4%	9.2%	8.2%	8.5%	8.5%
North	12.3%	12.6%	8.9%	9.4%	10.1%	10.3%	11.5%	9.4%

Mental Health Readmissions

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

Provincial Overview

Zones	Key Actions
South:	• Strategic and operational plan completed. • Develop and implement pediatric mental health algorithm and decision tree to admit violent, and flight risk patients in addition to the medical stabilizing OD/Suicide risk. • Redesign of intake process for adult mental health services for community services. Redesign based on care provided to patients with a concurrent capable model of care. • Implementation of suicide policy suite underway. • Streamline services from intake to therapy for domestic violence offenders referred by the court system. • Working with Primary Care Networks to develop approaches to enhance case management for patients with complex needs.
Calgary:	• Repurposed 14 bed adult unit into an inpatient adolescent mental health unit. • Contact patients within 7 days of discharge to provide post-discharge support and reinforcement of discharge recommendations. • Reduce hospitalization for Community Treatment Orders (CTO) clients with a mental disorder one year post CTO issuance. • Planning underway for a Day Hospital at the South Health Campus. Anticipated completion date April 2015.
Central:	• Work with physicians, Primary Care Networks, and Family Care Clinics to enhance case management of individuals with mental health concerns. For example, improved community-based client flow, developing a Discharge Continuity Project to link inpatient and community services, use of Telemental Health, enhanced mental health liaisons, and participation on multiple housing committees, and enhanced linkages with corrections and with continuing care. • For children's mental health, collaborating in a School Delivery Model, an Empathy/Resiliency Program, as well as Children's Capacity Building projects, and enhanced staff training. • Develop Mental Health Service Planning as part of the Long Range Service Plan.
Edmonton:	• Consolidate and expand existing community addiction and mental health services into three new clinic locations outpatient clinics: Strathcona Community Hospital and Forensic Community Services are open, and Leduc scheduled to open in spring/summer 2015. • The Community Urgent Services and Stabilization Team expanded to include Social Work and Addiction Counsellors. • Capital planning required for Alberta Hospital Edmonton and Royal Alexandra Hospital (Concurrent Disorders Capable Treatment Continuum Project). • An integrated electronic health record (eClinician) launched in 37 departments with full implementation by July 2015. • Opiod dependency program pilot initiated with Community Pharmacy to administer medication at the clinic as part of developing a provincial model.
North:	• Implementation of Addiction and Mental Health Strategic and Operational Plan. For example, project charter, dashboards for tracking MH readmissions, pilot sites identified, Grande Prairie emergency department access integration, • Implementation of Aboriginal Mental Health Strategy and action plan (service area based action planning). • Initiate recruitment of aboriginal mental health traveling team comprising of an aboriginal mental health cultural helper and therapist. • Pilot established in Fort McMurray with crisis therapist responding to at risk youth at schools rather than in emergency departments.
Strategic Clinical Networks:	• Work continues on an adolescent depression clinical pathway (EMPATHY). The pilot pathway will screen adolescent for mental health and substance use issue and then provide appropriate interventions. The following has taken place: pre-screening, online interventions, resiliency lessons and referrals to specialized services. • The AMH SCN is facilitating data and information sharing between zones to discuss opportunities for managing increased workload and complexity.

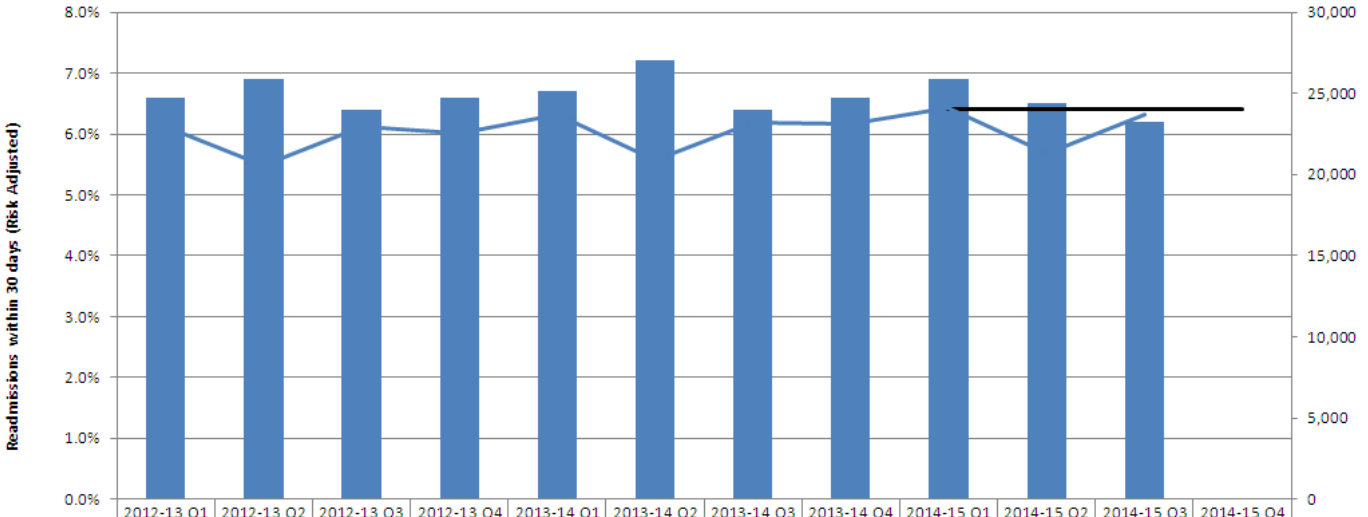
Analysis

- Q3 year-to-date results improved from Q2 2014-15, as well as same time period as last year. The measure is exceeding the target for 2014-15 (9.6%).
- AHS is working on leveraging technology, providing innovative outreach programs, and expanding efforts in telehealth, mobile clinics, outreach teams, mobile crisis response team.
- AHS continues to enhance more formal contracts and partnership for collaborative service delivery in Aboriginal communities.

Surgical Readmissions

The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes scheduled readmissions such as for planned follow up care.

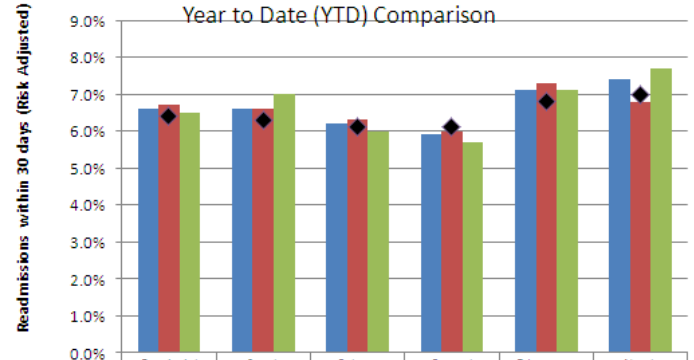
Surgical Readmissions - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	6.6%	6.9%	6.4%	6.6%	6.7%	7.2%	6.4%	6.6%	6.9%	6.5%	6.2%	
2014-15 Target									6.4%	6.4%	6.4%	6.4%
Total Cases	22,964	20,564	22,991	22,576	23,664	20,852	23,173	23,124	24,150	21,323	23,712	

Surgical Readmissions

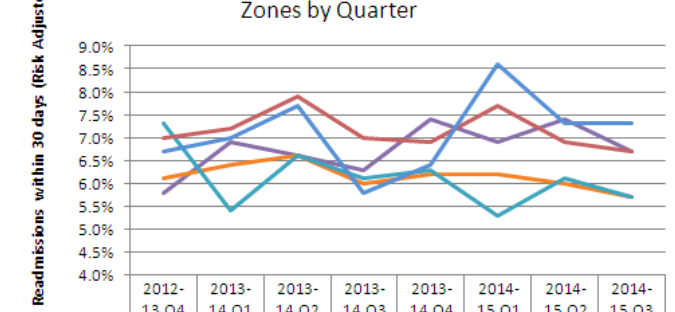
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	6.6%	6.6%	6.2%	5.9%	7.1%	7.4%
2013-14 Q3 YTD	6.7%	6.6%	6.3%	6.0%	7.3%	6.8%
2014-15 Q3 YTD	6.5%	7.0%	6.0%	5.7%	7.1%	7.7%
♦ 2014-15 Target	6.4%	6.3%	6.1%	6.1%	6.8%	7.0%

Surgical Readmissions

Zones by Quarter



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	5.8%	6.9%	6.6%	6.3%	7.4%	6.9%	7.4%	6.7%
Calgary	6.1%	6.4%	6.6%	6.0%	6.2%	6.2%	6.0%	5.7%
Central	7.3%	5.4%	6.6%	6.1%	6.3%	5.3%	6.1%	5.7%
Edmonton	7.0%	7.2%	7.9%	7.0%	6.9%	7.7%	6.9%	6.7%
North	6.7%	7.0%	7.7%	5.8%	6.4%	8.6%	7.3%	7.3%

Surgical Readmissions

The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes scheduled readmissions such as for planned follow up care.

Provincial Overview

Zones	Key Actions
South:	• Implementation of the American College of Surgeons National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care. Physician engagement ongoing to establish reporting and accountability structure.
Calgary:	• Increase cases and decrease wait times for uro-gynecological surgeries. • Increase capacity for Alberta Thoracic Oncology Program (ATOP) surgeries (cancer surgery). • Monitor volumes and impact of Adult Coding Access Target for Surgery (aCATS) on wait times and inpatient bed resources. For example, aCATS data utilized to prioritize vascular and oncology surgery access across all specialties • Construction work at Peter Lougheed Centre: vascular surgery underway, Women's Health redevelopment waiting approval, and neonatal intensive-care unit construction.
Central:	• Falls risk management pilots completed and implementation underway, including educational support programs/training, at long-term care, home care, and acute care. • Implement and sustain medication reconciliation (MedRec) in all settings at admission, transfer and discharge • Implementation of National Surgical Quality Improvement Program (NSQIP) is underway. • Fully implemented Safe Surgical Checklist at surgical sites. • Planning is complete for using Enhanced Recovery After Surgery (ERAS) protocols with implementation in 2015-16. • Work on an obstetrical and surgical service plan is underway and is being incorporated into Long Range Planning processes.
Edmonton:	• Complete Surgical and Operative Services Planning. For example, implementation complete of aCATS at all sites and initiated with non-hospital surgical facilities, and implementation of the cardiovascular surgery plan resulting in about 228 additional cardiac surgeries in 2014-15. • Implement additional capacity for cancer surgery and associated beds, for example increased the number of cases, opened six additional beds, and developed a mitigation plan for cysto and endobronchial ultrasound (EBUS). • Implementation underway of new ERAS protocols including major gynecology and urology procedures. • Implement Head and Neck and Hip Fracture pathway.
North:	• Work to support the Surgery Strategic Clinical Network in development of a provincial surgical service planning framework to guide surgical planning and decision making. • Implement OAG recommendations for reprocessing and sterilization.
Strategic Clinical Networks:	• Completed implementation of the Safe Surgery Checklist and transitioned to clinical operations. • Continue implementation of aCATS which standardizes surgical wait times based on patient's condition and level of urgency. Current implementation accounts for 70.1% of adult surgeries in Alberta. • Continue implementation of ERAS for colorectal surgeries. • Develop and implement standardized pathways to decrease system demands on length of stay (e.g. Catch a Break program to prevent subsequent fractures, hip fracture pathway to reduce wait time from fracture to operating room and for post acute, rectal cancer pathway to reduce recurrence and risk of death, head and neck surgical pathways to improve patient outcomes and quality of life).

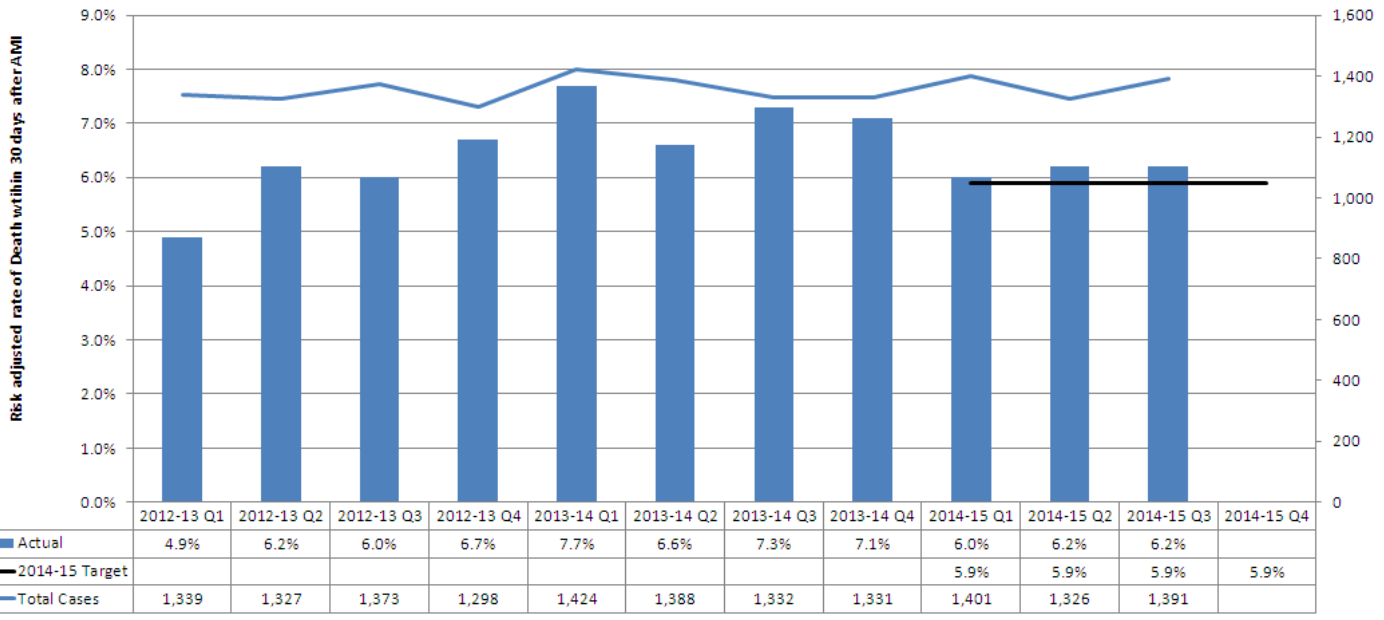
Analysis

- Q3 year-to-date readmission results improved from Q2 2014-15, as well as same time period as last year. The measure is slightly above the target for 2014-15 (6.4%).
- The Strategic Clinical Networks have made significant strides to improve surgery readmissions. For example, the completion of Safe Surgery Checklist and the implementation of National Surgical Quality Improvement Program (NSQIP) and the Trauma Quality Improvement Program (TQIP).

Heart Attack Mortality

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

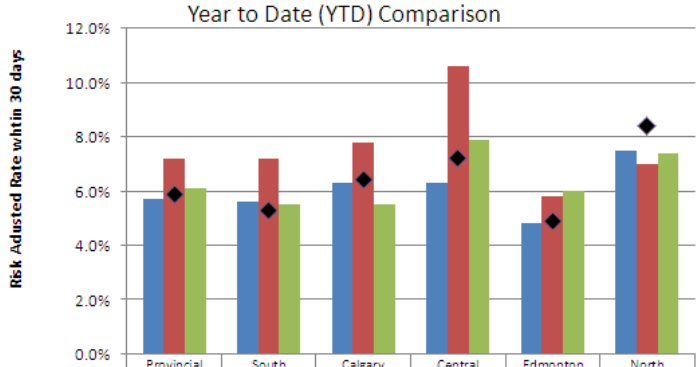
Heart Attack Mortality - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	4.9%	6.2%	6.0%	6.7%	7.7%	6.6%	7.3%	7.1%	6.0%	6.2%	6.2%	
2014-15 Target									5.9%	5.9%	5.9%	5.9%
Total Cases	1,339	1,327	1,373	1,298	1,424	1,388	1,332	1,331	1,401	1,326	1,391	

Heart Attack Mortality

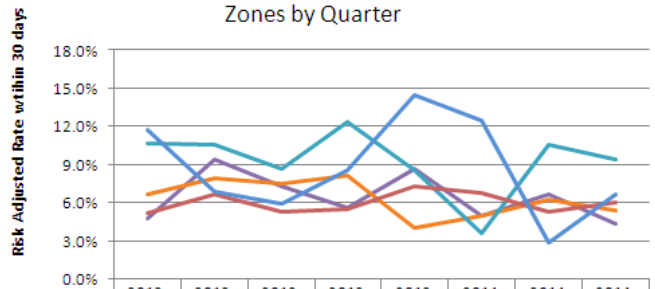
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	5.7%	5.6%	6.3%	6.3%	4.8%	7.5%
2013-14 Q3 YTD	7.2%	7.2%	7.8%	10.6%	5.8%	7.0%
2014-15 Q3 YTD	6.1%	5.5%	5.5%	7.9%	6.0%	7.4%
2014-15 Target	5.9%	5.3%	6.4%	7.2%	4.9%	8.4%

Heart Attack Mortality

Zones by Quarter



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	4.7%	9.4%	7.3%	5.6%	8.7%	5.0%	6.7%	4.3%
Calgary	6.7%	7.9%	7.5%	8.1%	4.0%	5.0%	6.2%	5.4%
Central	10.7%	10.6%	8.7%	12.3%	8.5%	3.6%	10.5%	9.4%
Edmonton	5.2%	6.6%	5.3%	5.5%	7.3%	6.8%	5.3%	6.0%
North	11.7%	6.9%	5.9%	8.6%	14.5%	12.5%	2.9%	6.6%

Heart Attack Mortality

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

Provincial Overview

Zones	Key Actions
South:	• Following best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI).
Calgary:	• Focus on strategies that address heart attack mortality, such as implementation of projects including improving ED times (door-to-needle time). • Calgary and Edmonton Zones collaborating with Emergency Department SCN on STEMI (ST segment elevation myocardial infarction) quality improvement initiative and Calgary Zone collaborating to support South Zone regional centres. • Provide quality improvement through direct feedback with teams involved in heart attack care includes quarterly meetings of zone cardiac, emergency department and EMS, as well as monthly reviews of all STEMI cases.
Central:	• Continue development of education and information resources to optimize patient education and consistency as they transition between ICU and Cardiology and prepare for discharge. • Completed feasibility review and needs assessment for a Cardiac Catheterization Lab/ Interventional Cardiology Service. • Develop provincial chest pain protocol. Review with Cardiovascular Heart and Stroke SCN on low risk chest pain approach completed. • Cardiac Care protocols rolled out at rural sites.
Edmonton:	• Focus on strategies that address heart attack mortality such as implementation plan for new STEMI order, rollout of Vital Heart Response program, and discussions to implement new antiplatelet therapy, and development of 30 Day AMI benchmarks. Full integration of Non ST Segment Elevation Myocardial Infarction (NSTEMI) orders and recommendations are embedded in current order sets. • Provide quality improvement through direct feedback with teams involved in heart attack care. • Ongoing education provided to NAIT paramedic students with the goal of embedding STEMI best practices in their education. • Collaboration between SCN, Analytics and Cardiac Sciences to understand mortality data in order to target efforts between STEMI, NSTEMI & Unstable Angina took place.
North:	• Full integration of Non ST Segment Elevation Myocardial Infarction (NSTEMI) orders and recommendations are embedded in current order sets. • Completed engagement with Primary Care Networks and Family Care Clinics to promote participation in C-CHANGE guideline implementation with bi-monthly review of the training model to ensure all staff levels are educated and ready to implement acute coronary syndrome protocol.

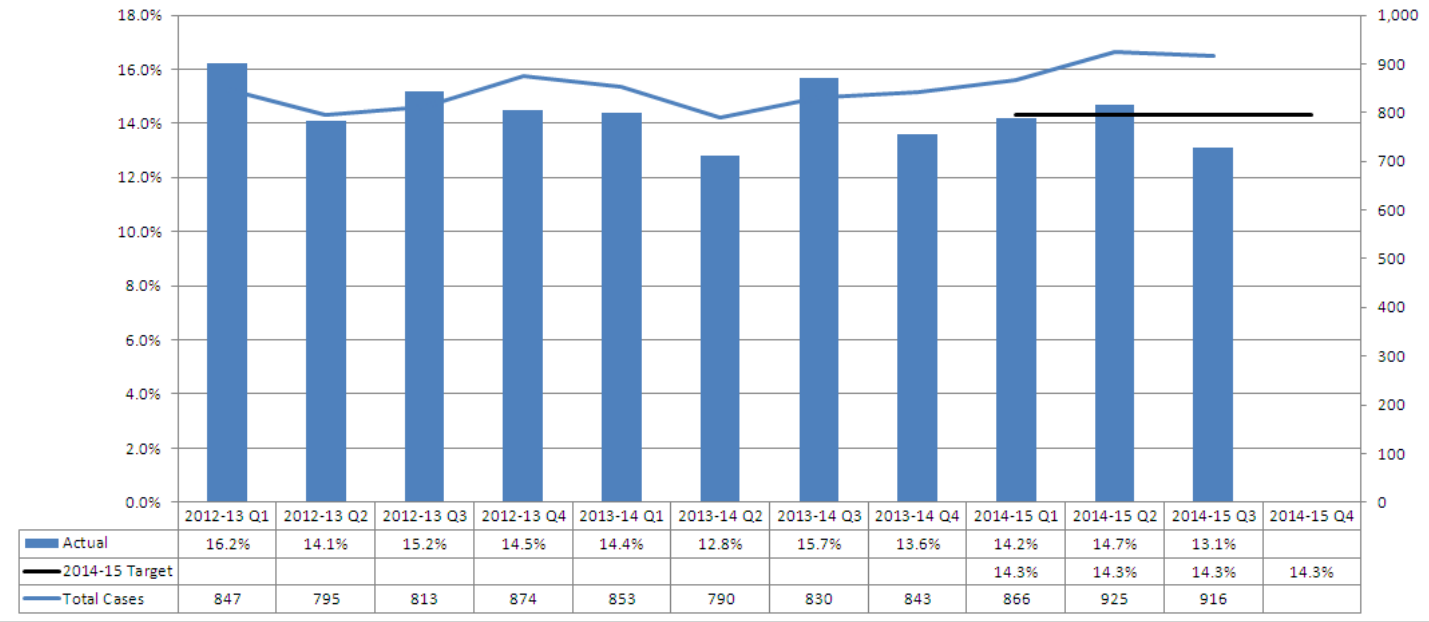
Analysis

- Q3 year-to-date results have remained stable in 2014-15, however, compared to the same time period as last year, there has been a significant improvement to reach target.
- Various improvement initiatives (e.g. NSTEMI orders) across the province are having positive outcomes on heart attack mortality rates.

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.

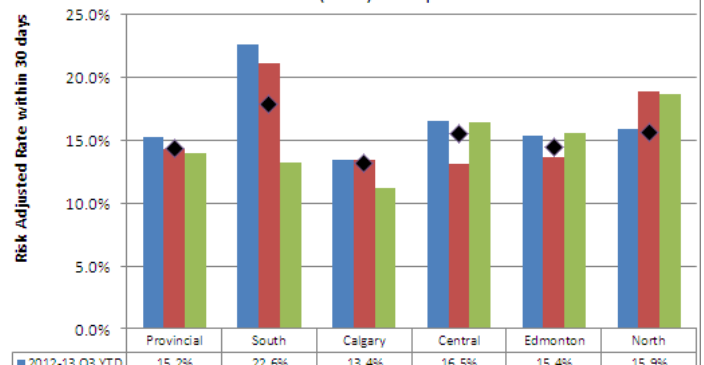
Stroke Mortality - Provincial by Quarter



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	16.2%	14.1%	15.2%	14.5%	14.4%	12.8%	15.7%	13.6%	14.2%	14.7%	13.1%	
2014-15 Target									14.3%	14.3%	14.3%	14.3%
Total Cases	847	795	813	874	853	790	830	843	866	925	916	

Stroke Mortality

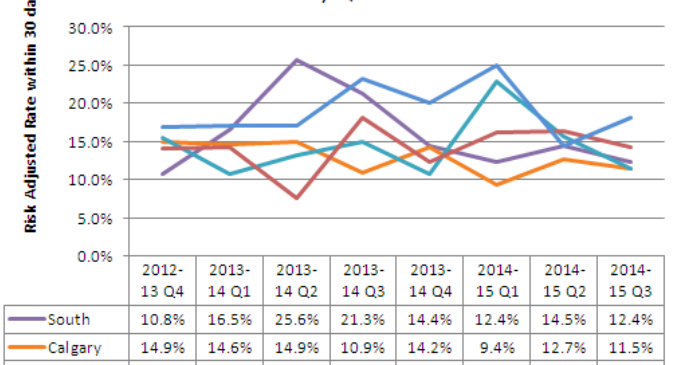
Year to Date (YTD) Comparison



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q3 YTD	15.2%	22.6%	13.4%	16.5%	15.4%	15.9%
2013-14 Q3 YTD	14.3%	21.1%	13.4%	13.1%	13.6%	18.9%
2014-15 Q3 YTD	14.0%	13.2%	11.2%	16.4%	15.6%	18.7%
2014-15 Target	14.3%	17.8%	13.2%	15.5%	14.4%	15.6%

Stroke Mortality

Zones by Quarter



	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3
South	10.8%	16.5%	25.6%	21.3%	14.4%	12.4%	14.5%	12.4%
Calgary	14.9%	14.6%	14.9%	10.9%	14.2%	9.4%	12.7%	11.5%
Central	15.5%	10.8%	13.2%	14.9%	10.8%	22.8%	15.7%	11.5%
Edmonton	14.0%	14.2%	7.5%	18.1%	12.4%	16.1%	16.4%	14.3%
North	16.8%	17.1%	17.1%	23.3%	20.1%	25.0%	14.5%	18.2%

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.

Provincial Overview

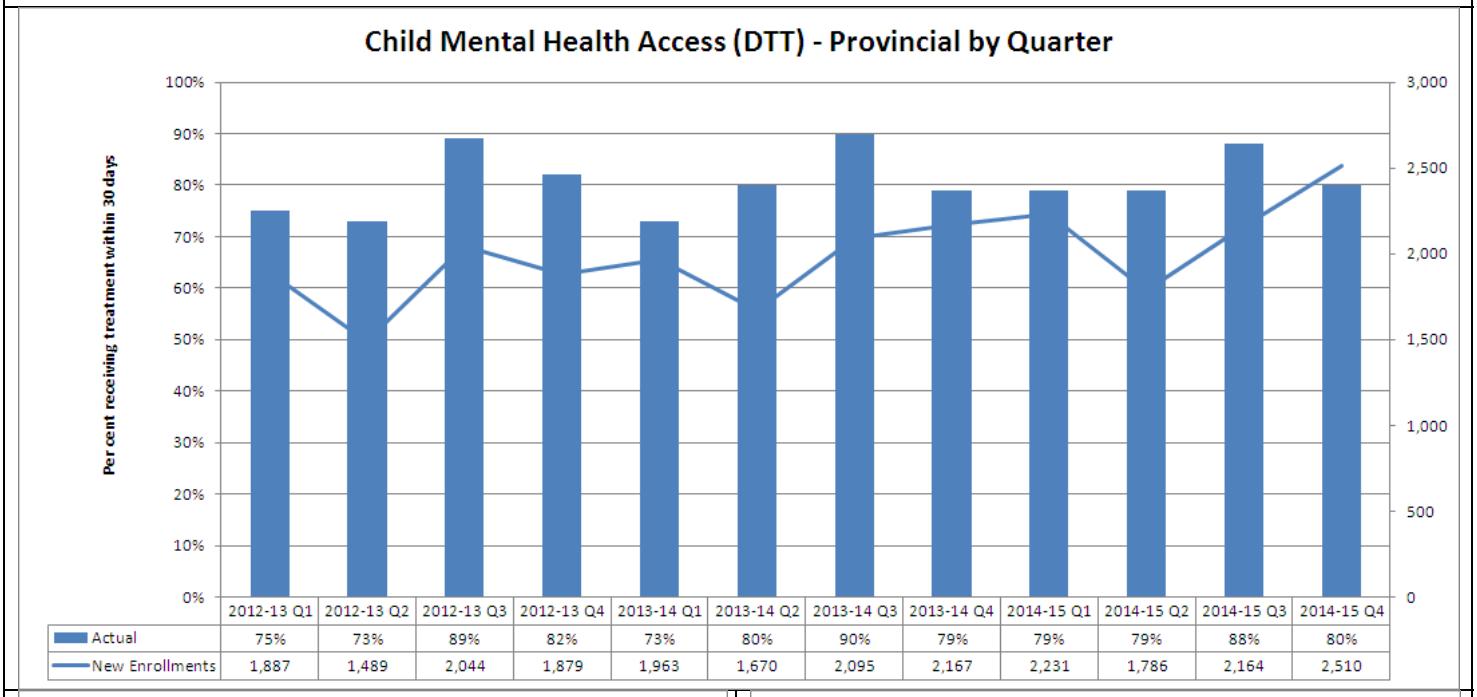
Zones	Key Actions
South:	• Continue implementation of Rural Stroke Action plan: Early Supportive Discharge (ESD) and Stroke Unit Equivalent Care (SUEC) and Community support of stroke patients. For example, charting and collecting data electronically underway, pilot developed for depression screen, SUEC pilot underway with all acute stroke patients being scheduled for three hours of therapy, opportunities for collaboration being investigated, and patient education binder being developed.
Calgary:	• Continue improvement in Door-to-Needle (DTN) times for tPA (tissue plasminogen activator) for acute stroke; and a reduction in median DTN times. • Median DTN time reduced from 43 minutes (YTD 2014) from 51 minutes (2013); provincial benchmark is 78 minutes. tPA access and DTN time improvements commended in Calgary Stroke Program Accreditation/Canada Stroke Distinction report. • Maintaining increased access to Stroke Unit Care associated with improved flow from ESD and Central Stroke Rehab Coordination. • Incorporate quality review of Alberta stroke strategy guidelines in action plan including SUEC at primary stroke centres. • Implement the Rural Stroke Action Plan: SUEC is expected to reduce mortality by 15%.
Central:	• Continue ESD and program monitoring and evaluation of ESD pilot such as acquired funding for permanent positions in the Early Supported Discharge Team and monitoring rates for trends. • Implement SUEC at primary stroke centres (currently four with an additional one under review) through adherence to standards created for small urban and rural Primary Stroke Centres that follow. • Work with SCN to evaluate stroke services in comparison to Canadian Stroke Best Practice Guidelines.
Edmonton:	• Continued improvement in DTN times for tPA for acute stroke; and a reduction in median DTN times. DTN is below national benchmarks. • Increase access to SUEC associated with improved flow from ESD and Central Stroke Rehab Coordination. • Incorporate quality review of Alberta stroke strategy guidelines in action plan including SUEC at primary stroke centres. • Implement the Rural Stroke Action Plan. • Increase access to same day assessment for high risk TIA (transient ischaemic attack) patients (24 hours). • Maintain the Stroke Service of Distinction Award from Accreditation Canada. • Work with non-stroke sites to ensure stroke neurology consultation is obtained urgently and patients are transferred.
North:	• Completed engagement with stakeholders and develop an implementation plan for Stroke Unit Equivalent Care within six Primary Stroke Centres (PSCs) and one non-PSC site. Scorecard goals have been met and permanent funding for new stroke positions is being established. • Engage stakeholders and develop an implementation plan for Stroke Early Supported Discharge for Queen Elizabeth II Regional Hospital. • Community pharmacies were engaged and provided education on screening and early vascular risk management. • New partner, Alberta Newsprint Company, has been secured on the vascular risk screening and early management demonstration project.
Strategic Clinical Networks:	• Calgary and Edmonton stroke centres are participating (as mentors) in the in the Stroke Action Plan Learning Collaborative. • Work underway with zones to establish sustainability plans for ESDs and SUECs and improve quality and availability of stroke care in rural areas.

Analysis

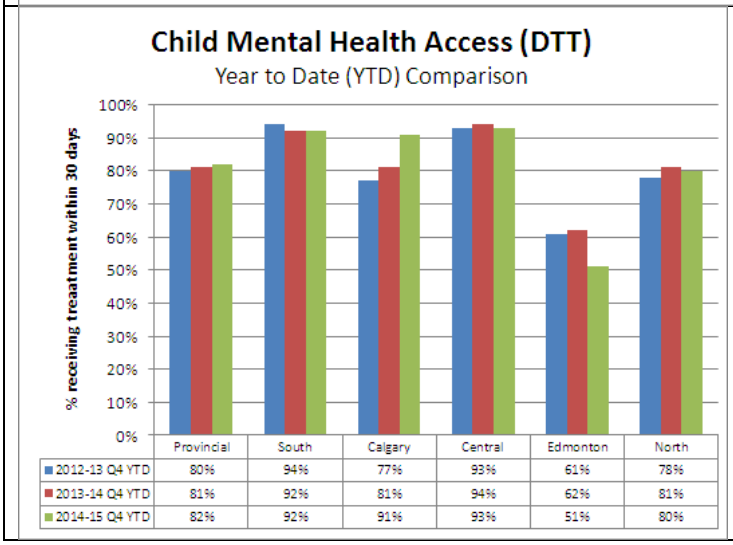
- Q3 year-to-date results improved significantly from Q2 2014-15 and from the same time period as last year. Stroke mortality rates are better than the target for 2014-15 (14.3%).
- Various quality improvement initiatives (e.g. improvement in DTN times for tPA) across the province are having positive outcomes on stroke mortality rates.
- The Early Supported Discharge (ESD) and Stroke Unit Equivalent Care (SUEC) projects were awarded the 2014 Canadian Stroke Congress Chairs' Award for Impact.
- By March 2015, 574 ESD patients enrolled at five participating sites and 2,448 SUEC patients received care at 14 participating sites.

Child Mental Health Access - Decision to Treat (DTT)

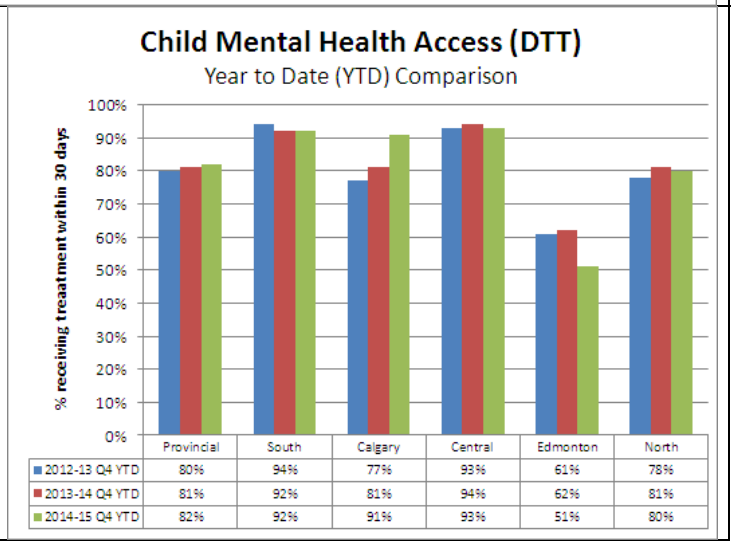
Percent of children aged 0 to 17 years who have been referred for scheduled mental health services and have had a face to face assessment with a mental health therapist within a thirty day period from referral.



	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	2013-14 Q4	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4
Actual	75%	73%	89%	82%	73%	80%	90%	79%	79%	79%	88%	80%
New Enrollments	1,887	1,489	2,044	1,879	1,963	1,670	2,095	2,167	2,231	1,786	2,164	2,510



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	80%	94%	77%	93%	61%	78%
2013-14 Q4 YTD	81%	92%	81%	94%	62%	81%
2014-15 Q4 YTD	82%	92%	91%	93%	51%	80%



	Provincial	South	Calgary	Central	Edmonton	North
2012-13 Q4 YTD	80%	94%	77%	93%	61%	78%
2013-14 Q4 YTD	81%	92%	81%	94%	62%	81%
2014-15 Q4 YTD	82%	92%	91%	93%	51%	80%

Child Mental Health Access – Decision to Treat (DTT)

Percent of children aged 0 to 17 years who have been referred for scheduled mental health services and have had a face to face assessment with a mental health therapist within a thirty day period from referral.

Provincial Overview

Zones	Key Actions
South:	• Work continues with the implementation of the South Zone Addiction and Mental Health Strategic Plan. • The South Zone Ready-to-treat (RTT) wait time is 93% for 2014-15 compared to the South Zone decision-to-treat (DTT) wait time of 92% in the same time period. RTT reflects the wait time when an appointment was offered and DTT reflects the wait time when the actual assessment occurred.
Calgary:	• AIM principles being used to ensure patient access and flow despite growing population and demand for services; there has been a 7% increase in enrolments since 2012-13. • The Calgary Zone Ready-to-treat (RTT) wait time is 95% for 2014-15 compared to the Calgary Zone decision-to-treat (DTT) wait time of 91% in the same time period. RTT reflects the wait time when an appointment was offered and DTT reflects the wait time when the actual assessment occurred.
Central:	• Participated on three Regional School Delivery collaborates with the Regional Collaborative School Delivery Model – cross ministerial initiative school divisions, AHS Addiction and Mental Health (A&MH) and Allied Health and Child and Family Services. • Partnered in Empathy/Resiliency Program in Red Deer – recent government announcement to expand program to several more communities. • Nine Children's' Capacity Building projects occurred across Central Zone. • Enhanced staff training in cognitive behavioural therapy and dialectical behavioural therapy occurred. • Participated with Provincial Addiction and Mental Health portfolio to explore possible enhancements to children's A&MH resources/supports in response to rural quality assurance review. • The Central Zone Ready-to-treat (RTT) wait time is 97% for 2014-15 compared to the Central Zone decision-to-treat (DTT) wait time of 93% in the same time period. RTT reflects the wait time when an appointment was offered and DTT reflects the wait time when the actual assessment occurred.
Edmonton:	• Edmonton Zone clinics had reduced intake capacity from April to Dec 2014 due to implementation of eClinician EMR and ongoing vacancies in key clinical positions. • All community clinics are now operating at full capacity and are catching up on a backlog of referrals. • The Strongest Families Institute is being utilized to manage some of the referrals (45 per month), however they are not registered and counted as a new enrolment in this wait time measure. • The Edmonton Zone has moved to a completely centralized intake system. Families are now offered the first available appointment anywhere in the Zone, because the Intake therapists can see (using eClinician EMR) where the next appointment is. Families have more choice as to the date, time and location of the clinic they wish to accept. • The Edmonton Zone Ready-to-treat (RTT) wait time is 77% for 2014-15 compared to the Edmonton Zone decision-to-treat (DTT) wait time of 51% in the same time period. RTT reflects the wait time when an appointment was offered and DTT reflects the wait time when the actual assessment occurred.
North:	• Pilot established in Fort McMurray with crisis therapist responding to at risk youth at schools rather than having them attend emergency department. Pilot will be evaluated in June. • The North Zone Ready-to-treat (RTT) wait time is 84% for 2014-15 compared to the North Zone decision-to-treat (DTT) wait time of 80% in the same time period. RTT reflects the wait time when an appointment was offered and DTT reflects the wait time when the actual assessment occurred.

Analysis

- Q4 year-to-date results have improved slightly from same time period as last year.
- Monthly wait time data for Alberta is reported based on a "Decision-to-Treat" (DTT) calculation.
- Recently, national efforts to align provincial wait times reporting are moving to "Ready-to-Treat" (RTT) based measures as a more accurate indicator of system performance. Ready-to-Treat is the date when a child has been offered an appointment for mental health services with a therapist within a thirty day period from referral. This provides a good proxy for removing patient unavailable time from the reported wait time.
- The provincial Ready-to-treat wait time is 89% for 2014-15 compared to the provincial decision-to-treat wait time of 82% in the same time period.
- AHS want patients to know exactly how long it will take for them to have access to services that improve their health and believe the new data is a step forward in the quality of how we measure our performance; it removes patient-driven delays such as vacations and allows more robust comparison with other provinces.