

AHS Q1 2015-16 Performance Report

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Introduction

The following 17 performance measures align with the overall direction for the organization as outlined by the Minister of Health and the Official Administrator. They provide a more balanced snapshot across the spectrum of care and include measures for acute care as well as those for community-based care and better patient outcomes in the areas of seniors' care, mental health and cancer care. The measures for satisfaction with long-term care, continuing care placement, early cancer detection and mental health readmissions are good examples of how the measures now better reflect the whole health care system. These performance measures reflect key areas within the health system important to Albertans and important health indicators held as standards within health care.

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

The 17 performance measures were chosen because they are also held as standards of care across the country and are used as key indicators of how well health systems are doing nationally. They reflect a goal and standard to be achieved over time and targets have been set for two consecutive years. As needed, the measures and targets will evolve over time to reflect current priorities and progress.

The 2015-16 targets were established in the AHS 2014-17 Health and Business Plan. Zones and sites have different targets because they are starting from different points. Some sites will need to focus their improvement efforts in some areas rather than others. The health care needs of the populations they serve are also different. We've taken these factors into account in setting their individual targets.

The measures support AHS' priorities and initiatives, and are aligned with the Alberta Health Quality Matrix.

Performance Summary

When we look at Q1 2015-16, we can see improvements in a significant number of areas when comparing performance quarter-over-quarter. It is important to make comparisons on the same period as last year, versus comparing only consecutive quarters, as it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences. AHS remains committed to building on its performance through quality improvement and innovation, and strive towards the goal of delivering the type of health care system expected by Albertans.

AHS continues to see throughput increases in many areas. The demand for services continues to increase within the province with the volume tables below each measure. Initiatives within AHS are being put in place in an effort to not only move measures towards their targets but also to compensate for these increases in demand.

The data has been updated as of September 30, 2015; only 15 measures are reported quarterly. Two measures, Early Detection of Cancer (Canadian Community Health Survey Data) and Satisfaction with Long Term Care (HQCA) are reported by external sources, and their reporting cycles do not align with AHS quarterly reporting.

Eleven (11) out of the 15 performance measures are at or better than the same time last year:

- | | |
|--|--|
| 1. Satisfaction with Hospital Care | 7. Children's Mental Health Access |
| 2. C-Diff Infection Rate (target achieved) | 8. Mental Health Readmission (target achieved) |
| 3. Hand Hygiene Compliance Rate | 9. Surgical Readmission |
| 4. ED Wait to see a Physician | 10. Heart Attack Mortality |
| 5. ED Length of Stay for Admitted Patients | 11. Stroke Mortality |
| 6. Access to Radiation Therapy | |

Four out of the 15 performance measures have not demonstrated improvement from the same time last year:

- Given the relatively small denominator associated with mortality rates within a quarter, quarter to quarter fluctuations are expected. AHS will be monitoring this measure in Q2 to determine if this change represents a temporary fluctuation or requires deeper investigation and action. This measure is better than the 2015/16 target.
- The ED length of stay for Discharged Patients has deteriorated in performance due to system capacity issues with increased number of inpatients waiting for continuing care placement in acute care units which impacts patient flow.
- The percentage of people placed in continuing care within 30 days has shown deterioration in performance. Over 880 continuing care spaces were opened in 2014-15. In the first five months of 2015-16 (April 1 to August 31, 2015), 542 new continuing care beds were added: 511 Supportive Living Beds, 26 Palliative Beds and 5 Long Term Care Beds.
- The ALOS/ELOS performance has worsened since the same time period as last year. AHS is working on implementing initiatives to ensure beds in acute care are used in the most efficient manner.

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| Performance Measures Dashboard | 2014-15 Performance | 2014-15 Q1 YTD | 2015-16 Q1 YTD | Comparative Performance ↑ Improvement → Stability ↓ Area requires additional focus | Target 2015-16 |
|--|--|-----------------------------------|------------------|---|----------------|
| Acceptability | | | | | |
| Satisfaction with Hospital Care: <i>The percentage of adult patients who rated their overall care in hospital as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.</i> | 81.8% | 82.5% | 82.5% | → | 84% |
| Satisfaction with Long Term Care: <i>The percentage of families of long term care residents who rated the overall care as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.</i> | Reported by HQCA in 2007 as 71% and in 2010 as 73%. In spring 2014, HQCA conducted its third long-term care family experience survey. Provincial results will be made public in 2015. | | | ↑ | 78% |
| Safety | | | | | |
| Hospital-Acquired Clostridium difficile Infections: <i>The number of Clostridium difficile infections (C-diff) acquired in hospital every 10,000 days of care. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta.</i> | 3.5 | 3.8 | 3.4 | ↑ | 4.0 |
| Hand Hygiene: <i>The percentage of times health care workers clean their hands during the course of patient care.</i> | 73.4% | Not previously reported quarterly | 78.5% | ↑ | 80% |
| Hospital Mortality: <i>The actual number of deaths compared to the expected number of deaths in hospital. Values less than 100 mean fewer than expected deaths in Alberta.</i> | 82 | 78 | 82 | ↓ | 84 |
| Accessibility | | | | | |
| Emergency Department Wait to see a Physician*: <i>The average patient's length of time in emergency department before being seen by a physician at the 17 busiest emergency departments.</i> | 1.4 hours | 1.5 hours | 1.4 hours | ↑ | 1.2 hours |
| Emergency Department Length of Stay for Admitted Patients*: <i>The average patient's length of time in the emergency department before being admitted to a hospital bed at the 16 busiest emergency departments.</i> | 9.9 hours | 9.4 hours | 9.4 hours | → | 8.2 hours |
| Emergency Department Length of Stay for Discharged Patients*: <i>The average patient's length of time in the emergency department before being discharged at the 17 busiest emergency departments.</i> | 3.2 hours | 3.1 hours | 3.2 hours | ↓ | 2.8 hours |
| Access to Radiation Therapy: <i>The length of time or less that 9 out of 10 patients wait to receive radiation therapy.</i> | 3.1 weeks | 3.3 weeks | 2.9 weeks | ↑ | 2.6 weeks |
| Children's Mental Health Access: <i>Percent of children (age 0-17 years) offered scheduled community mental health treatment within 30 days from referral.</i> | 89% | 86% | 87% | ↑ | 90% |

| Performance Measures Dashboard | 2014-15 Performance | 2014-15 Q1 YTD | 2015-16 Q1 YTD | Comparative Performance ↑ Improvement → Stability ↓ Area requires additional focus | Target 2015-16 |
|---|--|----------------------------|-----------------------------------|---|------------------|
| Appropriateness | | | | | |
| Continuing Care Placement: <i>The percentage of people placed into continuing care within 30 days of being referred.</i> | 60% | 67% | 60% | ↓ | 70% |
| Efficiency | | | | | |
| Acute (Actual) Length of Hospital Stay Compared to Expected Stay: <i>The actual length of stay in hospital compared to the expected length of stay in hospital. Every .01 drop in this ratio means we can treat over 3,200 more patients in hospital every year.</i> | 0.96 | 0.96 | 0.99 | ↓ | 0.96 |
| Effectiveness | | | | | |
| Early Detection of Cancer: <i>The percentage of patients with breast, cervical and colorectal cancers who are diagnosed at early stages.</i> | 66% (2011) 67% (2012) 68% (2013) | Reported Annually | Reported Annually | ↑ | 70% |
| Mental Health Readmissions**: <i>The percentage of mental health patients with unplanned readmission to hospital within 30 days of leaving hospital.</i> | 9.3% | 9.4% 2013-14 Q4 YTD | 9.3% 2014-15 Q4 YTD | ↑ | 9.6% 2014-15 |
| Surgery Readmissions**: <i>The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving hospital.</i> | 6.5% | 6.7% 2013-14 Q4 YTD | 6.5% 2014-15 Q4 YTD | ↑ | 6.4% 2014-15 |
| Heart Attack Mortality**: <i>The percentage of patients dying in hospital within 30 days of being admitted for a heart attack.</i> | 6.1% | 7.2% 2013-14 Q4 YTD | 6.1% 2014-15 Q4 YTD | ↑ | 5.9% 2014-15 |
| Stroke Mortality**: <i>The percentage of patients dying in hospital within 30 days of being admitted for a stroke.</i> | 13.9% | 14.1% 2013-14 Q4 YTD | 13.9% 2014-15 Q4 YTD | ↑ | 14.3% 2014-15 |

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

** This measure is reported a quarter later due to the requirement to follow-up with patients after the end of the reporting quarter.

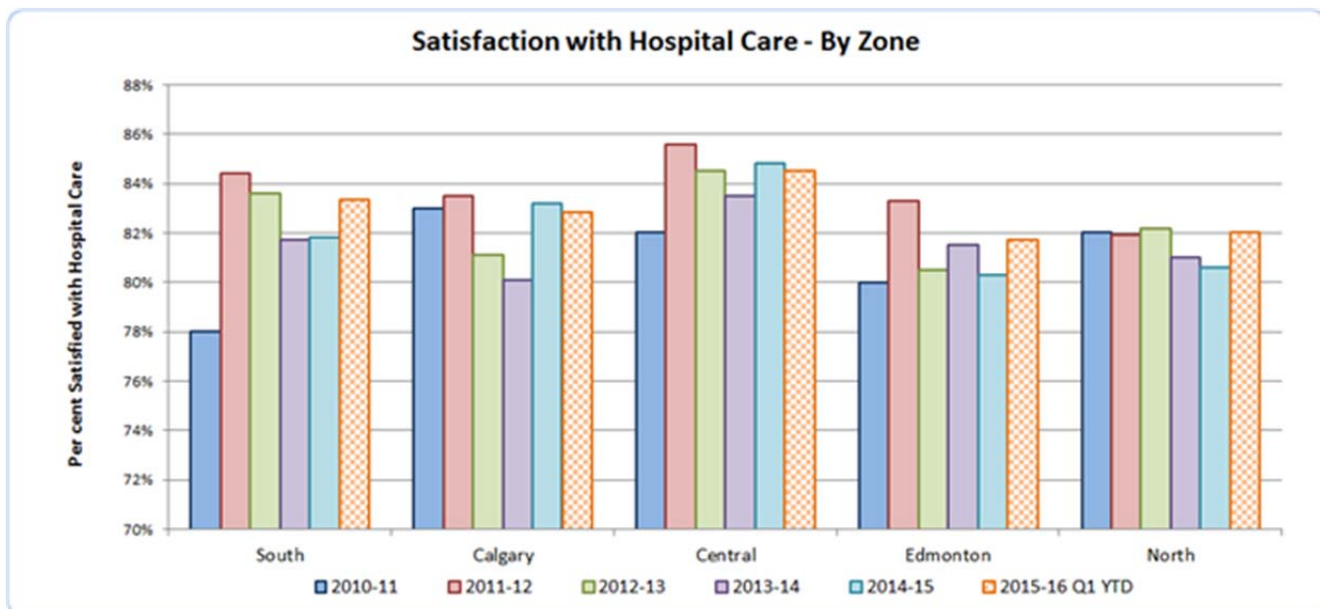
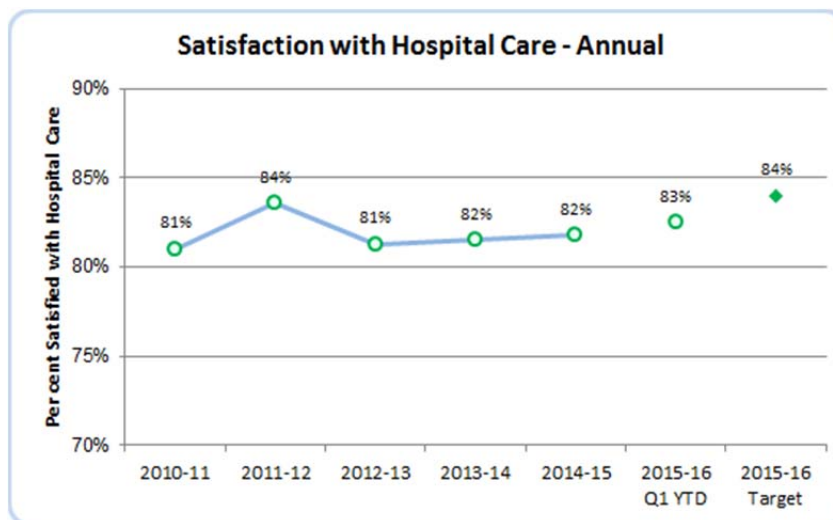
Satisfaction with Hospital Care

Measure Definition

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.

Understanding this Measure

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



Satisfaction with Hospital Care – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Commence implementation and audit process for CoACT including shift reports, whiteboards, care hubs, comfort rounds, rapid rounds and frontline leadership development at 16 sites. Patient & Family Centred Care week was held across Alberta. A series of webinars were organized with a focus on patient stories and experience. |
| South | <ul style="list-style-type: none"> Learning sessions on patient experience and engagement planning underway. Focus is on collaborating with patient/family advisors. Zone Quality Council formed with two patient advisors added. Planning underway to develop regional and unit councils. Co-ACT implementation, and sustainability auditing underway at Chinook Regional and Medicine Hat Regional Hospital including collaborative care leadership, rapid rounds, patient bedside whiteboard and comfort rounds. |
| Calgary | <ul style="list-style-type: none"> Patient and Family Centred Care committees are at every site. Zone committees support sites on CoACT initiatives, such as Name-Occupation-Duty (NOD), staff nametags and whiteboards. Work underway on family presence and visiting practices. Launching the “No One Dies Alone” initiative, which provides 24/7 on-call compassionate volunteers to patients who are dying and have no support or support requires respite. Forming the Alberta Children’s Hospital Pain Committee which will work in a coordinated way to decrease pain and identify priorities to meet patient needs. |
| Central | <ul style="list-style-type: none"> Work underway on the Physician Handovers Initiative to improve handover practices for transfer of care within an Intra-facility Care Group in Wave 1 rural sites (Olds and Sundre). Implementing Patient Handover at Bedside (PHAB) initiatives, such as collaborative care leadership, care hubs, bedside whiteboards, bedside shift report, comfort rounds, and rapid rounds. Public Health and Addiction & Mental Health programs incorporated patient- and family- centred care including Family Service Plans, Cultural Competency staff training, etc. |
| Edmonton | <ul style="list-style-type: none"> Established consistent messaging to patients / families across the continuum of care relating to their care journey. Developed standardized patient information and approach to way finding at University of Alberta. |
| North | <ul style="list-style-type: none"> Continue implementation of core CoACT elements at four sites. Developing a patient- and family-centred care community engagement and action plan. Resident councils, patient concerns and family consults are helping to inform action plans to address satisfaction with hospital care. |

IN SUMMARY

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.

DID YOU KNOW

CoACT is an innovative model of care in which care provider teams collaborate more closely with patients. This provincial program designs tools and processes for Collaborative Care.

Collaborative Care is the integration of people partnering along the care continuum—enabling, supporting, delivering and receiving care.

Satisfaction with Hospital Care – Zone and Site Details

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

| Satisfaction with Hospital Care | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|--|------------|------------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 81% | 82% | 82% | 83% | 83% | → | 84% |
| South Zone Total | 84% | 82% | 82% | 82% | 83% | ↑ | 85% |
| Chinook Regional Hospital | 82% | 81% | 77% | 76% | 81% | ↑ | 84% |
| Medicine Hat Regional Hospital | 86% | 81% | 86% | 85% | 83% | ↓ | 86% |
| All Other Hospitals | 84% | 84% | 88% | 92% | 90% | ↓ | 85% |
| Calgary Zone Total | 81% | 80% | 83% | 84% | 83% | ↓ | 84% |
| Alberta Children's Hospital | Measure restricted to Adult Sites only | | | | | | |
| Foothills Medical Centre | 79% | 77% | 81% | 81% | 82% | ↑ | 82% |
| Peter Lougheed Centre | 84% | 81% | 80% | 80% | 76% | ↓ | 84% |
| Rockyview General Hospital | 82% | 83% | 85% | 88% | 81% | ↓ | 84% |
| South Health Campus | Opened February 2013 | | 90% | 88% | 93% | ↑ | 84% |
| All Other Hospitals | 81% | 79% | 90% | 87% | 91% | ↑ | 90% |
| Central Zone Total | 85% | 84% | 85% | 87% | 85% | ↓ | 86% |
| Red Deer Regional Hospital Centre | 82% | 81% | 83% | 86% | 84% | ↓ | 84% |
| All Other Hospitals | 86% | 85% | 87% | 88% | 86% | ↓ | 87% |
| Edmonton Zone Total | 81% | 82% | 80% | 81% | 82% | ↑ | 83% |
| Grey Nuns Community Hospital | 86% | 86% | 87% | 85% | 87% | ↑ | 87% |
| Misericordia Community Hospital | 77% | 79% | 75% | 75% | 73% | ↓ | 82% |
| Royal Alexandra Hospital | 76% | 80% | 77% | 78% | 78% | → | 81% |
| Stollery Children's Hospital | Measure restricted to Adult Sites only | | | | | | |
| Sturgeon Community Hospital | 87% | 90% | 88% | 87% | 86% | ↓ | 88% |
| University of Alberta Hospital | 78% | 77% | 80% | 84% | 87% | ↑ | 82% |
| All Other Hospitals | 67% | 71% | 85% | 85% | 83% | ↓ | 84% |
| North Zone Total | 82% | 81% | 81% | 80% | 82% | ↑ | 84% |
| Northern Lights Regional Health Centre | 79% | 75% | 75% | 71% | 76% | ↑ | 82% |
| Queen Elizabeth II Hospital | 81% | 76% | 77% | 76% | 81% | ↑ | 83% |
| All Other Hospitals | 83% | 83% | 84% | 85% | 85% | → | 84% |

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Total Discharges | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|-------------------|----------------|----------------|----------------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 385,536 | 393,765 | 401,323 | 102,782 | 102,883 |
| South Zone | 31,640 | 31,093 | 31,125 | 8,220 | 7,955 |
| Calgary Zone | 130,348 | 136,598 | 140,554 | 35,485 | 36,072 |
| Central Zone | 45,619 | 44,589 | 45,691 | 11,649 | 11,894 |
| Edmonton Zone | 132,337 | 135,970 | 139,053 | 35,705 | 35,617 |
| North Zone | 45,098 | 45,515 | 44,900 | 11,723 | 11,345 |

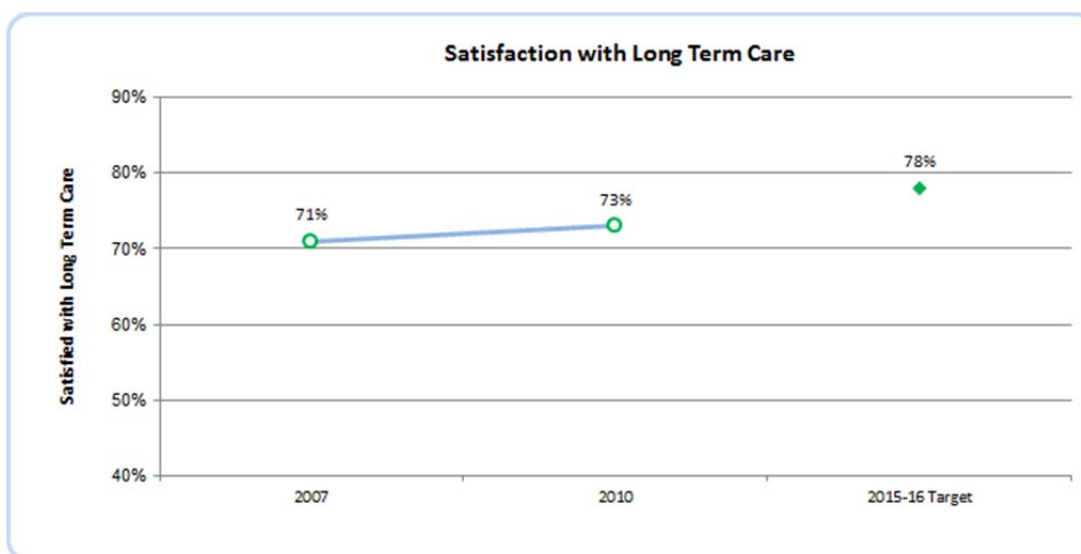
Satisfaction with Long Term Care

Measure Definition

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.

Understanding this Measure

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



| Satisfaction with Long Term Care | 2007 | 2010 | 2015-16 Target |
|----------------------------------|------|------|----------------|
| Provincial | 71% | 73% | 78% |
| South Zone | 80% | 80% | 81% |
| Calgary Zone | 65% | 70% | 76% |
| Central Zone | 78% | 80% | 81% |
| Edmonton Zone | 67% | 70% | 76% |
| North Zone | 80% | 82% | 83% |

Satisfaction with Long Term Care – Actions

| | |
|---|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Completed new “Access to Designated Living Option” (ADLO) which replaced the First Available Living Option (FALO) policy. Patient & Family Centred Care week was held across Alberta. A series of webinars were organized with a focus on patient stories and experiences. Seniors Health SCN is expanding Appropriate Use of Antipsychotics (AUA) work to 12 supportive living sites. Zones are preparing for the Health Quality Council of Alberta (HQCA) long-term care survey to be released in fall 2015. |
| South | <ul style="list-style-type: none"> The Continuing Care Resolution Reporting Team continues to receive concerns via Health Link. All questions and concerns from clients and families have been addressed. Family Care conferences occurring in all zone long-term care (LTC) sites. |
| Calgary | <ul style="list-style-type: none"> Preparing for the HQCA long-term care survey to be released in fall 2015. Working with continuing care sites to provide support for sites where families and residents have concerns, or are dissatisfied with aspects of the care. Transition Services and zone community teams continue to distribute a comprehensive booklet about options for various levels of care. |
| Central | <ul style="list-style-type: none"> Sustain appropriate use of anti-psychotics Initiative at LTC sites. Respond to public/resident/family complaints in a timely manner. Education sessions to increase understanding of the LTC Quality Indicators report (2013-14 Canadian Institute for Health Information Report), methodology and results to improve performance. |
| Edmonton | <ul style="list-style-type: none"> Based on results of the HQCA satisfaction survey for Designated Supportive Living, operators will develop quality improvement plans based on opportunities for improvement; a larger focus will be placed on sites that ranked in the bottom quartile. |
| North | <ul style="list-style-type: none"> Developing a patient and family-centred care community engagement and action plan to set priorities for establishing patient- and family-centered care. Resident councils, patient concerns and family consults are being utilized to inform action plans to address satisfaction with hospital care. Continued implementation of guidelines and standards for placement is ongoing. |

IN SUMMARY

In spring 2014, HQCA conducted its third long-term care experience survey. Provincial results will be made public in 2015.

DID YOU KNOW

The Continuing Care Access to a Designated Living Policy was approved in May 2015 and provides direction for accessing a Designated Living Option in continuing care.

Assessments for living options are best done at home, acute care is best suited for people who are acutely ill and Designated Living Options are best for people who need ongoing unscheduled personal and health supports in a homelike environment.

Appropriate Use of Antipsychotics (AUA) guides the appropriate use of antipsychotic drugs and teaching staff on other ways to care for persons with dementia thereby improving safety and quality of life for patients.

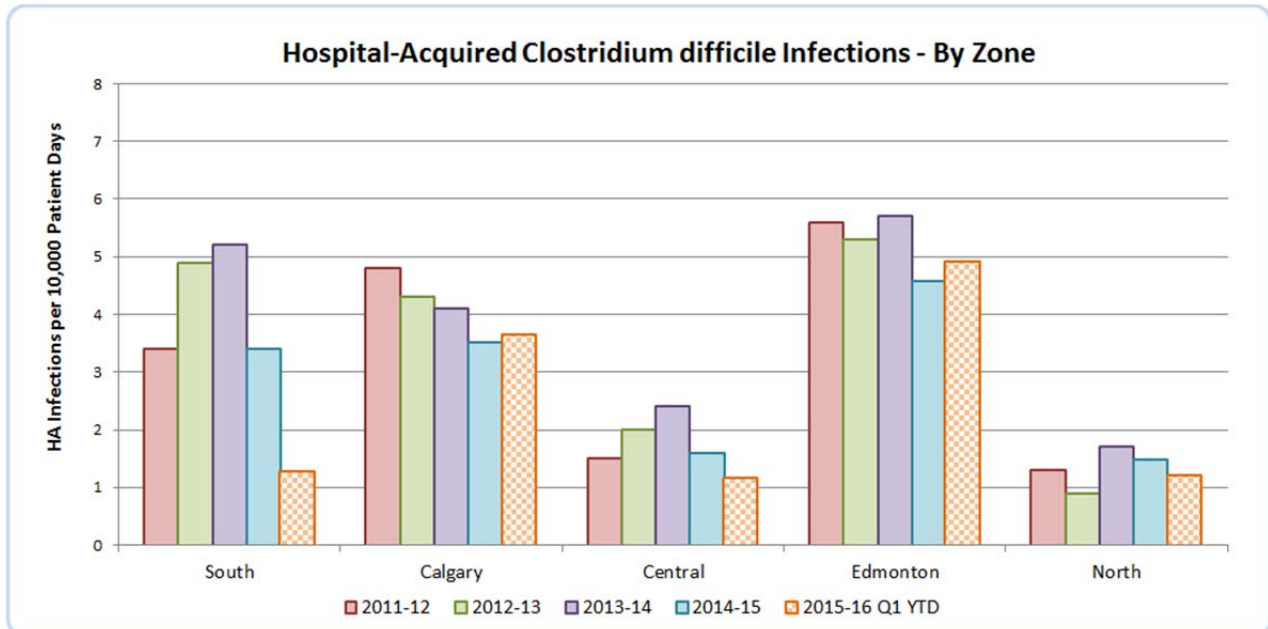
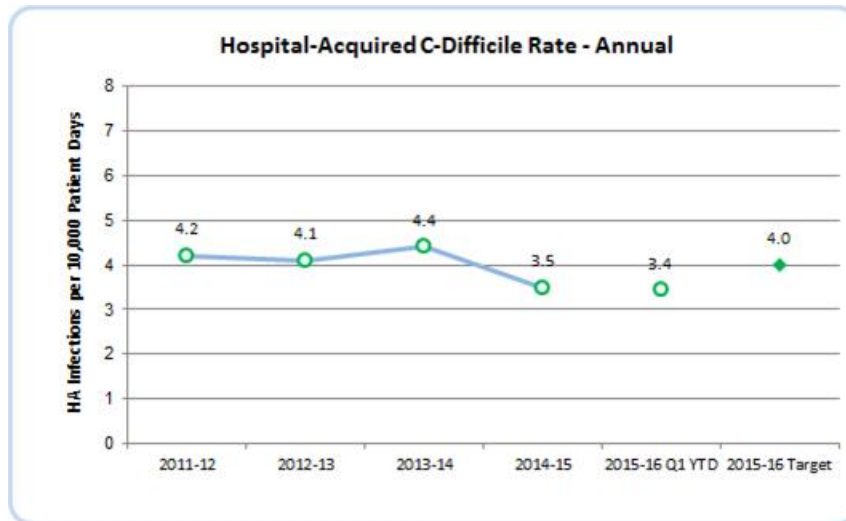
Hospital-Acquired Clostridium difficile Infections

Measure Definition

The number of *Clostridium difficile* infections (C-diff) acquired in hospital for every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta. AHS is performing better than the national average of 7.0. C-diff infection cases include patients with a new infection or re-infection while in hospital. Patients are considered to have a C-diff if they exhibit symptoms and confirmation by a laboratory test or colonoscopy.

Understanding this Measure

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



Hospital-Acquired Infections – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> • Zone-based Clostridium Difficile Infection (CDI or <i>C. difficile</i>) working groups established. • Zone CDI clinical management guidelines and algorithms are being implemented in all zones. • Environmental Services standards and protocols for clean patient environment established. |
| South | <ul style="list-style-type: none"> • Surgical site infection surveillance work continues with physician engagement. • Implementation of antimicrobial stewardship initiatives is underway. |
| Calgary | <ul style="list-style-type: none"> • Under direction of the Antimicrobial Stewardship Committee, antibiotic utilization data was obtained and reported for the 15 units with the highest <i>C. difficile</i> infection rates. • Electronic patient care system medical logic order sets for the management of CDI were built, evaluated and implemented. An “app” is available to Calgary Zone physicians. • The Microbial Health clinic at Foothills Medical Centre provides novel treatment options for patients with recurrent <i>C. difficile</i>. |
| Central | <ul style="list-style-type: none"> • Implemented the CDI tool kit, co-led by IPC and Pharmacy which includes treatment algorithms, standardized care orders, an environmental cleaning protocol, and a roll out/communication plan for nurses and physicians. • Continued monitoring of surveillance reports and daily activities on any new <i>C. difficile</i> cases with investigation and interventions when an increase in cases is identified. • Antimicrobial stewardship and urinary tract infection management programs, led by AHS Pharmacy, are underway in select long term care facilities. Education includes documentation, why and when urine collection is appropriate, and interventions prior to urine collection. |
| Edmonton | <ul style="list-style-type: none"> • Under direction of Antimicrobial Stewardship Committee, antibiotic utilization data was obtained and reported for top 15 <i>C. difficile</i> infection units. • Work underway to create a response process / bundle for facilities with high <i>C. difficile</i> infection rates. • Pre-printed patient care orders have been implemented across the zone. The form will be placed on the chart when the patient presents with, or develops diarrhea. • Assessing the use of antibiotics and acid blocking agents in patients before and after <i>C. difficile</i> infection diagnosis. |
| North | <ul style="list-style-type: none"> • Continued implementation of the Antimicrobial Stewardship Committee, with an initial focus on the roll-out of CDI pre-print orders. • Monitoring of <i>C. difficile</i> rates continues throughout the zone. |

IN SUMMARY

AHS Infection Prevention and Control works collaboratively with physicians, staff and public health by providing *C. difficile* rates and assisting with intervention and control strategies.

DID YOU KNOW

Clostridium difficile (C.difficile) is a bacterium that produces toxins that can cause swelling in the intestinal tract. Antibiotic treatment may increase the risk of developing *C.difficile* infection. Thorough cleaning practices must be followed to prevent the spread of *C. difficile*.

Antimicrobial stewardship is the practice of minimizing the emergence of antimicrobial resistance by using antibiotics only when necessary and, if needed, by selecting the appropriate antibiotic at the right dose, frequency and duration to optimize outcomes while minimizing adverse effects.

Hospital-Acquired Infections – Zone and Site Details

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

| Hospital Acquired Infections | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 4.1 | 4.4 | 3.5 | 3.8 | 3.4 | ↑ | 4.0 |
| South Zone Total | 4.9 | 5.2 | 3.4 | 3.8 | 1.3 | ↑ | 4.4 |
| Chinook Regional Hospital | 7.9 | 7.5 | 5.4 | 5.7 | 1.8 | ↑ | 6.9 |
| Medicine Hat Regional Hospital | 1.3 | 2.8 | 1.7 | 1.8 | 1.2 | ↑ | 1.3 |
| All Other Hospitals | 4.2 | 4.3 | 2.0 | 3.0 | 0.0 | ↑ | 4.0 |
| Calgary Zone Total | 4.3 | 4.1 | 3.5 | 3.5 | 3.6 | ↓ | 4.1 |
| Alberta Children's Hospital | 2.4 | 3.5 | 1.4 | 0.0 | 3.9 | ↓ | 2.4 |
| Foothills Medical Centre | 6.5 | 5.4 | 5.2 | 5.3 | 4.8 | ↑ | 6.1 |
| Peter Lougheed Centre | 2.1 | 3.4 | 2.8 | 3.7 | 3.3 | ↑ | 2.1 |
| Rockyview General Hospital | 3.5 | 4.0 | 3.2 | 2.3 | 3.2 | ↓ | 3.4 |
| South Health Campus | N/A | 2.2 | 2.3 | 2.6 | 3.1 | ↓ | 4.1 |
| All Other Hospitals | 2.4 | 1.5 | 0.9 | 0.5 | 1.0 | ↓ | 2.3 |
| Central Zone Total | 2.0 | 2.4 | 1.6 | 1.3 | 1.2 | ↑ | 1.9 |
| Red Deer Regional Hospital Centre | 3.1 | 3.3 | 3.1 | 2.5 | 1.3 | ↑ | 2.8 |
| All Other Hospitals | 1.6 | 2.0 | 1.0 | 0.8 | 1.1 | ↓ | 1.5 |
| Edmonton Zone Total | 5.3 | 5.7 | 4.6 | 5.7 | 4.9 | ↑ | 4.9 |
| Grey Nuns Community Hospital | 5.7 | 5.9 | 3.5 | 2.9 | 3.7 | ↓ | 5.4 |
| Misericordia Community Hospital | 6.9 | 6.3 | 3.9 | 5.2 | 3.2 | ↑ | 6.4 |
| Royal Alexandra Hospital | 6.5 | 7.3 | 6.7 | 10.7 | 7.4 | ↑ | 6.1 |
| Stollery Children's Hospital | 2.1 | 3.1 | 4.0 | 5.7 | 6.0 | ↓ | 2.0 |
| Sturgeon Community Hospital | 5.6 | 9.3 | 6.0 | 5.8 | 13.5 | ↓ | 5.3 |
| University of Alberta Hospital | 8.7 | 8.6 | 7.1 | 8.1 | 5.2 | ↑ | 7.8 |
| All Other Hospitals | 1.6 | 1.9 | 1.4 | 1.1 | 2.2 | ↓ | 1.6 |
| North Zone Total | 0.9 | 1.7 | 1.5 | 1.0 | 1.2 | ↓ | 0.8 |
| Northern Lights Regional Health Centre | 1.0 | 0.7 | 2.0 | 0.0 | 1.3 | ↓ | 1.0 |
| Queen Elizabeth II Hospital | 1.1 | 3.0 | 1.2 | 2.5 | 2.6 | ↓ | 1.0 |
| All Other Hospitals | 0.8 | 1.5 | 1.5 | 0.7 | 0.8 | ↓ | 0.8 |

N/A: No results available. South Health Campus opened February 2013.

* Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Number of Cases | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|-------------------|---------|---------|---------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 1,166 | 1,265 | 1,065 | 289 | 252 |
| South Zone | 91 | 101 | 69 | 19 | 6 |
| Calgary Zone | 378 | 374 | 353 | 85 | 89 |
| Central Zone | 83 | 100 | 68 | 14 | 12 |
| Edmonton Zone | 594 | 650 | 539 | 165 | 138 |
| North Zone | 20 | 40 | 36 | 6 | 7 |

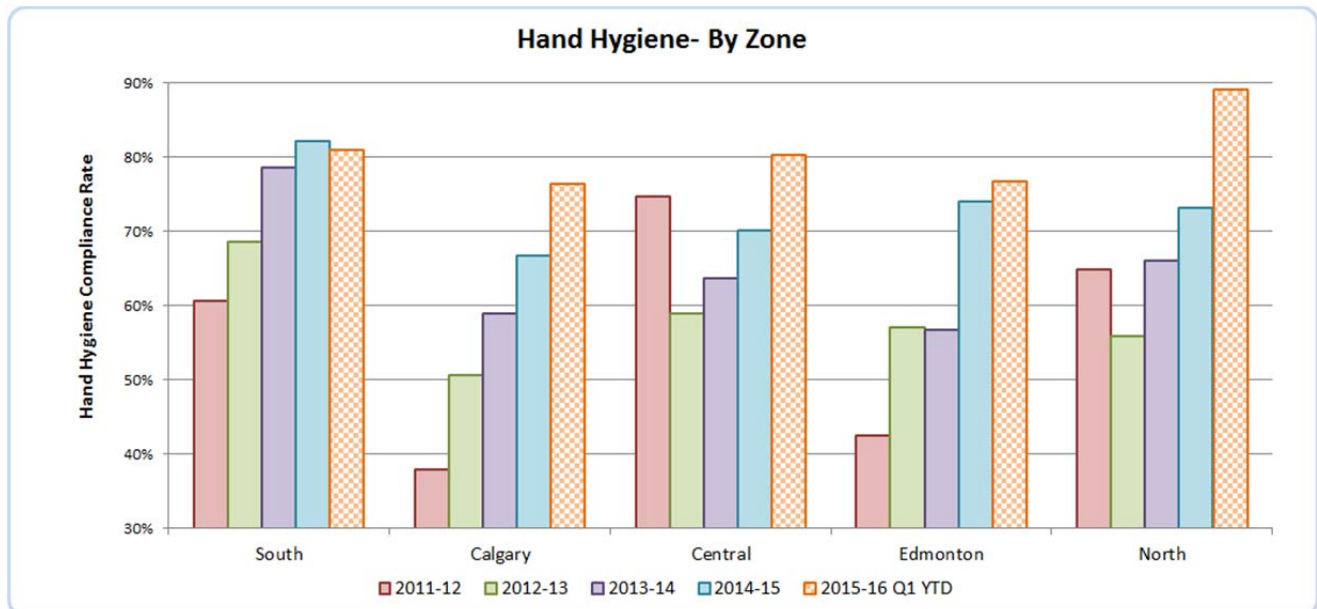
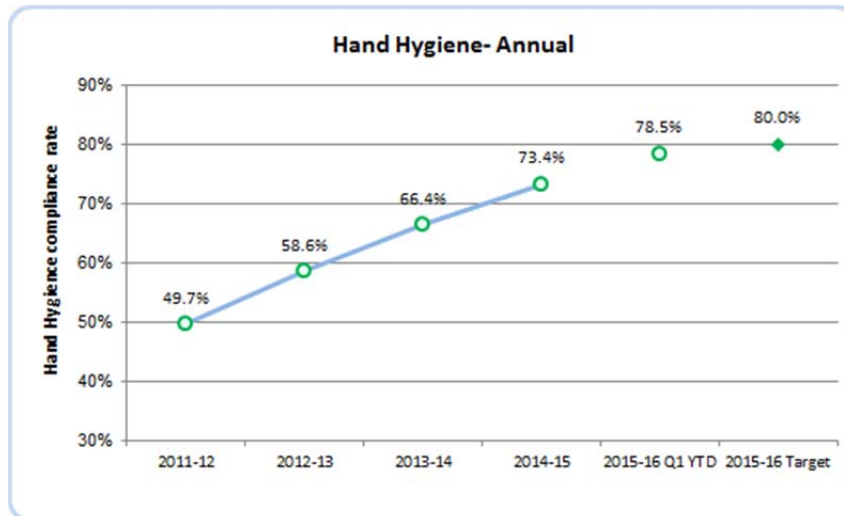
Hand Hygiene

Measure Definition

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".

Understanding this Measure

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



Hand Hygiene – Actions

| | | |
|---|--|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Quarterly reporting of Hand Hygiene (HH) Compliance rates. Planned release of Q1 2015/16 HH compliance report was in July 2015. Transition of site-based reviewers to the AHS Clean Hands Pro review tools. | <p>IN SUMMARY</p> <p>In 2015-16, Hand Hygiene Compliance rates were reported quarterly. Q1 results based on 98,267 observations show continued growth in best practice in hand hygiene.</p> <p>Reduced variation in zone-based results with all zones measuring above 75% compliance.</p> <p>Zone hand hygiene committees and Infection, Prevention and Control hand hygiene staff are engaged at the local unit and program level to encourage front-line hand hygiene improvement initiatives.</p> |
| South | <ul style="list-style-type: none"> A successful posting of HH compliance using thermometer boards on west acute care nursing units was completed. Plan underway for internal launch in September at east acute care nursing units. Completed expansion of HH education and reviews to ambulatory home care clinics (Brooks, Lethbridge and MH); larger Public Health sites – Public health nursing and oral health. Completed Hand Hygiene reviews at all AHS long term care sites. | |
| Calgary | <ul style="list-style-type: none"> Zone and site-based HH committees address HH rates and undertake initiatives to increase HH compliance. Data to action plans are initiated to increase compliance in areas requiring improvement. Recruited many site-based HH reviewers serving to engage healthcare workers in HH improvement. | |
| Central | <ul style="list-style-type: none"> Staff and physician training sessions continue. Sites/units are generating regular reports for more timely intervention and improvement on hand hygiene practice. Review of Alcohol Based Hand Rub (ABHR) dispenser placement in acute and continuing care facilities underway. | |
| Edmonton | <ul style="list-style-type: none"> Implemented Clean Hands Provincial data collection platform within 44 units in acute care. Connected with University of Alberta medical residency program to identify gaps in education related to hand hygiene and communicated AHS approach to hand hygiene. | |
| North | <ul style="list-style-type: none"> Continue implementing provincial measurement tool to monitor, measure, report and analyze data to improve hand hygiene practice. Improvement huddles were held with each site that had less than 50% compliance and/or 10% or greater decrease in compliance to set goals and actions to improve with very good success. | |

Hand Hygiene – Zone and Site Details

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

| Hand Hygiene | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 Q1 YTD | Trend * | 2015-16 Target |
|--|----------------------|--------------|--------------|--------------|-------------------|----------|-------------------|
| Provincial | 49.7% | 58.6% | 66.4% | 73.4% | 78.5% | ↑ | 80.0% |
| South Zone Total | 60.6% | 68.6% | 78.5% | 82.2% | 80.9% | ↓ | 84.0% |
| Chinook Regional Hospital | 66.8% | 66.7% | 80.8% | 84.1% | 82.1% | ↓ | 84.0% |
| Medicine Hat Regional Hospital | 50.5% | 70.1% | 76.1% | 80.3% | 78.1% | ↓ | 83.0% |
| All Other Hospitals | 61.7% | 67.4% | 78.3% | 84.5% | 81.5% | ↓ | 83.0% |
| Calgary Zone Total | 37.8% | 50.6% | 59.0% | 66.7% | 76.3% | ↑ | 78.0% |
| Alberta Children's Hospital | 54.2% | 73.7% | 57.2% | 73.3% | 75.8% | ↑ | 77.0% |
| Foothills Medical Centre | 32.0% | 44.9% | 51.8% | 65.2% | 77.2% | ↑ | 73.0% |
| Peter Lougheed Centre | 35.4% | 50.8% | 62.2% | 69.7% | 81.7% | ↑ | 80.0% |
| Rockyview General Hospital | 33.5% | 45.1% | 61.7% | 70.7% | 70.2% | ↓ | 79.0% |
| South Health Campus | Opened February 2013 | | 58.7% | 56.0% | 65.5% | ↑ | 78.0% |
| All Other Hospitals | 39.9% | 54.0% | 63.2% | 67.4% | 77.4% | ↑ | 81.0% |
| Central Zone Total | 74.7% | 58.8% | 63.7% | 70.0% | 80.2% | ↑ | 79.0% |
| Red Deer Regional Hospital Centre | 57.1% | 61.7% | 75.4% | 65.3% | 79.5% | ↑ | 83.0% |
| All Other Hospitals | 78.4% | 58.1% | 57.2% | 72.5% | 80.6% | ↑ | 77.0% |
| Edmonton Zone Total | 42.5% | 57.0% | 56.8% | 74.0% | 76.6% | ↑ | 76.0% |
| Grey Nuns Community Hospital ** | N/A | 64.7% | 65.5% | 79.9% | N/A | ↑ | 82.0% |
| Misericordia Community Hospital ** | N/A | 74.2% | 73.7% | 74.1% | N/A | ↑ | 81.0% |
| Royal Alexandra Hospital | 43.2% | 48.9% | 61.6% | 75.1% | 75.7% | ↑ | 79.0% |
| Stollery Children's Hospital | 45.6% | 57.3% | 58.1% | 73.8% | 80.1% | ↑ | 79.0% |
| Sturgeon Community Hospital | 48.0% | 59.3% | 58.9% | 79.3% | 85.3% | ↑ | 78.0% |
| University of Alberta Hospital | 40.1% | 57.3% | 42.9% | 70.2% | 72.4% | ↑ | 68.0% |
| All Other Hospitals | 42.7% | 58.0% | 57.5% | 73.8% | 75.9% | ↑ | 77.0% |
| North Zone Total | 64.8% | 55.9% | 66.0% | 73.1% | 89.0% | ↑ | 81.0% |
| Northern Lights Regional Health Centre | 60.6% | 52.4% | 56.2% | 63.6% | 85.2% | ↑ | 76.0% |
| Queen Elizabeth II Hospital | 54.5% | 48.6% | 68.4% | 85.6% | 96.9% | ↑ | 82.0% |
| All Other Hospitals | 77.4% | 58.0% | 66.2% | 71.5% | 85.0% | ↑ | 81.0% |

Notes:

* Trend compares the current Year to Date value against the 2014-15 Fiscal Year value.

↑ Improvement → Stability ↓ Area requires additional focus

** Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in Spring and Fall. Grouped results (All Other Hospitals, Zone and Provincial totals) reflect AHS sites only.

| Total Observations | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 Q1 YTD |
|--------------------|---------------|---------------|---------------|----------------|-------------------|
| Provincial | 27,375 | 59,117 | 85,687 | 115,442 | 98,267 |
| South Zone | 3,418 | 16,441 | 23,688 | 26,116 | 9,843 |
| Calgary Zone | 10,976 | 15,625 | 17,458 | 26,952 | 47,081 |
| Central Zone | 3,634 | 8,409 | 20,500 | 16,617 | 13,776 |
| Edmonton Zone | 6,243 | 9,778 | 10,277 | 19,714 | 18,841 |
| North Zone | 3,104 | 8,864 | 13,764 | 26,043 | 8,726 |

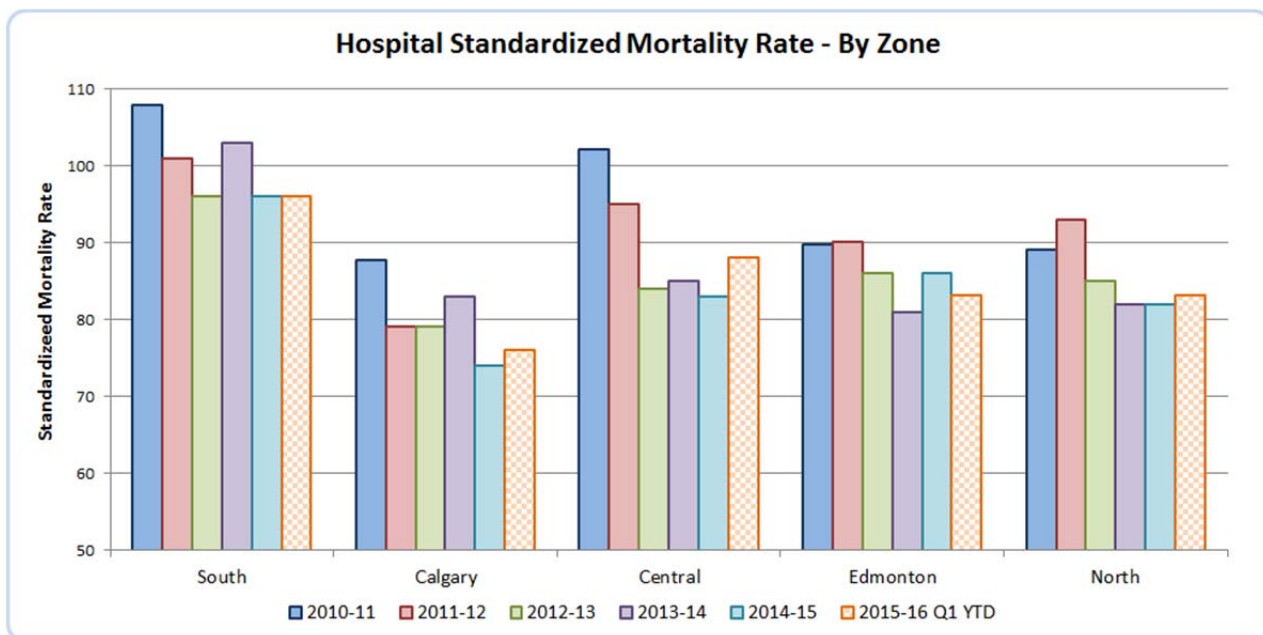
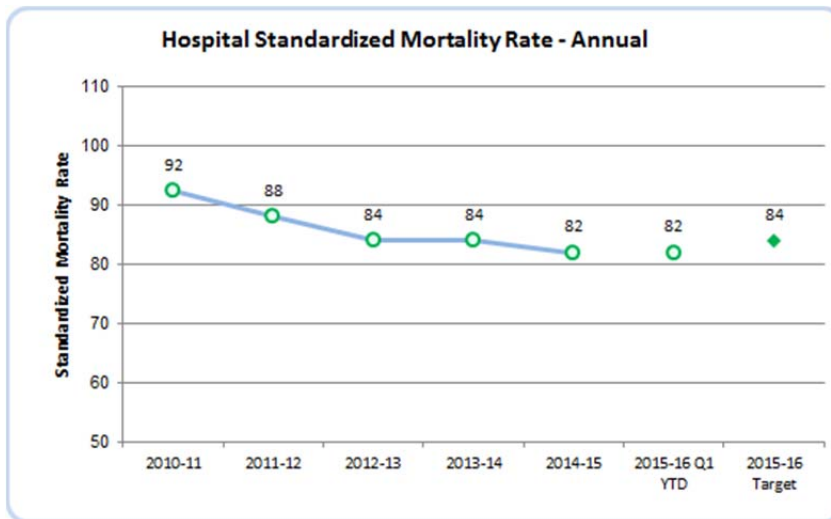
Hospital Mortality

Measure Definition

The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. AHS is performing better than the national average of 89. The ratio compares actual deaths to expected deaths after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected deaths are based on comparison to similar patients in national databases.

Understanding this Measure

This measure of quality care shows how successful hospitals have been in reducing patient deaths and improving patient care. A mortality ratio equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate. A mortality ratio greater than 100 suggests that the local mortality rate is higher than the overall average. A mortality ratio less than 100 suggests that the local mortality rate is lower than the overall average.



Hospital Mortality – Actions

| | |
|---|---|
| <p>Provincial/ Strategic Clinical Network (SCN)</p> | <ul style="list-style-type: none"> • Complete and sustain Medication Reconciliation (MedRec) upon admission, transfer and discharge in acute care, ambulatory care and home care. • Monitor Venous thromboembolism (VTE). • Implementation of National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care (1 NSQIP site/Zone; 3 TQIP sites). |
| <p>South</p> | <ul style="list-style-type: none"> • Implemented Medication Reconciliation practices, such as transition to revised Best Possible Medication History form and introduction of the Dr. Hohl modified tool for high risk assessment. • Falls Risk Management Plan and audit process drafted. • Review of VTE audit results for 2014-15 complete and proposed approach for 2015-16 developed. • First dangerous abbreviations audit cycle completed. |
| <p>Calgary</p> | <ul style="list-style-type: none"> • ED identifying patients on whom MedRec is required and implementing process. • Foothills Medical Centre Transition Units are participating in the Provincial Falls Collaborative; measurement and prevention strategies are in development. |
| <p>Central</p> | <ul style="list-style-type: none"> • Acute Care implementation of Falls Risk Management program ongoing. • Continuation of MedRec at transfer and discharge, ED and Cardiovascular Care Unit pilots at Red Deer Regional Hospital. • Continued rollout of VTE best practice guidelines. |
| <p>Edmonton</p> | <ul style="list-style-type: none"> • Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, emergency and surgical programs. • Continue implementation of standardized falls prevention protocol. |
| <p>North</p> | <ul style="list-style-type: none"> • Site specific action plans are in development and implementation stages. • Chart audit tool finalized and available for cases with unexpected mortality based on risk adjusting. • Additional Hospital Mortality data drilldown completed. Review process initiated in Q1. |

IN SUMMARY

AHS uses the Hospital Standardized Mortality Ratio (HSMR) for internal benchmarking purposes. Quarterly reported data shows how the ratio has changed in relation to 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.

DID YOU KNOW

*Medication incidents are one of the leading causes of patient injury. **Medication Reconciliation** plays a key role in patient safety. This process ensures the medication history is comprehensive and accurate, and that all the discrepancies are addressed.*

*When a person is not moving well or enough, blood can pool in the legs and cause blood clots to form. This is called a **venous thromboembolism (VTE)**. VTE is one of the most common complications of hospitalization and the most common preventable cause of hospital death.*

Hospital Mortality – Zone and Site Details

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

| Hospital Standardized Mortality Rate | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|-----------|------------|-----------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 84 | 84 | 82 | 78 | 82 | ↓ | 84 |
| South Zone Total | 96 | 103 | 96 | 92 | 96 | ↓ | 91 |
| Chinook Regional Hospital | 90 | 110 | 95 | 94 | 95 | ↓ | 89 |
| Medicine Hat Regional Hospital | 115 | 104 | 99 | 86 | 97 | ↓ | 105 |
| All Other Hospitals | 84 | 91 | 97 | 95 | 96 | ↓ | 85 |
| Calgary Zone Total | 79 | 83 | 74 | 72 | 76 | ↓ | 79 |
| Foothills Medical Centre | 79 | 86 | 81 | 81 | 84 | ↓ | 79 |
| Peter Lougheed Centre | 77 | 77 | 73 | 69 | 69 | → | 77 |
| Rockyview General Hospital | 78 | 81 | 66 | 55 | 74 | ↓ | 79 |
| South Health Campus | N/A | 78 | 67 | 76 | 61 | ↑ | 79 |
| All Other Hospitals | 82 | 90 | 81 | 83 | 69 | ↑ | 81 |
| Central Zone Total | 84 | 85 | 83 | 81 | 88 | ↓ | 84 |
| Red Deer Regional Hospital Centre | 90 | 90 | 85 | 83 | 83 | → | 88 |
| All Other Hospitals | 81 | 82 | 83 | 80 | 91 | ↓ | 81 |
| Edmonton Zone Total | 86 | 81 | 86 | 78 | 83 | ↓ | 85 |
| Grey Nuns Community Hospital | 83 | 78 | 82 | 75 | 80 | ↓ | 83 |
| Misericordia Community Hospital | 89 | 77 | 95 | 90 | 95 | ↓ | 88 |
| Royal Alexandra Hospital | 82 | 82 | 87 | 77 | 89 | ↓ | 83 |
| Sturgeon Community Hospital | 89 | 84 | 71 | 72 | 82 | ↓ | 88 |
| University of Alberta Hospital | 90 | 83 | 88 | 77 | 82 | ↓ | 88 |
| All Other Hospitals | 78 | 72 | 78 | 78 | 61 | ↑ | 84 |
| North Zone Total | 85 | 82 | 82 | 87 | 83 | ↑ | 83 |
| Northern Lights Regional Health Centre | 56 | 65 | 38 | N/A | N/A | N/A | 56 |
| Queen Elizabeth II Hospital | 102 | 76 | 83 | 102 | 81 | ↑ | 96 |
| All Other Hospitals | 83 | 85 | 86 | 89 | 84 | ↑ | 83 |

N/A: No results available. South Health Campus opened February 2013 and Northern Lights Regional Health Centre indicates statistically unreliable rates due to low volumes.

***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

| Eligible Cases | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|-------------------|---------------|---------------|---------------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 94,888 | 97,087 | 99,899 | 25,551 | 25,503 |
| South Zone | 8,000 | 7,981 | 8,159 | 2,108 | 2,048 |
| Calgary Zone | 31,310 | 32,188 | 33,304 | 8,388 | 8,525 |
| Central Zone | 12,428 | 12,294 | 12,800 | 3,206 | 3,292 |
| Edmonton Zone | 32,745 | 34,266 | 34,973 | 9,047 | 8,954 |
| North Zone | 10,405 | 10,358 | 10,663 | 2,802 | 2,684 |

Emergency Department (ED) Wait to See a Physician

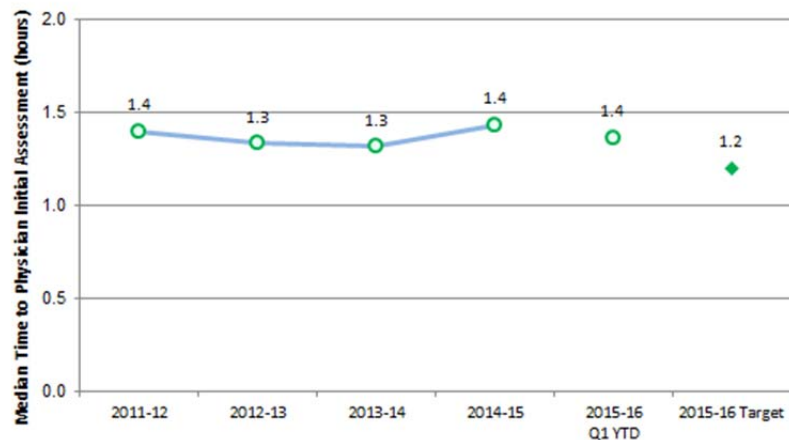
Measure Definition

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

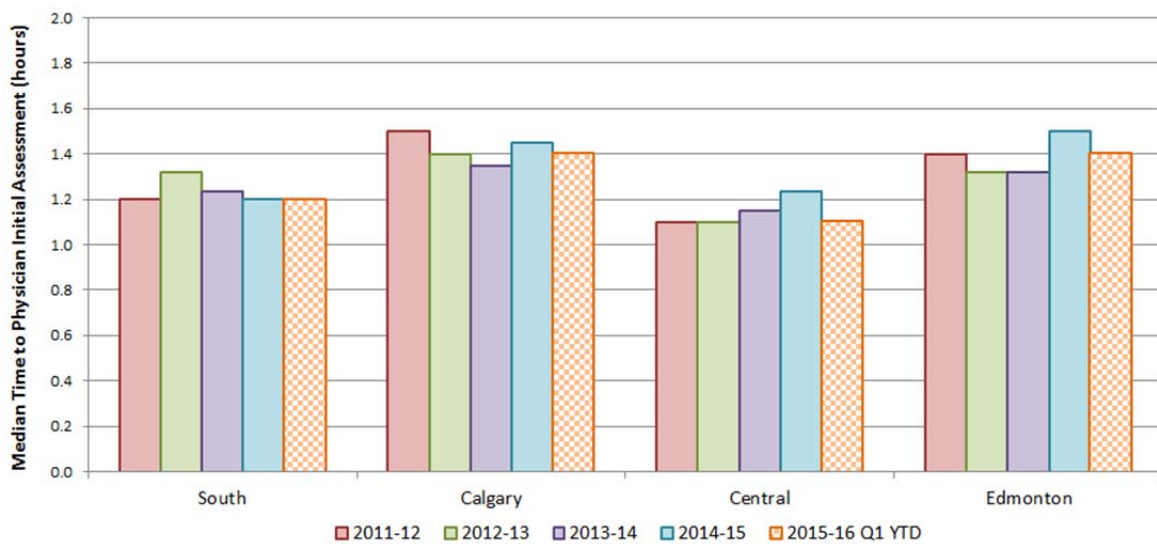
Understanding this Measure

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

ED Time to Physician Initial Assessment - Annual



ED Time to Physician Initial Assessment - by Zone



Note: North Zone results not reported due to low percentage of eligible cases with Physician Assessment Time recorded.

ED Wait to See a Physician – Actions

| | |
|---|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Supported by the Seniors Health SCN, Dementia Link is being developed in collaboration with Health Link to respond to the immediate needs of caregivers of persons with dementia. |
| South | <ul style="list-style-type: none"> Evaluating new criteria and process for patient transfer to chair from stretcher to create more stretcher space for incoming patients. Quality Improvement project to improve access for Triage Level 3 patients. Staff assignments realigned with a goal to improve consistent movement of patients into care spaces. Utilizing one patient care space for rapid assessments to improve triage to doctor time. Continuing to develop patient protocols to standardize and improve patient care and outcomes. |
| Calgary | <ul style="list-style-type: none"> Continue to work on strategies to ensure the right number of physicians is on per shift and align with patient volumes. Reviewing nurse initiated protocols to reduce the number of tests/procedures automatically ordered for patients (Choosing Wisely). Developing automated surge triggers within Real-time Emergency Department Patient Access & Coordination (REPAC) to bring in on-call physician. Implemented Radar Rounds at Peter Lougheed Centre for complex patients. This initiative brings together a multi-disciplinary team to quickly identify complex patients on admission and to problem-solve and expedite decision-making for those individuals with no discharge or housing option. |
| Central | <ul style="list-style-type: none"> Revised ED physician schedules implemented to better match demand with physician availability. Reviewing staffing levels to address volume and acuity of patients seen in Minor Treatment Area in the ED. |
| Edmonton | <ul style="list-style-type: none"> Developing ED physician performance metrics. Physician handover process to be standardized. Developing process improvements to improve flow for length of stay in ED from triage to admission to ward within 8 hours. Surge Protocol developed at Royal Alexandra Hospital. |
| North | <ul style="list-style-type: none"> Family Care Clinic in Slave Lake has enhanced access to after-hours care for residents by offering more evening clinics. Engagement of provincial teams to inform and address data reporting concerns to ensure reliable site data. |

IN SUMMARY

AHS monitors transfer processes and has identified opportunities for improvement. This includes increasing communication and collaboration as patients move through the hospital.

Call Healthlink Alberta at 8-1-1 for advice if you are unsure if you have an emergency medical condition.

DID YOU KNOW

Real-time Emergency Department Patient Access & Coordination (REPAC) is a real-time dashboard that provides information on patient volumes, incoming EMS volumes and other information on capacity across urban hospitals and urgent care centres. The information REPAC provides allows for improved workload balance between hospitals and allows health care providers to collaborate in order to better manage the fluctuating demand and improve access to vital services.

ED Wait to See a Physician – Zone and Site Details

The average patient's length of time (hours) that they wait to be seen by a physician at the busiest emergency departments

| ED Time to Physician Initial Assessment - Busiest Sites | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|------------|------------|------------|----------------------|--------------------|----------|-------------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 1.3 | 1.3 | 1.4 | 1.5 | 1.4 | ↑ | 1.2 |
| South Zone Total | 1.3 | 1.2 | 1.2 | 1.3 | 1.2 | ↑ | 1.2 |
| Chinook Regional Hospital | 1.4 | 1.3 | 1.2 | 1.2 | 1.2 | → | 1.2 |
| Medicine Hat Regional Hospital | 1.2 | 1.1 | 1.2 | 1.3 | 1.2 | ↑ | 1.1 |
| Calgary Zone Total | 1.4 | 1.4 | 1.5 | 1.4 | 1.4 | → | 1.2 |
| Alberta Children's Hospital | 1.2 | 1.1 | 1.2 | 1.2 | 1.1 | ↑ | 1.0 |
| Foothills Medical Centre | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | → | 1.3 |
| Peter Lougheed Centre | 1.6 | 1.8 | 1.8 | 1.7 | 1.6 | ↑ | 1.4 |
| Rockyview General Hospital | 1.4 | 1.3 | 1.4 | 1.3 | 1.4 | ↓ | 1.2 |
| South Health Campus | N/A | 1.3 | 1.6 | 1.5 | 1.5 | → | 1.2 |
| Central Zone Total | 1.1 | 1.2 | 1.2 | 1.2 | 1.1 | ↑ | 1.1 |
| Red Deer Regional Hospital Centre | 1.1 | 1.2 | 1.2 | 1.2 | 1.1 | ↑ | 1.1 |
| Edmonton Zone Total | 1.3 | 1.3 | 1.5 | 1.6 | 1.4 | ↑ | 1.2 |
| Grey Nuns Community Hospital | 1.3 | 1.1 | 1.2 | 1.3 | 1.1 | ↑ | 1.1 |
| Misericordia Community Hospital | 1.5 | 1.4 | 1.4 | 1.5 | 1.3 | ↑ | 1.3 |
| Northeast Community Health Centre | 1.5 | 1.4 | 1.4 | 1.6 | 1.4 | ↑ | 1.3 |
| Royal Alexandra Hospital | 1.5 | 1.9 | 2.2 | 2.2 | 2.0 | ↑ | 1.4 |
| Stollery Children's Hospital | 0.8 | 0.8 | 1.1 | 1.2 | 1.3 | ↓ | 0.8 |
| Sturgeon Community Hospital | 1.3 | 1.3 | 1.5 | 1.5 | 1.4 | ↑ | 1.2 |
| University of Alberta Hospital | 1.3 | 1.5 | 2.1 | 2.1 | 1.8 | ↑ | 1.3 |

Note: North Zone results not reported due to low percentage of eligible cases with Physician Assessment Time recorded.

N/A: No results available. South Health Campus opened February 2013.

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| ED Time to Physician Initial Assessment - Eligible Cases (Busiest Sites) | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|---|----------------|----------------|----------------|----------------------|--------------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 843,610 | 894,448 | 891,588 | 228,745 | 224,452 |
| South Zone | 84,840 | 85,567 | 86,187 | 21,602 | 21,802 |
| Calgary Zone | 321,448 | 363,570 | 367,723 | 93,808 | 92,452 |
| Central Zone | 56,861 | 54,730 | 55,861 | 14,187 | 13,886 |
| Edmonton Zone | 380,461 | 390,581 | 381,817 | 99,148 | 96,312 |
| North Zone | 127,588 | 126,080 | 123,230 | 30,967 | 29,795 |

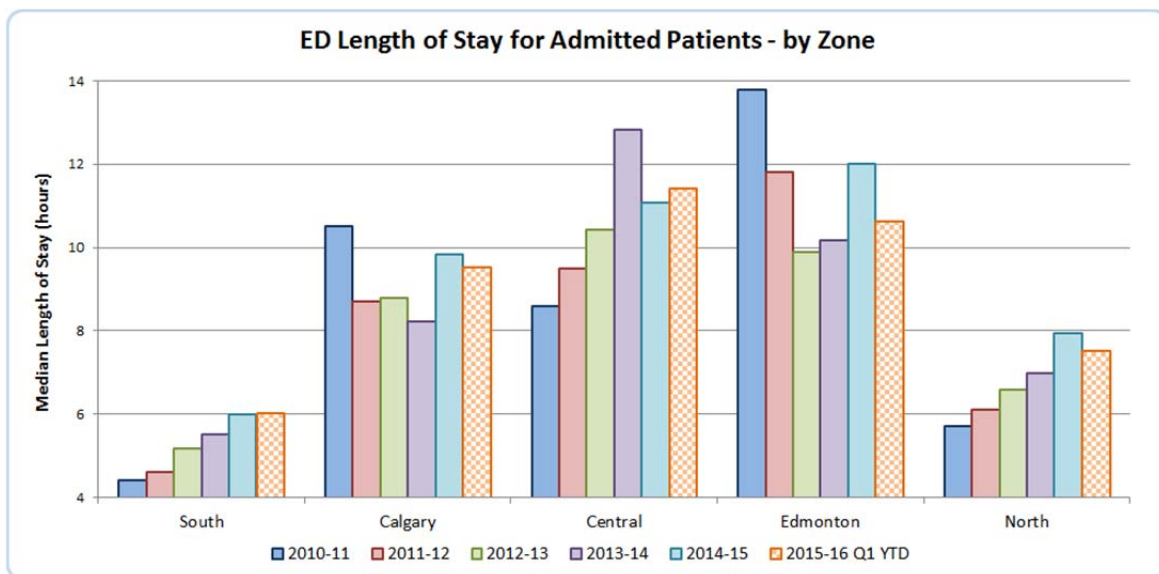
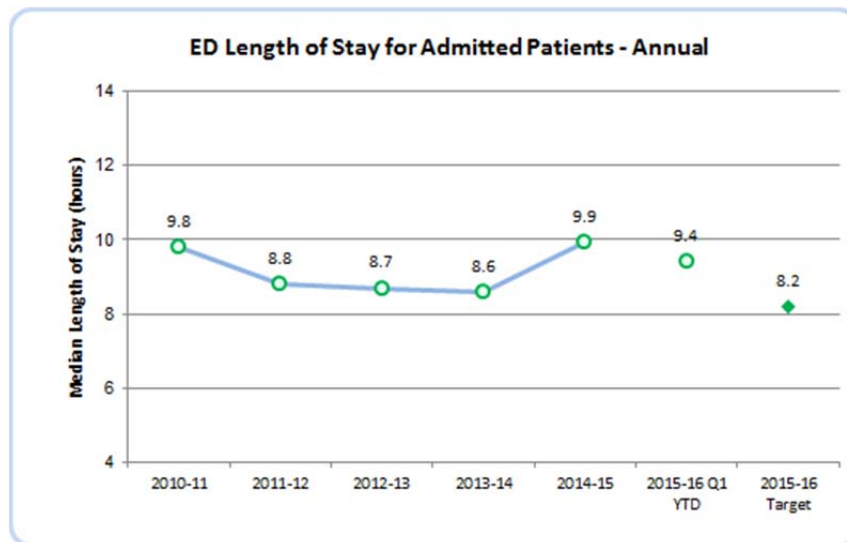
Emergency Department Length of Stay for Admitted Patients

Measure Definition

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

Understanding this Measure

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



ED Length of Stay for Admitted Patients – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> CoACT implementation is underway in all zones which will start to demonstrate a positive impact on efficiency and emergency department flow. |
| South | <ul style="list-style-type: none"> Collaborate with the ED physicians and the hospitalists to improve efficiency in the decision to admit and admission orders process. Collaborate with Paladin Services Security Company to improve flow for patients in the ED awaiting inpatient admission. Continue to utilize daily bed huddles to ensure patient discharges are identified in timely manner. |
| Calgary | <ul style="list-style-type: none"> Collaborate with mental health services to decrease length of stay for admitted patients. Develop improved processes to support transfer of ED admitted patients to inpatient units. Site-based improvement teams aligning staffing resources and processes to achieve AHS Triage to Physician Initial Assessment target. |
| Central | <ul style="list-style-type: none"> Revised Overcapacity Protocol being trialed at Red Deer Regional Hospital. Ongoing collaboration with rural sites to repatriate patients and receive diverted ED patients. |
| Edmonton | <ul style="list-style-type: none"> Expand the Inner City Support Team in-reach to the Royal Alexandra Hospital (RAH) ED. Extend hours of the CREMS team (Crisis Response & EMS). Increase trauma team activations at RAH and University of Alberta hospitals to 40%. Changing OBS/Gyne and Surgery consult models, developing admission protocols and reviewing nursing model to improve length of stay from triage to admission to ward. Reduce wait times in community with EMS/ED Transfer of Care project. Decrease wait time of Inter Facility Transfer stretcher for patients being transferred between EDs. |
| North | <ul style="list-style-type: none"> Delivery of CTAS training to triage nurses. Engagement between ED and EMS for continued review of existing processes. |

IN SUMMARY

Other initiatives are underway including operationalizing in-progress bed movement process to move patients to vacant beds in a more timely fashion.

AHS has created care units in some of its urban hospitals – called the Rapid Transfer Unit in Edmonton and the Rapid Access Unit in Calgary. These units are located next to the EDs and allow care providers to observe patients receiving treatments for a longer period of time, with the goal of being able to send them home rather than admit them to hospital. This promotes quality and safe care for patients and frees up space in the ED and hospital units for other ED patients.

ED Length of Stay for Admitted Patients – Zone and Site Details

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

| ED LOS Admitted - Busiest Sites | 2012-13 ** | 2013-14** | 2014-15** | Q1 YTD | | Trend * | 2015-16 Target |
|--|------------|-----------|-----------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 8.7 | 8.6 | 9.9 | 9.4 | 9.4 | → | 8.2 |
| South Zone Total | 5.2 | 5.5 | 6.0 | 6.0 | 6.0 | → | 5.1 |
| Chinook Regional Hospital | 5.6 | 6.0 | 6.0 | 6.1 | 5.9 | ↑ | 5.5 |
| Medicine Hat Regional Hospital | 4.8 | 5.1 | 5.9 | 5.9 | 6.1 | ↓ | 4.7 |
| Calgary Zone Total | 8.8 | 8.2 | 9.8 | 9.1 | 9.5 | ↓ | 8.3 |
| Alberta Children's Hospital | 6.5 | 6.3 | 6.8 | 6.5 | 6.6 | ↓ | 6.4 |
| Foothills Medical Centre | 8.5 | 8.0 | 8.9 | 8.2 | 8.5 | ↓ | 8.3 |
| Peter Lougheed Centre | 9.8 | 9.1 | 11.5 | 10.8 | 11.1 | ↓ | 8.8 |
| Rockyview General Hospital | 9.4 | 8.6 | 11.1 | 9.9 | 10.5 | ↓ | 8.7 |
| South Health Campus | N/A | 8.1 | 10.2 | 9.4 | 10.6 | ↓ | 8.3 |
| Central Zone Total | 10.4 | 12.8 | 11.1 | 11.0 | 11.4 | ↓ | 9.0 |
| Red Deer Regional Hospital Centre | 10.4 | 12.8 | 11.1 | 11.0 | 11.4 | ↓ | 9.0 |
| Edmonton Zone Total | 9.9 | 10.2 | 12.0 | 11.2 | 10.6 | ↑ | 8.8 |
| Grey Nuns Community Hospital | 13.3 | 16.8 | 23.5 | 21.1 | 19.6 | ↑ | 9.4 |
| Misericordia Community Hospital | 12.0 | 12.5 | 17.0 | 14.0 | 16.3 | ↓ | 9.3 |
| Royal Alexandra Hospital | 9.7 | 9.9 | 11.5 | 10.8 | 10.5 | ↑ | 8.8 |
| Stollery Children's Hospital | 7.8 | 7.4 | 8.6 | 7.8 | 8.1 | ↓ | 7.7 |
| Sturgeon Community Hospital | 13.4 | 20.5 | 28.4 | 26.1 | 22.3 | ↑ | 9.4 |
| University of Alberta Hospital | 9.2 | 9.1 | 10.4 | 9.8 | 8.8 | ↑ | 8.6 |
| North Zone Total | 6.6 | 7.0 | 7.9 | 7.8 | 7.5 | ↑ | 6.5 |
| Northern Lights Regional Health Centre | 5.4 | 5.9 | 6.3 | 6.0 | 5.9 | ↑ | 5.3 |
| Queen Elizabeth II Hospital | 8.3 | 8.6 | 11.0 | 11.3 | 10.8 | ↑ | 8.2 |

N/A: No results available. South Health Campus opened February 2013.

***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

****** The data for the ED Admitted measure by fiscal year for zones and sites has been updated as of November 2, 2015.

| ED Admissions from ED - Busiest Sites | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|---------------------------------------|----------------|----------------|----------------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 130,323 | 133,310 | 137,391 | 34,419 | 34,828 |
| South Zone | 11,475 | 11,656 | 11,939 | 3,090 | 2,906 |
| Calgary Zone | 52,473 | 54,634 | 56,732 | 13,925 | 14,329 |
| Central Zone | 8,901 | 8,815 | 9,255 | 2,240 | 2,452 |
| Edmonton Zone | 49,988 | 50,644 | 51,858 | 13,248 | 13,332 |
| North Zone | 7,486 | 7,561 | 7,607 | 1,916 | 1,809 |

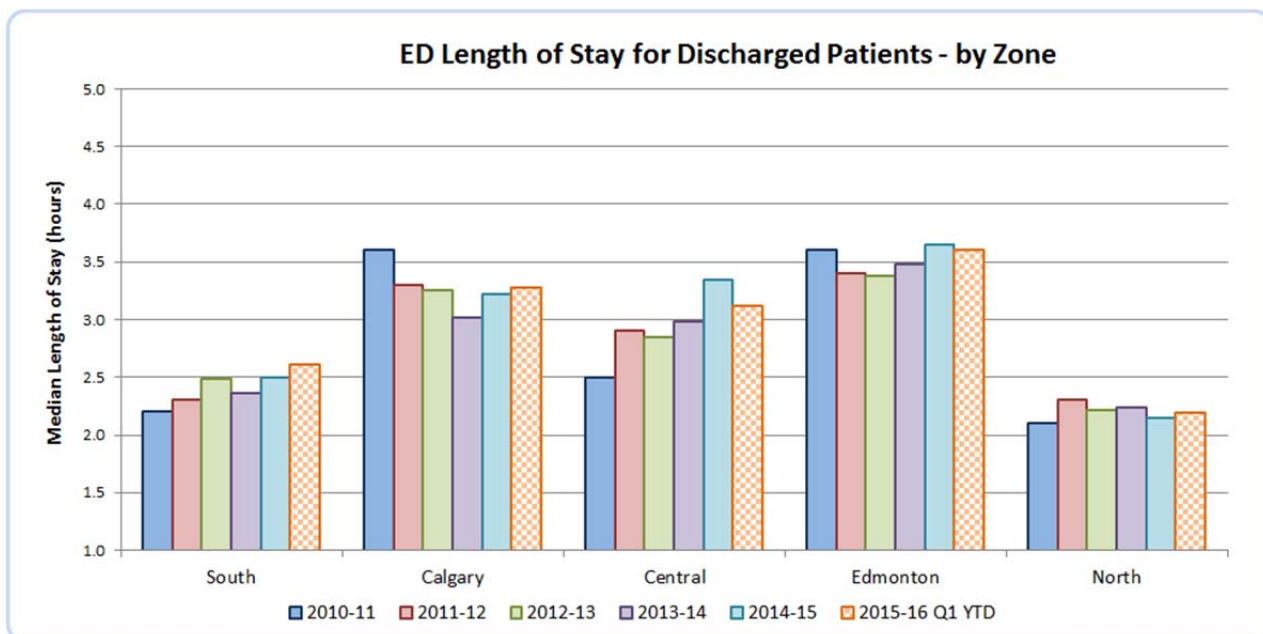
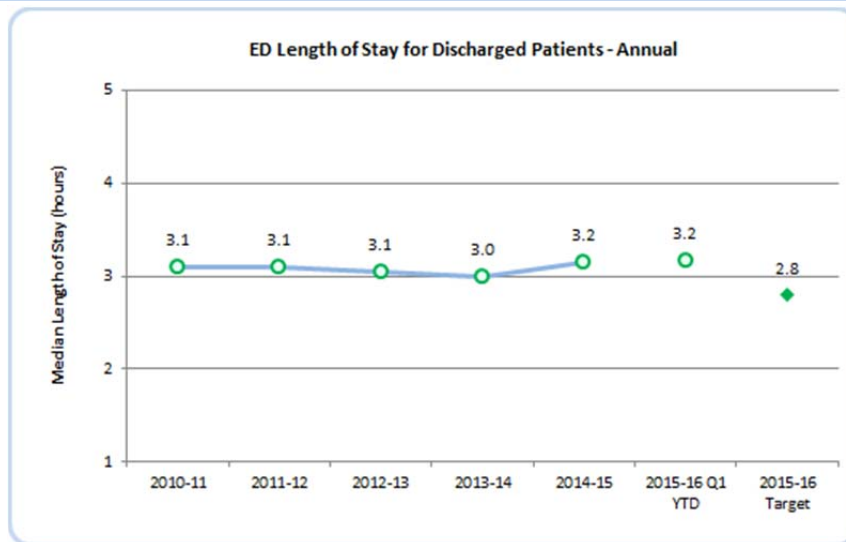
Emergency Department Length of Stay for Discharged Patients

Measure Definition

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

Understanding this Measure

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



ED Length of Stay for Discharged Patients – Actions

| | |
|---|--|
| <p>Provincial/ Strategic Clinical Network (SCN)</p> | <ul style="list-style-type: none"> Emergency Department SCN/ Health Professions Strategy and Practice (HPSP) have partnered to provide a standardize approach to nursing education and orientation for all emergency departments. The Emergency Nursing Provincial Educational Program will provide equal education from one site to another and reduce educator’s time in the classroom. |
| <p>South</p> | <ul style="list-style-type: none"> Work with Primary Care Networks (PCNs) on complex high-needs patients using ED. Identify high-frequency users to ED with mental health and/or addiction issues. Continue to work with EMS and continuing care sites to decrease ED utilization. Exploring options to expand Home Care capacity across the zone. |
| <p>Calgary</p> | <ul style="list-style-type: none"> Intake processes at all sites being reviewed and refined to ensure continued improvement of early access to physician assessment and treatment. PCN referral processes to link patients who may be appropriate for PCN support and ongoing follow up vs. utilizing ED services. Implement renal colic pathway to support reduction of CT use for renal colic patients, as well as potentially reducing admission rates based on best practices for ED care – linked with Choosing Wisely campaign. |
| <p>Central</p> | <ul style="list-style-type: none"> Refresh approach to ED quality improvement initiatives utilizing CQI supports and oversight to improve and streamline ED flow. Optimize the Home Care nurse resources dedicated to the ED to avoid admission by enhancing short and long term home supports for clients. A joint initiative between EMS, Continuing Care and Palliative Care, working on improving end of life care and reducing transport of palliative care clients to the ED, where that care could be supported in the home. |
| <p>Edmonton</p> | <ul style="list-style-type: none"> Activities planned for ED avoidance required for non-emergency business to be moved out of Royal Alexandra Hospital (RAH) ED. Expand the Inner City Support Team in-reach to the RAH ED. Extend hours of the CREMS team (Crisis Response & EMS). Reduce wait times in community with EMS/ED Transfer of Care project. |
| <p>North</p> | <ul style="list-style-type: none"> Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow (e.g. physician discharge improvements due to increased community supports). |

IN SUMMARY

Albertans can seek alternative ways to get treatment before going to the ED, such as visiting your family physician, going to a walk-in clinic and using other community services.

Use the AHS web site to access ED Wait Times

www.albertahealthservices.ca/4770.asp

as well as “Know Your Options”

www.albertahealthservices.ca/7581.asp

to learn when to go to the ED and what options you have for a shorter wait time.

AHS is committed to working with communities to focus more on health promotion and prevention of chronic diseases, disabilities, and injuries. This will help improve quality of life while reducing disparities in health and the impact on individuals, families, communities, and the overall health care system.

ED Length of Stay for Discharged Patients – Zone and Site Details

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

| ED LOS Discharged - Busiest Sites | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 3.1 | 3.0 | 3.2 | 3.1 | 3.2 | ↓ | 2.8 |
| South Zone Total | 2.5 | 2.4 | 2.5 | 2.5 | 2.6 | ↓ | 2.5 |
| Chinook Regional Hospital | 2.6 | 2.4 | 2.4 | 2.5 | 2.4 | ↑ | 2.5 |
| Medicine Hat Regional Hospital | 2.4 | 2.3 | 2.7 | 2.6 | 2.9 | ↓ | 2.4 |
| Calgary Zone Total | 3.3 | 3.0 | 3.2 | 3.1 | 3.3 | ↓ | 3.0 |
| Alberta Children's Hospital | 2.3 | 2.2 | 2.4 | 2.3 | 2.3 | → | 2.3 |
| Foothills Medical Centre | 4.0 | 3.7 | 3.8 | 3.8 | 3.9 | ↓ | 3.3 |
| Peter Lougheed Centre | 3.7 | 3.6 | 3.7 | 3.6 | 3.6 | → | 3.2 |
| Rockyview General Hospital | 3.5 | 3.1 | 3.4 | 3.2 | 3.6 | ↓ | 3.1 |
| South Health Campus | N/A | 2.8 | 3.3 | 3.1 | 3.4 | ↓ | 3.0 |
| Central Zone Total | 2.9 | 3.0 | 3.4 | 3.3 | 3.1 | ↑ | 2.8 |
| Red Deer Regional Hospital Centre | 2.9 | 3.0 | 3.4 | 3.3 | 3.1 | ↑ | 2.8 |
| Edmonton Zone Total | 3.4 | 3.5 | 3.7 | 3.7 | 3.6 | ↑ | 3.0 |
| Grey Nuns Community Hospital | 3.1 | 3.3 | 3.3 | 3.5 | 3.2 | ↑ | 2.9 |
| Misericordia Community Hospital | 3.3 | 3.2 | 3.2 | 3.2 | 3.1 | ↑ | 3.0 |
| Northeast Community Health Centre | 3.2 | 3.2 | 3.2 | 3.3 | 3.1 | ↑ | 3.0 |
| Royal Alexandra Hospital | 4.4 | 5.1 | 5.5 | 5.5 | 5.3 | ↑ | 3.4 |
| Stollery Children's Hospital | 2.3 | 2.3 | 2.7 | 2.7 | 3.0 | ↓ | 2.3 |
| Sturgeon Community Hospital | 3.0 | 2.9 | 3.3 | 3.3 | 3.3 | → | 2.9 |
| University of Alberta Hospital | 4.6 | 4.9 | 5.7 | 5.5 | 5.6 | ↓ | 3.4 |
| North Zone Total | 2.2 | 2.2 | 2.2 | 2.2 | 2.2 | → | 2.1 |
| Northern Lights Regional Health Centre | 2.1 | 2.1 | 1.8 | 1.8 | 1.9 | ↓ | 2.1 |
| Queen Elizabeth II Hospital | 2.3 | 2.4 | 2.7 | 2.7 | 2.6 | ↑ | 2.3 |

N/A: No results available. South Health Campus opened February 2013.

***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

| ED Discharges from ED - Busiest Sites | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|---------------------------------------|---------|---------|---------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 832,699 | 892,057 | 878,559 | 226,340 | 219,461 |
| South Zone | 76,322 | 76,902 | 75,132 | 18,760 | 19,044 |
| Calgary Zone | 255,767 | 307,564 | 308,414 | 79,701 | 77,250 |
| Central Zone | 47,743 | 45,682 | 46,310 | 11,873 | 11,367 |
| Edmonton Zone | 327,842 | 338,229 | 328,131 | 85,591 | 82,539 |
| North Zone | 125,025 | 123,680 | 120,572 | 30,415 | 29,261 |

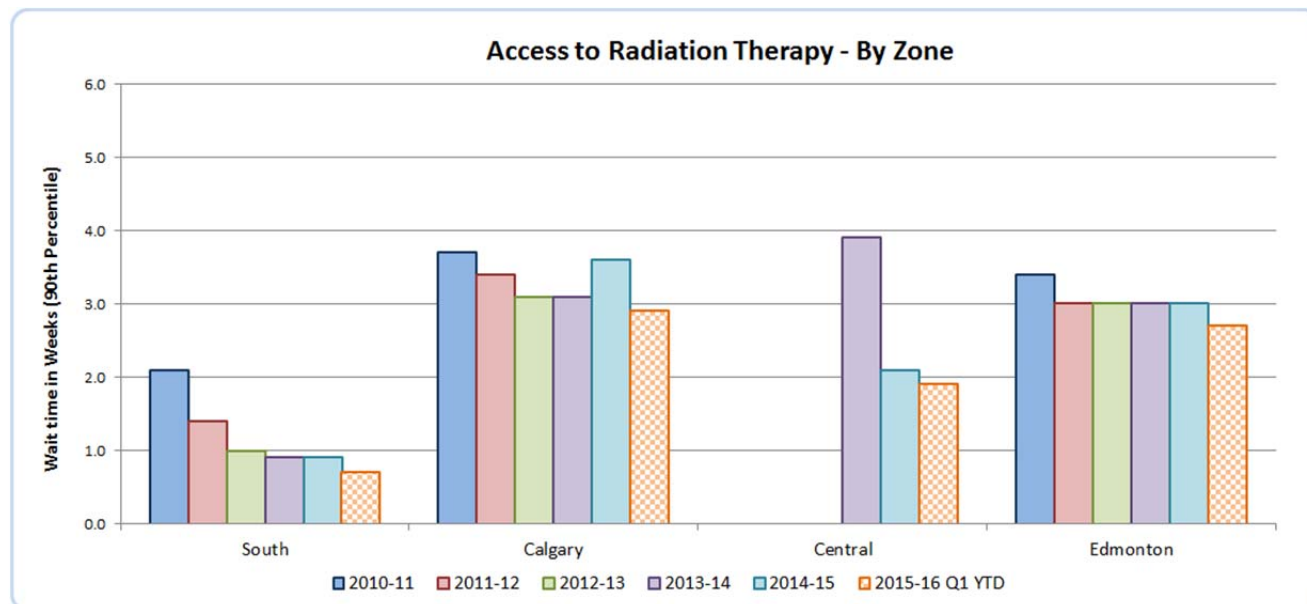
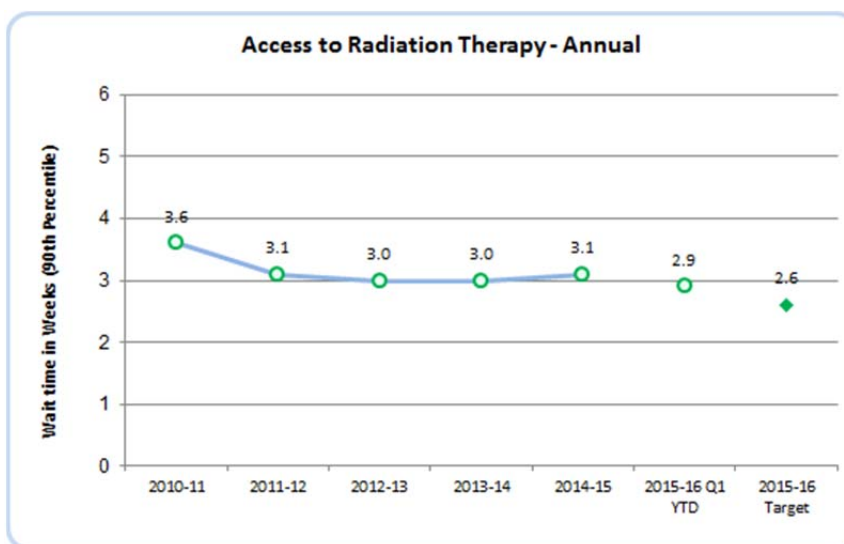
Access to Radiation Therapy

Measure Definition

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

Understanding this Measure

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



Note: Central Zone Cancer Center opened in November 2013. Grande Prairie Cancer Centre scheduled to open in the North Zone in 2017.

Access to Radiation Therapy – Actions

Provincial/
Strategic
Clinical
Network
(SCN)

- Engaged AHS Research and Analytics portfolio to facilitate the Radiation Therapy activity costing project to establish benchmark for radiotherapy activity costing at the four Radiation Therapy centres in Alberta.
- Request for Proposal submitted to support and seek funding for the 10 year radiotherapy replacement plan, including completion of an interprovincial collaborative for the purchase of radiation treatment units (Linacs) that optimizes buying power and strengthens related service and support from equipment vendors.

IN SUMMARY

AHS CancerControl is responsible for treating patients with cancer. This provincial network of cancer professionals and facilities provide most cancer treatment except for surgery.

If you are diagnosed with cancer, your family physician or surgeon may refer you to a cancer facility to discuss further treatment options. If you are referred, you will meet with a doctor specially trained to treat cancer. The two most common types of treatment given in the cancer facilities are chemotherapy and radiation therapy.

Radiation therapy is available at the Cross Cancer Institute in Edmonton; Tom Baker Cancer Centre in Calgary; Jack Ady Cancer Centre in Lethbridge and Central Alberta Cancer Centre in Red Deer.

Access to Radiation Therapy – Zone and Site Details

Ninety 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.

| Access to Radiation Therapy (weeks) | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|------------|------------|------------|-------------------|-----------------|----------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 3.0 | 3.0 | 3.1 | 3.3 | 2.9 | ↑ | 2.6 |
| South Zone (JackAdy Cancer Centre) | 1.0 | 0.9 | 0.9 | 0.4 | 0.7 | ↓ | 1.0 |
| Calgary Zone (Tom Baker Cancer Centre) | 3.1 | 3.1 | 3.6 | 3.7 | 2.9 | ↑ | 2.7 |
| Central Zone (Central Alberta Cancer Centre) | N/A | 3.9 | 2.1 | 2.6 | 1.9 | ↑ | n/a |
| Edmonton Zone (Cross Cancer Institute) | 3.0 | 3.0 | 3.0 | 3.0 | 2.7 | ↑ | 2.6 |

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre scheduled to open in the North Zone in 2017.

***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

| Number of patients who started radiation therapy | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|--|--------------|--------------|--------------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 7,093 | 7,019 | 7,435 | 1,876 | 1,944 |
| South Zone | 414 | 431 | 415 | 84 | 101 |
| Calgary Zone | 2,916 | 2,639 | 2,857 | 742 | 803 |
| Central Zone | N/A | 93 | 424 | 104 | 109 |
| Edmonton Zone | 3,763 | 3,804 | 3,739 | 946 | 957 |

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre scheduled to open in the North Zone in 2017.

Children's Mental Health Access

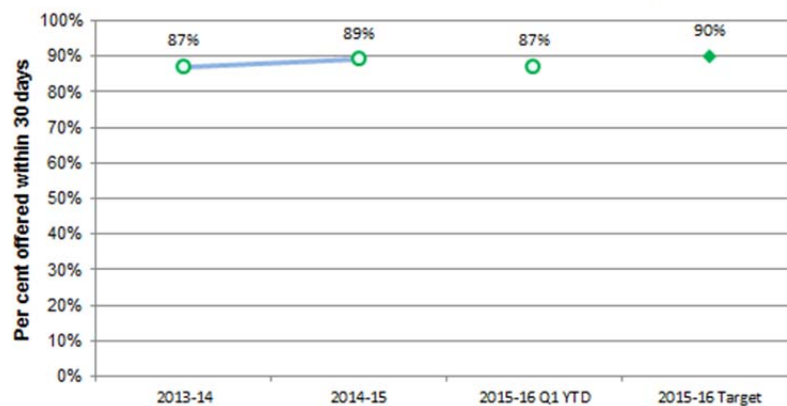
Measure Definition

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

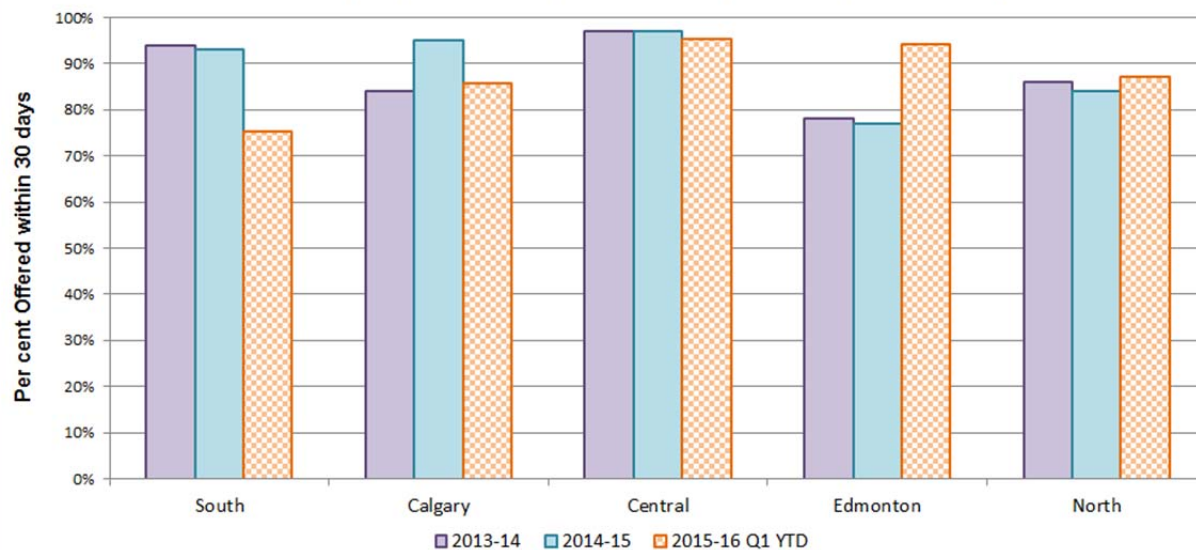
Understanding this Measure

Delays in treating mental illness can have negative consequences, including exacerbation of the client's condition. Research has shown that the longer children wait for service, the more likely they are to not attend their first appointment. One of the strategies associated with Addiction and Mental Health is to improve how children and youth access addiction and mental health services. Monitoring the percentage of children who have symptoms or problems that require attention but are not considered urgent or emergent can help in identifying system delays and assessing service capacity, while ensuring that children most in need of treatment receive it immediately.

Children Offered Mental Health Services within 30 days - Annual



Children Offered Mental Health Services within 30 days - Zone



Children’s Mental Health Access – Actions

| | |
|---|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Completed research project related to enhancing mental well-being of youth. |
| South | <ul style="list-style-type: none"> Participating on two Regional Collaborative School Delivery committees to streamline access to children’s addiction mental health services. Review documentation processes with child/adolescent clinicians to ensure documenting both the ‘first available appointment offered’ vs. ‘scheduled appointment’. Some of the increased wait time for ‘first available appointment’ is attributed to inaccurate documentation practices. Assessment and identification of treatment supply within the system. |
| Calgary | <ul style="list-style-type: none"> Brain health integration planning has been designated as a priority. The planning is well underway and will be completed by fall 2015. The plan will include future needs for children and youth requiring mental health care and treatment across the continuum of care. |
| Central | <ul style="list-style-type: none"> Participation on three Regional School Delivery collaboratives with the Regional Collaborative School Delivery Model – cross ministerial initiative school divisions, AHS AMH and Allied Health, and Child & Family Services. Participation with Provincial AMH portfolio to explore possible enhancements to children’s AMH resources and supports in response to rural Quality Assurance Review. |
| Edmonton | <ul style="list-style-type: none"> The Strongest Families Institute is being utilized to manage some of the referrals (45 per month). Moved to a centralized intake system through eClinician which gives families more choice and offers the first available appointment. |
| North | <ul style="list-style-type: none"> Conducted monthly review of wait times and exploration of root causes to inform improvements occurred. Completed ARMHIS (Alberta Regional Mental Health Information System) handbook for clinicians. Continued work with provincial working group on improving data integrity. Launched zone working group to address wait times and access to children’s addiction and mental health services. |

IN SUMMARY

Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

Currently, Alberta is the only province with access standards for children’s mental health. There is no comparable information from other provinces regarding the wait times for children to receive community mental health treatment.

Children's Mental Health Access – Zone Details

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

| Children Offered Scheduled Mental Health Services within 30 days | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|------------|------------|-------------------|-----------------|----------|----------------|
| | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 87% | 89% | 86% | 87% | ↑ | 90% |
| South Zone | 94% | 93% | 94% | 75% | ↓ | n/a |
| Calgary Zone | 84% | 95% | 94% | 86% | ↓ | n/a |
| Central Zone | 97% | 97% | 97% | 95% | ↓ | n/a |
| Edmonton Zone | 78% | 77% | 64% | 94% | ↑ | n/a |
| North Zone | 86% | 84% | 82% | 87% | ↑ | n/a |

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Number of new enrollments | 2013-14 | 2014-15 | Q1 YTD | |
|---------------------------|--------------|--------------|-------------------|-----------------|
| | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 7,164 | 7,947 | 2,088 | 2,200 |
| South Zone | 1,394 | 1,697 | 406 | 408 |
| Calgary Zone | 1,442 | 1,257 | 461 | 518 |
| Central Zone | 1,125 | 1,257 | 349 | 334 |
| Edmonton Zone | 1,808 | 1,562 | 438 | 414 |
| North Zone | 1,395 | 1,616 | 434 | 526 |

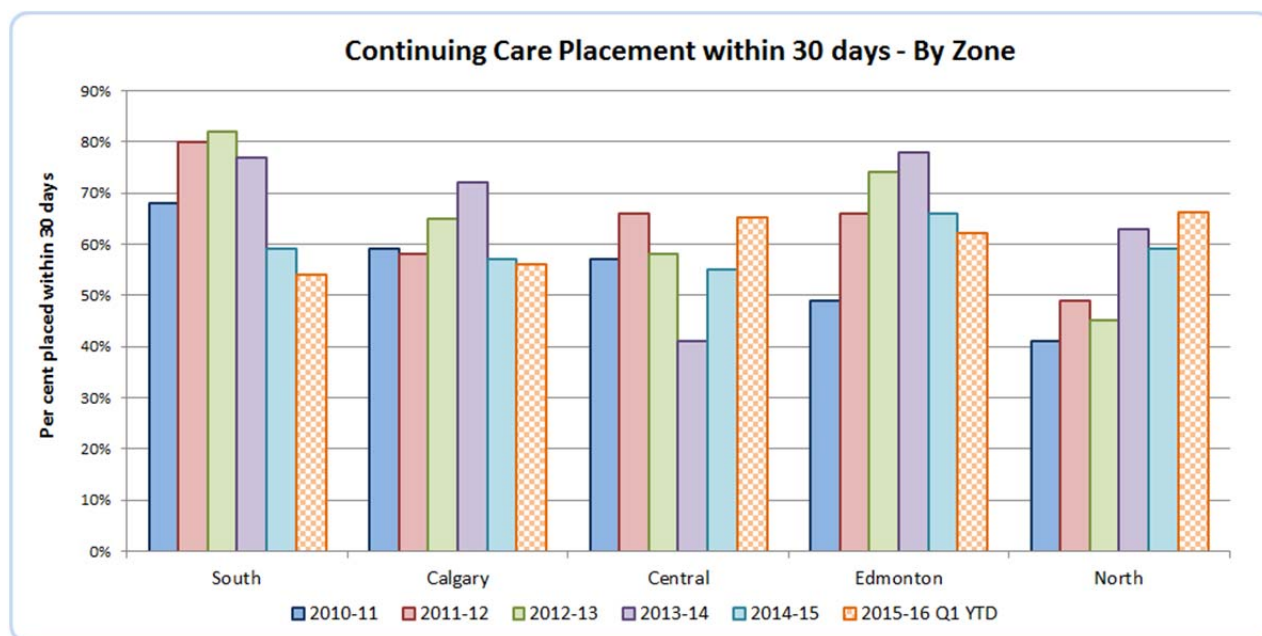
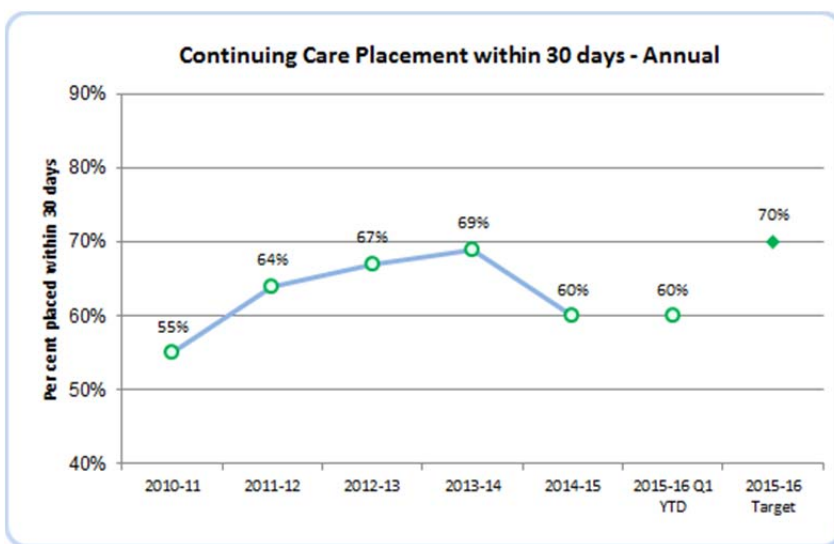
Continuing Care Placement

Measure Definition

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.

Understanding this Measure

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



Continuing Care Placement – Actions

| | | |
|--|--|---|
| <p>Provincial/ Strategic Clinical Network (SCN)</p> | <ul style="list-style-type: none"> In Q1 2015-16, AHS opened 135 net new continuing care spaces (80 Supportive Living Level 4, 24 Supportive Living Level 4 – Dementia, and 26 Community/Palliative Hospice). The number of people waiting in acute care/sub-acute and community for continuing care placement has increased by 253 individuals from last Q1 2014/15 (n=1,294) to Q1 2015/16 (n=1,547). Work continues across the province to implement the Seniors Health Continuing Care Capacity Plan. Completed new “Access to Designated Living Option” (ADLO) which will replace the previous First Available Living Option policy in May 2015. Over a six-month period, the continuing care resolution team consulted with more than 1,000 Albertans, identifying opportunities that contribute to further improvements in Alberta’s continuing care system. | <p>IN SUMMARY</p> <p>AHS has placed more clients in continuing care living options in Q1 this year (1,923) as compared to Q1 last year (1,899).</p> <p>Since April 2010, as of June 30, 2015, AHS has added approximately 4,385 spaces to the continuing care system, and more spaces will continue to be added in the coming years.</p> <p>In addition to opening continuing care spaces, AHS is expanding home care services. This allows more seniors to remain safe and independent in their own homes, which is where they want to be.</p> <p>Hundreds of adult day program spaces are also being added to monitor seniors living at home with complex and unstable health conditions, to give seniors additional opportunities for socializing, and to provide respite for caregivers.</p> |
| <p>South</p> | <ul style="list-style-type: none"> Implementation of Seniors Health Continuing Care Capacity Plan. | |
| <p>Calgary</p> | <ul style="list-style-type: none"> In Q1 2015-16, opened 128 net new continuing care spaces (78 Supportive Living Level 4, 24 Supportive Living Level 4 – Dementia, and 26 Community/Palliative Hospice). Implementation of Seniors Health Continuing Care Capacity Plan. | |
| <p>Central</p> | <ul style="list-style-type: none"> Ongoing consultation with Provincial A&MH Portfolio to determine options and mechanisms to identify and expand Continuing Care Living Options. Decrease the wait/turnaround time from approval for Continuing Care Living Options to occupancy. | |
| <p>Edmonton</p> | <ul style="list-style-type: none"> Development of a program to support long-term care residents with chronic/complex respiratory issues. | |
| <p>North</p> | <ul style="list-style-type: none"> Wait-listing reporting currently being modified to capture the new policy for Access to a Designated Living Option. Meditech systems being updated to reflect the changes in waitlist management. | |

Continuing Care Placement – Zone Details

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

| Continuing Care Clients Placed within 30 days | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|---|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 67% | 69% | 60% | 67% | 60% | ↓ | 70% |
| South Zone | 82% | 77% | 59% | 80% | 54% | ↓ | 83% |
| Calgary Zone | 65% | 72% | 57% | 59% | 56% | ↓ | 68% |
| Central Zone | 58% | 41% | 55% | 51% | 65% | ↑ | 63% |
| Edmonton Zone | 74% | 78% | 66% | 80% | 62% | ↓ | 75% |
| North Zone | 45% | 63% | 59% | 58% | 66% | ↑ | 53% |

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Total Placed | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|---------------|---------|---------|---------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 7,761 | 7,694 | 7,810 | 1,899 | 1,923 |
| South Zone | 930 | 868 | 866 | 234 | 229 |
| Calgary Zone | 2,301 | 2,164 | 2,548 | 555 | 636 |
| Central Zone | 1,281 | 1,189 | 1,259 | 335 | 284 |
| Edmonton Zone | 2,620 | 2,742 | 2,443 | 610 | 589 |
| North Zone | 629 | 731 | 694 | 165 | 185 |

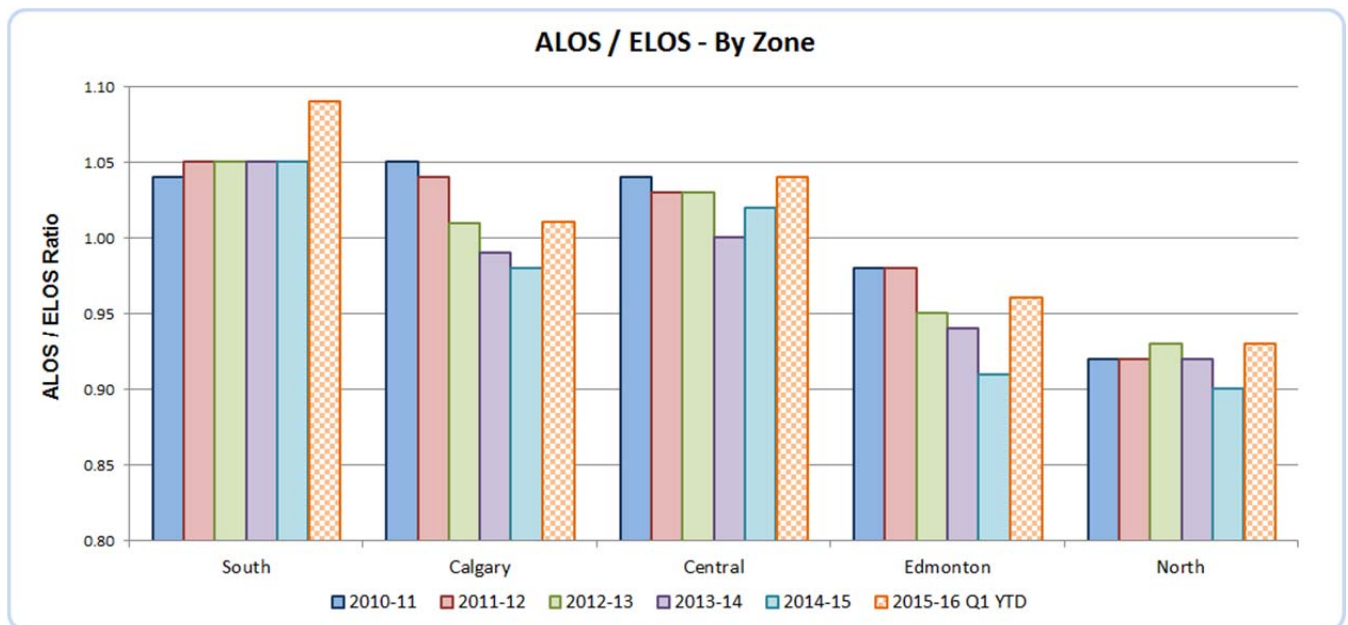
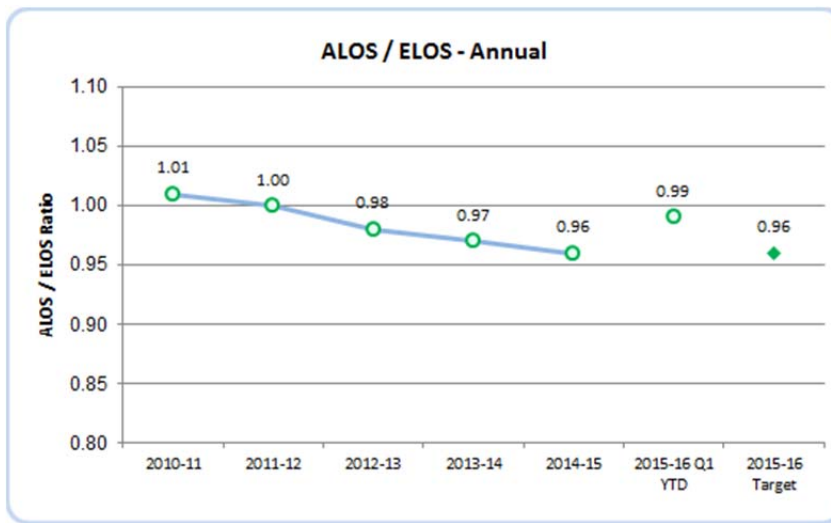
Acute (Actual) Length of Hospital Stay (ALOS) Compared to Expected Length of Stay (ELOS)

Measure Definition

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

Understanding this Measure

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



ALOS/ELOS – Actions

| | |
|--|---|
| <p>Provincial/ Strategic Clinical Network (SCN)</p> | <ul style="list-style-type: none"> For all 16 in-scope AHS facilities, commence implementation and audit process for bedside shift report, bedside whiteboards, care hubs, comfort rounds, Rapid Rounds and frontline leadership development. Continue deployment of Medworxx across acute care system in Alberta. Continue implementation of the Enhanced Recovery After Surgery (ERAS) project at six early adopter sites (Surgery SCN). |
| <p>South</p> | <ul style="list-style-type: none"> Implementation of Phase 1 CoACT deliverables at two regional pilot sites including: collaborative care leadership, care hub, comfort rounds, rapid rounds, patient bedside whiteboard, and bedside shift report. |
| <p>Calgary</p> | <ul style="list-style-type: none"> Implementation of the six core elements of CoACT including care hubs at Rockyview General Hospital and South Health Campus. |
| <p>Central</p> | <ul style="list-style-type: none"> Optimize Medworxx utilization as a platform to facilitate interdisciplinary team communication and discharge planning. Implement six priority CoACT core elements at all in scope sites (RDRH, Wetaskiwin and Drumheller). |
| <p>Edmonton</p> | <ul style="list-style-type: none"> Utilize predictive tools and communication strategies for proactive management of patient discharge and bed management. Implement CoACT leading practices at acute care sites. |
| <p>North</p> | <ul style="list-style-type: none"> Implement CoACT components at four sites to improve bed utilization and patient flow. All sites have implemented more than one CoACT element in Q1. Patient rounds (quality improvement approach) will focus on streamlining the discharge process. Implementation of rural discharge planning model initiated in two sites in Q1. |

IN SUMMARY

AHS is developing standardized care planning tools such as care pathways for specific patient groups, to improve communication between all team members, our patients and their families. This will ensure that every patient receives the best quality of care for their medical condition as well as their personal situation.

DID YOU KNOW

Enhanced Recovery After Surgery (ERAS) provides new and consistent ways of managing care before, during and after surgery. For example, reducing pre-surgical fasting times, carbohydrate loading, avoiding salt and water overload, not using surgical drain tubes, using specific anesthetic approaches, mobilizing and eating early after surgery all help with early recovery.

Medworxx is used by those involved in patient care and flow (nurses, physicians, clinical coordinators, discharge planners and administration) to enhance how acute care capacity is managed and improve patient experience by addressing challenges associated with patient care and flow.

ALOS/ELOS– Zone and Site Details

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

| Acute (Actual) Length of Hospital Stay Compared to Expected Stay | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | | Trend * | 2015-16 Target |
|--|-------------|-------------|-------------|-------------------|-----------------|---------|----------------|
| | | | | 2014-15 Last Year | 2015-16 Current | | |
| Provincial | 0.98 | 0.97 | 0.96 | 0.96 | 0.99 | ↓ | 0.96 |
| South Zone Total | 1.05 | 1.05 | 1.05 | 1.05 | 1.09 | ↓ | 1.00 |
| Chinook Regional Hospital | 1.08 | 1.06 | 1.06 | 1.07 | 1.09 | ↓ | 1.01 |
| Medicine Hat Regional Hospital | 1.05 | 1.08 | 1.06 | 1.05 | 1.10 | ↓ | 1.00 |
| All Other Hospitals | 0.95 | 1.03 | 0.98 | 0.97 | 1.03 | ↓ | 0.95 |
| Calgary Zone Total | 1.01 | 0.99 | 0.98 | 0.98 | 1.01 | ↓ | 0.97 |
| Alberta Children's Hospital | 0.98 | 1.00 | 0.91 | 0.96 | 0.95 | ↑ | 0.96 |
| Foothills Medical Centre | 1.04 | 1.01 | 1.01 | 1.01 | 1.03 | ↓ | 1.00 |
| Peter Lougheed Centre | 0.99 | 0.98 | 0.97 | 0.96 | 1.02 | ↓ | 0.97 |
| Rockyview General Hospital | 1.00 | 0.99 | 0.99 | 0.99 | 1.03 | ↓ | 0.97 |
| South Health Campus | N/A | 0.94 | 0.94 | 0.96 | 0.96 | → | 0.97 |
| All Other Hospitals | 0.96 | 0.96 | 0.96 | 0.95 | 0.93 | ↑ | 0.96 |
| Central Zone Total | 1.03 | 1.00 | 1.02 | 1.01 | 1.04 | ↓ | 0.98 |
| Red Deer Regional Hospital Centre | 1.06 | 1.03 | 1.05 | 1.05 | 1.08 | ↓ | 1.00 |
| All Other Hospitals | 1.00 | 0.97 | 0.99 | 0.98 | 0.99 | ↓ | 0.97 |
| Edmonton Zone Total | 0.95 | 0.94 | 0.91 | 0.91 | 0.96 | ↓ | 0.94 |
| Grey Nuns Community Hospital | 0.99 | 0.93 | 0.88 | 0.90 | 0.95 | ↓ | 0.97 |
| Misericordia Community Hospital | 1.04 | 0.97 | 0.96 | 0.96 | 1.02 | ↓ | 0.99 |
| Royal Alexandra Hospital | 0.92 | 0.93 | 0.91 | 0.90 | 0.95 | ↓ | 0.91 |
| Stollery Children's Hospital | 0.98 | 1.00 | 0.92 | 0.92 | 1.01 | ↓ | 0.97 |
| Sturgeon Community Hospital | 0.90 | 0.92 | 0.90 | 0.92 | 0.95 | ↓ | 0.90 |
| University of Alberta Hospital | 0.92 | 0.91 | 0.91 | 0.90 | 0.94 | ↓ | 0.92 |
| All Other Hospitals | 0.98 | 1.02 | 0.98 | 0.97 | 1.01 | ↓ | 0.97 |
| North Zone Total | 0.93 | 0.92 | 0.90 | 0.89 | 0.93 | ↓ | 0.92 |
| Northern Lights Regional Health Centre | 0.95 | 0.96 | 0.93 | 0.91 | 0.93 | ↓ | 0.95 |
| Queen Elizabeth II Hospital | 0.93 | 0.93 | 0.87 | 0.85 | 0.91 | ↓ | 0.93 |
| All Other Hospitals | 0.92 | 0.91 | 0.91 | 0.91 | 0.94 | ↓ | 0.91 |

N/A: No results available. South Health Campus opened February 2013.

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Total Discharges | 2012-13 | 2013-14 | 2014-15 | Q1 YTD | |
|-------------------|----------------|----------------|----------------|-------------------|-----------------|
| | | | | 2014-15 Last Year | 2015-16 Current |
| Provincial | 385,536 | 393,765 | 401,323 | 102,782 | 102,883 |
| South Zone | 31,640 | 31,093 | 31,125 | 8,220 | 7,955 |
| Calgary Zone | 130,842 | 136,598 | 140,554 | 35,485 | 36,072 |
| Central Zone | 45,619 | 44,589 | 45,691 | 11,649 | 11,894 |
| Edmonton Zone | 132,337 | 135,970 | 139,053 | 35,705 | 35,617 |
| North Zone | 45,098 | 45,515 | 44,900 | 11,723 | 11,345 |

Early Detection of Cancer

Measure Definition

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.

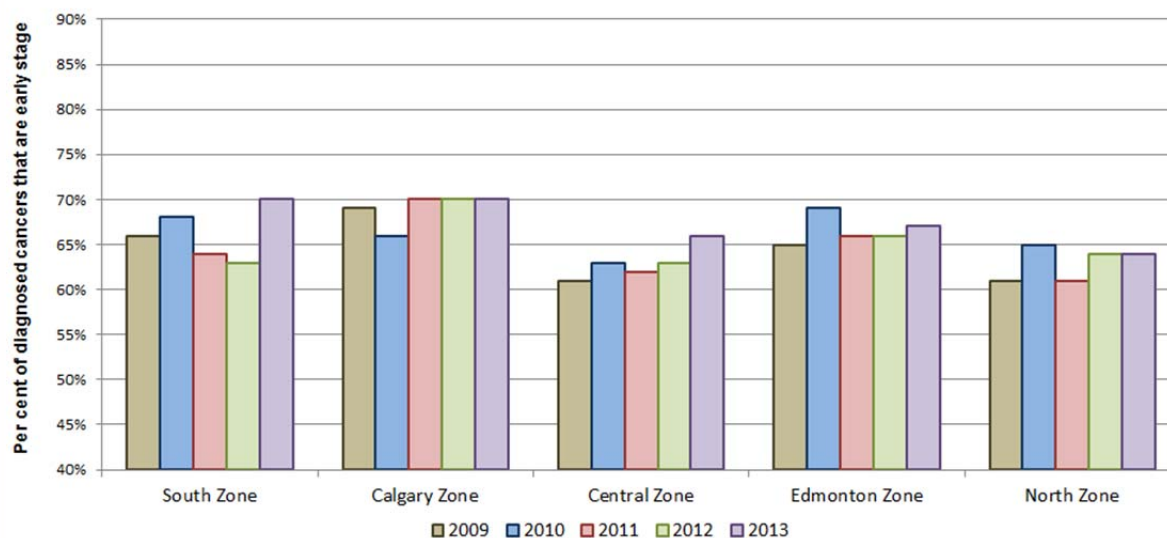
Understanding this Measure

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

Early Detection of Cancer - Annual



Early Detection of Cancer - By Zone



Early Detection of Cancer – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> The volume of Fecal Immunochemical Testing (FIT) for Q1 is 72,871 (Q4 2014/15 was 63,195). |
| South | <ul style="list-style-type: none"> Monitor and evaluate Fecal Immunochemical Testing (FIT) testing implementation, targeting clinics with low FIT test return rates through Central Intake clinic, and following up as needed with primary physician offices. Develop and implement clear follow-up processes for patients with positive FIT results. Implementation of Alberta Colorectal Cancer Screening Program (ACRCSP) guidelines for positive FIT results. Continue to promote Breast and Cervical Cancer Screening in collaboration with Primary Care Networks. |
| Calgary | <ul style="list-style-type: none"> The Colon Cancer Screening Center has significantly reduced routine referrals for colonoscopy, decreasing wait times as a direct result of the uptake in FIT testing. The Alberta Breast Cancer Screening Program offers a mobile breast screening mammography program at a fixed site at the Holy Cross in Calgary. A “Man Van” for PSA (Prostate-specific antigen) testing is completed at the Prostate Cancer Center/ Southern Alberta Institute of Urology. |
| Central | <ul style="list-style-type: none"> Increase compliance with quality reporting for colon cancer screening colonoscopies. Collaboration with physicians to utilize new data collection form to meet ACRCSP reporting requirements along with reconciliation of pathology results. |
| Edmonton | <ul style="list-style-type: none"> Communication was sent to primary care providers promoting colorectal cancer screening. |
| North | <ul style="list-style-type: none"> Implement Year 2 of the Enhanced Access to Cancer Screening (EAC) Pilot Project. Work underway to reach 50 rural and remote communities through the delivery of 17 integrated cancer screening clinics Work underway to utilize newly developed EACS Planning Kit to support project sustainability and to assist in planning and delivery of cancer screening clinics. Ongoing communications to promote and enhance awareness of cancer risks and screening in Q1. This included mobile announcement letters informing communities of upcoming screen test visits were delivered to four communities. |

IN SUMMARY

Data is published annually.

Early detection of cancer through regular screening following clinical practice guidelines can identify unsuspected cancers at a stage when early intervention can positively affect the outcome for colorectal, breast, cervical or prostate cancers.

DID YOU KNOW

The Fecal Immunochemical Test (FIT) is an easy-to-use colorectal cancer screening tool that can help save lives by detecting more cases earlier. It is used as a screening test for average-risk Albertans between the ages of 50–74. Implementing FIT helps optimize colonoscopy services across Alberta and ensures timely access for those who have a positive FIT test or have a family history of the disease.

Early Detection of Cancer – Zone Details

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

| Early Detection of Cancer | 2009 | 2010 | 2011 | 2012 | 2013 | Trend * | 2015-16 Target |
|---------------------------|------------|------------|------------|------------|------------|----------|----------------|
| Provincial | 65% | 67% | 66% | 67% | 68% | ↑ | 70% |
| South Zone | 66% | 68% | 64% | 63% | 70% | ↑ | 70% |
| Calgary Zone | 69% | 66% | 70% | 70% | 70% | → | 71% |
| Central Zone | 61% | 63% | 62% | 63% | 66% | ↑ | 69% |
| Edmonton Zone | 65% | 69% | 66% | 66% | 67% | ↑ | 70% |
| North Zone | 61% | 65% | 61% | 64% | 64% | → | 69% |

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

Mental Health Readmissions

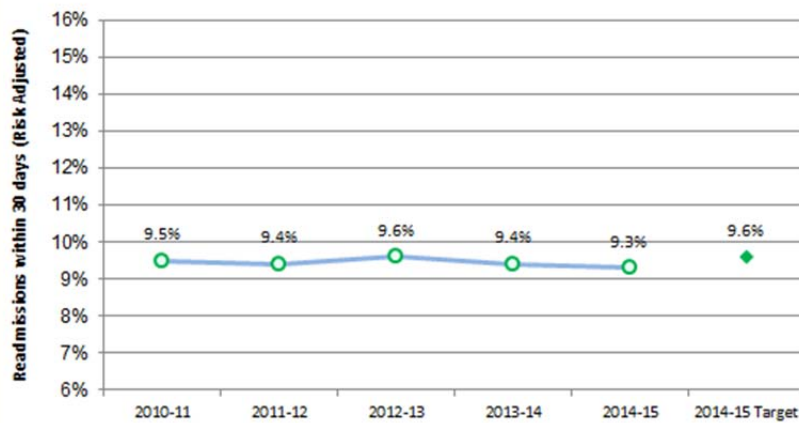
Measure Definition

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

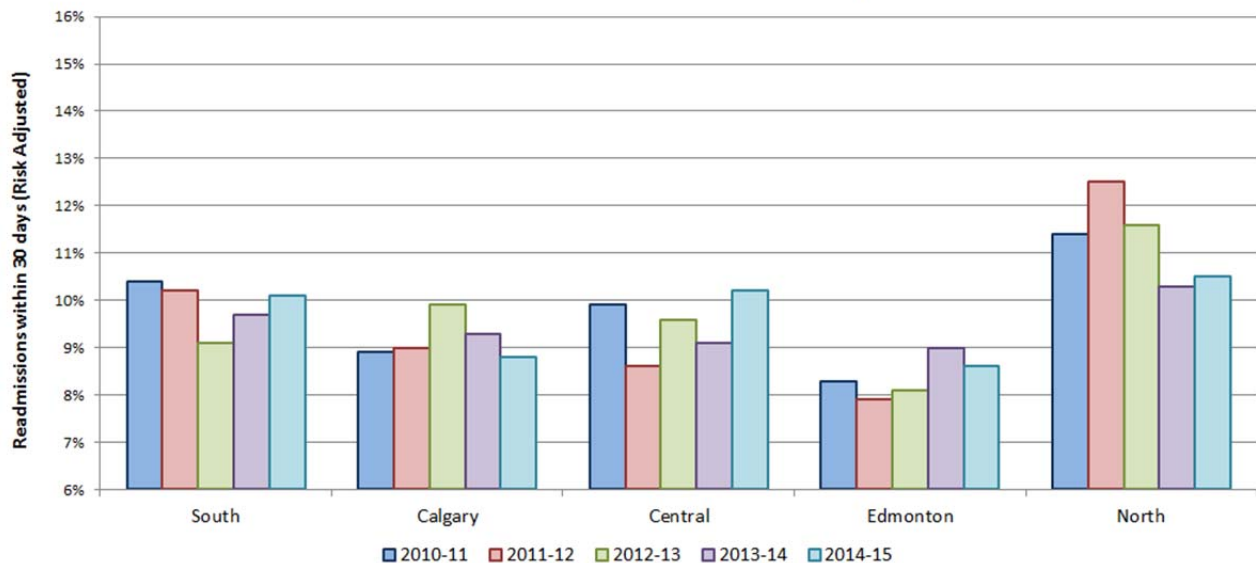
Understanding this Measure

Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications. While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and follow-up care.

Mental Health Readmissions - Annual



Mental Health Readmissions - by Zone



Mental Health Readmissions – Actions

| | |
|---|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Work continues by the Addiction & Mental Health SCN to explore emergency medical services (EMS) use of “test and treat” protocols for complex, high needs mental health patients who frequent emergency departments. |
| South | <ul style="list-style-type: none"> Develop case management approaches for complex needs patients with Primary Care Networks. Collaborating with psychiatrists to readmission rates and to develop a plan to address higher rates. |
| Calgary | <ul style="list-style-type: none"> Patients contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. Initiate Community Treatment Orders as appropriate. Evaluate 30-day Readmission Rates. |
| Central | <ul style="list-style-type: none"> Discharge Continuity Project continues to link together inpatient and community services, and addresses suicide risk management policy. Enhanced mental health liaisons to support rural facilities, EDs, and other agencies. Enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities. Advocate for additional supports and partner with Child and Family Services for community living. Enhanced linkages/referrals with continuing care in multiple zones for complex clients. |
| Edmonton | <ul style="list-style-type: none"> Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc in June 2015. Implemented integrated electronic health record (eClinician) in approximately 100 clinical departments, across 50 sites, with 1,100 staff and physician users. Ongoing maintenance and optimization moved into operations. Concurrent Disorders Capable Treatment Continuum Project underway with Alberta Infrastructure. Business case, functional programming and project charter complete. |
| North | <ul style="list-style-type: none"> Begin implementation of Addiction and Mental Health Strategic and Operational Plan. Continue implementation of the Triple Aim project in Grande Prairie. Began implementation of Aboriginal Mental Health Strategy and action plan. |

IN SUMMARY

While not all readmissions can be prevented, the rate can often be reduced through better follow-up and coordination of care for patients after discharge. Tracking the readmission rate helps us understand the effectiveness of hospital care, and how well we support patients after they leave the hospital.

DID YOU KNOW

*Five percent of Alberta’s population is using services that account for 66% of costs associated with inpatient, emergency and urgent care, general practitioner and specialty physician care. This **complex high needs patient (CHNP)** has almost 1.8 times more actual than expected costs, with 70% of the cost distribution related to chronic disease. Understanding unique clinical profile and utilization patterns will aid AHS in providing appropriate care to Albertans.*

Mental Health Readmissions – Zone Details

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

| Mental Health Readmissions within 30 days (Risk Adjusted) | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | | Trend * | 2014-15 Target |
|---|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2013-14 Last Year | 2014-15 Current | | |
| Provincial | 9.4% | 9.6% | 9.4% | 9.4% | 9.3% | ↑ | 9.6% |
| South Zone | 10.2% | 9.1% | 9.7% | 9.7% | 10.3% | ↓ | 9.1% |
| Calgary Zone | 9.0% | 9.9% | 9.3% | 9.3% | 8.9% | ↑ | 9.9% |
| Central Zone | 8.6% | 9.6% | 9.1% | 9.1% | 9.8% | ↓ | 9.6% |
| Edmonton Zone | 7.9% | 8.1% | 9.0% | 9.0% | 8.6% | ↑ | 8.1% |
| North Zone | 12.5% | 11.6% | 10.3% | 10.3% | 10.1% | ↑ | 11.4% |

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Mental Health Discharges (Index)* | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | |
|-----------------------------------|---------------|---------------|---------------|-------------------|-----------------|
| | | | | 2013-14 Last Year | 2014-15 Current |
| Provincial | 12,309 | 12,780 | 13,508 | 13,508 | 13,922 |
| South Zone | 1,535 | 1,509 | 1,507 | 1,507 | 1,492 |
| Calgary Zone | 4,254 | 4,340 | 4,753 | 4,753 | 5,121 |
| Central Zone | 1,537 | 1,539 | 1,483 | 1,483 | 1,629 |
| Edmonton Zone | 3,099 | 3,292 | 3,444 | 3,444 | 3,410 |
| North Zone | 1,884 | 2,100 | 2,321 | 2,321 | 2,270 |

* Total number of hospital stays for select Mental Health diagnoses.

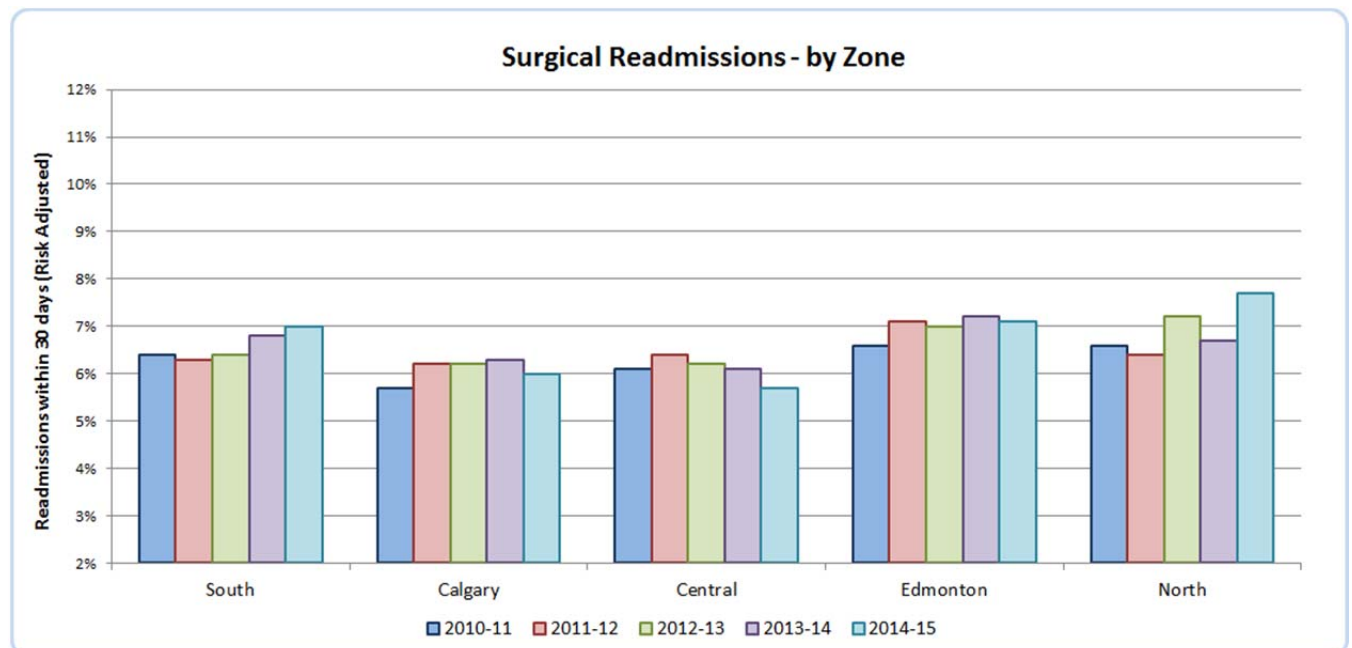
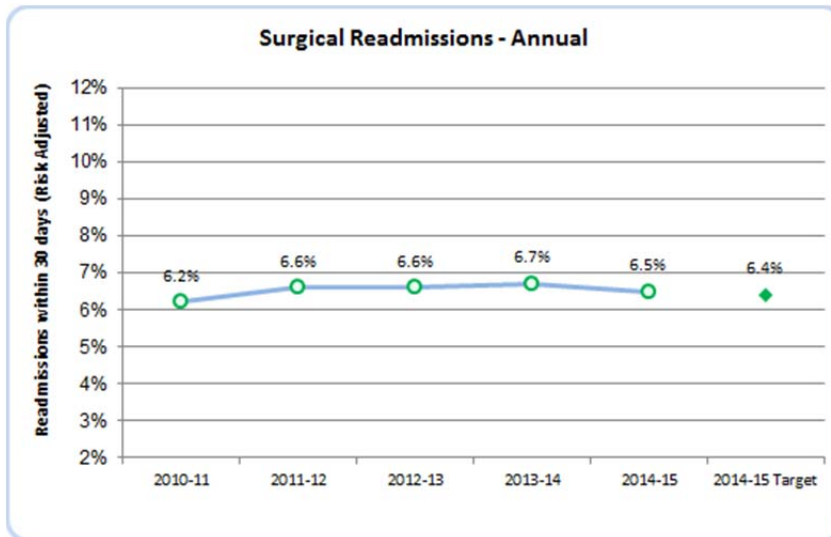
Surgical Readmissions

Measure Definition

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

Understanding this Measure

Unplanned readmissions to hospitals are used to measure quality of surgical care and follow-up. Readmission rates are also influenced by a variety of other factors, including the effectiveness of the care transition to the community.



Surgical Readmissions – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> • Continue Enhanced Recovery After Surgery (ERAS) project at six early adopter sites through the Surgery SCN. • Business case developed for spread of ERAS protocols to other centers in Alberta. • National Surgery Quality Improvement Project (NSQIP) underway in five sites across Alberta. This program is supported by the Surgery SCN. • Sustain, spread and optimize Adult Coding Access Targets for Surgery (aCATS). This program is supported by the Surgery SCN. |
| South | <ul style="list-style-type: none"> • Implementation of National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care. • Preliminary work on aCATs is underway with some targeted areas receiving introductory education and support. |
| Calgary | <ul style="list-style-type: none"> • Continue working with the SCNs to develop and implement Head and Neck Surgical pathways to decrease length of stay. • Implement ERAS for colorectal surgery at Peter Lougheed Centre and Foothills Medical Centre. • Utilize aCATS data to prioritize vascular and oncology surgery access across all specialties. |
| Central | <ul style="list-style-type: none"> • Participating in NSQIP to improve surgical outcomes by analyzing patient data to change practice at Red Deer Regional Hospital (RDRH). • Alternate Version implementation of Safe Surgery Checklist at RDRH. • Implement ERAS for colon surgery at RDRH. • Sustain, spread and optimize aCATS. |
| Edmonton | <ul style="list-style-type: none"> • Optimize aCATS application for waitlist management. • Through the Seniors SCN, an “elder friendly” emergency surgical unit is being created at the University of Alberta Hospital – a study called Elder-friendly Approaches to the Surgical Environment (EASE). |
| North | <ul style="list-style-type: none"> • Contribute to Surgery SCN to develop a provincial surgical service planning framework to guide surgical planning and decision making. |

IN SUMMARY

AHS is committed to working with its Strategic Clinical Networks to ensure quality of surgical care and follow-up. Reducing the frequency with which patients return to the hospital can both improve care and lower costs. Some of the key reasons that bring surgical patients back to the hospital soon after discharge may be due to poor social support at home, inability to access primary care, or general poor health.

DID YOU KNOW

***National Surgery Quality Improvement Project (NSQIP)** uses clinical data to measure and improve performance thereby reducing the rate of preventable surgical complications. **Trauma Quality Improvement Program (TQIP)** works to enhance the quality of care for trauma patients.*

***Adult Coding Access Targets for Surgery (aCATS)** helps deliver exceptional surgical care in a safe and timely manner. It is a standardized diagnosis-based system to help prioritize surgeries offered throughout the province.*

***Elder-friendly Approaches to the Surgical Environment (EASE)** is a new clinical research study – a collaboration between AHS and the Faculty of Medicine & Dentistry at the University of Alberta – that aims to implement elder-friendly practices during and after surgery to better support older patient through their hospital stay, thereby improving post-operative outcomes.*

Surgical Readmissions – Zone and Site Details

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

| Surgical Readmissions within 30 days (Risk Adjusted) | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | | Trend * | 2014-15 Target |
|---|---------|---------|---------|----------------------|--------------------|---------|-------------------|
| | | | | 2013-14 Last Year | 2014-15 Current | | |
| Provincial | 6.6% | 6.6% | 6.7% | 6.7% | 6.5% | ↑ | 6.4% |
| South Zone Total | 6.3% | 6.4% | 6.8% | 6.8% | 6.7% | ↑ | 6.3% |
| Chinook Regional Hospital | 5.9% | 6.9% | 6.7% | 6.7% | 7.8% | ↓ | 6.8% |
| Medicine Hat Regional Hospital | 6.8% | 5.5% | 7.2% | 7.2% | 5.1% | ↑ | 5.5% |
| All Other Hospitals | 7.9% | 7.8% | 4.9% | 4.9% | 6.0% | ↓ | 7.6% |
| Calgary Zone Total | 6.2% | 6.2% | 6.3% | 6.3% | 6.0% | ↑ | 6.1% |
| Foothills Medical Centre | 6.3% | 6.6% | 6.8% | 6.8% | 6.1% | ↑ | 6.4% |
| Peter Lougheed Centre | 6.1% | 6.0% | 5.6% | 5.6% | 6.0% | ↓ | 5.9% |
| Rockyview General Hospital | 6.5% | 6.2% | 6.2% | 6.2% | 6.2% | → | 6.1% |
| South Health Campus | N/A | N/A | 6.8% | 6.8% | 5.9% | ↑ | 6.1% |
| All Other Hospitals | 2.9% | 1.4% | 2.5% | 2.5% | 1.6% | ↑ | 1.7% |
| Central Zone Total | 6.4% | 6.2% | 6.1% | 6.1% | 5.6% | ↑ | 6.1% |
| Red Deer Regional Hospital Centre | 6.4% | 6.1% | 6.1% | 6.1% | 5.9% | ↑ | 6.0% |
| All Other Hospitals | 6.6% | 6.6% | 6.0% | 6.0% | 4.6% | ↑ | 6.4% |
| Edmonton Zone Total | 7.1% | 7.0% | 7.2% | 7.2% | 7.0% | ↑ | 6.8% |
| Grey Nuns Community Hospital | 5.8% | 6.5% | 5.9% | 5.9% | 5.8% | ↑ | 6.3% |
| Misericordia Community Hospital | 7.1% | 6.2% | 6.9% | 6.9% | 7.2% | ↓ | 6.1% |
| Royal Alexandra Hospital | 7.4% | 7.5% | 7.5% | 7.5% | 7.0% | ↑ | 7.3% |
| Sturgeon Community Hospital | 5.0% | 5.0% | 5.5% | 5.5% | 5.9% | ↓ | 5.0% |
| University of Alberta Hospital | 7.9% | 7.7% | 8.2% | 8.2% | 7.7% | ↑ | 7.4% |
| All Other Hospitals | 5.3% | 4.7% | 4.1% | 4.1% | 4.9% | ↓ | 4.5% |
| North Zone Total | 6.4% | 7.2% | 6.7% | 6.7% | 7.5% | ↓ | 7.0% |
| Northern Lights Regional Health Centre | 6.9% | 8.3% | 6.5% | 6.5% | 7.5% | ↓ | 8.0% |
| Queen Elizabeth II Hospital | 6.7% | 6.8% | 7.2% | 7.2% | 7.8% | ↓ | 6.7% |
| All Other Hospitals | 5.7% | 7.0% | 6.0% | 6.0% | 7.0% | ↓ | 6.9% |

N/A: No results available. South Health Campus opened February 2013.

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Eligible Surgical Cases (Index)* | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | |
|----------------------------------|---------|---------|---------|----------------------|--------------------|
| | | | | 2013-14 Last Year | 2014-15 Current |
| Provincial | 88,067 | 89,095 | 90,813 | 90,813 | 92,520 |
| South Zone | 5,540 | 5,522 | 5,471 | 5,471 | 5,429 |
| Calgary Zone | 34,630 | 35,294 | 36,316 | 36,316 | 37,849 |
| Central Zone | 7,778 | 7,640 | 7,784 | 7,784 | 7,857 |
| Edmonton Zone | 35,330 | 35,775 | 36,296 | 36,296 | 36,664 |
| North Zone | 4,789 | 4,853 | 4,946 | 4,946 | 4,721 |

*Total number of hospital stays for surgery for eligible conditions. Transfers are excluded.

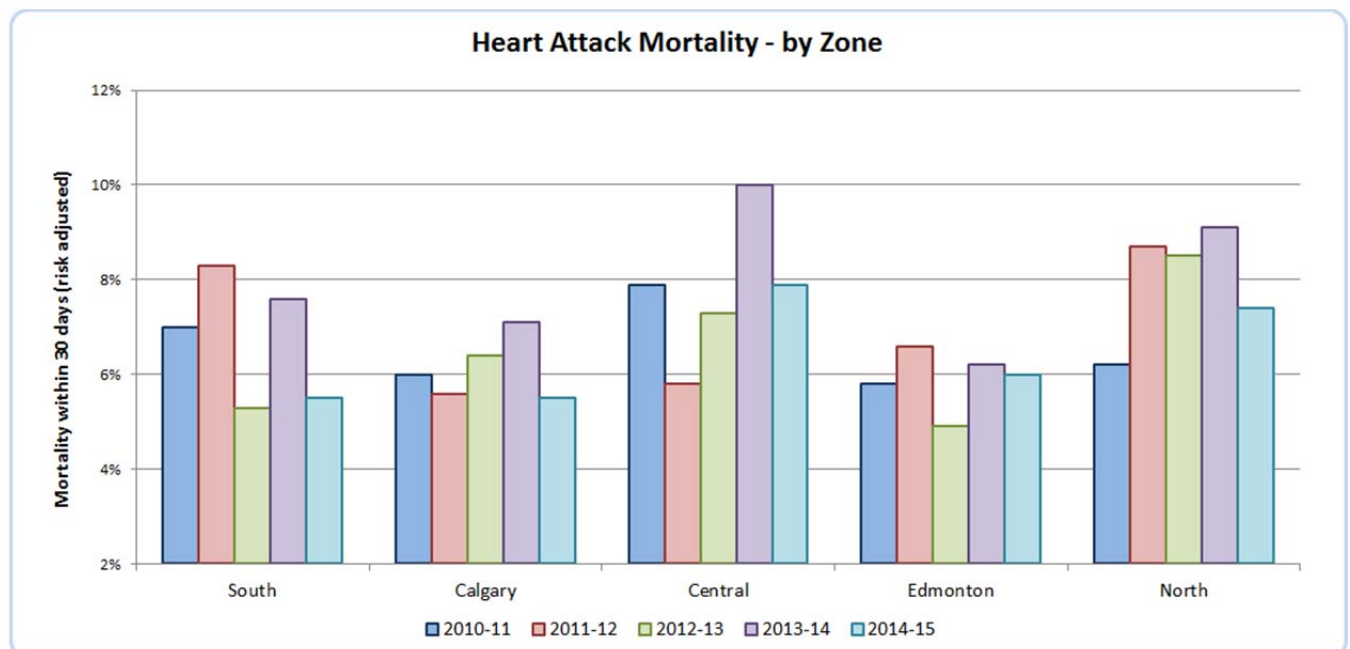
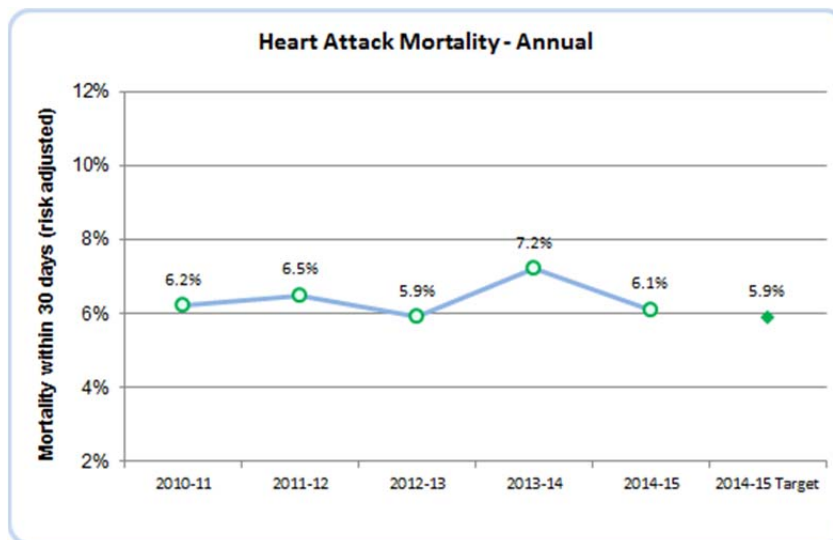
Heart Attack Mortality

Measure Definition

The probability of dying in hospital within 30 days of being admitted for a heart attack. AHS is performing at the same level as the national average of 7.1%. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of acute myocardial infarction (AMI), often called a heart attack. This measure is adjusted for age, sex and other conditions.

Understanding this Measure

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



Heart Attack Mortality – Actions

| | |
|---|---|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Implement best practice guidelines and protocols for management for Non ST Segment Elevation Myocardial Infarction (NSTEMI). Provincial implementation of T-segment elevation myocardial infarction STEMI standardized orders sets with Cardiovascular Health and Stroke SCN. |
| South | <ul style="list-style-type: none"> Monitor and evaluate implementation of best practice guideline for NSTEMI. |
| Calgary | <ul style="list-style-type: none"> Implementation to improving ED times (door-to-needle time). Collaborating with the ED SCN on STEMI quality improvement initiative. Rolling out developed NSTEMI Guidelines. |
| Central | <ul style="list-style-type: none"> New teaching and discharge instruction tools developed for cardiac patient at Red Deer Regional Hospital to improve follow-up directions, clearer information related to medication use and activity levels after discharge as well as what to do if chest pain returns. Implement best practice guidelines and protocols for management of cardiac patients for NSTEMI. |
| Edmonton | <ul style="list-style-type: none"> Development and implementation of a provincial Emergency Department standardized order set with the Cardiovascular Health and Stroke SCN. Support ongoing education related to STEMI care. Increase access to same day assessment for high risk TIA (transient ischemic attacks) patients. |
| North | <ul style="list-style-type: none"> Site specific action plans under development. |

IN SUMMARY

Every day at AHS, cardiologists and EMS work collaboratively to diagnose patients who are in transit to the hospital. They can jump into action immediately upon the patient's arrival to the ED to initiate an appropriate treatment plan.

The decline in heart attack mortality rates is attributed to medical advances, new pharmaceuticals, and reductions in major risk factors, such as a decline in tobacco use.

DID YOU KNOW

NSTEMI (Non-ST-segment elevation myocardial infarction) occurs by developing a complete blockage of a minor coronary artery or a partial blockage of a major coronary artery previously affected by atherosclerosis.

STEMI (ST-segment elevation myocardial infarction) occurs by developing a complete blockage of a major coronary artery previously affected by atherosclerosis.

NSTEMI and STEMI are both commonly known as heart attack.

Heart Attack Mortality – Zone Details

The probability of dying in hospital within 30 days of being admitted for a heart attack. AHS is performing at the same level as the national average of 7.1%. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of acute myocardial infarction (AMI), often called a heart attack. This measure is risk adjusted for age, sex and other conditions.

| Heart Attack (AMI) Mortality within 30 days | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | | Trend * | 2014-15 Target |
|---|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2013-14 Last Year | 2014-15 Current | | |
| Provincial | 6.5% | 5.9% | 7.2% | 7.2% | 6.1% | ↑ | 5.9% |
| South Zone | 8.3% | 5.3% | 7.6% | 7.6% | 6.3% | ↑ | 5.3% |
| Calgary Zone | 5.6% | 6.4% | 7.1% | 7.1% | 5.0% | ↑ | 6.4% |
| Central Zone | 5.8% | 7.3% | 10.0% | 10.0% | 7.2% | ↑ | 7.2% |
| Edmonton Zone | 6.6% | 4.9% | 6.2% | 6.2% | 6.6% | ↓ | 4.9% |
| North Zone | 8.7% | 8.5% | 9.1% | 9.1% | 7.2% | ↑ | 8.4% |

* **Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

| Heart Attack Cases (Index)* | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | |
|-----------------------------|---------|---------|---------|-------------------|-----------------|
| | | | | 2013-14 Last Year | 2014-15 Current |
| Provincial | 5,202 | 5,335 | 5,475 | 5,475 | 5,342 |
| South Zone | 328 | 360 | 320 | 320 | 315 |
| Calgary Zone | 1,773 | 1,794 | 1,951 | 1,951 | 1,879 |
| Central Zone | 518 | 542 | 509 | 509 | 542 |
| Edmonton Zone | 2,185 | 2,283 | 2,334 | 2,334 | 2,303 |
| North Zone | 398 | 356 | 361 | 361 | 369 |

*Total number of hospital stays where a first heart attack was diagnosed.

Stroke Mortality

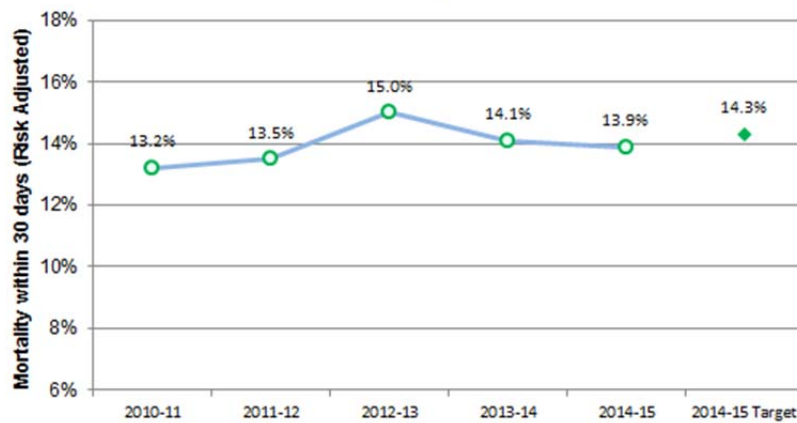
Measure Definition

The probability of dying in hospital within 30 days for patients admitted because of stroke. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of stroke. This measure is adjusted for age, sex and other conditions.

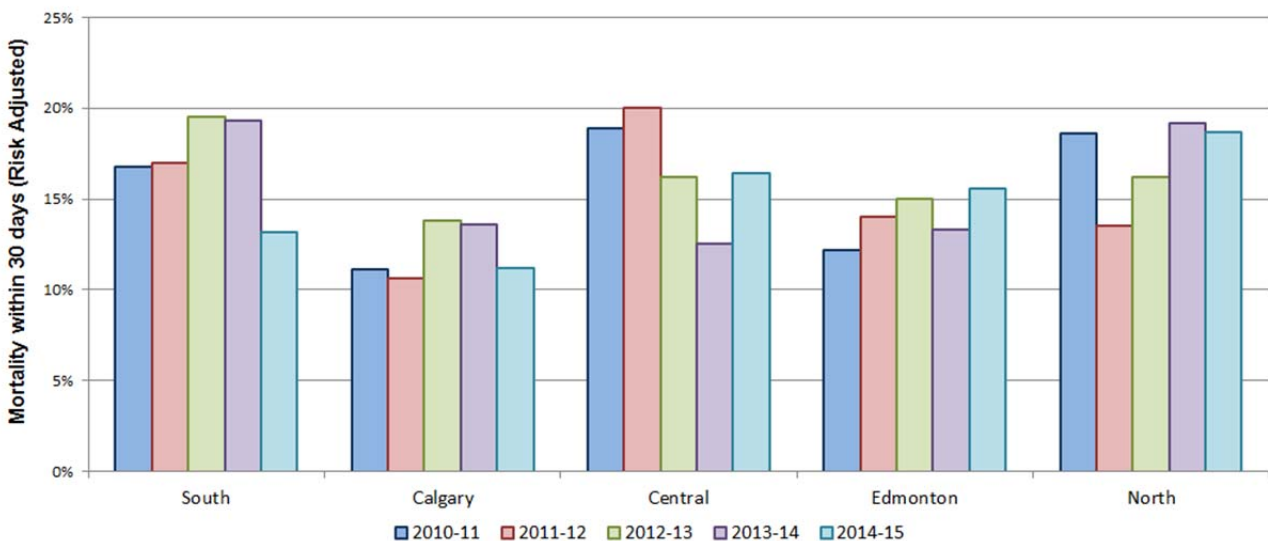
Understanding this Measure

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

Stroke Mortality - Annual



Stroke Mortality - by Zone



Stroke Mortality – Actions

| | |
|---|--|
| Provincial/ Strategic Clinical Network (SCN) | <ul style="list-style-type: none"> Preparing for transition to operations for the stroke unit equivalent care (SUEC) at 13 primary stroke centres and early supported discharge (ESD) at 5 primary stroke centres. This initiative is part of the Stroke Action Plan – supported by the Cardiovascular Health and Stroke SCN. Redesign aspects of the provincial stroke system of care to improve access to Endovascular Therapy (EVT). Implement local process improvements to improve Door-to-Needle (DTN) times for tPA for acute stroke; and reduce median DTN times. |
| South | <ul style="list-style-type: none"> Continued implementation, monitoring, and evaluation of Rural Stroke Action plan: ESD, SUEC and Community support of stroke patients. Continue work with SCN to implement best practice in stroke care. |
| Calgary | <ul style="list-style-type: none"> Continued improvement in Door-to-Needle (DTN) times for tPA for acute stroke; and a reduction in median DTN times. Incorporate quality review of Alberta stroke strategy guidelines in the action plan including SUEC at primary stroke centres. |
| Central | <ul style="list-style-type: none"> Lower Door-to-Needle Time for acute ischemic strokes at Primary Stroke Centres. Sustain and enhance SUEC at Primary Stroke Centres. |
| Edmonton | <ul style="list-style-type: none"> Increase access to same day assessment for high risk TIA (Transient Ischemic Attack) Orders Set patients. |
| North | <ul style="list-style-type: none"> Collaborate in the Worksite Vascular Screening & Early Management Demonstration Projects. Engage and actively participate in the QuICR Door to Needle Initiative. |

IN SUMMARY

Heart disease and stroke share many of the same risk factors. Understanding how these conditions are connected and coordinating decision-making based on this information allows AHS to improve care for patients.

DID YOU KNOW

The Stroke Action Plan (SAP) addresses the quality of and access to stroke care in rural and small urban stroke centres across Alberta.

*SAP includes various initiatives including creating standards for **stroke unit equivalent care (SUEC)** for small rural centres and facilitating **early supported discharge (ESD)** from acute care by delivering expert stroke rehabilitation into community-based services.*

Stroke Mortality – Zone Details

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 risk adjusted for age, sex and other conditions.

| Stroke Mortality within 30 days | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | | Trend * | 2014-15 Target |
|---------------------------------|---------|---------|---------|-------------------|-----------------|---------|----------------|
| | | | | 2013-14 Last Year | 2014-15 Current | | |
| Provincial | 13.5% | 15.0% | 14.1% | 14.1% | 13.9% | ↑ | 14.3% |
| South Zone | 17.0% | 19.5% | 19.3% | 19.3% | 12.2% | ↑ | 17.8% |
| Calgary Zone | 10.6% | 13.8% | 13.6% | 13.6% | 11.7% | ↑ | 13.2% |
| Central Zone | 20.0% | 16.2% | 12.5% | 12.5% | 16.3% | ↓ | 15.5% |
| Edmonton Zone | 14.0% | 15.0% | 13.3% | 13.3% | 14.8% | ↓ | 14.4% |
| North Zone | 13.5% | 16.2% | 19.2% | 19.2% | 20.3% | ↓ | 15.6% |

Trend: ↑ Improvement → Stability ↓ Area requires additional focus

| Stroke Cases (Index)* | 2011-12 | 2012-13 | 2013-14 | Q4 YTD | |
|-----------------------|---------|---------|---------|-------------------|-----------------|
| | | | | 2013-14 Last Year | 2014-15 Current |
| Provincial | 3,236 | 3,329 | 3,316 | 3,316 | 3,564 |
| South Zone | 212 | 198 | 242 | 242 | 283 |
| Calgary Zone | 1,222 | 1,313 | 1,251 | 1,251 | 1,310 |
| Central Zone | 331 | 314 | 299 | 299 | 323 |
| Edmonton Zone | 1,243 | 1,265 | 1,305 | 1,305 | 1,412 |
| North Zone | 228 | 239 | 219 | 219 | 236 |

*Total number of hospital stays where a first stroke was diagnosed.