Alberta Health Services

AHS Q2 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 Q2 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 as shown within 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 November 25, 2015; only 15 measures are reported quarterly. Two measures, Early Detection of Cancer (Alberta Cancer Registry Data) and Satisfaction with Long Term Care (HQCA) are reported by external sources, and their reporting cycles do not align with AHS quarterly reporting.

Twelve out of the 15 performance measures are at or better than the same time last year:

1. Satisfaction with Hospital Care (Q1)
2. C-Diff Infection Rate (target achieved)
3. Hand Hygiene Compliance Rate
4. ED Wait to see a Physician
5. ED Length of Stay for Discharged Patients
6. ED Length of Stay for Admitted Patients
7. Access to Radiation Therapy
8. Children's Mental Health Access
9. ALOS/ELOS (target achieved)
10. Mental Health Readmission (Q1, target achieved)
11. Surgical Readmission (Q1)
12. Stroke Mortality (Q1)

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

1. Given the relatively small denominator associated with **hospital 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.
2. The **percentage of people placed in continuing care within 30 days** has shown deterioration in performance due to capacity issues. Over 880 continuing care spaces were opened in 2014-15. In the first six months of 2015-16 (April 1 to Sept. 30, 2015), 594 new continuing care beds were added: 555 Supportive Living Beds, 26 Palliative Beds and 13 Long Term Care Beds.
3. **Heart attack mortality** has deteriorated to 6.5% compared to 5.9% last year while two zones have shown significant improvement. AHS continues to work collaboratively to initiate appropriate treatment plans for all its patients.

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Performance Measures Dashboard	2014-15 Performance	2014-15 Q2 YTD	2015-16 Q2 YTD	Quarterly Comparative Performance ↑ Improvement → Stability ↓ Area requires additional focus	Target 2015-16
Acceptability					
Satisfaction with Hospital Care:** *The percentage of adult patients who rated their overall care in hospital as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.*	81.8%	82.5% 2014-15 Q1 YTD	82.5% 2015-16 Q1 YTD	→	84%
Satisfaction with Long Term Care: *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.*	Reported by HQCA in 2007 as 71% and in 2010 as 73%. The 2014/15 results were 72%.			↓	78%
Safety					
Hospital-Acquired Clostridium difficile Infections:** *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.*	3.5	3.8 2014-15 Q1 YTD	3.5 2015-16 Q1 YTD	↑	4.0
Hand Hygiene: *The percentage of times health care workers clean their hands during the course of patient care.*	73.4%	Not previously reported quarterly	78.9%	↑	80%
Hospital Mortality: *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.*	82	79	83	↓	84
Accessibility					
Emergency Department Wait to see a Physician*: *The average patient's length of time in emergency department before being seen by a physician at the 17 busiest emergency departments.*	1.4 hours	1.4 hours	1.3 hours	↑	1.2 hours
Emergency Department Length of Stay for Admitted Patients*: *The average patient's length of time in the emergency department before being admitted to a hospital bed at the 16 busiest emergency departments.*	9.9 hours	9.7 hours	9.2 hours	↑	8.2 hours
Emergency Department Length of Stay for Discharged Patients*: *The average patient's length of time in the emergency department before being discharged at the 17 busiest emergency departments.*	3.2 hours	3.1 hours	3.1 hours	→	2.8 hours
Access to Radiation Therapy: *The length of time or less that 9 out of 10 patients wait to receive radiation therapy.*	3.1 weeks	3.3 weeks	2.9 weeks	↑	2.6 weeks
Children's Mental Health Access: *Percent of children (age 0-17 years) offered scheduled community mental health treatment within 30 days from referral.*	89%	85%	87%	↑	90%

Performance Measures Dashboard	2014-15 Performance	2014-15 Q2 YTD	2015-16 Q2 YTD	Quarterly Comparative Performance ↑ Improvement → Stability ↓ Area requires additional focus	Target 2015-16
Appropriateness					
Continuing Care Placement: *The percentage of people placed into continuing care within 30 days of being referred.*	60%	64%	60%	↓	70%
Efficiency					
Acute (Actual) Length of Hospital Stay Compared to Expected Stay: *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. ****	0.96	0.95	0.93	↑	0.96
Effectiveness					
Early Detection of Cancer: *The percentage of patients with breast, cervical and colorectal cancers who are diagnosed at early stages.*	66% (2011) 67% (2012) 68% (2013)	Reported Annually	Reported Annually	↑	70%
Mental Health Readmissions:** *The percentage of mental health patients with unplanned readmission to hospital within 30 days of leaving hospital.*	9.3%	9.3% 2014-15 Q1 YTD	9.3% 2015-16 Q1 YTD	→	9.5%
Surgery Readmissions:** *The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving hospital.*	6.5%	6.9% 2014-15 Q1 YTD	6.8% 2015-16 Q1 YTD	↑	6.3%
Heart Attack Mortality:** *The percentage of patients dying in hospital within 30 days of being admitted for a heart attack.*	6.1%	5.9% 2014-15 Q1 YTD	6.5% 2015-16 Q1 YTD	↓	5.9%
Stroke Mortality:** *The percentage of patients dying in hospital within 30 days of being admitted for a stroke.*	13.9%	14.3% 2014-15 Q1 YTD	14.1% 2015-16 Q1 YTD	↑	13.2%

* 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.

*** The ALOS/ELOS ratio is calculated using the Expected Length of Stay (ELOS) from the 2014 Case Mix Group Plus (CMG+) for each inpatient case. The CMG+ methodology is updated on a yearly basis by the Canadian Institute for Health Information (CIHI). There were significant methodology differences between the 2014 and 2015 CMG+ methodologies producing results which are not comparable from 2014/15 to 2015/16. To address this limitation, the 2015/16 results in this Q2 report are calculated using the 2014 CMG+ methodology.

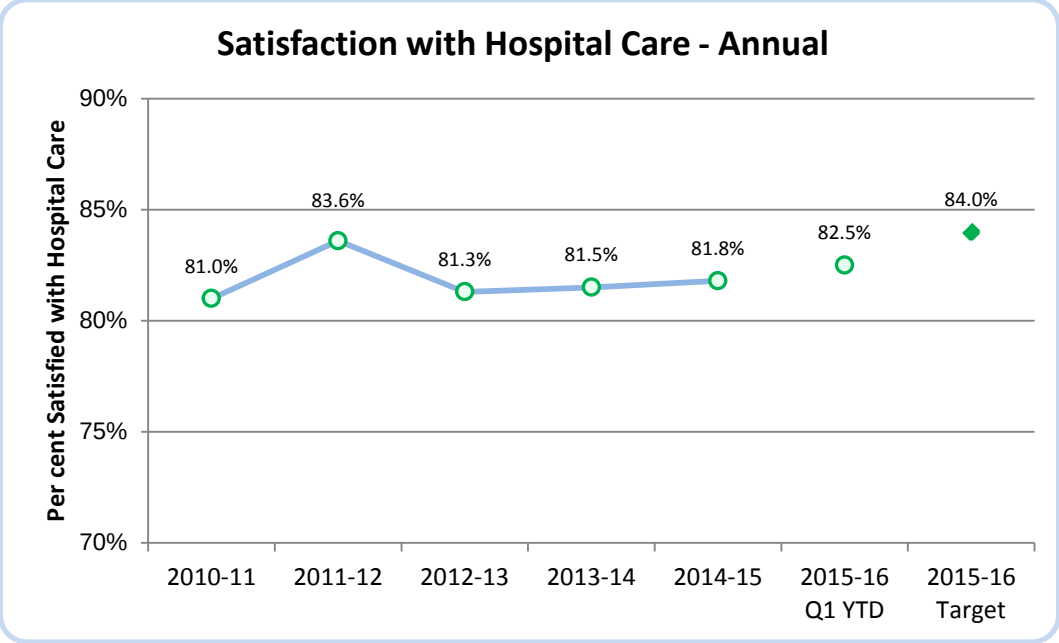
Satisfaction with Hospital Care

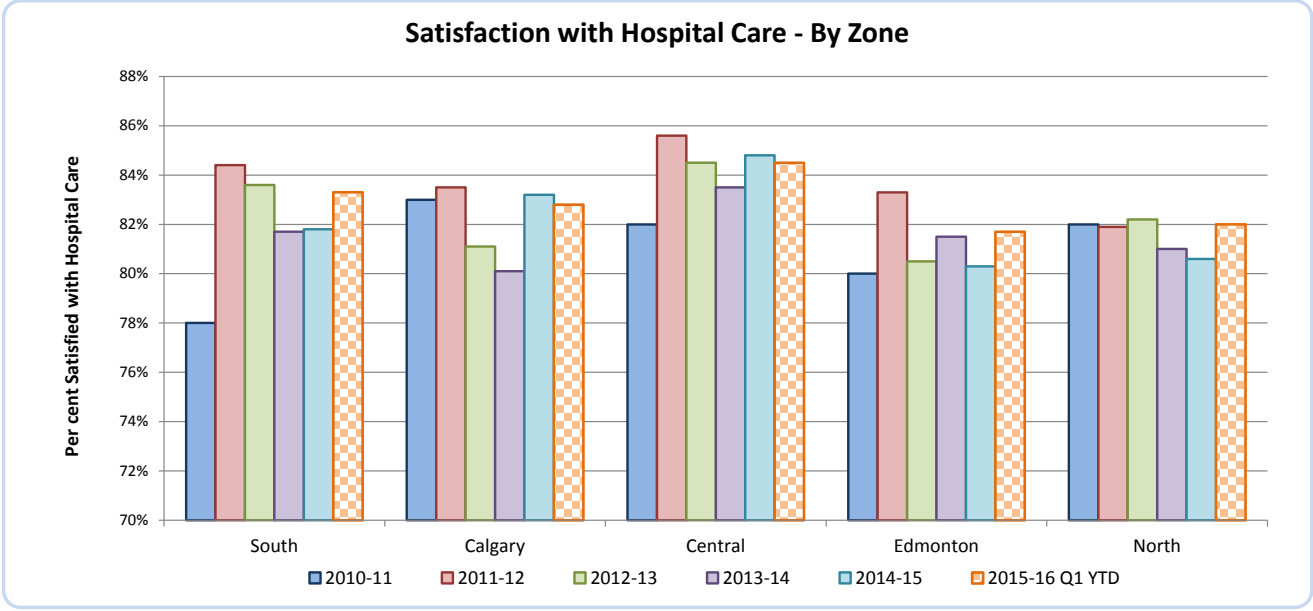
Measure Definition

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	• Commence implementation and audit process for CoACT including shift reports, whiteboards, care hubs, comfort rounds, rapid rounds and frontline leadership development at 16 sites.
South	• 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	• 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. • Alberta Children's Hospital inpatient communication whiteboards designed in collaboration with staff, families and patients. • Introduced Community Welcome Project at Rockyview General Hospital, an orientation program for staff and volunteers on the key concepts of patient- and family-centred care. • All adult sites in process of CoACT implementation at various stages.
Central	• A number of physician handover practices have been integrated into the TeamCARE initiative at Olds Hospital and Care Centre. • Implemented patient first initiatives, such as Medication Reconciliation, two patient identifiers, safe surgery checklist, information transfer at transitions of care, Name-Occupation-Duty (NOD), bedside whiteboards and comfort rounds. • Palliative Care Nurses have successfully used virtual education, focused on caring for a palliative client and family in their home. • Developing "No One Dies Alone" initiative within the Palliative Care Unit at Red Deer Regional Hospital. • Hospital sites in Rimbey, Ponoka and Drayton Valley have signed an affiliation agreement with CoACT to use resources which will standardize practices.
Edmonton	• Implementation of consistent messaging to patients/families across the continuum of care relating to their care journey. • Implementation of standardized patient information and approach to way-finding at University of Alberta.
North	• 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. • High Prairie recruited four patient advisors to work on patient experience quality improvement initiatives through the High Prairie Community Health and Wellness Clinic.

IN SUMMARY

The Q1 provincial results have remained stable. Three zones demonstrate improvement from Q1 last year.

AHS will continue to innovate and look for ways to improve care. We will continue to be efficient and effective in our service delivery. We will continue to see the health system through the eyes of our patients by listening to their concerns, putting them first and making patients a part of the health care team.

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.*

TeamCARE *is a team-based training program that seeks to improve the reliability of care and enhance patient safety through empowering staff with teamwork and communication skills and techniques.*

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	**81.3%**	**81.5%**	**81.8%**	**82.5%**	**82.5%**	→	**84.0%**
South Zone Total	**83.6%**	**81.7%**	**81.8%**	**82.2%**	**83.3%**	↑	**85.0%**
Chinook Regional Hospital	82.1%	80.5%	76.6%	76.2%	81.2%	↑	84.0%
Medicine Hat Regional Hospital	85.7%	80.7%	85.7%	84.9%	83.4%	↓	86.0%
All Other Hospitals	84.2%	83.5%	88.3%	92.2%	89.9%	↓	85.0%
Calgary Zone Total	**81.1%**	**80.1%**	**83.2%**	**83.5%**	**82.8%**	↓	**84.0%**
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	78.6%	76.6%	80.8%	81.2%	82.4%	↑	82.0%
Peter Lougheed Centre	83.5%	80.9%	79.9%	80.0%	76.3%	↓	84.0%
Rockyview General Hospital	81.7%	82.9%	85.4%	87.6%	81.0%	↓	84.0%
South Health Campus	Opened February 2013		89.7%	87.5%	93.3%	↑	84.0%
All Other Hospitals	81.4%	79.3%	90.3%	87.3%	91.4%	↑	90.0%
Central Zone Total	**84.5%**	**83.5%**	**84.8%**	**87.2%**	**84.5%**	↓	**86.0%**
Red Deer Regional Hospital Centre	81.5%	81.1%	83.0%	86.2%	83.5%	↓	84.0%
All Other Hospitals	85.8%	84.5%	86.7%	88.3%	85.6%	↓	87.0%
Edmonton Zone Total	**80.5%**	**81.5%**	**80.3%**	**81.1%**	**81.7%**	↑	**83.0%**
Grey Nuns Community Hospital	86.4%	86.4%	87.2%	84.7%	86.7%	↑	87.0%
Misericordia Community Hospital	76.8%	78.5%	75.3%	74.6%	73.4%	↓	82.0%
Royal Alexandra Hospital	76.1%	79.9%	76.5%	78.3%	77.7%	→	81.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	87.1%	89.8%	87.6%	86.7%	86.0%	↓	88.0%
University of Alberta Hospital	77.9%	77.1%	80.2%	83.5%	86.8%	↑	82.0%
All Other Hospitals	67.1%	70.9%	85.3%	84.7%	82.9%	↓	84.0%
North Zone Total	**82.2%**	**81.0%**	**80.6%**	**80.1%**	**82.0%**	↑	**84.0%**
Northern Lights Regional Health Centre	78.5%	75.4%	74.7%	71.3%	75.7%	↑	82.0%
Queen Elizabeth II Hospital	80.7%	76.0%	77.2%	76.4%	80.5%	↑	83.0%
All Other Hospitals	82.8%	83.4%	83.7%	84.8%	84.7%	→	84.0%

***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**	**401,331**	**102,784**	**102,930**
South Zone	31,640	31,093	31,125	8,220	7,955
Calgary Zone	130,842	136,598	140,563	35,487	36,076
Central Zone	45,619	44,589	45,691	11,649	11,933
Edmonton Zone	132,337	135,970	139,052	35,705	35,618
North Zone	45,098	45,515	44,900	11,723	11,348

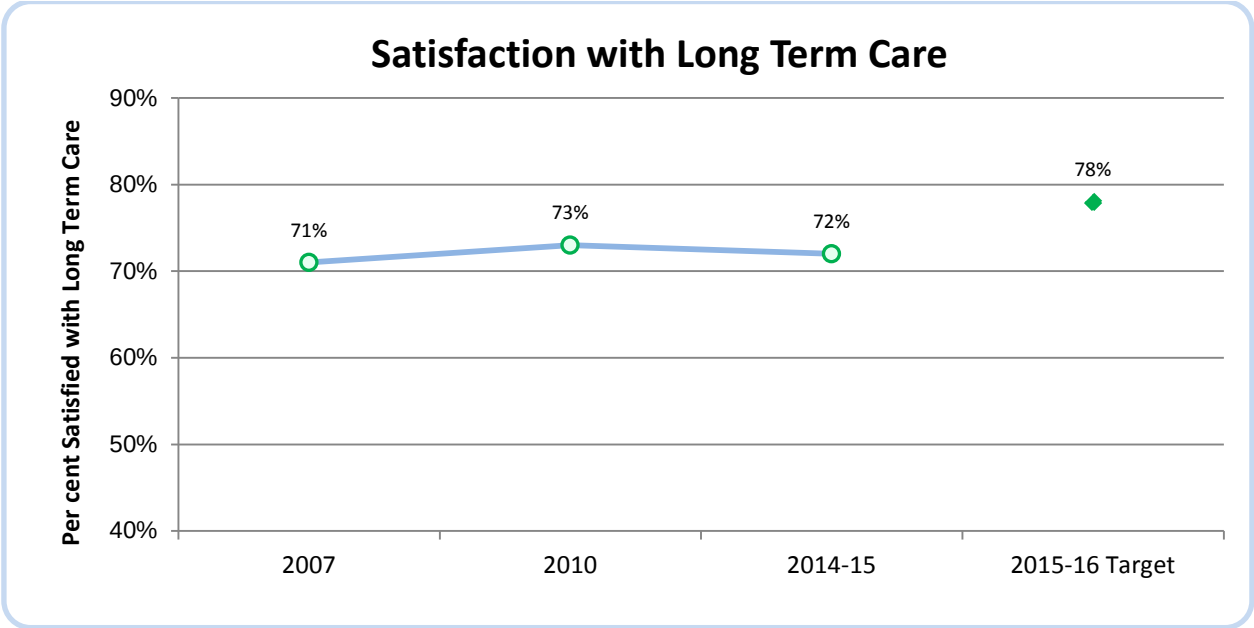
Satisfaction with Long Term Care

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 every two – three years.



Satisfaction with Long Term Care	2007	2010	2014-15	2015-16 Target
Provincial	**71%**	**73%**	**72%**	**78%**
South Zone	80%	80%	80%	81%
Calgary Zone	65%	70%	70%	76%
Central Zone	78%	80%	77%	81%
Edmonton Zone	67%	70%	70%	76%
North Zone	80%	82%	76%	83%

Satisfaction with Long Term Care – Actions

Provincial/ Strategic Clinical Network (SCN)	• Completed new "Access to Designated Living Option" (ADLO) which replaced the First Available Living Option (FALO) policy. • Seniors Health SCN is expanding Appropriate Use of Antipsychotics (AUA) work to 12 supportive living sites. • Zones received Health Quality Council of Alberta (HQCA) long-term care survey results.
South	• 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	• Working with continuing care sites to provide support for sites where families and residents have concerns, or are dissatisfied with aspects of their care and find ways to improve their experience.
Central	• All long-term care sites have implemented AUA and review is ongoing to ensure initiative actions are continued as best practice at the sites. AUA is also being rolled out to some affiliate supportive living sites. • Response to public/resident/family complaints is occurring in a timely manner. • Education sessions are continuing to increase understanding of the LTC Quality Indicators report (2013-14 Canadian Institute for Health Information Report), methodology and results to improve performance.
Edmonton	• Based on results of the HQCA satisfaction survey for Designated Supportive Living 2013-14, operators will develop quality improvement plans; a larger focus will be placed on sites that ranked in the bottom quartile.
North	• 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. • Participated in SCN roll out of appropriate use of antipsychotics initiative.

IN SUMMARY

Based on the 2014-15 Long Term Care Family Experience Survey, family members rated overall care at their facilities at an average of 8.3 out of 10. Facility scores ranged from 6.30 to 10.0 out of 10.

In addition, 92% of family members would recommend their facility to others.

The majority of facilities did not show any significant improvement or decline from 2010 to 2014-15 in each of the five key measures of care and services.

DID YOU KNOW

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

***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 residents.*

*The 2014-15 Long Term Care Family Experience Survey explores family members' responses to questions about **five key measures** of care and services:*

- *staffing, care of belongings and environment*
- *kindness and respect*
- *food rating*
- *providing information and encouraging family involvement*
- *meeting basic needs*

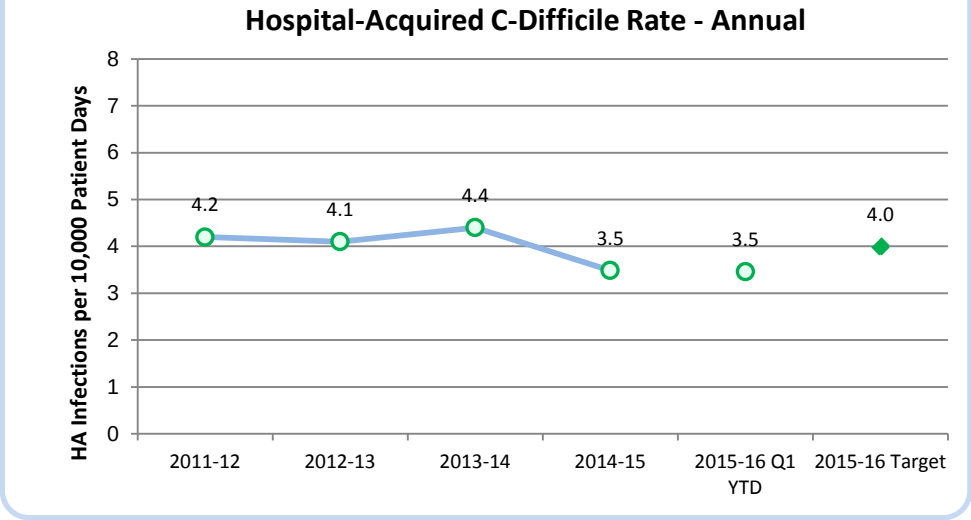
Hospital-Acquired Clostridium difficile Infections

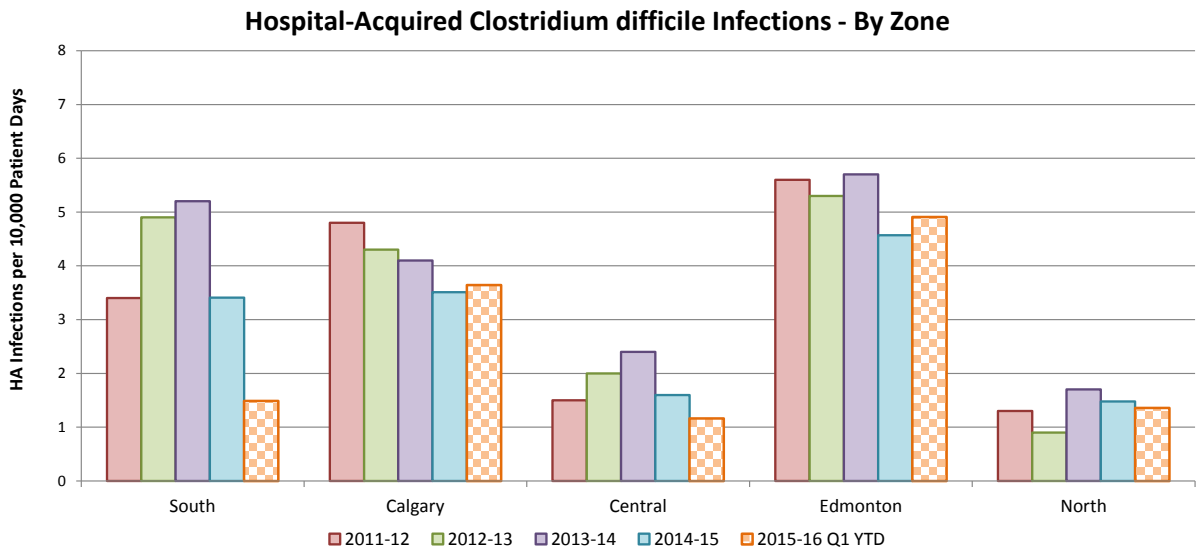
Measure Definition

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)	• Zone-based *Clostridium difficile* Infection (CDI or *C. difficile*) 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	• Implemented new surgical site infection report with physician engagement. • Ongoing collaboration with public health programs, and infection, prevention and control to further integrate surveillance processes. • Surgical pre-op antibiotic prophylaxis (PPO's) was compared to AHS surgical prophylaxis. Taking steps to have the non-compliant PPO's changed. • Initiated work on antimicrobial stewardship including development of a committee, communications plan and holding education sessions. • Review and optimization of prophylactic antibiotic use in the surgical patient population which is an important intervention in preventing surgical site infections. The Surgical Site Infections - Getting Started Kit was endorsed by the Canadian Patient Safety Institute and will guide the team involved.
Calgary	• Under direction of the Antimicrobial Stewardship Committee, antibiotic utilization data was obtained and reported for the 15 units with the highest *C. difficile* 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 *C. difficile*. • Updates pertaining to Hospital Acquired Infections are featured in the monthly newsletter.
Central	• Rollout and implementation of CDI tool kit continues in rural facilities. • Monitoring of surveillance reports and new *C. difficile* cases continues (i.e. investigations and interventions when an increase in cases is identified). • Quarterly monitoring of top 14 antibiotics usage associated with CDI. • Antimicrobial stewardship and urinary tract infection management education complete and interim analysis initiated.
Edmonton	• Antibiotic utilization data was reported for top 15 *C. difficile* infection units. • Work underway to create a response process / bundle for facilities with high *C. difficile* infection rates. • Pre-printed patient care orders implemented. 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 *C. difficile* infection diagnosis. • Work underway to identify current practice related to asymptomatic bacteriuria.
North	• Roll-out of CDI pre-print orders continues throughout the zone with roll-out targets being met. • Surgical Site infection surveillance audits being completed.

IN SUMMARY

The Q1 provincial results have shown improvement. Provincially and four zones are at or above 2015-16 target.

There is a new strain of CDI that has come into Alberta in the past couple years, and that has led to a gradual increase in the amount of CDI in some facilities.

Several factors affect hospital rates of CDI including the size, physical layout and nature of services provided, type of population served and use of antibiotics.

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

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**	**3.5**	↑	**4.0**
South Zone Total	**4.9**	**5.2**	**3.4**	**3.8**	**1.5**	↑	**4.4**
Chinook Regional Hospital	7.9	7.5	5.4	5.7	2.3	↑	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**	**1.4**	↓	**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	1.0	↓	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**	**254**
South Zone	91	101	69	19	7
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	8

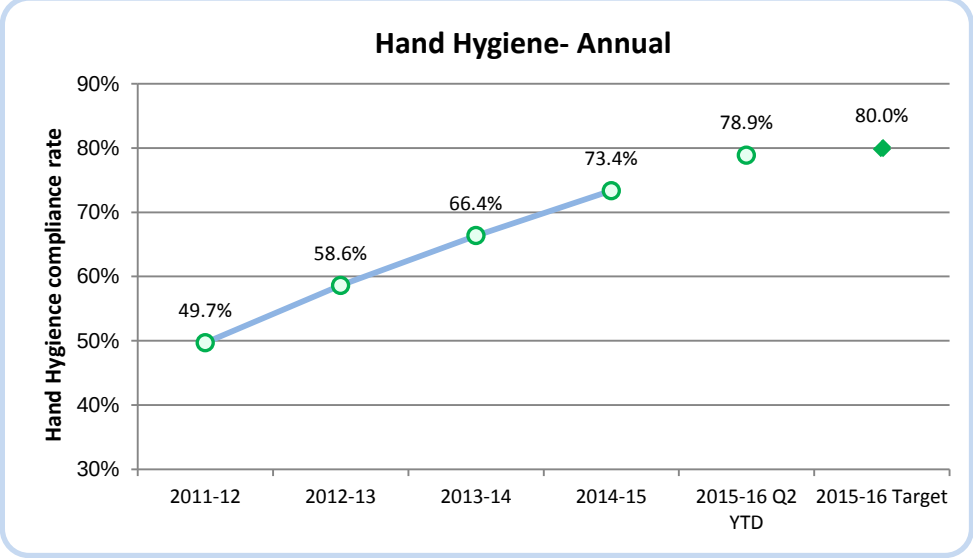
Hand Hygiene

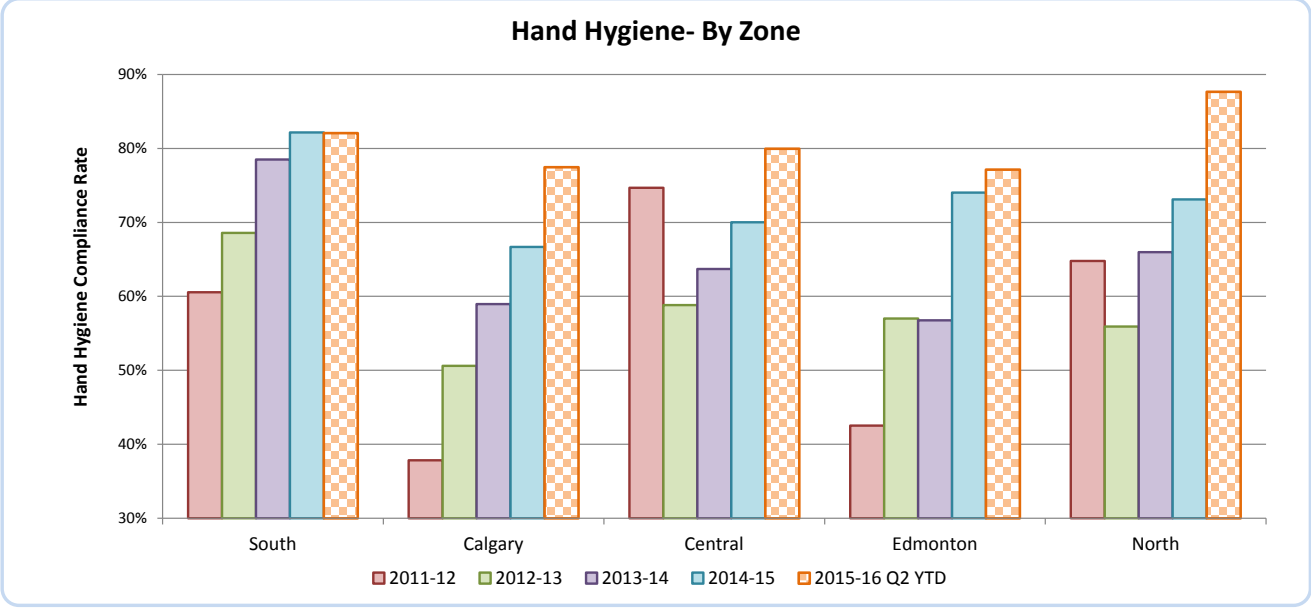
Measure Definition

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)	• Quarterly reporting of Hand Hygiene (HH) Compliance rates. • Planned release of Q2 2015/16 HH compliance report was in October 2015. • Plan in place to participate in the World Health Organization's Hand Hygiene Relay challenge on October 15th Global Handwashing Day.
South	• Continue use of display boards at nursing stations to help increase HH compliance rates. • Collaboration with contracted partner sites to build HH champions and education. • Review of alcohol based hand rub (ABHR) placement in context of new fire code in all AHS acute care/LTC sites in combination with ABHR access review is almost completed.
Calgary	• Data to action plans are initiated to increase compliance in areas requiring improvement. Actions include posting HH compliance results for public and staff in respective clinical areas. • Working towards a goal of unit ownership and HH compliance. • Alberta Children's Hospital HH committee created a draft of a Standard Operating Procedure for HH compliance observations to determine compliance and effectiveness of subsequent action. • Working with HH reviewer to audit the Operating Room and Post-Anaesthetic Care Unit.
Central	• Staff and physician training sessions continue at all sites. Work is being done to reach family physicians while on rounds. • Hand Hygiene reports are posted on Quality Boards in a publicly accessible area of each nursing unit at Red Deer Regional Hospital. • Sites/units are generating regular reports for more timely intervention and improvement on hand hygiene practice. • Review of ABHR dispenser placement in acute and continuing care facilities is continuing. • A standardized zone approach for hand hygiene reviews in home care and community settings is moving forward. • Showcasing a monthly Central Zone Hand Hygiene Success story which is then published on Insite.
Edmonton	• Clean Hands pro was completely rolled out on 185 acute care units, with an additional 47 units in progress; implementation in ambulatory clinics initiated; plan for Continuing Care initiated. • Connected with University of Alberta medical residency program to identify gaps in education related to hand hygiene and communicated AHS approach to hand hygiene. • Initiated development of resources for hand hygiene reviewers to assist with difficult conversations and just in time education.
North	• Staff plan in place to participate in Hand Hygiene relay challenge to raise awareness.

IN SUMMARY

Hand Hygiene rates have improved significantly due to activities put into place at sites.

This measure previously reported annually is now reported quarterly in 2015-16.

Q2 year-to-date three zones are above 2015-16 targets. All zones are measuring above 75% (ranging between 77% to 88%).

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.

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 Q2 YTD	Trend *	2015-16 Target
Provincial	**49.7%**	**58.6%**	**66.4%**	**73.4%**	**78.9%**	↑	**80.0%**
South Zone Total	**60.6%**	**68.6%**	**78.5%**	**82.2%**	**82.1%**	→	**84.0%**
Chinook Regional Hospital	65.2%	66.6%	80.6%	84.0%	82.0%	↓	84.0%
Medicine Hat Regional Hospital	50.5%	69.8%	76.1%	79.8%	81.4%	↑	83.0%
All Other Sites	69.2%	69.5%	78.6%	85.5%	82.1%	↓	83.0%
Calgary Zone Total	**37.8%**	**50.6%**	**59.0%**	**66.7%**	**77.5%**	↑	**78.0%**
Alberta Children's Hospital	54.2%	73.7%	57.2%	73.3%	77.4%	↑	77.0%
Foothills Medical Centre	32.0%	44.9%	51.8%	65.2%	77.1%	↑	73.0%
Peter Lougheed Centre	35.4%	50.8%	62.2%	69.7%	83.3%	↑	80.0%
Rockyview General Hospital	33.5%	45.1%	61.7%	70.7%	72.9%	↑	79.0%
South Health Campus	Opened February 2013		58.7%	56.0%	67.5%	↑	78.0%
All Other Sites	39.9%	54.0%	63.2%	67.4%	77.2%	↑	81.0%
Central Zone Total	**74.7%**	**58.8%**	**63.7%**	**70.0%**	**79.9%**	↑	**79.0%**
Red Deer Regional Hospital Centre	57.1%	61.7%	75.4%	65.3%	77.5%	↑	83.0%
All Other Sites	78.4%	58.1%	57.2%	72.5%	81.6%	↑	77.0%
Edmonton Zone Total	**42.5%**	**57.0%**	**56.8%**	**74.0%**	**77.1%**	↑	**76.0%**
Grey Nuns Community Hospital **	N/A	66.5%	70.5%	75.0%	N/A	↑	82.0%
Misericordia Community Hospital **	N/A	77.4%	77.4%	75.8%	N/A	↑	81.0%
Royal Alexandra Hospital	43.2%	48.9%	61.6%	75.1%	77.3%	↑	79.0%
Stollery Children's Hospital	45.6%	57.3%	58.1%	73.8%	78.1%	↑	79.0%
Sturgeon Community Hospital	48.0%	59.3%	58.9%	79.3%	82.5%	↑	78.0%
University of Alberta Hospital	40.1%	57.3%	42.9%	70.2%	72.6%	↑	68.0%
All Other Sites	42.7%	58.0%	57.5%	73.8%	77.3%	↑	77.0%
North Zone Total	**64.8%**	**55.9%**	**66.0%**	**73.1%**	**87.6%**	↑	**81.0%**
Northern Lights Regional Health Centre	60.6%	52.4%	56.2%	63.6%	86.1%	↑	76.0%
Queen Elizabeth II Hospital	54.5%	48.6%	68.4%	85.6%	96.2%	↑	82.0%
All Other Sites	77.4%	58.0%	66.2%	71.5%	84.5%	↑	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 Q2 YTD
Provincial	**27,375**	**59,117**	**85,687**	**115,518**	**198,243**
South Zone	3,418	16,441	23,688	26,116	17,979
Calgary Zone	10,976	15,625	17,458	27,028	97,878
Central Zone	3,634	8,409	20,500	16,617	24,708
Edmonton Zone	6,243	9,778	10,277	19,714	42,782
North Zone	3,104	8,864	13,764	26,043	14,896

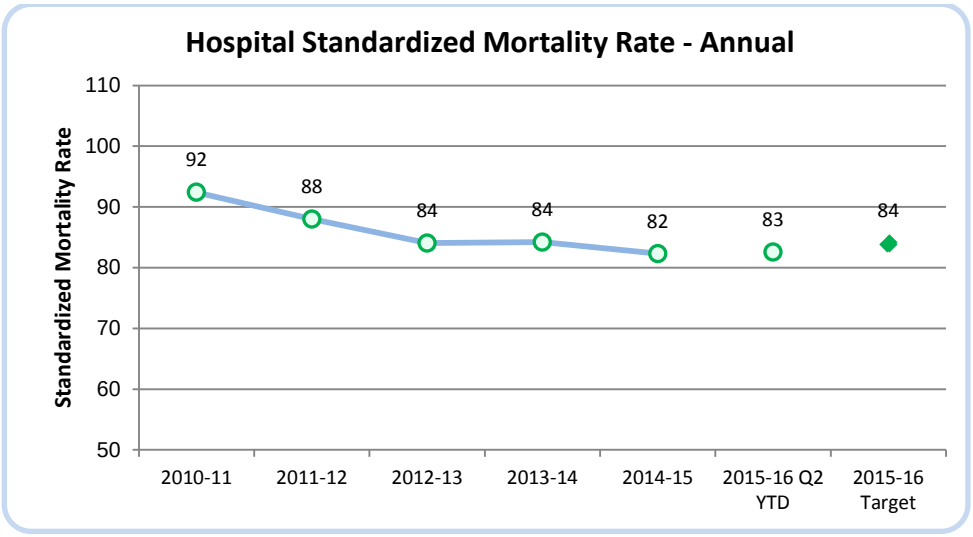
Hospital Mortality

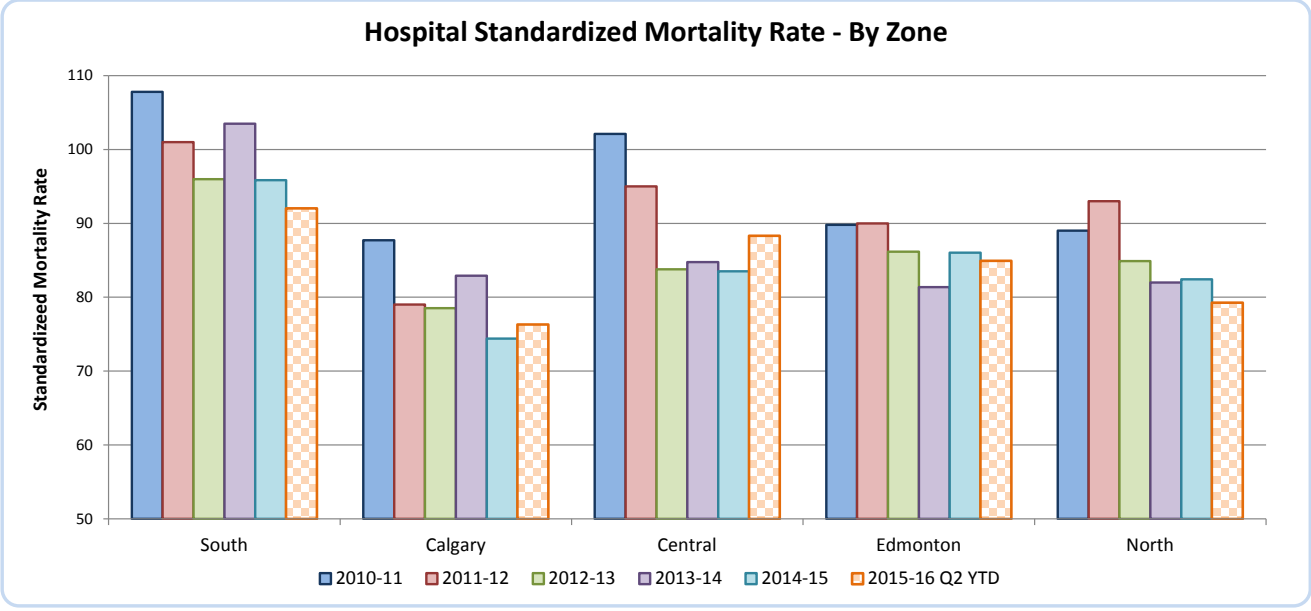
Measure Definition

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

Provincial/ Strategic Clinical Network (SCN)	• 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).
South	• Ongoing collaboration with public health programs, and infection, prevention and control to further integrate surveillance processes. • Surgical pre-op antibiotic prophylaxis was compared to AHS surgical prophylaxis. Taking steps to have the non-compliant prophylaxis practices changed. • Initiated work on antimicrobial stewardship including development of a committee, communications plan and holding education sessions.
Calgary	• 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.
Central	• Acute Care and ED implementation of Falls Risk Management program is ongoing. • Processes and Education for MedRec, at transfer and discharge for Ambulatory Care, and Home Care are in the implementation phase. • Continued rollout of VTE best practice guidelines; assessment of audit results occurring to drive continuous improvement.
Edmonton	• Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, emergency and surgical programs. • Implementation of standardized falls prevention protocol continued.
North	• Roll-out of CDI pre-print orders continues throughout the zone with roll-out targets being met. • Monitoring of c. *difficile* rates continues throughout zone.

IN SUMMARY

Q1 year-to-date provincially and four zones are at or above target for 2015-16.

Quarterly reported data helps to show hospitals how their HSMR has changed, where they have made progress, and where they can continue to improve.

Trending HSMR results for several years has proven very useful: stable reporting year after year helps show how our HSMR has changed in relation to our quality improvement efforts – where we've made progress and where we can continue to improve.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**84**	**84**	**82**	**79**	**83**	↓	**84**
South Zone Total	**96**	**103**	**96**	**91**	**92**	↓	**91**
Chinook Regional Hospital	90	110	95	95	88	↑	89
Medicine Hat Regional Hospital	115	104	98	84	98	↓	105
All Other Hospitals	84	91	96	92	94	↓	85
Calgary Zone Total	**79**	**83**	**74**	**72**	**76**	↓	**79**
Foothills Medical Centre	79	86	81	78	83	↓	79
Peter Lougheed Centre	77	77	73	76	70	↑	77
Rockyview General Hospital	78	81	66	56	69	↓	79
South Health Campus	N/A	78	66	71	65	↑	79
All Other Hospitals	86	92	83	79	94	↓	81
Central Zone Total	**84**	**85**	**84**	**84**	**88**	↓	**84**
Red Deer Regional Hospital Centre	90	90	85	84	86	↓	88
All Other Hospitals	81	82	83	84	90	↓	81
Edmonton Zone Total	**86**	**81**	**86**	**82**	**85**	↓	**85**
Grey Nuns Community Hospital	83	78	82	81	81	→	83
Misericordia Community Hospital	89	77	96	91	85	↑	88
Royal Alexandra Hospital	82	82	87	84	89	↓	83
Sturgeon Community Hospital	89	84	71	72	87	↓	88
University of Alberta Hospital	90	83	88	80	86	↓	88
All Other Hospitals	84	77	83	78	72	↑	84
North Zone Total	**85**	**82**	**82**	**79**	**79**	→	**83**
Northern Lights Regional Health Centre	56	65	38	N/A	N/A	N/A	56
Queen Elizabeth II Hospital	102	76	83	86	73	↑	96
All Other Hospitals	83	85	86	82	80	↑	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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**94,888**	**97,087**	**99,914**	**49,584**	**49,699**
South Zone	8,000	7,981	8,167	4,019	3,943
Calgary Zone	31,310	32,188	33,298	16,375	16,532
Central Zone	12,428	12,294	12,828	6,229	6,281
Edmonton Zone	32,745	34,266	34,959	17,563	17,758
North Zone	10,405	10,358	10,662	5,398	5,185

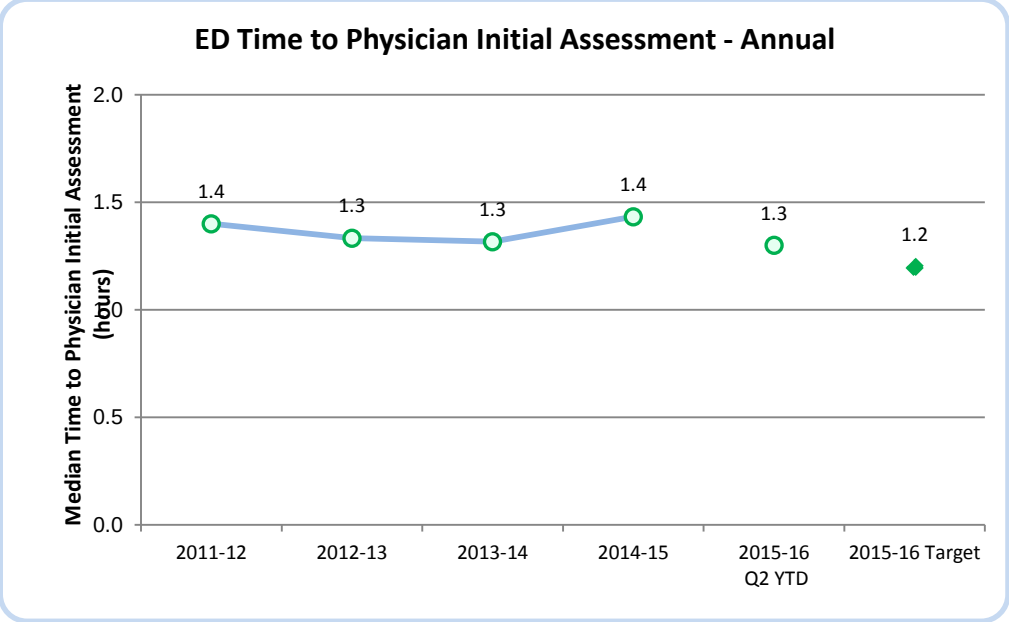
Emergency Department (ED) Wait to See a Physician

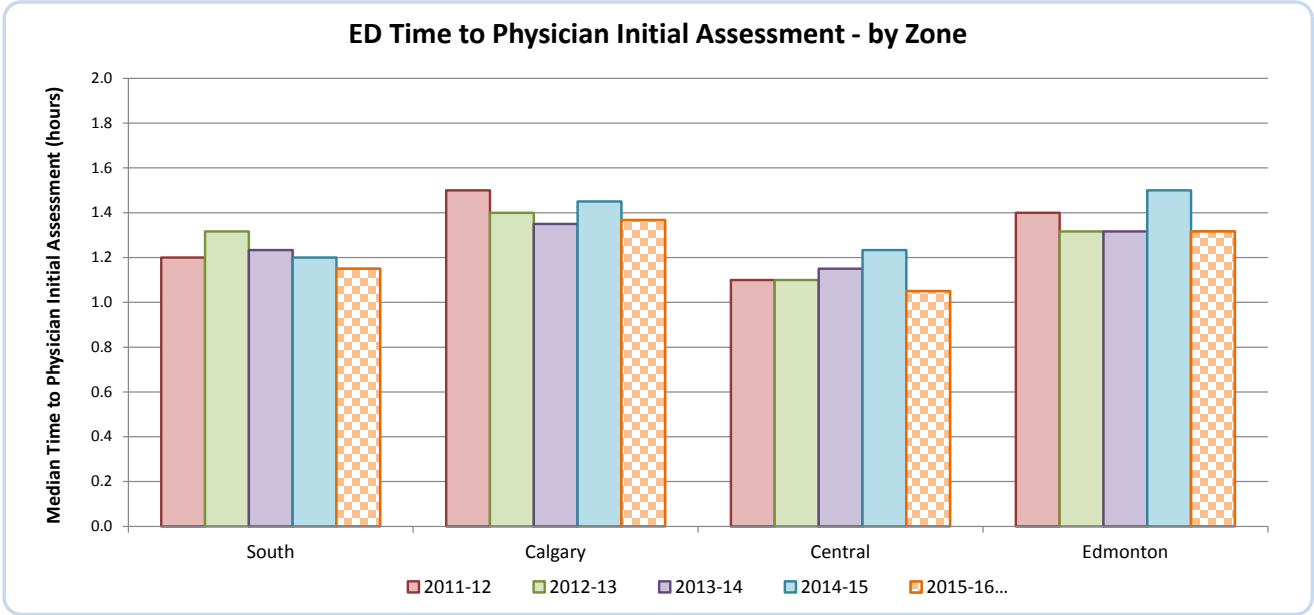
Measure Definition

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.





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

ED Wait to See a Physician – Actions

Provincial/ Strategic Clinical Network (SCN)	• Supported by the Seniors Health SCN, introduced specialized dementia advice available through Health Link to help support individuals and caregivers living with dementia, including people with Alzheimer's disease. The service was launched in North, Central and South Zones in September. It also aims to reduce the number of avoidable emergency department visits for dementia-related concerns.
South	• "Move to chair" study in process where all patients are evaluated for appropriateness to be moved to a chair once assessment completed. • 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 has been effective for treatment of triage 3, 4 patients. • Developing patient protocols to standardize and improve patient care and outcomes. Two (out of seven) protocols are completed to date. • Established a flow team centered for ongoing quality improvement in the Brooks operating room. • Created standard processes for patients in Pincher Creek presenting with unscheduled and low acuity needs to clinic and emergency department, to provide timely care with patients' own provider when appropriate.
Calgary	• 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. • Several initiatives underway at acute care sites to increase efficiencies within the ED including Model of Care work at Foothills Medical Centre, Emergency Medical Services Hallway Process at Rockyview General Hospital, pharmacy pilot of daily lab reviews for physicians and nurses optimizing clinical intake space at Alberta Children's Hospital.
Central	At Red Deer Regional Hospital: • Reviewing staffing levels to address volume and acuity of patients seen in the Minor Treatment Area in the ED. Rotation development to regularize nursing staffing. • Revised ED physician schedules implemented to better match demand with physician availability. • Exploring strategies with Red Deer Primary Care Network to address visits that could be seen outside the ED.
Edmonton	• Surge protocol developed at Royal Alexandra, Sturgeon and University of Alberta Hospitals and the Mazankowski Alberta Heart Institute. • Redeveloped EMS overcapacity protocol.
North	• Regional sites initiating reporting and documentation processes and requirements.

IN SUMMARY

Q2 year-to-date, provincially and all reporting zones have shown an improvement in wait times compared to the same period as last year. Two zones have achieved 2015-16 targets.

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.*

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**1.3**	**1.3**	**1.4**	**1.4**	**1.3**	↑	**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	1.1	↑	1.1
Calgary Zone Total	**1.4**	**1.4**	**1.5**	**1.5**	**1.4**	↑	**1.2**
Alberta Children's Hospital	**1.2**	**1.1**	**1.2**	**1.1**	**1.0**	↑	**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	1.8	1.6	↑	1.4
Rockyview General Hospital	1.4	1.3	1.4	1.4	1.4	→	1.2
South Health Campus	N/A	1.3	1.6	1.6	1.5	↑	1.2
Central Zone Total	**1.1**	**1.2**	**1.2**	**1.3**	**1.1**	↑	**1.1**
Red Deer Regional Hospital Centre	1.1	1.2	1.2	1.3	1.1	↑	1.1
Edmonton Zone Total	**1.3**	**1.3**	**1.5**	**1.5**	**1.3**	↑	**1.2**
Grey Nuns Community Hospital	1.3	1.1	1.2	1.2	1.1	↑	1.1
Misericordia Community Hospital	1.5	1.4	1.4	1.4	1.2	↑	1.3
Northeast Community Health Centre	1.5	1.4	1.4	1.4	1.3	↑	1.3
Royal Alexandra Hospital	1.5	1.9	2.2	2.2	1.9	↑	1.4
Stollery Children's Hospital	0.8	0.8	1.1	1.0	0.9	↑	0.8
Sturgeon Community Hospital	1.3	1.3	1.5	1.5	1.3	↑	1.2
University of Alberta Hospital	1.3	1.5	2.1	2.1	1.7	↑	1.3

Note: North Zone results not reported due to 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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**843,610**	**894,448**	**891,643**	**453,522**	**444,178**
South Zone	84,840	85,567	86,187	43,824	43,026
Calgary Zone	321,448	363,570	367,775	185,001	180,976
Central Zone	56,861	54,730	55,861	28,414	28,190
Edmonton Zone	380,461	390,581	381,820	196,283	191,986
North Zone	127,588	126,080	123,230	61,772	58,098

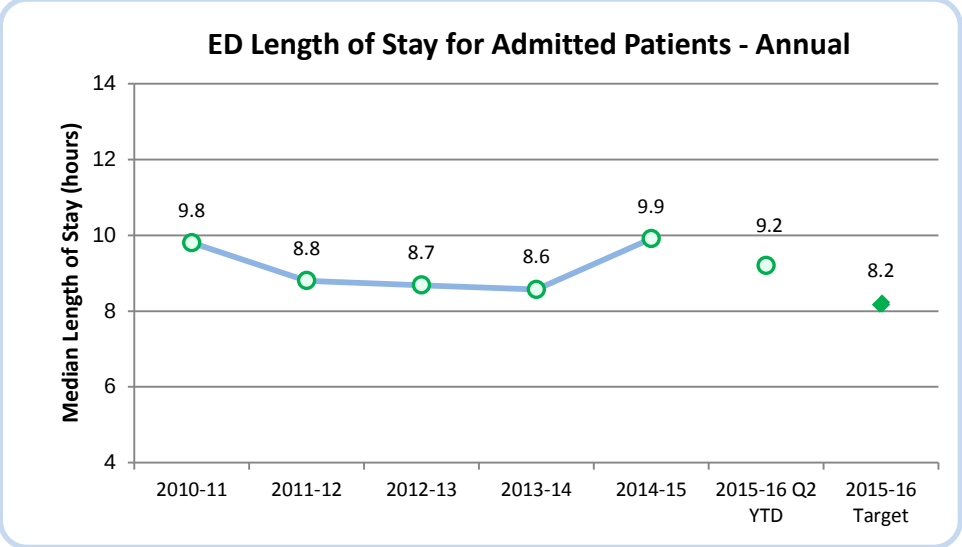
Emergency Department Length of Stay for Admitted Patients

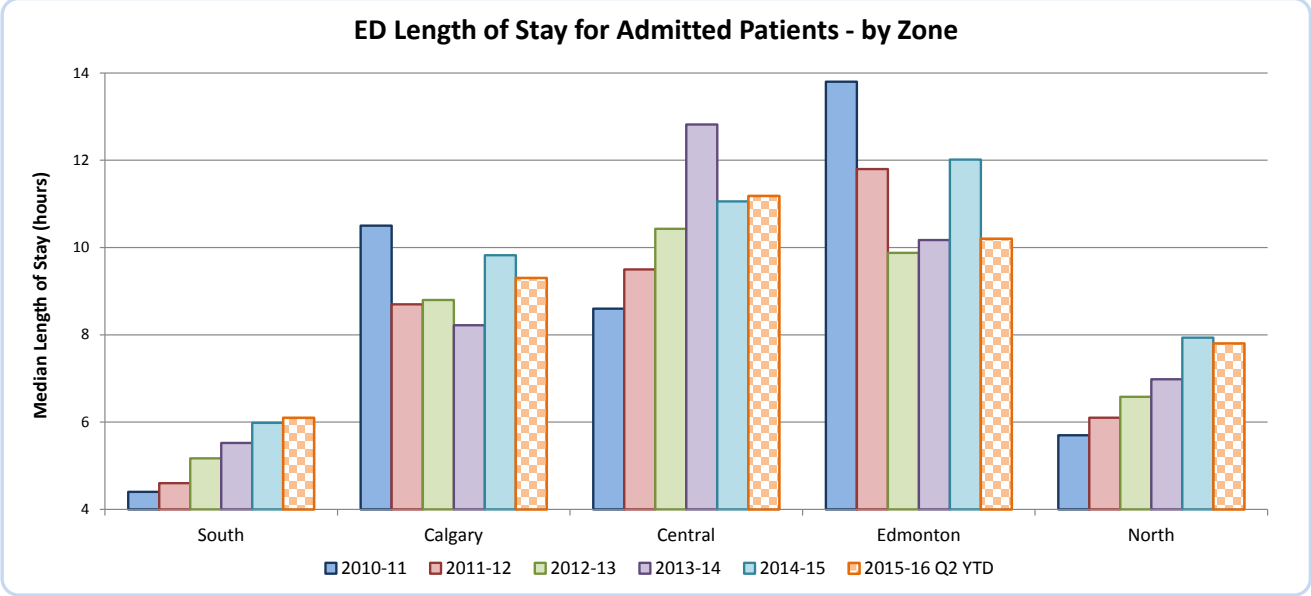
Measure Definition

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	• CoACT implementation is underway in all zones which will start to demonstrate a positive impact on efficiency and emergency department flow.
South	• Collaborate with ED physicians and 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. • Mapped expectations of appropriate off-service use of beds to apply to admitted patients when on-service bed is unavailable.
Calgary	• 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. • The Acute Admissions Area opened at South Health Campus (SHC) to offload up to five emergency inpatient holds each morning. • Pilot started at Foothills Medical Centre (FMC) to support both timely transfer of patients to inpatients and prompt ED discharge. • Collaborating with the Alberta Children Hospital mental health liaison to ensure optimal patient movement with FMC and SHC adolescent unit.
Central	At Red Deer Regional Hospital: • Ongoing collaboration and efforts with rural sites to repatriate patients and receive diverted ED patients. • Proposal for Emergency Medical Services (EMS) Transportation/Discharge Lounge under review. • Exploring strategies to utilize rural hospital capacity to provide an enhanced level of restorative/rehabilitative care for subacute patients. • Enhanced utilization of Medworxx data is being used to identify and address delays that extend hospital length of stay. • General Internal Medicine Clinic implementation planning is underway in effort to reduce inpatient length of stay.
Edmonton	• Reviewed OBS/Gyne and Surgery consult models, admission protocols and nursing model to improve length of stay from triage to admission to ward. • New ED to ED protocol developed. • Implemented ED avoidance strategy for patients with minor orthopedic injuries by admitting through the Plaster Rooms. • Trial of pre-hospital trauma team activation by EMS and STARS has been implemented successfully and will be spread to all three Trauma sites. • Expanded hours of Inner City Support Team to 7 days/week at the Royal Alexandra Hospital ED as of September 2015. • CREMS (Crisis Response and EMS) expanded service hours Monday to Friday from 12 to 18 hours in September 2015.
North	• Initiative underway with Primary Care Network to monitor ED utilization reports. • Triple AIM project at Queen Elizabeth II with ED flow nurse investigating options involving other community supports for high use ED patients.

IN SUMMARY

Q2 year-to-date, provincially and four zones have shown an improvement in wait times compared to the same period as last year.

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.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**8.7**	**8.6**	**9.9**	**9.7**	**9.2**	↑	**8.2**
South Zone Total	**5.2**	**5.5**	**6.0**	**6.0**	**6.1**	↓	**5.1**
Chinook Regional Hospital	5.6	6.0	6.0	6.2	6.0	↑	5.5
Medicine Hat Regional Hospital	4.8	5.1	5.9	5.9	6.2	↓	4.7
Calgary Zone Total	**8.8**	**8.2**	**9.8**	**9.4**	**9.3**	↑	**8.3**
Alberta Children's Hospital	6.5	6.3	6.8	6.5	6.4	↑	6.4
Foothills Medical Centre	8.5	8.0	8.9	8.5	8.6	↓	8.3
Peter Lougheed Centre	9.8	9.1	11.5	11.0	10.7	↑	8.8
Rockyview General Hospital	9.4	8.6	11.1	10.4	9.9	↑	8.7
South Health Campus	N/A	8.1	10.2	10.0	10.6	↓	8.3
Central Zone Total	**10.4**	**12.8**	**11.1**	**11.0**	**11.2**	↓	**9.0**
Red Deer Regional Hospital Centre	10.4	12.8	11.1	11.0	11.2	↓	9.0
Edmonton Zone Total	**9.9**	**10.2**	**12.0**	**11.6**	**10.2**	↑	**8.8**
Grey Nuns Community Hospital	13.3	16.8	23.5	22.5	18.2	↑	9.4
Misericordia Community Hospital	12.0	12.5	17.0	15.3	13.6	↑	9.3
Royal Alexandra Hospital	9.7	9.9	11.5	11.1	9.9	↑	8.8
Stollery Children's Hospital	7.8	7.4	8.6	7.8	7.4	↑	7.7
Sturgeon Community Hospital	13.4	20.5	28.4	27.9	19.9	↑	9.4
University of Alberta Hospital	9.2	9.1	10.4	10.3	8.8	↑	8.6
North Zone Total	**6.6**	**7.0**	**7.9**	**8.1**	**7.8**	↑	**6.5**
Northern Lights Regional Health Centre	5.4	5.9	6.3	6.4	6.3	↑	5.3
Queen Elizabeth II Hospital	8.3	8.6	11.0	10.7	11.2	↓	8.2

N/A: No results available. South Health Campus opened February 2013.
***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

ED Admissions from ED - Busiest Sites	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**130,323**	**133,310**	**137,390**	**68,972**	**69,337**
South Zone	11,475	11,656	11,939	6,022	5,793
Calgary Zone	52,473	54,634	56,732	28,184	28,434
Central Zone	8,901	8,815	9,254	4,577	4,775
Edmonton Zone	49,988	50,644	51,858	26,318	26,698
North Zone	7,486	7,561	7,607	3,871	3,637

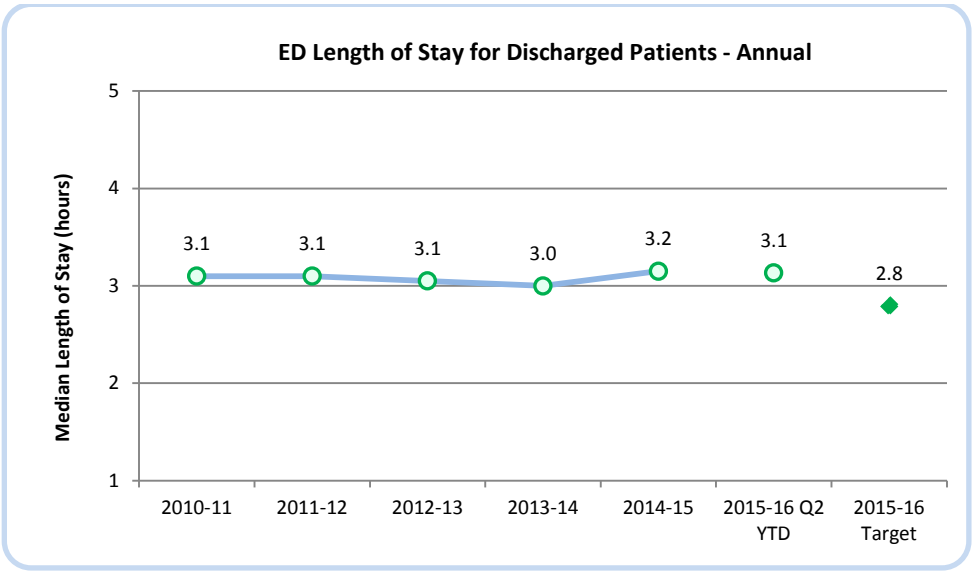
Emergency Department Length of Stay for Discharged Patients

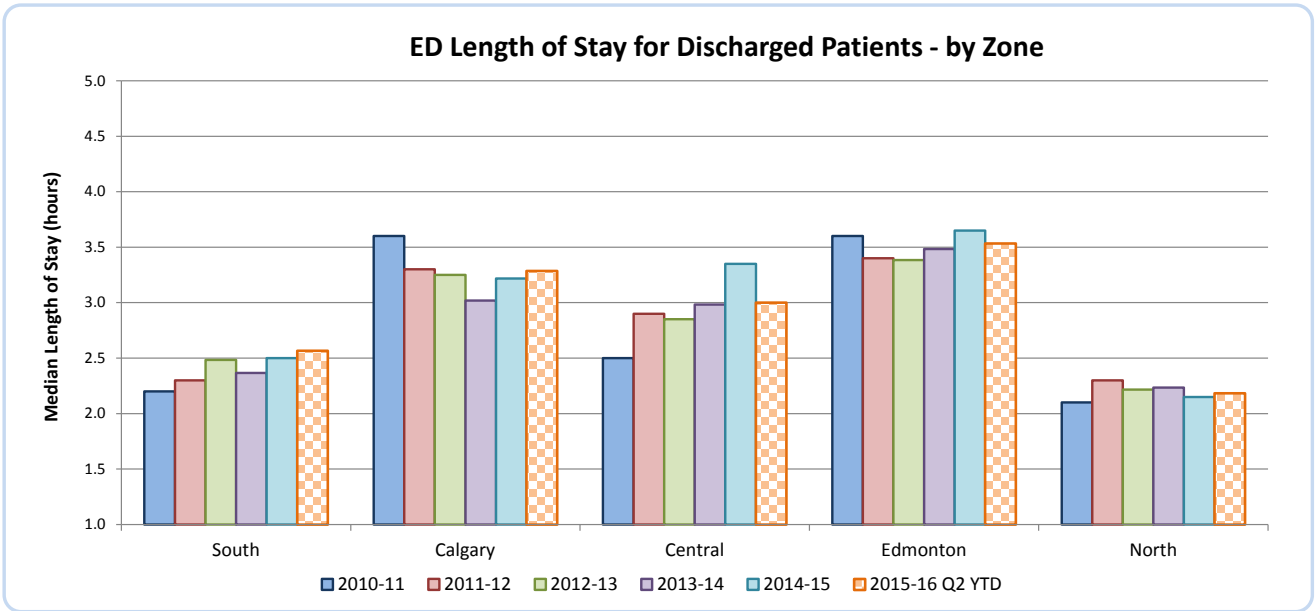
Measure Definition

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

Provincial/ Strategic Clinical Network (SCN)	• Emergency departments have incorporated the Emergency Nursing Provincial Educational Program modules into their orientation program for new staff (project led by the Emergency Department SCN and AHS Health Professions Strategy & Practice).
South	• Working with Healthy Living to develop process for early access to programs for patients with congestive heart failure and chronic obstructive pulmonary disease. • Identify high-frequency users to ED with mental health and/or addiction issues. • Continue to utilize transition team to plan early effective discharge for patients or to find alternative arrangements instead of admissions. • Continue move to chair initiative which helps to decrease initial time to physician and overall length of stay. • Creating more ambulatory care spaces to shorten lengths of stay for discharged patients.
Calgary	• Intake processes at all sites being reviewed and refined to ensure continued improvement of early access to physician assessment and treatment. • Working with mental health team on processes to enhance access to Psychiatric Assessment Services. • Launched a project between Rockyview General Hospital and Primary Care Network (PCN) for patients to access the PCN clinic for ultrasound and medical follow up instead of using ED resources. • Continual work with physicians and nursing to ensure patents who present with limb injuries received timely pain medication, education and proper follow up.
Central	• A joint initiative between Emergency Medical Services (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 is underway. • Palliative and End of Life Care (PEOLC) and EMS online medical control physicians engaged to develop PEOLC symptom management guidelines. Education for EMS practitioners, health care clinicians and emergency communications officers developed and training delivered.
Edmonton	• ED avoidance process has been reviewed for non-emergency care to be moved out of Royal Alexandra Hospital (RAH) ED. • Expanding the role of the Rapid Transfer Unit at the University of Alberta Hospital to take patients waiting for pick up following discharge as well as stable patients requiring a direct consult. • Expanded hours of Inner City Support Team to seven days/week at the RAH ED as of September. • CREMS (Crisis Response and EMS) expanded service hours Monday to Friday from 12 to 18 hours in September.
North	• Triple AIM project at Queen Elizabeth II with ED flow nurse investigating options involving other community supports for high use ED patients.

IN SUMMARY

Q2 year-to-date, provincial results have remained stable and two zones have shown an improvement in wait times compared to the same period as last year.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**3.1**	**3.0**	**3.2**	**3.1**	**3.1**	→	**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	2.4	2.4	→	2.5
Medicine Hat Regional Hospital	2.4	2.3	2.7	2.6	2.8	↓	2.4
Calgary Zone Total	**3.3**	**3.0**	**3.2**	**3.2**	**3.3**	↓	**3.0**
Alberta Children's Hospital	2.3	2.2	2.4	2.2	2.2	→	2.3
Foothills Medical Centre	4.0	3.7	3.8	3.8	4.0	↓	3.3
Peter Lougheed Centre	3.7	3.6	3.7	3.7	3.6	↑	3.2
Rockyview General Hospital	3.5	3.1	3.4	3.3	3.6	↓	3.1
South Health Campus	N/A	2.8	3.3	3.3	3.5	↓	3.0
Central Zone Total	**2.9**	**3.0**	**3.4**	**3.4**	**3.0**	↑	**2.8**
Red Deer Regional Hospital Centre	2.9	3.0	3.4	3.4	3.0	↑	2.8
Edmonton Zone Total	**3.4**	**3.5**	**3.7**	**3.6**	**3.5**	↑	**3.0**
Grey Nuns Community Hospital	3.1	3.3	3.3	3.4	3.2	↑	2.9
Misericordia Community Hospital	3.3	3.2	3.2	3.1	3.1	→	3.0
Northeast Community Health Centre	3.2	3.2	3.2	3.2	3.0	↑	3.0
Royal Alexandra Hospital	4.4	5.1	5.5	5.4	5.1	↑	3.4
Stollery Children's Hospital	2.3	2.3	2.7	2.5	2.6	↓	2.3
Sturgeon Community Hospital	3.0	2.9	3.3	3.3	3.2	↑	2.9
University of Alberta Hospital	4.6	4.9	5.7	5.6	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	1.9	2.0	↓	2.1
Queen Elizabeth II Hospital	2.3	2.4	2.7	2.7	2.5	↑	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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**832,699**	**892,057**	**878,560**	**447,896**	**432,290**
South Zone	76,322	76,902	75,132	38,289	37,512
Calgary Zone	255,767	307,564	308,414	156,305	150,289
Central Zone	47,743	45,682	46,311	23,673	23,215
Edmonton Zone	327,842	338,229	328,131	169,194	164,143
North Zone	125,025	123,680	120,572	60,435	57,131

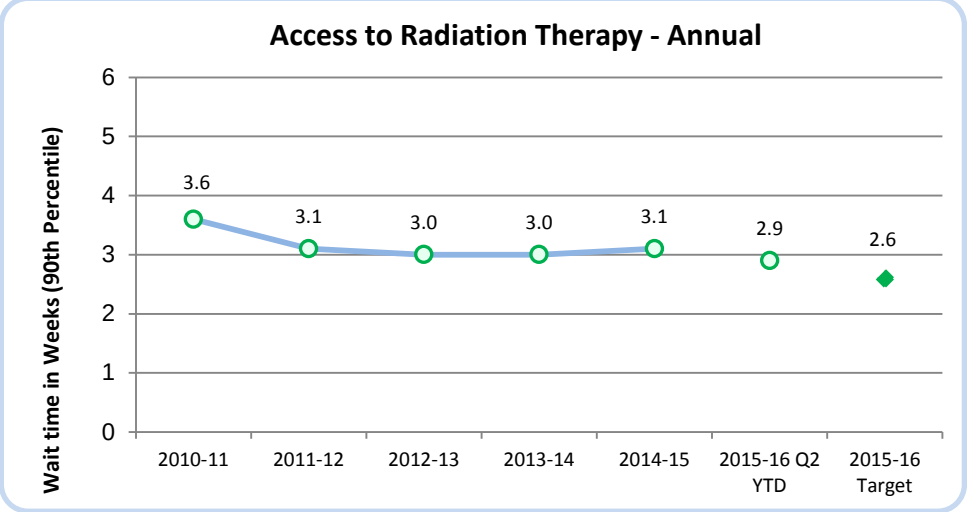
Access to Radiation Therapy

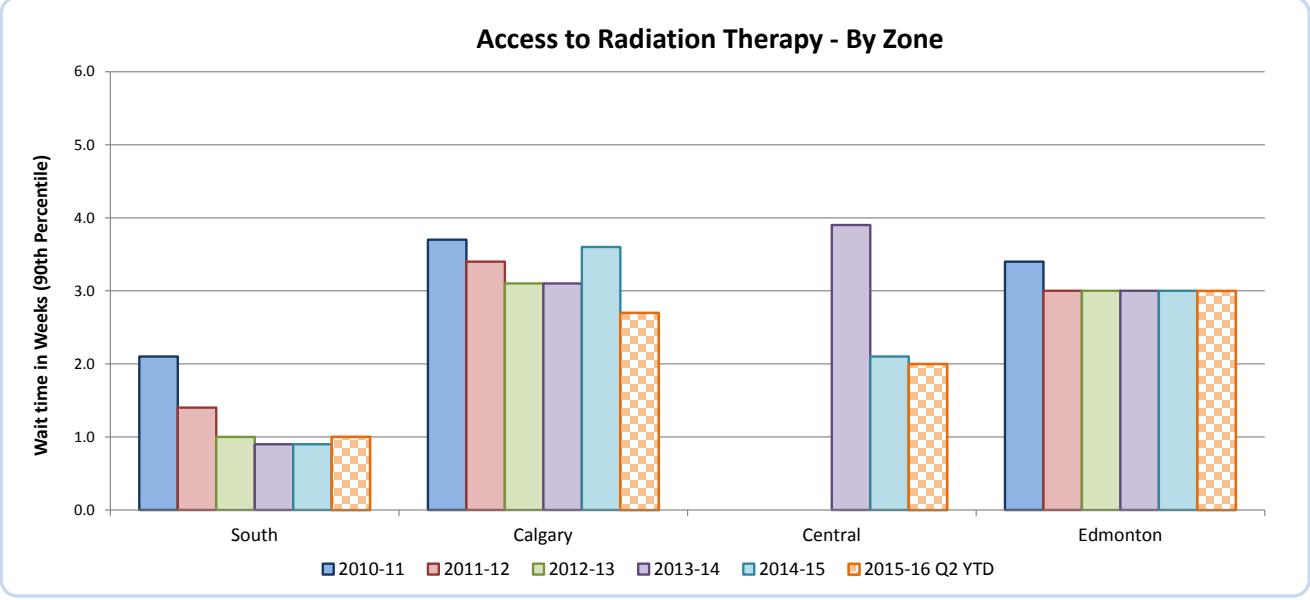
Measure Definition

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 is planned to open in the North Zone in 2019.

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.
- Work continues to expedite access to lung cancer treatment through the Alberta Thoracic Oncology Program (ATOP) by expanding the radiology notification program and proactively monitoring performance in collaboration with the zones. The number of patients referred to the ATOP clinic continues to grow, and surgical wait times have improved:
  - Q1 2015-16 - 721 referrals to ATOP (Q1 FY 14-15 - 611 patients).
  - Surgical wait times from Decision to Treat until Surgery Q1 2015-16 was 52 days compared to last year Q2 FY14-15 prior to impact of new surgical resources it was 60 days.
- Work continues in business process changes to improve Tom Baker Cancer Centre Ambulatory Clinic processes to decrease patient wait times and maximize clinic staff and space by improving the process for scheduling and cancelling clinics and standardizing clinic practices.

IN SUMMARY

Q2 year-to-date, provincial and three zone results improved slightly since the same period as last year.

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	Q2 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	0.6	1.0	↓	1.0
Calgary Zone (Tom Baker Cancer Centre)	3.1	3.1	3.6	3.7	2.7	↑	2.7
Central Zone (Central Alberta Cancer Centre)	N/A	3.9	2.1	2.3	2.0	↑	N/A
Edmonton Zone (Cross Cancer Institute)	3.0	3.0	3.0	3.1	3.0	↑	2.6

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre is planned to open in the North Zone in 2019.

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

Number of patients who started radiation therapy	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**7,093**	**7,019**	**7,438**	**3,732**	**3,898**
South Zone	414	431	415	178	194
Calgary Zone	2,916	2,639	2,911	1,460	1,672
Central Zone	N/A	93	425	218	231
Edmonton Zone	3,763	3,804	3,687	1,876	1,801

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre is planned to open in the North Zone in 2019.

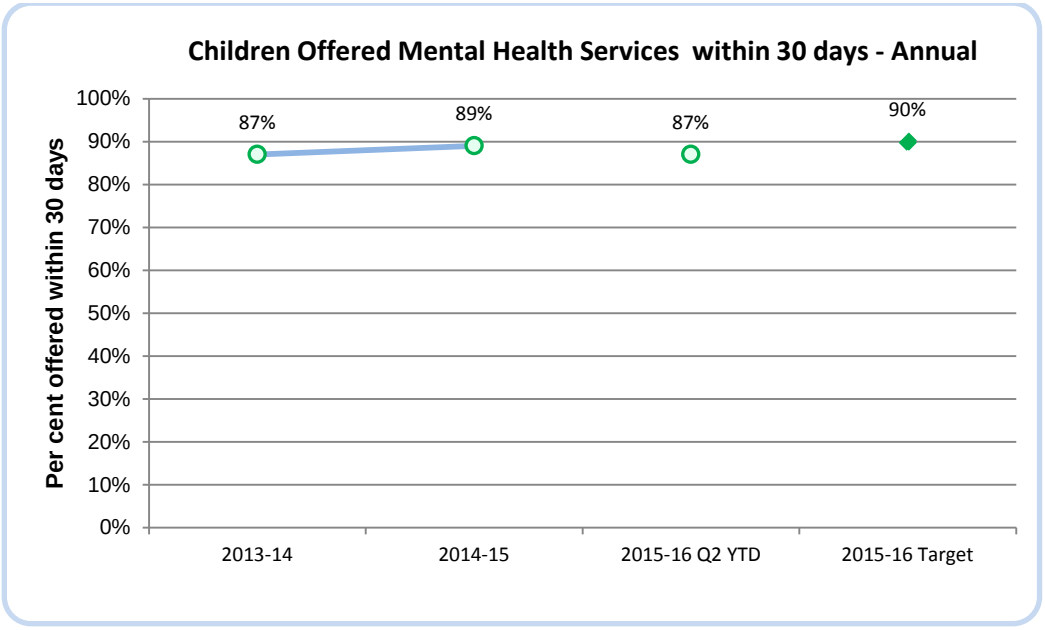
Children's Mental Health Access

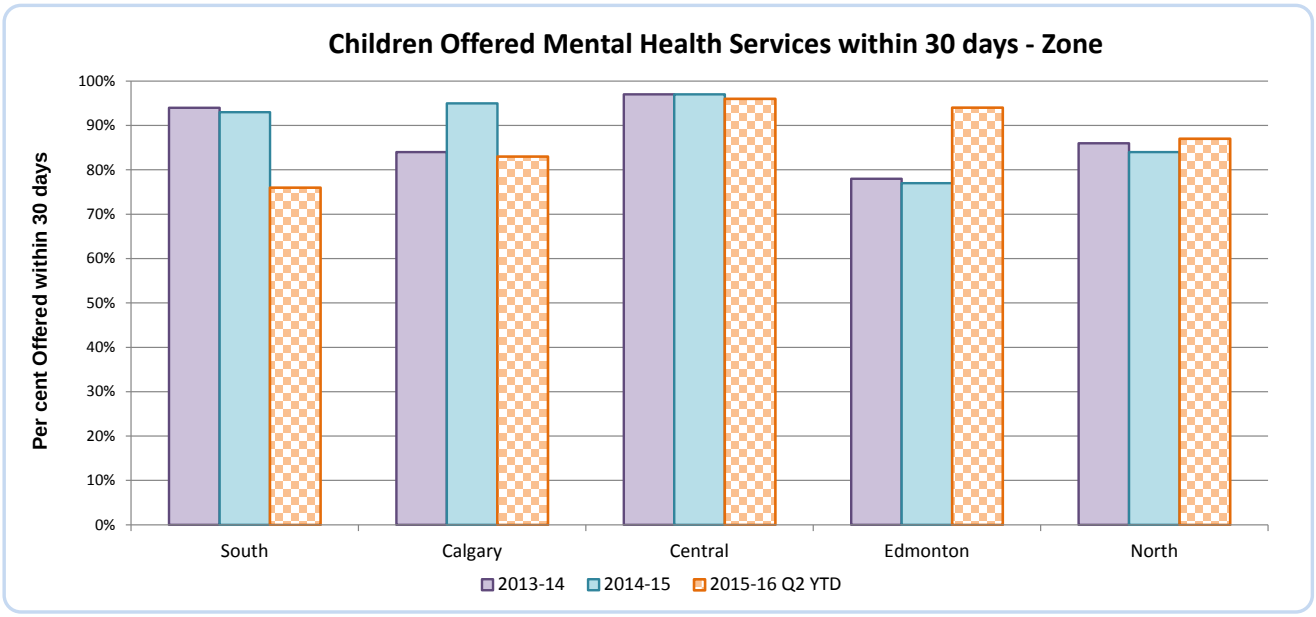
Measure Definition

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's Mental Health Access – Actions

Provincial/ Strategic Clinical Network (SCN)	• The Addiction & Mental Health (AMH) SCN conducted the Patient Journey Project to understand what is working well and to identify the gaps in delivery of addiction services for high risk youth who misuse alcohol. 59 youth were surveyed and results are currently being analyzed.
South	• 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	• Brain Health integration planning has been designated as a priority due to the priority for children's mental health. 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. • Alberta Children's Hospital Outpatient Principles in Practice were officially launched in September. A webpage is currently in development to share templates and tools across AHS and the work will be presented nationally at the Canadian Association of Pediatric Health Centers.
Central	• Participation is continuing in 3 Regional School Delivery Collaboratives with the Regional Collaborative School Delivery Model - cross ministerial initiative school divisions, AHS AMH and Allied Health and Child and Family Services. • Work continues with Provincial AMH portfolio to explore possible enhancements to children's AMH resources and supports in response to a rural Quality Assurance Review.
Edmonton	• The Strongest Families Institute is being utilized to manage some of the referrals (45 per month). • Planning underway for Children's Mental Health Intake to integrate Youth Addiction Services, school-based referrals, and other specialized clinics so the capacity of all ambulatory services are utilized to accommodate a 45% increase in demand.
North	• Participating on six Regional Collaborative School Delivery committees working to streamline access to children's addiction mental health services. • Continue spread of Alberta Access, Improvement, Measures (AIM) and AHS Improvement Way (AIW) process improvement implementation to three hub-and-spoke areas.

IN SUMMARY

Q2 year-to-date, provincial results have shown an improvement compared to the same period as last year.

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	Q2 YTD		Trend *	2015-16 Target
			2014-15 Last Year	2015-16 Current		
Provincial	**87%**	**89%**	**85%**	**87%**	↑	**90%**
South Zone	94%	93%	94%	76%	↓	n/a
Calgary Zone	84%	95%	94%	83%	↓	n/a
Central Zone	97%	97%	96%	96%	→	n/a
Edmonton Zone	78%	77%	65%	94%	↑	n/a
North Zone	86%	84%	81%	87%	↑	n/a

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

Number of new enrollments	2013-14	2014-15	Q2 YTD	
			2014-15 Last Year	2015-16 Current
Provincial	**7,456**	**7,947**	**3,702**	**4,055**
South Zone	1,450	1,697	730	802
Calgary Zone	1,465	1,257	824	960
Central Zone	1,170	1,257	577	595
Edmonton Zone	1,852	1,562	837	779
North Zone	1,519	1,616	734	919

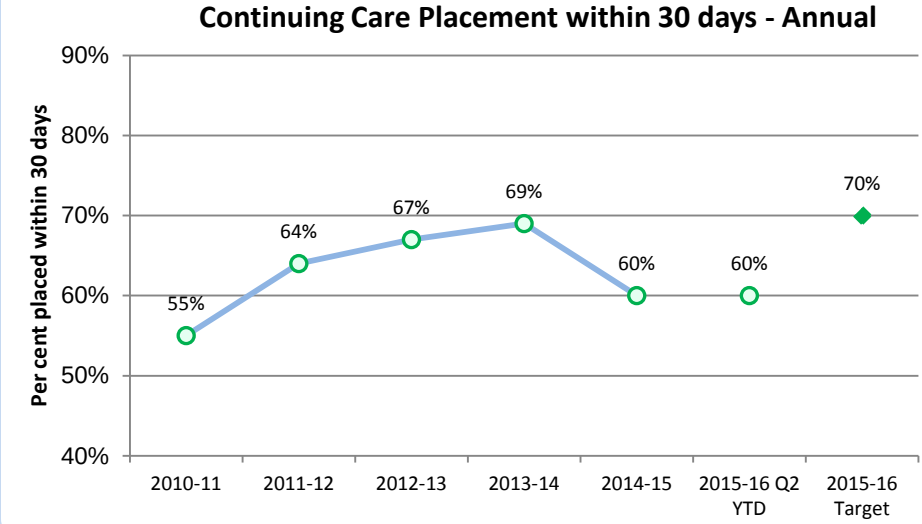
Continuing Care Placement

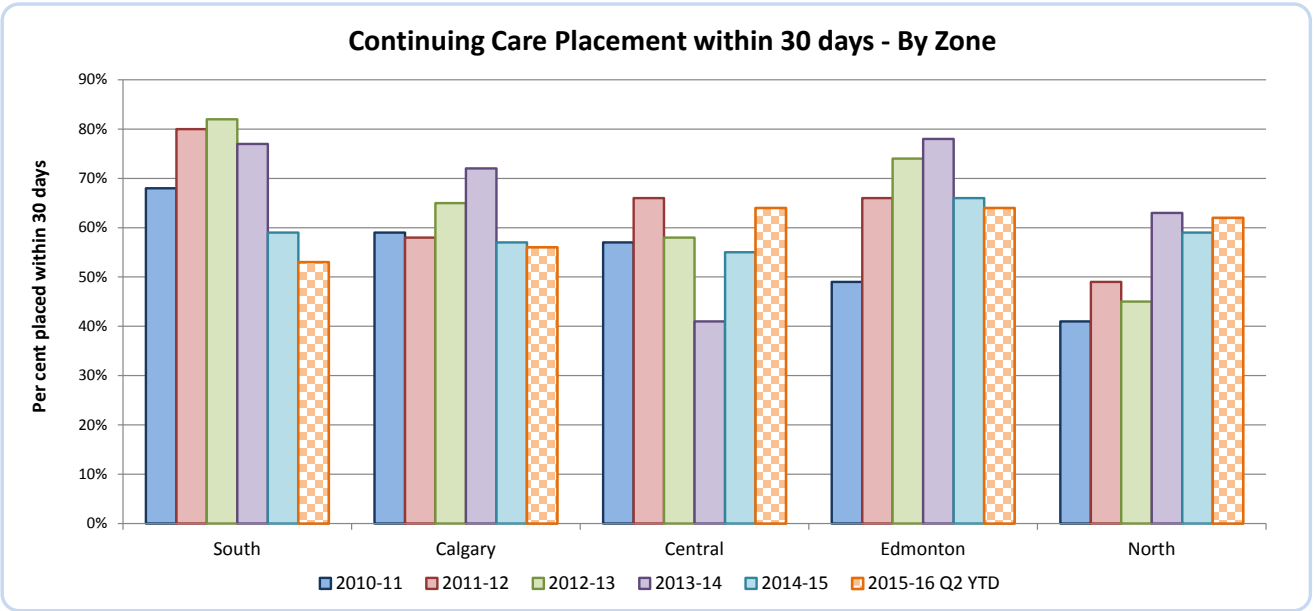
Measure Definition

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/clients 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

Provincial/ Strategic Clinical Network (SCN)	• In Q2 year-to-date 2015-16, AHS opened 594 net new continuing care spaces. • The number of people waiting in acute care/sub-acute and community for continuing care placement has increased by 84 individuals from last Q2 2014/15 (n=1,526) to Q2 2015/16 (n=1,610). • Work continues across the province to implement the Seniors Health Continuing Care Capacity Plan. • Completed new "Access to Designated Living Option" (ADLO) which replaced 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.
South	• In Q2 year-to-date 2015-16, opened 50 net new continuing care spaces. • Implementation of Seniors Health Continuing Care Capacity Plan.
Calgary	• In Q2 year-to-date 2015-16, opened 439 net new continuing care spaces. • Implementation of Seniors Health Continuing Care Capacity Plan.
Central	• In Q2 year-to-date 2015-16, opened 14 net new continuing care spaces. • Process improvements in Continuing Care Placement Office implemented. • Working with provincial CPSM/Seniors Health and community partners on cognitive behavioural adult specialty beds in Rosehaven (Camrose) for short and long term support.
Edmonton	• In Q2 year-to-date 2015-16, opened 46 net new continuing care spaces in Supportive Living 4 and Supportive Living 4-Dementia. • Development of a program to support long-term care residents with chronic/complex respiratory issues is underway. • Support for clients with bi-level ventilation (BPAP) needs is underway. BPAP has been shown to be an effective management tool for chronic obstructive pulmonary disease and acute and chronic respiratory failure.
North	• In In Q2 year-to-date 2015-16, opened 45 net new continuing care spaces. • Wait-listing reporting currently being modified to capture the new policy for Access to a Designated Living Option. • Meditech systems updated to waitlist patients according to new policies. • Developed information and decision making guide for clients accessing a designated living option from community and acute care.

IN SUMMARY

Overall, provincial and zone results have not improved. However, AHS has placed more clients in continuing care living options in Q2 this year (1,890) as compared to Q2 last year (1,819).

Since April 2010, as of September 30, 2015, AHS has added approximately 4,844 spaces to the continuing care system, and more spaces will continue to be added in the coming years.

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.

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.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**67%**	**69%**	**60%**	**64%**	**60%**	↓	**70%**
South Zone	82%	77%	59%	70%	53%	↓	83%
Calgary Zone	65%	72%	57%	58%	56%	↓	68%
Central Zone	58%	41%	55%	54%	64%	↑	63%
Edmonton Zone	74%	78%	66%	74%	64%	↓	75%
North Zone	45%	63%	59%	64%	62%	↓	53%

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

Total Placed	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**7,761**	**7,694**	**7,810**	**3,718**	**3,813**
South Zone	930	868	866	435	417
Calgary Zone	2,301	2,164	2,548	1,129	1,287
Central Zone	1,281	1,189	1,259	626	574
Edmonton Zone	2,620	2,742	2,443	1,188	1,215
North Zone	629	731	694	340	320

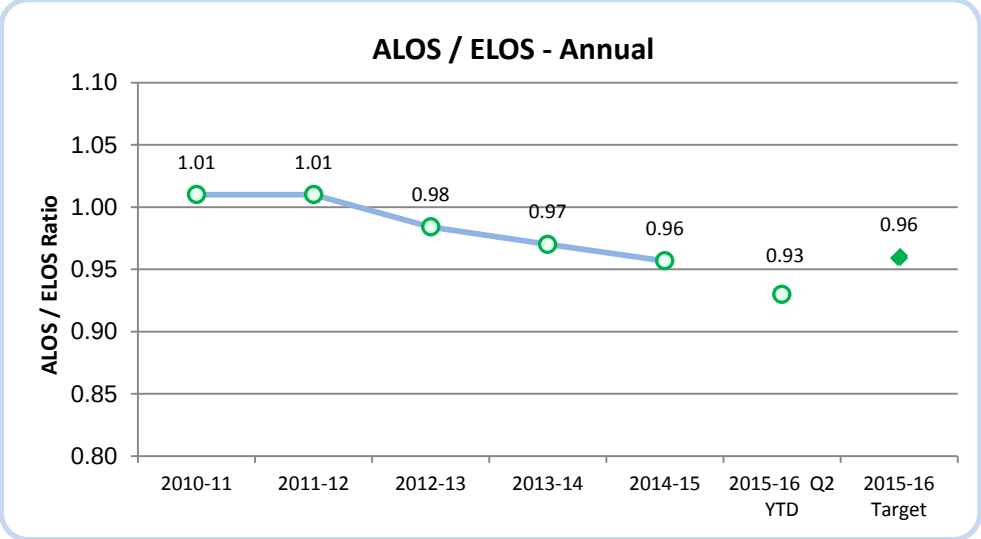
Acute (Actual) Length of Hospital Stay (ALOS) Compared to Expected Length of Stay (ELOS)

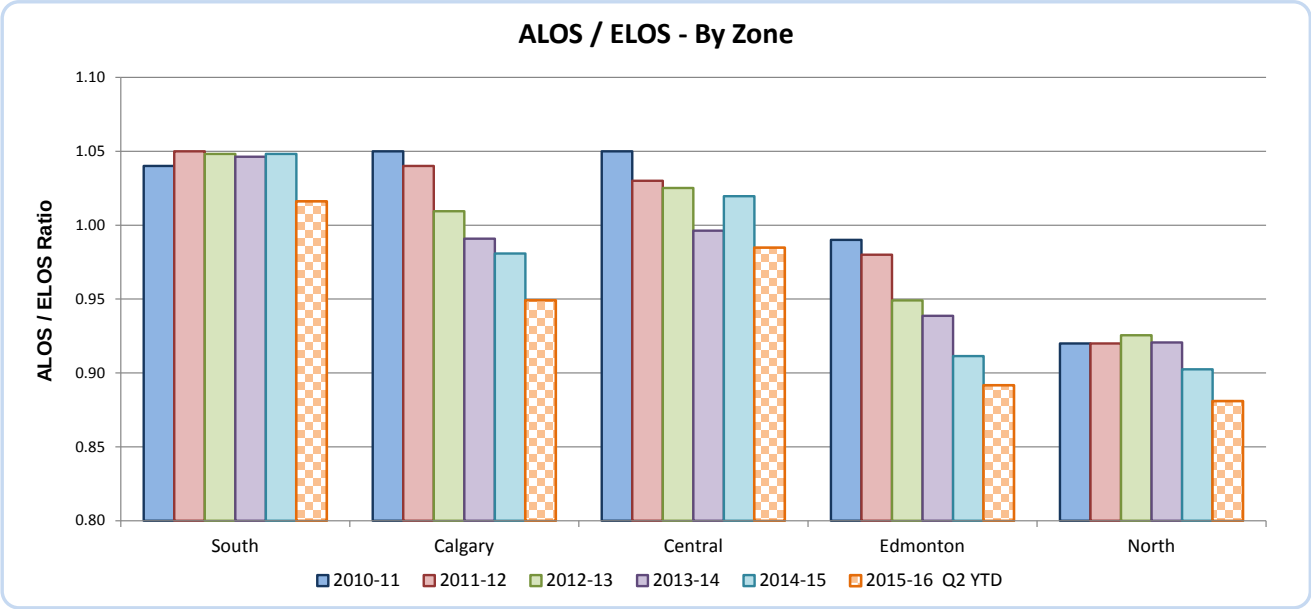
Measure Definition

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

Provincial/ Strategic Clinical Network (SCN)	• 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). • Improve hospital glycemic management of diabetics by implementing basal bolus insulin therapy to reduce prevalence of hyperglycemia associated with increased infections, delayed wound healing, increased length of stay, readmissions and mortality. This work is led by the Diabetes, Obesity and Nutrition SCN. • SCNs are developing key clinical care pathways (i.e. Hip Fracture Pathway, Rectal Cancer Pathway, and Heart Failure Pathway) to reduce unwarranted practice variation.
South	• 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. • Established process for early identification of discharge needs expectation for discharge planning.
Calgary	• Implementation of the six core elements of CoACT including care hubs at Rockyview General Hospital and South Health Campus. • Pilot started at Foothills Medical Centre to support both timely transfer of patients to inpatients and prompt ED discharge.
Central	• Optimizing Medworxx utilization as a platform to facilitate interdisciplinary team communication, discharge planning and identification of delays that extend LOS and impact timely discharge. • Continuing action on the six priority CoACT core elements occurring at all in scope sites (Red Deer Regional Hospital, Wetaskiwin and Drumheller). • Standardizing Intake Criteria and processes for referral to restorative beds underway to improve utilization of the beds.
Edmonton	• Utilization of predictive tools and communication strategies for proactive management of patient discharge and bed management is ongoing. • Implement CoACT leading practices at acute care sites.
North	• Improvements to discharge planning processes implemented through use of quality/whiteboards and rapid rounds (CoACT) at several sites.

IN SUMMARY

Overall, the provincial and zone results have demonstrated an improvement in Q2 year-to-date.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**0.98**	**0.97**	**0.96**	**0.95**	**0.93**	↑	**0.96**
South Zone Total	**1.05**	**1.05**	**1.05**	**1.04**	**1.02**	↑	**1.00**
Chinook Regional Hospital	1.08	1.06	1.06	1.06	1.03	↑	1.01
Medicine Hat Regional Hospital	1.05	1.08	1.06	1.05	1.03	↑	1.00
All Other Hospitals	0.95	0.93	0.98	0.96	0.96	→	0.95
Calgary Zone Total	**1.01**	**0.99**	**0.98**	**0.98**	**0.95**	↑	**0.97**
Alberta Children's Hospital	**0.98**	**1.00**	**0.91**	**0.94**	**0.86**	↑	**0.96**
Foothills Medical Centre	1.04	1.01	1.01	1.01	0.99	↑	1.00
Peter Lougheed Centre	0.99	0.98	0.97	0.96	0.95	↑	0.97
Rockyview General Hospital	1.00	0.99	0.99	0.98	0.95	↑	0.97
South Health Campus	N/A	0.94	0.94	0.95	0.88	↑	0.97
All Other Hospitals	0.96	0.96	0.96	0.97	0.91	↑	0.96
Central Zone Total	**1.03**	**1.00**	**1.02**	**1.01**	**0.98**	↑	**0.98**
Red Deer Regional Hospital Centre	1.06	1.03	1.05	1.03	1.00	↑	1.00
All Other Hospitals	1.00	0.97	0.99	0.99	0.97	↑	0.97
Edmonton Zone Total	**0.95**	**0.94**	**0.91**	**0.91**	**0.89**	↑	**0.94**
Grey Nuns Community Hospital	0.99	0.93	0.88	0.88	0.86	↑	0.97
Misericordia Community Hospital	1.04	0.97	0.96	0.95	0.93	↑	0.99
Royal Alexandra Hospital	0.92	0.93	0.91	0.91	0.88	↑	0.91
Stollery Children's Hospital	0.98	1.00	0.92	0.92	0.94	↓	0.97
Sturgeon Community Hospital	0.90	0.92	0.90	0.91	0.87	↑	0.90
University of Alberta Hospital	0.92	0.91	0.91	0.91	0.89	↑	0.92
All Other Hospitals	0.98	1.02	0.97	0.95	0.97	↓	0.97
North Zone Total	**0.93**	**0.92**	**0.90**	**0.89**	**0.88**	↑	**0.92**
Northern Lights Regional Health Centre	0.95	0.96	0.93	0.92	0.88	↑	0.95
Queen Elizabeth II Hospital	0.93	0.93	0.87	0.88	0.86	↑	0.93
All Other Hospitals	0.92	0.91	0.91	0.90	0.89	↑	0.91

N/A: No results available. South Health Campus opened February 2013. ***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus
The ALOS/ELOS ratio is calculated using the Expected Length of Stay (ELOS) from the 2014 Case Mix Group Plus (CMG+) for each inpatient case. The CMG+ methodology is updated on a yearly basis by the Canadian Institute for Health Information (CIHI). There were significant methodology differences between the 2014 and 2015 CMG+ methodologies producing results which are not comparable from 2014/15 to 2015/16. To address this limitation, the 2015/16 results in this Q2 report are calculated using the 2014 CMG+ methodology.

Total Discharges	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**385,536**	**393,765**	**401,331**	**202,423**	**202,634**
South Zone	31,640	31,093	31,125	15,868	15,513
Calgary Zone	130,842	136,598	140,563	70,324	70,986
Central Zone	45,619	44,589	45,691	22,956	23,011
Edmonton Zone	132,337	135,970	139,052	70,220	70,835
North Zone	45,098	45,515	44,900	23,055	22,289

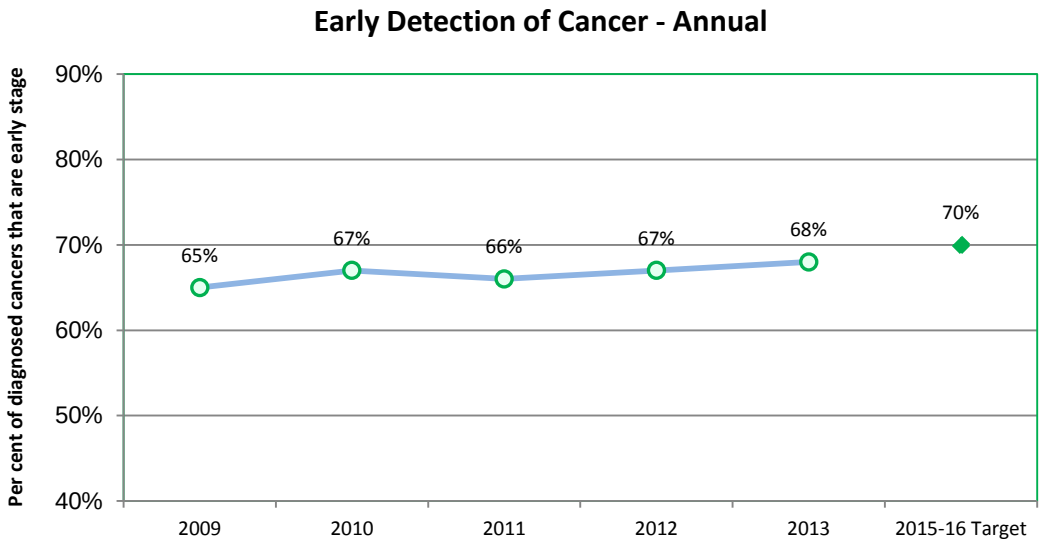
Early Detection of Cancer

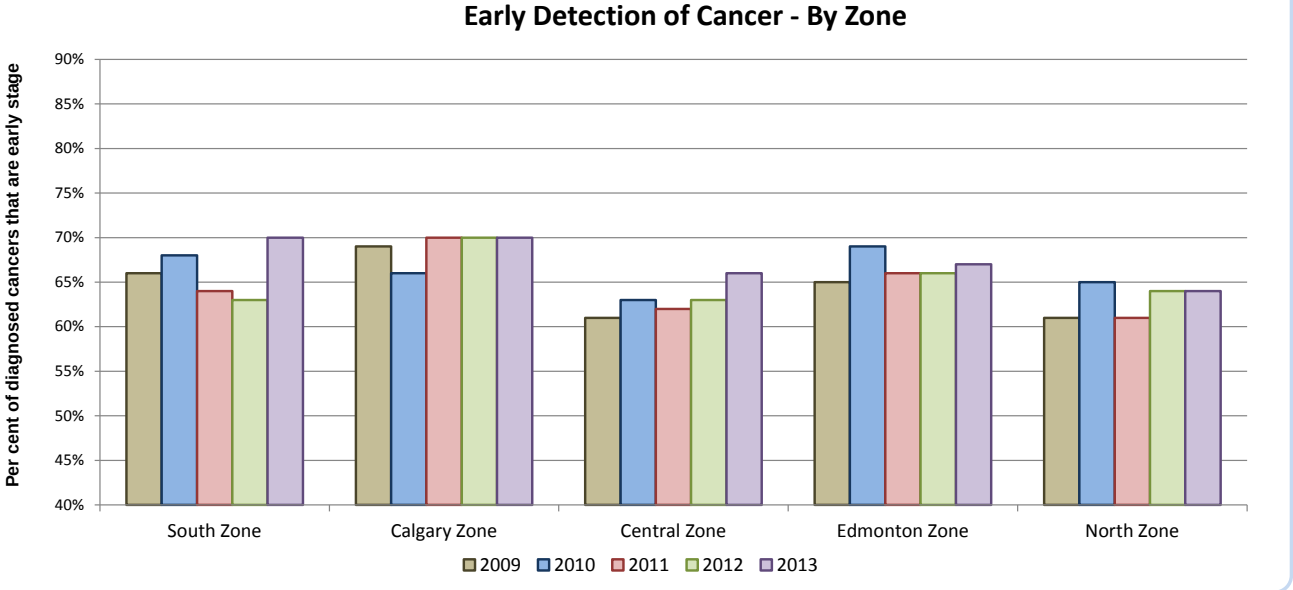
Measure Definition

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. Data is published annually. Note: 2013 most recent data available. Source: Alberta Cancer Registry.





Early Detection of Cancer – Actions

Provincial/ Strategic Clinical Network	• As of September 30, 2015, the volume of fecal immunochemical tests is 136,204. • Continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program. • Work is underway within the zones to offer cervical cancer screening to clients during clinic visits as per provincial screening guidelines.
South	• 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	• 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. • Expanded Hereditary Cancer group sessions – 25% increase in capacity. • Integration of Ovarian Cancer Genetic Testing at the Oncology Bedside is under development.
Central	• Reviewing and targeting compliance with quality reporting for colon cancer screening colonoscopies. • Continuing to collaborate with physicians to use new data collection form to meet ACRSP reporting requirements as well as reconciliation of pathology results.
Edmonton	• Discussion with primary care physician leads and AHS highlighting challenges with colorectal cancer screening and overall GI (gastrointestinal) program access. • Plan to increase access by providing additional screening procedures was developed. Implementation underway.
North	• 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. • Mobile Announcement Letters (MAL) informing eligible women of upcoming Screen Test visits delivered to 11 communities.

IN SUMMARY

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.

The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individual's knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions.

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

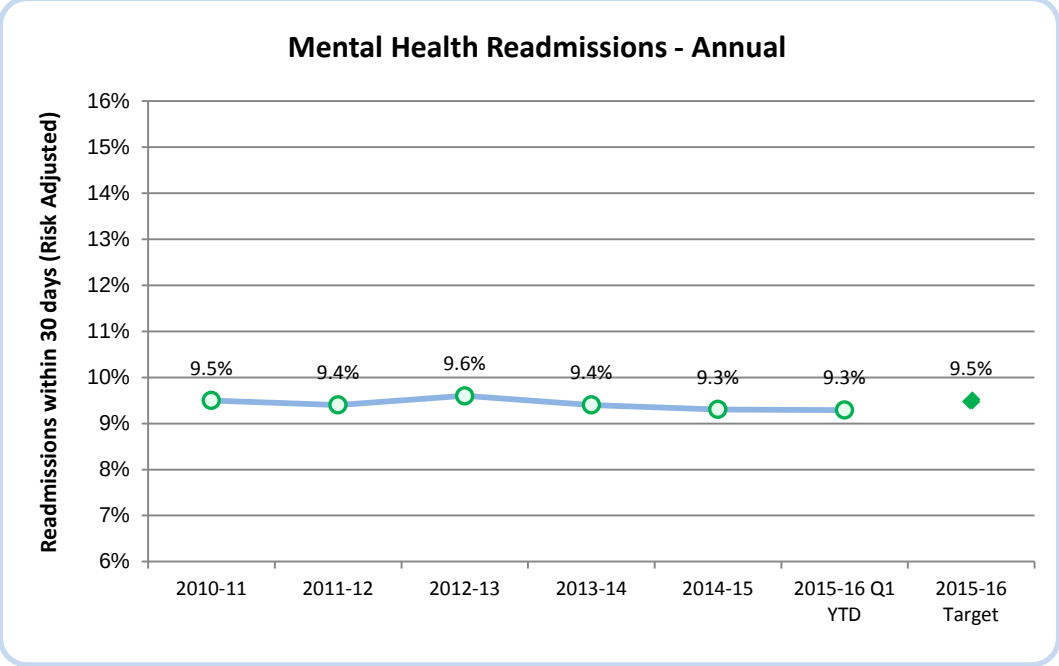
Mental Health Readmissions

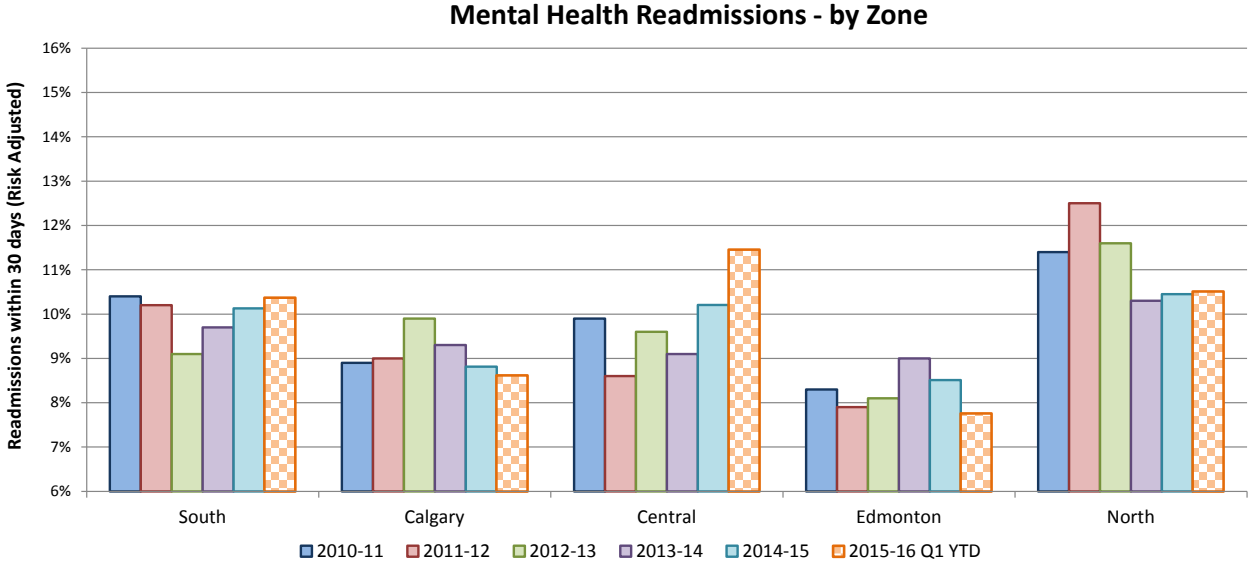
Measure Definition

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 – Actions

Provincial/ Strategic Clinical Network (SCN)	• 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. • Continue to utilize Community Treatment Orders (CTOs) to support clients to live in the community and reduce time spent in hospital.
South	• 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	• 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	• 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 continue. • Enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities continues. • Continuing to 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 continues.
Edmonton	• Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc. • Implemented integrated electronic medical 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. Construction has commenced and is currently on schedule with a first phase of completion anticipated for June 2016.
North	• Triple AIM High Utilization project has completed chart audits for clients identified in "next 25" cohort and has determined strategies to identify next group of 125 clients. • Aboriginal Mental Health Travel team completed community engagement meetings and are providing services to Gift Lake, Peavine and East Prairie Metis settlements.

IN SUMMARY

Q1 provincial and two zone results have remained stable or shown improvement compared to the same period last year. Provincial and three zones have achieved 2015-16 target.

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

Community Treatment Orders (CTOs) *are an important tool to supporting individuals with serious and persistent mental health illness stay in the community. A treatment and care plan is set up, outlining service providers and supports required for the client to stay well in the community.*

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)	2012-13	2013-14	2014-15	Q1 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**9.6%**	**9.4%**	**9.3%**	**9.3%**	**9.3%**	→	**9.5%**
South Zone	9.1%	9.7%	10.4%	11.6%	10.4%	↑	**9.1%**
Calgary Zone	9.9%	9.3%	8.9%	8.0%	8.6%	↓	**9.8%**
Central Zone	9.6%	9.1%	9.9%	11.3%	11.5%	↓	**9.6%**
Edmonton Zone	8.1%	9.0%	8.5%	8.3%	7.8%	↑	**8.1%**
North Zone	11.6%	10.3%	10.2%	10.4%	10.5%	↓	**11.0%**

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

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q1 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**12,780**	**13,508**	**13,917**	**3,438**	**3,670**
South Zone	1,509	1,507	1,488	404	387
Calgary Zone	4,340	4,753	5,122	1,226	1,309
Central Zone	1,539	1,483	1,628	410	512
Edmonton Zone	3,292	3,444	3,410	829	900
North Zone	2,100	2,321	2,269	569	562

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

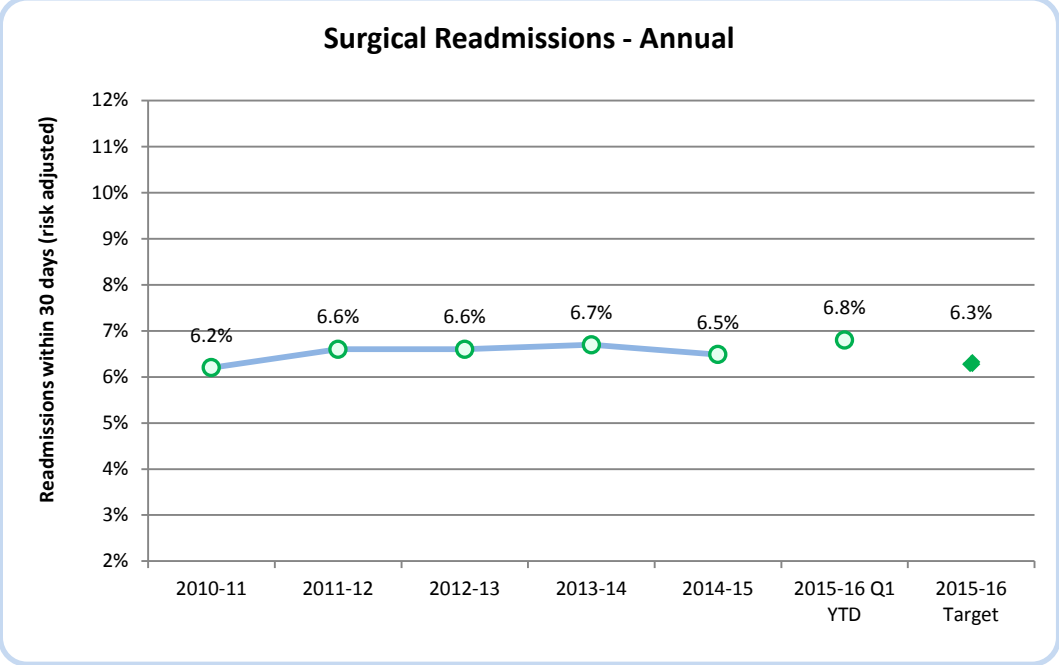
Surgical Readmissions

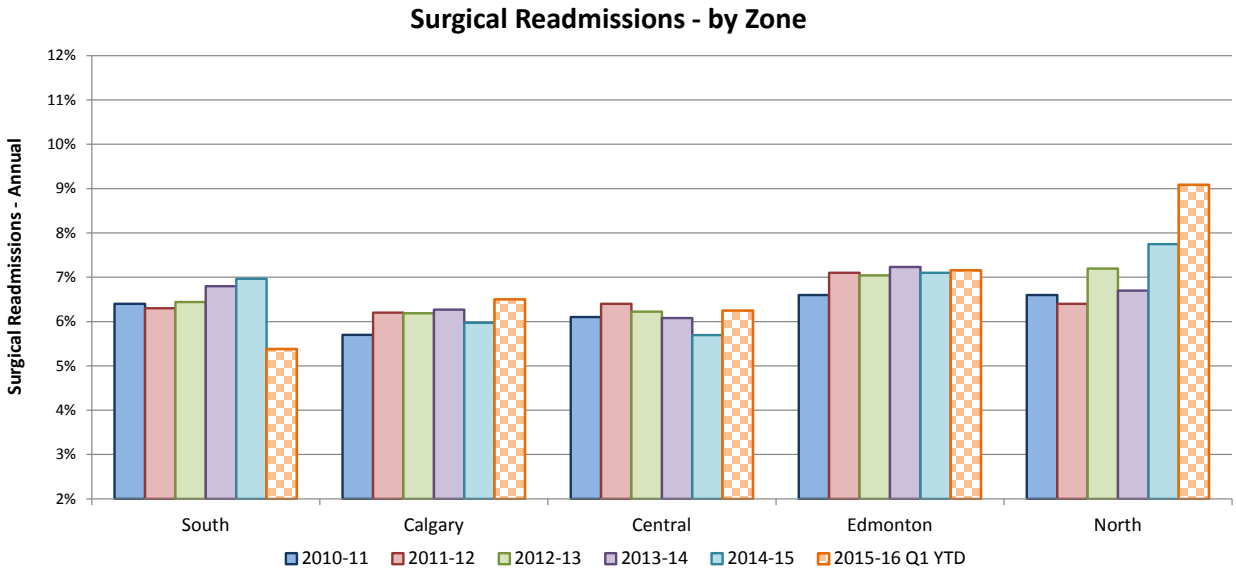
Measure Definition

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)	• 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	• Implementation of NSQIP/ TQIP to improve surgical and trauma care. • Preliminary work on aCATs is underway with some targeted areas receiving introductory education and support.
Calgary	• 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. • Utilizing aCATS data to prioritize vascular and oncology surgery access across all specialties. • Tracking Surgical Site infections for vascular surgeries. • Implementing NSQIP pilot project at Rockyview General Hospital.
Central	• Participating in NSQIP to improve surgical outcomes by analyzing patient data to change practice at Red Deer Regional Hospital. • All surgical specialties providing aCATS data. OR utilization is being reviewed to determine options to increase the number of surgeries to meet target of 3 weeks wait.
Edmonton	• Optimization of aCATS application for waitlist management is ongoing. Engagement of surgeons and utilization of aCATS tool for waitlist management is ongoing, including sharing and reviewing of data. • Implemented a pilot project for the "elder friendly" emergency surgical unit at the University of Alberta Hospital – a study called Elder-friendly Approaches to the Surgical Environment (EASE). • Implemented restorative care activities for fractured hip patients to support improved readiness for discharge.
North	• Contribute to Surgery SCN to develop a provincial surgical service planning framework to guide surgical planning and decision making. • Continuing to monitor safe surgery checklist compliance.

IN SUMMARY

Compared to the same period last year, provincial and two zones have demonstrated improvement.

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)	2012-13	2013-14	2014-15	Q1 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**6.6%**	**6.7%**	**6.5%**	**6.9%**	**6.8%**	↑	**6.3%**
South Zone Total	**6.4%**	**6.8%**	**6.7%**	**6.9%**	**5.4%**	↑	**6.2%**
Chinook Regional Hospital	6.9%	6.7%	7.8%	8.7%	4.9%	↑	6.7%
Medicine Hat Regional Hospital	5.5%	7.2%	5.1%	4.0%	6.1%	↓	5.4%
All Other Hospitals	7.8%	4.9%	5.9%	4.4%	N/A	N/A	7.3%
Calgary Zone Total	**6.2%**	**6.3%**	**6.0%**	**6.2%**	**6.5%**	↓	**6.1%**
Foothills Medical Centre	6.6%	6.8%	6.1%	6.6%	6.9%	↓	6.4%
Peter Lougheed Centre	6.0%	5.6%	6.0%	5.6%	6.1%	↓	5.9%
Rockyview General Hospital	6.2%	6.2%	6.2%	6.3%	6.4%	↓	6.1%
South Health Campus	Opened Feb 2013	6.8%	5.9%	6.3%	7.4%	↓	6.1%
All Other Hospitals	1.4%	2.5%	1.6%	2.1%	1.1%	↑	1.7%
Central Zone Total	**6.2%**	**6.1%**	**5.6%**	**5.3%**	**6.2%**	↓	**6.1%**
Red Deer Regional Hospital Centre	6.1%	6.1%	5.9%	5.4%	6.2%	↓	6.1%
All Other Hospitals	6.6%	6.0%	4.6%	5.3%	6.4%	↓	6.0%
Edmonton Zone Total	**7.0%**	**7.2%**	**7.0%**	**7.7%**	**7.2%**	↑	**6.5%**
Grey Nuns Community Hospital	6.5%	5.9%	5.8%	5.9%	7.2%	↓	6.2%
Misericordia Community Hospital	6.2%	6.9%	7.2%	7.2%	5.8%	↑	6.0%
Royal Alexandra Hospital	7.5%	7.5%	7.0%	7.8%	6.9%	↑	7.0%
Sturgeon Community Hospital	5.0%	5.5%	5.9%	6.1%	7.1%	↓	5.0%
University of Alberta Hospital	7.7%	8.2%	7.7%	8.9%	8.3%	↑	7.1%
All Other Hospitals	4.7%	4.1%	4.7%	6.5%	5.4%	↑	4.5%
North Zone Total	**7.2%**	**6.7%**	**7.5%**	**8.6%**	**9.1%**	↓	**6.7%**
Northern Lights Regional Health Centre	8.3%	6.5%	7.5%	6.3%	5.3%	↑	7.6%
Queen Elizabeth II Hospital	6.8%	7.2%	7.8%	9.3%	10.4%	↓	6.6%
All Other Hospitals	7.0%	6.0%	7.0%	8.5%	8.7%	↓	6.8%

N/A indicates statistically unreliable rates due to low volumes

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

Eligible Surgical Cases (Index)*	2012-13	2013-14	2014-15	Q1 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**89,090**	**90,811**	**92,530**	**24,150**	**23,999**
South Zone	5,522	5,471	5,432	1,447	1,415
Calgary Zone	35,301	36,315	37,846	9,843	10,010
Central Zone	7,640	7,784	7,859	1,976	2,070
Edmonton Zone	35,774	36,295	36,672	9,636	9,306
North Zone	4,853	4,946	4,721	1,248	1,198

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

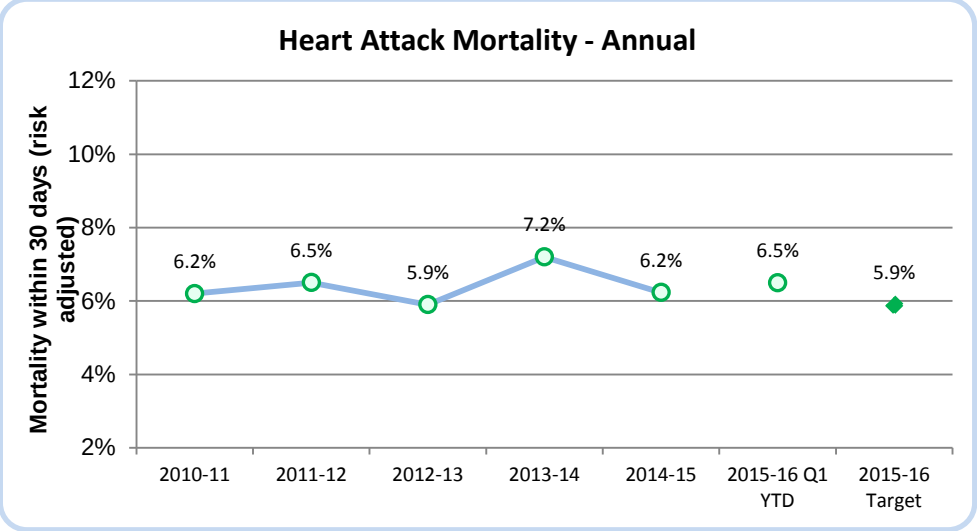
Heart Attack Mortality

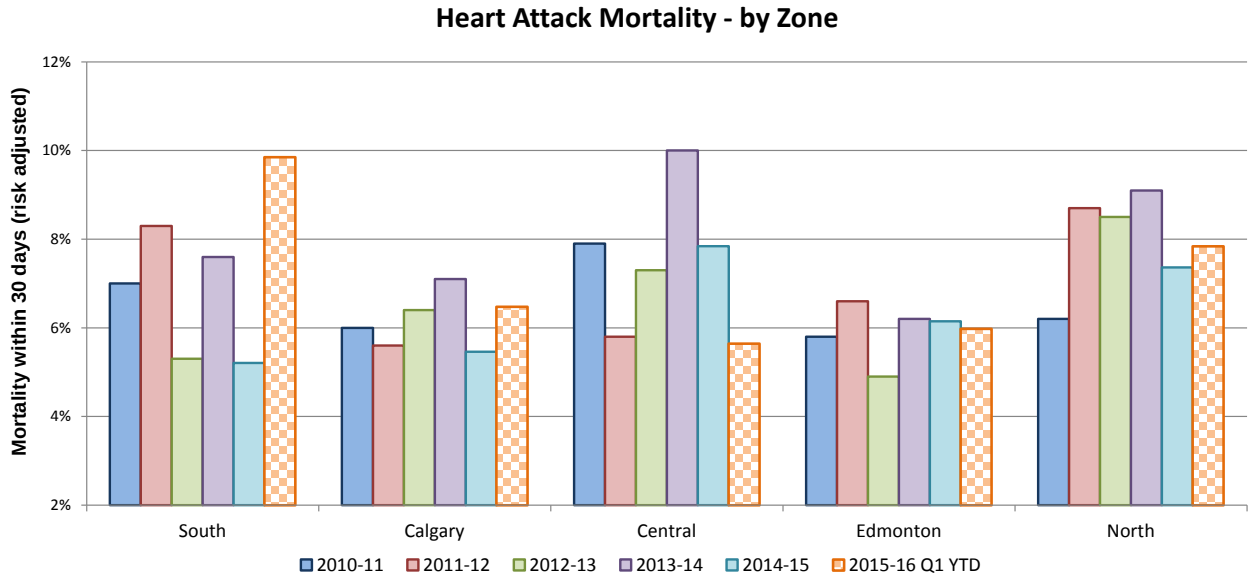
Measure Definition

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)	• Implement best practice guidelines and protocols for management for Non ST Segment Elevation Myocardial Infarction (NSTEMI). • Provincial implementation of ST-segment elevation myocardial infarction STEMI standardized orders sets with Cardiovascular Health and Stroke SCN.
South	• Monitor and evaluate implementation of best practice guideline for NSTEMI.
Calgary	• Collaborating with the ED SCN on STEMI quality improvement initiative. • Rolling out developed NSTEMI Guidelines.
Central	• Ongoing implementation of best practice guidelines and protocols and monitoring of cardiac outcomes continues. • St. Mary's partnership with EMS occurred to provide cardiac care when site equipment failed. • Central Zone Cardiac Services Review completed by the Cardiac and Stroke Services SCN. Planning has commenced to develop an action and implementation plan.
Edmonton	• ED STEMI order set is complete. Developed a project charter to roll out the new STEMI ED order set. • Currently, 130 patients have been enrolled in the REMCON STEMI research study; recruitment of patients to the study will continue. • Ongoing education related to STEMI care was provided to 58 individuals bringing the YTD total to 128 students. • Supporting EMS to deliver face-to-face simulation style education sessions with front-line staff to reinforce STEMI diagnosis and care pathway.
North	• Work on congestive heart failure and chronic obstructive pulmonary disease pathways are underway with SCN, in partnership with primary care and allied health.

IN SUMMARY

Compared to the same period last year, two zones have demonstrated improvement.

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	2012-13	2013-14	2014-15	Q1 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**5.9%**	**7.2%**	**6.2%**	**5.9%**	**6.5%**	↓	**5.9%**
South Zone	5.3%	7.6%	6.4%	4.2%	9.9%	↓	5.3%
Calgary Zone	6.4%	7.1%	4.9%	4.9%	6.5%	↓	6.3%
Central Zone	7.3%	10.0%	7.2%	3.6%	5.6%	↓	7.1%
Edmonton Zone	4.9%	6.2%	6.8%	6.8%	6.0%	↑	4.9%
North Zone	8.5%	9.1%	7.2%	12.5%	7.8%	↑	8.2%

* Risk adjusted rate of in hospital death within 30 days for first admission to hospital for a heart attack diagnosis.
* **Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

Heart Attack Cases (Index)*	2012-13	2013-14	2014-15	Q1 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**5,337**	**5,475**	**5,408**	**1,398**	**1,366**
South Zone	360	320	315	84	71
Calgary Zone	1,794	1,951	1,876	490	467
Central Zone	542	509	544	130	140
Edmonton Zone	2,283	2,334	2,304	592	591
North Zone	356	361	369	102	97

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

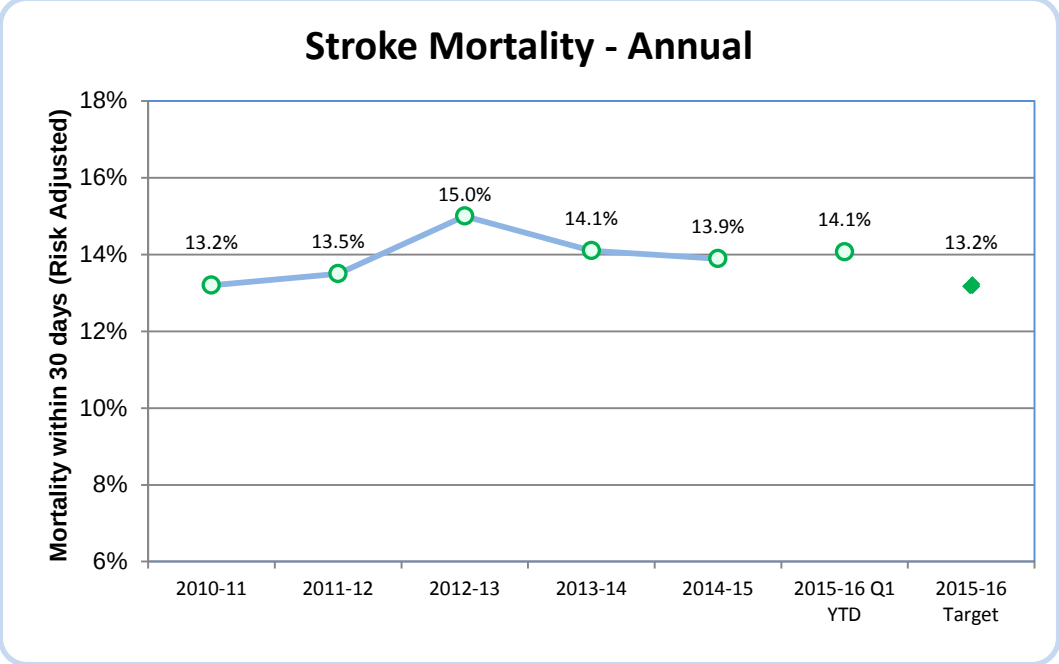
Stroke Mortality

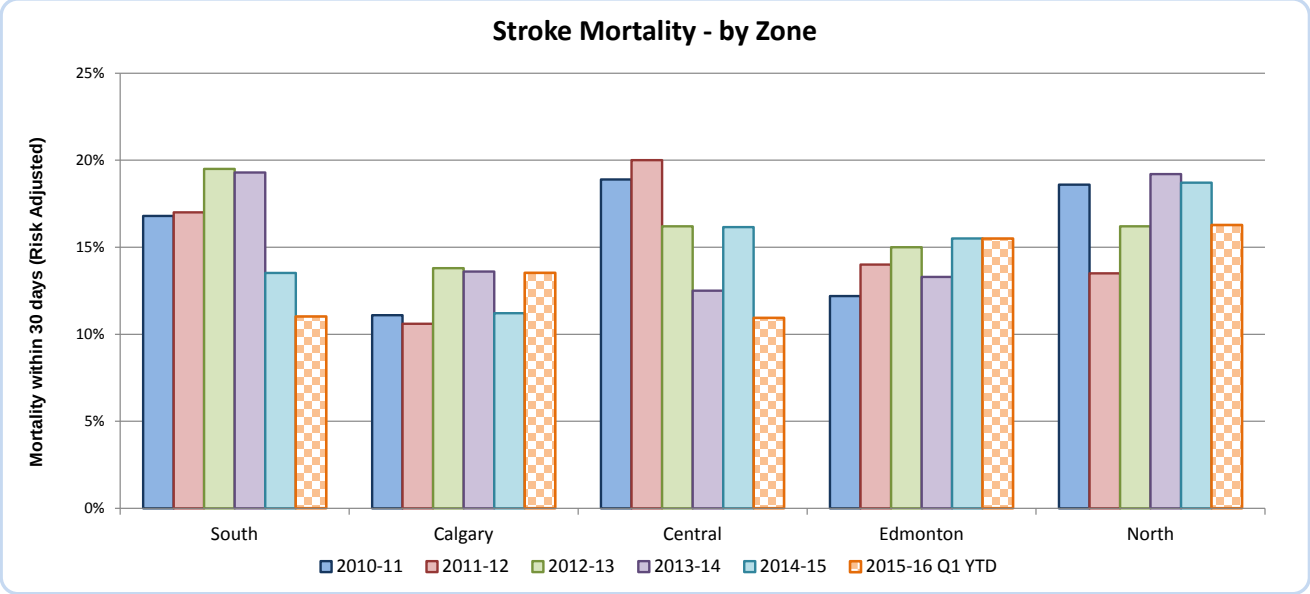
Measure Definition

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 – Actions

Provincial/ Strategic Clinical Network (SCN)	• 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. • Implement local process improvements to improve Door-to-Needle (DTN) times for tPA for acute stroke; and reduce median DTN times.
South	• 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	• Continued improvement in 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. • Significant increase in access to endovascular therapy for patients at Foothills Medical Centre.
Central	• Red Deer Regional Hospital (RDRH) attended the first Learning Collaborative (Quality Improvement Clinical Research (QuICR) Stroke Program). • Recent Door to Needle times (since first collaborative) are between 27 and 35 minutes. Target is 30 minutes. Education and process review of Hyperacute Stroke Algorithms for Triage and Trauma underway. • Interdisciplinary stroke rounds revised to support improved communication of patient status at RDRH. • SUEC is continuing at key rural hospitals. • Stroke rehabilitation services continue at SAGE, Two Hills Health Centre and Daysland Orthopedic and Active Rehabilitation (DOAR).
Edmonton	• Initiated process mapping of Stroke Prevention Clinic at University of Alberta. • Developed process for urgent TIA (Transient Ischemic Attack) imaging. Triage algorithms and ED order sets complete and ready for implementation.
North	• Collaborate in the Worksite Vascular Screening & Early Management Demonstration Projects. • Engage and actively participate in the QuICR Door to Needle Initiative.

IN SUMMARY

Provincially, the Q1 year-to-date rate has improved (14.1%) when compared same period as last year (14.3%).

AHS aims to reduce median door-to-needle (DTN) time - the total time from when a patient enters the emergency room, is given a stroke diagnosis, and receives tPA - to 60 minutes or less. Administering the clot-busting drug tPA within 60 minutes of a stroke has shown to reduce mortality, reduce treatment complications, lessen disabilities and shorten inpatient hospital stays.

Protocol improvements include the emergency department immediately paging the stroke team and diagnostic imaging when the patient is triaged, ensuring the CT scanner is available for quick use, and creating visual cues for the lab to indicate the urgency of the patient's blood tests.

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 initiatives such as 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*

***Endovascular therapy** is a stroke treatment that removes the large stroke-causing clots from the brain, and substantially improves the chance for a better outcome for patients.*

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	2012-13	2013-14	2014-15	Q1 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**15.0%**	**14.1%**	**13.9%**	**14.3%**	**14.1%**	↑	**13.2%**
South Zone	19.5%	19.3%	12.5%	13.6%	N/A	N/A	**14.8%**
Calgary Zone	13.8%	13.6%	11.7%	9.4%	13.5%	↓	**12.3%**
Central Zone	16.2%	12.5%	16.3%	23.2%	N/A	N/A	**14.3%**
Edmonton Zone	15.0%	13.3%	14.7%	16.1%	15.5%	↑	**13.3%**
North Zone	16.2%	19.2%	20.3%	25.0%	N/A	N/A	**14.5%**

N/A indicates statistically unreliable rates due to low volumes
Trend: ↑ Improvement → Stability ↓ Area requires additional focus

Stroke Cases (Index)*	2012-13	2013-14	2014-15	Q1 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**3,329**	**3,316**	**3,568**	**866**	**869**
South Zone	198	242	285	75	67
Calgary Zone	1,313	1,251	1,311	318	304
Central Zone	314	299	326	71	83
Edmonton Zone	1,265	1,305	1,410	349	357
North Zone	239	219	236	53	58

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