Alberta Health Services

AHS Q3 2015-16 Performance Measures Update

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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 AHS Board. They provide a balanced snapshot across the spectrum of care and include measures for acute care as well as 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 reflect the whole health care system. These performance measures reflect key areas within the health system important to Albertans and are 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 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 Health Quality Council of Alberta's Alberta Quality Matrix for Health.

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

Performance Summary

Alberta Health Services (AHS) remains committed to building on its performance through quality improvement and innovation, and to striving towards the goal of delivering the type of health care system expected by Albertans. When we look at Q3 2015-16, we can see improvements in a number of areas when comparing performance from the same period as last year, versus comparing only consecutive quarters, because it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences.

AHS continues to see volume increases. 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 not only to move measures towards their targets but also to compensate for these increases in demand.

The data has been updated as of February 11, 2016 (where available); 15 of the measures are reported quarterly, although due to reporting periods, some measures reflect earlier quarters than Q3. Two measures, Early Detection of Cancer (Alberta Cancer Registry Data) and Satisfaction with Long-Term Care (HQCA), are only reported annually.

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

1. Satisfaction with Hospital Care (Q2 data)
2. C-Diff Infection Rate (Q2 data; target achieved)
3. Hand Hygiene Compliance Rate
4. Hospital Mortality (target achieved)
5. ED Wait to see a Physician
6. ED Length of Stay for Discharged Patients
7. ED Length of Stay for Admitted Patients
8. Access to Radiation Therapy
9. Children's Mental Health Access
10. ALOS/ELOS (target achieved)
11. Mental Health Readmission (Q2, target achieved)

Three out of the 15 performance measures remained relatively stable. AHS continues to perform well nationally for two of these measures.

Heart attack mortality has shown a statistically insignificant shift from 6.1% (Q2 2014-15) to 6.2% (Q2 2015-16). AHS continues to work collaboratively to initiate appropriate treatment plans for all its patients.

Stroke mortality has also deteriorated from 14.5% (Q2 2014-15) to 14.9% (Q2 2015-16). AHS continues to work with the Strategic Clinical Networks (SCNs) to implement the Stroke Action Plan.

Surgical readmissions have shifted slightly from 6.9% compared to 6.7% during the same period as last year. SCNs continue to work on various initiatives to improve outcomes for patients after surgery, such as National Surgical Quality Improvement Program / Trauma Quality Improvement Program (NSQIP/TQIP), Adult Coding Access Targets for Surgery (aCATS) and Enhanced Recovery After Surgery (ERAS).

One performance measures has not demonstrated improvement from the same time period as last year:

The **percentage of people placed in continuing care within 30 days** has shown deterioration in performance due to capacity issues. This performance is not unexpected as we have not kept pace with this required level of growth. Adding 800 net new spaces per year along with growth in home care allows AHS to keep pace with population growth and aging. As an example, the number of net new beds opened during 2013/14 was 335. After nearly two full fiscal years of reasonable growth, we have not yet returned to pre-2013/14 performance levels.

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Performance Measures Dashboard	2014-15 Performance	2014-15 Q3 YTD	2015-16 Q3 YTD	Quarterly Comparison	Target 2015-16	National Comparison
Acceptability	↑ *Improvement* → *Stability* ↓ *Area requires additional focus*					
Satisfaction with Hospital Care**	81.8%	81.9% Q2 YTD	82.2% Q2 YTD	→	84%	National comparison not available
Satisfaction with Long-term Care	Reported by HQCA in 2007 as 71% and in 2010 as 73%. The 2014/15 results were 72%.			↓	78%	National comparison not available
Safety						
Hospital-Acquired Clostridium difficile Infections** (rate per 10,000 patient days)	3.5	3.7 Q2 YTD	3.6 Q2 YTD	↑	4.0	Alberta ranked better than national results
Hand Hygiene	73.4%	Not reported quarterly	79.3%	↑	80%	National comparison not available
Hospital Mortality (HSMR standardized rate)	82	82	82	→	84	Alberta ranked 2nd best nationally (out of 10 provinces)
Accessibility						
Emergency Department Wait to see a Physician (median) in hours *	1.4	1.4	1.3	↑	1.2	Limited national data available
Emergency Department Length of Stay for Admitted Patients (median) in hours *	9.9	9.9	9.2	↑	8.2	Alberta ranked 3rd best nationally (out of 7 provinces)
Emergency Department Length of Stay for Discharged Patients (median) in hours *	3.2	3.1	3.1	→	2.8	Alberta ranked 3rd best nationally (out of 7 provinces)
Access to Radiation Therapy (90th percentile) in weeks	3.1	3.1	2.9	↑	2.6	Alberta ranked 6th best nationally (out of 10 provinces)
Children's Mental Health Access (% placed within 30 days)	89%	88%	88%	→	90%	National comparison not available
Appropriateness						
Continuing Care Placement (% placed within 30 days)	60%	61%	59%	↓	70%	National comparison not available
Efficiency						
Acute (Actual) Length of Hospital Stay Compared to Expected Stay***	0.96	0.96	0.93	↑	0.96	Alberta ranked 3rd best nationally (out of 9 provinces)
Effectiveness						
Early Detection of Cancer	66% (2011)	67% (2012)	68% (2013)	annually	70%	Alberta ranked 2nd best nationally for breast cancer and 2nd last for colorectal screening (out of 9 provinces)
Mental Health Readmissions**	9.3%	9.7% Q2 YTD	9.2% Q2 YTD	↑	9.5%	Alberta ranked 2nd best nationally (out of 10 provinces)
Surgical Readmissions**	6.5%	6.7% Q2 YTD	6.9% Q2 YTD	↓	6.3%	Alberta ranked 3rd last nationally (out of 10 provinces)
Heart Attack Mortality**	6.1%	6.1% Q2 YTD	6.2% Q2 YTD	↓	5.9%	Alberta ranked 3rd best nationally (out of 10 provinces)
Stroke Mortality**	13.9%	14.5% Q2 YTD	14.9% Q2 YTD	↓	13.2%	Alberta ranked 4th best nationally (out of 10 provinces)

Quarterly Comparative Performance compares data from the current quarter to the same time period as last year: Comparison to an equivalent period in a prior year is provided for easy reference, and may or may not indicate statistical significance of the results. Additional performance insights can be obtained by reviewing the trending over time provided in the graphical displays and site detail tables where available. These are provided in detail for each measure in this report.

* 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.

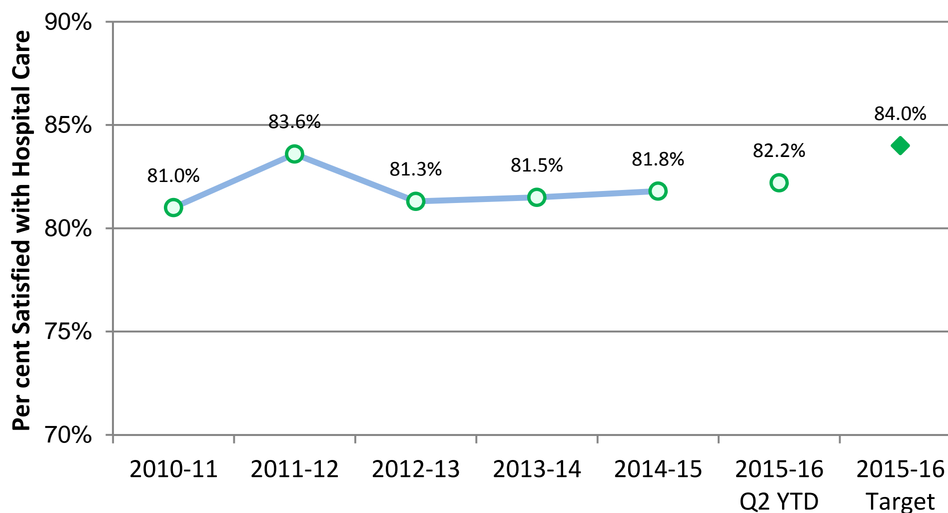
Satisfaction with Hospital Care

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.

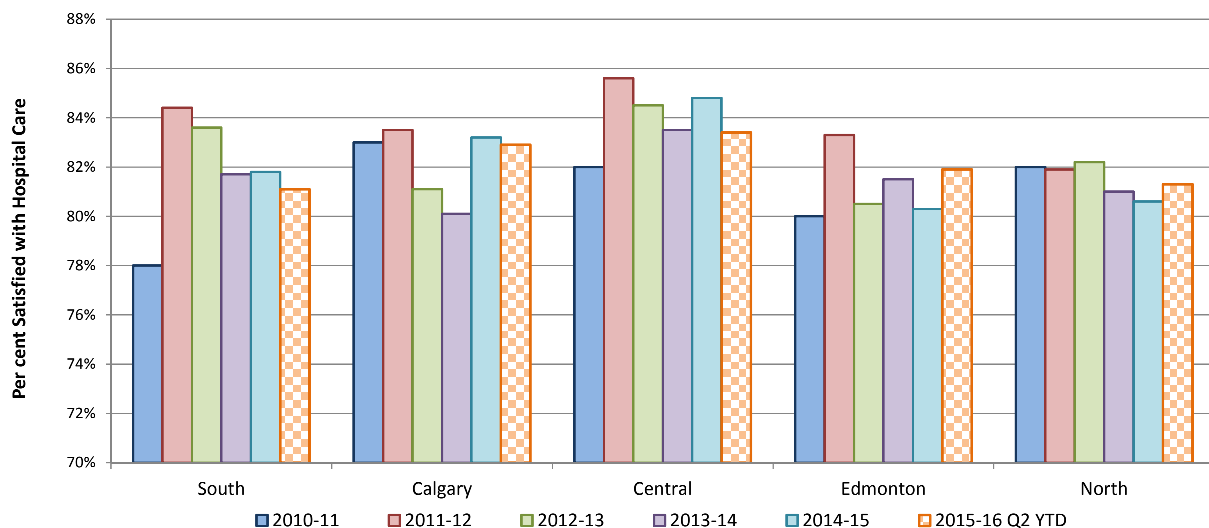
Understanding this Measure

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.



How Do We Compare?

Comparable national data is not available for this measure.



Satisfaction with Hospital Care – Actions

Zone	Actions
Provincial/ Strategic Clinical Network	• AHS is rolling out the Patient First Strategy across the organization which promotes respectful interactions; improves communication with patients/clients/families; adopts a team-based approach to care; and improves transitions in care. • Commence implementation and audit process for CoACT including shift reports, whiteboards, care hubs, comfort rounds, RAPID rounds and frontline leadership development at 16 sites. • In alignment with the Patient First Strategy, Accreditation Canada has embedded client and family centred care content into all the clinical service standards and Required Organizational Practices (ROPs).
South	• Co-ACT implementation underway including education sessions to front-line staff regarding RAPID Rounds, care hubs, comfort rounds, and developing usability testing criteria for iRounds. • The palliative care team is identifying opportunities to improve access to physician and nursing services and operational efficiencies to reduce waste and streamline processes for palliative patients and their families. • Clinical Quality Improvement has developed a patient story bank to be part of a toolkit used by staff to document patient stories and incorporate the voice of the patient.
Calgary	• Work is underway on family presence and visiting practices. • The “No One Dies Alone” initiative is being launched, 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	• Red Deer Regional Hospital Centre (RDRHC) intensive care unit/coronary care unit initiated a White Rose program to provide support, dignity and respect for family and patients when withdrawal of life support decisions are made. • Enhanced Communications, and Respect and Dignity is supported through medication reconciliation, two patient identifiers, safe surgery checklist, information transfer at transitions of care, Name-Occupation-Duty (NOD), bedside whiteboards and comfort rounds. • Developing "No One Dies Alone” within the Palliative Care Unit at RDRHC. • Initiated physician handover process improvements at rural sites. • RDRHC, Wetaskiwin Hospital and Care Centre, and Drumheller Health Centre are in the process of CoACT implementation at various stages.
Edmonton	• Implementation of consistent messaging to patients/families across the continuum of care relating to their care journey. • Completed implementation of standardized patient information and approach to way-finding at University of Alberta Hospital.
North	• Several sites have implemented local family councils for real-time input on service delivery. Local surveys being developed to capture feedback. • In the process of CoACT implementation at various stages.

IN SUMMARY

The Q2 provincial results have remained stable. Two zones demonstrate slight improvement from Q2 last year.

DID YOU KNOW

Patient First Strategy *reflects a patient- and family-centred care. The strategy will enable AHS to advance health care in Alberta by empowering and enabling Albertans to be at the centre of their health care team, improving their own health and wellness.*

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.*

*The new **iRound** application provides a robust platform to view, discuss and update integrated care plans for each patient. There are quality checks and balances within the application from the time a patient is admitted, for the duration of their stay, through to discharge. All members of the care team can review the care plan, patient goals, barriers to discharge and the status of those barriers. It also lists all health care professionals supporting each patient.*

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**81.3%**	**81.5%**	**81.8%**	**81.9%**	**82.2%**	**→**	**84.0%**
South Zone Total	**83.6%**	**81.7%**	**81.8%**	**83.0%**	**81.1%**	**↓**	**85.0%**
Chinook Regional Hospital	82.1%	80.5%	76.6%	78.1%	78.0%	→	84.0%
Medicine Hat Regional Hospital	85.7%	80.7%	85.7%	85.8%	83.7%	↓	86.0%
All Other Hospitals	84.2%	83.5%	88.3%	90.2%	85.5%	↓	85.0%
Calgary Zone Total	**81.1%**	**80.1%**	**83.2%**	**83.2%**	**82.9%**	**→**	**84.0%**
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	78.6%	76.6%	80.8%	80.8%	81.7%	↑	82.0%
Peter Lougheed Centre	83.5%	80.9%	79.9%	81.2%	77.7%	↓	84.0%
Rockyview General Hospital	81.7%	82.9%	85.4%	85.8%	83.3%	↓	84.0%
South Health Campus	Opened February 2013		89.7%	88.2%	91.5%	↑	84.0%
All Other Hospitals	81.4%	79.3%	90.3%	87.4%	91.8%	↑	90.0%
Central Zone Total	**84.5%**	**83.5%**	**84.8%**	**85.5%**	**83.4%**	**↓**	**86.0%**
Red Deer Regional Hospital Centre	81.5%	81.1%	83.0%	83.2%	82.6%	→	84.0%
All Other Hospitals	85.8%	84.5%	86.7%	87.7%	84.3%	↓	87.0%
Edmonton Zone Total	**80.5%**	**81.5%**	**80.3%**	**80.0%**	**81.9%**	**↑**	**83.0%**
Grey Nuns Community Hospital	86.4%	86.4%	87.2%	86.0%	86.3%	→	87.0%
Misericordia Community Hospital	76.8%	78.5%	75.3%	72.5%	75.7%	↑	82.0%
Royal Alexandra Hospital	76.1%	79.9%	76.5%	76.3%	77.7%	↑	81.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	87.1%	89.8%	87.6%	87.4%	89.8%	↑	88.0%
University of Alberta Hospital	77.9%	77.1%	80.2%	81.0%	85.0%	↑	82.0%
All Other Hospitals	67.1%	70.9%	85.3%	88.6%	86.1%	↓	84.0%
North Zone Total	**82.2%**	**81.0%**	**80.6%**	**80.8%**	**81.3%**	**→**	**84.0%**
Northern Lights Regional Health Centre	78.5%	75.4%	74.7%	73.0%	78.9%	↑	82.0%
Queen Elizabeth II Hospital	80.7%	76.0%	77.2%	76.3%	78.9%	↑	83.0%
All Other Hospitals	82.8%	83.4%	83.7%	85.2%	83.0%	↓	84.0%

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

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**	**202,670**
South Zone	31,640	31,093	31,125	15,868	15,513
Calgary Zone	130,842	136,598	140,563	70,324	70,989
Central Zone	45,619	44,589	45,691	22,956	23,046
Edmonton Zone	132,337	135,970	139,052	70,220	70,834
North Zone	45,098	45,515	44,900	23,055	22,288

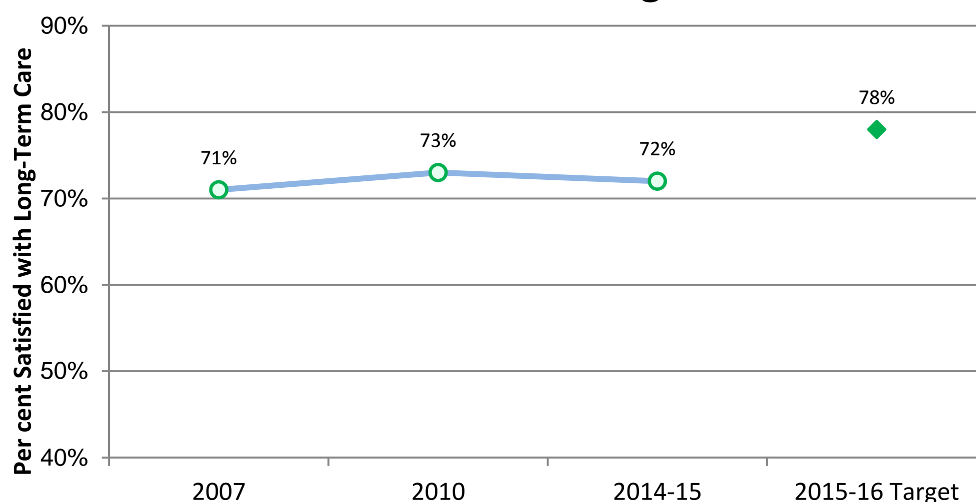
Satisfaction with Long-Term Care

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.



How Do We Compare?

Comparable national data is not available for this measure.

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)	• Health Quality Council of Alberta (HQCA) released the 2014-15 survey on "Family Satisfaction of Long-Term Care" with public results down at the facility level. The Facility Global Overall Care rating for the province was 8.3 out of 10. • Key messages from the survey were "variation exists among facilities throughout the province, with individual facility scores ranging from 6.3-10.0 out of 10." 94.8% of facilities showed no significant change and 5% of facilities showed a significant decrease in Global Overall Care ratings from the previous survey in 2010. • Seniors Health SCN is expanding Appropriate Use of Antipsychotics (AUA) work to 12 supportive living sites.
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 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 to find ways to improve their experience. • Reviewed survey with HQCA at Integrated Continuing Care Steering Committee and suggestions for further detailed survey examined.
Central	• Developing action plans to address issues identified in the family satisfaction survey. • Completed education sessions for Canadian Institute for Health Information (CIHI)-LTC quality indicators, resulting in increased literacy of quality indicators at all sites. • Implemented a multi-disciplinary approach at LTC sites for AUA. This included an ongoing process of assessment to ensure sustainability of the program. AUA orientation is offered to all new managers to maintain and sustain the program and standard work.
Edmonton	• Sites are reviewing, monitoring and responding to findings of the HQCA LTC survey. • Based on results of the HQCA satisfaction survey results for Designated Supportive Living 2013-14, operators developed quality improvement plans with a larger focus on sites that ranked in the bottom quartile.
North	• Sites are reviewing, monitoring and responding to findings of the HQCA survey. • Decreased use of inappropriate utilization of antipsychotics. Participated in SCN roll out and noted numerous successes at site levels. Continued monitoring of progress, impacts and support to sites.

IN SUMMARY

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 the education of 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*

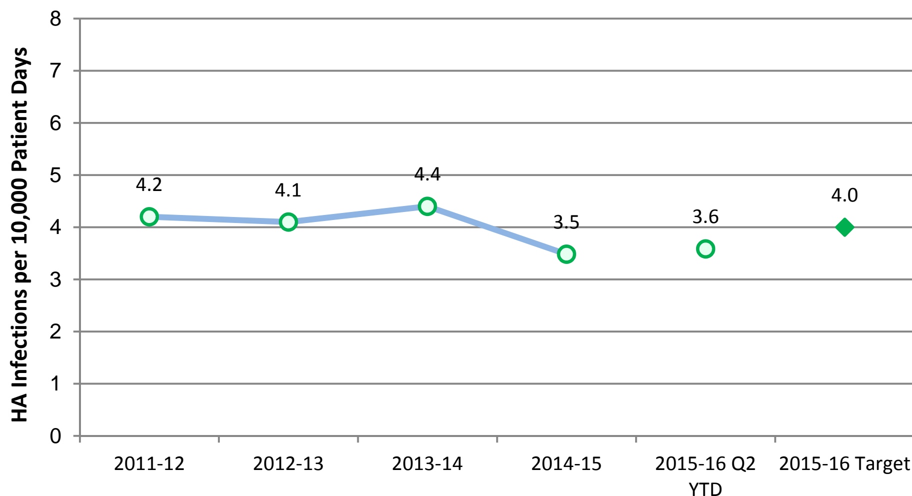
Hospital-Acquired Clostridium difficile Infections

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.

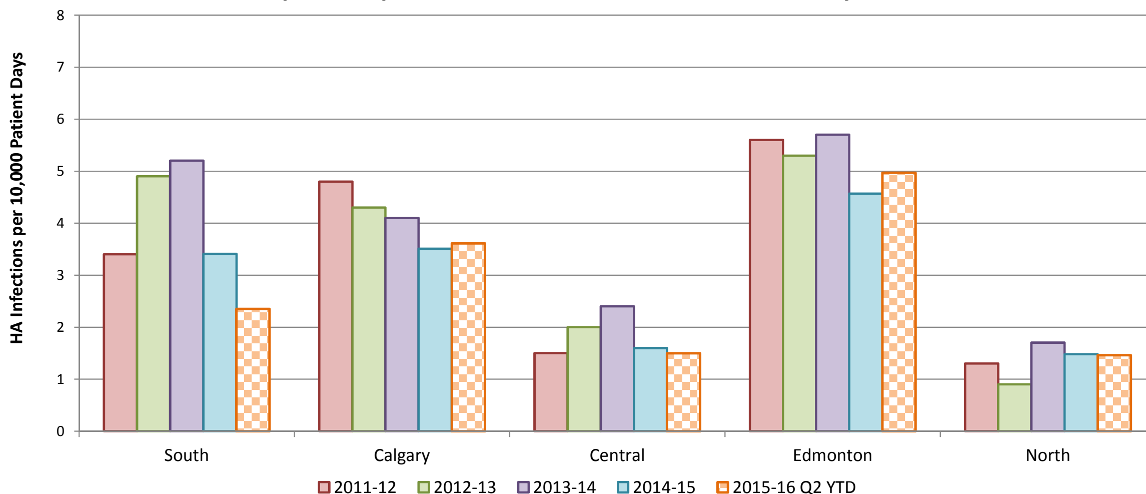
Understanding this Measure

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.



How Do We Compare?

According to the Canadian Nosocomial Infection Surveillance Program based on 60 participating Canadian hospitals, the Western region which includes Alberta has a lower rate of infections than the country overall.



Hospital-Acquired Infections – Actions

Zone	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 (IPC) to further integrate surveillance processes. • Surgical pre- and post-op antibiotic prophylaxis (PPO's) was compared to AHS surgical prophylaxis. Work underway to change non-compliant PPO's. • Reviewed prophylactic antibiotic use in surgical patients, an important intervention in preventing surgical site infections.
Calgary	• Obtained and reported antibiotic utilization data for the 15 units with the highest *C. difficile* infection rates. • Electronic patient care system medical logic order sets for the management of CDI was implemented. An "app" is available to physicians. • The Microbial Health Clinic at Foothills Medical Centre provides novel treatment options for patients with recurrent *C. difficile*. • South Health Campus and IPC have partnered to launch a pilot project to test an overcapacity patient checklist that screens patients who are not appropriate for an overcapacity space due to an increased infection transmission risk.
Central	• Rolled out CDI toolkit to all facilities. Audit and feedback evaluation of CDI toolkit framework developed. • Continue monitoring of surveillance reports and new *C. difficile* cases including investigations and interventions when an increase in cases is identified. • Ongoing quarterly monitoring of top 15 antibiotics usage at Red Deer Regional Hospital Centre. • Completed and shared analysis of antimicrobial stewardship and urinary tract infection management education with intervention sites.
Edmonton	• Reported antibiotic utilization data for top 15 *C. difficile* infection units. • Work underway to create a response process for facilities with high *C. difficile* infection rates. • Implemented pre-printed patient care orders which are 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	• Continue roll-out CDI pre-print orders across the zone. • Completed surgical site infection surveillance audits. • Staff education continues on pro-active management utilizing contact precautions.

IN SUMMARY

The Q2 provincial results have shown improvement. Provincially and three zones are at or above 2015-16 target.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**4.1**	**4.4**	**3.5**	**3.7**	**3.6**	**↑**	**4.0**
South Zone Total	**4.9**	**5.2**	**3.4**	**4.7**	**2.4**	**↑**	**4.4**
Chinook Regional Hospital	7.9	7.5	5.4	7.7	4.0	↑	6.9
Medicine Hat Regional Hospital	1.3	2.8	1.7	2.0	0.6	↑	1.3
All Other Hospitals	4.2	4.3	2.0	2.5	1.7	↑	4.0
Calgary Zone Total	**4.3**	**4.1**	**3.5**	**3.8**	**3.6**	**↑**	**4.1**
Alberta Children's Hospital	2.4	3.5	1.4	0.9	3.9	↓	**2.4**
Foothills Medical Centre	6.5	5.4	5.2	5.5	4.8	↑	6.1
Peter Lougheed Centre	2.1	3.4	2.8	3.6	3.9	↓	2.1
Rockyview General Hospital	3.5	4.0	3.2	3.0	2.8	↑	3.4
South Health Campus	N/A	2.2	2.3	3.0	2.6	↑	4.1
All Other Hospitals	2.4	1.5	0.9	1.2	1.0	↑	2.3
Central Zone Total	**2.0**	**2.4**	**1.6**	**1.3**	**1.5**	**↓**	**1.9**
Red Deer Regional Hospital Centre	3.1	3.3	3.1	2.5	2.8	↓	2.8
All Other Hospitals	1.6	2.0	1.0	0.7	0.7	→	1.5
Edmonton Zone Total	**5.3**	**5.7**	**4.6**	**4.8**	**5.0**	**↓**	**4.9**
Grey Nuns Community Hospital	5.7	5.9	3.5	2.8	3.4	↓	5.4
Misericordia Community Hospital	6.9	6.3	3.9	4.7	3.6	↑	6.4
Royal Alexandra Hospital	6.5	7.3	6.7	7.7	6.8	↑	6.1
Stollery Children's Hospital	2.1	3.1	4.0	4.3	6.1	↓	2.0
Sturgeon Community Hospital	5.6	9.3	6.0	4.4	9.9	↓	5.3
University of Alberta Hospital	8.7	8.6	7.1	7.7	6.7	↑	7.8
All Other Hospitals	1.6	1.9	1.4	1.2	2.3	↓	1.6
North Zone Total	**0.9**	**1.7**	**1.5**	**1.8**	**1.5**	**↑**	**0.8**
Northern Lights Regional Health Centre	1.0	0.7	2.0	2.6	0.7	↓	1.0
Queen Elizabeth II Hospital	1.1	3.0	1.2	1.6	2.1	↓	1.0
All Other Hospitals	0.8	1.5	1.5	1.6	1.4	↑	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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**1,166**	**1,265**	**1,065**	**562**	**526**
South Zone	91	101	69	47	22
Calgary Zone	378	374	353	187	176
Central Zone	83	100	68	27	31
Edmonton Zone	594	650	539	280	280
North Zone	20	40	36	21	17

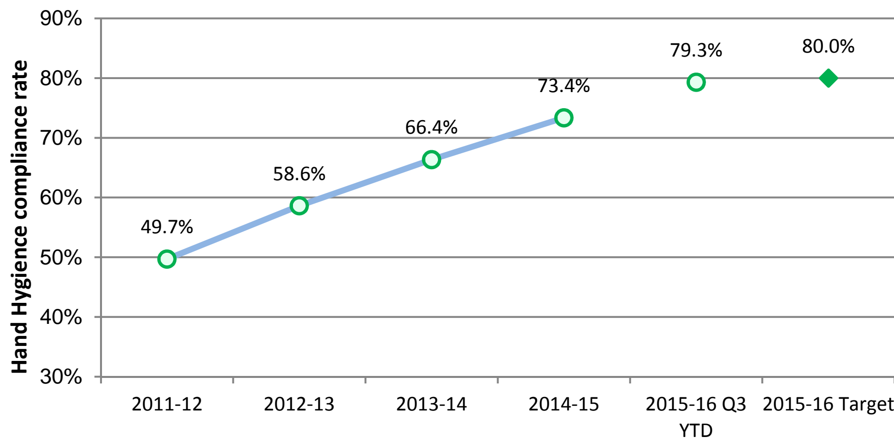
Hand Hygiene

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". Included in the AHS Quarterly HH reviews are observations from across the continuum of care including AHS operated acute care

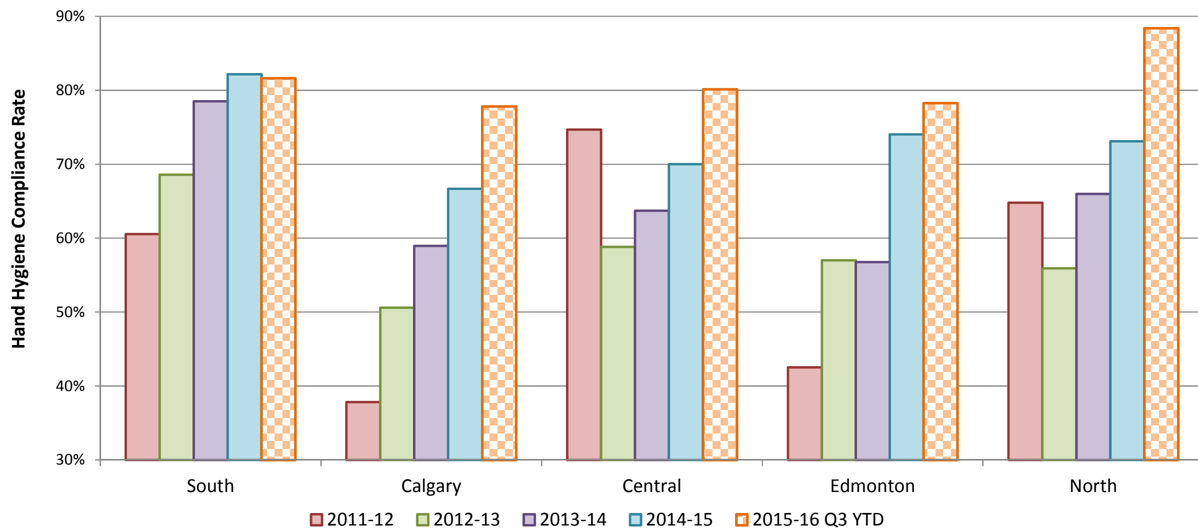
Understanding this Measure

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.



How Do We Compare?

Direct comparison to other jurisdictions is not possible given different approaches to measuring hand washing compliance.



Hand Hygiene – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• Quarterly reporting of Hand Hygiene (HH) Compliance rates implemented April 1, 2015. • Preparing for planned release of Q3 2015-16 HH compliance report in January 2016. • On October 15, 2015, more than 7,000 AHS staff and physicians participated in Hand Hygiene Relays provincewide in recognition of the World Health Organization's Global Handwashing Day.
South	• Continue use of display boards at nursing stations in acute and long-term care sites to help increase culture and compliance. Significant increase in HH compliance in Medicine Hat Regional Hospital and rural east sites. • Collaboration with contracted partner sites to build HH champions and education. • Implementation of HH education and reviews at ambulatory home care locations in Lethbridge, Medicine Hat and Brooks, as well as public health clinics. • Completed review of alcohol-based hand rub (ABHR) placement in context of new fire code on nursing units at acute care sites. Urgent fire code risks related to ABHR rectified.
Calgary	• Action plans are initiated to increase compliance in areas requiring improvement including posting HH compliance results for public and staff in respective clinical areas. • Working towards a goal of unit ownership for HH compliance. • Alberta Children's Hospital HH committee created a draft of a Standard Operating Procedure for HH compliance. • Working with HH reviewer to audit the operating room and post-anaesthetic care unit.
Central	• Sites generating regular reports for more timely intervention and improvement on HH practice. • Continued promotion of awareness of HH results and just in time learning continues at all acute care and long-term care sites. • Staff and physician training sessions continue at all sites. • Showcasing a monthly hand hygiene success story on Insite. • Work underway to support hand hygiene compliance auditing in home care and community environments.
Edmonton	• Clean Hands Pro was rolled out on 185 acute care units, with an additional 47 units in progress; implementation in ambulatory clinics initiated; plan for Continuing Care initiated. • Initiated development of resources for hand hygiene reviewers to assist with difficult conversations and just in time education.
North	• Staff participated 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.

For Q3 year to date, four zones have shown improvement from the previous year. All zones are measuring above 75% (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.

DID YOU KNOW

Staff at the Royal Alexandra Hospital in Edmonton set a new world record for the most people consecutively cleaning their hands. They smashed the previous Guinness World Record of 300 people by having a total of 815 staff, physicians, volunteers, patients, visitors and community members lined up to clean their hands over three-and-a-half hours.

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 Q3 YTD	Trend *	2015-16 Target
Provincial	**49.7%**	**58.6%**	**66.4%**	**73.4%**	**79.3%**	**↑**	**80.0%**
South Zone Total	**60.6%**	**68.6%**	**78.5%**	**82.2%**	**81.6%**	**→**	**84.0%**
Chinook Regional Hospital	65.2%	66.6%	80.6%	84.0%	80.0%	↓	84.0%
Medicine Hat Regional Hospital	50.5%	69.8%	76.1%	79.8%	81.6%	↑	83.0%
All Other Sites	69.2%	69.5%	78.6%	85.5%	82.9%	↓	83.0%
Calgary Zone Total	**37.8%**	**50.6%**	**59.0%**	**66.7%**	**77.8%**	**↑**	**78.0%**
Alberta Children's Hospital	54.2%	73.7%	57.2%	73.3%	76.8%	↑	77.0%
Foothills Medical Centre	32.0%	44.9%	51.8%	65.2%	76.4%	↑	73.0%
Peter Lougheed Centre	35.4%	50.8%	62.2%	69.7%	83.8%	↑	80.0%
Rockyview General Hospital	33.5%	45.1%	61.7%	70.7%	73.3%	↑	79.0%
South Health Campus	Opened February 2013		58.7%	56.0%	68.1%	↑	78.0%
All Other Sites	39.9%	54.0%	63.2%	67.4%	79.4%	↑	81.0%
Central Zone Total	**74.7%**	**58.8%**	**63.7%**	**70.0%**	**80.1%**	**↑**	**79.0%**
Red Deer Regional Hospital Centre	57.1%	61.7%	75.4%	65.3%	78.0%	↑	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%**	**78.3%**	**↑**	**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%	79.6%	↑	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%	83.8%	↑	78.0%
University of Alberta Hospital	40.1%	57.3%	42.9%	70.2%	73.8%	↑	68.0%
All Other Sites	42.7%	58.0%	57.5%	73.8%	78.0%	↑	77.0%
North Zone Total	**64.8%**	**55.9%**	**66.0%**	**73.1%**	**88.4%**	**↑**	**81.0%**
Northern Lights Regional Health Centre	60.6%	52.4%	56.2%	63.6%	88.6%	↑	76.0%
Queen Elizabeth II Hospital	54.5%	48.6%	68.4%	85.6%	96.4%	↑	82.0%
All Other Sites	77.4%	58.0%	66.2%	71.5%	85.8%	↑	81.0%

*** Trend** compares the current Year to Date value against the 2014-15 Fiscal Year value. ↑ Improvement → Stability ↓ Area requires additional focus

****N/A** 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 Q3 YTD
Provincial	**27,375**	**59,117**	**85,687**	**115,518**	**286,463**
South Zone	3,418	16,441	23,688	26,116	26,295
Calgary Zone	10,976	15,625	17,458	27,028	136,823
Central Zone	3,634	8,409	20,500	16,617	32,808
Edmonton Zone	6,243	9,778	10,277	19,714	70,014
North Zone	3,104	8,864	13,764	26,043	20,523

Note: Total observations for 2015-16 are not comparable to previous fiscal year as previous years were only measured annually (over a 4 month period) versus quarterly.

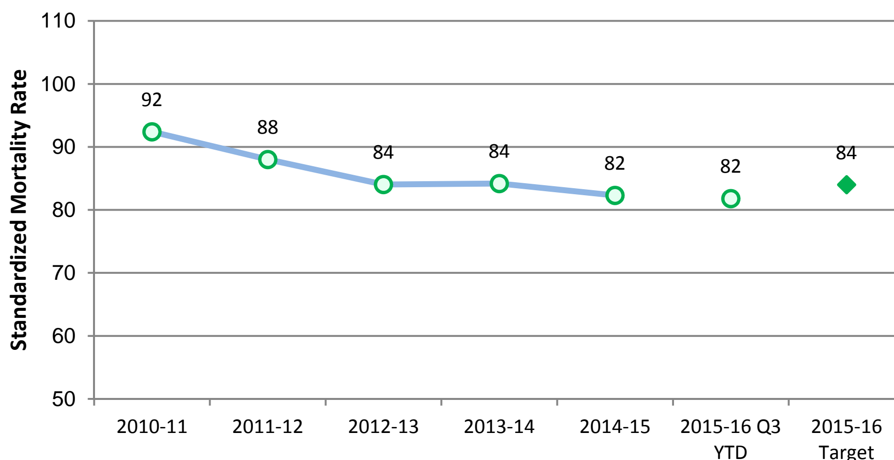
Hospital Mortality

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. 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.

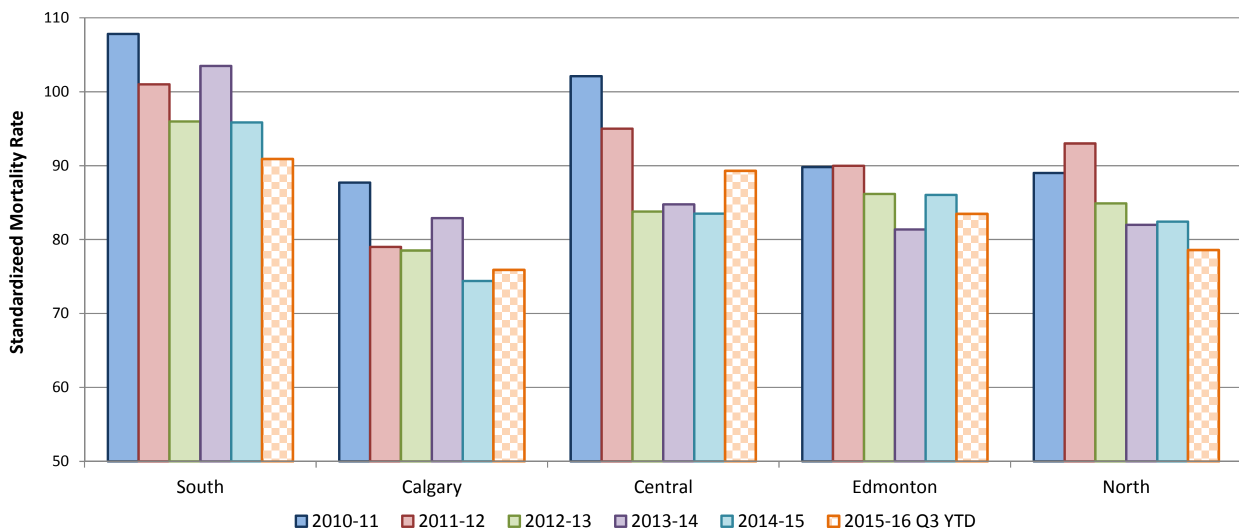
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 2nd best nationally out of 10 provinces. Alberta is performing better than the national rate.



Hospital Mortality – Actions

Provincial/ Strategic Clinical Network (SCN)	• AHS introduced the Line and Tubing Verification Policy as well as the High Alert Medications guidelines to avoid errors and improve patient safety. • 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 / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care (one NSQIP site; three TQIP sites).
South	• Ongoing collaboration with public health programs, and Infection, Prevention and Control to further integrate surveillance processes. • Ongoing implementation of falls strategies at the Crowsnest Pass site (acute and long-term care). • Implemented a new Required Organizational Practice (ROP) for MedRec in Perioperative Standards and Invasive Procedures. • Work continues on implementation and evaluation of the Dangerous Abbreviations policy and audit process. • Work ongoing to develop a policy to address High Alert Medication independent double checks.
Calgary	• Emergency Department (ED) identifying patients on whom MedRec is required and implementing process. • Foothills Medical Centre Transition Units are participating in the Provincial Falls Collaborative; developing measurement and prevention strategies.
Central	• MedRec implementation of transfer / discharge is in progress with current work in the EDs for high risk patients. Initiated a pilot project to inform next providers of high risk medication changes at Two Hills. Implementing processes and education for ambulatory care and home care. • Use of Rapid Access Team from the intensive care unit to support inpatient units when unstable, decompensating patients are identified at Red Deer Regional Hospital Centre. • Implementation of the Falls Risk Management program in acute care and EDs with a focus on integration and use of data systems to support improvement. • Continued rollout of VTE best practice guidelines and assessment of audit results.
Edmonton	• Work continues to implement standardized pressure ulcer prevention protocol. Completed limited roll-out to units within medicine, emergency and surgical programs. • Completed draft tool for pressure ulcer prevalence measurement. • Continuing implementation of standardized falls prevention protocol.
North	• Implemented site-specific action plans to address hospital mortality. • Chart audits initiated for top three sites. Local action plans to be developed following outcome of chart audit.

IN SUMMARY

Q3 year-to-date provincially and four zones are at or above target for 2015-16.

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).***

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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**84**	**84**	**82**	**82**	**82**	**→**	**84**
South Zone Total	**96**	**103**	**96**	**94**	**91**	**↑**	**91**
Chinook Regional Hospital	90	110	95	96	93	↑	89
Medicine Hat Regional Hospital	115	104	98	88	90	↓	105
All Other Hospitals	84	91	96	95	89	↑	85
Calgary Zone Total	**79**	**83**	**74**	**74**	**76**	**↓**	**79**
Foothills Medical Centre	79	86	81	81	80	↑	79
Peter Lougheed Centre	77	77	73	78	75	↑	77
Rockyview General Hospital	78	81	66	61	72	↓	79
South Health Campus	N/A	78	66	69	64	↑	79
All Other Hospitals	86	92	83	82	87	↓	81
Central Zone Total	**84**	**85**	**84**	**84**	**89**	**↓**	**84**
Red Deer Regional Hospital Centre	90	90	85	88	85	↑	88
All Other Hospitals	81	82	83	82	91	↓	81
Edmonton Zone Total	**86**	**81**	**86**	**85**	**83**	**↑**	**85**
Grey Nuns Community Hospital	83	78	82	82	79	↑	83
Misericordia Community Hospital	89	77	96	96	78	↑	88
Royal Alexandra Hospital	82	82	87	88	86	↑	83
Sturgeon Community Hospital	89	84	71	70	80	↓	88
University of Alberta Hospital	90	83	88	88	89	↓	88
All Other Hospitals	84	77	83	79	69	↑	84
North Zone Total	**85**	**82**	**82**	**81**	**79**	**↑**	**83**
Northern Lights Regional Health Centre	56	65	38	40	84	↓	56
Queen Elizabeth II Hospital	102	76	83	82	76	↑	96
All Other Hospitals	83	85	86	84	79	↑	83

N/A – South Health Campus opened February 2013
***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

Eligible Cases	2012-13	2013-14	2014-15	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**94,888**	**97,087**	**99,914**	**74,826**	**74,771**
South Zone	8,000	7,981	8,167	6,008	5,963
Calgary Zone	31,310	32,188	33,298	24,910	24,953
Central Zone	12,428	12,294	12,828	9,423	9,423
Edmonton Zone	32,745	34,266	34,959	26,386	26,827
North Zone	10,405	10,358	10,662	8,099	7,605

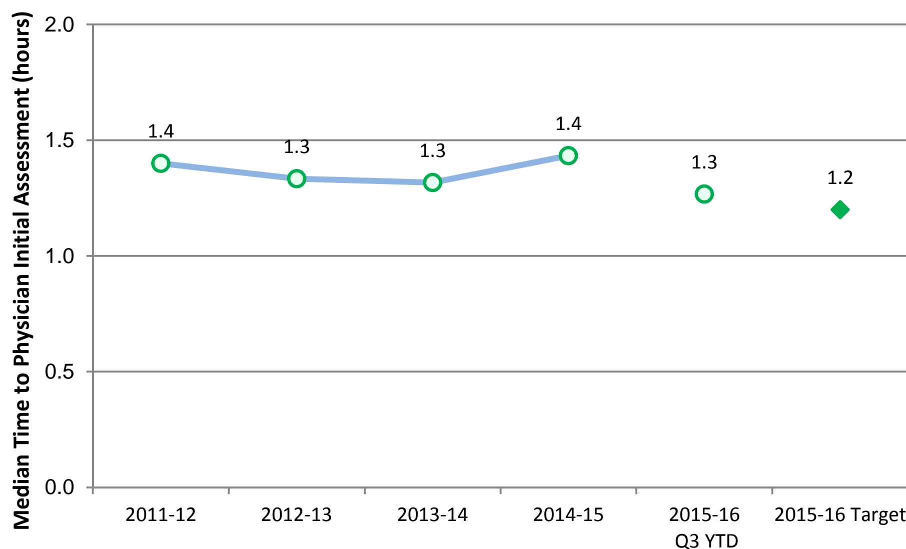
Emergency Department (ED) Wait to See a Physician

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.

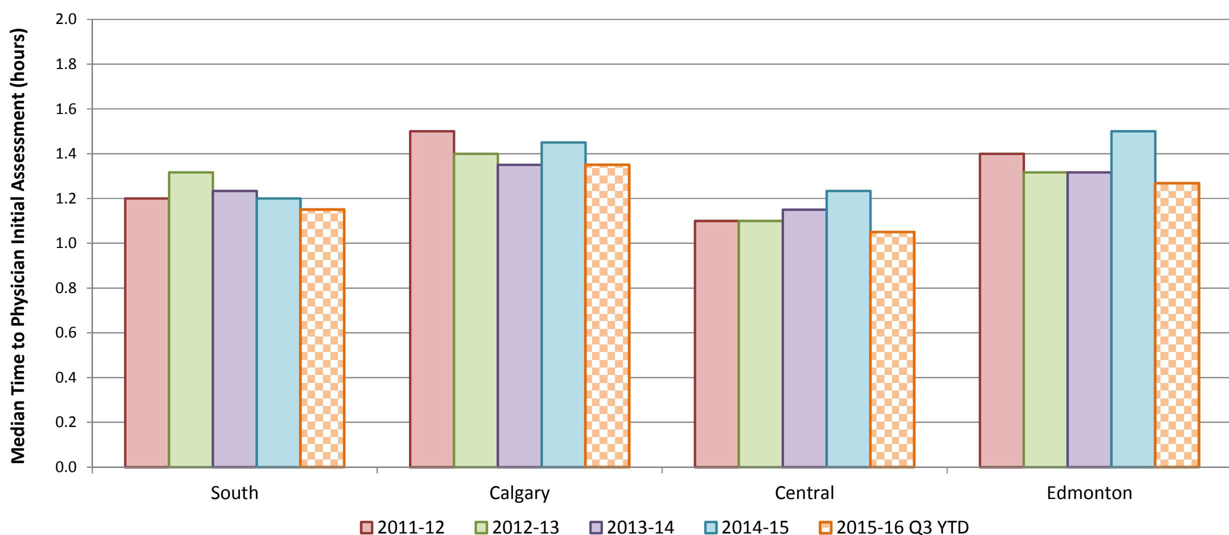
Understanding this Measure

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.



How Do We Compare?

Limited national data is available.



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

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• With support from 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 (ED) 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 to improve consistent movement of patients into care spaces. • Utilizing one patient care space for rapid assessments to improve triage to physician time has been effective for treatment of triage 3, 4 patients. • Developing patient protocols to standardize and improve patient care and outcomes. • At Chinook Regional Hospital, implemented movement of ambulatory care (ED2) to space more proximal to triage which enables ED2 nurse to pull patients from waiting room resulting in more time at triage for the triage nurse. In addition, changes to assignments have enabled the "float" nurse to play a larger role in facilitating patient flow.
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 dashboard 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 expedite decision-making for those individuals with no discharge or housing option. • Several initiatives underway to increase efficiencies including Model of Care work at Foothills Medical Centre, Emergency Medical Services (EMS) 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	• Work continues on sustaining increased operating hours for the Minor Treatment Area in the ED.
Edmonton	• Surge protocol developed at Royal Alexandra, Sturgeon and University of Alberta hospitals and the Mazankowski Alberta Heart Institute. • Implemented ED to ED transfer protocol. • Redeveloped and launched EMS overcapacity protocol.
North	• Regional sites initiating reporting and documentation processes and requirements. • Ongoing work with clinical teams to address wait to initial assessment through fast track options.

IN SUMMARY

Q3 year-to-date, provincially and two 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 wait times *across urban hospitals and urgent care centres are available to the public on the AHS website.*

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	Q3 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**	**1.2**	**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	1.2	1.1	↑	1.1
Calgary Zone Total	**1.4**	**1.4**	**1.5**	**1.4**	**1.4**	**→**	**1.2**
Alberta Children's Hospital	1.2	1.1	1.2	1.1	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	1.7	1.5	↑	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	1.0	↑	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	1.8	↑	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	1.6	↑	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	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**843,610**	**894,448**	**891,643**	**672,556**	**665,906**
South Zone	84,840	85,567	86,187	64,956	63,950
Calgary Zone	321,448	363,570	367,775	276,205	272,172
Central Zone	56,861	54,730	55,861	42,189	41,878
Edmonton Zone	380,461	390,581	381,820	289,206	287,906
North Zone	127,588	126,080	123,230	92,914	58,098

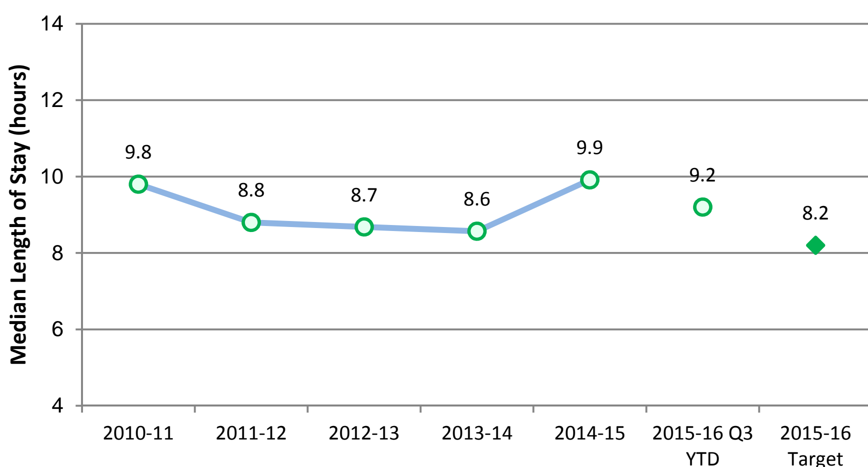
Emergency Department Length of Stay for Admitted Patients

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.

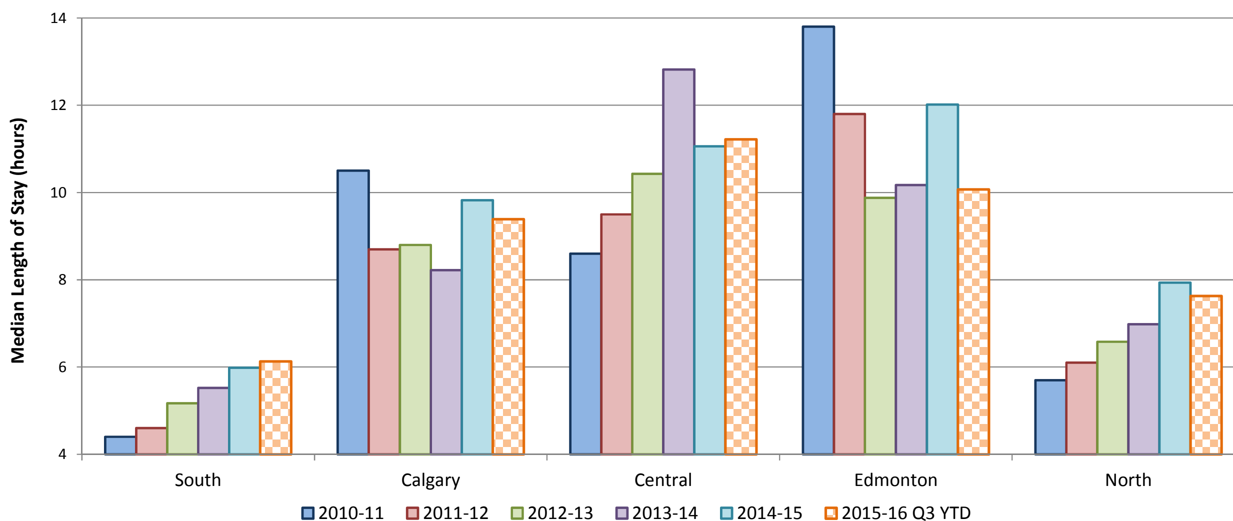
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 3rd best nationally out of seven provinces. Alberta has a better emergency department length of stay for admitted patients than the national rate.



ED Length of Stay for Admitted Patients – Actions

Zone	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 (ED) flow.
South	• Collaborate with ED physicians and hospitalists to improve efficiency in the decision to admit and admission orders process. • Continue to utilize daily bed huddles to ensure patient discharges are identified in timely manner. • At Chinook Regional Hospital, ongoing collaboration with specialists to ensure timely consults in an effort to reduce length of stay on admitted patients.
Calgary	• Developing improved processes to support transfer of ED admitted patients to inpatient units. • 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 South Health Campus adolescent unit.
Central	Red Deer Regional Hospital: • Ongoing collaboration with rural sites to repatriate patients and receive diverted ED patients. • Strategies were explored to utilize rural hospital capacity to provide an enhanced level of restorative/rehabilitative care for sub-acute patients. • Enhanced utilization of Medworxx data to address long hospital length of stay. • General Internal Medicine Clinic implementation planning is underway in effort to reduce inpatient length of stay.
Edmonton	• At University of Alberta Hospital (UAH), implementation of ED to ED business rule: change in practice for triage nurses responding to demands of Inter-Facility Transfers to meet 30 minute off load targets. Improved coordination of transport arrival times and consideration of Zone Triage Time to prioritize these patients at triage. • The change in hours opening at 0600 is working well for discharge patients that go to Rapid Transfer Unit (RTU) at UAH. Emergency Inpatients (EIP) time for patients discharged to RTU from ED decreased to average 4.2 hours in Q3 from 5.0 hours in Q2. Periods of lower census, RTU go to ED to assist with EIPs. • At the Royal Alexandra Hospital, implementation of 0700-1700 Trauma Services supported by trauma surgeons in November 2015. New ED to ED protocol was implemented. Process improvements identified to move patients to inpatient bed once bed is ready. Review of consult processes to reduce time from consult to admission or discharge occurred.
North	• Overcapacity protocol Northern Lights Regional Health Centre (NLRHC) revised to enhance flow during times of peak demand. • Trial started in November with increased physician coverage in early afternoon and extended hours of fast track to assist with patient flow. • Implementation of two admitting psychiatrists have seen decreased length of stay for mental health patients in ED.

IN SUMMARY

Q3 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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**8.7**	**8.6**	**9.9**	**9.9**	**9.2**	↑	**8.2**
South Zone Total	**5.2**	**5.5**	**6.0**	**5.9**	**6.1**	↓	**5.1**
Chinook Regional Hospital	5.6	6.0	6.0	6.1	6.1	→	5.5
Medicine Hat Regional Hospital	4.8	5.1	5.9	5.8	6.2	↓	4.7
Calgary Zone Total	**8.8**	**8.2**	**9.8**	**9.7**	**9.4**	↑	**8.3**
Alberta Children's Hospital	6.5	6.3	6.8	6.7	6.3	↑	6.4
Foothills Medical Centre	8.5	8.0	8.9	8.8	8.6	↑	8.3
Peter Lougheed Centre	9.8	9.1	11.5	11.3	11.0	↑	8.8
Rockyview General Hospital	9.4	8.6	11.1	10.9	10.1	↑	8.7
South Health Campus	N/A	8.1	10.2	10.2	11.1	↓	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**	**11.9**	**10.1**	↑	**8.8**
Grey Nuns Community Hospital	13.3	16.8	23.5	23.1	19.5	↑	9.4
Misericordia Community Hospital	12.0	12.5	17.0	16.8	12.2	↑	9.3
Royal Alexandra Hospital	9.7	9.9	11.5	11.4	9.8	↑	8.8
Stollery Children's Hospital	7.8	7.4	8.6	8.1	7.4	↑	7.7
Sturgeon Community Hospital	13.4	20.5	28.4	28.5	18.5	↑	9.4
University of Alberta Hospital	9.2	9.1	10.4	10.5	8.8	↑	8.6
North Zone Total	**6.6**	**7.0**	**7.9**	**8.0**	**7.6**	↑	**6.5**
Northern Lights Regional Health Centre	5.4	5.9	6.3	6.4	6.2	↑	5.3
Queen Elizabeth II Hospital	8.3	8.6	11.0	11.0	11.0	→	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	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**130,323**	**133,310**	**137,390**	**103,322**	**104,179**
South Zone	11,475	11,656	11,939	8,918	8,654
Calgary Zone	52,473	54,634	56,732	42,535	42,961
Central Zone	8,901	8,815	9,254	6,864	7,197
Edmonton Zone	49,988	50,644	51,858	39,296	39,848
North Zone	7,486	7,561	7,607	5,709	5,519

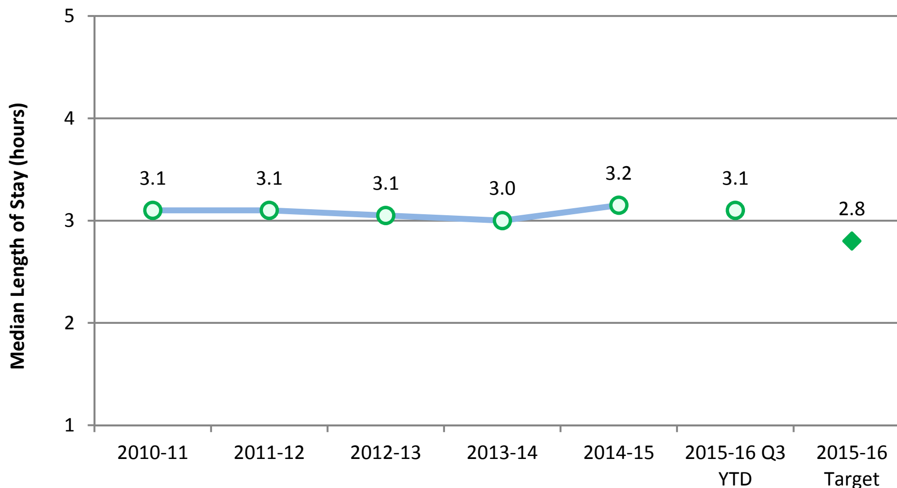
Emergency Department Length of Stay for Discharged Patients

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.

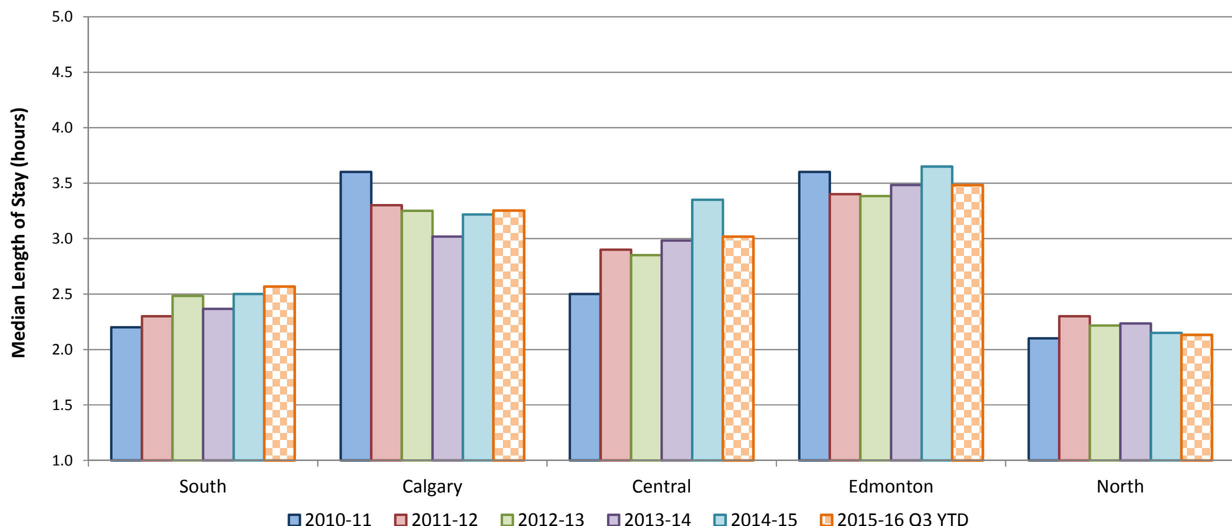
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 3rd best nationally out of seven provinces. Alberta has the same emergency department length of stay for discharged patients as the national rate. The comparison is based on CTAS levels 1-3.



ED Length of Stay for Discharged Patients – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• Emergency departments (ED) have incorporated the Emergency Nursing Provincial Educational Program modules into their orientation program for new staff (project led by the ED SCN and AHS Health Professions Strategy & Practice).
South	• Working with Healthy Living to develop care pathways 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 decrease initial time to physician and overall length of stay. • At Chinook Regional Hospital, moving ambulatory care spaces closer to triage to shorten time to physician thereby reducing length 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 receive timely pain medication, education and proper follow up.
Central	• A joint initiative is underway with emergency medical services (EMS), continuing care and palliative care, to improve end of life care and reduce transport of palliative care clients to the ED, where that care could be supported in the home. • Palliative and End of Life Care (PEOLC) and EMS online medical control physicians were engaged to develop symptom management guidelines. Education for EMS practitioners, health care clinicians and emergency communications officers developed and training delivered. • PEOLC education is in progress for nursing staff in home care.
Edmonton	• Integration of team lead registered nurses in the University of Alberta Hospital ED focused on improved flow, turnover and quality care through staff development and mentoring.
North	• Triple AIM project with ED flow nurse investigating options involving other community supports for high use ED patients at Queen Elizabeth II (QEII) • Mental Health refocused efforts to address improving access and flow at QEII. • Trial initiated in November with increased physician coverage in early afternoon and extended hours of fast track to assist with patient flow at QEII. • Enhanced collaboration with PCN to facilitate appropriate use of resources and enhancement of public awareness to access after-hours primary care at Northern Lights Regional Health Centre.

IN SUMMARY

Q3 year-to-date, provincial results have remained stable and three zones have shown an improvement in wait times compared to the same period as last year.

DID YOU KNOW

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.*

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	Q3 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	3.0	↑	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	5.5	5.0	↑	3.4
Stollery Children's Hospital	2.3	2.3	2.7	2.6	2.5	↑	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	5.4	↑	3.4
North Zone Total	**2.2**	**2.2**	**2.2**	**2.2**	**2.1**	**↑**	**2.1**
Northern Lights Regional Health Centre	2.1	2.1	1.8	1.8	1.9	↓	2.1
Queen Elizabeth II Hospital	2.3	2.4	2.7	2.7	2.4	↑	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	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**832,699**	**892,057**	**878,560**	**663,957**	**647,801**
South Zone	76,322	76,902	75,132	56,748	55,714
Calgary Zone	255,767	307,564	308,414	232,585	226,384
Central Zone	47,743	45,682	46,311	35,094	34,353
Edmonton Zone	327,842	338,229	328,131	248,510	246,292
North Zone	125,025	123,680	120,572	91,020	85,058

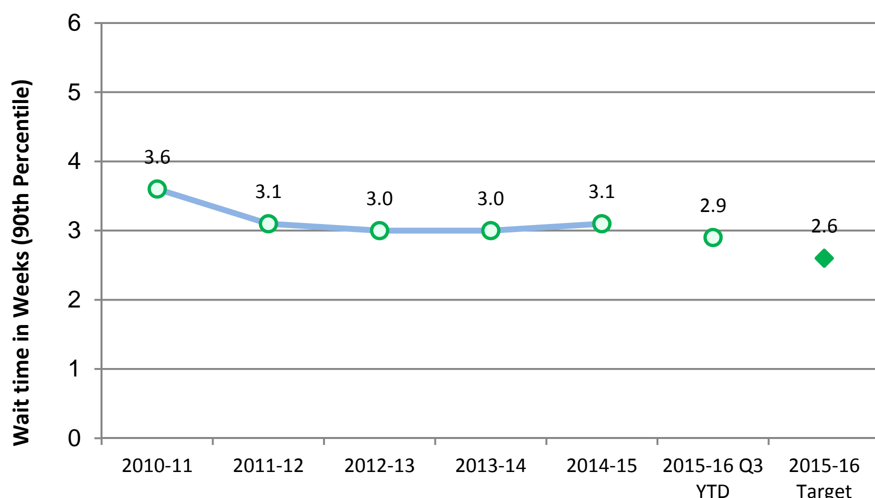
Access to Radiation Therapy

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.

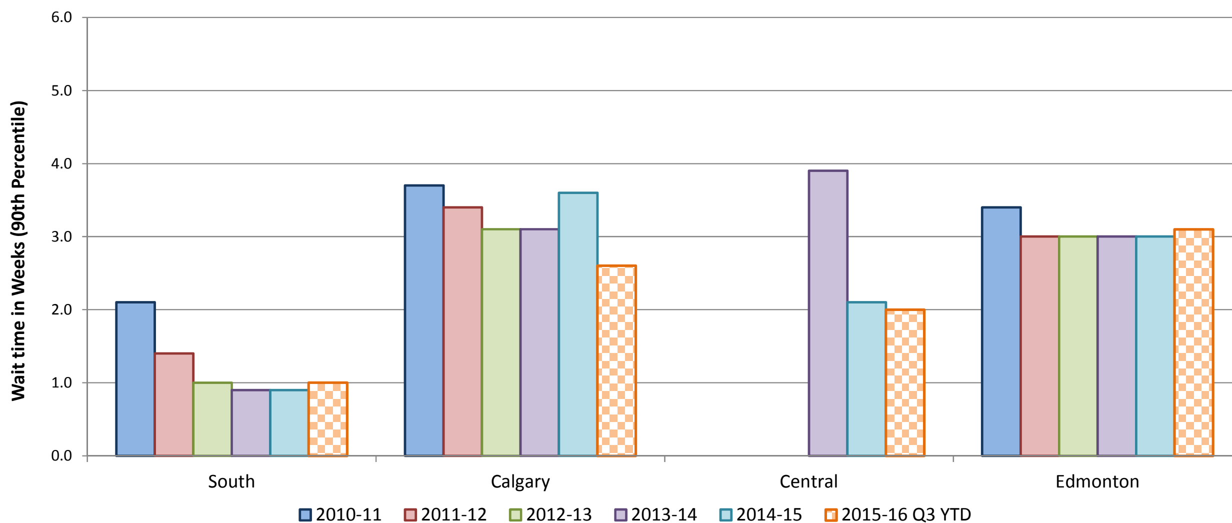
Understanding this Measure

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, the Jack Ady Cancer Centre in Lethbridge and the new Central Alberta Cancer Centre in Red Deer. The data applies only to patients receiving external beam radiation therapy.



How Do We Compare?

Alberta ranks 6th best nationally among ten provinces. However, 95% of patients in Alberta receive treatment within the 4-week benchmark.



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)

- Work continues to establish benchmark for radiotherapy activity costing at the four Radiation Therapy centres in Alberta.
- 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:
  - Q2 2015-16 was 688 referrals to ATOP (Q2 FY 2014-15 was 585 patients).
  - Q2 2015-16 was 55.75 days surgical wait times from Decision to Treat until Surgery (Q2 2014-15 was 61.25 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. An evaluation is currently underway.
- Provincially, radiation wait times have improved over the last 12 months. For January 2016, the wait time for ready to treat to treatment for radiotherapy was 18 days and met the provincial target (2.6 weeks or 18 days).
- The regional cancer centers continuously meet the wait time target. In January 2016, Jack Ady Cancer Centre was six days and Central Alberta Cancer Centre was 15 days.
- The wait time target was achieved for most of the referral tumor groups over the last 12 months. Breast, GI-colon/rectum, Head and Neck and Central Nervous System did not meet the target but had between 81% and 84% of patients treated within the target. Lung, Genito-urinary Prostate and Musculoskeletal were very close to meeting the target with 89% of patients treated within the target.

IN SUMMARY

Q3 year-to-date, provincial and two 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.

DID YOU KNOW

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	Q3 YTD 2014-15 Last Year	Q3 YTD 2015-16 Current	Trend *	2015-16 Target
Provincial	**3.0**	**3.0**	**3.1**	**3.1**	**2.9**	↑	**2.6**
South Zone (JackAdy Cancer Centre)	1.0	0.9	0.9	0.9	1.0	↓	1.0
Calgary Zone (Tom Baker Cancer Centre)	3.1	3.1	3.6	3.7	2.6	↑	2.7
Central Zone (Central Alberta Cancer Centre)	N/A	3.9	2.1	2.1	2.0	↑	n/a
Edmonton Zone (Cross Cancer Institute)	3.0	3.0	3.0	3.1	3.1	→	2.6

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre is tentatively 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	Q3 YTD 2014-15 Last Year	Q3 YTD 2015-16 Current
Provincial	**7,093**	**7,182**	**7,439**	**5,577**	**5,793**
South Zone	414	431	415	304	298
Calgary Zone	2,916	2,803	2,911	2,154	2,420
Central Zone	N/A	145	425	316	355
Edmonton Zone	3,763	3,803	3,688	2,803	2,720

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.

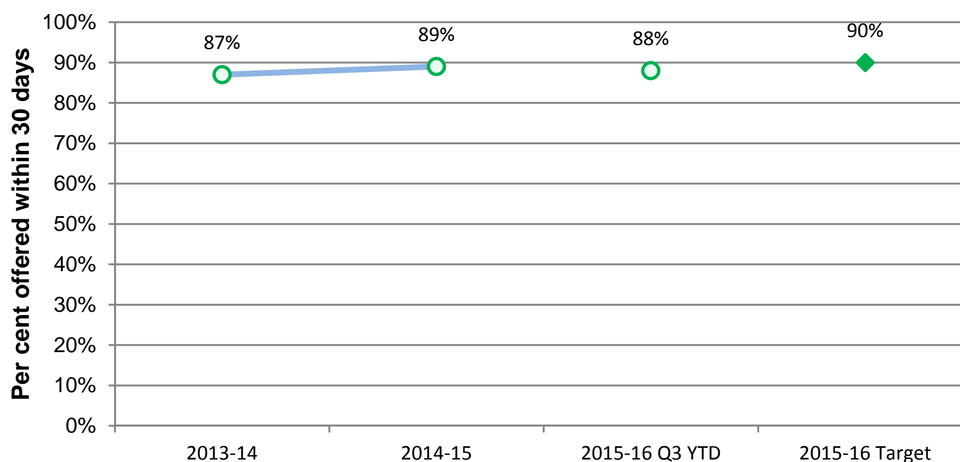
Children's Mental Health Access

Measure Definition

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

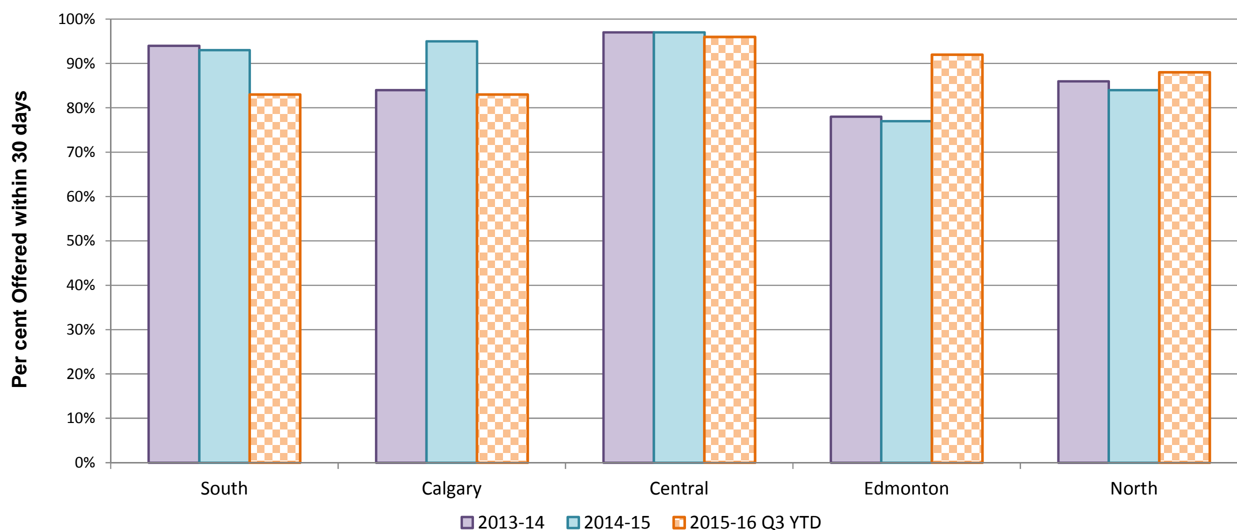
Understanding this Measure

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.



How Do We Compare?

Comparable national data is not available for this measure.



Children's Mental Health Access – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• The Addiction & Mental Health (AMH) SCN is developing guidelines for the management of youth presenting with suicidal behaviour and personality disorder traits. This work is in response to a Quality Assurance Review. • Early scoping work is occurring on a School Mental Health Initiative that will encompass prevention, promotion and early intervention activities.
South	• Participating on two Regional Collaborative School Delivery committees (cross ministerial initiative of school divisions, AHS AMH and Allied Health, and Child & Family Services) 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. Wait times currently meeting or exceeding targets • Working on enhancing the intake and assessment process for child and adolescents presenting in the ED with high risk behaviors and to streamline appropriate referrals to unit or discharge.
Calgary	• Completed the Brain Health integration planning which includes future needs for children and youth requiring mental health care and treatment across the continuum of care. • A webpage is currently in development to share templates and tools across AHS. This work will be presented nationally at the Canadian Association of Pediatric Health Centers.
Central	• Participation continues on three Regional School Delivery collaboratives with the Regional Collaborative School Delivery Model. • Continuing to participate with Provincial AMH portfolio to explore possible enhancements to children's AMH resources and supports in response to rural Quality Assurance Review.
Edmonton	• The Strongest Families Institute will manage approximately 40 child and youth referrals per month to increase availability for other children and youth with more urgent mental health concerns to AHS community clinics. • Planning progressed for Children's Mental Health Intake to integrate Youth Addiction Services, school-based referrals, and other specialized clinics for all ambulatory services to accommodate a 45% increase in demand. • Single Session Walk-In Service is being utilized to increase access for children and youth aged 6-17 years, and their families to address issues at an early stage before they escalate into a crisis or impact interpersonal functioning.
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. • Suicide Risk Management protocol for children in schools developed in Fort McMurray has been spread to other sites in the zone and shared with Regional Collaborative Services Delivery teams.

IN SUMMARY

Q3 year-to-date, provincial and two zone results have remained stable or 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.

DID YOU KNOW

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 Mental Health Services within 30 days	2013-14	2014-15	Q3 YTD		Trend *	2015-16 Target
			2014-15 Last Year	2015-16 Current		
Provincial	**87%**	**89%**	**88%**	**88%**	**→**	**90%**
South Zone	94%	93%	96%	83%	↓	n/a
Calgary Zone	84%	95%	95%	83%	↓	n/a
Central Zone	97%	97%	97%	96%	↓	n/a
Edmonton Zone	78%	77%	70%	92%	↑	n/a
North Zone	86%	84%	83%	88%	↑	n/a

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

Number of new enrollments	2013-14	2014-15	Q3 YTD	
			2014-15 Last Year	2015-16 Current
Provincial	**7,456**	**7,947**	**5,637**	**6,542**
South Zone	1,450	1,697	1,161	1,250
Calgary Zone	1,465	1,257	1,281	1,516
Central Zone	1,170	1,257	917	1,043
Edmonton Zone	1,852	1,562	1,139	1,215
North Zone	1,519	1,616	1,139	1,518

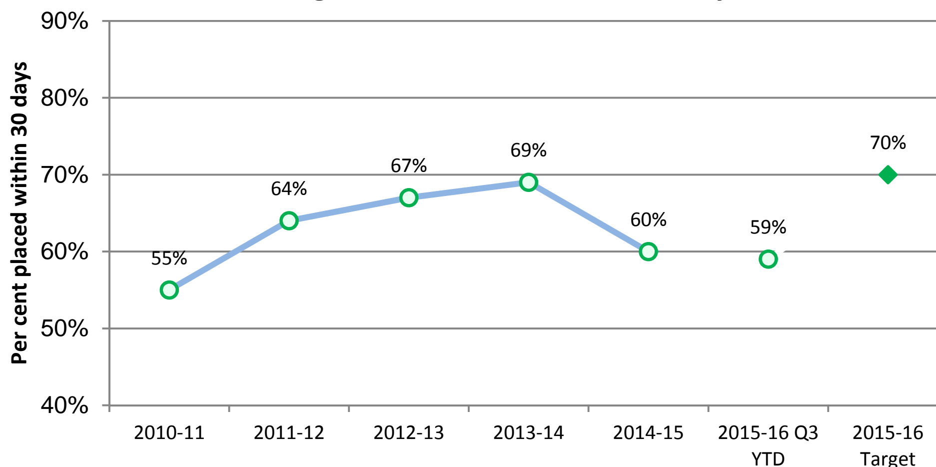
Continuing Care Placement

Measure Definition

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

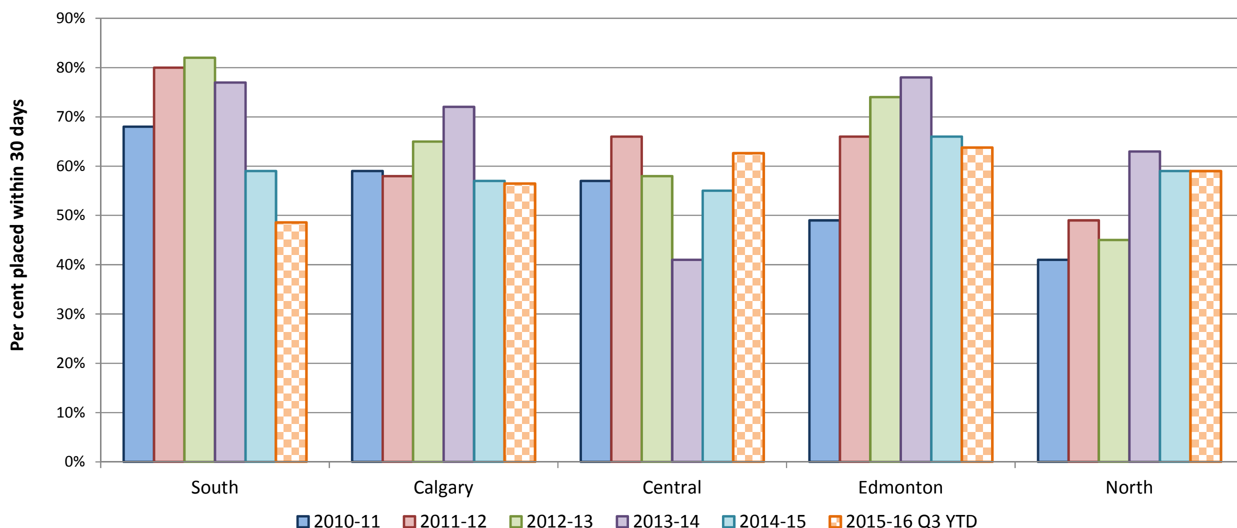
Understanding this Measure

Providing appropriate care for our aging population is extremely important to Albertans. Timely access to continuing care (designated 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.



How Do We Compare?

Comparable national data is not available for this measure.



Continuing Care Placement – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• In Q3 year-to-date 2015-16, AHS opened 720 net new continuing care spaces. • The number of people waiting in acute care/sub-acute and community for continuing care placement has decreased by 32 individuals from last Q3 2014-15 (n=1,554) to Q3 2015-16 (n=1,522). • Work continues across the province to implement the Seniors Health Continuing Care Capacity Plan. Significant work has been done to date to achieve an increase of 2,000 long-term and dementia care beds within the next four years. • Phased-in implementation of the Access to Designated Living Option in the Continuing Care policy completed in Q3. Work continues to further interpret and refine policy elements impacting waitlist priorities and wait times. • The Continuing Care Resolution team presented their final recommendations to AHS CEO. Work is underway to implement all 17 recommendations.
South	• In Q3 year-to-date 2015-16, opened 97 net new continuing care spaces. • Implementation of Seniors Health Continuing Care Capacity Plan.
Calgary	• In Q3 year-to-date 2015-16, opened 511 net new continuing care spaces. • Implementation of Seniors Health Continuing Care Capacity Plan.
Central	• In Q3 year-to-date 2015-16, opened 14 net new continuing care spaces. • A process improvement implementation of Meditech statistical tracking was accomplished at the placement office. • Planning is underway to address gaps for clients with complex dementia and/or behavioral issues.
Edmonton	• In Q3 year-to-date 2015-16, opened 53 net new continuing care spaces in Supportive Living 4 and Supportive Living 4-Dementia. • In order to improve system flow, a program was developed to support long-term care residents with chronic/complex respiratory issues. Effective November 2015, long-term care supports 30 residents requiring bilevel ventilation (BPap).
North	• In Q3 year-to-date 2015-16, opened 45 net new continuing care spaces. • The placement team continues to work with zone residents to identify appropriate placement opportunities throughout the zone.

IN SUMMARY

Overall, two zones have improved compared to results from last year. AHS has placed more clients in continuing care living options in Q3 this year (2,081) as compared to Q3 last year (1,936).

Since April 2010, as of December 31, 2015, AHS has added approximately 4,970 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.

DID YOU KNOW

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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**67%**	**69%**	**60%**	**61%**	**59%**	**↓**	**70%**
South Zone	82%	77%	59%	64%	49%	↓	83%
Calgary Zone	65%	72%	57%	54%	56%	↑	68%
Central Zone	58%	41%	55%	55%	63%	↑	63%
Edmonton Zone	74%	78%	66%	69%	64%	↓	75%
North Zone	45%	63%	59%	61%	59%	↓	53%

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

Total Placed	2012-13	2013-14	2014-15	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**7,761**	**7,693**	**7,810**	**5,654**	**5,894**
South Zone	930	868	866	634	667
Calgary Zone	2,301	2,164	2,548	1,791	1,984
Central Zone	1,281	1,189	1,259	934	859
Edmonton Zone	2,620	2,742	2,443	1,795	1,872
North Zone	629	730	694	500	512

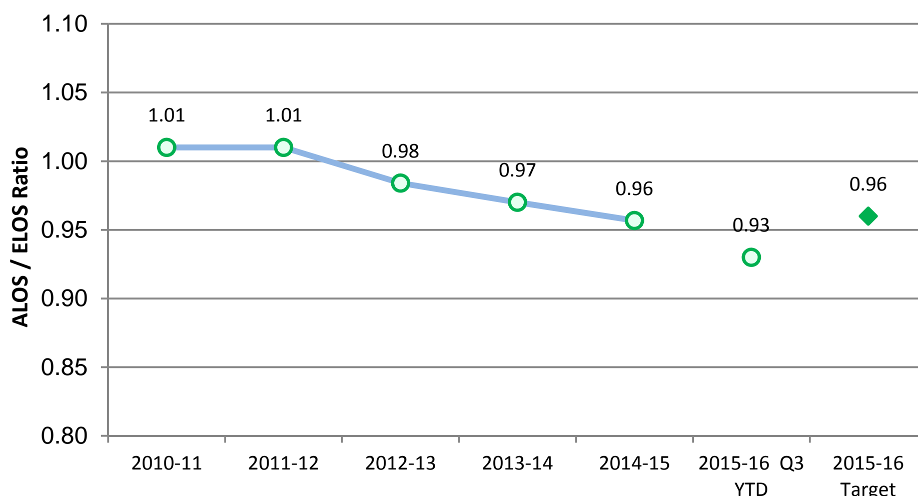
Acute (Actual) Length of Hospital Stay (ALOS) Compared to Expected Length of Stay (ELOS)

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.

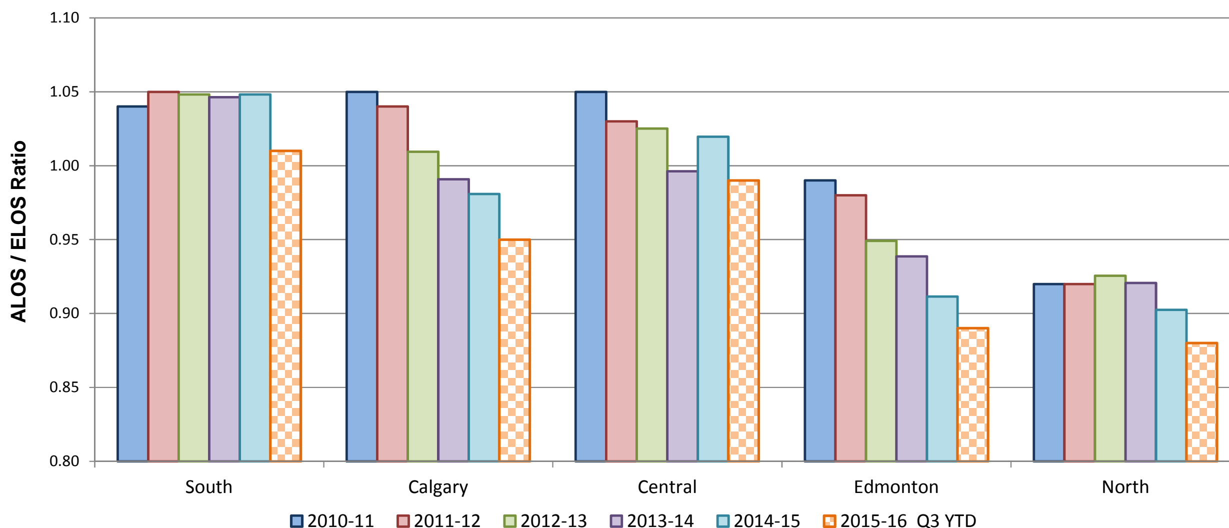
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 3rd best nationally out of nine provinces.



ALOS/ELOS – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• Continue implementation of CoACT 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. • Continued implementation of the Enhanced Recovery After Surgery (ERAS) project at six early adopter sites (Surgery SCN). Funding approved for three additional sites and 12 additional protocols. • SCNs are developing key clinical care pathways (i.e. Hip Fracture Pathway, Rectal Cancer Pathway, and Heart Failure Pathway) to reduce unwarranted practice variation. • Led by the Diabetes, Obesity and Nutrition SCN, work continues on 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.
South	• Co-ACT implementation underway including education sessions to front-line staff regarding RAPID Rounds, care hubs, comfort rounds, and developing usability testing criteria for iRounds.
Calgary	• Implementation of the six core elements of CoACT including care hubs at Rockyview General Hospital and South Health Campus (SHC). • A pilot project is planned at SHC to decrease average time of discharge and increase discharges on weekends. • Referral Access Advice Placement Information Destination (RAAPID) proposal to have a repatriation nurse at Foothills Medical Centre to better assist with repatriation identification and paperwork.
Central	• Continuing actions on the six priority CoACT core elements occurring at all in scope sites (Red Deer Regional Hospital, Wetaskiwin Hospital and Care Centre, and Drumheller Health Centre). • Optimizing Medworxx utilization to facilitate interdisciplinary team communication and discharge planning and identification of delays that extend length of stay and impact timely discharge.
Edmonton	• CoACT Phase 1 implementation at the Mazankowski Alberta Heart Institute is ongoing. This includes RAPID Rounds, standardized shift report and bedside safety checks. In addition, Quality Councils have been established, and metric and process improvement data boards are displayed in each unit. • CoACT Phase 1 implementation in neurosciences at University of Alberta Hospital is ongoing. CoACT site team lead identified. • Process improvement at Royal Alexandra Hospital is underway to ensure patients are on the appropriate service, thereby increasing efficiencies and throughput. • Phase 1 of CoACT leading practices implemented on all surgery units.
North	• Ongoing CoACT implementation on medicine units including RAPID Rounds and case conferencing. • Enhancing the discharge planning process and implementing components of the Path to Home as best practice.

IN SUMMARY

Overall, the provincial and zone results have demonstrated an improvement in Q3 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

Medworxx *is a tool used for proactive discharge planning, to enhance how acute care capacity is managed and improve patient experience. It is used by those involved in patient care / flow, including front-line nursing staff, physicians, clinical coordinators, discharge planners and hospital administration. These reports are used to identify barriers, delays and interruptions to patient care and to achieve an optimal length of stay.*

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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**0.98**	**0.97**	**0.96**	**0.96**	**0.93**	**↑**	**0.96**
South Zone Total	**1.05**	**1.05**	**1.05**	**1.04**	**1.01**	**↑**	**1.00**
Chinook Regional Hospital	1.08	1.06	1.06	1.06	1.02	↑	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	0.97	0.95	↑	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	0.91	0.90	↑	0.96
Foothills Medical Centre	1.04	1.01	1.01	1.01	0.98	↑	1.00
Peter Lougheed Centre	0.99	0.98	0.97	0.97	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	0.94	0.88	↑	0.97
All Other Hospitals	0.96	0.96	0.96	0.97	0.92	↑	0.96
Central Zone Total	**1.03**	**1.00**	**1.02**	**1.02**	**0.99**	**↑**	**0.98**
Red Deer Regional Hospital Centre	1.06	1.03	1.05	1.04	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	0.85	↑	0.97
Misericordia Community Hospital	1.04	0.97	0.96	0.95	0.92	↑	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	0.91	0.92	↓	0.97
Sturgeon Community Hospital	0.90	0.92	0.90	0.90	0.86	↑	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	0.97	0.97	→	0.97
North Zone Total	**0.93**	**0.92**	**0.90**	**0.90**	**0.88**	**↑**	**0.92**
Northern Lights Regional Health Centre	0.95	0.96	0.93	0.92	0.89	↑	0.95
Queen Elizabeth II Hospital	0.93	0.93	0.87	0.87	0.86	↑	0.93
All Other Hospitals	0.92	0.91	0.91	0.91	0.90	↑	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	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**385,536**	**393,765**	**401,331**	**302,250**	**302,772**
South Zone	31,640	31,093	31,125	23,507	22,957
Calgary Zone	130,842	136,598	140,563	105,489	106,678
Central Zone	45,619	44,589	45,691	34,262	34,222
Edmonton Zone	132,337	135,970	139,052	104,896	105,967
North Zone	45,098	45,515	44,900	34,096	32,948

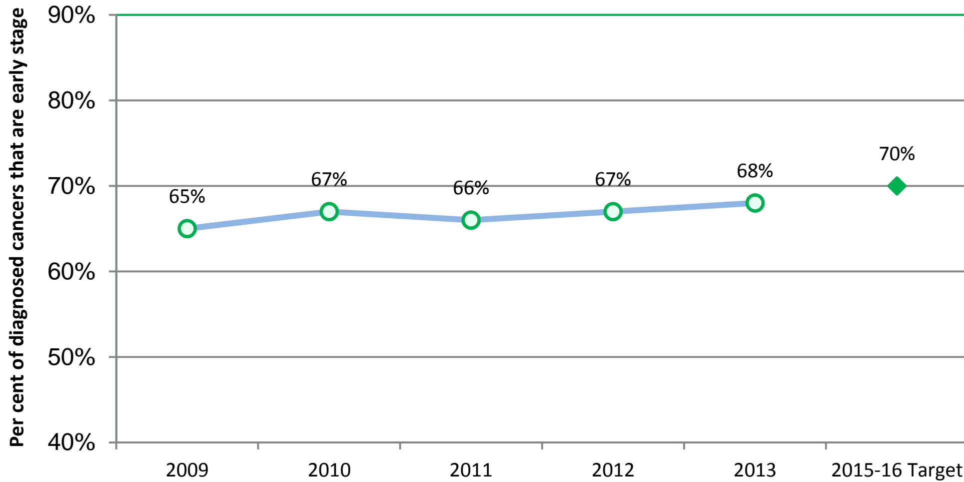
Early Detection of Cancer

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.

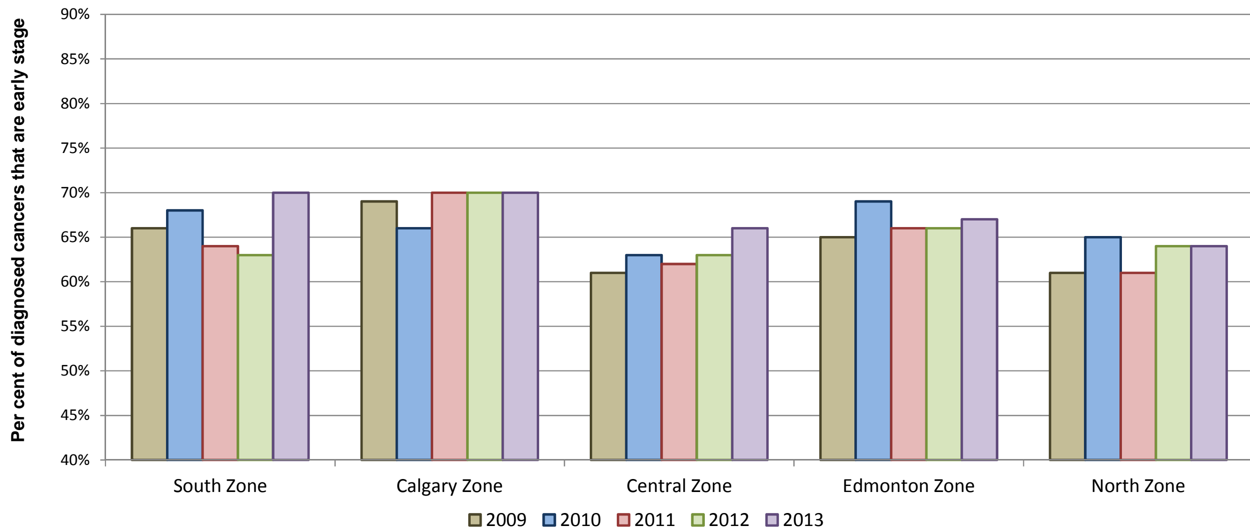
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 2nd best nationally for breast cancers and 2nd last nationally for colorectal cancers diagnosed in early stages out of nine provinces. AHS' improvement activity is focused on colorectal cancer.



Early Detection of Cancer – Actions

Provincial/ Strategic Clinical Network	• 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. • Between April 1, 2015 to December 31, 2015, the volume of fecal immunochemical tests (FIT) is 200,710 compared to 205,703 during the same period last year.
South	• Monitor and evaluate FIT implementation, targeting clinics with low FIT test return rates through Central Intake clinic, and following up 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. Site-based scorecards for physicians are shared quarterly. • Continue to promote Breast and Cervical Cancer Screening in collaboration with Primary Care Networks (PCNs).
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 ABCSP 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	• Continued 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 ACRCSP reporting requirements as well as reconciliation of pathology results.
Edmonton	• Primary Care, GI (gastrointestinal) and SCOPE have partnered to address overall GI access and develop a centralized intake system for FIT positive referrals.
North	• Implement Year 2 of the Enhanced Access to Cancer (EAC) Screening Pilot Project. The newly developed EAC Screening Planning Kit will support project sustainability and assist in planning and delivery of cancer screening clinics. • Work underway to reach 50 rural and remote communities through the delivery of 17 integrated cancer screening clinics. • Two contracts for cervical screening with First Nations communities have been renewed - one in partnership with a PCN. • Updating standards of practice for role of Public Health Promotion in cancer screening; developing standards of practice and training materials for role of Aboriginal Health staff in cancer screening education and awareness.

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

Fecal Immunochemical Test (FIT) *is the primary screening test for colorectal cancer for people at average risk 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

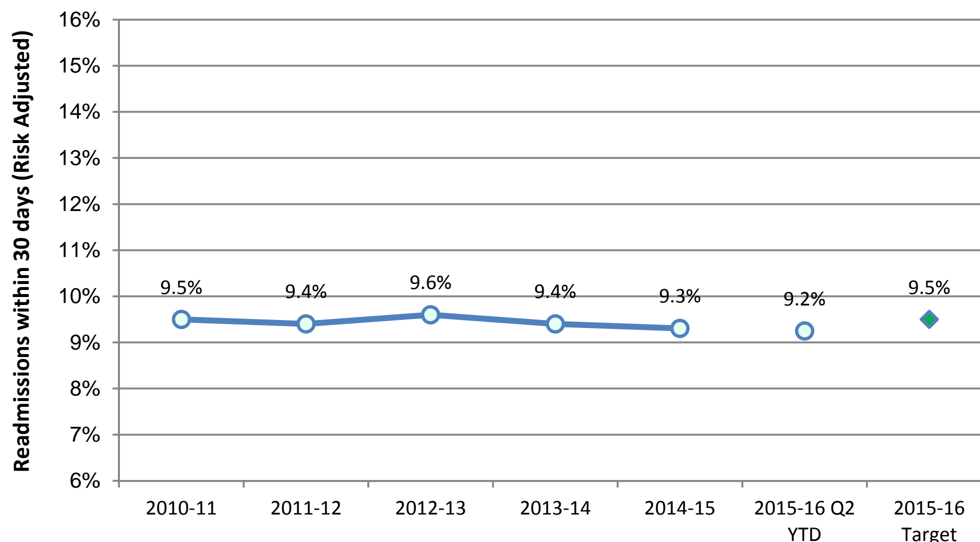
Mental Health Readmissions

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.

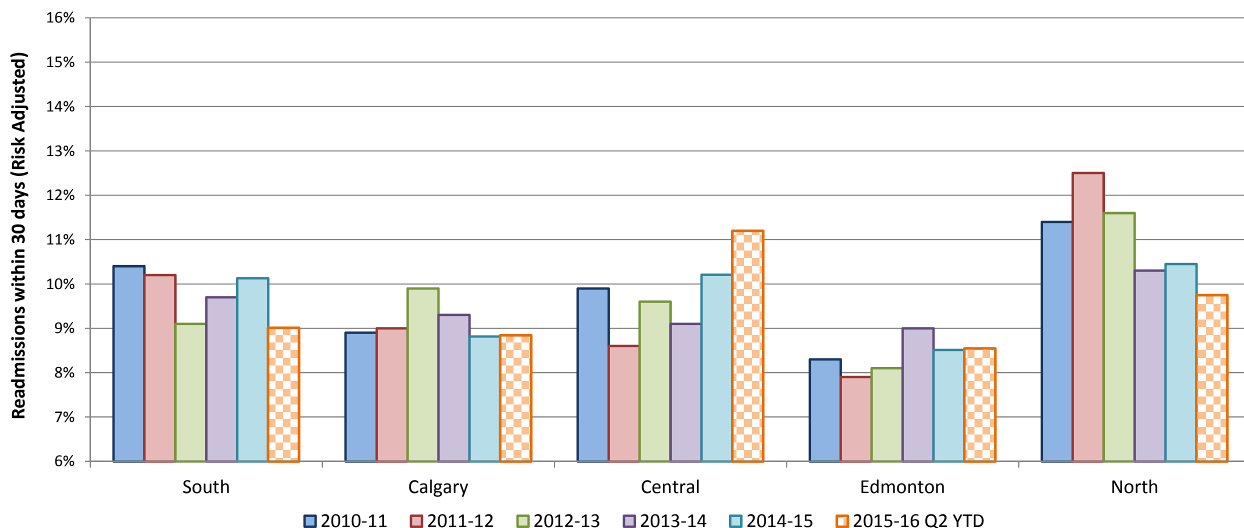
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 2nd best nationally out of ten provinces and better than the national rate.



Mental Health Readmissions – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• 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	• Rate for Calgary Zone remains well within the target rate. • Patients contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. • An evaluation of 30-day readmission rate trends is in progress. Patient characteristics associated with higher risk of readmission are leaving against medical advice (a large proportion are patient elopements), previous psychiatric admissions, and unstable living conditions.
Central	• Discharge Continuity Project continues to link inpatient and community services, and addresses the suicide risk management policy. • Enhanced mental health liaisons to support rural facilities, emergency department (ED), and other agencies continues. • 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.
Edmonton	• Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc. • Design reviewed by stakeholders for child and family addiction and mental health services/clinic at the new Rutherford Health Centre. Construction set to start by Feb 15, 2016, anticipated completion is Oct. 2016 with occupancy expected by Dec. 2016. • Completed the implementation of the electronic medical record (eClinician), including 98 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 is underway with Alberta Infrastructure. The Project is a SafeCom-funded project at the Royal Alexandra Hospital; adding psychiatric ICU beds, Complex Medical Detox Beds and Safe Observation & Assessment Beds.
North	• Continue implementation of Triple Aim project on High Utilization in Grande Prairie. Local clinical team is collaborating with Corrections to enhance discharge planning to the community. • Readmission chart audits being completed to identify opportunities for improvement in high volume readmission communities. • Aboriginal Mental Health Travel Team engagement in Area 8 initiated with Addiction and Mental Health leadership to assess needs and gaps.

IN SUMMARY

Q2 results have remained stable or shown improvement compared to the same period last year for provincial and four zones. Provincial and three zones have achieved 2015-16 target.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**9.6%**	**9.4%**	**9.3%**	**9.7%**	**9.2%**	**↑**	**9.5%**
South Zone	9.1%	9.7%	10.4%	11.3%	9.0%	↑	**9.1%**
Calgary Zone	9.9%	9.3%	8.9%	8.9%	8.8%	↑	**9.8%**
Central Zone	9.6%	9.1%	9.9%	11.6%	11.2%	↑	**9.6%**
Edmonton Zone	8.1%	9.0%	8.5%	8.4%	8.5%	↓	**8.1%**
North Zone	11.6%	10.3%	10.2%	11.0%	9.7%	↑	**11.0%**

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

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**12,780**	**13,508**	**13,917**	**6,862**	**7,228**
South Zone	1,509	1,507	1,488	766	761
Calgary Zone	4,340	4,753	5,122	2,446	2,628
Central Zone	1,539	1,483	1,628	806	965
Edmonton Zone	3,292	3,444	3,410	1,693	1,730
North Zone	2,100	2,321	2,269	1,151	1,144

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

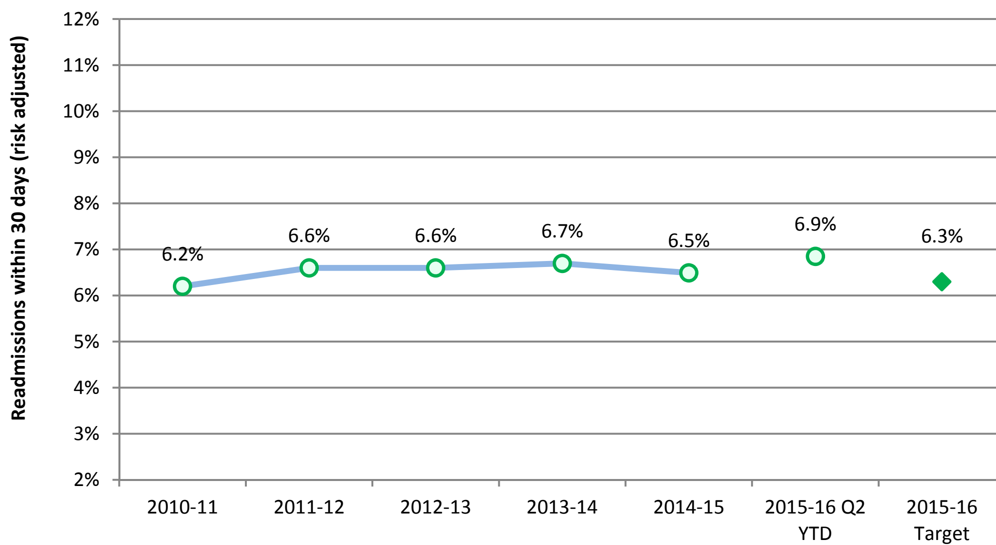
Surgical Readmissions

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.

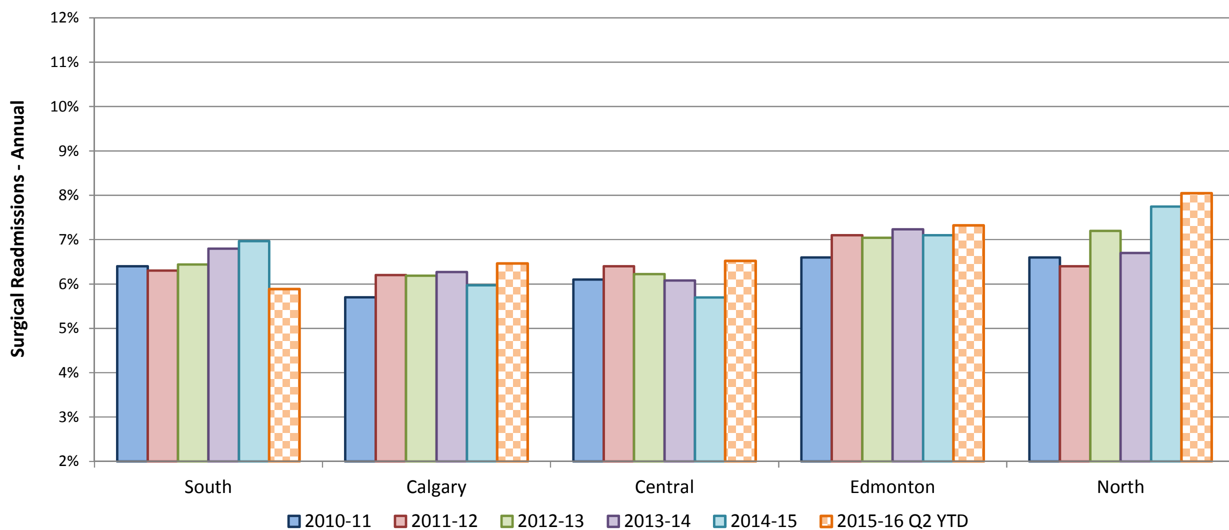
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 3rd last nationally out of ten provinces.



Surgical Readmissions – Actions

Zone	Actions
Provincial/ Strategic Clinical Network (SCN)	• Continue Enhanced Recovery After Surgery (ERAS) project at six early adopter sites through the Surgery SCN. • Business case approved for spread of ERAS protocols to three other centers in Alberta and 10 more pathways. • 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 also supported by the Surgery SCN.
South	• Implementation of NSQIP to improve surgical and trauma care by using clinical data to understand performance. • Preliminary work on aCATs is underway with some targeted areas receiving introductory education and support.
Calgary	• ERAS pathway implemented for colorectal surgery at Peter Lougheed Centre and Foothills Medical Centre (FMC). • Implementation of NSQIP pilot project at Rockyview General Hospital is underway. • Data collection for Trauma Quality Improvement Program (TQIP) at FMC has started with the first report due in June 2016. • Head and Neck surgical pathway was implemented at FMC to reduce length of stay, including intensive care unit high observation guidelines.
Central	• Red Deer Regional Hospital Centre (RDRHC) NSQIP team developed a dashboard highlighting surgical care for quality initiatives. The team is focusing on venous thromboembolism prophylaxis, pain management, early removal of Foley catheters and transfusion rates. • Safe Surgical Checklist for surgical sites continues to have an overall compliance rate of greater than 95%. • aCATS has been implemented in all surgical sites. • Standardized order sets for specific surgical procedures have been developed with new ones being initiated.
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 restorative care activities for fractured hip patients to support improved readiness for discharge. • Implemented a new process for moving hip patients to surgical site when identified as surgical to reduce length of time to the operating room.
North	• Continuing to monitor safe surgery checklist compliance. • Surgical chart audits ongoing to identify root cause of readmissions.

IN SUMMARY

Compared to the same period last year, South Zone has demonstrated significant 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.

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.*

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**6.6%**	**6.7%**	**6.5%**	**6.7%**	**6.9%**	**↓**	**6.3%**
South Zone Total	**6.4%**	**6.8%**	**6.8%**	**7.1%**	**5.9%**	**↑**	**6.2%**
Chinook Regional Hospital	6.9%	6.7%	7.8%	8.6%	5.2%	↑	6.7%
Medicine Hat Regional Hospital	5.5%	7.2%	5.1%	4.9%	6.9%	↓	5.4%
All Other Hospitals	7.8%	4.9%	5.9%	N/A	N/A	N/A	7.3%
Calgary Zone Total	**6.2%**	**6.3%**	**6.0%**	**6.1%**	**6.5%**	**↓**	**6.1%**
Foothills Medical Centre	6.6%	6.8%	6.1%	6.5%	6.8%	↓	6.4%
Peter Lougheed Centre	6.0%	5.6%	6.0%	5.8%	6.3%	↓	5.9%
Rockyview General Hospital	6.2%	6.2%	6.2%	6.0%	6.2%	↓	6.1%
South Health Campus	N/A	6.8%	5.9%	6.5%	7.1%	↓	6.1%
All Other Hospitals	1.4%	2.5%	1.6%	2.2%	0.9%	↑	1.7%
Central Zone Total	**6.2%**	**6.1%**	**5.6%**	**5.7%**	**6.5%**	**↓**	**6.1%**
Red Deer Regional Hospital Centre	6.1%	6.1%	5.9%	6.0%	6.7%	↓	6.1%
All Other Hospitals	6.6%	6.0%	4.6%	4.8%	5.8%	↓	6.0%
Edmonton Zone Total	**7.0%**	**7.2%**	**7.0%**	**7.3%**	**7.3%**	**→**	**6.5%**
Grey Nuns Community Hospital	6.5%	5.9%	5.8%	6.1%	7.4%	↓	6.2%
Misericordia Community Hospital	6.2%	6.9%	7.3%	7.2%	6.6%	↑	6.0%
Royal Alexandra Hospital	7.5%	7.5%	7.0%	7.3%	6.9%	↑	7.0%
Sturgeon Community Hospital	5.0%	5.5%	5.9%	5.6%	6.1%	↓	5.0%
University of Alberta Hospital	7.7%	8.2%	7.7%	8.1%	8.4%	↓	7.1%
All Other Hospitals	4.7%	4.1%	4.7%	6.6%	5.0%	↑	4.5%
North Zone Total	**7.2%**	**6.7%**	**7.5%**	**8.0%**	**8.1%**	**↓**	**6.7%**
Northern Lights Regional Health Centre	8.3%	6.5%	7.6%	7.8%	6.4%	↑	7.6%
Queen Elizabeth II Hospital	6.8%	7.2%	7.8%	8.0%	8.6%	↓	6.6%

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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**89,090**	**90,811**	**92,530**	**45,478**	**45,726**
South Zone	5,522	5,471	5,432	2,683	2,679
Calgary Zone	35,301	36,315	37,846	18,544	19,015
Central Zone	7,640	7,784	7,859	3,787	3,908
Edmonton Zone	35,774	36,295	36,672	18,125	17,824
North Zone	4,853	4,946	4,721	2,339	2,300

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

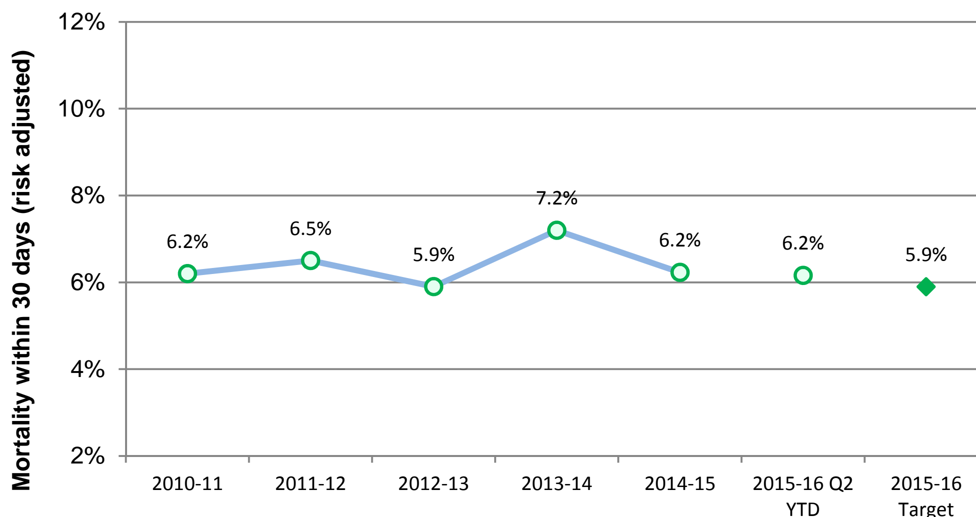
Heart Attack Mortality

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.

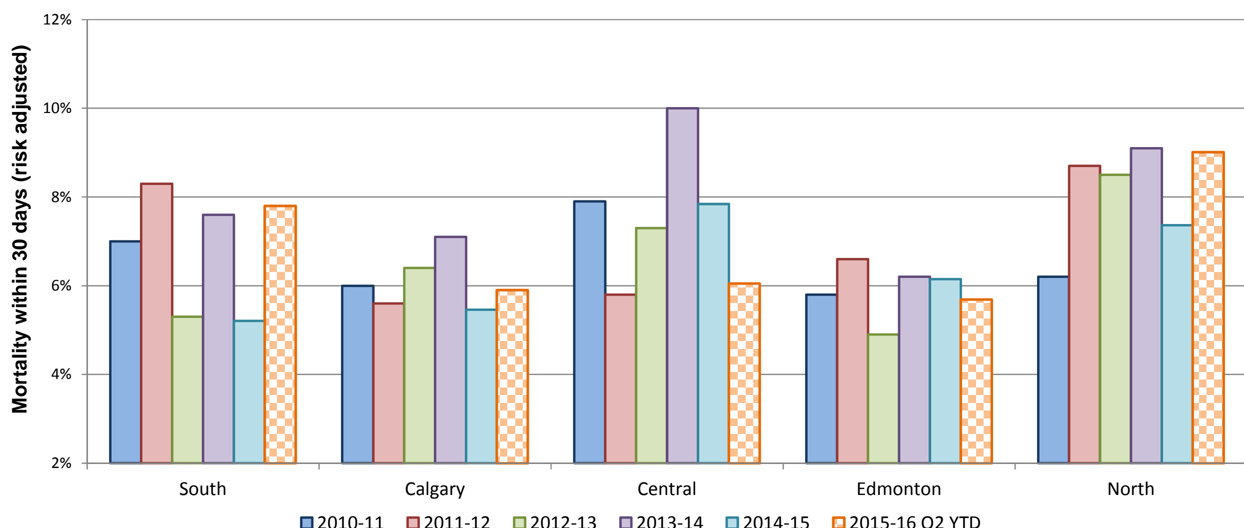
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 3rd best nationally out of ten provinces and better than the national rate.



Heart Attack Mortality – Actions

Zone	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	• Ongoing implementation of best practice guidelines and protocols and monitoring cardiac outcomes. • Completed the Cardiac Services Review in conjunction with the Cardiovascular Health and Stroke SCN. • Ongoing efforts in cardiac sciences care pathways and monitoring of the mortality rates continue.
Central	• With the Cardiovascular Health and Stroke SCN, Red Deer Regional Hospital Centre is supporting a pilot on the provincial STEMI referral pathway as well as developing a provincial dashboard to track mortality metrics in a more effective and accurate way.
Edmonton	• ED STEMI order set is currently being updated with the latest STEMI guidelines; a roll out plan to follow these revisions. • 150 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 over 300 individuals bringing the year-to-date total to 428 students and staff through a mixture of class lectures and two multi-zone symposiums. • Supporting EMS to deliver face-to-face simulation style education sessions with front-line staff to reinforce STEMI diagnosis and care pathway is ongoing.
North	• Work on congestive heart failure and chronic obstructive pulmonary disease pathways are underway with SCN, in partnership with Primary Care and Allied Health. • Chart audits and specific site action plans being developed to address root causes of mortality.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**5.9%**	**7.2%**	**6.2%**	**6.1%**	**6.2%**	**↓**	**5.9%**
South Zone	5.3%	7.6%	6.4%	5.5%	7.8%	↓	5.3%
Calgary Zone	6.4%	7.1%	4.9%	5.5%	5.9%	↓	6.3%
Central Zone	7.3%	10.0%	7.2%	7.0%	6.1%	↑	7.1%
Edmonton Zone	4.9%	6.2%	6.8%	6.0%	5.7%	↑	4.9%
North Zone	8.5%	9.1%	7.2%	7.8%	9.0%	↓	8.2%

Note: 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	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**5,337**	**5,475**	**5,408**	**2,725**	**2,700**
South Zone	360	320	315	168	142
Calgary Zone	1,794	1,951	1,876	939	922
Central Zone	542	509	544	257	260
Edmonton Zone	2,283	2,334	2,304	1,175	1,183
North Zone	356	361	369	186	193

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

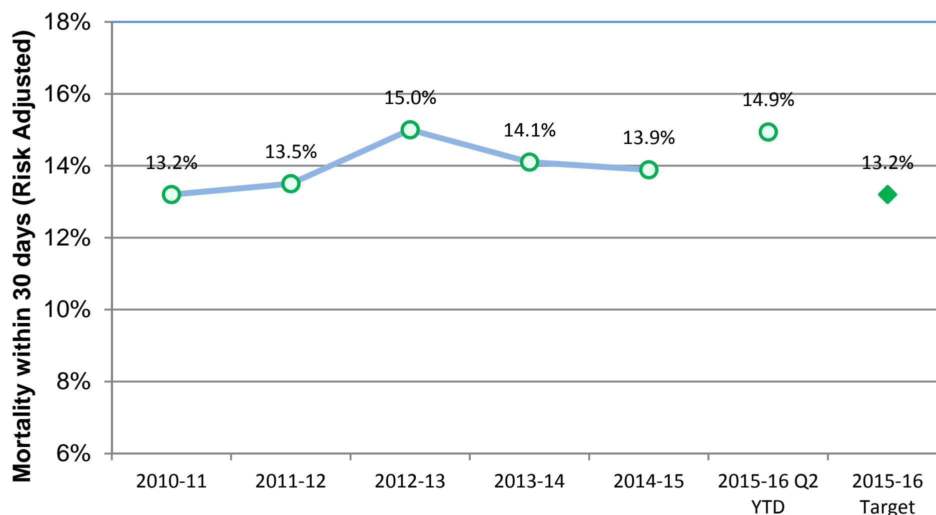
Stroke Mortality

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.

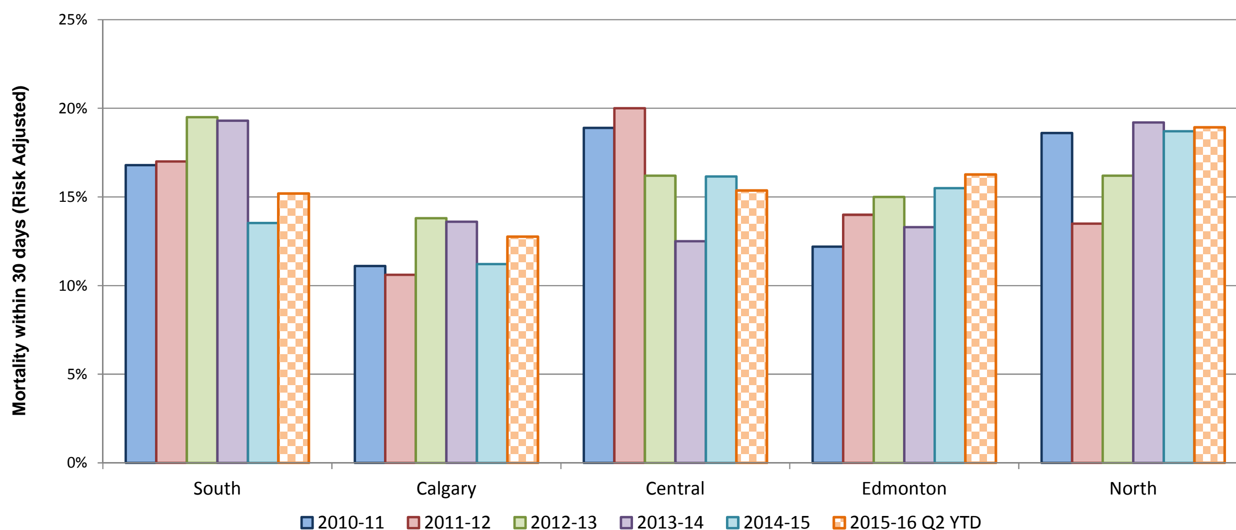
Understanding this Measure

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.



How Do We Compare?

Alberta ranked 4th best nationally out of ten provinces, and better than the national rate.



Stroke Mortality – Actions

Provincial/ Strategic Clinical Network (SCN)	• Continued preparation 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 practices 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	• DTN times for tPA administration in suitable stroke candidates continues to show marked improvement through the QuICR study with several times under 30 minutes. • Standardized education and process review of Hyperacute Stroke Algorithms was delivered via tele-education to other Primary Stroke Centers and urban facilities. • Interdisciplinary stroke rounds continue to support improved communication of patient status at Red Deer Regional Hospital Centre (RDRHC). • Stroke Early Supportive Discharge Program continues at RDRHC. • Stroke Rehab services continue at RDRHC and Two Hills, as well as Primary Stroke Centers' services in Wainwright, Lloydminster and Camrose.
Edmonton	• Completed TIA (Transient Ischemic Attack) urgent imaging order sets and process maps for evaluation. • Stroke Clinic Triage process changed to allow registered nurses to triage rather than waiting for the fellow or physician. This allows for patients to be triaged and booked into clinic on the same day.
North	• Stroke Collaborative work continues. • DTN times of 26 and 28 minutes achieved in the last quarter.

IN SUMMARY

Two zones have shown an improvement in Q2 year to date compared to the same time as last year.

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.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**15.0%**	**14.1%**	**13.9%**	**14.5%**	**14.9%**	↓	**13.2%**
South Zone	19.5%	19.3%	12.5%	14.0%	15.2%	↓	**14.8%**
Calgary Zone	13.8%	13.6%	11.7%	11.1%	12.8%	↓	**12.3%**
Central Zone	16.2%	12.5%	16.3%	18.6%	15.4%	↑	**14.3%**
Edmonton Zone	15.0%	13.3%	14.7%	16.2%	16.3%	↓	**13.3%**
North Zone	16.2%	19.2%	20.3%	19.0%	18.9%	↑	**14.5%**

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

Stroke Cases (Index)*	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**3,329**	**3,316**	**3,568**	**1,791**	**1,755**
South Zone	198	242	285	149	131
Calgary Zone	1,313	1,251	1,311	653	638
Central Zone	314	299	326	151	174
Edmonton Zone	1,265	1,305	1,410	722	703
North Zone	239	219	236	116	109

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