



2016-17

Alberta Health Services
Q3 Year-to-Date Performance Measure Update

Revised April 10, 2017

Prepared by AHS Planning & Performance and AHS Analytics

Executive Summary

Alberta Health Services (AHS) has 13 performance measures that were established in collaboration with Alberta Health (AH). The measures reflect a balance across the spectrum of health care and accurately reflect health system performance. They were developed to enable us to compare AHS performance nationally. The performance measures are aligned to the Alberta Quality Matrix for Health, developed by the Health Quality Council of Alberta (HQCA), which describes six dimensions of quality: acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

The measures play a key role in advising staff and physicians about our progress and where we may need to adjust actions to achieve the identified targets; they also help in communicating with Albertans about the value provided by health funding expenditures.

The 2016-17 targets were established in the AHS 2016-17 Health Plan and Business Plan. These performance targets help us measure our progress and improve the health system.

Measure definitions are located on AH's Performance Measures Information System (PMIS) website at www.health.alberta.ca/newsroom/PMIS-Definitions.html. Definitions have been developed by AH and AHS.

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 to not only move measures toward their targets, but also to compensate for these increases in demand.

The Q3 performance report represents the following timeframes:

- **Nine measures reported quarterly – updated as of Q3 (April 1, 2016 to December 31, 2016).**
- **Four measures reported quarterly – updated as of Q2 (April 1, 2016 to September 30, 2016).** These measures rely on patient follow up after a patient's original discharge date for a period up to 90 days. Therefore, reporting results reflect patients discharged in an earlier time period (i.e., Q2 YTD).
- **Four annual measures** were removed from this quarterly report and will be updated in the AHS Annual Report.
 - Satisfaction with Long-Term Care (reported by an external source - HQCA), updated every two to three years.
 - Early Detection of Cancer (source: Alberta Cancer Registry Data) most recent data is from 2014.
 - Heart Attack Mortality and Stroke Mortality results fluctuate significantly quarter to quarter given the small denominators associated with these measures.

Performance analysis is done by comparing current reporting period (Q3 year-to-date 2016-17) to the same period last year (Q3 year-to-date 2015-16).

NEW

- A new trend status has been added to reflect measures that have remained stable (within 5%). These measures are represented by the symbol ⇔.
- Variance explanations are provided for those areas demonstrating a deterioration of ≥5%. These measures are represented by the symbol ✖.

Summary Results

Many of the measures are aligned to national benchmarks, so that Albertans can see how their health system is performing compared to the rest of Canada. Each measure has an associated target which represents our progression towards approaching the performance we see in other provinces or to a particular standard. The current set of measures is a strong reflection of health system performance.

National Comparison: When we compare nationally with the most recent available data, Alberta is ranked high for several measures:

- Acute Length of Stay/Expected Length of Stay (ALOS/ELOS) – 3rd best out of 9 provinces in 2015-16.
- Emergency Department (ED) length of stay for admitted patients – 2nd best out of 5 provinces in 2015-16.
- Access to Radiation Therapy – 3rd best out of 9 provinces in Q2 YTD 2015-16.
- *Clostridium difficile* Infections (CDI) – better than national results (2015).
- Mental Health Readmission – better than national rate; 2nd best out of 10 provinces in 2014-15.
- Surgical Readmission – same as national rate; 5th best out of 10 provinces in 2014-15 compared to 7th in 2013-14.

The following interpretation is provided on the 13 measures. AHS recognizes achieving target as a positive accomplishment. *Variance explanation is only provided if current period performance (Q3 year-to-date) is worse than same period last year (Q3 year-to-date) by ≥5%.*

Results of the performance measures are grouped into four categories:

- ★ Target achieved (*regardless of performance comparison*).
- ✓ Performance improved from the same period last year but has not met target.
- ↔ Performance has remained stable from the same period as last year, i.e. result is ≤5% deterioration
- ✗ Performance deteriorated from the same period last year and has not met target.

Two performance measures *achieved the 2016-17 target* (★):

- Acute Length of Stay Compared to Expected Length of Stay (ALOS/ELOS)
- ED Length of Stay for Admitted Patients

Six performance measures *are better than the same time period as last year* (✓):

- ED Wait to See a Physician
- Hand Hygiene
- Radiation Therapy Access
- Hospital Acquired Infections (Q2)
- Surgical Readmissions
- Satisfaction with Hospital Care (Q2)

Three performance measures *are stable if current period performance (Q3 year-to-date) is within 5% from the same time period as last year* (↔):

- ED Length of Stay for Discharged Patients
- Hospital Mortality
- Mental Health Readmissions

Two measures *did not meet target or improve from the same period as last year* (✗). Examples of what AHS is doing to improve these areas are noted. Refer to the subsequent pages for more actions on each measure.

- Continuing Care Placement:
- Children Mental Health Access

AHS remains committed to building on its performance through quality improvement and innovation, and to strive toward the goal of delivering the type of healthcare system expected by Albertans.

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Provincial Performance

Q3 Year-to-Date Performance Measures Dashboard	Q3 Year-to-Date		Report Card Quarterly Comparison	Target 2016-17	2015-16 National Comparison Alberta ranked
	2015-16	2016-17			
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period, ✗ Area requires additional focus					
Measures reported quarterly – updated as of Q3 (April 1, 2016 to December 31, 2016):					
Acute Length of Stay Compared to Expected Length of Stay	0.99	0.98	★	0.98	3 rd out of 9 provinces
<i>Total Discharges</i>	302,813	304,065			
Continuing Care Placement (% placed within 30 days)	59%	56%	✗	62%	not available
<i>Total Placed</i>	5,894	5,846			
Emergency Department Wait to see a Physician (median) in hours	1.3	1.3	✓	1.2	4 th out of 5 provinces
<i>Eligible Cases</i>	665,875	752,097			
Emergency Department Length of Stay for Admitted Patients (median) in hours	9.2	9.3	★	9.3	2 nd out of 5 provinces
<i>ED Admissions</i>	104,196	106,070			
Emergency Department Length of Stay for Discharged Patients (median) in hours	3.1	3.2	⇔	3.1	4 th out of 5 provinces
<i>ED Discharges</i>	649,372	648,027			
Hand Hygiene	79.4%	82.4%	✓	90%	not available
<i>Total Observations</i>	296,663	288,208			
Hospital Mortality (HSMR standardized rate)	92	93	⇔	90	5 th out of 9 provinces
<i>Eligible Cases</i>	76,526	77,241			
Mental Health Access – Children (% offered scheduled treatment within 30 days from referral)	88%	82%	✗	90%	not available
<i>Number of New Enrollments</i>	6,628	6,403			
Radiation Therapy Access (90 th percentile) in weeks	2.9	2.7	✓	2.6	3 rd out of 9 provinces
<i>Number of Patients starting Radiation Therapy</i>	5,797	6,019			

Q2 Year-to-Date Performance Measures Dashboard	Q2 Year-to-Date		Report Card Quarterly Comparison	Target 2016-17	2014-15 National Comparison Alberta ranked
	2015-16	2016-17			
These measures are reported a quarter later due to follow up with patients after the end of the reporting quarter.					
★ Target achieved; ✓ improving; ⇔ stable; ✗ performance not improving					
Measures reported quarterly – updated as of Q2 year to date (April 1, 2016 to September 30, 2016):					
Hospital-Acquired <i>Clostridium difficile</i> Infections (rate per 10,000 patient days)	3.5	3.4	✓	3.3	better than national results
<i>Number of Cases</i>	527	514			
Readmissions - Mental Health	8.7%	8.9%	⇔	8.5%	2 nd out of 10 provinces
<i>Total Mental Health Discharges</i>	7,223	7,859			
Readmissions - Surgical	6.8%	6.8%	✓	6.3%	5 th out of 10 provinces
<i>Total Surgical Discharges</i>	45,725	46,451			
Satisfaction with Hospital Care	82.2%	82.6%	✓	85.0%	not available
<i>Total Eligible Cases</i>	104,297	124,473			

Notes:

- Quarterly Comparative Performance compares data from the current quarter to the same time period as last year 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 this report.
- 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.
- “Stable” ⇔ trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

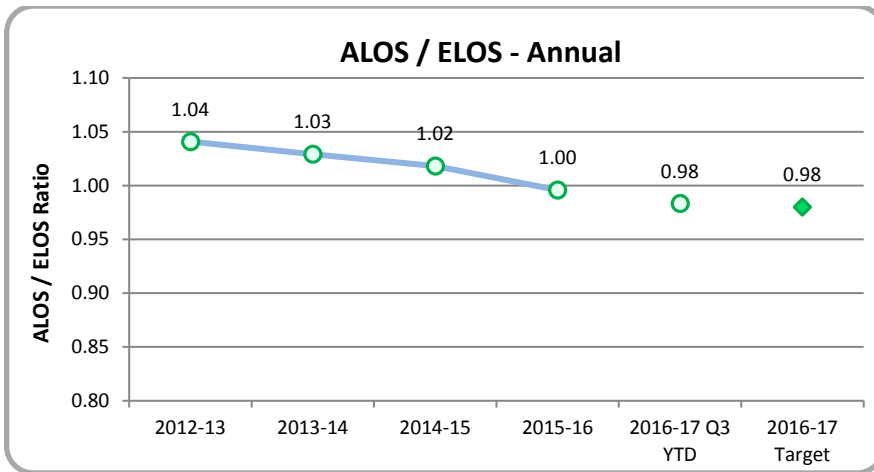
Acute Length of Stay (ALOS) Compared to Expected Length of Stay (ELOS)

Measure Definition

The number of acute 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.

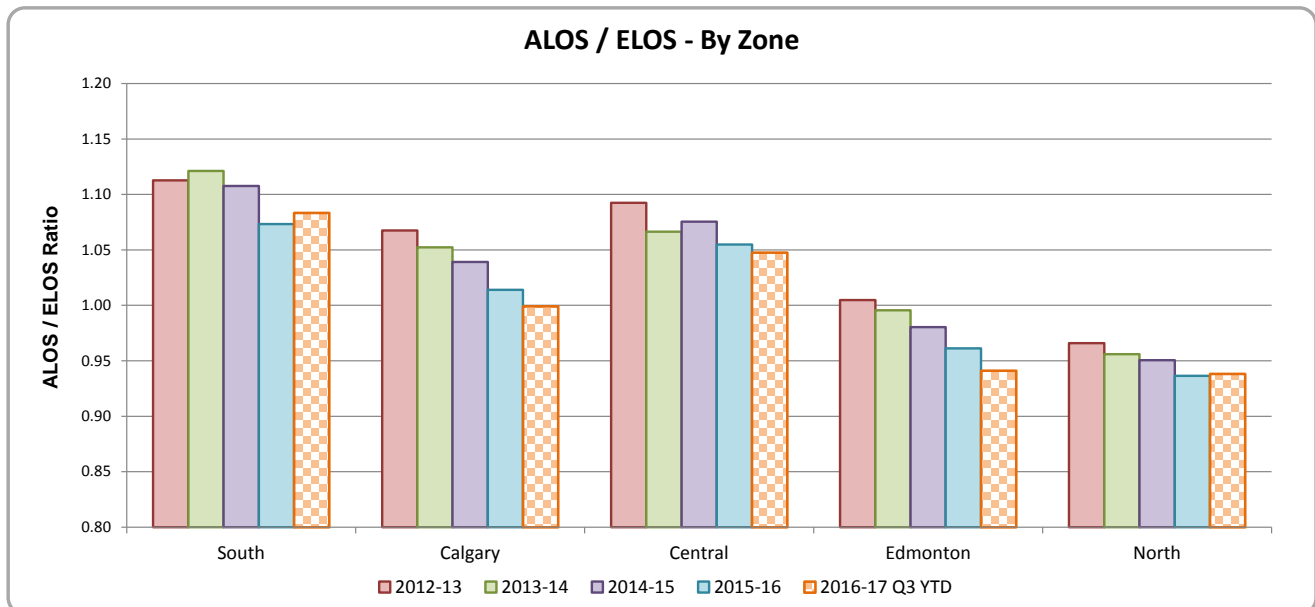
Understanding this Measure

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 in 2015-16.



ALOS/ELOS

ACTIONS

Zones will complete Phase 1 CoACT elements and continue implementation on Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include; integrated care suite, quality suite, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit, collaborative care team, collaborative care orientation, team charters and partnerships with support services.

Strategic Clinical Networks (SCNs) are establishing key clinical care pathways to reduce unwarranted practice variation:

- treatment resistant depression
- breast cancer
- rectal cancer
- community diabetic foot care
- in hospital management of diabetes
- pediatric concussion
- chronic obstructive pulmonary disease (COPD)
- primary care asthma treatment
- heart failure
- delirium prevention
- pregnancy
- postpartum and newborn

SUMMARY

ALOS / ELOS has been continuously improving over the last five years. Monitoring this measure can help healthcare teams ensure care appropriateness and efficiency. Improvement in this measure enables the ability to treat more patients with the existing beds and other resources.

AHS is working on coordinated patient flow strategies focusing on timely inpatient discharges and enabling emergency department throughput.

Provincial and Edmonton Zone achieved target for Q3 YTD. South, Calgary, Central and North Zones showed improvement from the same period as last year.

DID YOU KNOW

Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations in order to maximize quality of care, efficient use of resources and to improve transitions of care.

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.

ALOS/ELOS

The number of acute 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	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	1.03	1.02	1.00	0.99	0.98	★	0.98
South Zone Total	1.12	1.11	1.07	1.08	1.08	✓	1.06
Chinook Regional Hospital	1.15	1.13	1.09	1.09	1.10	✓	1.07
Medicine Hat Regional Hospital	1.15	1.11	1.09	1.09	1.09	★	1.09
All Other Hospitals	0.99	1.04	1.00	1.00	1.02	⇔	0.99
Calgary Zone Total	1.05	1.04	1.01	1.01	1.00	✓	0.98
Alberta Children's Hospital	0.98	0.96	0.95	0.95	0.94	★	0.96
Foothills Medical Centre	1.08	1.07	1.04	1.04	1.04	✓	1.00
Peter Lougheed Centre	1.04	1.02	1.02	1.02	1.01	✓	0.98
Rockyview General Hospital	1.05	1.05	1.02	1.02	0.99	✓	0.97
South Health Campus	N/A	1.00	0.95	0.95	0.92	★	0.95
All Other Hospitals	1.00	1.01	0.96	0.95	1.03	✗	0.96
Central Zone Total	1.07	1.08	1.05	1.05	1.05	✓	1.04
Red Deer Regional Hospital Centre	1.09	1.11	1.09	1.09	1.08	✓	1.07
All Other Hospitals	1.04	1.04	1.02	1.01	1.02	✓	1.01
Edmonton Zone Total	1.00	0.98	0.96	0.96	0.94	★	0.96
Grey Nuns Community Hospital	0.99	0.98	0.96	0.95	0.92	★	0.96
Misericordia Community Hospital	1.04	1.03	0.98	1.01	0.93	★	0.99
Royal Alexandra Hospital	0.99	0.97	0.96	0.96	0.94	★	0.95
Stollery Children's Hospital	1.00	1.01	0.98	0.98	0.98	★	0.98
Sturgeon Community Hospital	0.99	0.96	0.92	0.92	0.92	★	0.93
University of Alberta Hospital	0.97	0.97	0.95	0.95	0.94	★	0.95
All Other Hospitals	1.10	1.01	1.03	1.02	1.04	⇔	0.97
North Zone Total	0.96	0.95	0.94	0.94	0.94	✓	0.93
Northern Lights Regional Health Centre	0.96	0.97	0.93	0.93	0.95	★	0.95
Queen Elizabeth II Hospital	0.97	0.94	0.93	0.92	0.94	⇔	0.92
All Other Hospitals	0.95	0.95	0.94	0.95	0.94	✓	0.93

N/A – No results available for South Health Campus as it did not open until February 2013.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Total Discharges	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	393,765	401,331	404,515	302,813	304,065
South Zone	31,093	31,125	30,485	22,957	22,943
Calgary Zone	136,598	140,563	143,063	106,692	107,956
Central Zone	44,589	45,691	45,577	34,250	34,110
Edmonton Zone	135,970	139,052	141,279	105,965	107,784
North Zone	45,515	44,900	44,111	32,949	31,272

Continuing Care Placement

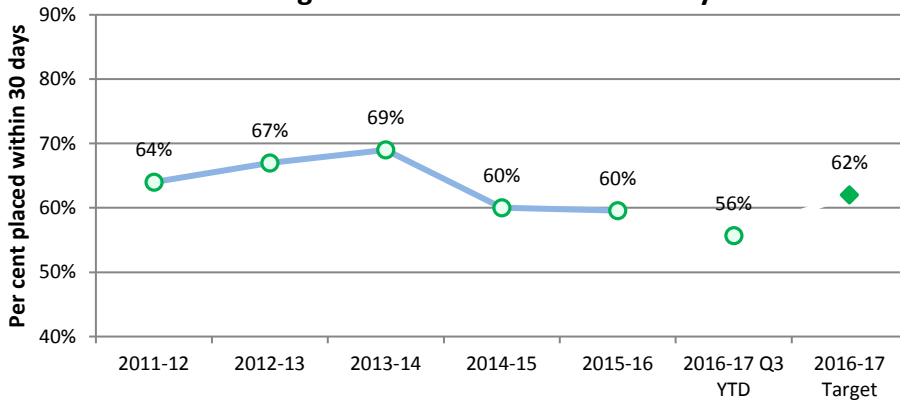
Measure Definition

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.

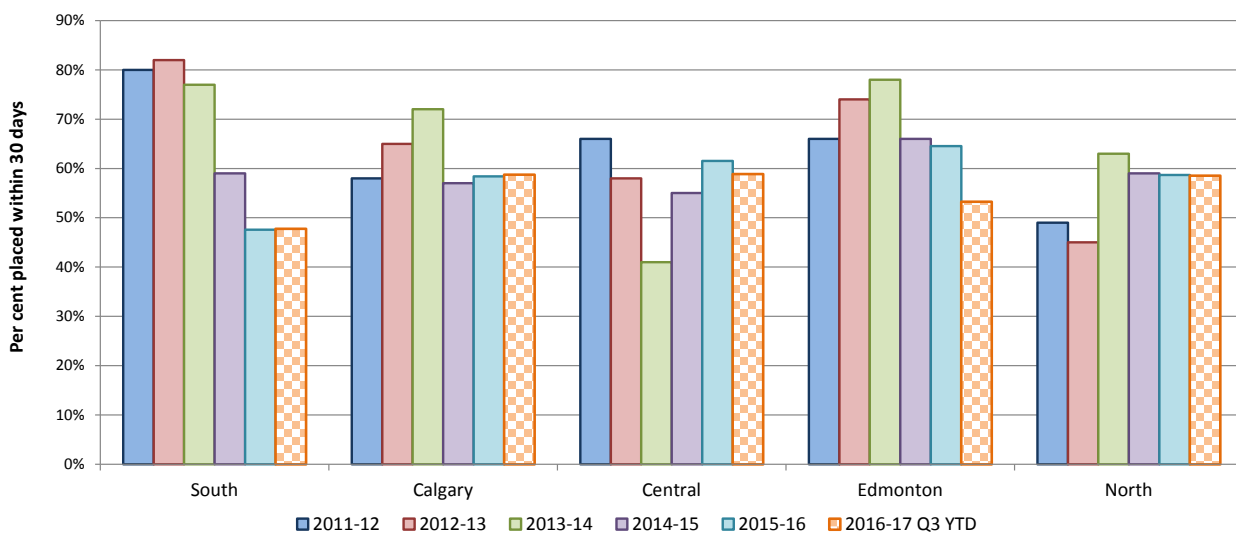
Continuing Care Placement within 30 days - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Continuing Care Placement within 30 days - By Zone



Continuing Care Placement

ACTIONS

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.

AHS will increase continuing care service capacity (long term care and designated supportive living) by adding net new provincial continuing care spaces with focus on seniors with dementia (supportive living 4 dementia – DSL4-D). Continuing care includes auxiliary hospitals, nursing homes, supportive living spaces, and community palliative and hospice (out of hospital) spaces.

SUMMARY

The percentage of clients admitted to a continuing care space (designated supportive living or long-term care) within 30 days has deteriorated provincially and in three zones. Calgary, South and North Zones have remained stable or improved.

To address the rate of spending in 2016-17, a decision was made to defer the opening of some continuing care and addiction and mental health community care spaces and minimize growth of home care program spending. In addition, a planned project has been delayed into next fiscal year due to construction issues. These changes are driving longer waits and higher waitlists for placement into Continuing Care Living Options. AHS is projecting to open 506 in 2016-17. All delayed/deferred care spaces are planned to open in the 2017-18 fiscal year.

Edmonton Zone had major water incidents and restoration work that has resulted in displacement and repatriation of residents. Ongoing work with long term care providers to expedite repairs.

Central Zone reduction in placement mainly due to late fall influenza outbreak at facilities, impact of the new waitlist information system and delays in new admissions in Red Deer due to expanded placement capacity creating movement in beds.

Since April 1, 2016, AHS staffed and placed into operation a total of 328 net new continuing care beds in Q3 YTD for a total of 25,032 community-based services (not including palliative). Since 2010, AHS has opened 5,575 new beds to support individuals who need community-based housing, care and supports.

DID YOU KNOW

In 2015-16, AHS opened 997 continuing care spaces for a total of 24,947 community-based services. These include 717 supportive living beds, 203 long-term care beds, 42 restorative care beds, and 35 community palliative beds.

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.

AHS is working to ensure beds in acute care are used in the most efficient manner by improving communication between all healthcare team members, patients and families to facilitate discharges and by ensuring that patients are getting the best care for their personal situations.

Continuing Care Placement

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

Continuing Care Clients Placed within 30 days	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	69%	60%	60%	59%	56%	✗	62%
South Zone	77%	59%	48%	49%	48%	⇔	60%
Calgary Zone	72%	57%	58%	56%	59%	✓	60%
Central Zone	41%	55%	62%	63%	59%	✗	61%
Edmonton Zone	78%	66%	65%	64%	53%	✗	65%
North Zone	63%	59%	59%	59%	59%	✓	62%

Note: Patients placed within 30 days of being assessed and approved for continuing care space. Includes those waiting in hospital or community.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Total Placed	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,693	7,810	7,879	5,894	5,846
South Zone	868	866	887	667	666
Calgary Zone	2,164	2,548	2,722	1,984	1,757
Central Zone	1,189	1,259	1,060	859	1,011
Edmonton Zone	2,742	2,443	2,506	1,872	1,915
North Zone	730	694	704	512	497

Emergency Department (ED) Wait to See a Physician

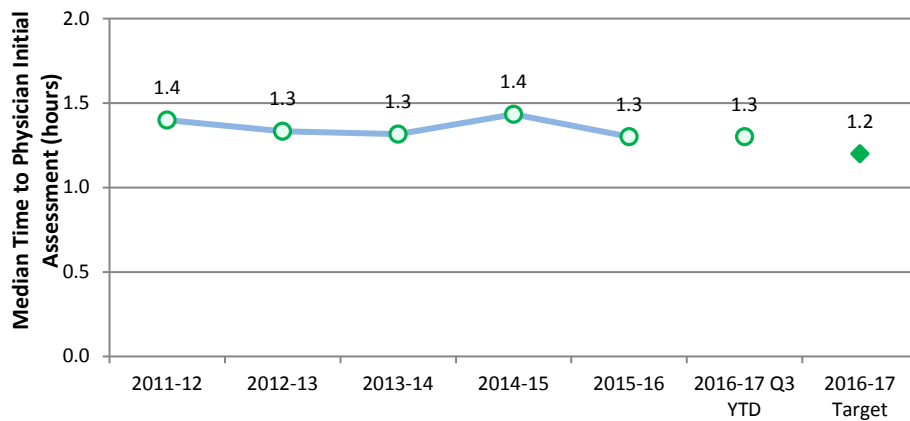
Measure Definition

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

Understanding this Measure

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

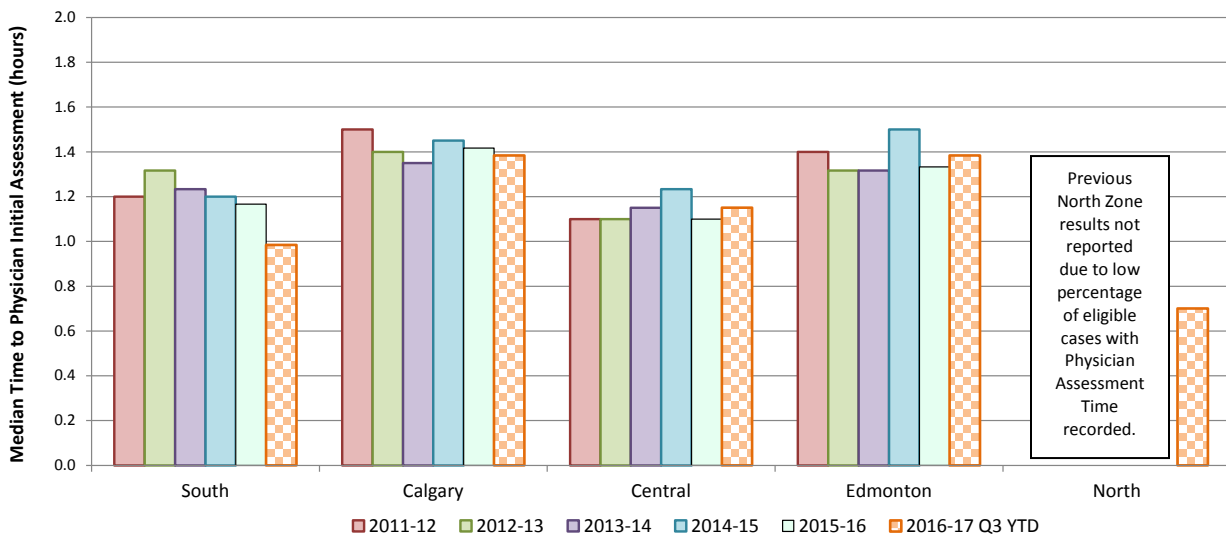
ED Time to Physician Initial Assessment - Annual



How Do We Compare?

Alberta ranked 4th nationally out of 5 provinces in 2015-16.

ED Time to Physician Initial Assessment - by Zone



ED Wait to See a Physician

ACTIONS

AHS continues to develop initiatives to assist in ensuring patients are seen and treated in a reasonable time launching Dementia Advice through Health Link and HEAL (Health Education and Learning) program.

South Zone is improving efficiencies in utilization of the ambulatory stream in the ED, strategic utilization of the internal waiting and treatment spaces, as well as increasing ED physician coverage during peak periods.

Calgary Zone is creating utilization efficiencies for physician assessments by optimizing clinical workspaces in high volume areas (such as EMS park areas), as well as implementing "Choosing Wisely" elements to reduce non-value added processes. Strategies will be developed to reduce Emergency Inpatient (EIP) volumes to increase available assessment spaces in all EDs.

Central Zone has harmonized physician schedules with ED demand and capacity.

Edmonton Zone is working on strategies to increase physician hours and improve workflow, reinforce triage standard protocols to improve access to care spaces for the sickest patients and those transferred from zone ED's, and optimize the team lead nurse role in acute care pods to focus on discharge planning and support front line nurses.

North Zone is supporting the advancement of enhanced primary care teams to reduce the presentation of Canadian Triage and Acuity Scale (CTAS) 4/5 visits to the ED. CTAS levels are designed such that level 1 represents the sickest patients and level 5 represents the least ill group of patients.

SUMMARY

Increases in occupancy, average length of stay, demand in emergency and percentage of patients requiring alternate levels of care have all contributed to wait times for patients who are ultimately discharged from emergency departments. Combined, these factors reduce the ability to transfer patients who need to be admitted into the hospital from the emergency departments to inpatient units, and reduce the spaces available to treat patients quickly.

South and North Zones achieved target for Q3 YTD. Provincially and Calgary Zone showed improvement.

Central Zone experienced capacity challenges for the winter season. In early December, additional spaces for emergency CT scans were created to help with patient flow.

In the Edmonton Zone, University of Alberta Hospital and Stollery Children Hospital have seen an increase in site occupancy and activity in ED and in-patient units. As a result, the sites are experiencing patients waiting longer in the ED for beds. Sites are implementing more proactive surge protocols, isolation co-horting and quality initiatives related to service processes and patient experience.

DID YOU KNOW

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

Dementia Advice through Health Link was launched in North, Central and South Zones in September 2015. This service provides 24/7 telephone nurse advice for individuals living with dementia and their caregivers.

The content for **HEAL** comes directly from the Pediatric Emergency Medicine experts at the Alberta Children's Hospital and Stollery Children's Hospital. While children with illnesses such as cough, fever, ear pain, vomiting and diarrhea can feel very uncomfortable, they are most often safely and best cared for in their own home; the majority of these illnesses do not require a visit to the ED.

Examples of other initiatives to ensure patients are seen and treated in a reasonable time include launching "Know Your Options", Dementia Advice through Health Link and offering estimated real time ED wait times on the AHS website.

ED Wait to See a Physician

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	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	1.3	1.4	1.3	1.3	1.3	✓	1.2
South Zone Total	1.2	1.2	1.2	1.2	1.0	★	1.1
Chinook Regional Hospital	1.3	1.2	1.2	1.2	1.1	★	1.1
Medicine Hat Regional Hospital	1.1	1.2	1.1	1.1	0.8	★	1.1
Calgary Zone Total	1.4	1.5	1.4	1.4	1.4	✓	1.2
Alberta Children's Hospital	1.1	1.2	1.1	1.0	1.1	★	1.1
Foothills Medical Centre	1.5	1.5	1.5	1.5	1.5	✓	1.3
Peter Lougheed Centre	1.8	1.8	1.6	1.5	1.6	✗	1.4
Rockyview General Hospital	1.3	1.4	1.4	1.4	1.4	✓	1.2
South Health Campus	N/A	1.6	1.6	1.5	1.5	✓	1.0
Central Zone Total	1.2	1.2	1.1	1.1	1.2	✗	1.1
Red Deer Regional Hospital Centre	1.2	1.2	1.1	1.1	1.2	✗	1.1
Edmonton Zone Total	1.3	1.5	1.3	1.3	1.4	✗	1.2
Grey Nuns Community Hospital	1.1	1.2	1.1	1.0	1.1	✗	1.0
Misericordia Community Hospital	1.4	1.4	1.3	1.2	1.6	✗	1.3
Northeast Community Health Centre	1.4	1.4	1.3	1.3	1.3	★	1.3
Royal Alexandra Hospital	1.9	2.2	1.9	1.8	1.9	★	2.0
Stollery Children's Hospital	0.8	1.1	1.0	0.9	1.0	✗	0.9
Sturgeon Community Hospital	1.3	1.5	1.3	1.3	1.4	✗	1.2
University of Alberta Hospital	1.5	2.1	1.7	1.6	1.9	✗	1.4
North Zone Total					0.7	★	1.1
Northern Lights Regional Health Centre	North Zone results prior to Q1 2016-17 are not reported due to low percentage of eligible cases with Physician Assessment Time recorded.				0.6	★	0.9
Queen Elizabeth II Hospital					0.9	★	1.3

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

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

ED Time to Physician Initial Assessment - Eligible Cases (Busiest Sites)	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	894,448	891,643	894,908	665,875	752,097
South Zone	85,567	86,187	86,208	63,951	64,973
Calgary Zone	363,570	367,775	365,513	272,137	274,521
Central Zone	54,730	55,861	55,893	41,879	41,626
Edmonton Zone	390,581	381,820	387,294	287,908	293,946
North Zone	North Zone results not reported due to low percentage of eligible cases with Physician Assessment Time recorded and not comparable historically.				77,031

Emergency Department Length of Stay for Admitted Patients

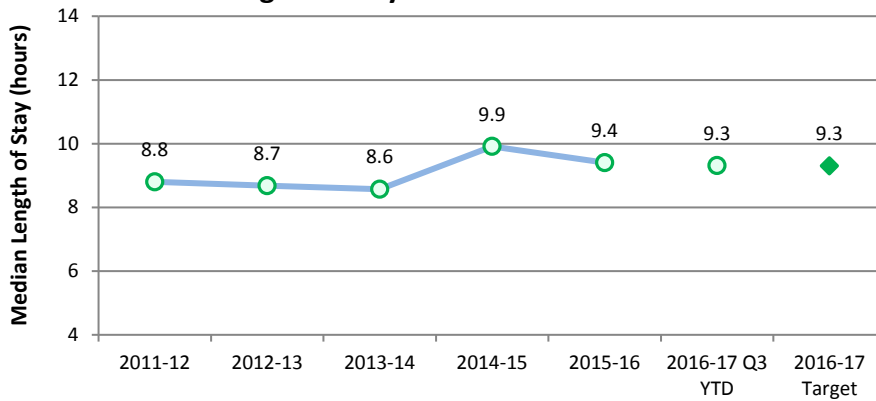
Measure Definition

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.

Understanding this Measure

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

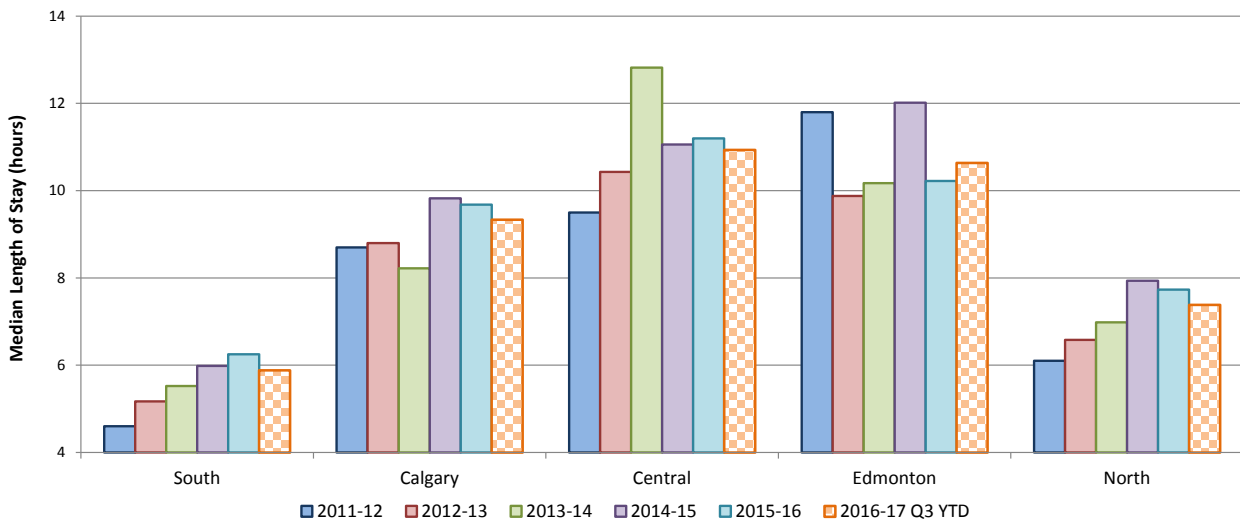
ED Length of Stay for Admitted Patients - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of five provinces in 2015-16.

ED Length of Stay for Admitted Patients - by Zone



ED Length of Stay for Admitted Patients

ACTIONS

CoACT implementation is underway in all zones which will demonstrate a positive impact on efficiency and emergency department (ED) flow.

South Zone continues to work with inpatient units on patient flow improvements to move patients into vacant inpatient beds when a bed becomes available.

Calgary Zone is opening a Mental Health Assessment Unit at Rockyview General Hospital to reduce the length of stay for admitted patients, particularly for those needing a short stay admission. Other initiatives to enhance patient flow between units and sites, and facilitate earlier discharges, include collaborating with mental health services, working with site management on inpatient units to reduce EIP (emergency inpatients) volumes, reviewing bed management processes, refining intake areas at all EDs and implementing discharge initiatives (e.g. 0900 on every unit and seven day/week discharges).

Central Zone is coordinating with acute hospital flow activities, CoACT, TeamCARE, Patient First, and Transition of Care initiatives to sustain and support a collaborative care model.

Edmonton Zone is working on optimizing the rapid transfer unit and medicine observation unit, improving inpatient discharge processes, implementing an ED surge trigger plan, optimizing surge protocol and EIP triggers, incorporating Emergency Disposition and Consult (EDC) physician role, improving physician consult times and eliminating 'consult bumping.'

North Zone has identified opportunities for length of stay efficiencies in inpatient units (ALOS/ELOS) to enhance flow from the emergency department including increasing Continuing Care Capacity in Boyle, Edson, High Prairie, and Grande Prairie (Mackenzie Place).

SUMMARY

Increases in occupancy, average length of stay, demand in emergency and percentage of patients requiring alternate levels of care have all contributed to wait times for patients who are ultimately discharged from emergency departments. Combined, these factors reduce the ability to transfer patients who need to be admitted into the hospital from the emergency departments to inpatient units, and reduce the spaces available to treat patients quickly.

Provincial, South and North Zones achieved target for Q3 YTD. Calgary and Central Zones demonstrated improvement from the same period as last year.

In the Edmonton Zone, University of Alberta Hospital and Stollery Children Hospital have seen an increase in site occupancy and activity in ED and in-patient units. As a result, the sites are experiencing patients waiting longer in the ED for beds. Sites are implementing more proactive surge protocols, isolation co-horting and quality initiatives related to service processes and patient experience.

DID YOU KNOW

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

The Emergency Strategic Clinical Network is committed to developing and supporting a system-wide approach to the delivery of emergency care for Albertans that is appropriate, patient-focused, timely, safe, and aligned with quality standards. To achieve this, they work with a diverse group of people and clinical services to ensure they have input from all stakeholders.

ED Length of Stay for Admitted Patients

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

ED LOS Admitted - Busiest Sites	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	8.6	9.9	9.4	9.2	9.3	★	9.3
South Zone Total	5.5	6.0	6.3	6.1	5.9	★	5.9
Chinook Regional Hospital	6.0	6.0	6.2	6.1	6.4	⇔	5.9
Medicine Hat Regional Hospital	5.1	5.9	6.3	6.2	5.5	★	5.9
Calgary Zone Total	8.2	9.8	9.7	9.4	9.3	✓	8.9
Alberta Children's Hospital	6.3	6.8	6.5	6.3	6.3	★	6.4
Foothills Medical Centre	8.0	8.9	8.8	8.6	8.9	⇔	8.5
Peter Lougheed Centre	9.1	11.5	11.5	11.0	10.9	✓	9.9
Rockyview General Hospital	8.6	11.1	10.5	10.1	9.4	★	10.1
South Health Campus	N/A	10.2	11.5	11.1	11.2	✓	8.0
Central Zone Total	12.8	11.1	11.2	11.2	10.9	✓	10.8
Red Deer Regional Hospital Centre	12.8	11.1	11.2	11.2	10.9	✓	10.8
Edmonton Zone Total	10.2	12.0	10.2	10.1	10.6	⇔	10.2
Grey Nuns Community Hospital	16.8	23.5	20.7	19.5	21.8	✗	16.0
Misericordia Community Hospital	12.5	17.0	12.5	12.2	14.3	✗	12.0
Royal Alexandra Hospital	9.9	11.5	9.8	9.8	10.0	⇔	9.8
Stollery Children's Hospital	7.4	8.6	7.4	7.4	7.2	★	7.6
Sturgeon Community Hospital	20.5	28.4	18.6	18.6	19.0	⇔	15.0
University of Alberta Hospital	9.1	10.4	9.0	8.8	9.6	✗	8.6
North Zone Total	7.0	7.9	7.7	7.7	7.4	★	7.8
Northern Lights Regional Health Centre	5.9	6.3	6.3	6.2	5.7	★	6.0
Queen Elizabeth II Hospital	8.6	11.0	11.4	11.0	10.4	★	10.6

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

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

ED Admissions from ED - Busiest Sites	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	133,310	137,390	140,357	104,196	106,070
South Zone	11,656	11,939	11,598	8,655	9,154
Calgary Zone	54,634	56,732	58,036	42,974	44,346
Central Zone	8,815	9,254	9,730	7,197	7,229
Edmonton Zone	50,644	51,858	53,521	39,847	40,307
North Zone	7,561	7,607	7,472	5,523	5,034

Emergency Department Length of Stay for Discharged Patients

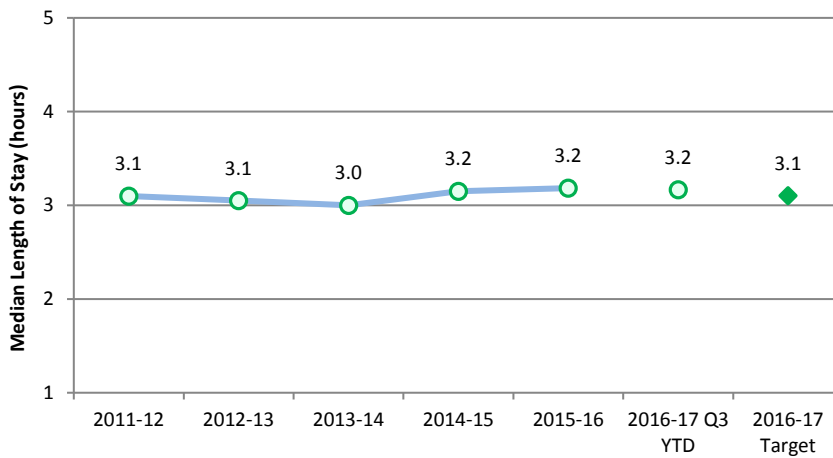
Measure Definition

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 department do not require admission to hospital. The length of stay in an ED is used to assess the timeliness of care delivery, overall efficiency and accessibility of health services throughout the system.

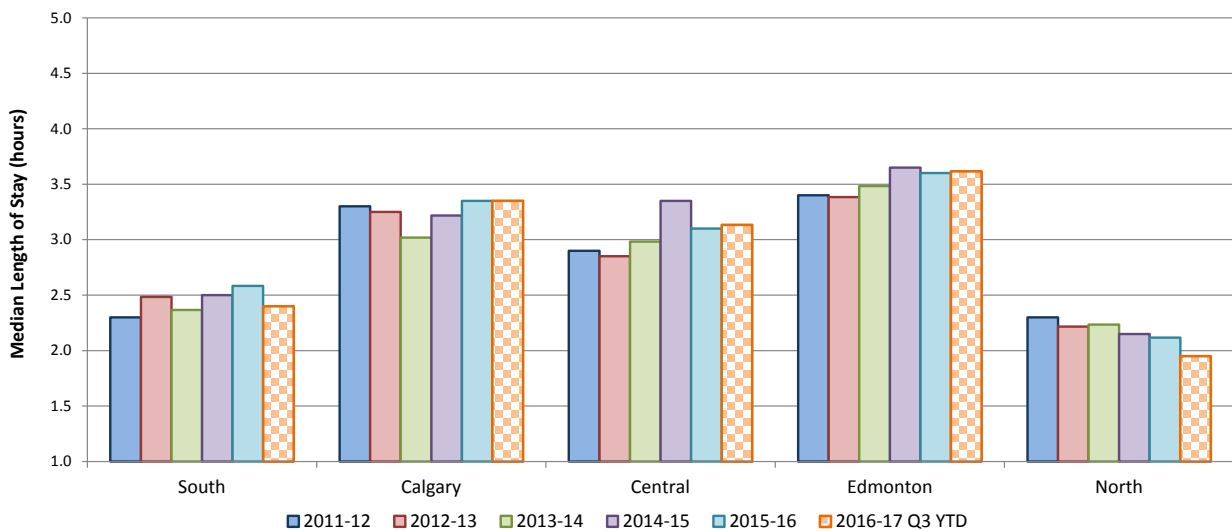
ED Length of Stay for Discharged Patients - Annual



How Do We Compare?

Alberta ranked 4th nationally out of five provinces in 2015-16.

ED Length of Stay for Discharged Patients - by Zone



ED Length of Stay for Discharged Patients

ACTIONS

South Zone is fully implementing the “bed to chair” strategy which will help decrease initial time to physician and overall length of stay.

Calgary Zone is collaborating with mental health services to reduce assessment and disposition time, using transfer coordinators to facilitate discharges, providing patients with “Know Your Options” information, continuing Primary Care Network (PCN) referrals from triage and refining intake areas at all EDs to improve flow.

Central Zone - Red Deer Regional Hospital has a joint initiative 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.

Edmonton Zone is completing the Porter Lean project, optimizing surge plan and incorporating Emergency Disposition and Consult physician role.

North Zone continues to implement Emergency Department quality improvement/flow projects as well as identify and address barriers to discharge (e.g., placement, diagnostics, etc.).

SUMMARY

AHS is taking steps to improve patient flow in its emergency departments by opening additional continuing care beds, which in turn reduces capacity pressures.

Data shows that up to one quarter of people coming to emergency departments could be treated more appropriately elsewhere (e.g. a family physician, or a walk-in clinic).

Three zones met target. Provincial, Calgary and Central zones are all stable.

The Chinook Regional Hospital Redevelopment and Edson Health Care Centre (November 2016) are completed. Medicine Hat Regional Hospital Redevelopment was delayed due to occupancy permits for the new wing in Phase 1.

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.

The **Mental Health Helpline** provides confidential, anonymous crisis intervention information about mental health programs and referrals to other agencies if needed (Dial 1-877-303-2642).

The **Addiction Helpline** is a toll free confidential service which provides alcohol, tobacco, other drugs and problem gambling support, information and referral to services (Dial 1-866-332-2322). These helplines operate 24-hours a day, seven days a week and is available to all Albertans.

The **Know Your Options** campaign provides information on when a visit to the ED is appropriate, and when someone should consider another treatment option when emergency care is not needed.

ED Length of Stay for Discharged Patients

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

ED LOS Discharged - Busiest Sites	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	3.0	3.2	3.2	3.1	3.2	⇔	3.1
South Zone Total	2.4	2.5	2.6	2.6	2.4	★	2.4
Chinook Regional Hospital	2.4	2.4	2.5	2.4	2.4	✓	2.3
Medicine Hat Regional Hospital	2.3	2.7	2.8	2.8	2.4	★	2.6
Calgary Zone Total	3.0	3.2	3.4	3.3	3.4	⇔	3.1
Alberta Children's Hospital	2.2	2.4	2.4	2.2	2.5	✗	2.3
Foothills Medical Centre	3.7	3.8	4.1	4.0	4.0	✓	3.5
Peter Lougheed Centre	3.6	3.7	3.7	3.6	3.6	✓	3.4
Rockyview General Hospital	3.1	3.4	3.6	3.6	3.6	✓	3.2
South Health Campus	N/A	3.3	3.6	3.5	3.4	✓	3.0
Central Zone Total	3.0	3.4	3.1	3.0	3.1	⇔	3.0
Red Deer Regional Hospital Centre	3.0	3.4	3.1	3.0	3.1	⇔	3.0
Edmonton Zone Total	3.5	3.7	3.6	3.5	3.6	★	3.6
Grey Nuns Community Hospital	3.3	3.3	3.3	3.2	3.2	✓	3.1
Misericordia Community Hospital	3.2	3.2	3.1	3.0	3.6	✗	3.0
Northeast Community Health Centre	3.2	3.2	3.0	3.0	3.0	★	3.0
Royal Alexandra Hospital	5.1	5.5	5.1	5.0	5.0	★	5.0
Stollery Children's Hospital	2.3	2.7	2.7	2.5	2.6	★	2.6
Sturgeon Community Hospital	2.9	3.3	3.3	3.2	3.5	✗	3.0
University of Alberta Hospital	4.9	5.7	5.5	5.4	5.6	⇔	5.2
North Zone Total	2.2	2.2	2.1	2.1	2.0	★	2.0
Northern Lights Regional Health Centre	2.1	1.8	1.9	1.9	1.6	★	1.7
Queen Elizabeth II Hospital	2.4	2.7	2.5	2.4	2.4	★	2.5

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

ED Discharges from ED - Busiest Sites	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	892,057	878,560	872,422	649,372	648,027
South Zone	76,902	75,132	75,144	55,714	56,140
Calgary Zone	307,564	308,414	305,991	227,954	229,632
Central Zone	45,682	46,311	45,711	34,354	34,071
Edmonton Zone	338,229	328,131	331,564	246,294	252,428
North Zone	123,680	120,572	114,012	85,056	75,756

Hand Hygiene

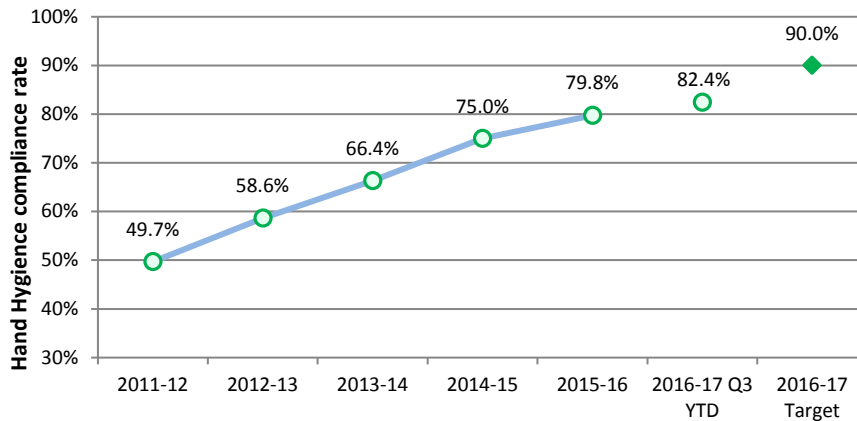
Measure Definition

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 facilities, combined acute care and continuing care facilities, ambulatory, urgent care, cancer care centres, standalone rehabilitation facilities, addictions and mental health facilities, emergency medical services (EMS) and Corrections Health. Excluded are the non-AHS contracted continuing care facilities. This measures safety.

Understanding this Measure

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

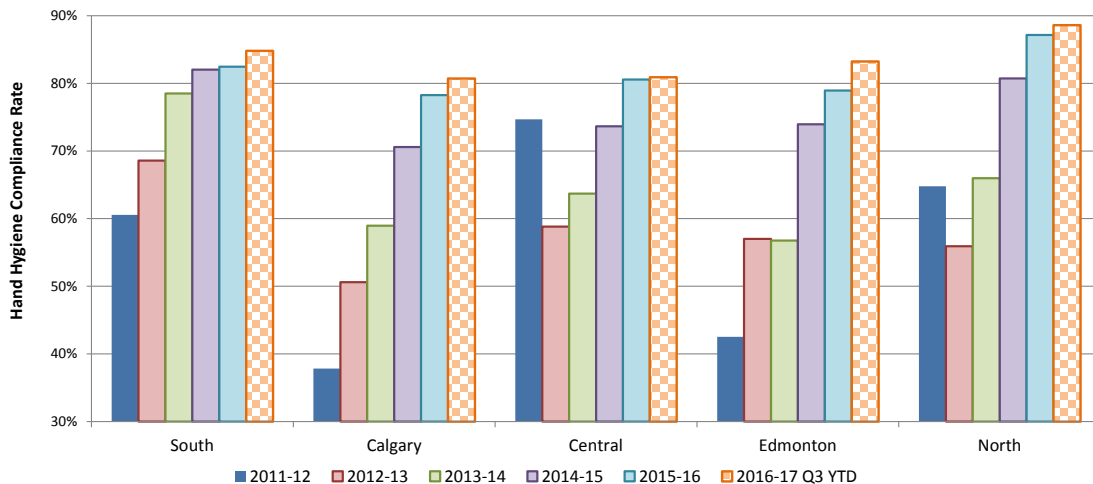
Hand Hygiene- Annual



How Do We Compare?

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

Hand Hygiene- By Zone



Hand Hygiene

ACTIONS

Zone-embedded Hand Hygiene (HH) teams will continue to support local HH initiatives and foster ownership and accountability for hand hygiene improvements.

South Zone will sustain hand hygiene and other infection, prevention and control (IPC) initiatives including focused work on Personal Protective Equipment (PPE) use and point of care risk assessment.

Calgary Zone is implementing the “Clean Hands” platform which records hand hygiene reviews.

Central Zone will continue IPC and hand hygiene surveillance, education and quality improvement.

Edmonton Zone will implement a hand hygiene communication strategy that improves and promotes hand hygiene initiatives and showcases successes. The Stollery Children’s Hospital will implement a “clear the clutter” campaign to decrease the amount of items in patient rooms and hallways.

North Zone will implement strategies to recruit and train additional auditors to ensure data integrity and continue to educate frontline staff and physicians on the importance of hand hygiene.

SUMMARY

Hand hygiene compliance increased provincially and in all five zones compared to the same period as last year.

Trained reviewers directly observe a health care provider’s hand hygiene practices in relation to the 4 Moments for Hand Hygiene and use the Clean Hands System to perform hand hygiene reviews. In Q3, across the province, hand hygiene reviews were performed by 487 reviewers, including 474 site-based reviewers, using the Clean Hands iPad app or Clean Hands paper tool at 149 sites.

Ongoing surveillance provides timely data to clinicians, frontline staff, and leaders to monitor, understand, and use hand hygiene compliance data to improve hand hygiene practices.

There are several initiatives throughout AHS to improve the hand hygiene compliance of health care providers and thereby improve patient safety. These include a Provincial Hand Hygiene Steering Committee and Zone Hand Hygiene Committees that coordinate improvement initiatives at the provincial and zone level such as the Hand Hygiene Hero campaign.

DID YOU KNOW

Hand hygiene is the number one way to prevent the spread of communicable disease and infection and AHS will continue to build on these successes. Through education and awareness, increased monitoring and timely feedback, more health care workers are cleaning their hands consistently and properly, protecting patients by reducing the risk of infection.

Clean Hands Platform has real-time hand hygiene data available to support hand hygiene improvement. Quarterly hand hygiene reports are available at the provincial and zone levels to address areas requiring further attention.

Personal Protective Equipment (PPE) is a key element in preventing the transmission of disease-causing microorganisms. If not used properly, not only will PPE fail to prevent transmission, it may in fact contribute to the spread of disease.

Hand Hygiene

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

Hand Hygiene	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	66.4%	75.0%	79.8%	79.4%	82.4%	✓	90.0%
South Zone Total	78.5%	82.0%	82.5%	81.9%	84.8%	✓	90.0%
Chinook Regional Hospital	80.6%	85.0%	82.1%	80.0%	83.9%	✓	90.0%
Medicine Hat Regional Hospital	76.1%	77.5%	81.9%	81.6%	87.0%	✓	90.0%
All Other Sites	78.6%	85.0%	83.1%	83.6%	83.5%	✓	90.0%
Calgary Zone Total	59.0%	70.6%	78.2%	77.8%	80.7%	✓	90.0%
Alberta Children's Hospital	57.2%	74.4%	76.8%	76.8%	79.7%	✓	90.0%
Foothills Medical Centre	51.8%	66.2%	76.3%	76.3%	82.8%	✓	90.0%
Peter Lougheed Centre	62.2%	77.1%	84.8%	83.8%	78.6%	✗	90.0%
Rockyview General Hospital	61.7%	68.3%	74.2%	73.3%	82.9%	✓	90.0%
South Health Campus	58.7%	59.3%	68.6%	68.0%	75.6%	✓	90.0%
All Other Sites	63.2%	76.6%	80.0%	79.6%	78.4%	⇔	90.0%
Central Zone Total	63.7%	73.7%	80.6%	80.6%	80.9%	✓	90.0%
Red Deer Regional Hospital Centre	75.4%	69.4%	78.0%	78.0%	77.3%	✓	90.0%
All Other Sites	57.2%	76.8%	82.1%	82.3%	81.8%	✓	90.0%
Edmonton Zone Total	56.8%	73.9%	78.9%	78.2%	83.2%	✓	90.0%
Grey Nuns Community Hospital**	70.5%	75.0%	79.5%	71.2%	87.3%	✓	90.0%
Misericordia Community Hospital**	77.4%	75.8%	77.7%	77.4%	84.6%	✓	90.0%
Royal Alexandra Hospital	61.6%	75.3%	80.9%	79.6%	84.1%	✓	90.0%
Stollery Children's Hospital	58.1%	75.3%	78.7%	78.1%	79.9%	✓	90.0%
Sturgeon Community Hospital	58.9%	81.1%	84.2%	83.8%	85.1%	✓	90.0%
University of Alberta Hospital	42.9%	70.0%	74.4%	73.7%	85.2%	✓	90.0%
All Other Sites	57.5%	72.9%	78.7%	78.0%	81.7%	✓	90.0%
North Zone Total	66.0%	80.7%	87.2%	87.5%	88.6%	✓	90.0%
Northern Lights Regional Health Centre	56.2%	63.6%	87.9%	88.6%	87.8%	✓	90.0%
Queen Elizabeth II Hospital	68.4%	91.4%	95.8%	96.4%	91.9%	★	90.0%
All Other Sites	66.2%	73.5%	85.0%	85.0%	88.3%	✓	90.0%

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

** 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	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	85,687	269,345	397,386	296,663	288,208
South Zone	23,688	40,936	39,185	28,027	31,752
Calgary Zone	17,458	99,233	183,149	138,860	122,459
Central Zone	20,500	42,502	45,103	35,189	25,359
Edmonton Zone	10,277	42,904	100,910	71,784	93,388
North Zone	13,764	43,770	29,039	22,803	15,250

Hospital Mortality

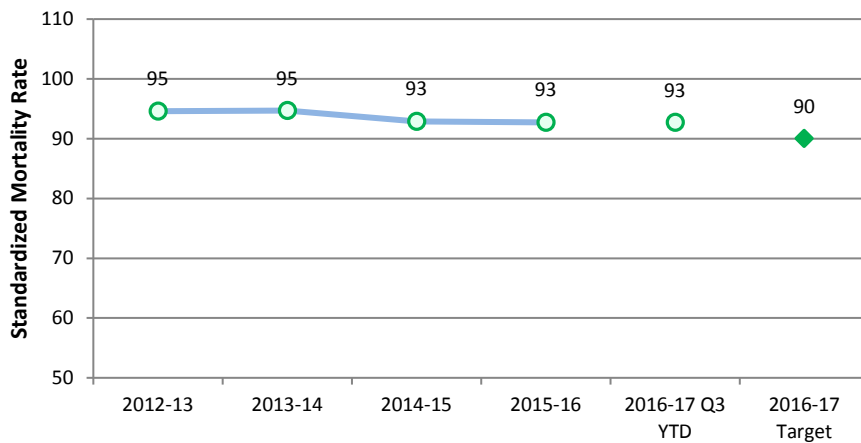
Measure Definition

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.

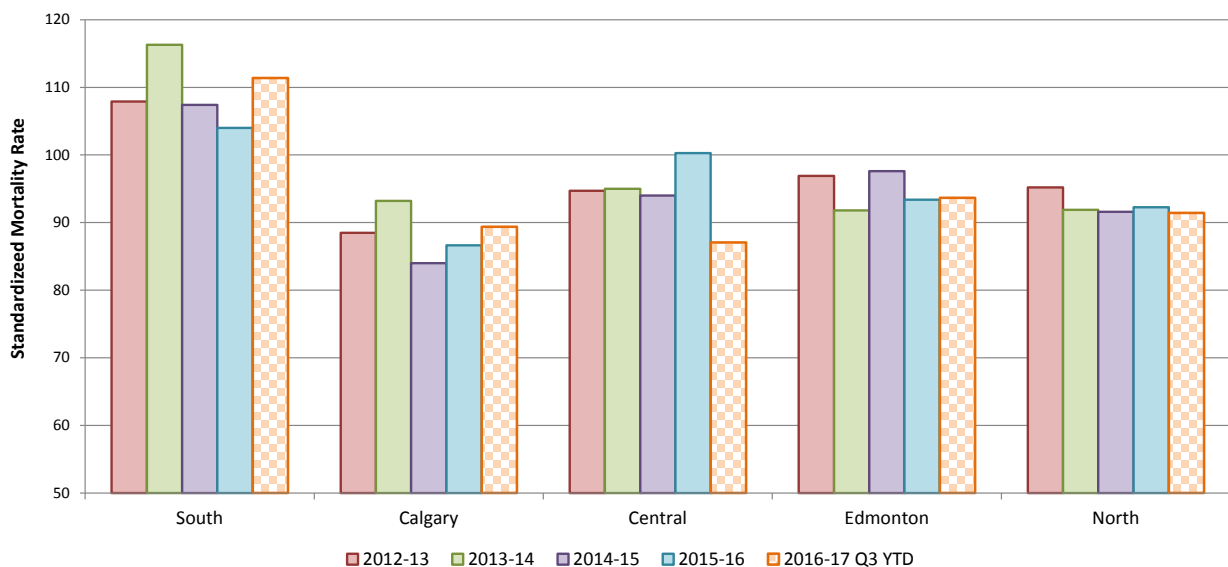
Hospital Standardized Mortality Rate - Annual



How Do We Compare?

Alberta ranked 5th nationally out of 9 provinces. Alberta is performing the same as the national rate in 2015-16.

Hospital Standardized Mortality Rate - By Zone



Hospital Mortality

ACTIONS

Zones have implemented several strategies proven to reduce mortality, including, but not limited to, multidisciplinary rounds, Rapid Response Teams, and the Ventilator Bundle (a group of interventions designed to improve care of patients on ventilators). Use of these strategies reduces the number of “code calls” — that is, “code blue,” cardiopulmonary arrest — per thousand discharges and the incidence of ventilator-associated pneumonia. Mortality can be consistently reduced through the use of a combination of evidence-based interventions.

Zones conduct pressure ulcer assessments on admission and re-assessments at regular intervals, provide education to clients and families, and evaluate and use results to make improvements.

Zones are implementing infection, prevention and control and hand hygiene initiatives to reduce *Clostridium difficile* infections (CDI) and other infection rates.

Strategic Clinical Networks are implementing National Surgical Quality Improvement Program / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care.

The Fragility & Stability Program, Hip Fracture Acute Care Pathway is an initiative that is reducing Hospital Mortality in orthopedics – e.g., getting patients to the operating room within 48 hours significantly reduces postoperative mortality.

SUMMARY

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.

This measure shows high sensitivity to variation in number of deaths from quarter to quarter. Working on understanding root cause if present with cases.

Central Zone met target again for Q3 YTD, and Edmonton Zone is performing better than the same period as last year. Provincially and three zones remain stable.

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.

AHS has training on pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.

Hospital Mortality

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

Hospital Standardized Mortality Rate	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	95	93	93	92	93	⇔	90
South Zone Total	116	107	104	102	111	✗	102
Chinook Regional Hospital	123	106	106	104	116	✗	97
Medicine Hat Regional Hospital	118	109	111	101	118	✗	105
All Other Hospitals	104	110	94	99	95	★	105
Calgary Zone Total	93	84	87	86	89	⇔	78
Foothills Medical Centre	97	92	94	91	93	⇔	80
Peter Lougheed Centre	86	83	84	85	97	✗	80
Rockyview General Hospital	91	74	78	81	84	⇔	74
South Health Campus	N/A	74	75	72	68	★	74
All Other Hospitals	102	93	91	94	102	✗	85
Central Zone Total	95	94	100	101	87	★	90
Red Deer Regional Hospital Centre	100	96	99	96	80	★	93
All Other Hospitals	92	93	101	103	91	✓	89
Edmonton Zone Total	92	98	93	94	94	✓	91
Grey Nuns Community Hospital	90	94	87	88	88	★	88
Misericordia Community Hospital	89	108	90	87	96	✗	95
Royal Alexandra Hospital	92	98	92	97	94	✓	92
Sturgeon Community Hospital	94	81	91	90	89	✓	79
University of Alberta Hospital	94	101	102	101	99	✓	94
All Other Hospitals	82	86	76	75	73	★	87
North Zone Total	92	92	92	89	91	⇔	88
Northern Lights Regional Health Centre	72	40	88	92	55	★	85
Queen Elizabeth II Hospital	83	93	98	86	95	✗	93
All Other Hospitals	96	96	91	90	93	⇔	88

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

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Eligible Cases	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	99,583	102,378	103,537	76,526	77,241
South Zone	8,154	8,321	8,148	6,053	6,250
Calgary Zone	32,933	34,027	34,624	25,430	25,714
Central Zone	12,400	12,945	12,848	9,544	9,646
Edmonton Zone	35,407	36,086	37,250	27,685	27,835
North Zone	10,689	10,999	10,667	7,814	7,796

Children's Mental Health Access

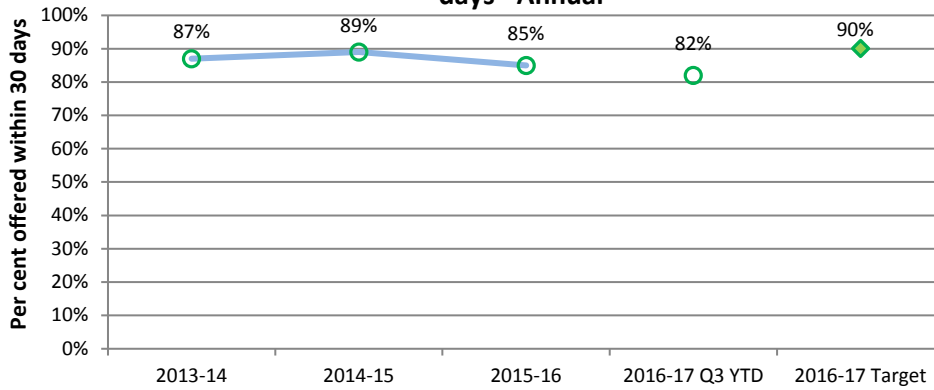
Measure Definition

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

Understanding this Measure

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

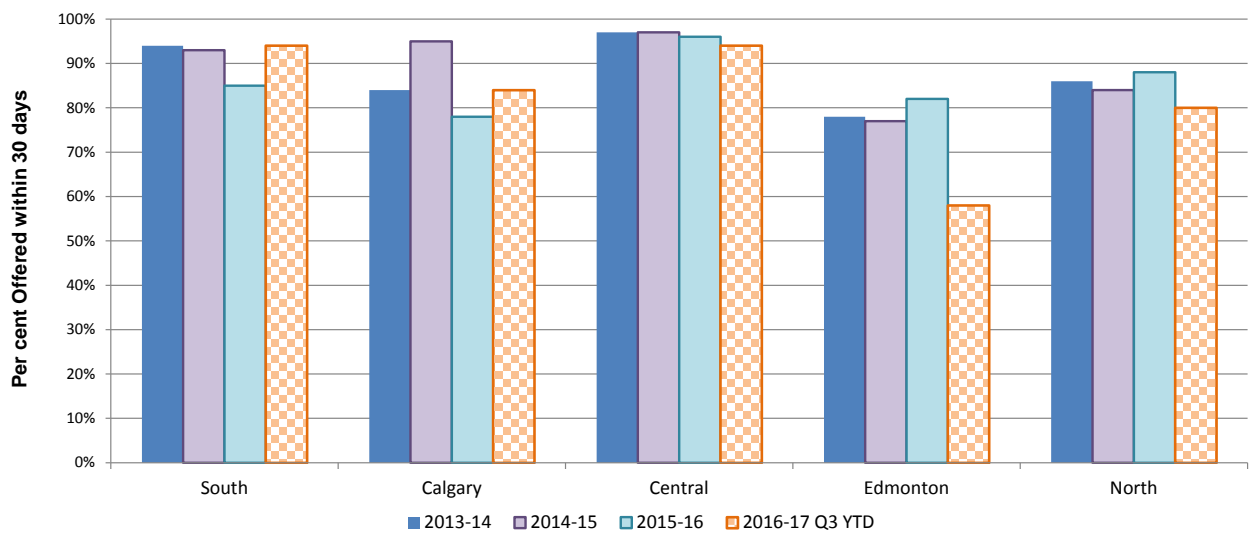
Children Offered Scheduled Mental Health Services within 30 days - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Children Offered Scheduled Mental Health Services within 30 days - Zone



Children's Mental Health Access

ACTIONS

South Zone is working closely with clinic staff to address supply and demand imbalances should wait times exceed 30 days.

Calgary Zone is creating a high level plan for Child and Adolescent Addiction and Mental Health. The Alberta Children's Hospital and Addiction and Mental Health will work collaboratively to ensure Psychiatric Emergency space and capacity needs are integrated into overall Emergency Department Space and Capacity Optimization Plans.

Central Zone will continue to work with Regional Collaborative School Delivery (RCSD) including the new First Nations RCSD planning. There has been an increase – of over 25 percent in enrollments for children community service and work is ongoing to manage this increased demand including planning underway for children's clinical service resources and operational supports enhancement. Central Zone is linking with the Addiction and Mental Health Strategic Clinical Network working group on best practice for borderline personality disorders.

Edmonton Zone is increasing capacity and geographic access for south-side residents and opening an integrated child's addiction and mental health clinic (Rutherford Clinic) to respond to increased referrals.

North Zone is reviewing plans for a Youth Mental Health day program in Grande Prairie and developing a child psychiatry workforce plan.

SUMMARY

South Zone met target for Q3 YTD and Calgary Zone performed better than the same period as last year. Central Zone also continues to offer a large majority of children an appointment within 30 days of referral (94%), similar to results from the South Zone.

Overall, there has been an improvement in Edmonton Zone in Q3 in the time to access children's mental health services when compared to Q2; however, year-to-date results have been impacted by increased demand for children's mental health services combined with staff vacancies/leaves that impact the availability of services and wait-times.

AHS is employing several improvement strategies to improve efficiency including: process improvement and service innovation, parenting programs and walk-in sessions, successful recruitment into long-standing vacancies, continuing with AIM work, implementation of regional collaborative school delivery projects as well as children and youth mental health projects via child and family services and primary care networks, expanded in-reach into high schools and improved access to care for families in south Edmonton through the newly opened Rutherford Clinic.

North Zone working closely with Edmonton Zone to redesign the delivery of child and adolescent psychiatry services through Telehealth to partially address the zone's child psychiatry recruitment challenges.

DID YOU KNOW

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

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

Children's Mental Health Access

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

Children Offered Scheduled Mental Health Services within 30 days	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	87%	89%	85%	88%	82%	✗	90%
South Zone	94%	93%	85%	83%	94%	★	93%
Calgary Zone	84%	95%	78%	83%	84%	✓	90%
Central Zone	97%	97%	96%	96%	94%	⇔	96%
Edmonton Zone	78%	77%	82%	92%	58%	✗	80%
North Zone	86%	84%	88%	88%	80%	✗	90%

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Number of new enrollments	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,456	7,947	8,870	6,628	6,403
South Zone	1,450	1,697	1,749	1,263	1,124
Calgary Zone	1,465	1,815	2,038	1,527	1,619
Central Zone	1,170	1,257	1,458	1,054	1,244
Edmonton Zone	1,852	1,562	1,703	1,238	1,362
North Zone	1,519	1,616	1,922	1,546	1,054

Access to Radiation Therapy

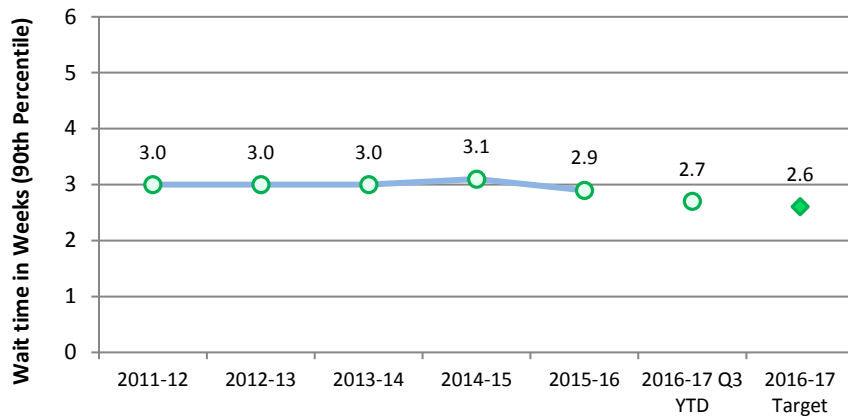
Measure Definition

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 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 Central Alberta Cancer Centre in Red Deer. The data applies only to patients receiving external beam radiation therapy.

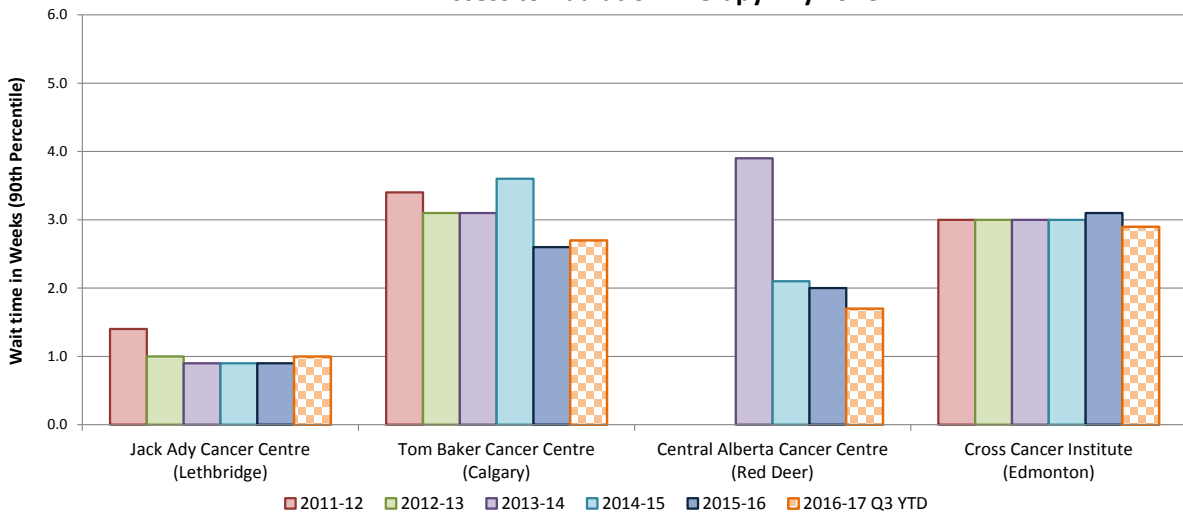
Access to Radiation Therapy - Annual



How Do We Compare?

Alberta ranks 3rd best nationally among nine provinces in Q2 YTD 2015-16.

Access to Radiation Therapy - By Zone



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

Work is underway to expand ambulatory clinic hours at the Cross Cancer Institute and the Tom Baker Cancer Centre.

Ambulatory clinic capacity will increase at seven community cancer clinics: Camrose, Bow Valley, Drayton Valley, Fort McMurray, High River, Barrhead and Bonnyville.

Significant capital project work is occurring across the province to improve infrastructure and address capacity issues for future patient cancer care.

SUMMARY

Jack Ady Cancer Centre (JACC) and Cross Cancer Institute Cancer Centre (CCI) achieved target for Q3 YTD. Provincially and Central Alberta Cancer Centre (CACC) demonstrated improvement from the same period as last year. Calgary's Tom Baker Cancer Centre (TBCC) had stable performance in wait time.

The number of cancer care patient visits increased by 5% while wait times for radiation therapy and chemotherapy remained steady.

The national wait time target is 28 days. This has been achieved by all facilities for the past 12 months. In addition, 90% of the provincial wait time target (18 days for first radiation treatment) was achieved for several referral tumor groups over the last 12 month including lung, lymphoma, genitourinary, skin, hematology and bladder; and 85% of the target was achieved for breast, prostate, gastro-intestinal and endocrine.

DID YOU KNOW

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

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

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

Radiation therapy will become available in the North Zone at the Grande Prairie Cancer Centre which is planned to open in 2019.

Access to Radiation Therapy

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)	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✖ Area requires additional focus							
Provincial	3.0	3.1	2.9	2.9	2.7	✓	2.6
Jack Ady Cancer Centre (Lethbridge)	0.9	0.9	0.9	1.0	1.0	★	1.0
Tom Baker Cancer Centre (Calgary)	3.1	3.6	2.6	2.6	2.7	⇔	2.6
Central Alberta Cancer Centre (Red Deer)	N/A	2.1	2.0	2.0	1.7	✓	1.4
Cross Cancer Institute (Edmonton)	3.0	3.0	3.1	3.1	2.9	★	2.9

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.
* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Number of patients who started radiation therapy	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,182	7,438	7,855	5,797	6,019
Jack Ady Cancer Centre (Lethbridge)	431	415	421	298	317
Tom Baker Cancer Centre (Calgary)	2,803	2,910	3,270	2,424	2,443
Central Alberta Cancer Centre (Red Deer) *	145	425	485	355	356
Cross Cancer Institute (Edmonton)	3,803	3,688	3,679	2,720	2,903

* 2013-14 Values for Central Alberta Cancer Centre are only for a partial year as it opened November 2013.

Hospital-Acquired *Clostridium difficile* Infections

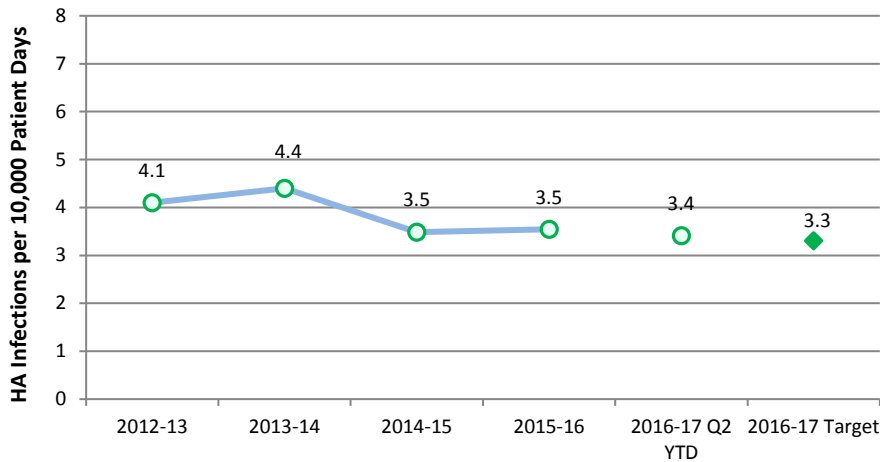
Measure Definition

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

Understanding this Measure

Some individuals carry CDI in their intestines while others may acquire it while in hospital. CDI 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 CDI trends provides important information about effectiveness of infection prevention and control strategies. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

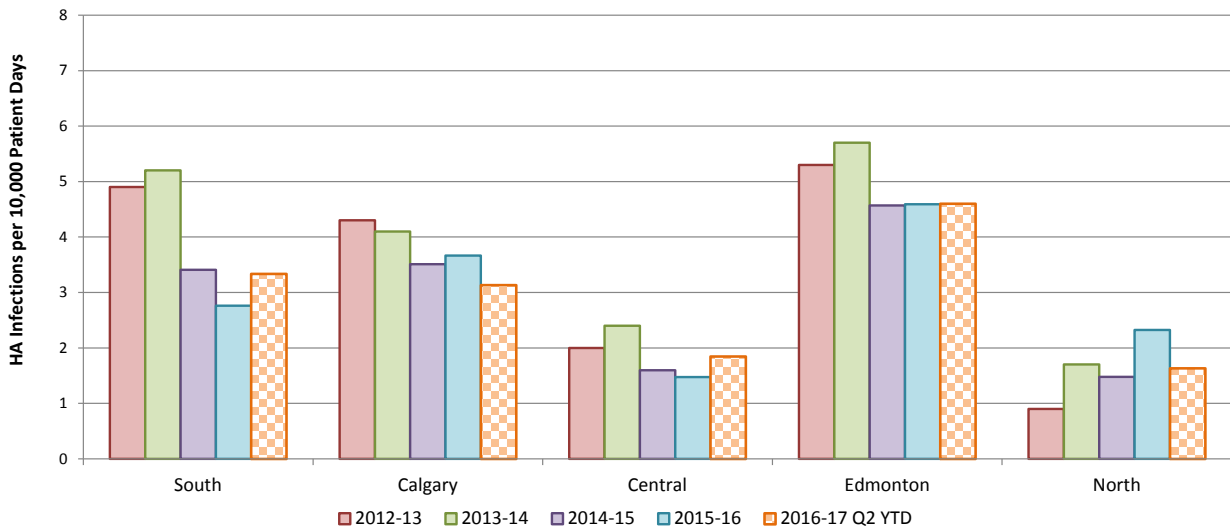
Hospital-Acquired *C-Difficile* Rate - Annual



How Do We Compare?

According to the Canadian Nosocomial Infection Surveillance Program based on 62 participating major Canadian hospitals, the Western region which includes Alberta has a lower rate of infections than the country overall. Alberta is performing better than the national average of 4.20 in January - June 2015.

Hospital-Acquired *C-Difficile* Infections - By Zone



Hospital-Acquired Infections

ACTIONS

Phase 1 of the Patient Clinical Equipment Program is being implemented at nine sites (Royal Alexandra Hospital, Glenrose Rehabilitation Hospital, University of Alberta Hospital, Sturgeon Community Hospital, Medicine Hat Regional Hospital, Chinook Regional Hospital, QEII Hospital, Northern Lights Regional Hospital, and Red Deer Regional Hospital).

All zones continue to implement the antimicrobial stewardship strategy. Zone Antimicrobial Stewardship working groups will review the defined daily dose/100 patient days for select antibiotics.

South Zone is implementing the *Clostridium difficile* infections (CDI) toolkit.

Calgary Zone is increasing the use of the CDI order set including the use of a CDI smartphone application by physicians to guide physicians when ordering antibiotics. Alberta Children's Hospital is developing and implementing guidelines for antibiotic use in several conditions (e.g. pneumonia, meningitis).

Central Zone is evaluating the use of CDI toolkit components across acute care facilities. They are also using tools to reduce CDI with a focus on equipment cleaning of Personal Protective Equipment and waste management.

Edmonton Zone is targeting units at the Stollery Children's Hospital with high infection rates with antimicrobial stewardship education. The zone is piloting a compact portable disinfection system at Royal Alexandra Hospital to help mitigate physical barriers to improving CDI and is also conducting a trial of enhanced room disinfection on the burn unit.

North Zone will roll out the CDI patient orders and care map across the zone.

SUMMARY

The most recent data for this measure is a quarter behind. This analysis is based on Q2 YTD 2016-17.

In AHS, there are established protocols for the cleaning of patient care areas which include increased cleaning for isolation rooms and focused attention on cleaning of shared patient equipment. Current initiatives in environmental services include: cleanliness audits with real-time reporting to support best practice in cleaning, introduction of designated equipment cleaners with accountability for cleaning of shared patient equipment such as wheelchairs, stretchers, IV poles, vital sign monitors, etc., and a pilot project using room disinfection technology.

Provincially and Edmonton Zone performed better than the same period as last year, Calgary Zone achieved target.

South and Central Zones experienced sporadic CDI cases during Q2 2016/17, there were no large clusters of infections. Work continues to implement the CDI toolkits.

DID YOU KNOW

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.

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.

Current Canadian Standards for construction of healthcare facilities advocate for the use of **single-patient rooms** and new acute care facilities in Alberta are being designed in alignment with these standards. However, in our existing healthcare facilities there are predominately multi-patient rooms, with four patients sharing a single bathroom. Clean patient care environments are so important.

Hospital-Acquired Infections

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 <i>C-Difficile</i> Infections	2013-14	2014-15	2015-16	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	4.4	3.5	3.5	3.5	3.4	✓	3.3
South Zone Total	5.2	3.4	2.8	2.1	3.3	✗	2.8
Chinook Regional Hospital	7.5	5.4	4.4	3.8	5.3	✗	4.4
Medicine Hat Regional Hospital	2.8	1.7	1.3	0.5	1.4	✗	1.3
All Other Hospitals	4.3	2.0	1.9	1.5	2.5	✗	1.9
Calgary Zone Total	4.1	3.5	3.7	3.6	3.1	★	3.4
Alberta Children's Hospital	3.5	1.4	4.1	3.8	0.9	★	3.5
Foothills Medical Centre	5.4	5.2	4.6	4.7	4.9	⇔	4.8
Peter Lougheed Centre	3.4	2.8	3.7	3.9	1.7	★	2.7
Rockyview General Hospital	4.0	3.2	3.4	2.8	3.1	✗	3.0
South Health Campus	N/A	2.3	2.6	2.7	2.1	★	2.2
All Other Hospitals	1.5	0.9	1.2	0.7	1.2	★	1.8
Central Zone Total	2.4	1.6	1.5	1.5	1.8	✗	1.5
Red Deer Regional Hospital Centre	3.3	3.1	2.5	2.7	2.9	✗	2.8
All Other Hospitals	2.0	1.0	1.0	0.9	1.4	✗	1.0
Edmonton Zone Total	5.7	4.6	4.6	4.9	4.6	✓	4.3
Grey Nuns Community Hospital	5.9	3.5	3.5	3.4	2.5	★	3.4
Misericordia Community Hospital	6.3	3.9	4.1	3.5	10.7	✗	3.5
Royal Alexandra Hospital	7.3	6.7	6.8	6.7	5.8	★	6.1
Stollery Children's Hospital	3.1	4.0	5.9	6.4	4.0	★	4.0
Sturgeon Community Hospital	9.3	6.0	7.4	9.7	4.2	★	5.3
University of Alberta Hospital	8.6	7.1	5.9	6.5	6.0	★	6.9
All Other Hospitals	1.9	1.4	1.8	2.2	1.7	✓	1.3
North Zone Total	1.7	1.5	2.3	1.4	1.6	✗	1.4
Northern Lights Regional Health Centre	0.7	2.0	0.7	0.7	0.9	★	1.0
Queen Elizabeth II Hospital	3.0	1.2	2.6	1.8	0.4	★	1.7
All Other Hospitals	1.5	1.5	2.5	1.4	2.1	✗	1.4

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

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Number of Cases	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	1,265	1,065	1,082	527	514
South Zone	101	69	59	22	34
Calgary Zone	374	353	368	177	155
Central Zone	100	68	63	31	39
Edmonton Zone	650	539	535	280	267
North Zone	40	36	57	17	19

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Mental Health Readmissions

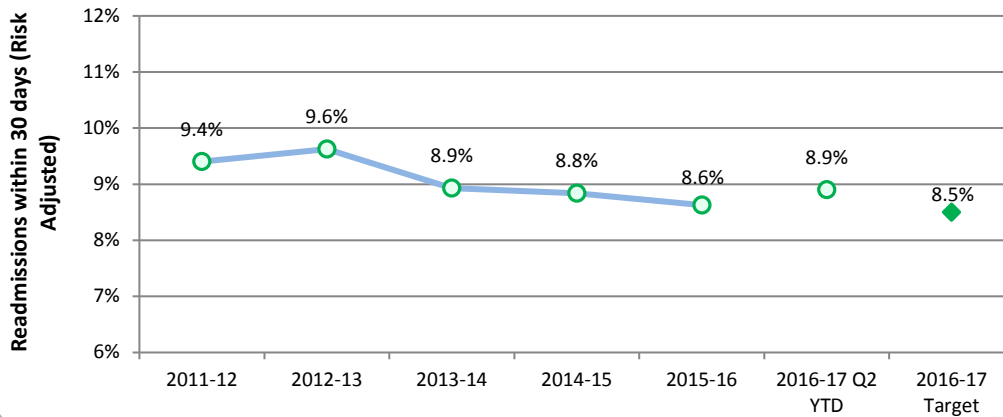
Measure Definition

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 appropriateness of discharge and follow-up care. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

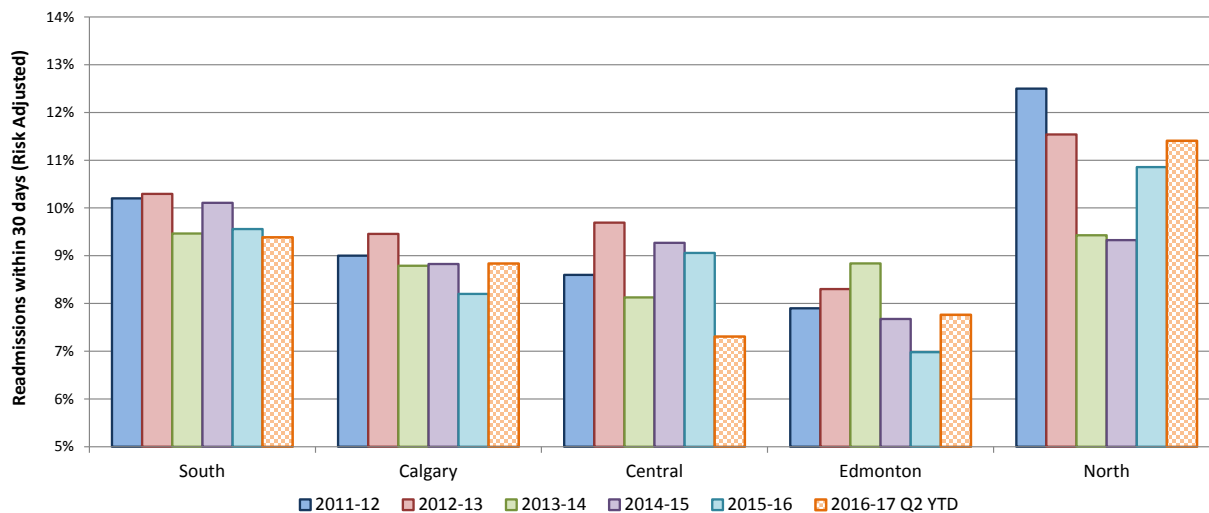
Mental Health Readmissions - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of ten provinces and better than the national rate in 2014-15.

Mental Health Readmissions - by Zone



Note: North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Mental Health Readmissions

ACTIONS

South Zone will continue to monitor on a monthly basis the readmission rates to acute psychiatry in Medicine Hat and Lethbridge. Readmission data along with other metrics (e.g., length of stay) will be used to both monitor and inform practice in an effort to minimize readmission. Length of stay and Readmission rates are standing items on the Psychiatry department meetings. As a result, psychiatrists are aware of and routinely discuss these data.

Calgary Zone patients are contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. The opening of the Mental Health Assessment Unit at Rockyview General Hospital (RGH) should reduce the need to readmit patients re-presenting at the RGH by providing a brief period of stabilization in the ED.

Central Zone continues multiple initiatives including: the Discharge Continuity Project to link inpatient and community services, and addresses the suicide risk management policy; enhanced mental health liaisons to support rural facilities, emergency departments, and other agencies continues; enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities; and advocate for additional supports and partner with Child and Family Services for community living.

Edmonton Zone is piloting an Adult Acute Transition Clinic at Alberta Hospital Edmonton to ensure timely access to post-discharge follow-up. Proactive engagement and staff cross-training will occur to improve timely discharge of long stay patients with complex needs to supported community housing.

North Zone is implementing a Youth Mental Health day program as well as developing a child psychiatry workforce plan.

SUMMARY

The most recent data for this measure is a quarter behind. This analysis is based on Q2 2016-17.

Central Zone achieved target for Q3 YTD, and South Zone performed better than the same period as last year.

In the Calgary Zone, there continues to be high demand on all addiction and mental health services. The zone has implemented initiatives to shorten inpatient LOS to increase patient flow but readmission rate may increase as patients are discharged sooner. There is natural variability that is unrelated to the performance of hospitals.

In the Edmonton Zone, the 30-day readmission rate is 5.2% for patients discharged only from acute mental health beds. The reported 7.8% 30-day readmission rate is due almost exclusively to patients with a mental health diagnosis who receive medical treatment in non-mental health beds. It is not uncommon to see small fluctuations in readmission rate between quarters, but despite these fluctuations, Edmonton Zone mental health readmission rates remain amongst the lowest in the province.

In the North Zone, demand and access to community mental health services is challenging. Redesign work is underway. High occupancy rates, over capacity and early ED discharge may all attribute to readmission. Also, there are challenges in recruiting in smaller rural and remote communities. North Zone implemented the Integrated Crisis and Access Team in Grande Prairie to offer access to triage and intake assessments. A pull system was established where a nurse at the Medical Detox Unit (MDU) calls to enquire about ED patients requiring medical detoxification and transport to MDU.

DID YOU KNOW

AHS will continue to reduce readmission rates for patients with severe and persistent mental health problems by continuing to use Community Treatment Orders (CTOs).

Community Treatment Orders (CTOs) are an important tool to supporting individuals with serious and persistent mental health illness to 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

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)	2013-14	2014-15	2015-16	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	8.9%	8.8%	8.6%	8.7%	8.9%	⇔	8.5%
South Zone	9.5%	10.1%	9.6%	10.0%	9.4%	✓	9.0%
Calgary Zone	8.8%	8.8%	8.2%	8.3%	8.8%	✗	8.5%
Central Zone	8.1%	9.3%	9.1%	9.9%	7.3%	★	9.0%
Edmonton Zone	8.8%	7.7%	7.0%	7.1%	7.8%	✗	7.0%
North Zone	9.4%	9.3%	10.9%	10.2%	11.4%	✗	10.0%

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Mental Health Discharges (Index)*	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	13,455	13,887	14,692	7,223	7,859
South Zone	1,503	1,485	1,511	762	849
Calgary Zone	4,716	5,099	5,385	2,613	2,698
Central Zone	1,483	1,615	1,894	963	971
Edmonton Zone	3,427	3,408	3,532	1,737	2,057
North Zone	2,326	2,280	2,370	1,148	1,284

*Total number of hospital stays for select Mental Health diagnoses. Excludes standalone psychiatric facilities such as Southern Alberta Forensic Psychiatric Centre (SAFPC) and Claresholm Centre for Mental Health and Addictions in Calgary Zone and Centennial Centre for Mental Health and Brain Injury (CMHBI) in Central Zone.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Surgical Readmissions

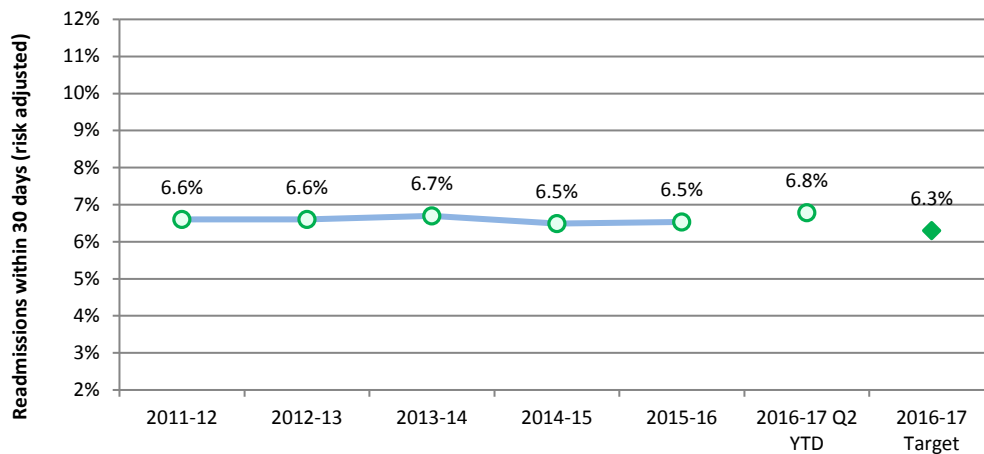
Measure Definition

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

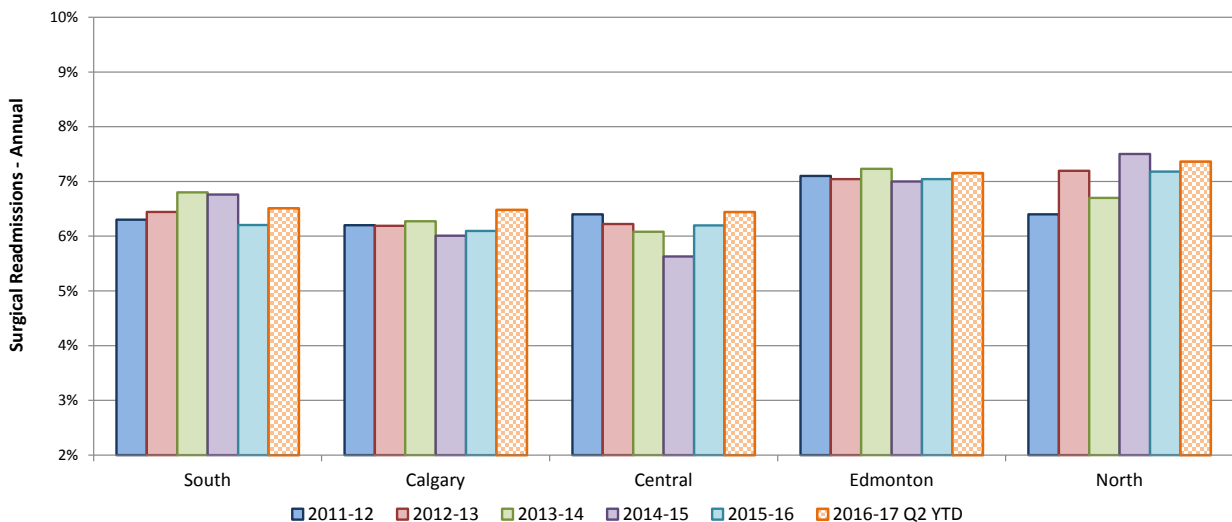
Surgical Readmissions - Annual



How Do We Compare?

Alberta ranked 5th best nationally out of ten provinces and the same as the national rate in 2014-15.

Surgical Readmissions - by Zone



Note: North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Surgical Readmissions

ACTIONS

Zones will continue the spread and scale of Enhanced Recovery After Surgery (ERAS) by implementing 12 new protocols at the largest tertiary centres already utilizing ERAS principles; and, expansion of the Colorectal Pathway to Red Deer Regional Hospital, Rockyview General Hospital and Chinook Regional Hospital.

Zones will continue to implement National Surgery Quality Improvement Project (NSQIP) with demonstrable quality improvement projects in five sites across Alberta. Trauma Quality Improvement Program (TQIP) will be implemented at Level 1/2 trauma centers in Alberta. This program is supported by the Surgery Strategic Clinical Network (SCN).

Zones will complete implementation and optimization of Adult Coding Access Targets for Surgery (aCATS) to help measure wait times and prioritize scheduled surgeries. This program is also supported by the Surgery SCN.

The Elder-Friendly Approaches to the Surgical Environment (EASE) research project will be implemented at other acute care sites across the province to improve surgical outcomes specifically for the aged.

SUMMARY

The most recent data for this measure is a quarter behind. This analysis is based on Q2 2016-17.

Provincially and three zones performed better than the same period as last year. Calgary Zone remained stable. South Zone Chinook Regional Hospital demonstrated deterioration, however, it is still achieving site target.

aCATs has been implemented in all sites performing surgery. This helps sites and zones develop diagnosis and urgency-based targets for surgery to assist with prioritizing the right patient at the right time for the right surgery.

NSQIP studies show half or more of all complications occur after the patient leaves the hospital, often leading to costly readmissions. NSQIP tracks patients for 30 days after their operation, providing a more complete picture of their care. This information helps inform best practice guidelines to help hospitals target problem areas and improve surgical outcomes. The additional tracking provides insight as to why patients are readmitted, how readmissions can be avoided and in some cases, a NSQIP follow-up phone call by a nurse can avoid readmission.

DID YOU KNOW

AHS is 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.

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.

Enhanced Recovery After Surgery (ERAS) helps patients get back to normal as quickly as possible by providing new and consistent ways of managing care before, during and after surgery.

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

Surgical Readmissions

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

Surgical Readmissions within 30 days (Risk Adjusted)	2013-14	2014-15	2015-16	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	6.7%	6.5%	6.5%	6.8%	6.8%	✓	6.3%
South Zone Total	6.8%	6.8%	6.2%	5.9%	6.5%	✗	6.0%
Chinook Regional Hospital	6.7%	7.8%	5.8%	5.3%	6.3%	★	6.6%
Medicine Hat Regional Hospital	7.2%	5.1%	6.7%	6.9%	6.9%	✓	5.2%
All Other Hospitals	4.9%	5.9%	8.5%	8.1%	7.4%	✓	5.4%
Calgary Zone Total	6.3%	6.0%	6.1%	6.4%	6.5%	⇔	5.9%
Foothills Medical Centre	6.8%	6.1%	6.4%	6.7%	6.8%	⇔	6.0%
Peter Lougheed Centre	5.6%	6.0%	6.2%	6.4%	6.4%	✓	5.9%
Rockyview General Hospital	6.2%	6.2%	5.9%	6.2%	6.2%	✓	6.1%
South Health Campus	N/A	5.9%	6.1%	7.0%	6.6%	✓	5.7%
All Other Hospitals	2.5%	1.6%	1.5%	0.9%	1.5%	★	1.7%
Central Zone Total	6.1%	5.6%	6.2%	6.5%	6.4%	✓	5.8%
Red Deer Regional Hospital Centre	6.1%	5.9%	6.3%	6.7%	6.9%	⇔	5.8%
All Other Hospitals	6.0%	4.6%	5.7%	5.7%	5.2%	★	5.8%
Edmonton Zone Total	7.2%	7.0%	7.0%	7.2%	7.2%	✓	6.5%
Grey Nuns Community Hospital	5.9%	5.8%	6.4%	7.3%	7.0%	✓	5.7%
Misericordia Community Hospital	6.9%	7.3%	6.6%	6.6%	7.1%	✗	6.8%
Royal Alexandra Hospital	7.5%	7.0%	6.9%	6.9%	6.7%	★	6.8%
Sturgeon Community Hospital	5.5%	5.9%	5.9%	6.0%	5.6%	★	5.7%
University of Alberta Hospital	8.2%	7.7%	8.0%	8.2%	8.1%	✓	7.3%
All Other Hospitals	4.1%	4.7%	4.7%	5.0%	4.2%	★	4.7%
North Zone Total	6.7%	7.5%	7.2%	8.1%	7.4%	✓	7.1%
Northern Lights Regional Health Centre	6.5%	7.6%	6.6%	6.4%	N/A	N/A	6.8%
Queen Elizabeth II Hospital	7.2%	7.8%	7.4%	8.6%	7.0%	★	7.4%
All Other Hospitals	6.0%	7.0%	7.0%	8.0%	7.2%	✓	6.8%

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Eligible Surgical Cases (Index)*	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	90,811	92,530	93,178	45,725	46,451
South Zone	5,471	5,432	5,396	2,678	2,695
Calgary Zone	36,315	37,846	38,972	19,016	19,436
Central Zone	7,784	7,859	7,835	3,906	4,036
Edmonton Zone	36,295	36,672	36,267	17,826	18,137
North Zone	4,946	4,721	4,708	2,299	2,147

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

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Satisfaction with Hospital Care

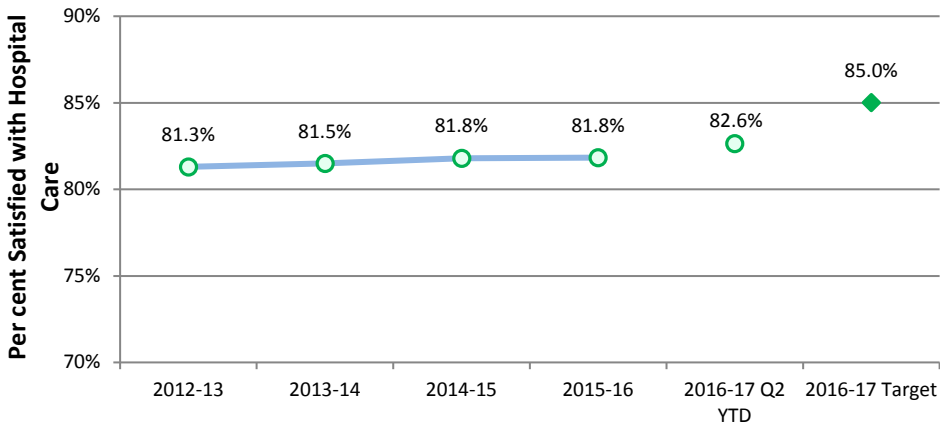
Measure Definition

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. This measures acceptability.

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

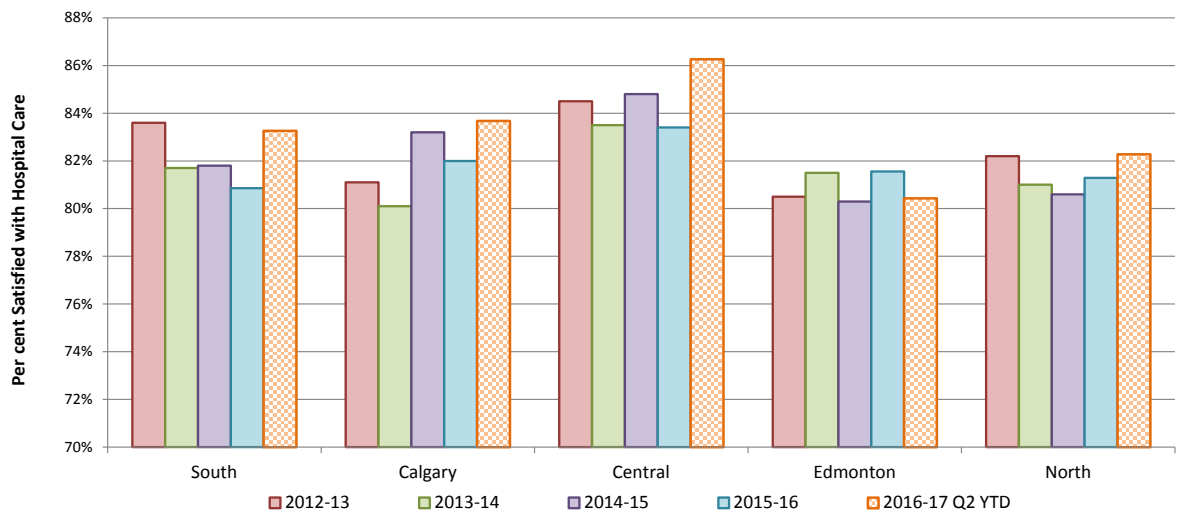
Satisfaction with Hospital Care - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Satisfaction with Hospital Care - By Zone



Note: North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

Satisfaction with Hospital Care

ACTIONS

The Patient First Strategy will enter the implementation phase across all five zones.

South Zone is implementing the Patient First Strategy including patient engagement.

Calgary Zone is outlining the range of Family Presence Practices available and moving towards consistency across sites of Family Presence Practices.

Central Zone increased the number of patient advisors involved in acute care committees and other engagement activities as well as staff cultural sensitivity training.

Edmonton Zone implemented several initiatives at multiple sites including: patient focus practices of Name Occupation Duty (NOD); patient satisfaction evaluation process to improve the patient/family experience; new Patient Experience Office at the Royal Alexandra Hospital; actions to improve satisfaction with hospital care at the UAH including standardization of site-wide flexible visiting hours and conducting a patient experience project in Medicine focusing on improving the patient's experience with Over Capacity Protocol.

North Zone will develop an Always Events Change Management Plan to spread patient- and family-centred care best practice within the zone.

SUMMARY

The most recent data for this measure is a quarter behind. This analysis is based on Q2 2016-17.

All five zones will complete Phase 1 CoACT elements and continue to implement Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include: integrated care suite, quality suite, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit, collaborative care team, collaborative care orientation, team charters and partnerships with support services.

Central Zone achieved target for Q3 YTD. Provincial and three zones performed better than the same period as last year. Edmonton Zone's performance was stable.

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.

ALWAYS events refer to elements of the patient experience that are so vital to patients and families that healthcare providers should strive to ALWAYS get them right.

Satisfaction with Hospital Care

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	2013-14	2014-15	2015-16	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ better or ⇔ stable than prior period*, ✗ Area requires additional focus							
Provincial	81.5%	81.8%	81.8%	82.2%	82.6%	✓	85.0%
South Zone Total	81.7%	81.8%	80.9%	81.1%	83.3%	✓	86.0%
Chinook Regional Hospital	80.5%	76.6%	78.2%	78.0%	83.3%	✓	84.0%
Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	83.7%	81.9%	⇔	86.0%
All Other Hospitals	83.5%	88.3%	87.2%	85.5%	87.6%	✓	90.0%
Calgary Zone Total	80.1%	83.2%	82.0%	82.9%	83.7%	✓	85.0%
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	76.6%	80.8%	80.8%	81.7%	81.6%	✓	82.0%
Peter Lougheed Centre	80.9%	79.9%	77.2%	77.7%	80.6%	✓	81.0%
Rockyview General Hospital	82.9%	85.4%	81.7%	83.3%	84.0%	✓	87.0%
South Health Campus	Opened February 2013		90.1%	91.5%	91.4%	★	90.0%
All Other Hospitals	79.3%	90.3%	92.9%	91.8%	92.4%	★	92.0%
Central Zone Total	83.5%	84.8%	83.4%	83.4%	86.3%	★	86.0%
Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	82.6%	84.9%	★	84.0%
All Other Hospitals	84.5%	86.7%	84.8%	84.3%	87.4%	★	87.0%
Edmonton Zone Total	81.5%	80.3%	81.6%	81.9%	80.4%	⇔	84.0%
Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.3%	86.1%	✓	88.0%
Misericordia Community Hospital	78.5%	75.3%	77.2%	75.7%	79.6%	✓	80.0%
Royal Alexandra Hospital	79.9%	76.5%	77.3%	77.7%	76.9%	⇔	80.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	89.8%	87.6%	89.8%	89.8%	86.9%	⇔	88.0%
University of Alberta Hospital	77.1%	80.2%	83.5%	85.0%	79.1%	✗	88.0%
All Other Hospitals	70.9%	85.3%	86.3%	86.1%	85.3%	✓	86.0%
North Zone Total	81.0%	80.6%	81.3%	81.3%	82.3%	✓	84.0%
Northern Lights Regional Health Centre	75.4%	74.7%	78.6%	78.9%	87.6%	★	78.0%
Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	78.9%	80.1%	✓	81.0%
All Other Hospitals	83.4%	83.7%	83.5%	83.0%	82.9%	✓	85.0%

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.

* "Stable" trend indicates when current period performance (Q3 year-to-date) is within 5% from the same time period as last year.

Total Eligible Discharges	2013-14	2014-15	2015-16	Q2 YTD		Number of Completed Surveys	Margin of Error (95% Confidence Interval)
				2015-16 Last Year	2016-17 Current		
Provincial	183,462	200,428	218,546	104,297	124,473	12,996	0.65%
South Zone	18,271	19,341	19,737	9,955	9,985	1,069	2.24%
Calgary Zone	45,800	51,199	61,044	26,629	42,134	4,304	1.10%
Central Zone	26,134	28,254	29,272	14,679	14,900	1,631	1.67%
Edmonton Zone	68,913	76,197	82,559	40,061	44,919	4,554	1.15%
North Zone	24,344	25,437	25,934	12,973	12,535	1,438	1.97%

Note: If within the margin of error, trend is not significant and reported to be "stable".

Margin of error: estimated to be accurate within this margin of error, 19 times out of 20.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement in Fort McMurray due to the wildfires in Q1.