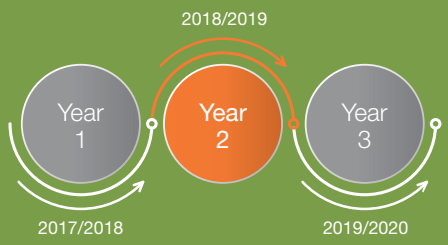
**Q2 2018 - 2019 Health Plan Update**
**(July 1, 2018-September 30, 2018)**




# Measuring our progress.

## A healthier future. Together.

Prepared by AHS Planning and Performance - January 29, 2019

Alberta Health Services

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# EXECUTIVE SUMMARY

The Alberta Health Services (AHS) Year 2 2017-20 Health Plan and 2018-19 Business Plan provides a roadmap of how AHS will meet its priorities and direction on how it will measure performance throughout the fiscal year. The quarterly report provides updates on progress.

The 2018-19 quarterly update is designed according to the 12 objectives stated in Year 2 2017-20 Health Plan and 2018-19 Business Plan. It includes an update on actions and measures from the Action Plan and Alberta Health priorities as well as the 13 AHS Performance Measures.

The 13 performance measures are reported as follows:

Two measures are reported annually when data is available:

- Perinatal Mortality among First Nations
- AHS Workforce Engagement

Eleven measures are reported quarterly:

- Seven measures include the most current data available (Q2) with comparable historical data.
- Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q1 data will be reported in Q2; Q2 is reported in Q3, and so on). Three measures rely on patient follow-up, generally after they have been discharged from care. One measure (Disabling Injury Rate) is reported one quarter later as data continues to accumulate as individual employee cases are closed.

Q2 Results (July 1, 2018 to September 30, 2018) for the eleven performance measures available are as follows:

91% (10 out of 11) of the performance measures are better or stable from the same period last year. Improvements were noted for the following six measures while four remain stable.

- Percentage Placed in Continuing Care in 30 days
- Percentage of Alternate Level of Care Patient Days
- Timely Access to Specialty Care (eReferral)
- Wait Time for Addiction Outpatient Treatment
- Hand Hygiene Compliance Rate
- Disabling Injury Rate

9% (1 out of 11) of the performance measures did not improve from the same period as last year.

- Percentage of Nursing Units Achieving Best Practice Efficiency Targets noted deterioration provincially (Q2 2018-19 data results (33%) are lower compared to the same period last year (35%)). Deterioration was also noted in Edmonton and North Zones. Areas with lower number of nursing units (e.g., North Zone) will typically demonstrate more variation in this measure and will fluctuate quarter to quarter. Edmonton Zone deteriorated slightly from the same period as last year (39% in Q2 2017-18 compared to 36% in Q2 2018-19). Given that some sites have deteriorated, a Resource Team model has been implemented to provide appropriate support for these areas to help implement operational best practice plans.

AHS has identified actions aligned to our Year 2 2017-20 Health Plan and 2018-19 Business Plan which will help us achieve our targets by year end. Through this process, we know that it takes time to build capacity and mobilize resources, implement initiatives and realize targeted results.

## Q2 Measures Dashboard

The Q2 results are summarized below for the 13 performance measures. For more detail, refer to the Appendix.

### Improve Patients' and Families Experiences

**56.9%** of people were **Placed in Continuing Care within 30 days**

Q2YTD 2018-19 Trend: ⬆ Target 58%

**16.1%** of bed days were used by people whose care needs could be met by an **Alternate Level of Care**

Q2YTD 2018-19 Trend: ⬆ Target 13.5%

**10** physician specialty services with **eReferral Advice Request** were implemented

Q2YTD 2018-19 Trend: ⬆ Target 15

**82.8%** of patients said they were **Satisfied with their Hospital Experience**

Q1YTD 2018-19 Trend: ➡ Target 85%

90% of people received their first appointment to **Addiction Outpatient Treatment** within **14 Days**

Q1YTD 2018-19 Trend: ⬆ Target 11 days

### Improve Patient and Population Outcomes

**13.5%** **Unplanned Medical Readmissions** to hospital within 30 days of being discharged

Q1YTD 2018-19 Trend: ➡ Target 13.3%

**8.4** **Perinatal Mortality** rate among **First Nations**

**5.5** per 1,000 births **Perinatal Mortality** rate among **Non First Nations**

Gap-> 2016: **4.94** 2017: **2.90**

2017 Trend: ⬆ AHS' focus is to reduce the gap between First Nations and non-First Nations

**87%** **Hand Hygiene compliance rate** for AHS Healthcare Workers

Q2YTD 2018-19 Trend: ⬆ Target 90%

**77.8%** of children received the required dose of **DTaP-IPV-Hib** immunization** by age 2

Q2YTD 2018-19 Trend: ➡ Target 82%

**86.9%** of children received the required dose of **MMR** immunization** by age 2

Q2YTD 2018-19 Trend: ➡ Target 89%

### Improve the Experience and Safety of Our People

**3.46** Our **Engagement Rates** were above average compared to other Canadian workplaces out of 5

2017-18 Next survey in 2019-20 Target 3.67

**3.59** **Disabling injury rate** for the province remained stable from the same period last year per 200,000 hours

Q1YTD 2018-19 Trend: ⬆ Target 3.40

### Improve Financial Health and Value for Money

**33%** of Nursing Units at AHS' 16 largest sites were **Achieving Best Practice Efficiency Targets**

Q2YTD 2018-19 Trend: ⬇ Target 40%

**Connect Care**

Major milestones for Connect Care were met in Q2.

**Legend - Annual Comparison Trend:**

- ★ Target Achieved ⬆ Improvement
- ➡ Stable: ≤3% change between compared periods
- ⬇ Area requires additional focus

Annual Comparison compares data from the most recent period to the same time period last year and may or may not indicate statistical significance of the results.

** DTaP-IPV-Hib = Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus influenzae* Type B

** MMR = Measles, mumps, rubella

YTD = Year to date

# OBJECTIVE 1: MAKE THE TRANSITION FROM HOSPITAL TO COMMUNITY-BASED CARE OPTIONS MORE SEAMLESS.

## WHY THIS IS IMPORTANT

Increasing the number of home care services and community-based options reduces demand for hospital beds, improves the flow in hospitals and emergency departments and enhances quality of life.

AHS has two performance measures to assess how quickly patients are moved from hospitals into community-based care.

## AHS PERFORMANCE MEASURE

*People Placed in Continuing Care within 30 Days* is defined as the percentage of clients admitted to a Continuing Care Living Option (i.e., designated supportive living levels 3, 4, and 4-dementia or long-term care) within 30 days of the assessed and approved date the client is placed on the waitlist.

## UNDERSTANDING THE MEASURE

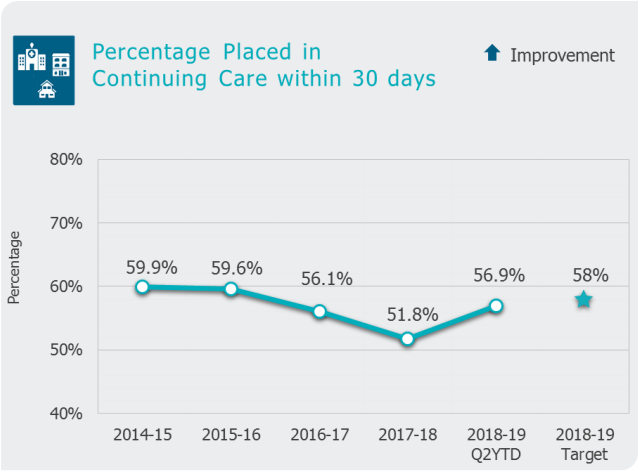
Timely and appropriate access to Continuing Care Living Options is a major issue in Alberta. By improving access to a few key areas, AHS will be able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost-effective manner. Timely placement can also reduce the stress and burden on clients and family members.

AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their health care service needs and lifestyles.

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care settings. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

## HOW ARE WE DOING

2018-19 Q2YTD results indicate that this measure improved from the same period as last year (56.9% 2018-19 Q2YTD compared to 51.2% in 2017-18 Q2YTD).




Source: Meditech and Stratahealth Pathways

## WHAT WE ARE DOING

In the first six months of 2018-19, AHS has opened 1,031 new continuing care beds. In Q2, AHS opened 477 new continuing care beds, which is more than the 2017-18 fiscal year total. Since 2010, AHS has opened 7,227 new beds to support individuals who need community-based care and supports (including palliative).

AHS opened three new continuing care facilities in Q2:

- MacLeod Pioneer Lodge (re-opened, South Zone)
- Bethany Riverview (Calgary Zone)
- Points West Living Wetaskiwin (Central Zone)
- Bar V Nook Supportive Living (North Zone)

For 2018-19 Q2YTD, the average wait time for continuing care placement from acute/sub-acute care was 50 days compared to 51 days for the same period last year. The number of people waiting in acute/sub-acute care is 622 as of September 30, 2018 compared with 896 people waiting last year; a 31% improvement over last year.

For 2018-19 Q2YTD, there were 3,958 people placed into continuing care from acute/sub-acute care and community compared to 3,877 people for the same period last year. Of this, 38% of clients were placed from the community.

It is important to note that not all of these patients are waiting in an acute care hospital bed. Many are staying in transition beds, sub-acute beds, restorative/ rehabilitation care beds, and rural hospitals where system flow pressures and patient acuity are not as intense.

## AHS PERFORMANCE MEASURE

*Percentage of Alternate Level of Care Patient Days* is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care provided in a hospital setting and the patient's care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

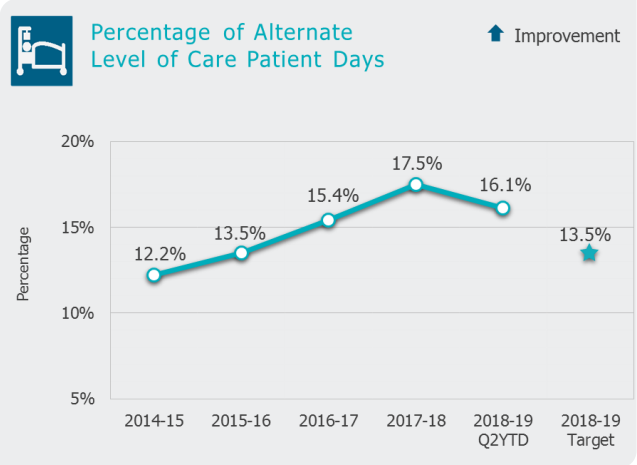
## UNDERSTANDING THE MEASURE

Hospital beds are being occupied by patients who no longer need acute care services while they wait to be discharged to a more appropriate setting. These hospital days are captured in hospitalization data as patients are waiting for an alternate level of care.

If the percentage of ALC days is high, there may be a need to focus on ensuring timely accessibility to options for ALC patients. Therefore, the lower the percentage the better.

## HOW WE ARE DOING

2018-19 Q2YTD results indicate that this measure improved from the same period as last year (16.1% in 2018-19 Q2YTD compared to 17.3% in 2017-18 Q2YTD).




Source: Discharge Abstract Database (DAD) - AHS Provincial

## WHAT WE ARE DOING

Enhancing Care in the Community (ECC) is the roadmap for improving community-based care and services and reducing reliance on acute care services. The goal of ECC is to ensure that Albertans receive high quality care while we shift the focus of our current hospital-based care system to a community-based care focus. This way, we can provide patient-centred care within local communities, keeping Albertans out of hospital when not required. This, in turn, frees up beds for those who really need them.

| Program Goal | Q2 Update |
|---|---|
| **Expansion of Home Care Services and Palliative Care Services** | |
| To enable people to live their homes for longer. | Approx. 85% of planned staff have been hired.<br>Home care referrals and services provided have increased in Q2 by 24%. |
| Palliative Care Services | Approx. 30% of planned staff have been hired.<br>A number of palliative education sessions have been completed with continuing care staff; many related to symptom management and hospice care. |
| **Emergency Medical Services Programs (Community Paramedic Teams, and Assess, Treat and Refer processes)** | |
| To offer treatments and services in the community to reduce use of emergency department and acute care services. | Approx. 90% of planned staff have been hired and training continues.<br>Rural Community Response Teams (CRT) are active in North, Central and South zones with approximately 3,000 patient events in 2018-19. |
| **Virtual Hospital in Edmonton Zone** | |
| To deliver specialized transitional care by moving patients from hospital to community. | Program service model components have been validated and socialized. There are 22 patients enrolled in the program with multiple health issues who are being supported with extended social, medical, pharmacological and system-wide case management in their homes. |
| **Complex Care Hub at Rockyview General Hospital in Calgary** | |
| To provide Hospital-at-Home-like program (inpatient admission, case management and collaboration with patient's health home). | 54 clients have been receiving service within the program in 2018-19. All patients have complex care plans.<br>The team has engaged with all acute care lab sites for Community Paramedics to drop off client specimens at all sites to reduce travel time. |
| **Enhanced Respite Day Programs in North Zone** | |
| To offer enhanced home care service options (including respite) to community clients. | Approx. 15% of planned staff have been hired.<br>Active recruitment continues.<br>Delivered two front line education sessions. |
| **Calgary Rural Palliative In-Home** | |
| To increase equitable access for clients to palliative home care services in rural areas. | The program has served 38 new clients this fiscal year (173 total year to date client days).<br>The program continues to authorize new rural clients and support current clients. |
| **Intensive Home Care** | |
| To support clients in their homes while awaiting an alternate level of care. | Approx. 70% of planned staff have been hired.<br>Focus is on creating awareness of programs and developing education resources. |
| **Community Support Teams** | |
| To support complex patients that require extensive interventions. | Approx. 70% of planned staff have been hired.<br>Programs are training staff on complex behaviors, identifying supporting resources and compiling resources for sites. The program is providing home care services to an increased number of clients waiting in the community for ALC assessments.<br>Seniors Assess and Treat team processes have been developed and are working toward implementation. |

AHS continues to provide Dementia Advice through Health Link 811 affording Albertans equitable access to dementia supports across the province. The total number of referrals in Q2 2018-19 increased by more than 40% compared to Q2 last year.

# OBJECTIVE 2: MAKE IT EASIER FOR PATIENTS TO MOVE BETWEEN PRIMARY, SPECIALTY AND HOSPITAL CARE.

## WHY THIS IS IMPORTANT

Work continues to strengthen and improve primary healthcare across the province. Together with Albertans, Alberta Health, primary care and other healthcare providers, AHS is making changes to improve how patients and their information move throughout the healthcare system.

Alberta Netcare eReferral is Alberta's first paperless referral solution and offers healthcare providers the ability to create, submit, track and manage referrals throughout the referral process.

Alberta Netcare eReferral Advice Request provides primary care physicians with the ability to request advice from other physicians or specialty services that support patient care in the community.

## AHS PERFORMANCE MEASURE

*Timely Access to Specialty Care (eReferrals)* is defined as the number of physician specialty services with eReferral Advice Request implemented.

## UNDERSTANDING THE MEASURE

Having more specialists providing advice for non-urgent questions and being able to do so in an electronic format, may prevent patients from waiting for an appointment they don't need, provide them with care sooner, and support them better while they are waiting for an appointment. This allows primary care physicians to support their patients in getting access to the most appropriate specialist in a timely manner.

The number of specialties using eReferral Advice Request is a cumulative measure. The more specialties implementing eReferral, the closer we are to achieving target.

## HOW WE ARE DOING

Ten new clinical specialties have launched eReferral Advice Request in 2018-19. Recruitment is ongoing for Q3 and Q4 to make progress towards achieving the 2018-19 target of implementing 15 new specialties.

## WHAT WE ARE DOING

Primary Health Care

AHS supports the implementation of the Primary Care Network (PCN) Governance Framework through the development of Zone PCN Service Plans. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health and frail elderly. A companion guide with tools and resources from each service planning stream is in development.

AHS is working with Alberta Health to improve patient attachment across the zones. The Central Patient Attachment Registry (CPAR) is a provincial system that shows the relationship between a primary provider and their patients. CPAR will improve continuity of care by promoting stronger ongoing relationships with all members of the care team, improving information sharing and enhancing care coordination. Each zone is working with PCNs to better coordinate patient connections to family physicians.

The following activities are underway to support the launch of the new Primary Health Care Integration Network (PHCIN).

- Development of a PHCIN Transformational Road Map (strategic plan); content is being finalized based on stakeholder feedback.
- Development of a pathway and service model to support Home-to- Hospital-to-Home transitions, Keeping Care in the Community and Primary Care-to-Specialty-and-Back is ongoing. This work is being done across SCNs for consistency in approach.
- All zones are making progress toward implementing their Home-to-Hospital-to-Home transitions work. The PHCIN is taking the lead on developing draft guidelines and minimum specifications to support implementation of identified improvements.
- Partnerships are being explored in new areas. For example, the Trico Changemakers studio is a co-working space where innovation and learning is fostered through collaboration and sharing.

- AHS is collaborating with Mount Royal University in Calgary for the establishment of an AHS Design Lab which supports groups to use design thinking to address ideas on how to keep patients with complex care needs in the community.

AHS is focusing on improving coordination of care between acute, primary and community care through the development and implementation of clinical pathways, such as the digestive health primary care pathway, heart failure pathway and chronic obstructive pulmonary disease pathway.

As of August 1, 2018 a provincial system of record for health referral information went live. The Alberta Referral Directory (ARD) is a secure, online directory that healthcare providers can use to easily access all referral information, making finding and selecting the right consultant and/or service easier. This will mean less delays and frustration for both providers and patients. As of September 30, 2018, 2,500 services have up-to-date profiles in the ARD; this represents a 10% improvement from last quarter.

Work continues on the Patients Collaborating with Teams (PaCT) initiative which helps primary care teams to better support patients to maintain their health by establishing new innovation hubs to test ideas. In Q2, resources were developed and disseminated to clinics. Content was focused on strategies to improve access and continuity, goal setting and data standardization.

AHS continues to promote the Alternate Relationship Plan (ARP) to provide physician services in First Nation and Métis Communities to increase access to primary care. As of Q2 2018-19, there were 28 physicians in three urban settings and 11 communities.

CancerControl

Capital project update in cancer care:

- Calgary Cancer Project design and construction phases are on schedule.

- Grande Prairie Cancer Centre construction is proceeding with issues related to construction. Recruitment is actively underway.

AHS is working with Alberta Infrastructure to replace an existing linear accelerators at the Cross Cancer Institute in Edmonton. In addition, the new linear accelerator at the Tom Baker Cancer Centre is now operational. A linear accelerator is the device most commonly used for radiation treatments.

Recruitment is underway to support increased access to specialty cancer services as well as support for patients waiting for cancer surgery whose wait times are beyond recommended wait times for systemic therapy, radiation therapy and supportive care. There has been a 3% increase in the number of patient visits compared to Q2 2017-18.

AHS continues to implement End of Treatment and Transition of Care processes for patients and primary care providers in eight early stage, curative populations (Breast, Prostate, Testicular, Cervical, Endometrial, Hodgkin's, B cell lymphoma and colorectal).

Emergency Medical Services (EMS)

Resource implementation for EMS' Mobile Integrated Healthcare Program is complete in all five zones. The program provides short-term, community based, non-emergent medical support to vulnerable populations such as frail elderly, individuals aging in place or persons with disabilities, at risk of a hospital admission. It provides the right care, at the right time and in the right place to improve health and reduce reliance on acute care services. There are 19 community response teams.

Targets for EMS response times for life threatening events in metro, rural and remote areas were met in Q2 2018-19. Q2 2018-19 results for towns with a population greater than 3,000 slightly exceeded target of 15 minutes by 43 seconds. Variances from baselines are within expected limits.

The time to dispatch of the first ambulance (includes verifying the emergency location, identifying the closest ambulance and alerting the ambulance crew) remained steady compared to the same period as last year.

In Q2, EMS added four new ambulances; one in Medicine Hat and one in Grande Prairie. Two are not yet operationalized.

Work is on track to complete helipad upgrades in both Jasper and Fort McMurray.

# OBJECTIVE 3: RESPECT, INFORM, AND INVOLVE PATIENTS AND FAMILIES IN THEIR CARE WHILE IN HOSPITAL.

## WHY THIS IS IMPORTANT

AHS strives to make every patient's experience positive and inclusive. Through the Patient First Strategy, we will strengthen AHS' culture and practices to fully embrace patient- and family-centred care, where patients and their families are encouraged to participate in all aspects of the care journey.

## AHS PERFORMANCE MEASURE

*Patient Satisfaction with Hospital Experience* is defined as the percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0-10, where 10 is the best possible rating. The specific statement used for this measure is, "We want to know your overall rating of your stay at the hospital."

The survey is conducted by telephone on a sample of adults within six weeks of discharge from acute care facilities.

## UNDERSTANDING THE MEASURE

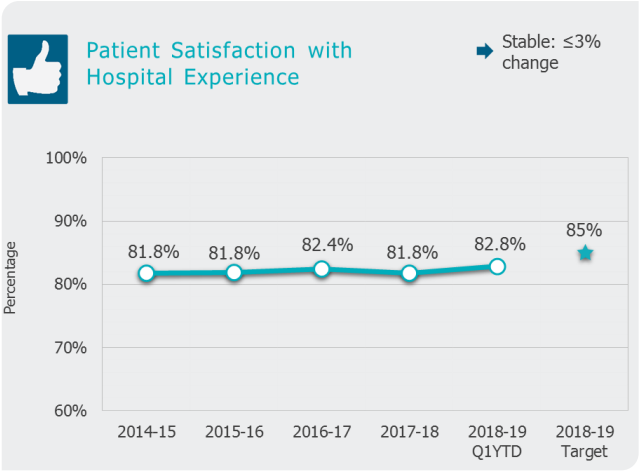
Gathering perceptions and feedback from individuals using hospital services is a critical aspect of measuring progress and improving the health system. This measure reflects patients' overall perceptions associated with the hospital where they received care.

By acting on the survey results, we can improve care and services, better understand healthcare needs of Albertans, and develop future programs and policies in response to what Albertans say.

The higher the number the better, as it demonstrates more patients are satisfied with their care in hospital.

## HOW WE ARE DOING

Provincially, AHS has remained stable in the past few years. The percentage of adults rating their overall hospital stay as 8, 9 or 10 is 82.8% for Q1YTD 2018-19 compared to 82.1% in Q1YTD 2017-18.




Source: Canadian Hospital Assessment of Healthcare Providers and Systems Survey (CHCAHPS) responses

*Note: This measure is reported a quarter later due to follow-up with patients after the reporting quarter.*

## WHAT WE ARE DOING

AHS is applying the Patient First Strategy by empowering and supporting Albertans to be at the centre of their healthcare teams. Below are examples of provincial and zone initiatives and actions to support patient- and family-centered care across AHS.

The Video Remote Interpretation (VRI) project supports effective communication and reduces the risk of language barriers that may negatively impact patient care and experience. The VRI project has expanded to 11 units as of Q2 2018-19.

Health Link, a telephone service which provides free 24/7 nurse advice and general health information, is creating targeted user experiences and an online survey to gain greater understanding of user perspective. In Q2 2018-19, Health Link received nearly 160,000 calls. The average wait time ranged from 1:07 to 1:25 minutes. The most frequent health concerns were gastro/intestinal/ abdominal symptoms, respiratory and chest symptoms, neurological symptoms and skin/hair localized symptoms.

A draft of the new provincial Family Presence Policy was completed in Q2 2018-19. Visitors and family presence are integral to patient safety, the healing process, the patient's medical and psychological well-being, comfort and quality of life. Patients and their families are welcomed as full partners in care. Families provide pertinent information essential to the patient's care plan and should be respected and recognized for their knowledge and expertise about the patient and his/her care needs and preferences. Q3 2018-19 will focus on consultations with staff, physicians and patients and development of accompanying tools, resources and stories to drive cultural change.

Communications continues to support AHS' Patient First Strategy, including Patient and Family Centered Care Week and What Matters to You (WMTY) campaign. WMTY encourages meaningful conversations between patients/clients, caregivers, families and healthcare providers. Zones are investigating approaches to integrate WMTY conversations with patients.

Work is underway with Alberta Health to create a Digital Strategy for Alberta Health's Personal Health Record solution. Design and user engagement is in progress.

A patient/family advisor works with AHS to encourage partnership between those receiving health services and leaders, staff and healthcare providers to enhance the principles of patient and family centred care. Connect Care (AHS' provincial Clinical Information System) is utilizing patient and family advisors in all stages of project development. In Q2, the Connect Care Advisory Group recruited 32 new advisors.

Collaborative Care is a healthcare approach in which inter-professional teams work together, in partnership with patients and families, to achieve optimal health outcomes. The CoACT program supports the implementation and optimization of Collaborative Care in multiple care settings across AHS. Zones and programs continue to sustain and spread this effort. Sub-specialties have been initiated and include Emergency/Urgent Care, Women's and Children's Health and Mental Health.

In addition to the provincial initiatives noted above, zones implemented patient- and family-centred care activities to increase patient voice and participation in care delivery. Some examples include:

- South Zone has recruited new patient and family advisors in Addiction and Mental Health, Rural, and Emergency. Advisors share insights and information about their experience to help improve the quality and safety of services we provide.

- Calgary Zone is revising the current Name Occupation Duty and nametag policy to ensure that diversity and inclusion is supported. A draft policy with new options for pronouns and inclusive language is in development.

- Central Zone is expanding the What Matters to You initiative at Red Deer Regional Hospital Centre.

- In Edmonton Zone, Addiction and Mental Health programs implemented a Seamless Care Model to facilitate a standardized transition process that recognizes the uniqueness of patients and families and ensures a shared accountability between care providers for safe discharge and transitions.

- North Zone is expanding leader rounding to five additional sites. The zone has also added three patient advisors to zone committees. Leader rounding involves management attending clinical rounds to understand how staff are serving patients.

AHS supports the use of Patient Reported Outcomes (PRO) to enhance cancer patient experiences. Sixteen out of 17 cancer care sites are collecting PRO data routinely. As of Q2, over 18,000 patients have completed at least one Putting Patients First (PPF) screening, with a total of over 20,000 PPFs completed in Q2.

The Addiction and Mental Health Strategic Clinical Network is actively identifying initiatives that will improve child and youth addiction and mental health experiences and outcomes in the emergency department.

# OBJECTIVE 4: IMPROVE ACCESS TO COMMUNITY AND HOSPITAL ADDICTION AND MENTAL HEALTH SERVICES FOR ADULTS, CHILDREN AND FAMILIES.

## WHY THIS IS IMPORTANT

Timely access to addiction and mental health services is important for reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

## AHS PERFORMANCE MEASURE

*Wait Time for Addiction Outpatient Treatment* represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. This excludes opioid dependency programs.

## UNDERSTANDING THE MEASURE

AHS continues to work towards strengthening and transforming our addiction and mental health services.

Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing that there are multiple entry points and that these services assist different populations with different needs and paths to care.

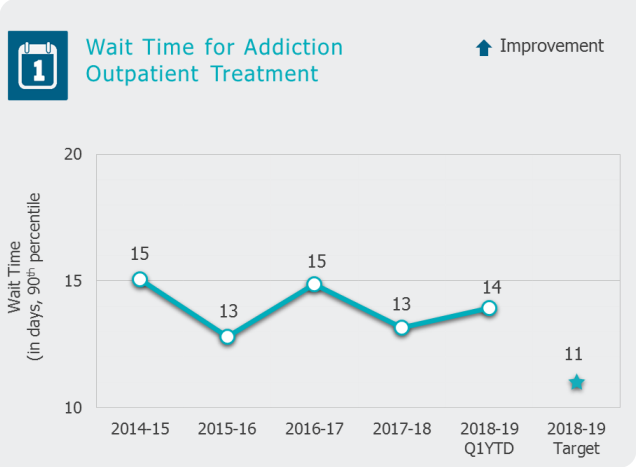
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

## HOW WE ARE DOING

Provincial results indicate that AHS has shown improvement in wait time for addiction outpatient treatment compared to the same period last year (14 days in Q1YTD 2018-19 compared to 15 days in Q1YTD 2017-18).

AHS continues to focus on four populations:

- Children, youth and families,
- People with multiple and complex needs,
- Individuals requiring addiction services, and
- Indigenous people and communities.




Source: AHS Addiction and Mental Health

*Note: The most recent data for this measure is one quarter behind the reporting period due to various reporting system timelines.*

## WHAT WE ARE DOING

AHS is investing in Enhancing Care in the Community so supports are more readily available to help with addiction and mental health needs.

AHS continues to implement initiatives to enable integrated access to addiction and mental health services.

- Responding to the opioid crisis is a priority for AHS. As part of the Opioid Dependency and Crisis Response program, three opioid dependency clinics opened in 2018-19 (High Prairie, Bonnyville and Fort McMurray).

- Developmental Pathways (formerly called InRoads) support health professionals providing addiction and mental health services in primary care and other settings. Eleven pathway learning modules went live in Q1. To date, 765 AHS staff members, and an additional 85 healthcare providers external to AHS, have completed one or more of the modules.

- Planning for the Addiction and Mental Health Day Hospital in the Edmonton Zone is on track and is scheduled to open by March 2019. The Day Hospital will provide programming which patients can attend as an alternative to hospitalization. This allows patients to benefit from a therapeutic setting while being able to remain in their home.

The percentage of children who received scheduled community mental health treatment within 30 days (time from referral to a scheduled appointment with a mental health therapist) increased to 66% in 2018-19 Q2YTD compared to 63% in 2017-18 Q2YTD. AHS offers a variety of other addiction and mental health services to children, youth and their families in the community that are not included in this measure (i.e., specialized outpatient or community services, school-base services, youth addiction services, crisis and outreach services, etc.):

- The Alberta Youth Suicide Prevention Plan is being completed. The plan includes distinct approaches to address the unique needs of Indigenous populations.
- The Honouring Life program (formerly Aboriginal Youth and Communities Empowerment Strategy) supports resiliency, empowerment and holistic suicide prevention strategy initiatives. New proposals from high-priority communities are being reviewed.
- A new centralized intake is on track to become operational in the Edmonton Zone in Q3. This will provide same-day access to outpatient addiction treatment for youth and adults.
- Calgary and Edmonton Zone psychiatry leadership teams are examining addiction and mental health (AMH) practices in emergency departments to identify opportunities to improve access to AMH services. Staff education and patient comfort were key areas of focus in Q2.
- Discussions have begun in South Zone to develop pediatric acute care teams for adolescent AMH patients requiring a higher level of care.
- The Mental Health Capacity Building program is focusing on expanding to underserved child and adolescent populations. Through this expansion, 15 new programs will be provided in 2019.
- The Virtual Child and Youth Navigation Team supports timely access to mental health treatment and referral services in the North Zone. Program and service delivery models are in development and services are expected to go live in Q3.
- In North Zone, a youth mental health day program is now fully operational in Grande Prairie. The program acts as an outpatient program for students who have been experiencing serious problems because of substance use and/or mental health issues.

AHS is working with Alberta Health and community partners to address the opioid crisis and offer programs, services and supports for Albertans. Q2 highlights include:

- Recruitment to support the opening of Injection Opioid Agonist Therapy (iOAT) programs in Calgary and Edmonton is underway. Provincial medical and nursing protocols are completed and an evaluation and reporting framework is in development.
- Supervised consumption services are offered in Calgary at the Sheldon M. Chumir Health Centre and in Edmonton at the Royal Alexandra Hospital through the Addiction Recovery Community Health program.
- A pilot to provide Suboxone™ for opioid-dependent emergency department patients was completed at three sites in Calgary Zone and Edmonton Zone. Identification of future sites for rollout is underway.
- Central Zone is identifying effective ways to support improved opioid care though the Primary Health Care Opioid Response initiative. Physician and partner education, training and mentoring strategies are under development.
- The Addiction Recovery and Community Health (ARCH) program provides core addiction services to admitted and emergency department patients. Planning is underway to expand the program in Q3.
- In Q2, there were 549 new admissions and more than 2,000 total unique active clients in Opioid Dependency Programs which is a 5% increase from Q1 2018-19.
- Virtual Health technology has been deployed through the Rural Opioid Dependency Program to expand services, with 102 admissions and 328 unique active clients in Q2 2018-19 (compared to 108 admissions and 237 unique active clients in Q1 2018-19).
- Enhancements are being made to the Naloxone Program including the addition of a risk assessment tool and a quality assurance and evaluation process.
- In Q2, nearly 20,000 take home Naloxone kits were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies and other community organizations.
- In Q2, more than 1,300 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.

# OBJECTIVE 5: IMPROVE HEALTH OUTCOMES THROUGH CLINICAL BEST PRACTICES.

## WHY THIS IS IMPORTANT

AHS continues to strive to improve health outcomes through clinical best practices by increasing capacity for evidence-informed practice, supporting the work of our Strategic Clinical Networks™ (SCNs) and gaining better access to health information.

## AHS PERFORMANCE MEASURE

*Unplanned Medical Readmissions* is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This measure excludes admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer.

## UNDERSTANDING THE MEASURE

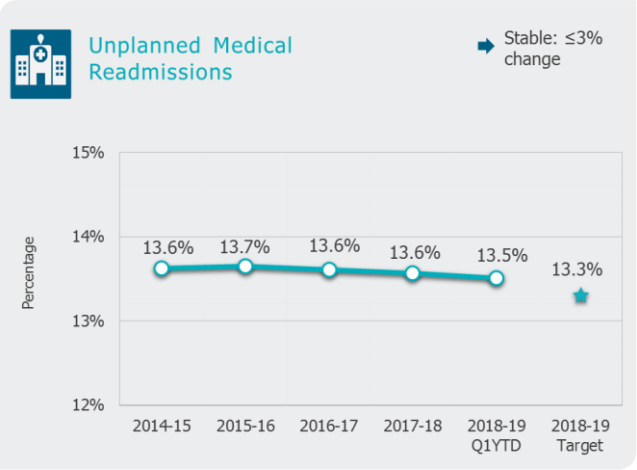
Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

Rates may be impacted due to the nature of the population served by a facility (elderly patients and patients with chronic conditions) or due to different models of care and healthcare services accessibility. Therefore, comparisons between zones should be approached with caution.

The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

## HOW WE ARE DOING

The rate of readmissions has remained relatively stable over the past few years. Unplanned medical readmission to hospital results was 13.5% in Q1YTD 2018-19 compared to 13.7% in Q1YTD 2017-18.




Source: AHS Provincial Discharge Abstract Database (DAD)

*Note: The most recent data for this measure is one quarter behind the reporting period due to various reporting system timelines.*

## WHAT WE ARE DOING

AHS is implementing a number of province-wide and zone initiatives that address readmissions. Examples include:

- The Elder Friendly Care (EFC) initiative, part of the Seniors Health Strategic Clinical Network (SCN), supports collaboration among care teams to reduce restraints, prevent delirium and falls, increase mobility, enhance sleep and support more effective and timely discharge of older adults. EFC continues to expand to all acute care environments across the province.

- The Collaborative Care Model, with specific focus on CoAct elements and tools (e.g. Transitions in Care, Integrated Plan of Care), continues to spread across the province to improve communication and collaboration amongst patients, families and care providers.

- Zones continue to work with Primary Care Networks to ensure services are in place for complex patients, such as the Patients Collaborating with Teams (PaCT) and the Bridging the Gap initiative which determines solutions for discharge and transition of patients with complex health needs to community family practices.

- In collaboration with the SCNs™, zones continue to implement patient flow pathways, such as heart failure and chronic obstructive pulmonary disease pathways.

- South Zone is piloting and implementing the Chronic Pain Approach and Framework for Service Delivery in Medicine Hat. This involves central intake and a referral process in collaboration with Primary Care Networks.

- In Edmonton Zone, Royal Alexandra Hospital implemented improvements to care transitions that include real time notification of patient discharge to family physicians for timely post discharge follow-up. Spread to all medicine units will continue in Q3.

- North Zone is participating in the Provincial Community Rehabilitation Model development for pediatric services to help standardize discussions in communities with clients, families, stakeholders and teams. A plan detailing the scale and spread of the model for Phase 2 of provincial implementation has been submitted.

SCNs™ and operational teams are working to reduce inappropriate variation and apply consistent clinical standards across AHS.

- Starting Dialysis on Time at Home on the Right Therapy Project (START) aims to improve outcomes, experience and reduce costs. AHS is continuing to see positive results. A final evaluation is underway.

- The Provincial Breast Health Initiative will improve breast cancer care through design of provincial pathways (diagnostic assessment, same-day surgery, breast reconstruction). A comprehensive perioperative education package (print, videos, online information and standardized discharge instruction sheet) is used to promote consistency.

SCNs are implementing initiatives that impact wait times and access.

- The Surgery SCN worked with the zones to implement the Enhanced Recovery After Surgery (ERAS) program, which standardizes care before, during and after surgery to get patients back on their feet quicker while shortening hospital stays and reducing complications after surgery. Most recently, the Breast Reconstruction ERAS was launched and is being implemented at Foothills Medical Centre in Calgary Zone.

- Alberta Coding Access Targets for Surgery (ACATS) initiative was successfully completed and transitioned to operations in all five zones with implementation for scheduled surgery complete at 40 surgical sites in the province (AHS and Covenant Health) and to contracted non-hospital surgical facilities.

- The National Surgical Quality Improvement Program (NSQIP) plans to expand from five sites to 16 high-volume surgical hospitals (14 adult and 2 pediatric). According to a recent Institute of Health Economics evaluation report, NSQIP showed improved patient outcomes, improved healthcare provider experience and decreased costs.

AHS continues to increase capacity for evidence-informed practice and policy through enhanced data sharing, research, innovation, health technology assessment and knowledge translation.

- Work is underway to implement a Health Innovation Fund to bridge the funding gap between evidence generation and operational funding. A shortlist of ten potential innovations to implement and scale across AHS have been identified. Final submissions will be made in Q3.

- The launch of the Partnership for Research and Innovation in the Health System (PRIHS) 4 grant opportunity is well underway. Nine project proposals have been submitted for review.

- In partnership with Alberta Innovates, the SCNs™ are reviewing PRIHS projects to recommend for spread and scaling of practices in the health system.

Planning for the launch of the new Neuro, Rehabilitation, Vision Strategic Clinical Network in Q3 is being organized. Recruitment for its leadership and team is well underway.

Many SCN™ initiatives align closely with AHS' objectives. An update on the progress of these initiatives can be found throughout the Q2 report.

# OBJECTIVE 6: IMPROVE THE HEALTH OUTCOMES OF INDIGENOUS PEOPLE IN AREAS WHERE AHS HAS INFLUENCE.

## WHY THIS IS IMPORTANT

Alberta's Indigenous peoples, many of whom live in rural and remote areas of our province, have poorer health than non-Indigenous Albertans. AHS is building a better understanding of how historical effects and cultural care differences impact these outcomes.

Working together with the AHS Wisdom Council, Indigenous communities, and provincial and federal governments, we will adapt services to better meet the health needs of Indigenous peoples.

## AHS PERFORMANCE MEASURE

*Perinatal Mortality among First Nations* is defined as the number of perinatal deaths per 1,000 total births among First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death.

## UNDERSTANDING THE MEASURE

This indicator provides important information on the health status of First Nations pregnant women, new mothers and newborns.

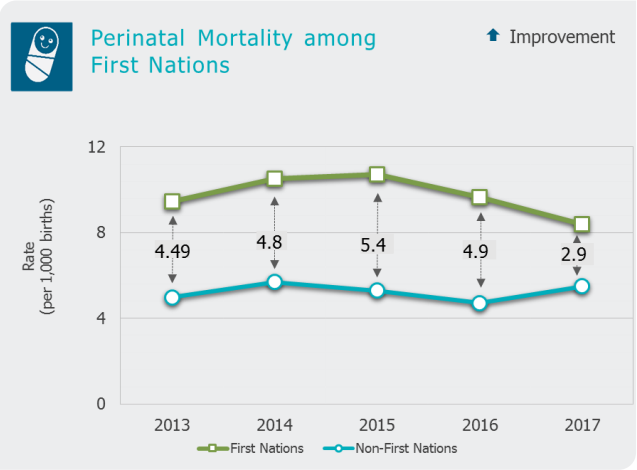
It allows us to see Alberta's performance on reducing disparity between First Nations and non-First Nations populations.

Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of Indigenous people.

The lower the number the better. AHS' focus is to reduce the health gap between First Nations and non-First Nations. This measure does not include all Indigenous populations, such as our Inuit and Métis residents.

## HOW WE ARE DOING

Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure. AHS' focus is to reduce the health gap between First Nations and non-First Nations.




Source: Alberta Vital Statistics and Alberta First Nations Registry

## WHAT WE ARE DOING

The following are examples of zone initiatives to improve maternal health of Indigenous women:

- In the Calgary Zone, midwifery privileges are in place at the Elbow River Healing Lodge (ERHL) to support access to obstetrical services for Indigenous, vulnerable and rural populations. In addition, ERHL continues to provide maternal and child health support to the Stoney/Nakoda nation.

- Merck for Mothers supports pregnant Indigenous women to overcome barriers to prenatal care. There are three initiatives in communities across Alberta:

  - In Central Zone, Maskwacis initiated a project focused on celebrating birth and sharing Indigenous knowledge on pregnancy. A number of planting, harvesting and cooking events have taken place at the community garden which has become a positive and inclusive space that community members are proud of. The garden provides moms access to fresh produce.

  - The inner-city Edmonton's Pregnancy Pathways initiative provides safe housing and support services for pregnant Indigenous homeless women. Services are now being offered 24/7. Some service offerings are culturally relevant and include traditional sweat ceremonies, powwows and medicine picking.

  - North Zone's Little Red River project provides a community-based support model for maternal health resources and engages women early in pregnancy. A cultural camp took place in July with 241 community members in attendance.

- All AHS staff are encouraged to complete cultural sensitivity training. In Q2 2018-19, 6.8% of staff have completed this training (increased from 5.2% in Q1 2018-19). Leaders and first responders are required to complete a more in-depth certificate program.

AHS is working with Indigenous leaders, government communities and related agencies to improve access to health care services:

- The Indigenous Wellness Clinic in the Edmonton Zone and the Elbow River Healing Lodge in the Calgary Zone are planning a partnership with the University of Alberta's Occupational Therapy program to initiate a practicum option through their Indigenous stream. These sites embed the Indigenous Integrated Primary Care standards into practice and performance.

- Zones are engaging with First Nation communities to develop Indigenous Health Action Plans.

  - In Central Zone, community profiles are being drafted for Maskwacis, Stony Nakoda (Big Horn) and O'Chiese to inform current state and provide cultural context and engagement channels.

  - As a part of the Calgary Zone Indigenous Health Action Plan engagement process, representatives from AHS met with a group of elders from the Eden Valley Nation for a traditional meal.

  - South Zone continues to recruit Indigenous representatives for advisory groups. In Q2, two Indigenous patient advisors were added to the AMH team and one was added to the South East rural quality council.

- Zones are involved in various provincial (e.g., Combatting Racism) and local committees to identify and remove barriers to health services, and improve communication with communities.

AHS and the Alberta Cancer Prevention Legacy Fund continue to work with Indigenous partners to promote prevention and screening initiatives aimed at improving health outcomes of Indigenous people.

- First Nations Cancer Prevention and Screening Practices supports First Nations communities to develop, implement and evaluate comprehensive prevention and screening plans. Three First Nations communities (Peerless Trout First Nation, Blood Tribe and Maskwacis) continue to implement their plans and work is underway to support communities to develop their outcome evaluations.

- Communities are taking action to improve cancer screening, increase opportunities for physical activity and build individual awareness of actions that can be taken to prevent cancer. For example, more than 90% of stakeholders who attended community events reported that the session increased their awareness of actions to lower cancer risk.

AHS supports the improvement of the health of women and children as well as the health of the vulnerable.

- Early Hearing Detection and Intervention (EHDI) will be expanded to all birthing hospitals. As of Q2, 18 out of 21 birthing hospitals have implemented EHDI.

- A Safe Healthy Environments program survey was completed in Q2 to assess the current level of involvement in situations that support vulnerable individuals in obtaining safe and healthy housing. The Brooks Safe Housing Project in South Zone aims to reduce health equity gaps through proactive inspections and targeted education delivery for tenants and landlords. In Q2, 60 pro-active rental housing inspections and 21 re-inspections were conducted.

- A new antenatal care pathway was developed to identify and manage modifiable risk factors early in pregnancy. A pilot is underway at 11 physician and midwife clinics from urban and rural settings across all five zones. The pathway supports rural and community corridors of care for obstetrics.

- All refugees who arrived in Q2 from the Government Assisted Refugee Program in the Edmonton Zone were attached to a primary care provider. In addition, 66 previously arrived refugees were connected with a family doctor via the program.

- District Police and Crisis Team in the Calgary Zone provides clinical assessment/interventions for vulnerable individuals presenting to police with addiction and mental health concerns. Uptake continues and a community paramedic is now stationed in a central location.

# OBJECTIVE 7: REDUCE AND PREVENT INCIDENTS OF PREVENTABLE HARM TO PATIENTS IN OUR FACILITIES.

## WHY THIS IS IMPORTANT

Preventing harm during the delivery of care is foundational to all activities at AHS because it is one key way to ensure a safe and positive experience for patients and families interacting with the healthcare system.

We continue to reduce preventable harm through various initiatives such as the safe surgery checklist, antimicrobial stewardship program, medication reconciliation and hand hygiene compliance.

## AHS PERFORMANCE MEASURE

*Hand Hygiene Compliance* is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare 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's "4 Moments of Hand Hygiene" which are:

- Before contact with a patient or patient's environment,
- Before a clean or aseptic procedure,
- After exposure (or risk of exposure) to blood or body fluids, and
- After contact with a patient or patient's environment.

## UNDERSTANDING THE MEASURE

Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. Direct observation is a recommended way to assess hand hygiene compliance rates for healthcare workers.

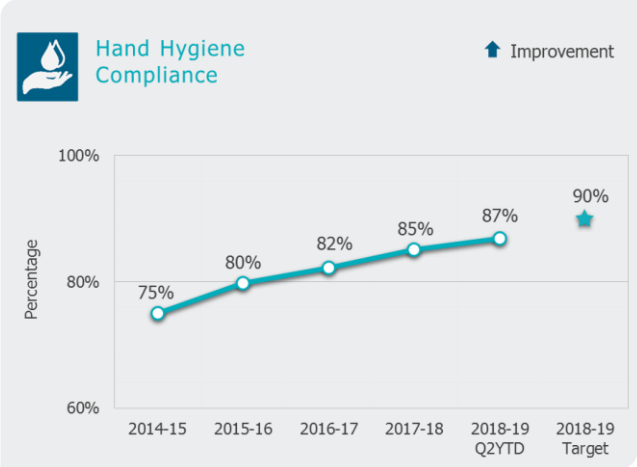
The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

## HOW WE ARE DOING

At the provincial level, hand hygiene compliance improved from the same period last year (87% in Q2YTD 2018-19 compared to 84% in Q2YTD 2017-18).

Sustained improvements in hand hygiene practices reflect the organizational commitment and healthcare worker engagement towards improving hand hygiene practices as the most effective way to reduce transmission of microbes that cause infection.

Quarterly hand hygiene reports are available at the provincial and zone levels to highlight areas requiring further attention.




Source: AHS Infection, Prevention and Control (IPC) Database

## WHAT WE ARE DOING

AHS continues to develop new communication tools to share hand hygiene results and engage leaders, physicians, and front line healthcare workers in hand hygiene improvements.

In Q2, a refreshed Alberta Fire Code Standard on alcohol-based hand rub (ABHR) volumes within healthcare facilities was issued. Actions are now underway across AHS sites to review placement of ABHR canisters to understand our level of compliance on maximum volumes within a single fire zone. To support access at point of patient care, AHS has replaced the 1 litre ABHR canister inserts with ones holding 650 millilitre volumes.

Clinical teams across the organization are supported in reducing risk of hospital-acquired infections through ongoing surveillance and reporting of provincial rates of key infection indicators.

- Hospital-acquired *Clostridium difficile* Infections (CDI) rates remain stable and demonstrate improvements with a downward trend (2.6 cases per 10,000 patient days in Q2 2018-19 compared to 3.1 cases in Q2 2017-18). A lower rate is better.

- Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Blood Stream Infections (MRSA BSI) rates remain stable and demonstrate improvements with a downward trend (0.13 cases per 10,000 patient days in Q2 2018-19 compared to 0.16 cases in Q2 2017-18). A lower rate is better.

While provincial and zone rates of hospital-acquired infections are impacted by a number of factors, including the nature of the circulating bacteria, the following initiatives will have contributed to the improved rate.

- The AHS Infection, Prevention and Control (IPC) team continues to collaborate with AHS Linen and Environmental Services (LES) on initiatives directly related to reducing the transmission of microbes from patient care environments and shared patient equipment.
    - This includes the implementation of real-time reporting of cleanliness audits. As of Q2, more than half of sites across the province have transitioned from a paper-based audit process to the automated reporting system with plans in place to have all sites transitioned by the end of this fiscal year.
    - As of Q2, the LES Equipment Cleaning program has been rolled out across the province. New processes ensure the right people are performing the right work, clinical staff know what is clean and dirty and the right disinfectants are used to increase the efficacy of cleaning procedures.
- AHS has an active Antimicrobial Stewardship program focused on reducing the incidence of hospital-acquired CDI. Initiatives include the use of standardized physician patient care orders to standardize treatment and reinforce appropriate infection control precautions.
- AHS is actively engaged in the design of clinical workflows required for implementation of Connect Care. Through this work, IPC has validated and enhanced its province-wide approach to screening of antibiotic-resistant organisms at the time of admission to hospital and has defined content for IPC alerts signaling the need for application of additional precautions, such as isolation for patients with infections such as CDI.

# OBJECTIVE 8: FOCUS ON HEALTH PROMOTION AND DISEASE AND INJURY PREVENTION.

## WHY THIS IS IMPORTANT

Working collaboratively with Alberta Health (AH) and other community agencies, AHS will continue to improve and protect the health of Albertans through a variety of strategies in areas of public health including reducing risk factors for communicable diseases, promoting screening, programming, increasing immunization rates and managing chronic diseases.

## AHS PERFORMANCE MEASURE

*Childhood Immunization* is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type B (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

## UNDERSTANDING THE MEASURES

A high rate of immunization for a population reduces the incidence of vaccine-preventable childhood disease and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities.

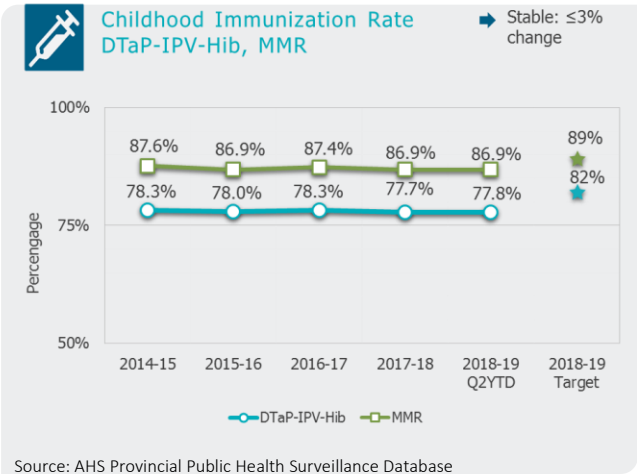
The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

## HOW WE ARE DOING

Provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year. DTap-IPV-Hib was 78.6% in 2017-18 Q2YTD compared to 77.8% in 2018-19 Q2YTD and MMR was 87.0% in 2017-18 Q2YTD compared to 86.9% in 2018-19 Q2YTD. Both remain below the target.

Working with Alberta Health, AHS continues to monitor and support childhood immunization across the province.

- Implementation of the new Standard for Immunizing in the School Setting continues across the province. The new updates incorporate amendments made to the *Public Health Act*.
- The rate of Rotavirus immunization coverage in infants increased from 80.5% in Q2 2017-18 to 83.1% in Q2 2018-19.




Source: AHS Provincial Public Health Surveillance Database

## WHAT WE ARE DOING

AHS and AH are working with the zones to ensure a consistent approach to disease outbreak reporting, notification and management. Disease outbreaks in each zone have decreased and there were zero cases of measles reported in Q2. Additional highlights include:

- Collaborated with partners to develop revised provincial guidelines for prevention, management and control of respiratory and gastrointestinal illness in acute care, facility living, home living, supportive living and child care facilities.
- Investigated 53 enteric outbreaks and 63 non-enteric outbreaks in Q2. All outbreaks met outbreak reporting criteria as per AH requirements. Symptoms common to an enteric outbreak include nausea, vomiting and abdominal pain; examples of non-enteric outbreaks are chickenpox, measles and influenza.
- Continue to participate in AHS Connect Care conversations to ensure reporting systems meet Alberta Health legislation and policy requirements (e.g., Alberta *Public Health Act*, Communicable Diseases Regulation, etc.).

- Actively contributed to the multi-stakeholder collaboration with Alberta Health to inform development of the Alberta Outbreak Response Protocol.

- Continues to meet with partners to monitor local/national/international epidemiology of invasive *Group A strep* infections and discuss future public health action in Alberta.

- Established a clinical pathway using Community Pharmacy sites to remove barriers and facilitate access for individuals that are eligible for publicly funded post-exposure prophylaxis to prevent transmission of notifiable diseases.

AHS continues to collaborate with key stakeholders to develop outbreak management tools for evacuation centres in support of the provincial Communicable Disease Emergency Response Plan.

AHS is implementing the 2016-2020 Alberta Sexually Transmitted Blood-Borne Infections (STBBI) Operational Strategy and Action Plan to increase awareness and accessibility of STBBI treatment services across the province. Work is underway in the first two communities (Lethbridge and Edmonton) to determine feasibility and applicability of a wrap-around shared care model.

AHS continues to address chronic disease management and prevention:

- Work is underway to launch the Alberta Chronic Disease Inventory, which is a comprehensive, up to date, searchable listing of programs, services and resources focused on chronic disease prevention and management.

- Stakeholder consultations are complete for the Alberta Chronic Disease Prevention Indicator Framework.

- Enhancing patients' ability to self-manage by supporting the online chronic disease self-management program (Better Choices, Better Health® online).

- Enhanced coordination and implementation of obesity services across Alberta through collaboration with internal and external partnerships.

AHS is focusing on several screening and wellness initiatives and prevention interventions to promote lifelong health and to limit the burden of disease.

- To support implementation, the expanded Newborn Metabolic Screening Program, which screens for an additional four conditions is actively recruiting staff and a NMS Panel Expansion Steering Committee has been established.

- Communities in the Alberta Healthy Communities Approach (AHCA) pilot are demonstrating improvement from baseline. Eleven pilot communities continue to implement their action plans. A proposal to expand the initiative to 16 additional rural communities has been approved and planning is underway.

- Comprehensive School Health is a program that addresses a variety of health issues and can improve health, education, and social outcomes for children and youth. To date, 94% of jurisdictions are working with AHS to implement the Comprehensive School Health approach.

- Planning is underway to pilot school health programs focused on the prevention of tobacco and tobacco-like product use. Teacher curriculum resources are under development.

- AHS supports workplaces to create a healthy environment for their employees. The Healthier Together Workplace project is preparing for expansion by engaging with stakeholders. The expansion will include new resources and supports for Alberta workplaces including evidence-based strategy kits that guide action in the areas of physical activity, healthy eating, mental health, alcohol and tobacco.

# OBJECTIVE 9: IMPROVE OUR WORKFORCE ENGAGEMENT.

## WHY THIS IS IMPORTANT

Our People Strategy guides how we put our people first, thereby improving patient and family experiences.

An engaged workforce will promote a strong patient safety culture and advance safe work environments. We also know patient outcomes improve when our workforce is highly engaged and when they enjoy what they are doing.

Enhancing workforce engagement will contribute to achieving a culture where people feel supported, valued and able to reach their full potential.

## AHS PERFORMANCE MEASURE

*AHS Workforce Engagement* is calculated as the average score of our workforce's responses to AHS' Our People Survey which utilizes a five-point scale, with one being "strongly disagree" and five being "strongly agree".

## UNDERSTANDING THE MEASURE

AHS has the opportunity both to create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important that AHS fully engages its people and their skills. Monitoring workforce engagement enables us to determine the effectiveness of processes/programs that support employee engagement and strengthen a patient safety culture.

The rate shows the commitment level the workforce has to AHS, their work, and their manager and co-workers. High engagement correlates with higher productivity, safe patient care and willingness to give discretionary effort at work. The higher the rate, the more employees are positive about their work.

## HOW WE ARE DOING

*Workforce Engagement Rate*

Annual Results: 3.46 out of 5 (2016-17 baseline year)

**The next survey is planned for 2019-20 with a target of 3.67.** Source: Gallup Canada

An Our People Pulse Survey was conducted in November 2017. This survey did not measure engagement, but assessed use of the 2016 Our People Survey results to identify and act on ways to improve engagement locally.

## WHAT WE ARE DOING

Our People Strategy's action plan addresses priority factors influencing workforce engagement at AHS. Examples of Q2 actions are:

- Change the Conversation provides the appropriate language and tools needed to engage in dialogue on challenging topics in the workplace including respectful workplaces, indigenous awareness, English in the workplace, sexual harassment, violence and unconscious bias. The program went live in Q2.

- The Frontline Leaders Advisory Council is preparing to add zone satellite councils. In addition, a plan for the evolution of the Councils, including change management and communication, has been developed. Frontline leaders are critical to the success of AHS. The Frontline Leaders Advisory Council is one way we leverage their knowledge and learn how we can be the best we can be.

- AHS is supporting Alberta Health in planning for physician resources. A draft 2018 AHS physician workforce plan has been drafted and has started the formal review process. It is on track for completion. This plan will be used as one input to AH to determine a 2019-20 physician recruitment target. AHS is also working with AH on new and expanded alternative compensation plans.

- Planning is underway to roll out the new AHS policy on alcohol and drug use. The policy will address all mood-altering substances and will include language specific to cannabis, which became legal in Canada on October 17, 2018.

# OBJECTIVE 10: REDUCE DISABLING INJURIES IN OUR WORKFORCE.

## WHY THIS IS IMPORTANT

Safe, healthy workers contribute to improving patient care and safety. AHS is committed to providing a healthy and safe work environment for all. AHS' strategy for health and safety includes four areas of focus: physical safety, psychological safety, healthy and resilient employees and safety culture. Through knowledgeable and actively engaged staff, physicians and volunteers, we will reduce injuries across our organization.

## AHS PERFORMANCE MEASURE

*Disabling Injury Rate (DIR)* is defined as the number of AHS workers injured seriously enough to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers).

## UNDERSTANDING THE MEASURE

Our disabling injury rate indicates the extent to which AHS experiences injury in the workplace. This enables us to identify the effectiveness of health and safety programs that actively engage our people in creating a safe, healthy and inclusive workplace.

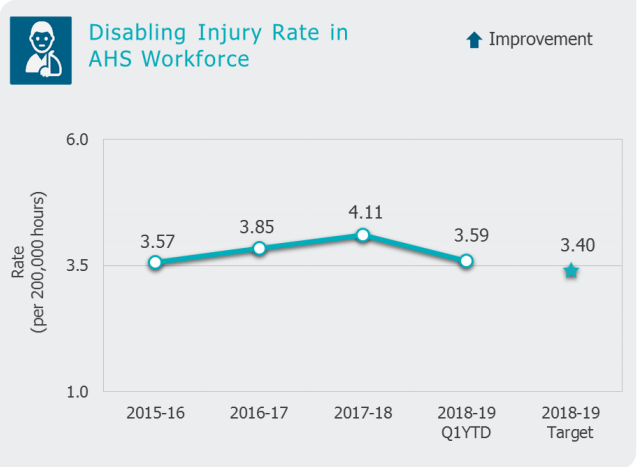
The lower the rate, the better the performance, as it indicates fewer disabling injuries occurring at work.

## HOW WE ARE DOING

The 2018-19 Q1YTD DIR rate of 3.59 is lower than the previous year's Q1YTD DIR rate of 3.88 but is still above the AHS target (3.40). While there were 57 fewer disabling injuries caused by patient handling and manual material handling compared to the same period last year, ergonomic risk factors continue to be an issue.

For Q1 2018-19, the highest increases in disabling injuries were a result of assault/violence/harassment and slips, trips and falls. This quarter also saw an increase in exposure to traumatic events resulting in psychological injuries.

All leaders are required to complete *Leading Health and Safety in the Workplace: Fundamentals Training* to support their ability to take action when facing workplace health and safety risks. As of Q2, 2018 38% of leaders have completed the course.




Source: AHS Workplace Health and Safety

*Note: This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.*

## WHAT WE ARE DOING

AHS is focusing on areas with the highest rates of injury over an extended period of time. Operational areas are supported to ensure staff are appropriately trained on It's Your Move and Move Safe ergonomic programs, which aims to prevent lifting and handling injuries. The procurement of additional patient lifts is underway.

The number of reported incidents of violence continues to rise. There were 1,176 reported incidents in 2018-19 Q1 year-to-date compared to 702 last year. Reported incidents of violence continue to rise as efforts for promotion of reporting violent events and union raised concerns may be driving an increase in this area.

Focused resources will be added to advance Prevention of Violence Program deliverables, particularly in rural areas. WHS and Protective Services work together to support worksites in establishing legislated local harassment and violence prevention plans.

Further strengthening of the AHS Safety Culture should occur through the improvements AHS is making in respect to the Workers' Compensation Board and Occupational Health and Safety Act changes. Implementation of changes continues with a focus on accommodation requirements, joint worksite health and safety committees and prevention of violence and harassment.

# OBJECTIVE 11: IMPROVE EFFICIENCIES THROUGH IMPLEMENTATION OF OPERATIONAL AND CLINICAL BEST PRACTICES WHILE MAINTAINING OR IMPROVING QUALITY AND SAFETY.

## WHY THIS IS IMPORTANT

AHS is supporting strategies to improve efficiencies related to clinical effectiveness and appropriateness of care, operational best practice and working with partners to support service delivery. AHS is making the most effective use of finite resources while continuing to focus on quality of care.

## AHS PERFORMANCE MEASURE

*Nursing Units Achieving Best Practice Efficiency Targets* is defined as the percentage of nursing units at the 16 busiest sites meeting operational best practice (OBP) efficiency targets.

## UNDERSTANDING THE MEASURE

Operational best practice is one of the ways we can reduce costs, while maintaining or improving care to ensure a sustainable future.

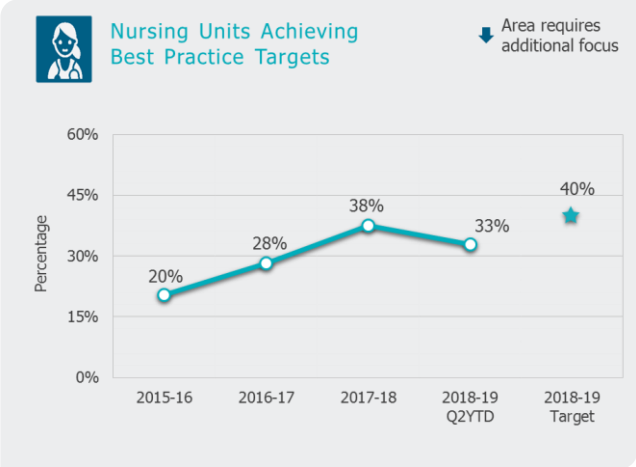
This initiative is focusing on the 16 largest hospitals in Alberta, including clinical support services and corporate services.

Using comparative data from across the county, AHS has developed OBP targets for nursing inpatient units. These targets are designed to achieve more equitable service delivery across the province with the measure used to monitor leadership's ability to meet the targets and reduce variations in the cost of delivering high quality services at AHS' sites.

A higher percentage means more efficiencies have been achieved across AHS.

## HOW WE ARE DOING

This measure has shown deterioration compared to the same period last year (33% in 2018-19 Q2YTD compared to 35% in 2017-18 Q2YTD). Given that some sites are not meeting the 40% provincial target, a Resource Team model has been implemented to provide appropriate support for these areas to help implement operational best practice plans.




Source: AHS Finance Statistical General Ledger (STAT GL)

## WHAT WE ARE DOING

In addition to initiatives related to operational best practice, AHS is also engaged in many other strategies to help improve efficiencies across the organization.

Clinical Appropriateness

Advanced diagnostic imaging tests, such as CT scans, MRIs and ultrasounds have dramatically changed the way patients are diagnosed and treated. These advancements have resulted in improved, more efficient, and more effective patient care. AHS has implemented a number of projects aimed at promoting clinical appropriateness.

- As of September 2018, there was a 24.8% decrease in unwarranted CT lumbar spine exams performed in Q2 compared to the same period last year. In addition, there has been a reduction in MRIs for chronic knee pain of 8.7%. A lower value demonstrates improved efficiencies and wait times.

- Pharmacy Services has seen a reduction in the use of select drugs which have been replaced with less costly options. For example, pre-filled syringes are less expensive, produce less waste and are less prone to errors.

Provincial Laboratory Services

The new Chief Executive Officer (CEO) and Board Members of Alberta's new provincial lab services subsidiary (called Alberta Public Laboratories) commenced duties in September 2018. Recruitment of a permanent Board Chair is underway. Staff transitioning is being coordinated in conjunction with Alberta Labour Relations Board and Local Authorities Pension Plan.

Zone Health Care Planning

The goal of Zone Health Care Planning and service planning is to develop a population health driven strategic plan. Initiatives identified will support quality, accessible care in the community and a sustainable health system, reduce the reliance on acute care and enhance care in the community.

South Zone

- Completed the Chronic Pain Implementation Plan in Medicine Hat.
- Working with the Blood Tribe Department of Health to develop a community health action plan and an addiction plan. Recommendations are being finalized.

Calgary Zone

- The draft Calgary Zone Healthcare Plan is completed and will be reviewed by AHS leadership in Q3. An implementation approach is under development.
- Work on the Indigenous Health Action Plan is underway. Engagement sessions with internal and external key stakeholders continued in Q2 and included cultural competency training.

Central Zone

- The Central Zone Healthcare Plan has been finalized and will be released publicly in Q3. Implementation is proceeding.
- An engagement process for Central Zone Indigenous communities to inform health service planning is underway.
- Red Deer Regional Health Centre Capital Needs Assessment was completed and submitted to Alberta Health.

Edmonton Zone

- The Rehab & Restorative Pillars team continued the development of an action plan in Q2.
- Deliverables and timelines have approved on the Chronic Pain Plan which is being informed by the Alberta Pain Strategy.

North Zone

- The draft Area 9 (Grande Prairie and Area) Service Plan is in development and is on track.

# OBJECTIVE 12: INTEGRATE CLINICAL INFORMATION SYSTEMS TO CREATE A SINGLE COMPREHENSIVE PATIENT RECORD.

## WHY THIS IS IMPORTANT

Connect Care is a collaborative effort between Alberta Health and AHS staff, clinicians and patients to improve patient experiences and the quality and safety of patient care, by creating common clinical standards and processes to manage and share information across the continuum of healthcare. Connect Care will also support Albertans to take ownership of their health and care by giving them access to their own health information.

The AHS provincial Clinical Information System (CIS) is part of the Connect Care initiative. With a single comprehensive record and care plan for every patient, the quality and safety of the care we deliver is improved and our patients and their families across the healthcare system will have a better experience.

With Connect Care, efficiencies will be achieved and Alberta will have a common system where health providers can access comprehensive and consolidated patient information which will travel with patients wherever they access the health system.

Connect Care will be implemented provincially over time in order to allow our facilities time to prepare for this transformation.

## AHS PERFORMANCE MEASURE

There is no AHS measure for this specific AHS objective.

## HOW WE ARE DOING

AHS is monitoring progress through the accomplishment of key milestones and deliverables.

## WHAT WE ARE DOING

As Connect Care moves forward, communication teams are increasing their focus on engagement across AHS. This includes planning for quarterly Telehealth Town Halls where staff and physicians can ask questions directly to Connect Care leaders, providing resources such as a manager's toolkit, and providing regular updates in the Connect Care newsletter as well as stories in physician blogs, vlogs, newsletters, handbooks, Doc of the Week and other physician-focused online services.

Connect Care is in the Adoption/Validation phase. All three sessions are completed and the race is on to complete essential Connect Care content design and build before the end of the year.

Key achievements in Connect Care for Q2 include:

- A data conversion strategy has been completed and AHS has started the process of bringing data from current health information systems into the Connect Care clinical information system has begun.
- Plans for training and supporting over 7,000 prescribers and 110,000 staff are underway. One option is role-based training which uses customized content designed for specific roles and the workflows so learners will understand how to use the system to perform their specific role.
- Disaster resilient data centres are built and linked, with the CIS software installed and taking shape. Clear frameworks guide selection and deployment of wireless, workstations and mobile devices.

Alberta Netcare is a secure and confidential electronic system of Alberta patient health information collected through a point of service in hospitals, laboratories, testing facilities, pharmacies and clinics. Access is restricted to registered healthcare providers working as an accredited Alberta healthcare provider. In Q2 2018-19, there were 65,758 enabled sign-ons, which is an increase of 6% compared to Q2 2017-18.

Virtual Health (virtual care) involves remote interactions with patients and their healthcare team members that involve the exchange of information that improves the quality of care and patient outcomes. It can include real-time encounters (eVisits or videoconferencing), remote patient monitoring, and exchange of messages.

# APPENDIX: AHS PERFORMANCE MEASURES – ZONE AND SITE DETAIL

AHS has 13 performance measures that enable us to evaluate our progress and allow us to link our objectives to specific results. Through an extensive engagement process, we determined our objectives and identified their corresponding performance measures. Both the objectives and performance measures are specific, relevant, measurable and attainable. Provincial results are found under each objective in the front section of this report. This appendix provides zone and site drill-down information for performance measures. Historical data is refreshed on a quarterly basis and the values may change. Variance explanations for those areas showing deterioration are provided in the front section.

Two measures are reported annually when data becomes available (Perinatal Mortality among First Nations and AHS Workforce Engagement). The remaining 11 measures are reported quarterly. Of these, seven measures include the most current data available (Q2) and four measures reflect an earlier time period (Q1 2018-19).

Targets were established using historical performance data, benchmarking with peers, and consideration of pressures that exist within zones and sites. This approach resulted in a set of targets that, if achieved, would reflect a performance improvement in the areas of our Health Plan's 12 objectives. Targets were endorsed by AHS and Alberta Health as published in Year 2 of the AHS 2017-2020 Health Plan and Business Plan.

AHS monitors several additional measures using a broad range of indicators that span the continuum of care that include population and public health; primary care; continuing care; addiction, mental health; and cancer care; emergency department and surgery. AHS continues to monitor these additional measures to help support priority-setting and local decision-making. These additional measures are tactical as they inform the performance of an operational area or reflect the performance of key drivers of strategies not captured in the Health Plan.

The following pages provides zone and site level data for the performance measures.

# PROVINCIAL TREND DASHBOARD
## Q2 2018-19 Year-to-Date (YTD)

| AHS Performance Measure | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Quarter-to-Quarter Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|
| **Improve Patients' and Families Experiences** | | | | | | | | |
| Percentage Placed in Continuing Care within 30 Days | 59.9% | 59.6% | 56.1% | 51.8% | 51.2% | 56.9% | ⇧ | 58% |
| Percentage of Alternate Level of Care (ALC) Patient Days | 12.2% | 13.5% | 15.4% | 17.5% | 17.3% | 16.1% | ⇧ | 13.5% |
| Timely Access to Specialty Care – eReferral | 3 | 0 | 1 | 8 | 1 | 10 | ⇧ | 15 |
| Patient Satisfaction with Hospital Experience | 81.8% | 81.8% | 82.4% | 81.8% | 82.1% (Q1 YTD)* | 82.8% (Q1 YTD)* | ⇨ | 85% |
| Addiction Outpatient Treatment Wait Time | 15 | 13 | 15 | 13 | 15 (Q1 YTD)* | 14 (Q1 YTD)* | ⇧ | 11 |
| **Improve Patient and Population Outcomes** | | | | | | | | |
| Unplanned Medical Readmissions | 13.6% | 13.7% | 13.6% | 13.6% | 13.7% (Q1 YTD)* | 13.5% (Q1 YTD)* | ⇨ | 13.3% |
| Perinatal Mortality Rate - First Nations (Gap) | 4.83 | 5.43 | 4.94 | 2.90 | n/a | n/a | ⇧ | AHS' focus is to reduce gap between First Nations and Non First Nations |
| Hand Hygiene Compliance – AHS | 75% | 80% | 82% | 85% | 84% | 87% | ⇧ | 90% |
| Childhood Immunization Rate - DTaP-IPV-Hib | 78.3% | 78.0% | 78.3% | 77.7% | 78.6% | 77.8% | ⇨ | 82% |
| Childhood Immunization Rate – MMR | 87.6% | 86.9% | 87.4% | 86.9% | 87.0% | 86.9% | ⇨ | 89% |
| **Improve the Experience and Safety of Our People** | | | | | | | | |
| Engagement | n/a | n/a | 3.46 | The next survey is planned for 2019-20 | | | | |
| Disabling Injury Rate | n/a | 3.57 | 3.85 | 4.11 | 3.88 (Q1 YTD)* | 3.59 (Q1 YTD)* | ⇧ | 3.40 |
| **Improve Financial Health and Value for Money** | | | | | | | | |
| Percentage of Nursing Units Achieving Best Practice Efficiency Targets | | 20% | 28% | 38% | 35% | 33% | ⇩ | 40% |

n/a = data is not available

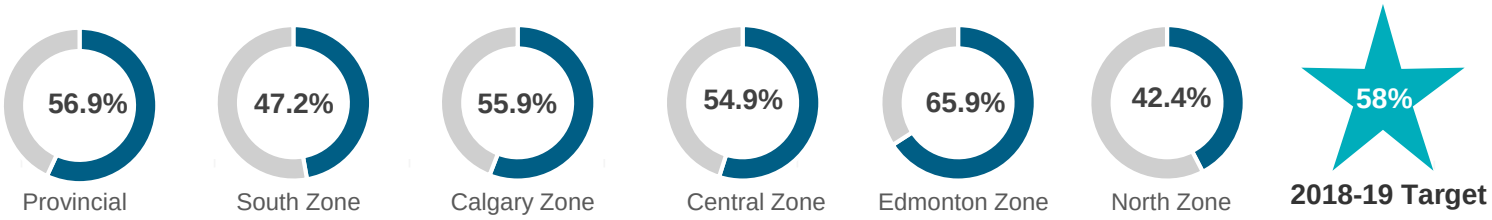
* = reported a quarter later due to data availability

Trend: ☆ Target Achieved ⇧ Improvement ⇨ Stable: ≤3% relative change compared to the same period last year ⇩ Area required additional focus

# PEOPLE PLACED IN CONTINUING CARE WITHIN 30 DAYS

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

## Percentage Placed in Continuing Care within 30 Days, Q2YTD 2018-19




## Percentage Placed in Continuing Care within 30 Days Trend

| Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **69.2%** | **59.9%** | **59.6%** | **56.1%** | **51.8%** | **51.2%** | **56.9%** | ⇧ | **58%** |
| South Zone | 77.2% | 59.5% | 47.6% | 45.9% | 43.3% | 46.0% | 47.2% | ⇨ | 58% |
| Calgary Zone | 72.0% | 57.1% | 58.4% | 57.4% | 58.7% | 57.4% | 55.9% | ⇨ | 58% |
| Central Zone | 40.7% | 54.6% | 61.5% | 60.3% | 54.6% | 55.8% | 54.9% | ⇨ | 58% |
| Edmonton Zone | 78.4% | 66.2% | 64.5% | 55.8% | 48.7% | 45.6% | 65.9% | ☆ | 58% |
| North Zone | 62.8% | 58.8% | 58.7% | 57.5% | 43.9% | 44.3% | 42.4% | ⇩ | 58% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Total Clients Placed

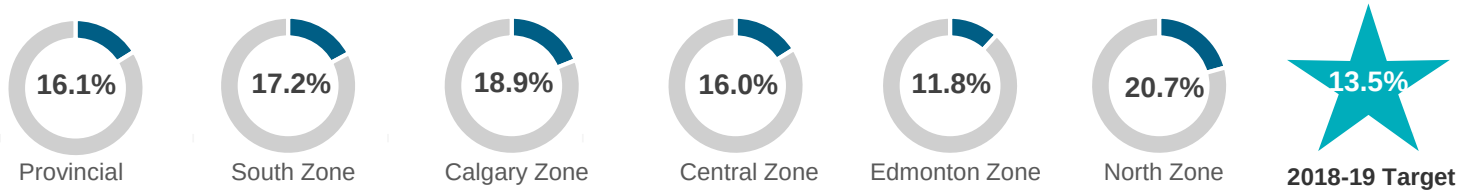
| Zone | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **7,879** | **7,963** | **7,927** | **3,877** | **3,958** |
| South Zone | 887 | 925 | 905 | 420 | 430 |
| Calgary Zone | 2,722 | 2,438 | 2,632 | 1,346 | 1,302 |
| Central Zone | 1,060 | 1,352 | 1,236 | 607 | 616 |
| Edmonton Zone | 2,506 | 2,575 | 2,388 | 1,109 | 1,280 |
| North Zone | 704 | 673 | 766 | 395 | 330 |

*Source: AHS Seniors Health Continuing Care Living Options Report, as of October 17, 2018.*

# PERCENTAGE OF ALTERNATE LEVEL OF CARE PATIENT DAYS

This measure is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care in the hospital setting and the patient's care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

## Percentage of ALC Patient Days, Q2YTD 2018-19




## Percentage of ALC Patient Days Trend

| Zone Name | Site Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **10.1%** | **12.2%** | **13.5%** | **15.4%** | **17.5%** | **17.3%** | **16.1%** | ⇧ | **13.5%** |
| **South Zone** | **South Zone** | **6.9%** | **9.0%** | **12.6%** | **13.9%** | **15.7%** | **14.0%** | **17.2%** | ⇩ | **13.5%** |
| | Chinook Regional Hospital | 5.0% | 4.4% | 7.8% | 8.6% | 12.3% | 11.7% | 19.1% | ⇩ | 13.5% |
| | Medicine Hat Regional Hospital | 9.2% | 14.6% | 18.9% | 18.9% | 22.0% | 19.2% | 12.0% | ☆ | 13.5% |
| | Other South Hospitals | 7.1% | 9.4% | 11.5% | 17.3% | 11.6% | 9.8% | 20.2% | ⇩ | 13.5% |
| **Calgary Zone** | **Calgary Zone** | **11.7%** | **15.2%** | **16.7%** | **16.9%** | **19.2%** | **18.5%** | **18.9%** | ⇨ | **13.5%** |
| | Alberta Children's Hospital | 0.0% | 0.2% | 1.3% | 1.2% | 2.0% | 1.8% | 3.6% | ☆ | 13.5% |
| | Foothills Medical Centre | 11.5% | 15.7% | 14.7% | 15.2% | 19.2% | 17.9% | 17.9% | ⇨ | 13.5% |
| | Peter Lougheed Centre | 11.0% | 14.6% | 13.6% | 16.8% | 14.4% | 13.5% | 15.2% | ⇩ | 13.5% |
| | Rockyview General Hospital | 13.7% | 16.2% | 21.9% | 22.2% | 26.0% | 25.8% | 24.8% | ⇧ | 13.5% |
| | South Health Campus | 12.1% | 14.4% | 20.4% | 17.6% | 19.6% | 19.7% | 22.1% | ⇩ | 13.5% |
| | Other Calgary Hospitals | 17.5% | 26.4% | 27.2% | 21.0% | 21.9% | 22.3% | 22.0% | ⇨ | 13.5% |
| **Central Zone** | **Central Zone** | **13.0%** | **13.1%** | **12.0%** | **15.3%** | **15.9%** | **15.8%** | **16.0%** | ⇨ | **13.5%** |
| | Red Deer Regional Hospital Centre | 10.3% | 11.4% | 8.8% | 12.4% | 12.2% | 11.9% | 13.0% | ☆ | 13.5% |
| | Other Central Hospitals | 14.9% | 14.4% | 14.3% | 17.2% | 18.3% | 18.4% | 18.2% | ⇨ | 13.5% |
| **Edmonton Zone** | **Edmonton Zone** | **7.8%** | **9.1%** | **9.5%** | **14.0%** | **15.6%** | **15.4%** | **11.8%** | ☆ | **13.5%** |
| | Grey Nuns Community Hospital | 8.7% | 10.2% | 9.2% | 11.1% | 10.8% | 9.8% | 8.5% | ☆ | 13.5% |
| | Misericordia Community Hospital | 8.0% | 10.8% | 12.8% | 14.7% | 17.4% | 16.4% | 17.0% | ⇩ | 13.5% |
| | Royal Alexandra Hospital | 8.4% | 10.6% | 11.0% | 18.5% | 18.7% | 18.3% | 14.0% | ⇧ | 13.5% |
| | Stollery Children's Hospital | 0.1% | 0.0% | 1.8% | 0.6% | 0.2% | 0.0% | 0.1% | ☆ | 13.5% |
| | Sturgeon Community Hospital | 10.7% | 12.3% | 12.3% | 18.9% | 22.5% | 20.9% | 20.6% | ⇨ | 13.5% |
| | University of Alberta Hospital | 6.8% | 6.0% | 6.2% | 11.7% | 15.3% | 16.7% | 9.3% | ☆ | 13.5% |
| | Other Edmonton Hospitals | 9.2% | 11.8% | 12.1% | 12.1% | 14.4% | 14.1% | 9.6% | ☆ | 13.5% |
| **North Zone** | **North Zone** | **11.7%** | **13.8%** | **18.5%** | **16.4%** | **21.3%** | **23.7%** | **20.7%** | ⇧ | **13.5%** |
| | Northern Lights Regional Health Centre | 9.4% | 7.4% | 18.5% | 12.0% | 8.0% | 7.3% | 21.8% | ⇩ | 13.5% |
| | Queen Elizabeth II Hospital | 8.5% | 14.0% | 20.4% | 15.2% | 26.0% | 31.8% | 19.7% | ⇧ | 13.5% |
| | Other North Hospitals | 13.2% | 14.9% | 17.9% | 17.5% | 21.8% | 23.1% | 20.8% | ⇧ | 13.5% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Total ALC Discharges

| Zone | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **10,254** | **13,513** | **17,099** | **8,632** | **7,318** |
| South Zone | 624 | 674 | 663 | 296 | 380 |
| Calgary Zone | 4,684 | 5,027 | 6,232 | 2,931 | 2,969 |
| Central Zone | 1,085 | 1,327 | 1,418 | 689 | 655 |
| Edmonton Zone | 3,046 | 5,518 | 7,709 | 4,190 | 2,854 |
| North Zone | 815 | 967 | 1,077 | 526 | 460 |

*Source(s): AHS Provincial Discharge Abstract Database (DAD), as of November 6, 2018*
*Notes:*
*- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.*

When Advice Request is enabled within eReferral, a referring provider can send an Advice Request asking for guidance or advice to a non-urgent question. Advice requests will allow the specialty service to reply back to the request within 5 days. The advice provided may suggest a referral be submitted or provide guidance for ongoing management of the patient's condition.

### Number of Specialty Services with eReferral Advice Request Available, Q2YTD 2018-19


Provincial | **2018-19 Target**

### Specialty Services with eReferral Advice Request Available, Q2YTD 2018-19

| Referral Specialty | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | Province | Total Year to Date 2018-19 | Trend |
|---|---|---|---|---|---|---|---|---|
| Cardiology | | | ✓ | | | | 1 | |
| Chronic Pain Medicine | | ✓ | | | | | 1 | |
| General Surgery - Breast | | ✓ | | | | | 1 | |
| Infectious Disease | | | | ✓ | | | 1 | |
| Obstetrics/Gynecology - Maternal Fetal Medicine | | | | ✓ | | | 1 | |
| Ophthalmology – Adults | | | | | | ✓ | 1 | |
| Ophthalmology – Pediatrics | | | | | | ✓ | 1 | |
| Otolaryngology | | | ✓ | | | | 1 | |
| Palliative Medicine | | ✓ | | | | | 1 | |
| Urology - Adults | | | ✓ | | | | - * | |
| Urology - Pediatrics | | | | ✓ | | | 1 | |
| **Total Specialties Enabled in at least one Zone/Province** | | | | | | | **10** | ⇧ |

### The following specialties were available for eReferral prior to 2018-19:

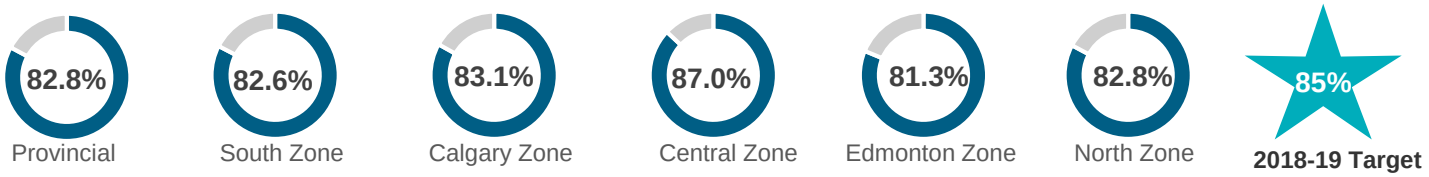
| Referral Specialty | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | Province | Total Specialties |
|---|---|---|---|---|---|---|---|
| Addiction and Mental Health – Opiate Agonist Therapy | | | | | | ✓ | 1 |
| Endocrinology | | ✓ | | | | | 1 |
| Gastroenterology - Adults | ✓ | ✓ | ✓ | ✓ | ✓ | | 1 |
| General Internal Medicine | | ✓ | | | | | 1 |
| Nephrology | | ✓ | | ✓ | | | 1 |
| Neurosurgery - Spinal Neurosurgery | | ✓ | | | | | 1 |
| Obstetrics/Gynecology | | ✓ | | | | | 1 |
| Oncology - Breast Cancer | ✓ | ✓ | ✓ | ✓ | ✓ | | 1 |
| Oncology - Lung Cancer | ✓ | ✓ | ✓ | ✓ | ✓ | | 1 |
| Orthopedic Surgery - Hip and Knee | ✓ | ✓ | ✓ | ✓ | ✓ | | 1 |
| Pulmonary Medicine | | ✓ | | | | | 1 |
| Urology - Adults | | | | ✓ | | | 1 |
| **Total Specialties Enabled in at least one Zone/Province prior to 2018-19** | | | | | | | **12** |

*Source: Netcare Repository, as of October 29, 2018*
** The methodology in which eReferrals was reported in Q1 has been refined in Q2, such that specialties are now counted only once to avoid double counting. Q1 included Central Zone Urology services which was already counted in 2017-18 in Edmonton Zone. Therefore, Q2 represents the refined methodology.*

# PATIENT SATISFACTION WITH HOSPITAL EXPERIENCE

This measure reflects patients' overall perceptions associated with the hospital where they received care. The higher the number, the better, as it demonstrates more patients are satisfied with their care in hospital.

## Patient Satisfaction with Hospital Experience, Q1YTD 2018-19




## Patient Satisfaction with Hospital Experience Trend

| Zone Name | Site Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **81.5%** | **81.8%** | **81.8%** | **82.4%** | **81.8%** | **82.1%** | **82.8%** | ⇨ | **85%** |
| **South Zone** | **South Zone** | **81.7%** | **81.8%** | **80.9%** | **82.2%** | **79.8%** | **81.4%** | **82.6%** | ⇨ | **85%** |
| | Chinook Regional Hospital | 80.5% | 76.6% | 78.2% | 82.3% | 80.2% | 81.5% | 77.8% | ⇩ | 85% |
| | Medicine Hat Regional Hospital | 80.7% | 85.7% | 81.3% | 81.3% | 77.1% | 78.8% | 87.1% | ☆ | 85% |
| | Other South Hospitals | 83.5% | 88.3% | 87.2% | 85.5% | 85.3% | 86.6% | 88.1% | ☆ | 85% |
| **Calgary Zone** | **Calgary Zone** | **80.1%** | **83.2%** | **82.0%** | **83.0%** | **82.3%** | **82.5%** | **83.1%** | ⇨ | **85%** |
| | Foothills Medical Centre | 76.6% | 80.8% | 80.8% | 80.3% | 80.2% | 80.5% | 81.8% | ⇨ | 85% |
| | Peter Lougheed Centre | 80.9% | 79.9% | 77.2% | 78.7% | 77.7% | 76.3% | 76.7% | ⇨ | 85% |
| | Rockyview General Hospital | 82.9% | 85.4% | 81.7% | 85.1% | 83.6% | 83.9% | 85.6% | ☆ | 85% |
| | South Health Campus | 91.9% | 89.7% | 90.1% | 90.9% | 90.1% | 91.0% | 89.4% | ☆ | 85% |
| | Other Calgary Hospitals | 79.3% | 90.3% | 92.9% | 92.2% | 92.9% | 94.2% | 93.3% | ☆ | 85% |
| **Central Zone** | **Central Zone** | **83.5%** | **84.8%** | **83.4%** | **85.0%** | **83.7%** | **85.7%** | **87.0%** | ☆ | **85%** |
| | Red Deer Regional Hospital Centre | 81.1% | 83.0% | 82.2% | 82.7% | 81.5% | 83.9% | 83.6% | ⇨ | 85% |
| | Other Central Hospitals | 84.5% | 86.7% | 84.8% | 87.0% | 85.7% | 87.6% | 89.4% | ☆ | 85% |
| **Edmonton Zone** | **Edmonton Zone** | **81.5%** | **80.3%** | **81.6%** | **80.8%** | **80.7%** | **80.7%** | **81.3%** | ⇨ | **85%** |
| | Grey Nuns Community Hospital | 86.4% | 87.2% | 86.1% | 86.4% | 85.5% | 84.3% | 84.6% | ☆ | 85% |
| | Misericordia Community Hospital | 78.5% | 75.3% | 77.2% | 79.8% | 75.2% | 74.2% | 76.9% | ⇧ | 85% |
| | Royal Alexandra Hospital | 79.9% | 76.5% | 77.3% | 76.6% | 77.8% | 78.2% | 80.2% | ⇨ | 85% |
| | Sturgeon Community Hospital | 89.8% | 87.6% | 89.8% | 88.0% | 88.0% | 89.5% | 81.5% | ⇩ | 85% |
| | University of Alberta Hospital | 77.1% | 80.2% | 83.5% | 80.4% | 81.8% | 81.4% | 82.6% | ⇨ | 85% |
| | Other Edmonton Hospitals | 70.9% | 85.3% | 86.3% | 85.7% | 84.8% | 87.8% | 83.8% | ⇩ | 85% |
| **North Zone** | **North Zone** | **81.0%** | **80.6%** | **81.3%** | **83.2%** | **82.6%** | **82.3%** | **82.8%** | ⇨ | **85%** |
| | Northern Lights Regional Health Centre | 75.4% | 74.7% | 78.6% | 82.2% | 82.1% | 83.0% | 81.4% | ⇨ | 85% |
| | Queen Elizabeth II Hospital | 76.0% | 77.2% | 78.6% | 80.3% | 79.9% | 77.7% | 82.0% | ⇧ | 85% |
| | Other North Hospitals | 83.4% | 83.7% | 83.5% | 84.8% | 84.0% | 83.9% | 83.9% | ⇨ | 85% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Total Eligible Discharges

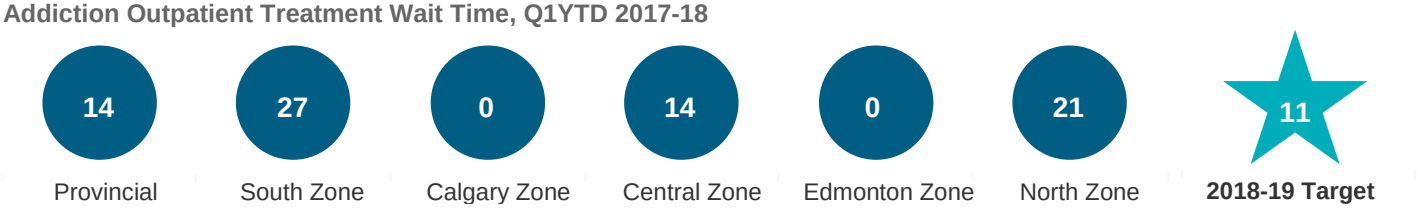
| Zone | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 | Number of Completed Surveys Q1YTD 2018-19 | Margin of Error (±) Q1YTD 2018-19 |
|---|---|---|---|---|---|---|---|
| **Provincial** | **218,546** | **246,917** | **246,227** | **63,071** | **63,669** | **6,619** | **0.91%** |
| South Zone | 19,737 | 19,840 | 19,642 | 4,894 | 5,007 | 530 | 3.23% |
| Calgary Zone | 61,044 | 83,208 | 83,397 | 21,392 | 21,413 | 2,179 | 1.57% |
| Central Zone | 29,272 | 29,531 | 29,238 | 7,582 | 7,488 | 823 | 2.30% |
| Edmonton Zone | 82,559 | 89,005 | 87,951 | 22,533 | 22,965 | 2,322 | 1.59% |
| North Zone | 25,934 | 25,333 | 25,999 | 6,670 | 6,796 | 765 | 2.67% |

*Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of October 29, 2018*
*Notes:*
*- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.*
*- The margin of errors were calculated using a normal estimated distribution for sample size greater than 10. If the sample size was less than 10, the Plus two & Plus four methods were used.*
*- Provincial and zone level results presented here are based on weighted data.*
*- Facility level results and All Other Hospitals results presented here are based on unweighted data.*

# WAIT TIME FOR ADDICTION OUTPATIENT TREATMENT (in days)

This measure represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

## Addiction Outpatient Treatment Wait Time, Q1YTD 2017-18




## Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile)

| Wait Time Grouping | Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **18** | **15** | **13** | **15** | **13** | **15** | **14** | ⇧ | **11** |
| **Urban** | | | | | | | | | | |
| | Calgary Zone | 21 | 9 | 5 | 6 | 0 | 3 | 0 | ☆ | 11 |
| | Edmonton Zone | 17 | 14 | 0 | 0 | 0 | 0 | 0 | ☆ | 11 |
| **Rural** | | | | | | | | | | |
| | South Zone | 13 | 20 | 21 | 26 | 21 | 21 | 27 | ⇩ | 11 |
| | Central Zone | 20 | 16 | 14 | 15 | 14 | 14 | 14 | ⇨ | 11 |
| | North Zone | 16 | 16 | 19 | 27 | 23 | 27 | 21 | ⇧ | 11 |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Outpatient Treatment Wait Time Trend by Zone (Average)

| Wait Time Grouping | Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 |
|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **7.0** | **6.5** | **5.8** | **7.3** | **6.3** | **7.2** | **5.9** |
| **Urban** | | | | | | | | |
| | Calgary Zone | 7.7 | 7.4 | 7.9 | 11.4 | 9.1 | 11.7 | 7.2 |
| | Edmonton Zone | 6.4 | 5.1 | 1.2 | 0.9 | 0.4 | 0.8 | 0.1 |
| **Rural** | | | | | | | | |
| | South Zone | 5.0 | 7.8 | 7.8 | 8.7 | 7.5 | 7.6 | 9.1 |
| | Central Zone | 7.3 | 6.2 | 6.0 | 6.2 | 5.8 | 5.4 | 6.2 |
| | North Zone | 7.5 | 7.3 | 8.2 | 11.1 | 10.5 | 11.0 | 9.3 |

## Total Enrollments

| Zone | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **18,329** | **18,033** | **18,019** | **4,580** | **4,515** |
| South Zone | 1,760 | 1,818 | 1,745 | 451 | 401 |
| Calgary Zone | 4,616 | 4,455 | 4,383 | 1,141 | 1,075 |
| Central Zone | 3,467 | 3,560 | 3,830 | 934 | 1,068 |
| Edmonton Zone | 4,957 | 4,664 | 4,610 | 1,121 | 1,056 |
| North Zone | 3,529 | 3,536 | 3,451 | 933 | 915 |

*Sources: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product 2. Clinical Activity Reporting Application (CARA), for results since Apr 1, 2013 3. Geriatric Mental Health Information System (GMHIS), for results since Apr 1, 2013 4. eClinician, for results since Jun 22, 2015 (ASE program) and Apr 20, 2015 (YASE program)*

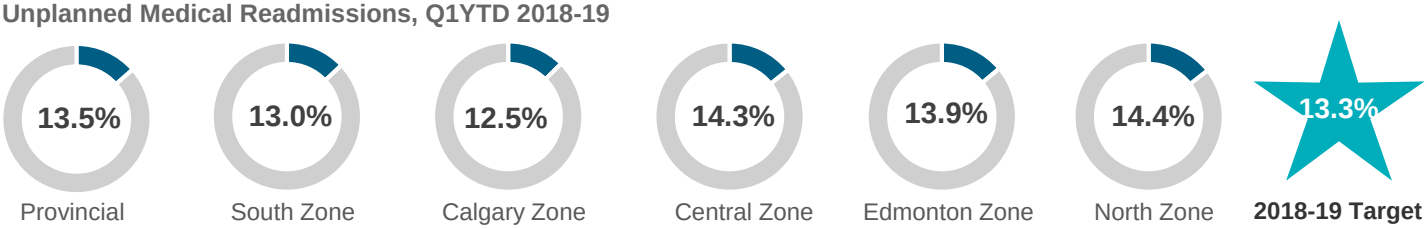
*Notes:*

*- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.*
*- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.*
*- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.*

# UNPLANNED MEDICAL READMISSIONS

The measure is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

## Unplanned Medical Readmissions, Q1YTD 2018-19




## Unplanned Medical Readmissions Trend

| Zone Name | Site Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **13.5%** | **13.6%** | **13.7%** | **13.6%** | **13.6%** | **13.7%** | **13.5%** | ⇨ | **13.3%** |
| **South Zone** | **South Zone** | **14.1%** | **13.5%** | **14.2%** | **13.9%** | **13.9%** | **12.8%** | **13.0%** | ☆ | **13.3%** |
| | Chinook Regional Hospital | 13.2% | 13.5% | 14.1% | 13.3% | 12.7% | 10.8% | 11.3% | ☆ | 13.3% |
| | Medicine Hat Regional Hospital | 14.4% | 12.5% | 14.0% | 13.8% | 13.9% | 13.6% | 12.4% | ☆ | 13.3% |
| | Other South Hospitals | 15.0% | 14.7% | 14.4% | 14.9% | 15.4% | 14.2% | 16.1% | ⇩ | 13.3% |
| **Calgary Zone** | **Calgary Zone** | **12.2%** | **12.2%** | **12.3%** | **12.3%** | **12.4%** | **12.5%** | **12.5%** | ☆ | **13.3%** |
| | Foothills Medical Centre | 12.2% | 12.1% | 12.3% | 12.4% | 12.3% | 11.9% | 12.0% | ☆ | 13.3% |
| | Peter Lougheed Centre | 12.1% | 12.2% | 12.8% | 13.1% | 12.6% | 12.6% | 12.2% | ☆ | 13.3% |
| | Rockyview General Hospital | 12.0% | 11.9% | 11.9% | 12.0% | 12.3% | 13.1% | 12.7% | ☆ | 13.3% |
| | South Health Campus | 12.3% | 12.3% | 12.0% | 11.3% | 12.3% | 13.2% | 13.8% | ⇩ | 13.3% |
| | Other Calgary Hospitals | 12.8% | 13.7% | 12.5% | 13.0% | 13.4% | 12.3% | 13.1% | ☆ | 13.3% |
| **Central Zone** | **Central Zone** | **14.5%** | **14.9%** | **15.0%** | **14.9%** | **14.1%** | **15.5%** | **14.3%** | ⇧ | **13.3%** |
| | Red Deer Regional Hospital Centre | 14.0% | 13.8% | 13.9% | 13.0% | 13.0% | 14.9% | 13.4% | ⇧ | 13.3% |
| | Other Central Hospitals | 14.6% | 15.3% | 15.4% | 15.6% | 14.6% | 15.7% | 14.7% | ⇧ | 13.3% |
| **Edmonton Zone** | **Edmonton Zone** | **13.5%** | **13.8%** | **13.6%** | **13.6%** | **13.9%** | **14.0%** | **13.9%** | ⇨ | **13.3%** |
| | Grey Nuns Community Hospital | 12.6% | 12.3% | 13.2% | 12.7% | 12.6% | 13.5% | 14.1% | ⇩ | 13.3% |
| | Misericordia Community Hospital | 13.0% | 13.7% | 13.5% | 15.0% | 14.2% | 13.6% | 14.0% | ⇩ | 13.3% |
| | Royal Alexandra Hospital | 13.2% | 14.0% | 13.7% | 13.0% | 14.2% | 14.0% | 13.6% | ⇨ | 13.3% |
| | Sturgeon Community Hospital | 12.3% | 13.6% | 13.4% | 13.1% | 13.7% | 13.3% | 16.1% | ⇩ | 13.3% |
| | University of Alberta Hospital | 14.6% | 14.6% | 14.2% | 14.4% | 14.5% | 14.8% | 14.0% | ⇧ | 13.3% |
| | Other Edmonton Hospitals | 13.4% | 12.8% | 11.9% | 12.8% | 12.0% | 13.0% | 12.0% | ☆ | 13.3% |
| **North Zone** | **North Zone** | **15.0%** | **15.3%** | **15.3%** | **15.2%** | **14.8%** | **14.8%** | **14.4%** | ⇨ | **13.3%** |
| | Northern Lights Regional Health Centre | 13.4% | 12.8% | 13.4% | 14.3% | 15.0% | 15.2% | 13.4% | ⇧ | 13.3% |
| | Queen Elizabeth II Hospital | 12.6% | 11.9% | 13.3% | 13.3% | 11.7% | 11.5% | 13.1% | ☆ | 13.3% |
| | Other North Hospitals | 15.5% | 16.1% | 15.9% | 15.5% | 15.3% | 15.2% | 14.8% | ⇧ | 13.3% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Total Discharges

| Zone | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **113,803** | **113,879** | **114,256** | **28,893** | **29,362** |
| South Zone | 9,632 | 9,823 | 9,555 | 2,383 | 2,486 |
| Calgary Zone | 35,449 | 35,546 | 36,690 | 9,356 | 9,186 |
| Central Zone | 16,825 | 16,738 | 16,229 | 4,063 | 4,067 |
| Edmonton Zone | 37,646 | 37,667 | 37,667 | 9,487 | 9,996 |
| North Zone | 14,251 | 14,105 | 14,115 | 3,604 | 3,627 |

*Source(s): AHS Provincial Discharge Abstract Database (DAD), as of November 13, 2018*
*Notes:*
*- This quarter is a quarter later due to requirements to follow up with patients after end of reporting quarter.*
*- This indicator measures the risk-adjusted rate of urgent readmission to hospital for the medical patient group, which is adapted from the CIHI methodology (2016).*
*- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.*

# PERINATAL MORTALITY RATE AMONG FIRST NATIONS

Number of stillbirths (at 28 or more weeks gestation) plus the number of infants dying under 7 days of age divided by the sum of the number of live births plus the number of stillbirths of 28 or more weeks gestation for a given calendar year; multiplied by 1,000.

## Perinatal Mortality Rate Gap, 2017-18


Provincial

## Perinatal Mortality Rate by Population

| Population | 2013 | 2014 | 2015 | 2016 | 2017 | Trend | 2017-18 Target |
|---|---|---|---|---|---|---|---|
| First Nations | 9.47 | 10.52 | 10.73 | 9.65 | 8.40 | N/A | AHS' focus is to reduce gap between First Nations and Non-First Nations |
| Non-First Nations | 4.98 | 5.69 | 5.30 | 4.71 | 5.50 | N/A | |
| **Rate Gap** | **4.49** | **4.83** | **5.43** | **4.94** | **2.90** | ⇧ | |

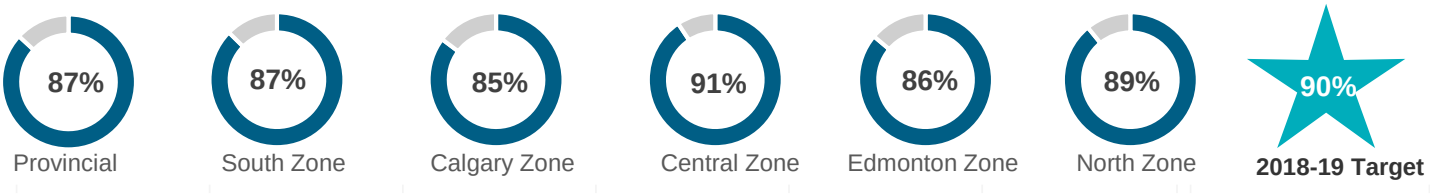
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

*Source(s): Alberta Health, as of April 22, 2018*
*Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.*

# HAND HYGIENE COMPLIANCE

This measure is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

## Hand Hygiene Compliance, Q2YTD 2018-19




## Hand Hygiene Compliance Trend

| Zone Name | Site Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **Provincial** | **66%** | **75%** | **80%** | **82%** | **85%** | **84%** | **87%** | ⇧ | **90%** |
| **South Zone** | **South Zone** | **78%** | **82%** | **82%** | **84%** | **80%** | **79%** | **87%** | ⇧ | **90%** |
| | Chinook Regional Hospital | 81% | 85% | 82% | 83% | 78% | 71% | 88% | ⇧ | 90% |
| | Medicine Hat Regional Hospital | 76% | 77% | 82% | 87% | 84% | 85% | 88% | ⇧ | 90% |
| | Other South Hospitals | 79% | 85% | 83% | 83% | 81% | 77% | 87% | ⇧ | 90% |
| **Calgary Zone** | **Calgary Zone** | **59%** | **71%** | **78%** | **81%** | **84%** | **83%** | **85%** | ⇨ | **90%** |
| | Alberta Children's Hospital | 57% | 74% | 77% | 80% | 79% | 81% | 85% | ⇧ | 90% |
| | Foothills Medical Centre | 52% | 66% | 76% | 83% | 84% | 84% | 85% | ⇨ | 90% |
| | Peter Lougheed Centre | 62% | 77% | 85% | 79% | 80% | 77% | 85% | ⇧ | 90% |
| | Rockyview General Hospital | 62% | 68% | 74% | 84% | 88% | 90% | 91% | ☆ | 90% |
| | South Health Campus | 59% | 59% | 69% | 76% | 77% | 80% | 73% | ⇩ | 90% |
| | Other Calgary Hospitals | 63% | 77% | 80% | 79% | 85% | 84% | 88% | ⇧ | 90% |
| **Central Zone** | **Central Zone** | **64%** | **74%** | **81%** | **78%** | **87%** | **83%** | **91%** | ☆ | **90%** |
| | Red Deer Regional Hospital Centre | 75% | 69% | 78% | 78% | 85% | 83% | 89% | ⇧ | 90% |
| | Other Central Hospitals | 57% | 77% | 82% | 78% | 87% | 83% | 91% | ☆ | 90% |
| **Edmonton Zone** | **Edmonton Zone** | **57%** | **74%** | **79%** | **83%** | **86%** | **85%** | **86%** | ⇨ | **90%** |
| | Grey Nuns Community Hospital | 64% | 75% | 73% | 83% | 89% | 87% | 91% | ☆ | 90% |
| | Misericordia Community Hospital | 71% | 77% | 75% | 80% | 86% | 85% | 88% | ⇨ | 90% |
| | Royal Alexandra Hospital | 62% | 75% | 81% | 84% | 86% | 86% | 85% | ⇨ | 90% |
| | Stollery Children's Hospital | 58% | 75% | 79% | 80% | 81% | 80% | 76% | ⇩ | 90% |
| | Sturgeon Community Hospital | 59% | 81% | 84% | 86% | 88% | 88% | 84% | ⇩ | 90% |
| | University of Alberta Hospital | 43% | 70% | 74% | 85% | 88% | 87% | 89% | ⇨ | 90% |
| | Other Edmonton Hospitals | 58% | 73% | 79% | 82% | 86% | 85% | 88% | ⇧ | 90% |
| **North Zone** | **North Zone** | **66%** | **81%** | **87%** | **88%** | **88%** | **87%** | **89%** | ⇨ | **90%** |
| | Northern Lights Regional Health Centre | 56% | 64% | 88% | 87% | 82% | 84% | 90% | ☆ | 90% |
| | Queen Elizabeth II Hospital | 68% | 91% | 96% | 91% | 88% | 89% | 89% | ⇨ | 90% |
| | Other North Hospitals | 66% | 74% | 85% | 88% | 89% | 87% | 89% | ⇨ | 90% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

## Total Observations *(excludes Covenant Sites)*

| Zone | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **396,272** | **383,975** | **332,578** | **177,514** | **155,395** |
| South Zone | 39,185 | 38,314 | 18,270 | 8,086 | 12,648 |
| Calgary Zone | 183,110 | 162,423 | 128,616 | 73,730 | 49,963 |
| Central Zone | 45,103 | 35,952 | 38,974 | 18,808 | 20,696 |
| Edmonton Zone | 99,795 | 125,281 | 117,032 | 62,916 | 56,243 |
| North Zone | 29,079 | 22,005 | 29,686 | 13,974 | 15,845 |

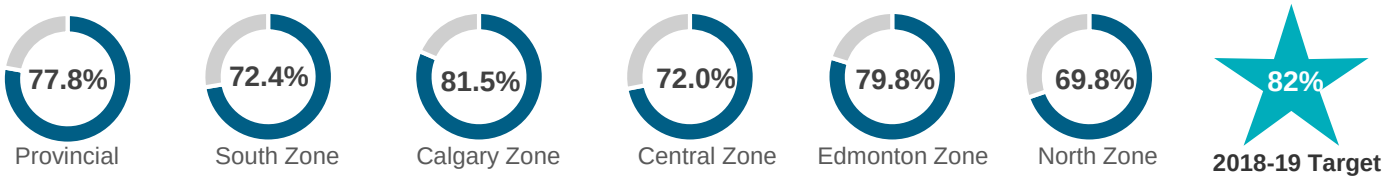
*Source: AHS Infection, Prevention and Control Database, as of October 11, 2018*
*Notes:*
*- Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in spring (Q1 & Q2) and fall (Q3 & Q4). These are not included in the Edmonton Zone and Provincial totals.*
*- "Other Sites" include any hand hygiene observations performed at an AHS operated program, site, or unit including acute care, continuing care, and ambulatory care settings such as Cancer Control, Corrections, EMS, hemodialysis (e.g., NARP and SARP), home care, and public health.*

# CHILDHOOD IMMUNIZATION RATE

## DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (DTaP-IPV-Hib)

This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities. The higher the percentage the better, as it demonstrates more children are immunized and protected from preventable childhood diseases.

### Childhood Immunization Rate: DTaP-IPV-Hib, Q2YTD 2018-19




### Childhood Immunization Rate: DTaP-IPV-Hib Trend

| Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **77.6%** | **78.3%** | **78.0%** | **78.3%** | **77.7%** | **78.6%** | **77.8%** | ⇨ | **82%** |
| South Zone | 64.6% | 67.9% | 65.7% | 67.8% | 70.0% | 70.4% | 72.4% | ⇨ | 82% |
| Calgary Zone | 81.4% | 82.6% | 81.5% | 81.4% | 79.8% | 80.2% | 81.5% | ⇨ | 82% |
| Central Zone | 71.1% | 71.1% | 70.9% | 70.6% | 70.7% | 71.4% | 72.0% | ⇨ | 82% |
| Edmonton Zone | 84.0% | 84.0% | 84.6% | 84.0% | 82.9% | 84.9% | 79.8% | * | 82% |
| North Zone | 67.2% | 66.6% | 66.5% | 67.7% | 68.9% | 69.4% | 69.8% | ⇨ | 82% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

### Total Eligible Population

| Zone | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **54,267** | **55,138** | **56,208** | **29,112** | **28,895** |
| South Zone | 4,104 | 4,157 | 4,271 | 2,289 | 2,117 |
| Calgary Zone | 19,602 | 20,424 | 20,862 | 10,760 | 10,784 |
| Central Zone | 6,240 | 5,833 | 5,661 | 3,005 | 2,805 |
| Edmonton Zone | 16,870 | 17,578 | 18,114 | 9,227 | 9,489 |
| North Zone | 7,451 | 7,146 | 7,300 | 3,831 | 3,700 |

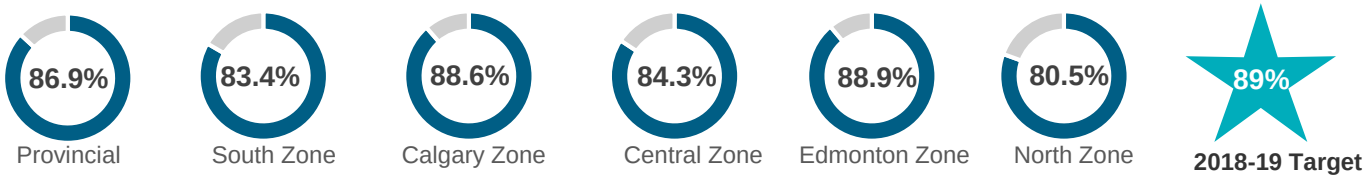
*Source: Province-wide Immunization Program, Communicable Disease Control as of October 13, 2018*
*Notes:*
*- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.*
*- * 2018-19 rates not comparable to previous years due to change in reporting system. Going forward the new system will provide a more accurate reflection of the rate.*

# CHILDHOOD IMMUNIZATION RATE

## MEASLES, MUMPS, RUBELLA (MMR)

This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities. The higher the percentage the better, as it demonstrates more children are immunized and protected from preventable childhood diseases.

### Childhood Immunization Rate: MMR, Q2YTD 2018-19




### Childhood Immunization Rate: MMR Trend

| Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|---|
| **Provincial** | **86.7%** | **87.6%** | **86.9%** | **87.4%** | **86.9%** | **87.0%** | **86.9%** | ⇨ | **89%** |
| South Zone | 81.1% | 83.9% | 78.8% | 81.0% | 82.1% | 81.5% | 83.4% | ⇨ | 89% |
| Calgary Zone | 88.3% | 89.6% | 89.2% | 89.6% | 87.9% | 87.8% | 88.6% | ☆ | 89% |
| Central Zone | 81.2% | 80.8% | 81.1% | 82.3% | 84.2% | 84.8% | 84.3% | ⇨ | 89% |
| Edmonton Zone | 91.7% | 92.2% | 91.9% | 91.8% | 90.5% | 91.2% | 88.9% | ☆ | 89% |
| North Zone | 79.6% | 80.3% | 78.5% | 77.8% | 79.6% | 79.8% | 80.5% | ⇨ | 89% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

### Total Eligible Population

| Zone | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 |
|---|---|---|---|---|---|
| **Provincial** | **54,267** | **55,138** | **56,208** | **29,112** | **28,895** |
| South Zone | 4,104 | 4,157 | 4,271 | 2,289 | 2,117 |
| Calgary Zone | 19,602 | 20,424 | 20,862 | 10,760 | 10,784 |
| Central Zone | 6,240 | 5,833 | 5,661 | 3,005 | 2,805 |
| Edmonton Zone | 16,870 | 17,578 | 18,114 | 9,227 | 9,489 |
| North Zone | 7,451 | 7,146 | 7,300 | 3,831 | 3,700 |

*Source: Province-wide Immunization Program, Communicable Disease Control as of October 13, 2018*

*Notes:*
*- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.*

# AHS WORKFORCE ENGAGEMENT

Engagement refers to how committed an employee is to the organization, their role, their manager, and co-workers. High engagement correlates with higher productivity, safe patient care and willingness to give discretionary effort at work. Monitoring workforce engagement enables us to determine the effectiveness of processes/programs that support employee engagement and strengthen a patient safety culture.

The Engagement Rate is the mean score of the responses to the AHS' 'Our People Survey' which utilized a five-point scale, with one being 'strongly disagree' and five being 'strongly agree'. More than 46,000 individuals – including nurses, emergency medical services, support staff, midwives, physicians and volunteers – participated in the Our People Survey in 2016.

## Our People Survey Results


AHS' workforce engagement was 3.46 on a five-point scale (5 indicates highly engaged). Based on a question asking how satisfied people are with AHS as a place to work: 57 per cent of respondents felt positively, 40 per cent felt neutral, and 3 per cent felt negatively. The next survey is planned for 2019-20 with a target of 3.67.

| Employees | Volunteers | Physicians |
|---|---|---|
| **57%** were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction. | **90%** were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction. | **48%** were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction. |

*Source(s): AHS People, Legal, Privacy. http://insite.albertahealthservices.ca/2305.asp*

# DISABLING INJURIES IN AHS WORKFORCE

This measure is defined as the number of AHS workers injured seriously to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers. Our disabling injury rate enables us to identify Workplace Health & Safety (WHS) programs that provide AHS employees, volunteers and physicians with a safe and healthy work environment and keep them free from injury. The lower the rate, the fewer disabling injuries are occurring at work.

## Disabling Injury Rate: Q1YTD 2018-19


Provincial **2018-19 Target**

| Level of Portfolio | Portfolio or Departments | 2015-16 | 2016-17 | 2017-18 | Q1YTD 2017-18 | Q1YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|---|
| **Province** | **Provincial** | **3.57** | **3.85** | **4.11** | **3.88** | **3.59** | ⇧ | **3.40** |
| Zone | South Zone Clinical Operations | 3.57 | 3.50 | 3.75 | 3.02 | 3.65 | ⇩ | 3.40 |
| | Calgary Zone Clinical Operations | 3.56 | 3.88 | 4.57 | 4.05 | 4.08 | ⇨ | 3.40 |
| | Central Zone Clinical Operations | 3.88 | 4.12 | 4.91 | 5.10 | 3.34 | ☆ | 3.40 |
| | Edmonton Zone Clinical Operations | 3.48 | 3.73 | 4.10 | 4.09 | 3.56 | ⇧ | 3.40 |
| | North Zone Clinical Operations | 4.35 | 3.75 | 4.10 | 3.46 | 4.05 | ⇩ | 3.40 |
| Provincial Portfolios | Cancer Control | 1.68 | 1.47 | 1.04 | 1.02 | 1.01 | ☆ | 3.40 |
| | Capital Management | 2.15 | 2.74 | 2.24 | 1.80 | 1.56 | ☆ | 3.40 |
| | Collaborative Practice, Nursing & Health Profession | 7.47 | 6.58 | 7.76 | 8.43 | 6.44 | ⇧ | 3.40 |
| | Community Engagement and Communications | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | ☆ | 3.40 |
| | Contracting, Procurement & Supply Management | 2.61 | 3.85 | 3.24 | 3.95 | 2.53 | ☆ | 3.40 |
| | Diagnostic Imaging | 1.85 | 2.86 | 3.57 | 3.74 | 3.96 | ⇩ | 3.40 |
| | Emergency Medical Services | 12.94 | 15.09 | 15.01 | 14.99 | 11.48 | ⇧ | 3.40 |
| | Finance | 0.16 | 0.33 | 0.50 | 0.66 | 0.00 | ☆ | 3.40 |
| | Health Information Management | 1.25 | 2.19 | 1.80 | 1.43 | 1.23 | ☆ | 3.40 |
| | Information Technology (IT) | 0.26 | 0.17 | 0.21 | 0.00 | 0.20 | ☆ | 3.40 |
| | Internal Audit and Enterprise Risk Management | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | ☆ | 3.40 |
| | Laboratory Services | 1.26 | 1.63 | 2.22 | 1.42 | 2.40 | ☆ | 3.40 |
| | Linen & Environmental Services | 7.70 | 8.02 | 6.93 | 7.29 | 7.46 | ⇨ | 3.40 |
| | Nutrition Food Services | 5.92 | 5.30 | 5.52 | 5.10 | 4.31 | ⇧ | 3.40 |
| | People, Legal, and Privacy | 1.51 | 2.89 | 2.84 | 1.91 | 2.62 | ☆ | 3.40 |
| | Pharmacy Services | 1.05 | 1.69 | 1.22 | 0.67 | 1.32 | ☆ | 3.40 |
| | Population Public & Indigenous Health | 1.31 | 1.13 | 0.82 | 0.81 | 0.41 | ☆ | 3.40 |
| | System Innovations and Programs | 0.27 | 0.25 | 0.48 | 1.43 | 0.00 | ☆ | 3.40 |

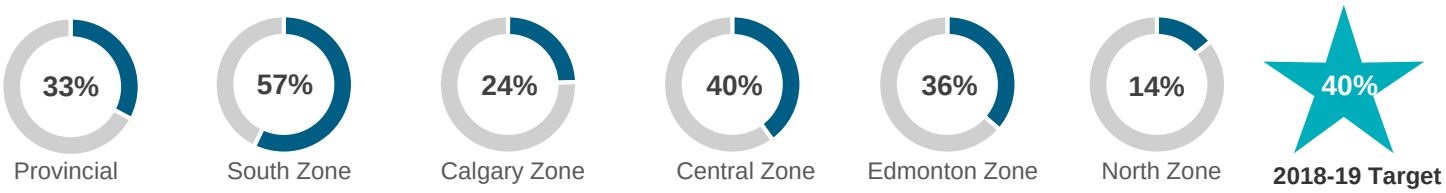
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

*Source: WCB Alberta and e-Manager Payroll Analytics (EPA). EPA 2017-19 YTD data as of June, 2018. WCB data April-June, 2018 as of October 16, 2018. Data retrieval October 25, 2018*
*Notes:*
*- This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.*
*- Reporting of "0.00" is accurate and reflects these portfolios having very safe and healthy work environments.*
*- Quarterly results are reported year-to-date to align with AHS People, Legal and Privacy reporting to the AHS Human Resources Committee of the Board.*
*- Starting from this report, Protective Services resides in the People, Legal and Privacy portfolio. In previous quarterly reports, it was reported under Capital Management.*

# NURSING UNITS ACHIEVING BEST PRACTICE EFFICIENCY TARGETS

This measure is defined as the percentage of nursing units at the 16 busiest sites meeting Operational Best Practice (OBP) labour efficiency targets. A higher percentage means more efficiencies have been achieved across AHS.

## Percentage of Nursing Units Achieving Best Practice Efficiency Targets, Q2YTD 2018-19




## Percentage of Nursing Units Achieving Best Practice Efficiency Targets

| Zone Name | 2015-16 | 2016-17 | 2017-18 | Q2YTD 2017-18 | Q2YTD 2018-19 | Trend | 2018-19 Target |
|---|---|---|---|---|---|---|---|
| **Provincial** | **20%** | **28%** | **38%** | **35%** | **33%** | ⇩ | **40%** |
| South Zone | 63% | 58% | 61% | 58% | 57% | ☆ | 40% |
| Calgary Zone | 15% | 20% | 25% | 25% | 24% | ⇨ | 40% |
| Central Zone | 7% | 14% | 47% | 36% | 40% | ☆ | 40% |
| Edmonton Zone | 14% | 29% | 42% | 39% | 36% | ⇩ | 40% |
| North Zone | 33% | 33% | 36% | 29% | 14% | ⇩ | 40% |

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

*Source: AHS General Ledger (no allocations);Worked Hours - Finance consolidated trial balance, Patient Days – Adult & Child - Finance statistical General Ledger, as of October 30, 2018*
*Notes:*
*- Data quality issues were identified in historical data which potentially overstated efficiencies. While improvements to data quality continue to be made, historical data cannot be retroactively corrected.*