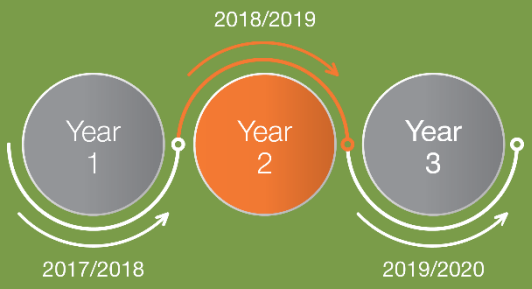
Q3 2018 - 2019 Health Plan Update
(October 1, 2018-December 31, 2018)



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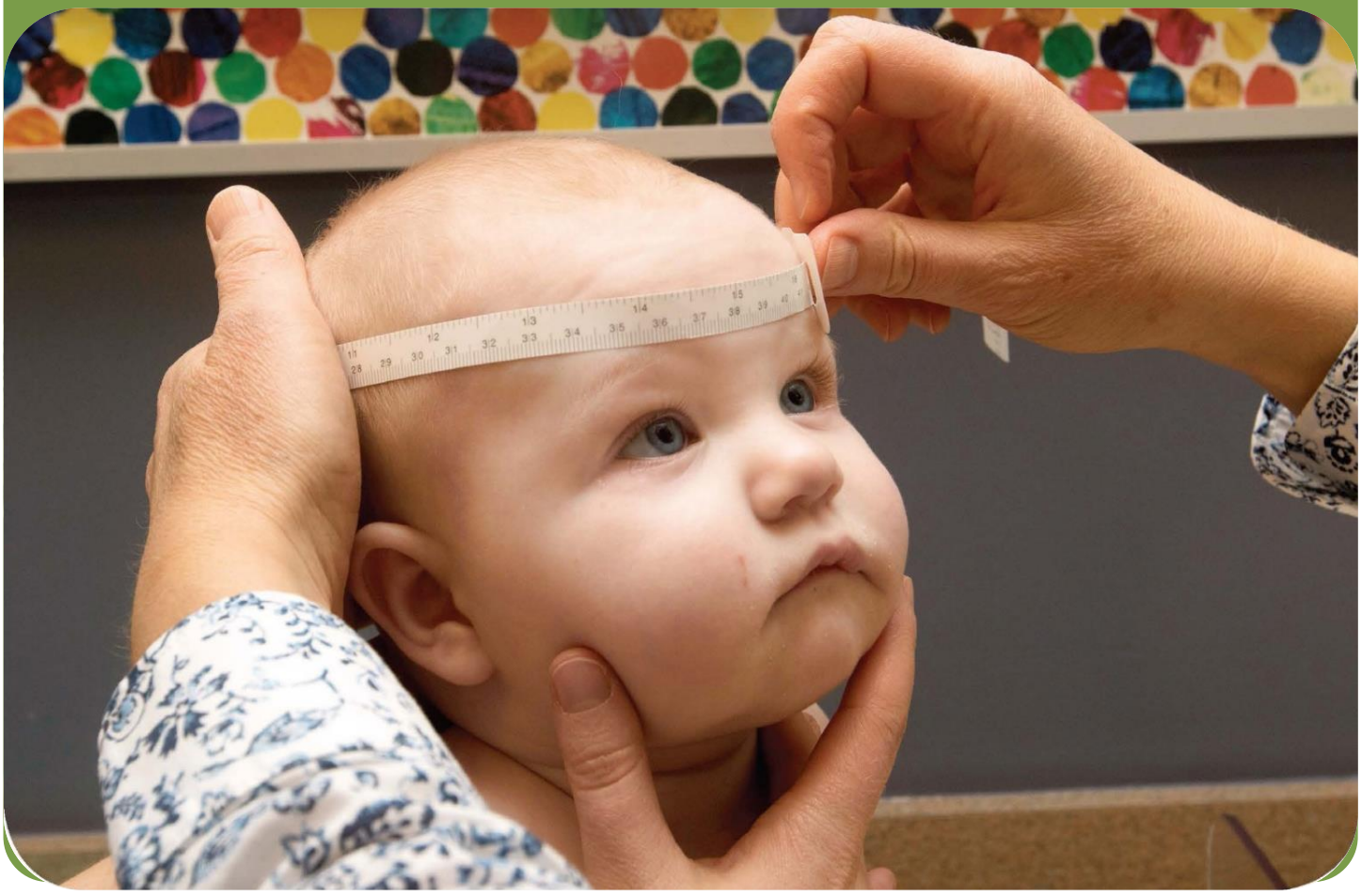

Prepared by AHS Planning and Performance
March 14, 2019

Alberta Health Services

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BACKGROUNDER

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 objectives and direction on how it will measure performance throughout the fiscal year. The quarterly report provides updates on progress.

- Alberta Health Services has 13 performance measures that are important to Albertans and reflect key areas within the health system. These measures align directly with the 12 objectives outlined in the AHS 2017-2020 Health Plan and Business Plan and are being tracked to measure our progress in achieving those objectives.
- Through an engagement process, we determined our objectives and identified their corresponding performance measures. Both the objectives and performance measures are specific, relevant, measurable, challenging and attainable. Factors considered in choosing measures included degree of alignment to objectives, feasibility of affecting change (i.e., degree of AHS control), and the availability of data.
- While an objective/performance measure may speak to one area (i.e., acute care), we will continue to make similar improvements in all care settings.
- By defining performance measures and setting our targets over the three-year period, we will be able to gauge our progress.
- In the areas where we have not seen improvement, or we have seen a decline in performance, we have strategies in place to help achieve our targets.

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.

EXECUTIVE SUMMARY

Albertans expect the very best from their healthcare system, and that's what we are constantly striving for. AHS is the largest province-wide, fully integrated healthcare system that relies on collaboration and partnerships to advance healthcare outcomes for Albertans. We know that our frontline teams of physicians and staff do all they can to best meet the needs of their patients and clients. We know that every day, our teams achieve great things. We have set targets across the spectrum of healthcare, which we use to track and measure our progress on key areas within the healthcare system. These measures help us monitor what we are doing, and more importantly, what we need to do to provide the very best care for our patients, clients and families.

In this quarter, 10 out of 11 (91 per cent) of our performance measures are seeing improvement or are stable from the same time last year which indicates that Alberta's health system is performing at a high level. There is always more work to do, and it is our goal to improve upon or achieve all targets.

This is not a journey we can undertake alone. AHS continues our connection and collaboration with our key stakeholders including government, Albertans, communities, partners, and organizations to progress on joint measures. We all have a role to play in our own health and in that of the health system we depend upon.

Key Highlights of AHS' Accomplishments Q3 year-to-date:

AHS is now in the second year of its Health Plan. Significant progress was made in Q3 on a number of key initiatives.

- Enhancing Care in the Community Accomplishments: It's early to claim success, but very encouraging that we're seeing improved community service delivery and outcomes for Albertans.
  - AHS has expanded home care and palliative care services to keep Albertans out of hospital when not required which frees up acute care beds and added Community Paramedic programs in communities across the province to safely reduce the need for transfers to hospital.
  - We're improving our ability to serve clients in the community while they wait for continuing care placement as the percentage of clients waiting in the community for continuing care placement continues to improve compared to the same quarter last fiscal year.
  - We've reduced the number of clients waiting in acute care for continuing care placement by close to 30% when compared to the same quarter of the last fiscal year.
  - We've increased the number of home care clients served each year when compared to corresponding year over year quarterly results.
  - We've reduced Emergency Department visits for home care clients and patients are being managed at home with home care post-discharge as we've reduced the number of hospital readmissions for home care clients.
- To the end of the 3rd quarter, AHS has opened more than 1,000 new beds to support individuals who need community based care and supports.
  - We've improved our capacity to place clients within 30 days of assessment.
- Timely access to community addiction and mental health services will help Albertans address health issues as early as possible to avoid escalation of the issues and the need for higher level services. Many of the initiatives noted in objective #4 address the priorities identified in the Valuing Mental Health: Next Steps report.
  - The Mental Health Capacity Program is adding 18 new program sites that will focus on underserved children and adolescent populations in rural and indigenous communities.
  - The number of AHS opioid dependency treatment clinics has increased from 2 clinics (Edmonton and Calgary) in 2015 to 10 clinics across Alberta plus more than 70 rural community telehealth sites in 2018.
- AHS is working with Alberta Health to improve patient attachment to primary care providers across the zones.
- SCNs continue to implement initiatives that impact wait times and access, reduce variation in practice, decrease length of stay and increase quality provincially (refer to objective #5 for more detail).
- Zones are engaging with First Nation communities to develop Indigenous Health Action Plans to improve the health and the health care experience for Alberta's Indigenous peoples by working in partnership with Indigenous communities to identify health priorities and co-design solutions.
- Provincial and zone rates of hospital-acquired infections have improved as a result of infection prevention initiatives directly related to reducing the transmission of organisms (e.g., hand washing and equipment cleaning).
- AHS and Alberta Health are working with the zones to ensure a consistent approach to disease outbreak management.
- AHS launched a new engagement platform, Together4Health, to increase participation and awareness of AHS initiatives and support ongoing relationship building with Albertans.
- Clinical appropriateness initiatives have resulted in improved, more efficient and more effective patient care (refer to objective #11).
- Connect Care launched at Wave 1 sites in November 2018. An all-day trade show provided a chance to learn more about different aspects of the Connect Care system, topics like training and readiness, and a chance to check out some devices and tools.

As AHS works to transform the health system in partnership, the organization continues to reach out to communities, partners, stakeholders and Albertans, listen to their thoughts and ideas about healthcare delivery, and ensure their feedback is considered during AHS decision-making.

Healthcare transformation cannot and should not be forced on Albertans. AHS wants Albertans to be involved in their health and in their health system, so we can jointly move toward the AHS vision of 'Healthy Albertans. Healthy Communities. Together.'.

Q3 Results (October 1, 2018 to December 31, 2018) for the eleven available 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 (Q3) with comparable historical data.
- Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q2 data will be reported in Q3; Q3 is reported in Q4, 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.

When looking at performance reported this quarter and comparing it to the performance one year ago, many measures are demonstrating improvement since last year. It is important to make comparisons on a year to year basis, versus comparing only consecutive quarters, as it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences.

91% (10 out of 11) of the performance measures are better or stable from the same period last year with one measure achieving target (Percentage Placed in Continuing Care in 30 Days). Improvements were noted for the following three measures while seven remained stable.

- Percentage Placed in Continuing Care in 30 days
- Percentage of Alternate Level of Care Patient Days
- Timely Access to Specialty Care (eReferral)

There are seven measures identified as stable in this report. These represent system measures that change more slowly over time. AHS acknowledges and is committed to finding ways to achieve these targets. And again, many of these measures requires partnership and joint efforts in moving the needle forward. For example, childhood immunizations requires parental consents and agreement and hand hygiene is an example of a measure that has made significant improvement since 2010 and has now stabilized. As we achieve higher levels of performance, less significant gains are likely to be made.

Moving a health care system to a higher level of performance does not happen overnight. We don't expect to see significant changes in these measures every three months. However, we will continue to watch and measure progress towards targets monthly or quarterly. The targets represent goals and standards to be achieved over time and reflect current health care standards in key areas.

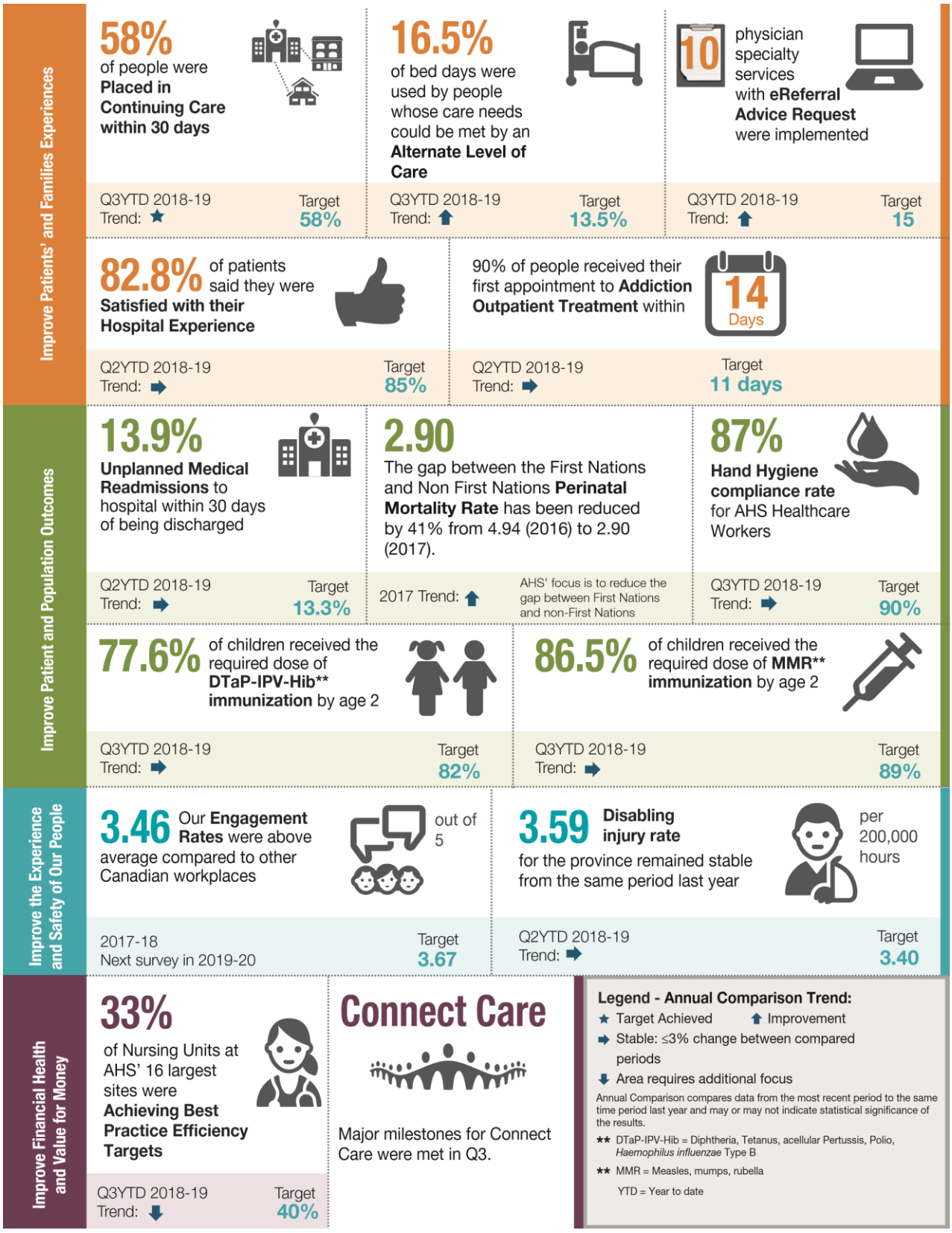
9% (1 out of 11) of the performance measures did not improve from the same period as last year.

- Percentage of Nursing Units Achieving Best Practice Efficiency Targets noted deterioration provincially (Q3 2018-19 data results (33%) are lower compared to the same period last year (35%)). Deterioration was also noted in Central, 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. Central and Edmonton Zones deteriorated slightly from the same period as last. 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. Improving efficiencies through the implementation of Operational Best Practice while maintaining or improving quality and safety is a journey of continuous improvement. Since 2015-16, the 16 busiest hospitals have implemented efficiencies resulting in an increase from 20% of nursing units achieving target to 33% in 2018/19.

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 will take time to build capacity and mobilize resources, implement initiatives and realize targeted results.

Q3 Measures Dashboard

The Q3 year to date results are summarized below for the 13 performance measures. For more detail, refer to the Appendix.



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.

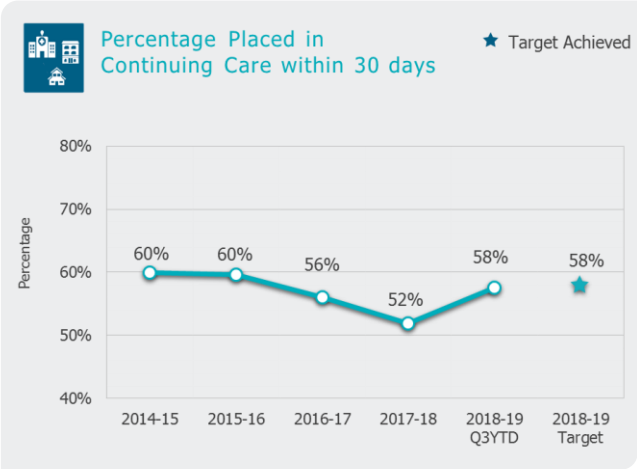
AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their health care service needs and lifestyles.

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 WE ARE DOING

Provincially, AHS achieved target with significant improvement, Calgary and Edmonton Zones achieved target and South Zone also improved in Q3.



Source: Meditech and Stratahealth Pathways

WHAT WE ARE DOING

Since April 2018, AHS has opened 1,099 new continuing care beds. In Q3, AHS opened 68 new continuing care beds. Since 2010, AHS has opened 7,295 new beds to support individuals who need community-based care and supports (including palliative).

AHS opened new continuing care facilities in Q3:

- Kahkiyow Keyhanow Elders Care Home (North Zone)
- Edmonton People in Need - Bridgeway 2 (new building, Edmonton Zone)

For 2018-19 Q3YTD (year-to-date), the average wait time for continuing care placement from acute/sub-acute care was 48 days compared to 52 days for the same period last year; an 8% improvement. The number of people waiting in acute/sub-acute care is 538 as of December 31, 2018 compared with 766 people waiting in the same period last year; a 30% improvement over last year.

For 2018-19 Q3YTD, there were 5,992 people placed into continuing care from acute/sub-acute care and community compared to 5,814 people for the same period last year. Of these, 37.8% (Q3 YTD) of clients were placed from the community compared to 33.9% from the same time last year.

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).

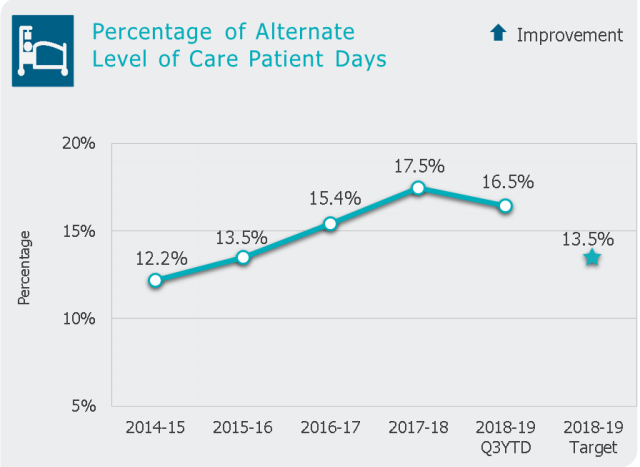
UNDERSTANDING THE MEASURE

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 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

Edmonton Zone achieved target with significant improvement towards target led by Grey Nuns Community Hospital and University of Alberta Hospital. Improvements were also noted in North Zone and Provincially.



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	Q3 Update
Expansion of Home Care Services and Palliative Care Services	
To enable people to live in their homes for longer.	Approx. 95% of planned staff have been hired. As a result of new staff, zones are reporting an increase in the number of clients who have had a home visit by a Case manager in the last 30 days.
Palliative Care Services	Approx. 32% of planned staff have been hired. A number of palliative education sessions have been completed with nurses, physicians and paramedics.
Emergency Medical Services Programs (Community Paramedic Teams, and Assess, Treat and Refer (ATR) processes)	
To offer treatments and services in the community to reduce use of emergency department and acute care services.	100% of planned staff have been hired for the ATR program and approx. 90% of planned staff have been hired for the Community Response Teams (CRTs). Rural CRTs are active in North, Central and South Zones with approximately 3,500 patient events so far in 2018-19.
Virtual Hospital in Edmonton Zone	
To deliver specialized transitional care by moving patients from hospital to community.	Approx. 50% of planned staff have been hired. There are 40 unique 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).	A Primary Care Stream Model is being tested involving a few home care clients and one physician. The program is currently managing issues related to community paramedic capacity, accessing and referring to community services and workflow issues due to the amount of time complex clients require.
Enhanced Respite Day Programs in North Zone	
To offer enhanced home care service options (including respite) to community clients.	Approx. 30% of planned staff have been hired. Active recruitment continues. Programs in Barrhead and Fairview opened in Q3. A respite program in LaCrete is expected to open in Q4.
Calgary Rural Palliative In-Home	
To increase equitable access for clients to palliative home care services in rural areas.	The program has served 53 new clients in 2018-19 (242 total year to date client days). The Calgary Program was selected to be spread through the Canadian Home Care Association.
Intensive Home Care	
To support clients in their homes while awaiting an alternate level of care.	Approx. 77% of planned staff have been hired. Programs are in implementation with clients being served but are not at full capacity.
Community Support Teams	
To support complex patients that require extensive interventions.	Approx. 86% of planned staff have been hired. All programs are reporting success with increased numbers of clients being seen as new staff are added to the programs and training is completed.

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 2018-19 Q3YTD (544) increased by 34% compared to the same period last year (359).

Community support beds have opened for Medically Fragile Children residing on a long-term basis at the Alberta Children's Hospital. The first placement occurred in Q3. The Systems Navigator has been hired and the first child has been transitioned to a community home.

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 Q4.

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 has been completed. Zone PCN Committees are working on implementing Opioid Response initiatives.

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)**.

- A PHCIN Transformational Road Map (strategic plan) has been finalized and approved by all key partners for public distribution.
- 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.
- Collaboration continues with the Population, Public and Indigenous Health SCN and the Alberta Medical Association to map out initiatives that align with the PHCIN Keeping Care in the Community work stream.

- AHS is collaborating with Mount Royal University in Calgary in 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 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 for both providers and patients. As of December 31, 2018, 2,620 services have up-to-date profiles in the ARD; this represents a 5% 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 Q3, resources were developed and disseminated to clinics. Content was focused on collaborative goal setting and action planning, care coordination, sharing information with other clinical teams, and team reflection and maintaining momentum.

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 2018-19 Q3, there were 29 physicians in three urban settings and 11 communities.

CancerControl

Capital project update in cancer care:

- As of January 2019, the construction of the **Calgary Cancer Centre** continues to make great progress, remaining on budget and on time. Excavation and foundations have been completed and most of the concrete for the underground parkade has been poured.

- The **Grande Prairie Cancer Centre** project is proceeding with minor delays related to construction. Full activity is expected to resume in March.

AHS is working with Alberta Infrastructure to replace an existing **linear accelerator** at the Cross Cancer Institute in Edmonton. Construction and testing phases are on track. In addition to the one operationalized in Q2, two additional linear accelerators will be replaced at the Tom Baker Cancer Centre in Calgary. 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. The operating hours of some treatments have also been extended to support growing patient volumes. There has been a 6% increase in the number of patient visits compared to the same period last year.

AHS continues to implement **End of Treatment and Transition of Care** processes across the province 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)

Implementation for EMS' **Mobile Integrated Health Team Program** is now fully operational 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 29 community response teams.

Targets for EMS response times for life threatening events in metro, rural and remote areas were met in 2018-19 Q3. Results for towns with a population greater than 3,000 slightly exceeded target of 15 minutes by one minute. Variance from baseline is 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 stable compared to the same period as last year.

Work is on track to complete **helipad upgrades** in both Jasper and Fort McMurray. The helipad upgrade in Medicine Hat was completed and in operation in May 2018.

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

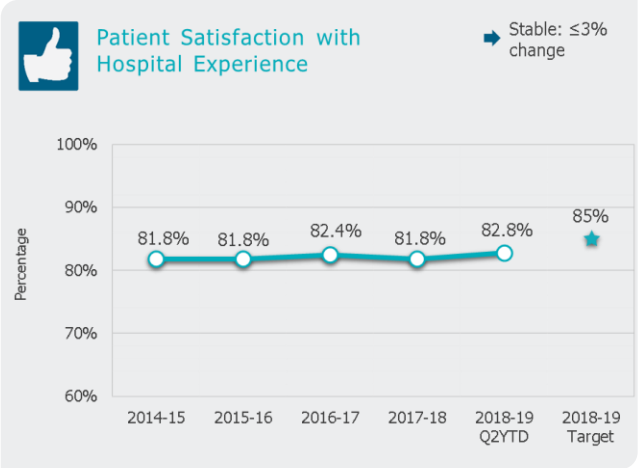
Gathering perceptions and feedback from individuals using hospital services is a critical aspect of measuring progress and improving the health system. This measure reflects patients' overall perceptions associated with the hospital where they received care.

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

Central Zone achieved target with improvement towards target led by rural hospitals. Improvements were also noted in South Zone.



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.

AHS is working on a provincial **Family Presence Policy**. 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. A series of consultations were held in Q3 with staff, physicians and patients to discuss the policy and the supporting tools and resources.

Communications continues to support AHS' Patient First Strategy, including **Patient and Family Centered Care** (PFCC) Week and **What Matters to You** (WMTY) campaign.

- AHS celebrated PFCC Week (November 5-9, 2018) with Communications sharing content via podcasts, webinars and social media platforms. The theme was Family Presence.
- WMTY encourages meaningful conversations between patients/clients, caregivers, families and healthcare providers. Zones are investigating approaches to integrate WMTY conversations with patients.

In Q3 2018-19, **Health Link** received more than 178,000 calls, 18,000 more calls than in Q2, with Q3 coinciding with cold and flu season and winter holidays which leads to higher call volumes. The average wait time ranged from 1:33 – 2:40 minutes. The most frequent health concerns directed to Health Link in Q3 were gastrointestinal (GI)/ abdominal symptoms, respiratory and chest symptoms, neurological symptoms and skin/hair localized symptoms.

Health Link has developed a robust social media communications program, tweeting using the hashtag #AHS811, to increase Albertans' awareness of health information resources that are available. They also partnered with HUTV to create dynamic new health information videos to reach Albertans at point of care, since weekly 230,000 Albertans sit in front of an HUTV screen while seeking healthcare. Videos on both Influenza and G.I. Illness were produced to educate Albertans in response to Q3 health concerns.

Health Link is a vital safety net for the public, especially when other options such as family doctor offices are closed, providing free telephone service 24/7 with access to nurse advice, general health information and health system navigation.

The implementation of **Video Remote Interpretation** (VRI) supports effective communication and reduces the risk of language barriers that may negatively impact patient care and experience. The number of VRI units that have been deployed remained constant at 11 as of Q3 2018-19. Significant clinician interest in this new technology is driving increased demand and an additional 5 units of this innovative technology will be placed in Q4.

Work is underway with Alberta Health to create a **Digital Strategy** for Alberta Health's Personal Health Record solution. Work continued in Q3 with design prototypes and scenario planning.

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 Q3, the Connect Care Advisory Group recruited nine 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 for the Operating Room/Surgery Inpatient Patient Flow team. 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. An updated policy was released in Q3 Lesbian, Gay, Bisexual, Transgender/Two Spirit, Queer/Questioning (LGBTQ2S) with updated and inclusive language for LGBTQ2S populations.
- Central Zone is continuing to expanding the What Matters to You initiative. In Q3, patient surveys were conducted and results were shared with sites to address client feedback and make improvements.
- In Edmonton Zone, a Patient & Family Advisor (PFA) Orientation was developed and piloted with 15 advisors. Orientation was developed based on feedback from Advisors. After completing orientation, PFAs reported having a better understanding of why AHS values the patient/family voice and how they can better use their voice to improve AHS.
- North Zone is expanding leader rounding to cover 22 acute care sites. Leader rounding involves management attending clinical rounds to understand how staff are serving patients. The zone continues to purposefully recruit patient advisors to zone committees.

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. In Q3, almost 19,000 patients completed at least one Putting Patients First (PPF) screening, with a total of over 21,500 PPFs completed. PPF is a patient reported symptom screening tool which is used as part of a standard clinical assessment in cancer clinics to identify patients who require symptom management or support.

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. In Q3, AHS continued to develop a new pathway to test alternative models of care for children and youth 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.

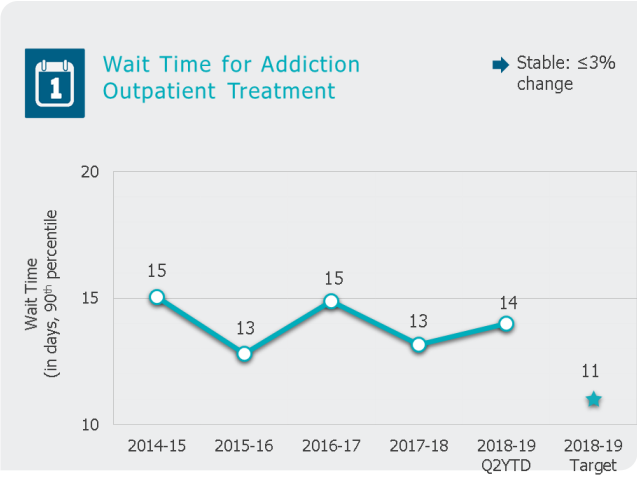
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING

Calgary and Edmonton Zones achieved target due to availability of same-day service. While the measure continues to be above target, nearly 70% of all clients (6,037 clients) were seen on the same day as they requested service.

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, treatment clinics opened in Grande Prairie and Fort McMurray. Services are also available for 65 rural communities through a telehealth service model.

- **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. Improvements are being made to the reporting system to ensure accurate representation of uptake of modules both internally and externally.

- Construction and equipment procurement for the new **Addiction and Mental Health Day Hospital** in the Edmonton Zone wrapped up. Operations are on schedule to open in Q4. 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 Q3YTD compared to 63% in 2017-18 Q3YTD. 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, 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. AHS is working with 16 communities to complete applications; two communities have received funding to date.
- A new centralized intake is on track to become operational in the Edmonton Zone in Q4. This will provide same-day access to outpatient addiction treatment for youth and adults.
- In Calgary Zone, Specialized Services is expanding the use of Parent Support Groups and gathering client feedback to better understand and tailor supports for parents to manage the burdens of care.
- Discussions continue 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. AHS will be adding 18 new program sites.
- 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 network building activities commenced in Q3.
- In North Zone, a youth mental health day program is 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. Q3 highlights include:

- The **Injection Opioid Agonist Therapy (iOAT)** program in Calgary opened in Q3. Recruitment and renovations to support the opening of Edmonton's iOAT program is underway. Provincial medical and nursing protocols were approved and are in use.
- The **Addiction Recovery and Community Health (ARCH)** program provides core addiction services to admitted and emergency department patients. Programs were expanded in Q3 in both Edmonton (RAH) and Calgary (PLC).
- In Q3, there were 531 new admissions and more than 2,200 total unique active clients in **Opioid Dependency Programs** which is a 38% increase in clients from the same period last year (1,492 clients).
- **Supervised consumption services** are offered in Calgary (Sheldon M. Chumir Health Centre), Edmonton (Royal Alexandra Hospital), and Lethbridge. In Red Deer, temporary services are offered and focus on harm reduction specific to injections only.
- Central Zone is identifying effective ways to support improved opioid care though the **Primary Health Care Urgent Response initiative**. Education and training tools were released in Q3.
- Virtual Health technology has been deployed through the **Rural Opioid Dependency Program** to expand services, with 306 new admissions and 399 unique active clients in Q3 2018-19.
- Since April 2017, 85,807 **take home Naloxone kits** were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies and other community organizations.
- Since April 2018, 4,850 overdose **reversals** (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.
- A pilot to provide **Suboxone™** for opioid-dependent emergency department patients was completed at three pilot sites in Calgary Zone and Edmonton Zone. Eight sites are now operational with 17 more in the works.

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

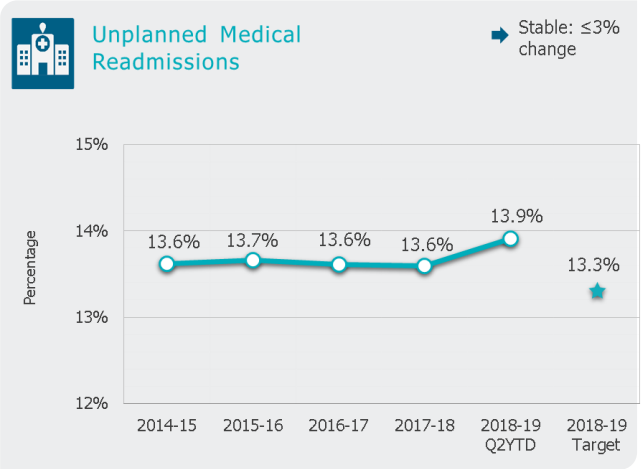
Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

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

Calgary Zone achieved target with improvements noted in South and North Zones. There are a number of initiatives in place across the province that are addressing the unplanned readmission rate. These include working with PCN's in ensuring services for complex discharges are in place and fostering multidisciplinary collaboration on discharge planning.



Source: AHS Provincial Discharge Abstract Database (DAD). Implementation of 2018 Case Mix Grouper resulted in minor changes for historical years. This change has had negligible impact on the adjusted medical readmission rates.

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:

- In Edmonton Zone, Royal Alexandra Hospital is rolling out the "Solve it forward" process to all acute medicine units. The process facilitates a safer transition to home by notifying the patient's family physician about discharge from hospital so that appropriate and timely follow-up can be taken.
- 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.
- Zones implemented clinical care pathways through the SCNs™ – Chronic Obstructive Pulmonary Disease (COPD) and heart failure, hip and knee replacement pathway, and delirium in intensive care units.

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 was completed and shared with stakeholders.

- 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. The program has increased the proportion of same-day mastectomies to 44% 2018-19 (Q2YTD 2018-19) (compared to 22% in 2016-17 and 34% in 2017-18).

- 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.

Work is ongoing to support non-cancer **surgical priorities** in each zone with additional capacity for Cardiac (Calgary Zone), Orthopedic (Edmonton, Central and South Zones) and Cataract (North Zone) surgeries.

SCNs are implementing initiatives that impact wait times and access, reduce variation in practice, decrease length of stay and increase quality surgical care provincially:

- 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 and Misericordia Community Hospital in Edmonton 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)** expanded from five sites in 2017-18 to 14 sites. 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. An independent adjudication panel reviewed ten applications in Q3. Recommendations will be discussed with the steering committee in Q4.

- The launch of the **Partnership for Research and Innovation in the Health System (PRIHS) 4** grant opportunity is well underway. Project proposals were reviewed in Q3 and results will be released in Q4.

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

A unique collaboration between provincial stakeholders in neurosciences, rehabilitation (for all conditions), and vision health was officially launched this past November in the form of AHS' sixteenth Strategic Clinical Network (SCN) – **Neurosciences, Rehabilitation & Vision**. More than 60 stakeholders, including representatives from AHS leadership, Alberta Health, academic partners and patient advisors, attended a special launch event.

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

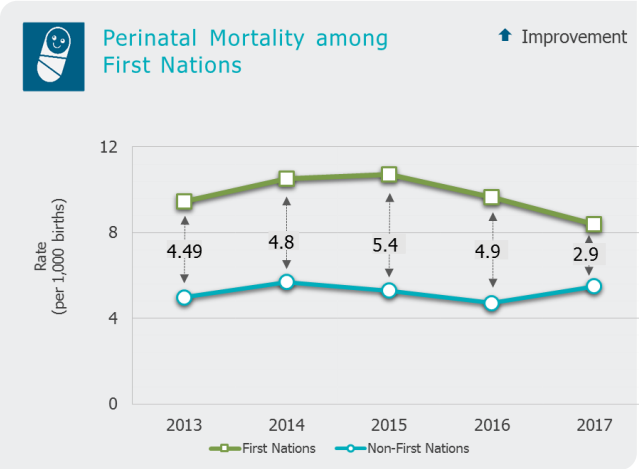
It allows us to see Alberta's performance on reducing disparity between First Nations and non-First Nations populations.

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 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.

- **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 a community garden which yielded twice the quantity of food than its first year. The garden provides moms with access to fresh produce.

  - The inner-city Edmonton's Pregnancy Pathways initiative provides safe housing and support services for pregnant Indigenous homeless women. Wrap-around services are now being offered 24/7 and include traditional sweat ceremonies, powwows and medicine picking. The program has 11 clients and nine babies.

  - North Zone's Little Red River Cree Nation implemented projects that provide a community-based support model for maternal health resources and engages women early in pregnancy. Plans to expand the family wellness camp are underway.

All AHS staff are required to complete cultural sensitivity training. As of Q3 YTD 2018-19, 17.8% of staff have completed this training (increasing from 6.8% in Q2 2018-19). Leaders and first responders are required to complete a more in-depth certificate program. Zones are also embedding traditional learning practices such as blanket exercises, smudging and sweats.

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 finalized for Maskwacis, Stoney Nakoda (Big Horn) and O'Chiese to inform current state and provide cultural context and engagement channels.
    - In Calgary Zone, monthly meetings have been organized with Indigenous health leaders from Siksika Nation, Stoney Nakoda and Tsuu T'ina tribal councils.
    - South Zone has begun developing an Indigenous patient navigation model. Late in Q3, South Zone and the Population, Public and Indigenous Health SCN were notified they were awarded a three-year $1.4 million research grant from Alberta Innovates to co-design, with the local indigenous communities, and evaluate a navigation service to support indigenous patients and families. The service is intended to reduce some of the health inequities experienced by people from indigenous communities in the South Zone. It is hoped that this model could be adapted for other Zones.
- 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, picnic areas and walking paths are under construction and wellness events including community feasts and sweats are being facilitated in numerous communities.

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) was successfully implemented province-wide in Q3. Hearing screening is now offered in 13 NICUS, 18 birthing hospitals and 31 community sites.
- The **Safe Healthy Environments** (SHE) program is involved with the Hoarding and Outreach Management Education Team in Lethbridge. The team's work is aimed at reducing homelessness, providing outreach, and support through a multidisciplinary approach to a community housing strategy. Most recently, the AHS Community Paramedics joined the team to fill a gap for clients who are not attached to a primary care physician.
- A new **antenatal care pathway** was developed to identify and manage modifiable risk factors early in pregnancy. The 11-site pilot was completed in all zones in Q3. The pathway supports rural and community corridors of care for obstetrics and is in a review phase with stakeholders and physicians.
- Work is underway to develop an acute care **Neonatal abstinence syndrome (NAS)** pathway to support babies of mothers who have been using opioids and other drugs.
- Development continues in the **newborn pathway** to support early identification of hyperbilirubinemia (jaundice) and management of risk for this vulnerable population. This work is led by the Maternal, Newborn, Child and Youth Strategic Clinical Network.
- 61 of 68 refugees who arrived in Q3 from the **Government Assisted Refugee Program** in the Edmonton Zone were attached to a primary care provider. In addition, 52 other refugees were self-referred to non-PCN physicians.
- **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

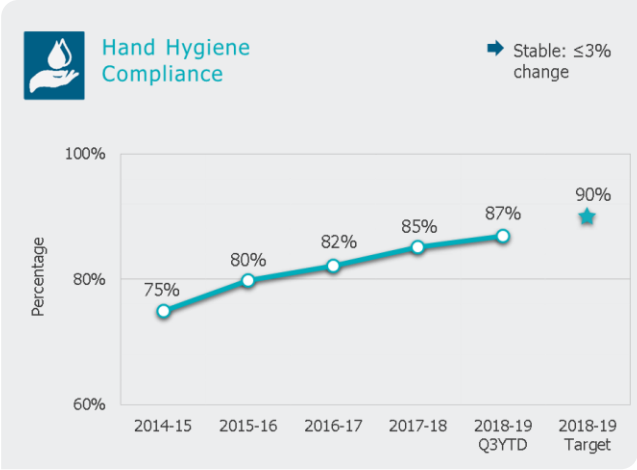
Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. Direct observation is a recommended way to assess hand hygiene compliance rates for healthcare workers.

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

HOW WE ARE DOING

Central Zone achieved target with improvement towards target led by Red Deer and rural hospitals. All other Zones remained stable.

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 organisms that cause infection.



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

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

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 celebration of Global Handwashing Day on October 15, the Hand Hygiene Program hosted a Lunch and Learn Speakers Series with more than 200 attendees. Topics included hand health practices and behavior modification to improve compliance.

In Q3, AHS began introducing a new cartridge for alcohol-based hand rub that dispenses a higher volume of sanitizer than previous cartridges which helps users to achieve a minimum wet contact time of 20-30 seconds as recommended by the World Health Organization.

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 have improved and continue to trend downward (2.5 cases per 10,000 patient days in Q3 2018-19 compared to 3.2 cases in Q3 2017-18). A lower rate is better.

Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Blood Stream Infections (MRSA BSI) rates demonstrate improvements with a downward trend (0.11 cases per 10,000 patient days in Q3 2018-19 compared to 0.16 cases in Q3 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 organisms from patient care environments and shared patient equipment.
    - This includes the implementation of real-time reporting of cleanliness audits. 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.
    - Implementation of a standard Equipment Cleaning program at all large acute and regional hospitals with defined parameters, cleaning methods and frequencies provides clarity, accountability and supports the highest standards of quality and patient safety. The program was rolled out across the province in Q1 and the 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, Infection Prevention and Control 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.

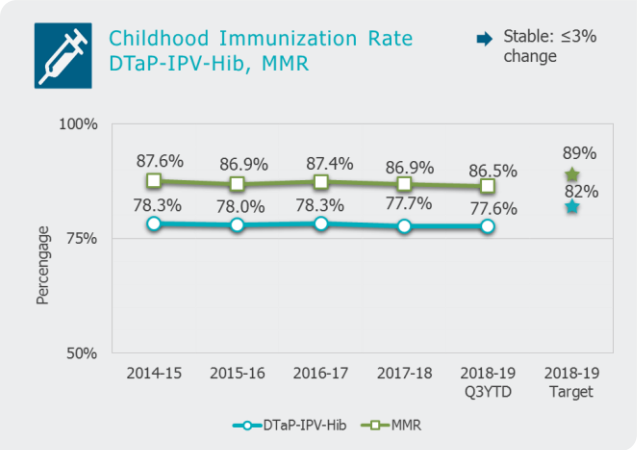
The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

HOW WE ARE DOING

Results indicate that provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year. Edmonton Zone achieved target for MMR immunizations.

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

- In Q3, AHS completed implementation of the new Standard for Immunizing in the School Setting across the province which incorporate amendments made to the *Public Health Act*.
- The rate of Rotavirus immunization coverage in infants increased from 81% in 2017-18 Q3 to 83% in 2018-19 Q3.



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 Q3. Additional highlights include:

- AHS continues to actively collaborate with Alberta Health to inform new/revised Notifiable Disease Public Health Management Guidelines.
- Investigated 192 enteric outbreaks and 144 non-enteric outbreaks in Q3. 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.).
- 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 and plans 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 continues with two demonstration sites in Calgary 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 develop 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. User experience research took place in Q3.

- Stakeholder consultations are complete for the **Alberta Chronic Disease Prevention Indicator Framework**. Updates were made to the framework in Q3 based on feedback received during consultation.

- 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.

- In Q3, all required infrastructure renovations were completed for the expanded **Newborn Metabolic Screening (NMS) Program**, which enabled the successful installation of the new equipment. Recruitment and training of new staff underway. NMS Program information for parents was updated.

- Communities in the **Alberta Healthy Communities Approach (AHCA)** pilot are demonstrating improvement from baseline. Eleven pilot communities continue to implement their action plans and address cancer prevention in their communities. A proposal to expand the initiative to 16 additional rural communities has been approved and planning is underway. 64 communities have submitted letters of intent.

- **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 and virtual learning resources are under development. Engagement for pilot sites and mentorship has been initiated.

- 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. Website updates went live in Q3.

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 Q3 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. New topics were released in Q3.

- 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. In Q3, the council conducted consultations and developed a proposal for criteria that could be used to determine which initiatives should be paused or delayed in order to help ensure adequate resources for Connect Care.

- AHS is supporting Alberta Health in planning for physician resources. The 2018 physician workforce plan was endorsed by AHS executives and submitted to AH. Planning and data collection for the development of a 2019 plan is underway and will utilize the final 2018 plan to determine physician recruitment targets.

- AHS is also working with Alberta Health on new and expanded alternative relationship plans (ARPs). The purpose of an ARP is to support clinical innovation by remunerating physicians for providing innovative services that do not fit traditional fee for service plans. ARPs also enhance other areas of the health care system including recruitment and retention, team-based care models and patient satisfaction.

- AHS launched a campaign for AHS' 10th anniversary supported by the new AHS engagement tool, **Together4Health**. This tool allows staff to share their AHS stories to celebrate with its people, partners and all Albertans.

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.

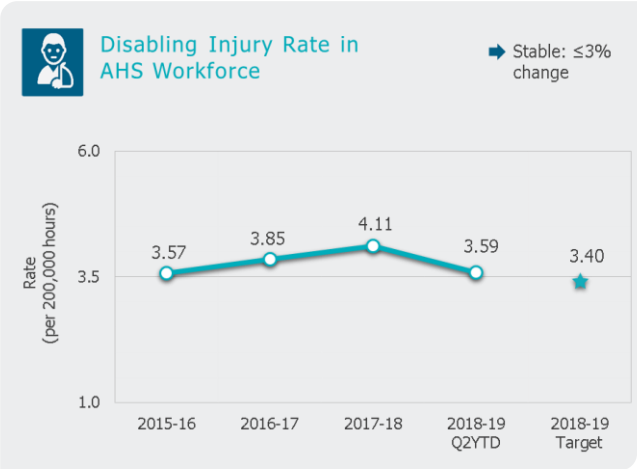
HOW WE ARE DOING

Q2 saw notable improvements in psychological disabling injuries and workplace violence incidents. While there is improvement over last quarter, if previous year trending is consistent, the DIR will rise by year-end and continue to exceed AHS' target of 3.40.

The top 5 causes of injuries reported to the Workers Compensation Board (WCB) include: patient handling, manual material handling, ergonomic risk factors, slips and falls, and physical workplace violence.

The highest increase in disabling injuries is attributed to communicable disease exposure, most of which were caused by a measles outbreak in Q2.

The Emergency Medical Services (EMS) portfolio has seen the largest improvement in DIR. Ergonomic-related injuries also decreased and is likely attributable to the power cot and power loading systems.



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.

Focused resources will be added to advance Prevention of Violence Program deliverables, particularly in rural areas. Workplace Health and Safety (WHS) and Protective Services collaborate 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.

A Communicable Disease Assessments (CDA) project for new staff concluded in Q3 and is achieving an average submission rate of 95.2%. Before the projects launch the submission rate was approximately 30%.

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.

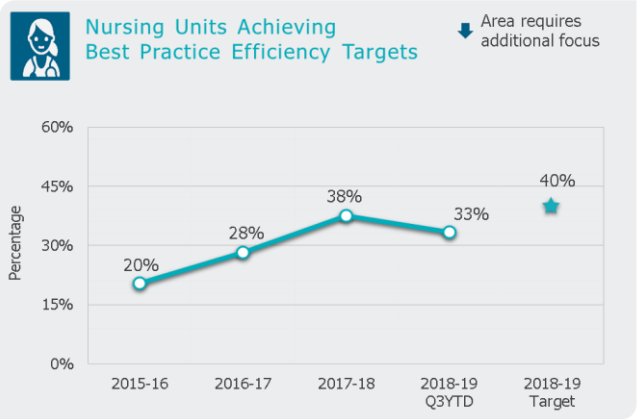
This initiative is focusing on the 16 largest hospitals in Alberta, including clinical support services and corporate services.

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

South Zone achieved target and improvements were also noted in Calgary Zone. 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 achieve greater improvement. Improving efficiencies through the implementation of Operational Best Practice while maintaining or improving quality and safety is a journey of continuous improvement. Since 2015-16, the 16 busiest hospitals have implemented efficiencies resulting in an increase from 20% of nursing units achieving target to 33% in 2018/19.



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.

- **Diagnostic Imaging**, as of December 2018, there was a 9.2% decrease in unwarranted CT lumbar spine exams performed and a 1.6% decrease in MRI lumbar spine exams in Q3 compared to the same period last year. In addition, there has been a reduction in MRIs for chronic knee pain of 4.9%. These decreases demonstrate improved efficiencies, wait times, and financial savings.
- **Pharmacy Services** has implemented initiatives to improve the use of drugs that maintain or improve patient care while having a lower system cost. Examples include reduced use of select drugs and using prefilled syringes to reduce the risk of errors.
- **Alberta Public Laboratories** initiated a project to provide Framingham Risk Scores (FRS) to physicians. The goal is to improve outcomes for patients at high risk for cardiovascular disease by increasing under prescribed statins prescriptions. The potential savings to the system as a result of managing these patients before they have a cardiovascular disease event is approximately $21 million over 5 years.

- The **Digestive Health Strategic Clinical Network** (SCN) have initiated a project to Use of Canada – Global Rating Scale (C-GRS) to improve colonoscopy quality and patient outcomes. Poor colonoscopy quality can lead to higher rates of colorectal cancers.

- The **Cardiovascular Health & Stroke** Strategic Clinical Network (SCN) recently completed an initiative that provincially standardizes the evidence based order set for reperfusion for STEMI (ST Elevation Myocardial Infarction) patients. By using this, health professionals and physicians will be able to make better and quicker decisions for patients having this type of heart attack. Also, the SCN is working to reduce low value cardiovascular investigations to provide higher quality care at lower costs.

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 complete. All AHS lab employees have been transitioned over to the new entity and belong to either the Local Authorities Pension Plan or approved Registered Retirement Savings Plans/Defined Contribution Pension Plans (RRSP/DCPP).

Zone Healthcare Planning

Zone Healthcare Planning lays out a roadmap for transforming our health system to better meet the needs of Albertans. In conjunction with the AHS Health Plan and Business Plan, Zone Healthcare Plans will inform annual operational planning, including Zone implementation and capital plans.

Following extensive consultations with our health advisory councils, patient and family advisors, community members, partners, volunteers, physicians and staff, it became clear that residents want to receive healthcare services within their own communities. For them, having access to the right care in the right place at the right time is a key priority.

Zone Healthcare Plans have already been completed in Central Zone and Calgary Zone. The plans describe the current state of healthcare in the Zone, the case for change, and detailed strategies and initiatives to transform the system. A major area of focus is on enhancing care in the community and improving integration of the health system for patients and families.

Calgary Zone

- The Calgary Zone Healthcare Plan was finalized, approved and released publicly in Q3. An implementation plan has been established.

Central Zone

- The Central Zone Healthcare Plan was released publicly in Q3. An implementation plan has been established.

Zone Service Planning

Zones are also undertaking additional service planning work. **Service Planning** utilizes rigorous processes such as needs assessments, best practice research and community feedback to develop comprehensive model(s) that identify the appropriate programs and services that will deliver effective healthcare for Albertans.

South Zone

- Working with the Alberta Healthy Living Program on phase 2 of the Chronic Pain Implementation Plan.
- Completed and presented the draft Blood Tribe Addiction Framework ("Bringing the Spirits Home"). Components of the framework are now being implemented.

Calgary Zone

- Work on the Indigenous Health Action Plan is underway with engagement sessions and relationship building continuing in Q3. The Traditional Indigenous Protocol Guide for the province was also approved.

Central Zone

- An engagement process for Central Zone Indigenous communities to inform health service planning is ongoing.
- A Clinical Service Plan for Red Deer Regional Hospital Centre is under development.

Edmonton Zone

- The Rehab & Restorative Pillars team began implementation of the action plan in Q3.
- Edmonton Zone continues to develop their Chronic Pain Plan in coordination with 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.

Key achievements in Connect Care for Q3 include:

- All clinical information system build teams completed 100% of workflow-related tasks by December 2018. The pace of progress continues to accelerate, with expectation that clinical content build, testing and training milestones will also be met.
- All decisions about the design of clinical documentation, decision and inquiry supports are on track for completion in early February. The Clinical System Design build is well underway, with priority given to those functions needed for early testing and training.
- Identification of staff and physician change-agents (Super Users) is well underway, focusing on early-launch sites. These peers obtain extra training so they can provide elbow-to-elbow support for colleagues just before, during and after implementation. Recruitment to be complete in February.
- Connect Care Readiness Playbooks are easily accessed by all AHS staff and physicians, and continues to take shape, with new sections offering practical guidance about steps to get ready for implementation. The latest release gives more detail about how our work will change, emphasize positive prospects to build excitement for transformation.

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 Q3 2018-19, there were 62,631 enabled sign-ons, which is a 1% decrease compared to Q3 2017-18. After 180 days of inactivity, accounts are now disabled which likely accounts for the decrease in enabled sign-ons in Q3.

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.

- An evaluation of vendors for Connect Care videoconferencing is in the planning phase. The process includes initiating an interdisciplinary working group of stakeholders to conduct the evaluation and determining gaps in current virtual care delivery technology.

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 (Q3) and four measures reflect an earlier time period (Q2 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. It is important to make comparisons on a year to year basis, versus comparing only consecutive quarters, as it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences.

PROVINCIAL TREND DASHBOARD
Q3 Year-to-Date (YTD) 2018-19

AHS Performance Measure	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Quarter-to-Quarter Trend	2018-19 Target
Improve Patients' and Families Experiences								
Percentage Placed in Continuing Care within 30 Days	60%	60%	56%	52%	51%	58%	☆	58%
Percentage of Alternate Level of Care (ALC) Patient Days	12.2%	13.5%	15.4%	17.5%	17.5%	16.5%	⇧	13.5%
Timely Access to Specialty Care (eReferrals) (# of specialties)	3	0	1	8	6	10	⇧	15
Patient Satisfaction with Hospital Experience	81.8%	81.8%	82.4%	81.8%	81.7% (Q2YTD)**	82.8% (Q2YTD)**	⇨	85%
Addiction Outpatient Treatment Wait Time (in days)	15	13	15	13	14 (Q2YTD)**	14 (Q2YTD)**	⇨	11
Improve Patient and Population Outcomes								
Unplanned Medical Readmissions	13.6%	13.7%	13.6%	13.6%	13.9% (Q2YTD)**	13.9% (Q2YTD)**	⇨	13.3%
Perinatal Mortality Rate - First Nations (Gap)	4.83	5.43	4.94	2.90	Not Reported Quarterly		⇧	AHS' focus is to reduce gap between First Nations and Non First Nations
Hand Hygiene Compliance Rate	75%	80%	82%	85%	85%	87%	⇨	90%
Childhood Immunization Rate - DTaP-IPV-Hib	78.3%	78.0%	78.3%	77.7%	78.3%	77.6%	⇨	82%
Childhood Immunization Rate – MMR	87.6%	86.9%	87.4%	86.9%	87.1%	86.5%	⇨	89%
Improve the Experience and Safety of Our People								
Workforce Engagement	n/a		3.46	The next survey is planned for 2019-20				
Disabling Injury Rate	n/a	3.57	3.85	4.11	3.67 (Q2YTD)**	3.59 Q2YTD)**	⇨	3.40
Improve Financial Health and Value for Money								
Percentage of Nursing Units Achieving Best Practice Efficiency Targets	n/a	20%	28%	38%	36%	33%	⇩	40%

n/a = data is not available

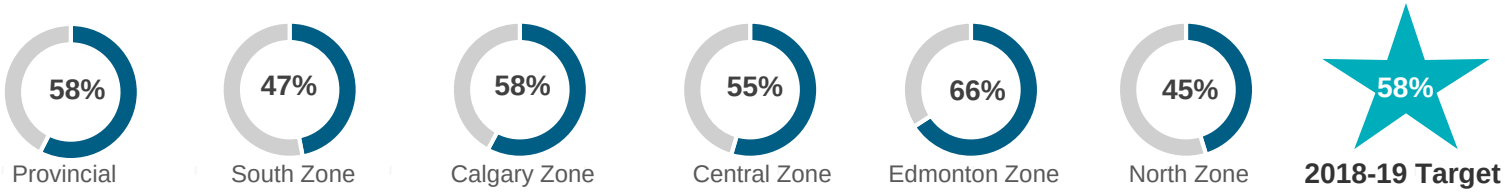
** = reported a quarter later due to data availability

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, Q3YTD 2018-19



Percentage Placed in Continuing Care within 30 Days Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**69.2%**	**59.9%**	**59.6%**	**56.1%**	**51.8%**	**50.7%**	**57.5%**	☆	**58%**
South Zone	77.2%	59.5%	47.6%	45.9%	43.3%	42.9%	46.9%	⇧	58%
Calgary Zone	72.0%	57.1%	58.4%	57.4%	58.7%	57.5%	57.8%	☆	58%
Central Zone	40.7%	54.6%	61.5%	60.3%	54.6%	55.5%	54.5%	⇨	58%
Edmonton Zone	78.4%	66.2%	64.5%	55.8%	48.7%	45.5%	65.8%	☆	58%
North Zone	62.8%	58.8%	58.7%	57.5%	43.9%	44.0%	45.2%	⇨	58%

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

Total Clients Placed

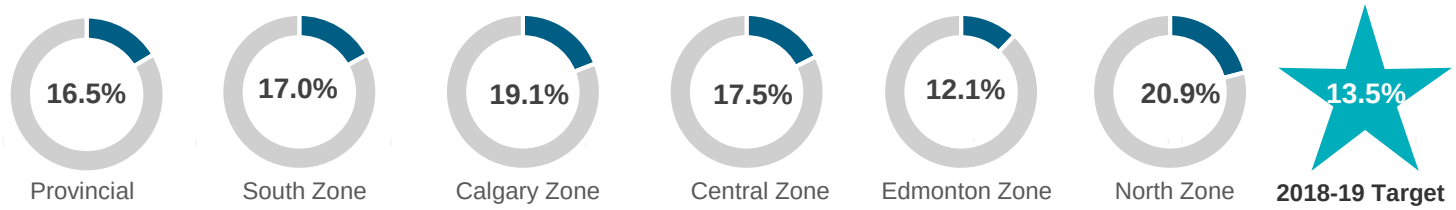
Zone	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	**7,879**	**7,963**	**7,927**	**5,814**	**5,992**
South Zone	887	925	905	641	652
Calgary Zone	2,722	2,438	2,632	1,962	2,013
Central Zone	1,060	1,352	1,236	917	930
Edmonton Zone	2,506	2,575	2,388	1,726	1,873
North Zone	704	673	766	568	524

Source: AHS Seniors Health Continuing Care Living Options Report, as of January 17, 2019.

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, Q3YTD 2018-19



Percentage of ALC Patient Days Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**Provincial**	**10.1%**	**12.2%**	**13.5%**	**15.4%**	**17.5%**	**17.5%**	**16.5%**	⇧	**13.5%**
South Zone	**South Zone**	**6.9%**	**9.0%**	**12.6%**	**13.9%**	**15.7%**	**16.1%**	**17.0%**	⇩	**13.5%**
	Chinook Regional Hospital	5.0%	4.4%	7.8%	8.6%	12.3%	11.8%	18.6%	⇩	13.5%
	Medicine Hat Regional Hospital	9.2%	14.6%	18.9%	18.9%	22.0%	23.6%	12.8%	☆	13.5%
	Other South Hospitals	7.1%	9.4%	11.5%	17.3%	11.6%	11.6%	19.8%	⇩	13.5%
Calgary Zone	**Calgary Zone**	**11.7%**	**15.2%**	**16.7%**	**16.9%**	**19.2%**	**18.6%**	**19.1%**	⇨	**13.5%**
	Alberta Children's Hospital	0.0%	0.2%	1.3%	1.2%	2.0%	2.5%	5.5%	☆	13.5%
	Foothills Medical Centre	11.5%	15.7%	14.7%	15.2%	19.2%	18.4%	18.8%	⇨	13.5%
	Peter Lougheed Centre	11.0%	14.6%	13.6%	16.8%	14.4%	13.6%	15.8%	⇩	13.5%
	Rockyview General Hospital	13.7%	16.2%	21.9%	22.2%	26.0%	25.8%	23.7%	⇧	13.5%
	South Health Campus	12.1%	14.4%	20.4%	17.6%	19.6%	19.1%	21.1%	⇩	13.5%
	Other Calgary Hospitals	17.5%	26.4%	27.2%	21.0%	21.9%	21.5%	21.8%	⇨	13.5%
Central Zone	**Central Zone**	**13.0%**	**13.1%**	**12.0%**	**15.3%**	**15.9%**	**16.1%**	**17.5%**	⇩	**13.5%**
	Red Deer Regional Hospital Centre	10.3%	11.4%	8.8%	12.4%	12.2%	12.9%	14.2%	⇩	13.5%
	Other Central Hospitals	14.9%	14.4%	14.3%	17.2%	18.3%	18.3%	19.9%	⇩	13.5%
Edmonton Zone	**Edmonton Zone**	**7.8%**	**9.1%**	**9.5%**	**14.0%**	**15.6%**	**15.9%**	**12.1%**	☆	**13.5%**
	Grey Nuns Community Hospital	8.7%	10.2%	9.2%	11.1%	10.8%	11.3%	8.4%	☆	13.5%
	Misericordia Community Hospital	8.0%	10.8%	12.8%	14.7%	17.4%	16.8%	17.0%	⇨	13.5%
	Royal Alexandra Hospital	8.4%	10.6%	11.0%	18.5%	18.7%	19.0%	13.7%	⇧	13.5%
	Stollery Children's Hospital	0.1%	0.0%	1.8%	0.6%	0.2%	0.3%	0.1%	☆	13.5%
	Sturgeon Community Hospital	10.7%	12.3%	12.3%	18.9%	22.5%	22.5%	20.4%	⇧	13.5%
	University of Alberta Hospital	6.8%	6.0%	6.2%	11.7%	15.3%	16.3%	9.6%	☆	13.5%
	Other Edmonton Hospitals	9.2%	11.8%	12.1%	12.1%	14.4%	13.8%	13.8%	⇨	13.5%
North Zone	**North Zone**	**11.7%**	**13.8%**	**18.5%**	**16.4%**	**21.3%**	**22.0%**	**20.9%**	⇧	**13.5%**
	Northern Lights Regional Health Centre	9.4%	7.4%	18.5%	12.0%	8.0%	9.9%	19.8%	⇩	13.5%
	Queen Elizabeth II Hospital	8.5%	14.0%	20.4%	15.2%	26.0%	27.3%	20.2%	⇧	13.5%
	Other North Hospitals	13.2%	14.9%	17.9%	17.5%	21.8%	22.1%	21.4%	⇧	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	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	**10,294**	**13,681**	**17,227**	**13,044**	**11,259**
South Zone	624	674	663	479	567
Calgary Zone	4,684	5,027	6,232	4,501	4,668
Central Zone	1,085	1,327	1,418	1,030	1,032
Edmonton Zone	3,046	5,518	7,709	6,164	4,298
North Zone	815	967	1,077	770	694

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of February 5, 2019
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, Q3YTD 2018-19

Provincial | **2018-19 Target**

Specialty Services with eReferral Advice Request Available, Q3YTD 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:

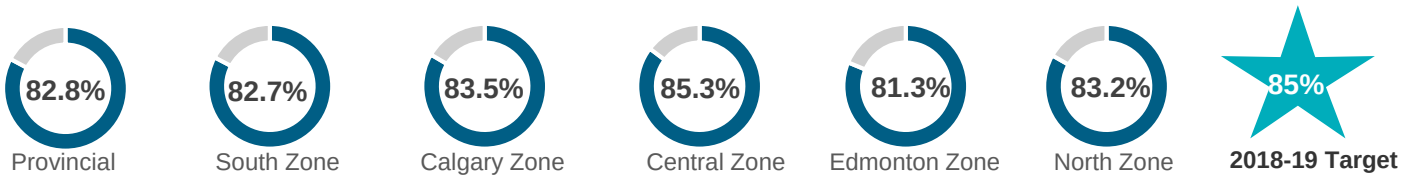
Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Province	Total Specialties
Addiction and Mental Health – Opiate Agonist Therapy						✓	1
Endocrinology		✓					1
Gastroenterology - Adults	✓	✓	✓	✓	✓		1
General Internal Medicine		✓					1
Nephrology		✓		✓			1
Neurosurgery - 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 February 5, 2019
** Historically, Urology – Adults was enabled in Edmonton Zone in 2017-18.*

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, Q2YTD 2018-19



Patient Satisfaction with Hospital Experience 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**	**81.5%**	**81.8%**	**81.8%**	**82.4%**	**81.8%**	**81.7%**	**82.8%**	⇨	**85%**
South Zone	**South Zone**	**81.7%**	**81.8%**	**80.9%**	**82.2%**	**79.8%**	**79.7%**	**82.7%**	⇧	**85%**
	Chinook Regional Hospital	80.5%	76.6%	78.2%	82.3%	80.2%	79.3%	80.4%	⇨	85%
	Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	81.3%	77.1%	78.1%	83.1%	⇧	85%
	Other South Hospitals	83.5%	88.3%	87.2%	85.5%	85.3%	84.8%	88.8%	☆	85%
Calgary Zone	**Calgary Zone**	**80.1%**	**83.2%**	**82.0%**	**83.0%**	**82.3%**	**81.9%**	**83.5%**	⇨	**85%**
	Foothills Medical Centre	76.6%	80.8%	80.8%	80.3%	80.2%	80.2%	82.6%	⇧	85%
	Peter Lougheed Centre	80.9%	79.9%	77.2%	78.7%	77.7%	75.6%	77.4%	⇨	85%
	Rockyview General Hospital	82.9%	85.4%	81.7%	85.1%	83.6%	83.3%	85.7%	☆	85%
	South Health Campus	91.9%	89.7%	90.1%	90.9%	90.1%	90.2%	88.8%	☆	85%
	Other Calgary Hospitals	79.3%	90.3%	92.9%	92.2%	92.9%	93.0%	93.0%	☆	85%
Central Zone	**Central Zone**	**83.5%**	**84.8%**	**83.4%**	**85.0%**	**83.7%**	**84.1%**	**85.3%**	☆	**85%**
	Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	82.7%	81.5%	82.9%	82.9%	⇨	85%
	Other Central Hospitals	84.5%	86.7%	84.8%	87.0%	85.7%	85.5%	87.4%	☆	85%
Edmonton Zone	**Edmonton Zone**	**81.5%**	**80.3%**	**81.6%**	**80.8%**	**80.7%**	**81.2%**	**81.3%**	⇨	**85%**
	Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.4%	85.5%	85.2%	85.4%	☆	85%
	Misericordia Community Hospital	78.5%	75.3%	77.2%	79.8%	75.2%	74.9%	77.7%	⇧	85%
	Royal Alexandra Hospital	79.9%	76.5%	77.3%	76.6%	77.8%	78.4%	79.4%	⇨	85%
	Sturgeon Community Hospital	89.8%	87.6%	89.8%	88.0%	88.0%	91.2%	82.9%	⇩	85%
	University of Alberta Hospital	77.1%	80.2%	83.5%	80.4%	81.8%	81.7%	81.7%	⇨	85%
	Other Edmonton Hospitals	70.9%	85.3%	86.3%	85.7%	84.8%	86.2%	85.7%	☆	85%
North Zone	**North Zone**	**81.0%**	**80.6%**	**81.3%**	**83.2%**	**82.6%**	**81.7%**	**83.2%**	⇨	**85%**
	Northern Lights Regional Health Centre	75.4%	74.7%	78.6%	82.2%	82.1%	81.1%	79.6%	⇨	85%
	Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	80.3%	79.9%	77.3%	82.0%	⇧	85%
	Other North Hospitals	83.4%	83.7%	83.5%	84.8%	84.0%	83.5%	85.0%	☆	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	Q2YTD 2017-18	Q2YTD 2018-19	Number of Completed Surveys Q2YTD 2018-19	Margin of Error (±) Q2YTD 2018-19
Provincial	**218,546**	**246,917**	**246,227**	**123,232**	**124,390**	**12,921**	**0.65%**
South Zone	19,737	19,840	19,642	9,810	9,767	1,034	2.31%
Calgary Zone	61,044	83,208	83,397	41,516	41,911	4,253	1.12%
Central Zone	29,272	29,531	29,238	14,715	14,430	1,595	1.74%
Edmonton Zone	82,559	89,005	87,951	44,103	45,216	4,550	1.13%
North Zone	25,934	25,333	25,999	13,088	13,066	1,489	1.90%

Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of January 30, 2019

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.

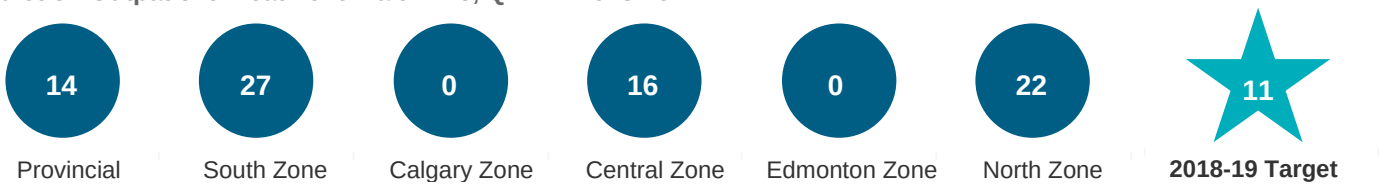
- Provincial and zone level results presented here are based on weighted data.

- 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, Q2YTD 2018-19



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	Q2YTD 2017-18	Q2YTD 2018-19	Trend	2018-19 Target
Provincial	**Provincial**	**18**	**15**	**13**	**15**	**13**	**14**	**14**	⇨	**11**
Urban										
	Calgary Zone	21	9	5	6	0	1	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	15	16	⇩	11
	North Zone	16	16	19	27	23	24	22	⇧	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	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	**Provincial**	**7.0**	**6.5**	**5.8**	**7.3**	**6.3**	**6.6**	**6.1**
Urban								
	Calgary Zone	7.7	7.4	7.9	11.4	9.1	9.8	7.5
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4	0.5	0.3
Rural								
	South Zone	5.0	7.8	7.8	8.7	7.5	7.5	9.2
	Central Zone	7.3	6.2	6.0	6.2	5.8	5.7	6.8
	North Zone	7.5	7.3	8.2	11.1	10.5	10.8	9.3

Total Enrollments

Zone	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	**18,329**	**18,033**	**18,019**	**9,053**	**8,655**
South Zone	1,760	1,818	1,745	880	792
Calgary Zone	4,616	4,455	4,383	2,204	1,959
Central Zone	3,467	3,560	3,830	1,884	2,127
Edmonton Zone	4,957	4,664	4,610	2,286	2,100
North Zone	3,529	3,536	3,451	1,799	1,677

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), as of January 31, 2019

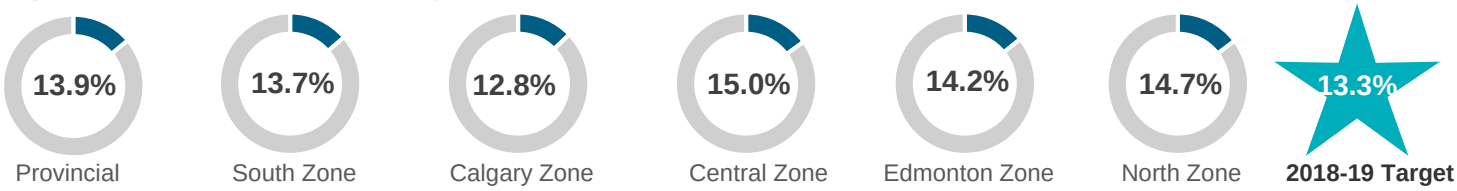
Notes:

- 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, Q2YTD 2018-19



Unplanned Medical Readmissions 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**	**13.5%**	**13.6%**	**13.7%**	**13.6%**	**13.6%**	**13.9%**	**13.9%**	⇨	**13.3%**
South Zone	**South Zone**	**14.1%**	**13.4%**	**14.2%**	**13.9%**	**13.9%**	**14.3%**	**13.7%**	⇧	**13.3%**
	Chinook Regional Hospital	13.1%	13.4%	14.0%	13.3%	12.7%	12.6%	11.7%	☆	13.3%
	Medicine Hat Regional Hospital	14.4%	12.4%	14.1%	13.8%	13.9%	14.6%	13.7%	⇧	13.3%
	Other South Hospitals	15.0%	14.7%	14.5%	14.9%	15.5%	16.0%	16.3%	⇨	13.3%
Calgary Zone	**Calgary Zone**	**12.2%**	**12.2%**	**12.3%**	**12.3%**	**12.5%**	**12.5%**	**12.8%**	☆	**13.3%**
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.3%	12.4%	12.5%	☆	13.3%
	Peter Lougheed Centre	12.0%	12.3%	12.8%	13.1%	12.6%	13.0%	12.4%	☆	13.3%
	Rockyview General Hospital	12.0%	11.9%	12.0%	12.1%	12.4%	12.6%	13.1%	☆	13.3%
	South Health Campus	12.3%	12.3%	12.0%	11.4%	12.3%	12.0%	14.1%	⇩	13.3%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.4%	12.5%	11.8%	☆	13.3%
Central Zone	**Central Zone**	**14.4%**	**14.9%**	**15.0%**	**14.8%**	**14.2%**	**14.8%**	**15.0%**	⇨	**13.3%**
	Red Deer Regional Hospital Centre	14.0%	13.8%	14.0%	13.0%	13.1%	13.7%	13.8%	⇨	13.3%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	15.3%	15.5%	⇨	13.3%
Edmonton Zone	**Edmonton Zone**	**13.5%**	**13.8%**	**13.6%**	**13.6%**	**13.9%**	**14.2%**	**14.2%**	⇨	**13.3%**
	Grey Nuns Community Hospital	12.7%	12.3%	13.2%	12.7%	12.7%	13.5%	14.6%	⇩	13.3%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	14.3%	15.4%	⇩	13.3%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	14.2%	14.4%	14.0%	⇧	13.3%
	Sturgeon Community Hospital	12.3%	13.7%	13.4%	13.1%	13.8%	13.7%	16.1%	⇩	13.3%
	University of Alberta Hospital	14.6%	14.5%	14.2%	14.4%	14.5%	14.7%	13.9%	⇧	13.3%
	Other Edmonton Hospitals	13.4%	12.7%	11.9%	12.9%	12.0%	12.8%	12.4%	☆	13.3%
North Zone	**North Zone**	**15.0%**	**15.3%**	**15.3%**	**15.2%**	**14.8%**	**15.2%**	**14.7%**	⇧	**13.3%**
	Northern Lights Regional Health Centre	13.4%	12.8%	13.3%	14.2%	15.0%	15.2%	14.5%	⇧	13.3%
	Queen Elizabeth II Hospital	12.7%	11.9%	13.3%	13.3%	11.7%	11.9%	11.8%	☆	13.3%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.3%	15.7%	15.2%	⇧	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	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	**114,313**	**114,401**	**114,721**	**56,701**	**57,290**
South Zone	9,688	9,885	9,598	4,807	4,801
Calgary Zone	35,594	35,712	36,842	18,207	18,106
Central Zone	16,898	16,811	16,299	7,957	7,816
Edmonton Zone	37,859	37,853	37,830	18,692	19,571
North Zone	14,274	14,140	14,152	7,038	6,996

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of February 5, 2019
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).
- Implementation of CIHI's 2018 CMG grouper resulted in minor changes to the number of qualified medical discharges (episodes) for historical fiscal years. This change has had negligible impact on the adjusted medical readmission rates at the zone/province level.

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**	⇧	

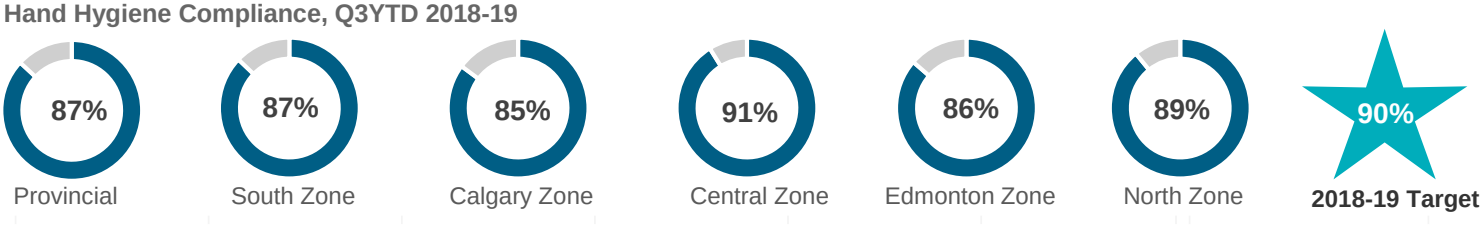
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

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, Q3YTD 2018-19



Hand Hygiene Compliance Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**Provincial**	**66%**	**75%**	**80%**	**82%**	**85%**	**85%**	**87%**	⇨	**90%**
South Zone	**South Zone**	**78%**	**82%**	**82%**	**84%**	**80%**	**79%**	**87%**	⇧	**90%**
	Chinook Regional Hospital	81%	85%	82%	83%	78%	75%	87%	⇧	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	84%	85%	88%	⇧	90%
	Other South Hospitals	79%	85%	83%	83%	81%	79%	87%	⇧	90%
Calgary Zone	**Calgary Zone**	**59%**	**71%**	**78%**	**81%**	**84%**	**83%**	**85%**	⇨	**90%**
	Alberta Children's Hospital	57%	74%	77%	80%	79%	81%	80%	⇨	90%
	Foothills Medical Centre	52%	66%	76%	83%	84%	84%	84%	⇨	90%
	Peter Lougheed Centre	62%	77%	85%	79%	80%	78%	85%	⇧	90%
	Rockyview General Hospital	62%	68%	74%	84%	88%	89%	91%	☆	90%
	South Health Campus	59%	59%	69%	76%	77%	77%	75%	⇨	90%
	Other Calgary Hospitals	63%	77%	80%	79%	85%	84%	88%	⇧	90%
Central Zone	**Central Zone**	**64%**	**74%**	**81%**	**78%**	**87%**	**85%**	**91%**	☆	**90%**
	Red Deer Regional Hospital Centre	75%	69%	78%	78%	85%	84%	90%	☆	90%
	Other Central Hospitals	57%	77%	82%	78%	87%	86%	91%	☆	90%
Edmonton Zone	**Edmonton Zone**	**57%**	**74%**	**79%**	**83%**	**86%**	**86%**	**86%**	⇨	**90%**
	Grey Nuns Community Hospital	64%	75%	73%	83%	89%	89%	92%	☆	90%
	Misericordia Community Hospital	71%	77%	75%	80%	86%	86%	88%	⇨	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	86%	86%	85%	⇨	90%
	Stollery Children's Hospital	58%	75%	79%	80%	81%	80%	78%	⇨	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	88%	88%	83%	⇩	90%
	University of Alberta Hospital	43%	70%	74%	85%	88%	88%	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%	83%	90%	☆	90%
	Queen Elizabeth II Hospital	68%	91%	96%	91%	88%	91%	82%	⇩	90%
	Other North Hospitals	66%	74%	85%	88%	89%	88%	90%	☆	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	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	**396,272**	**383,975**	**332,578**	**255,012**	**236,267**
South Zone	39,185	38,314	18,270	12,237	19,090
Calgary Zone	183,110	162,423	128,616	102,134	80,814
Central Zone	45,103	35,952	38,974	28,619	30,813
Edmonton Zone	99,795	125,281	117,032	91,070	82,209
North Zone	29,079	22,005	29,686	20,952	23,341

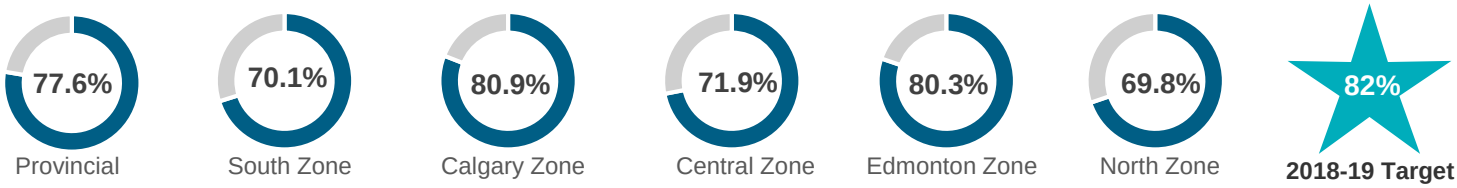
Source: AHS Infection, Prevention and Control Database, as of January 17, 2019
Notes:
- Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in spring (Q1 & 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, Q3YTD 2018-19



Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**77.6%**	**78.3%**	**78.0%**	**78.3%**	**77.7%**	**78.3%**	**77.6%**	⇨	**82%**
South Zone	64.6%	67.9%	65.7%	67.8%	70.0%	69.5%	70.1%	⇨	82%
Calgary Zone	81.4%	82.6%	81.5%	81.4%	79.8%	79.8%	80.9%	*	82%
Central Zone	71.1%	71.1%	70.9%	70.6%	70.7%	71.0%	71.9%	⇨	82%
Edmonton Zone	84.0%	84.0%	84.6%	84.0%	82.9%	84.6%	80.3%	*	82%
North Zone	67.2%	66.6%	66.5%	67.7%	68.9%	69.2%	69.8%	⇨	82%

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

*- * 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.*

Total Eligible Population

Zone	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	**54,267**	**55,138**	**56,208**	**42,956**	**41,901**
South Zone	4,104	4,157	4,271	3,285	3,070
Calgary Zone	19,602	20,424	20,862	15,896	15,656
Central Zone	6,240	5,833	5,661	4,355	4,082
Edmonton Zone	16,870	17,578	18,114	13,837	13,840
North Zone	7,451	7,146	7,300	5,583	5,253

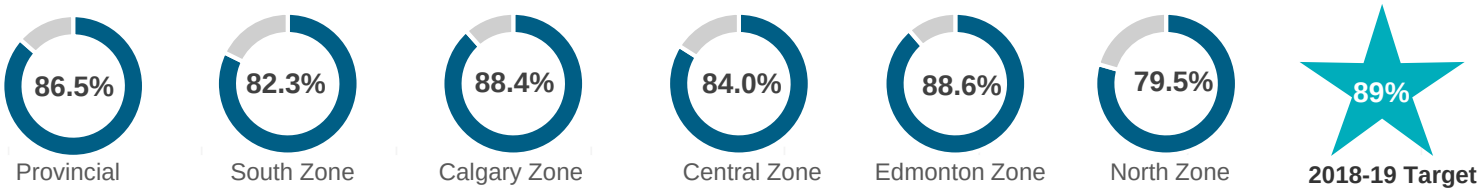
Source: Province-wide Immunization Program, Communicable Disease Control as of February 11, 2019
Notes:
- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.

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, Q3YTD 2018-19



Childhood Immunization Rate: MMR Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**86.7%**	**87.6%**	**86.9%**	**87.4%**	**86.9%**	**87.1%**	**86.5%**	⇨	**89%**
South Zone	81.1%	83.9%	78.8%	81.0%	82.1%	81.6%	82.3%	⇨	89%
Calgary Zone	88.3%	89.6%	89.2%	89.6%	87.9%	87.8%	88.4%	*	89%
Central Zone	81.2%	80.8%	81.1%	82.3%	84.2%	84.6%	84.0%	⇨	89%
Edmonton Zone	91.7%	92.2%	91.9%	91.8%	90.5%	91.2%	88.6%	☆*	89%
North Zone	79.6%	80.3%	78.5%	77.8%	79.6%	79.8%	79.5%	⇨	89%

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

*- * 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.*

Total Eligible Population

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Source: Province-wide Immunization Program, Communicable Disease Control as of February 11, 2019
Notes:
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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: Q2YTD 2018-19

Provincial **2018-19 Target**

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19	Trend	2018-19 Target
Province	**Provincial**	**3.57**	**3.85**	**4.11**	**3.67**	**3.59**	⇨	**3.40**
Zone	South Zone Clinical Operations	3.57	3.50	3.75	3.39	3.45	⇨	3.40
	Calgary Zone Clinical Operations	3.56	3.88	4.57	3.72	3.97	⇩	3.40
	Central Zone Clinical Operations	3.88	4.12	4.91	4.62	3.78	⇧	3.40
	Edmonton Zone Clinical Operations	3.48	3.73	4.10	3.70	3.79	⇨	3.40
	North Zone Clinical Operations	4.35	3.75	4.10	3.75	3.84	⇨	3.40
Provincial Portfolios	Cancer Control	1.68	1.47	1.04	0.85	1.00	☆	3.40
	Capital Management	2.15	2.74	2.24	2.24	2.10	☆	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	3.46	2.73	☆	3.40
	Diagnostic Imaging Services	1.85	2.86	3.57	3.82	4.14	⇩	3.40
	Emergency Medical Services	12.94	15.09	15.01	14.16	10.19	⇧	3.40
	Finance	0.16	0.33	0.50	1.00	0.34	☆	3.40
	Health Information Management	1.25	2.19	1.80	1.02	1.23	☆	3.40
	Health Professions & Practice	7.47	6.58	7.76	7.76	7.65	⇨	3.40
	Information Technology (IT)	0.26	0.17	0.21	0.21	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	2.01	2.36	☆	3.40
	Nutrition Food, Linen & Environmental Services	6.95	6.89	6.35	6.04	6.06	⇨	3.40
	People, Legal, and Privacy	1.51	2.89	2.84	1.78	2.13	☆	3.40
	Pharmacy Services	1.05	1.69	1.22	0.88	1.19	☆	3.40
	Population Public & Indigenous Health	1.31	1.13	0.82	0.82	0.61	☆	3.40
	System Innovations and Programs	0.27	0.25	0.48	0.71	0.46	☆	3.40

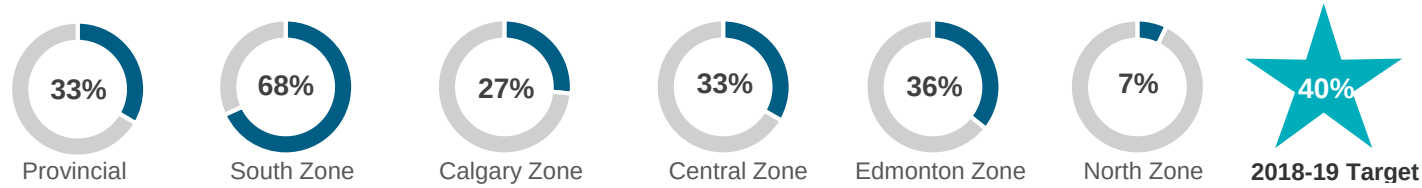
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

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 January 17,2019; Data retrieval January 17, 2019
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.
- Starting Q2 2018-19, the Nutrition, Food, Linen & Environmental Services departments have been merged into one department.

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, Q3YTD 2018-19



Percentage of Nursing Units Achieving Best Practice Efficiency Targets

Zone Name	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	**20%**	**28%**	**38%**	**36%**	**33%**	⇩	**40%**
South Zone	63%	58%	61%	67%	68%	☆	40%
Calgary Zone	15%	20%	25%	25%	27%	⇧	40%
Central Zone	7%	14%	47%	36%	33%	⇩	40%
Edmonton Zone	14%	29%	42%	39%	36%	⇩	40%
North Zone	33%	33%	36%	36%	7%	⇩	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 February 1, 2019
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.