Alberta Health Services

Measuring our progress

A healthier future. Together.

Q1 2019 - 2020 Health Plan Update

(April 1, 2019 - June 30, 2019)

Prepared by AHS Planning and Performance
November 7, 2019

The 2019-20 AHS Health Plan Update was prepared by AHS Planning and Performance.

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Background Information

The Alberta Health Services (AHS) three-year 2017-2020 Health Plan provides a roadmap of how AHS will meet its objectives and direction on how it will measure performance throughout the fiscal year. Quarterly reports provide updates on progress.

The 2019-20 first quarter (Q1) update is arranged according to the 12 objectives stated in the AHS 2017-2020 Health Plan. It includes an update on actions and initiatives related to priorities outlined in the Health Plan that continue from 2018-19, as well as an update on the 13 AHS Performance Measures. Only 11 performances measures have quarterly data available to be reported, 2 measures are reported annually.

AHS 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 and are tracked to measure progress towards achieving those objectives.

This is the final year of the three-year Health Plan and we will be working closely with the Alberta Health in creating our next three-year Health Plan. The 2020-2023 Health Plan will include a change of focus that will reflect recommendations from the Blue Ribbon Panel report and the AHS Performance Review. AHS is currently developing important strategic documents such as the Wait Time and Access Strategy that will inform our direction from 2020 forward.

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 which 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 also know that our teams achieve great things every day. We have set targets across the continuum 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 comparison to the same period last year, three of 11 performance measures (27%) are seeing improvement, six of 11 performance measures (55%) were stable, and two of 11 performance measures (18%) showed deterioration. The performance measure *Percentage Placed in Continuing Care in 30 Days* achieved target; however, we still have much work to do in this year in progressing to target on our other measures.

Targets were established in 2017 using 2016-17 as a baseline year. The target setting process was based on 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 the 2017-2020 AHS Health Plan and Business Plan. Two of the measures cannot be compared to the baseline year. Of the remaining 11 measures, seven (64%) have shown improvement and four (36%) have remained stable from baseline (2016-17).

AHS also monitors several additional measures (monitoring measures) using a broad range of indicators that span the continuum of care that include population and public health, primary care, continuing care, addiction and mental health, cancer care, emergency departments, 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. Quarterly results for these monitoring measures are available on the AHS public website at: https://www.albertahealthservices.ca/about/Page12640.aspx.

This is not a journey we can undertake alone. AHS continues our connection and collaboration with 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.

Q1 Performance Measure Results

The 13 AHS performance measures are reported as follows:

Eleven measures are reported quarterly:

- Seven measures include the most current data available (Q1) with comparable historical data.
- Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q1 data will be reported in Q2; Q2 is reported in Q3, and so on).
  - Three of these 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.

Two measures are reported annually when data is available:

- Perinatal Mortality among First Nations
- AHS Workforce Engagement

Shorter term trending results (improvements, stable, and deteriorations) are based on year-over-year comparisons, versus consecutive quarter comparisons, as they provide a more accurate picture by removing variation that can occur due to seasonal influences.

Comparison to same period last year for available performance measures:

Three out of the 11 measures have shown improvement over the same period last year:

- People Placed in Continuing Care within 30 Days (also achieved target)
- Percentage of Alternate Level of Care Patient Days
- Nursing Units Achieving Best Practice Efficiency Targets

Six out of the 11 measures remained stable in comparison to the same period last year:

- Patient Satisfaction with Hospital Experience
- Unplanned Medical Readmissions
- Hand Hygiene Compliance
- Childhood Immunization: DTaP-IPV Hib
- Childhood Immunization: MMR
- Disabling Injuries in AHS Workforce

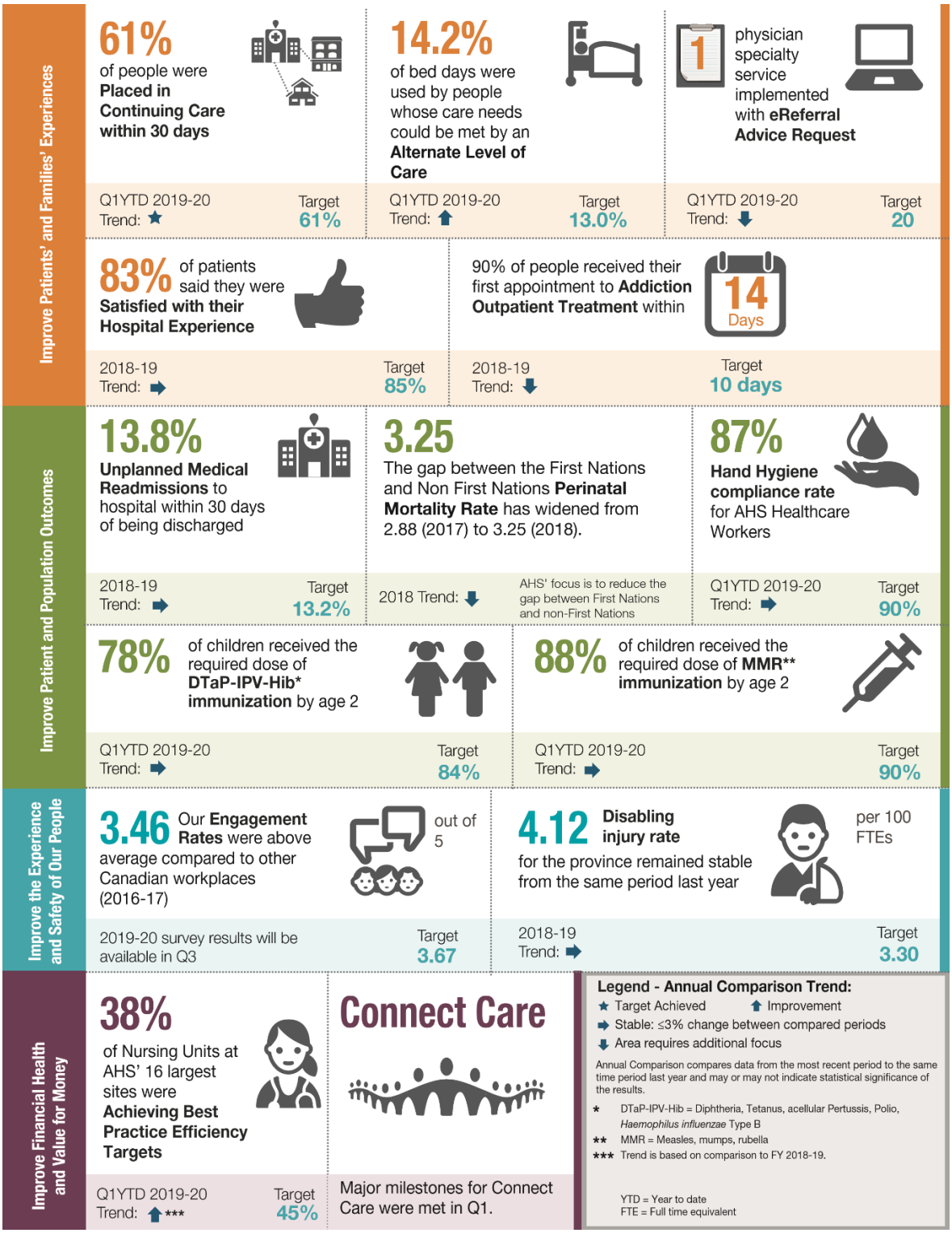
Two out of 11 measures have shown deterioration or slowed progress from the same period last year:

- Timely Access to Specialty Care (eReferral)
  Measure progress has slowed despite strong interest from specialty groups. Limited AHS information technology resources, including infrastructure and testing and development environments, have been re-prioritized to focus on Connect Care and has had an impact on AHS' ability to onboard more specialties in a timely way.
- Addiction Outpatient Treatment Wait Time
  Measure has shown improvement since 2016-17, but has not achieved target in rural zones. However, the target was achieved in Q1 in urban zones (Calgary and Edmonton) where same day services are available. Work continues to address issues related to the complexity and acuity of cases referred and wait times in rural areas with limited or no access to walk-in clinics. Wait times can be influenced significantly by service models used, particularly in rural and remote areas. For example, the use of travelling clinics and services that are operated fewer than five days a week can result in longer wait times. Additionally, wait times can increase with staff vacancies. Although there are challenges with recruiting and retaining staff in remote communities, active recruitment is underway.

Measures that are *stable* from year to year are generally system measures that change more slowly over time. Many of these measures require partnership and joint efforts to improve. As an example, childhood immunizations require parental consent and agreement. Hand hygiene is an example of a measure that has made significant improvement since 2016-17 and has now stabilized. AHS is committed to increasing our efforts in finding ways to achieve targets in these areas over the coming year.

Q1 Measures Dashboard

The Q1 year-to-date (YTD) results are summarized below for the 13 performance measures. Trend is based on comparison between Q1 2018-19 and Q1 2019-20. For more detail, refer to the Appendix.



Comparison to Baseline (2016-17)

The 2017-2020 AHS Health Plan provides a roadmap of how AHS will meet our objectives and how we will measure performance throughout the fiscal year. Over the three-year term of the Health Plan, AHS has shown improvement in many areas across the health system. The table above shows AHS' progress from baseline (2016-17).

As we move forward, we have placed a high value on ensuring we have measurement systems in place to assess the effectiveness in meeting our performance measures. On a quarterly basis, we do a thorough analysis of our performance measures to help us see where we are excelling and where we need to improve. This quarterly report is focused on areas where we need to improve and it is intended to be a transparent account and reflects our continued commitment and effort to move toward those goals. This report provides us with a snapshot of what we are accomplishing and where we can improve. But it's more than just numbers; it provides a guide as we move forward and is an essential tool to reach our goal of ensuring the best health care system for Albertans.

As we are nearing the end of our three-year (2017-2020) strategy, we are also reflecting back on how we have performed over the longer term. Targets were set based on where we were in 2016-17 and where we wanted to be in 2019-20. Below is a summary of how we have progressed.

AHS Performance Measure	2016-17 (Baseline)	2017-18	2018-19	2019-20 (Q1YTD)	2019-20 Target	Comparison from Baseline (2016-17) to Current Data	% Change from Baseline (2016-17) to Current Data
Improve Patients' and Families Experiences							
Percentage Placed in Continuing Care within 30 Days	56%	52%	58%	61%	61%	Improving	8.9% improvement from baseline
Percentage of Alternate Level of Care (ALC) Patient Days	15.4%	17.5%	16.4%	14.2%	13.0%	Improving	7.8% improvement from baseline
Timely Access To Specialty Care (eReferrals)	1	8	12	1	20	n/a	Net increment per year not comparable over time. 25 specialties are active to date.
Patient Satisfaction with Hospital Experience	82%	82%	83%	Lag Measure	85%	Stable	1.2% improvement from baseline
Addiction Outpatient Treatment Wait Time	15	13	14	Lag Measure	10	Improving	6.7% improvement from baseline
Improve Patient and Population Outcomes							
Unplanned Medical Readmissions	13.6%	13.6%	13.8%	Lag Measure	13.2%	Stable	1.5% deterioration from baseline
Perinatal Mortality Rate - First Nations (Gap)	5.02	2.88	3.25	n/a	Reduce the Gap	Improving	35.3% improvement from baseline
Hand Hygiene Compliance	82%	85%	87%	87%	90%	Improving	6.1% improvement from baseline
Childhood Immunization Rate - DTaP-IPV-Hib	78%	78%	78%	78%	84%	Stable	0% change from baseline
Childhood Immunization Rate – MMR	87%	87%	86%	88%	90%	Stable	1.2% improvement from baseline
Improve the Experience and Safety of Our People							
AHS Workforce Engagement Rate	3.46	No Survey		Results in Q3	3.67	n/a	n/a
Disabling Injury Rate	3.85	4.11	4.12	Lag Measure	3.30	Improving	7.0% improvement from baseline
Improve Financial Health and Value for Money							
Percentage of Nursing Units Achieving Best Practice Targets*	28% Prior methodology was utilized	38%	32%	38%	45%	Improving	35.7% improvement from 2018-19

Performance Direction Legend: Improving | Stable (≤3%) | Deteriorating

**A change in the methodology used to calculate results in 2018-19 and 2019-20 makes prior data (2016-17 and 2017-18) not comparable. The performance measure target (45%) is calculated using the percentage of nursing units achieving individualized unit-level best practice targets. Previously, nursing unit-level targets were automatically adjusted quarterly based on the data set. Nursing unit-level targets are now set for 2 years to allow enough time to make changes in staffing levels to achieve targets. Unit-level targets, which are utilized to calculate the performance measure target (45%), will be re-evaluated every two years. This change in methodology does not impact the current performance measure target (45%) as outlined in the Health Plan.*

Improve Patients' and Families' Experiences

Objective 1: Making 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.

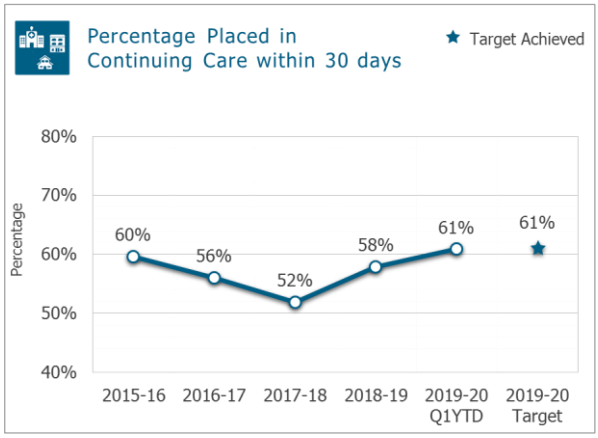
UNDERSTANDING THE MEASURE

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 healthcare service needs and lifestyles.

This measure monitors the percentage of people who are moved from hospitals and communities into community-based continuing care settings within the target of 30 days. 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



Source: Meditech and Stratahealth Pathways

In Q1, AHS achieved the target, which means that people are being moved more efficiently after they have been waitlisted for a continuing care living option. This includes people who are moving from a hospital setting to a more appropriate (and often more cost-effective) community-based setting.

WHAT WE ARE DOING

To keep pace with population growth and aging, AHS needs to target increasing community capacity by 800-1,000 designated spaces annually. In Q1, AHS opened 195 new continuing care beds to support individuals who need community-based care and supports (including palliative).

AHS opened four new continuing care facilities in Q1:

- The Manor Village at Fish Creek Park (Calgary Zone)
- The Hamlets at Red Deer (Central Zone)
- Shepherd's Gardens Heritage Eden House (Edmonton Zone)
- Lifestyle Options Schonsee (Edmonton Zone)

In Q1, the average wait time for continuing care placement from acute/sub-acute care was 38 days compared to 52 days in the same period last year; a 27% improvement. The number of people waiting in acute/sub-acute care was 503 compared to 623 people in the same period last year; a 19% improvement.

In Q1, there were 2,083 people placed into continuing care from acute/sub-acute care and community compared to 2,053 people in the same period last year. Of these, 41% of clients were placed from the community compared to 39% in the same period 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.

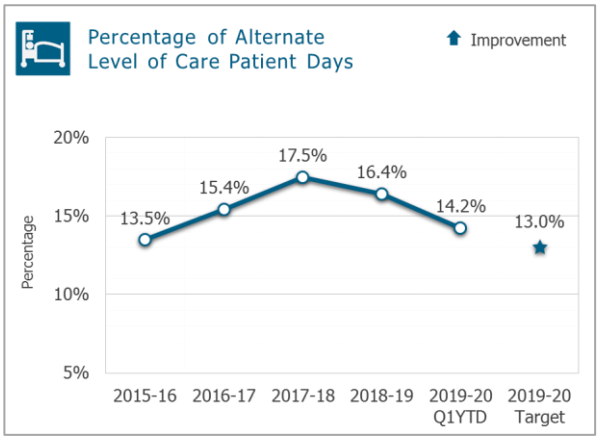
AHS PERFORMANCE MEASURE

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



Source: Discharge Abstract Database (DAD) - AHS Provincial

This measure showed significant improvement in Q1 compared to the same period last year but did not achieve target. By investing in new community capacity and targeted program supports aimed at serving complex clients, AHS has bent the curve and is trending in the right direction.

It's important that we continue to add community beds to keep up with aging population needs and further improve hospital system flow. AHS is committed to reducing the time patients wait in hospital for the appropriate level of care.

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 need them. ECC also involves developing partnerships and coalitions with not-for-profit and volunteer agencies, towns and municipalities, schools, other government departments, business and industry, and other partners with the goal of keeping Albertans healthy and well.

- Emergency Medical Services (EMS) has fully implemented two programs that improve access to care in the community and at home: Community Response Teams (CRT) and palliative and end-of-life care (PEOLC) Assess, Treat and Refer (ATR).

- The expansion of home care services and palliative care services continued in Q1 which enables people to remain safely in their homes for longer by connecting them with care options in their local communities. In Q1, there were more than 84,600 unique home care clients; a 6% increase from the same period last year.

- Enhanced Respite Day Programs in the North Zone continue to increase the availability of services through the use of adult day programs with an increase in the number of participants in Q1. Programs are aimed at decreasing social isolation, improving cognitive and physical wellbeing of community clients, and giving caregivers a break from care duties during program hours. The program is operational in four communities (Barrhead, Fairview, Athabasca, and La Crete) with two more planned for this year (High Prairie and Lac la Biche).

- The Calgary Rural Palliative In-Home Initiative supports patients who live in rural areas of the Calgary Zone with palliative conditions nearing the end-of-life to stay at home when desired. In collaboration with patients and their families, teams identify and authorize the amount and level of additional home care that is needed. The program began its provincial roll out in Q1.

- The Virtual Hospital Project in Edmonton Zone is utilizing a new model for the delivery of specialized transitional care by moving patients and families from hospitals to community in an integrated, collaborative, and systematic way. In Q1, teams provided urgent in-home assessments for infections and administered IV antibiotics on-site to prevent emergency department (ED) visits. Strategies are being developed to promote program growth.

- Community Support Teams focus on supporting the multidisciplinary teams that provide urgent care and consultation for complex clients, as well as assist with developing an intermediary and follow-up care plan. In Q1, work continued to place complex clients from acute care into more appropriate care settings.

- Intensive Home Care programs provide wrap-around services to clients who have recently been discharged from hospital to safely enable them to remain at home until a designated living option becomes available. The service is responsive to clients' changing needs in the community which decreases the need for ED visits for home care clients. Work continued in Q1 to roll out the program across all zones.

AHS continues to provide Dementia Advice though Health Link 811. Dementia Advice responds to the immediate needs of persons with dementia living in community settings and their care partners, who require health related advice, education, information, and emotional support during the course of dementia. In Q1, 168 referrals were made to the Dementia Advice line from Health Link.

- The public website was enhanced in Q1 with more information on the service including Care Partner Support resources and how to access the Dementia Advice Line. Numerous presentations have been provided to community organizations and AHS staff to ensure the service is offered to appropriate patients which supports aging in the community.

Improve Patients' and Families' Experiences

Objective 2: Making 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, patients and their families, 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 which offers physicians and clinical support staff the ability to create, submit, track, and manage referrals electronically.

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 (eReferral) 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 improve support 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.

HOW WE ARE DOING

In Q1, one new clinical specialty (Child and Adolescent Psychiatry) implemented eReferral Advice Request, for a total of 25 specialties to date.

WHAT WE ARE DOING

In Q1, 1,380 eReferral Advice Requests were received by triage facilities. Of the Advice Requests completed, 45% were provided with advice to continue managing in the community which eliminates the need for an in-person specialist appointment.

Calgary Urology services have implemented access improvement initiatives, including a Centralized Intake model which provides a single point of contact for screening and referrals. AHS now receives and manages all urology referrals, connecting the patient to the most appropriate urologist based upon the patient's symptoms and the specialist's area of expertise. A centrally-managed intake program allows for the collection of data so that delays or gaps in care can be identified and addressed. Edmonton Urology utilizes eReferrals to manage client intake.

<u>Primary Healthcare</u>

Primary Care Networks (PCNs) develop solutions to meet the primary healthcare needs of the local communities they serve. There are now 41 PCNs operating throughout Alberta with more than 3,800 family physicians and more than 1,000 other health practitioners involved.

AHS is working with its provincial, zone, and local partners to implement the Primary Care Network (PCN) Governance Framework through the development of Zone PCN Service Plans. The framework aligns PCNs and zones to allow for a more integrated health system. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health, and frail elderly. Draft Zone PCN Service Plans were in development in Q1.

The Primary Health Care Integration Network (PHCIN) finds and shares leading practices to achieve a more integrated health system across Alberta. This includes identifying collaborative solutions so Albertans experience seamless care transitions, accelerating the spread and scale of initiatives showing significant system improvement, and advancing innovation.

- In Q1, the PHCIN launched a Virtual Patient Engagement Network (VPEN) of over 70 advisors who are available to engage and consult on primary care initiatives.
- AHS continues to develop provincial pathways and service models to support consistency of care and care transitions.
    - Home – to – Hospital – to – Home transitions: As patients transition from their family doctor to the hospital and back to home again, there needs to be a transfer of support and information that transitions alongside them. Poor transitions have a negative impact on patients and families, put patients at greater risk of poor health outcomes, and increase the likelihood of avoidable emergency department and hospital use. Guidelines are expected to be completed in Q4.
    - Keeping Care in the Community: AHS is committed to care planning that takes into consideration the community a person lives in and the supports available in that community to better serve our clients. AHS continues to promote continuity of care between family physicians and community resources.
    - Primary Care – to – Specialty – and – Back: Long specialty wait times contribute to increased stress levels, worsening conditions, and avoidable trips to the hospital. A provincial strategy is in development to encourage knowledge and skill sharing between health providers and to find innovative ways to manage health conditions.

CancerControl Alberta

Progress continues on capital projects to improve infrastructure to address future capacity needs.

- The Calgary Cancer Centre remains on time and on budget. The new healthcare facility and academic centre will provide cancer services in southern Alberta. Some of the latest milestones include:
  - The last section of the main floor concrete slab has been poured.
  - Construction work is now up to Level 5. (For context, there are 13 levels above ground and five below ground.)
  - The parkade concrete structure is now complete and work has begun in the interior.

- The Grande Prairie Cancer Centre, part of the new Grande Prairie Regional Hospital project, is proceeding with minor delays related to construction. In Q1, site-wide employee engagement meetings commenced.

AHS is committed to improving access to specialty cancer services as well as support for patients waiting for cancer surgery, systemic therapy, radiation therapy, and supportive care. In Q1, CancerControl Alberta saw a 4% increase in the number of patient visits compared to the same period last year; radiation therapy visits increased by 3% and systemic therapy visits increased by 13%.

AHS implemented End of Treatment and Transition of Care processes across the province for patients who have completed cancer treatment and are returning to a family physician. Improvements have been made in eight early stage, curative populations (breast, prostate, testicular, cervical, endometrial, Hodgkin's lymphoma, B-cell lymphoma, and colorectal). An After Treatment booklet is now available in regional and tertiary cancer centres.

A second replacement linear accelerator (Linac) was installed and operationalized in Q1 to support cancer treatment at the Tom Baker Cancer Centre (TBCC) in Calgary. Two additional Linac's at TBCC and one at the Cross Cancer Institute (CCI) in Edmonton are also in the process of being replaced. A linear accelerator is the device most commonly used for radiation treatments.

Emergency Medical Services (EMS)

EMS works with health, community, and public safety partners to provide quality services in Alberta. Emergency response and inter-facility transfers are provided by ground ambulance, non-ambulance transfer vehicles, and rotary and fixed-wing air ambulance with service coordinated through call-taking and dispatch resources.

In Q1, EMS response times for life threatening events saw improvement over the same period last year and met target for all geographic areas. 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 last year (1 minute 24 seconds in Q1 2019-20 compared to 1 minute 21 seconds in Q1 2018-19).

AHS posts EMS-specific measures in a performance dashboard available on the AHS public website. These measures reflect areas within EMS that are important to patient safety and care.

Improve Patients' and Families' Experiences

Objective 3: Respecting, informing and involving 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 our 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.

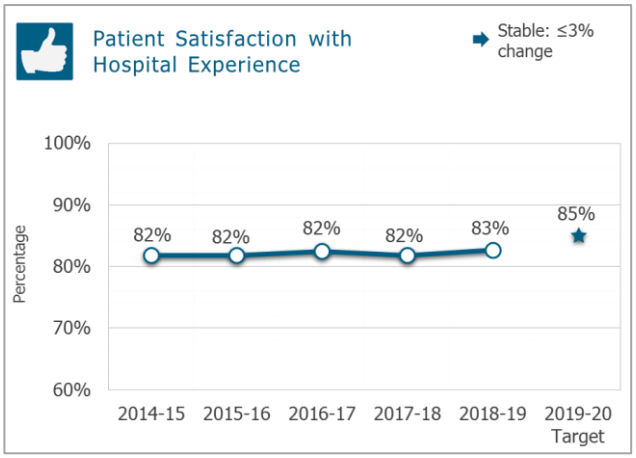
UNDERSTANDING THE MEASURE

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 the 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



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.

This measure has remained stable year-over-year and did not meet target in Q1. There are a number of contributing factors that influence performance such as high occupancies, patients waiting in hospital for the appropriate level of care, co-ed patient accommodations, and staff vacancies.

AHS also measures patient satisfaction in other areas:

- CancerControl supports the use of Patient Reported Outcomes (PRO) to enhance cancer patient experiences. In Q1, approximately 15,600 patients completed at least one Putting Patients First (PPF) assessment. A PPF is a patient-reported screening tool which helps identify patients requiring symptom management or support in the areas in nutrition, psychosocial, pain management, and tobacco cessation.

- Emergency Medical Services (EMS) regularly surveys patient experience. In Q1, 97% of patients agreed with the statement: "Overall, I was satisfied with my experience with EMS."

- The Child Hospital Consumer Assessment of Healthcare Providers and Systems (C-HCAHPS) survey measures family experience for pediatric inpatient care. In 2018-19, 92% of parents/guardians rated their child's care as an 8, 9, or 10 on a scale from 0-10, where 10 is the best possible rating. (This is a lag measure where data is reported a quarter later.)

- The Health Quality Council of Alberta (HQCA) survey of client experiences with home care services was conducted in collaboration with AHS and Alberta Health in fall 2018. Preliminary results show that 7,171 clients participated in the survey. Analysis of the results is underway. A report on the findings is expected to be published by the HQCA by fall 2019.

WHAT WE ARE DOING

AHS continues to apply our Patient First Strategy by empowering and supporting Albertans to be the centre of their healthcare teams. Initiatives focused on patient- and family-centred care were implemented across Alberta to increase the patient voice and participation in care delivery.

- 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. 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 their care needs and preferences. In Q1, AHS began introducing the Family Presence and Visitation Policy with the development of resources for site leadership.

- The End PJ Paralysis program helps patients get up, get dressed, and get moving, so they can get home sooner. In Q1, patient experience with the program was very positive and demonstrated positive influences on hospital stays. Early data reports are seeing a reduction in length of stay of 0.5-3.5 days, depending on the unit. For those over the age of 65, AHS has seen a drastic reduction in length of stay in medicine units of up to seven days from the previous year.

Health Link 811 is a vital safety net for the public, especially when other options such as family doctor offices are closed. Health Link provides a 24/7 province-wide service to Albertans that includes nurse triage support, general health information, and health system navigation assistance.

- In Q1, Health Link received more than 175,000 calls, which is a 3% increase compared to the same period last year. The most frequent health concerns directed to Health Link were gastro/intestinal/abdominal symptoms, respiratory and chest symptoms, and neurological symptoms.

- 230,000 Albertans sit in front of waiting room TVs while seeking healthcare every week. Health Link continues to partner with Health Unlimited Television (HUTV) to create dynamic new health information videos to reach Albertans at point of care. New videos in Q1 include *Air Quality* and *Spring and Summer Safety*.

Together4Health is an online platform where Albertans can get involved and have their say on various healthcare topics. In Q1, the site saw 6,700 total visits, and 450 new registrations on 13 projects.

Community Conversations have a direct and tangible impact on health care planning and decisions. The ideas generated through these community sessions are shared with AHS leadership and are used to help inform long-term planning in the organization. In Q1, two events were held in Canmore (Calgary Zone) and Cold Lake (North Zone). AHS is involving zone leadership to finalize plans for another 10 events between October and March of 2019-20.

AHS provides interpretation and translation services in 240 languages to support Albertans whose first language is not English. More than 330,000 minutes of over-the-phone interpretation services were accessed in Q1; a 14% increase compared to last year.

- AHS' Video Remote Interpretation (VRI) program utilizes video technology to provide sign- or spoken-language interpretation services to reduce the risk of miscommunication that may negatively impact patient care and experience. As of Q1, 37 clinical areas have deployed VRI, with expansion planned for Central Zone and South Zone.

Patient/family advisors work 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. A two-day session was held in Q1 where participants advised on several topics: strategic planning cycles, lab testing overuse, the Primary Health Care Integration Network, and the Family Presence Strategy.

The Helping Kids & Youth in Times of Emotional Crisis initiative, co-sponsored by the Addiction and Mental Health Strategic Clinical Network™ (SCN™) and the Emergency SCN™, is based on responses from youth patient and family surveys and clinical feedback. A pilot education module has been launched that focuses on improving staff awareness, understanding, competencies, and empathy for addiction and mental health concerns in emergency departments. This work is aimed at improving youth's and their families' experiences in the emergency department.

MyHealth.Alberta.ca is a secure online portal to trusted health information, services, and tools that empower Albertans to manage and participate in their healthcare journey. The site continues to grow in popularity with the site reaching over 7.8 million visits in Q1, more than double the visits during the same period last year.

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. In Q1, zones and programs continued to sustain and spread this effort with CoACT active in more than 210 units at 43 sites across the province.

- The South Zone has developed a strategy to enhance senior's quality of life through increased focus on the Continuing Care Health Service Standards (CCHSS), along with integrated elements of Collaborative Care and patient experience. All AHS-administered Long-Term Care sites across South Zone aim to meet and exceed the standards and ensure their residents are receiving the best possible care. Significant gains have been made in achieving compliance with the standards. This quality initiative is expanding and includes support for contracted long-term care sites across the South Zone as well.

Improve Patients' and Families' Experiences

Objective 4: Improving 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 nine out of 10 clients have attended their first appointment since referral or first contact. This measure excludes opioid dependency programs.

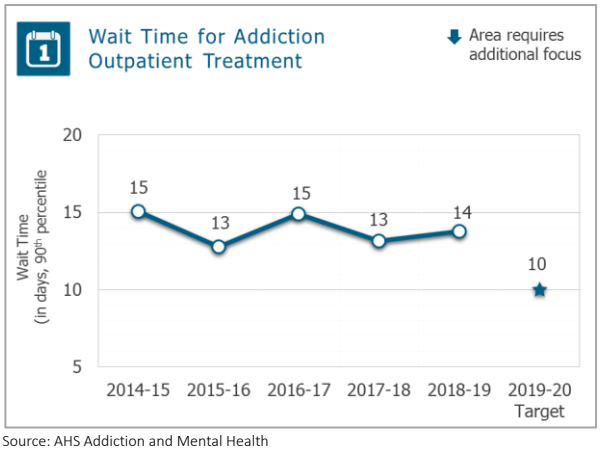
UNDERSTANDING THE MEASURE

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



Source: AHS Addiction and Mental Health

Since 2016-17, this measure has shown improvement, but has not achieved target in rural zones. However, target was achieved in Q1 in urban zones (Calgary and Edmonton) where same day services are available. Work continues to address issues related to the complexity and acuity of cases referred and wait times in rural areas with limited or no access to walk-in clinics.

Wait times can be influenced significantly by the service model being used, particularly in rural and remote areas. For example, the use of travelling clinics and services that are operated fewer than five days a week can result in longer wait times. Additionally, wait times can increase with staff vacancies. Although there are challenges with recruiting and retaining staff in remote communities, active recruitment is underway.

WHAT WE ARE DOING

Timely access to community addiction and mental health services will help Albertans address health issues as early as possible to avoid escalation and the need for higher levels of service. Many of the initiatives noted below address the priorities identified in the Valuing Mental Health: Alberta Mental Health Review Committee report:

- In Q1, AHS added nine community mental health spaces to support placement for vulnerable Albertans in Edmonton Zone and Calgary Zone.
- Developmental Pathways (formerly called InRoads) are online resources that support health professionals providing addiction and mental health services in primary care and other settings. Two presentations were completed in June to market the Developmental Pathways in Edmonton Zone: Addiction Day which had 40 participants, and Addiction Prevention and Mental Health Promotion which had 30 participants.
- Mental Health Virtual Health uses technology to ensure clients receive help without leaving their community by linking them to local mental health professionals. The demand for virtual health services continues to increase, with over 3,600 virtual mental health encounters completed in Q1.
- The Addiction and Mental Health Day Hospital in Edmonton Zone provides programming that 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. Less than 10% of the Day Hospital patients accessed an emergency department while attending the program in Q1.

- The Addiction Recovery and Community Health (ARCH) program provides addiction medicine consultation services.
    - A dedicated resource is now available at the Peter Lougheed Centre in Calgary to complete consultations related to opioids in the Emergency Department (ED).
    - In Edmonton, consultations were completed with inpatients at the Royal Alexandra Hospital, which helped connect patients with other addiction services, including supervised consumption services (SCS) which is the first SCS in an acute care setting in North America. Services will expand to include ED patients in Q2.

Opioid Crisis:

Responding to the opioid crisis is a priority for AHS. Over the past year, AHS has increased attention on improving lives and reducing the effects of substance use, including expanding programming associated with addiction, improving access to treatment, and increasing public awareness and education.

- Opioid Dependency Programs (ODP) provide medical outpatient treatment to clients dependent on opioids by administering methadone, a medication commonly used to treat opioid addiction. In Q1, there were 541 new admissions and more than 2,300 total unique active clients in ODP programs; a 25% increase in clients from the same period last year.
- The Virtual Opioid Dependency Program (VODP) utilizes technology to serve clients in 118 rural communities. The program will begin providing same day access to medication starts and transition support between emergency departments, detoxification centres, and corrections. There were 175 new admissions and 486 unique active clients in Q1; more than double the number of clients from the same period last year.
- Injectable Opioid Agonist Therapy (iOAT) programs prescribe injectable medications that are self-administered under clinical supervision to treat opioid addiction. Services are currently available in Calgary and Edmonton. Planning is underway for a provincial education program as iOAT patients can and will arrive at various locations for treatment for emergent issues.
- AHS' harm reduction strategy focuses on providing services that reduce risks and harm associated with the use of psychoactive substances. AHS offers supervised consumption services (SCS) in Calgary (Sheldon M. Chumir Health Centre) and Edmonton (Royal Alexandra Hospital) which provides a place for clients to use drugs in a monitored, hygienic environment that also offers additional services such as counselling, social work, and treatment options.
- In Q1, more than 22,600 take home Naloxone kits were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies, and other community organizations; a 2% increase over the same period last year.
- In Q1, 1,559 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta, which is a 78% increase over last year.
- Emergency department (ED) visits related to opioid use and addiction continue to rise and offers a unique opportunity to engage patients in treatment. Suboxone™, a medication that reduces symptoms of opiate addiction and withdrawal, is now being offered to opioid-dependent patients at 35 major EDs and urgent care centres across the province. 22 more sites are being engaged by the AHS Emergency SCN™.
- Enhancements to the Indigenous Urban Opioid Emergency Response include collaborating with First Nations communities on the opioid crisis. Education sessions are being held across the province in 2019-20.

Child and Youth Mental Health:

AHS is committed to expanding and enhancing child and adolescent mental health services across the province to improve access to community-based options.

CanREACH is an innovative program that empowers physicians to use the most effective ways to identify and treat pediatric mental health conditions. Patient care is provided in the community so primary care providers are able to coordinate healthcare services with diverse care providers. With over 300 primary care providers trained in Alberta, more than 35,000 youth have access to improved mental health care. With the success of this program, the spread and scale of CanREACH across the province is now being supported by the Addiction and Mental Health SCN™ and will help to ensure access and quality care for all Albertans.

The percentage of children receiving scheduled community mental health treatment within 30 days improved to 72% in 2018-19 compared to 67% in 2017-18. The time is measured from referral to the first offered appointment with a mental health therapist. (This is a lag measure where data is reported a quarter later.)

AHS offers a variety of addiction and mental health services to children, youth, and their families in the community (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 35 communities on program applications; 15 have been completed and funded.
- In Edmonton Zone, a new intake model (Access 24/7) will support same-day outpatient addiction services by giving clients 'one door' to access all the services they need. The project was co-designed with patients and families who have experienced addiction and mental illness.

- Pediatric acute care teams are in development in the South Zone for adolescent Addiction and Mental Health patients requiring a higher level of care. Various partnerships are being explored to support improved integration of services and technology is being implemented to improve service access for rural clients.

- In North Zone, a youth mental health day program in Grande Prairie acts as an outpatient program for students who have been experiencing serious problems because of substance use and/or mental health issues. In Q1, 16 clients accessed this new service.

- The Mental Health Capacity Building (MHCB) program is expanding to rural and remote areas with a focus on underserved populations such as Indigenous, immigrant, refugee, ethno-cultural and racialized, and sexual and gender minority populations. MHCB staff will be available to refer children, youth, and families to early intervention and treatment services as needed. All 18 MHCB services will have First Nation Métis Indigenous programming.

- 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 fully operational. The Navigator has been meeting with teams in the North Zone as well as tertiary care providers in Edmonton Zone to build relationships and pathways for children needing more specialized services. In Q1, 48 clients accessed this new service.

Improve Patient and Population Health Outcomes

Objective 5: Improving health outcomes through clinical best practices.

WHY THIS IS IMPORTANT

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

AHS PERFORMANCE MEASURE

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

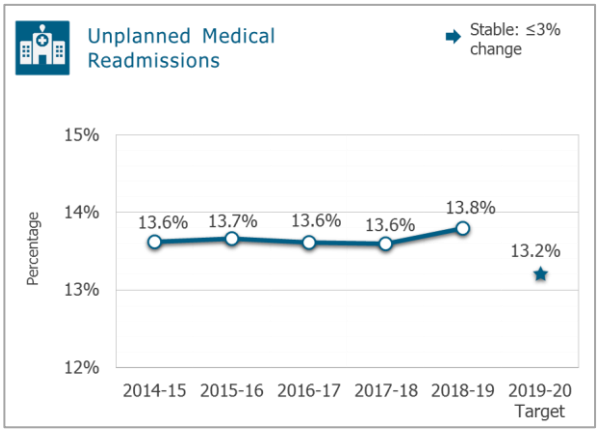
UNDERSTANDING THE MEASURE

Although readmission may involve complex 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 by the nature of the population served at a facility (elderly patients and patients with chronic conditions) or due to different models of care and healthcare service accessibility.

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

HOW WE ARE DOING



Source: Discharge Abstract Data (DAD) – AHS Provincial

Unplanned medical readmission rates have remained stable year-over-year but target was not achieved in 2018-19. (This is a lag measure where data is reported a quarter later.) In most cases, medical readmissions are caused by patients with complex health needs, such as chronic obstructive pulmonary disease (COPD), heart failure (HF) and pneumonia. AHS' work on the COPD/HF care pathways will help drive improvement.

WHAT WE ARE DOING

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

- AHS has implemented a Health Innovation Fund to bridge the funding gap between evidence generation and operational funding. Implementation plans were submitted in Q1 for the five innovation projects that were awarded funding in 2018-19:
  - Building Capacity in Pediatric Mental Health
  - ECHO-Plus: Extension for Community Healthcare Outcomes
  - Primary Care Supports for Digestive Health Care
  - Reducing Neonatal Intensive Care Unit Length of Stay
  - Alberta Facilitated Cancer Diagnosis Program

- Partnership for Research and Innovation in the Health System (PRIHS) focuses on supporting health research and innovation projects that improve quality of patient care and services while reducing costs in the healthcare system. Six projects began implementation in Q1:
  - Improving Acute Care for Long-Term Care Residents
  - Cirrhosis Care Alberta Program (CCAP)
  - South Zone Indigenous Patient Navigation Model
  - Virtual Supervised Consumption
  - Innovative Models of Acute Pediatric Mental Health and Addiction Care
  - ENCOMPASS: Enhancing Community Health Through Patient Navigation, Advocacy, and Social Support

Strategic Clinical Networks™ (SCNs™):

SCNs™ bring together clinicians, researchers, patients, and policymakers to drive innovation and research, standardize care, share best practices, improve access to services, and improve health system sustainability.

SCNs™ are continually embarking on innovative initiatives to help reduce inappropriate variation, apply consistent clinical standards, and improve health outcomes, many of which are cited throughout this report.

Additional SCN™ highlights for Q1 include:

- The Starting Dialysis on Time at Home on the Right Therapy (START) project, part of the Kidney SCN™, maximizes the safe and effective use of peritoneal dialysis, ensures patients are starting dialysis at the appropriate time, improves outcomes and experiences, and reduces healthcare costs. Optimizing home therapies remains a priority for AHS and project benefits continue to be monitored and reported regularly.

- The Provincial Breast Health Initiative, part of the Cancer SCN™, aims to improve breast cancer care by implementing pathways that reduce diagnostic delays, provide appropriate surgery, and support information sharing with patients, families, and care providers. Patient outcomes have improved with a 35% increase in the percentage of same-day mastectomies completed in Q1 when compared to the same period last year.

- The Elder Friendly Care (EFC) initiative, part of the Seniors Health SCN™, supports collaboration among care teams to reduce restraint use, prevent delirium and falls, increase mobility, enhance sleep, and support more effective and timely discharge of older adults. EFC has been implemented in 58 units at 13 acute care sites across the province and the project team continues to spread the work to additional acute care locations.

- The Chronic Obstructive Pulmonary Disease and Heart Failure (COPD/HF) Care Pathways utilize standardized forms and processes to support patients from hospital admission through to discharge into community or primary care setting. These pathways have been shown to reduce hospital readmissions, reduce length of stay in hospital, and improve patient outcomes and experience through coordinated care. Readmission rates in Q1 remain stable at 18% and 17% respectively (compared to 18% and 18% for the same period last year).

- The Repetitive Transcranial Magnetic Stimulation (rTMS) initiative, part of the Addiction and Mental Health SCN™, provides a new and innovative non-invasive procedure to Albertans with treatment-resistant depression that has proven to be effective and safe. As of Q1, there are five sites offering the service. This initiative has shown improved patient outcomes and optimizes access to treatment around the province.

SCNs™ are implementing initiatives such as National Surgical Quality Improvement Program (NSQIP) and Enhanced Recovery After Surgery (ERAS) which impact wait times and access, reduce variation in practice, decrease length of stay, and increase quality of surgical care provincially. In Q1, AHS focused on increasing the number of cataract procedures performed. A cataract surgery dashboard is being developed to monitor volumes monthly.

Improve Patient and Population Health Outcomes

Objective 6: Improving the health outcomes of Indigenous Peoples 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 Indigenous communities, the AHS Wisdom Council, 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.

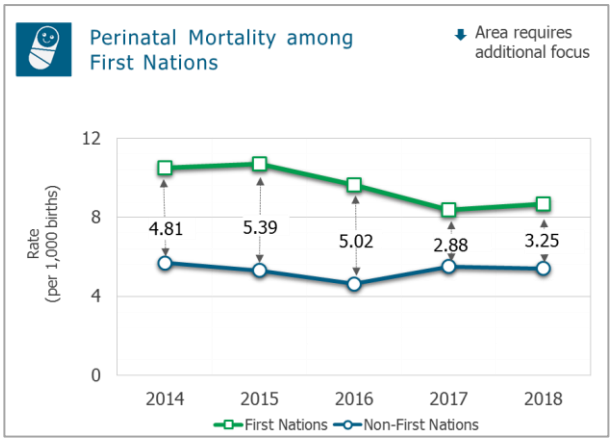
UNDERSTANDING THE MEASURE

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 the 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 First Nations people.

AHS' focus is to reduce the health gap between First Nations and non-First Nations. The lower the number the better. This measure does not include Métis or Inuit residents.

HOW WE ARE DOING



Source: Alberta Vital Statistics and Alberta First Nations Registry

As demonstrated in the graph, results for 2018 indicate that AHS slightly deteriorated in reducing the perinatal mortality gap from the 2017 rate. AHS collaborates with many partners and must consider multiple factors to improve this indicator. However, AHS reduced the gap in perinatal mortality between First Nations and Non-First Nations by 35% from 2016. Addressing social determinants of health will influence this measure but change will take time.

WHAT WE ARE DOING

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

- Midwifery privileges have been established in Calgary Zone which supports access to obstetrical services for Indigenous, vulnerable, and rural populations. Alternative funding models have been implemented to support innovation and full scope of practice for midwives to provide the best possible care to patients.

- Merck for Mothers uses community-based programming to enhance the supports available to pregnant Indigenous women to overcome barriers to prenatal care:

    - In Central Zone, Maskwacis has an established community garden that launched its third year with several garden planting events. A number of community harvesting, cooking, and celebration events are planned for 2019-20. Enhanced community-based prenatal care is ongoing, with staff attending a two-day cultural sensitivity training workshop centered on traditional birthing practices in Q1. The development of a strengths-based and culturally appropriate education program for pregnant women and healthcare providers highlights strengths of the community and promotes resiliency. An Elders Wisdom video and a series of images and stories are near completion.

    - In inner-city Edmonton, Pregnancy Pathways provides safe housing and support services for pregnant Indigenous homeless women. Most clients self-identify as Indigenous and are given opportunities to attend pow-wows, meet with Elders, attend traditional women's teachings, and utilize a traditional mossbag and swing for carrying the baby in comfortable and respectful way. The program has 19 clients and 14 babies so far.

    - 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. In Q1, community relationships continue to be strengthened through a family wellness camp in Fox Lake that focused on pre- and post-natal care topics.

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

- Program enhancements are underway at the Indigenous Wellness Clinic in Edmonton. For example, a shared care model for women's health will improve the care of Indigenous women throughout their pre- and post-natal care journey.

- Improvements are also being made at the Elbow River Healing Lodge in Calgary. As of Q1, public smudges are advertised and offered twice per week. The site is also investigating the feasibility of adding Indigenous midwifery services to improve access for clients.

- The Indigenous Wellness Clinic and the Elbow River Healing Lodge have embedded Indigenous Integrated Primary Care standards into practice which ensure clients are receiving the best possible care to improve health outcomes and improve continuity of care between urban and rural centres.

AHS continued developing a provincial Indigenous Strategy and Action Plan with zones actively engaging Indigenous communities:

- South Zone has begun developing an Indigenous patient navigation model, with a grant from Alberta Innovates, to co-design 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.

- In Calgary Zone, engagement sessions came to an end and a draft Action Plan was submitted. Implementation is expected to begin in September 2019.

- In Central Zone, an engagement framework is in development to support uptake by more Indigenous communities. Engagement sessions will be the first step to joint priority setting and action planning.

- In North Zone, community profiles have been completed for four First Nations communities and one Métis Settlement. Community profiles are co-developed and provide an overview of key leaders, characteristics, traditions, and services available in each community to promote understanding, communication, consistency, knowledge, and engagement for health service providers and the communities. Engagement has been initiated for the new Grande Prairie Regional Hospital Project.

AHS' Screening Programs, in partnership with primary care providers and other partners, support Albertans' participation in cancer screening initiatives. The First Nations Cancer Prevention and Screening Practices program supports Indigenous communities to develop, implement, and evaluate comprehensive prevention and screening plans. In Q1, more than 40 leaders from First Nations communities, the Alberta First Nations Information Governance Centre, Alberta Health, Alberta Health Services, and Indigenous Services Canada committed to a coordinated approach to improving cancer prevention and screening outcomes.

Indigenous communities are taking action to improve cancer screening, increase opportunities for physical activity, and build individual awareness of actions that may 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.

The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network™ (SCN™) supports the improvement of the health of women and children through various initiatives. Some initiatives include:

- The antenatal care pathway supports rural communities by providing clinicians with up to date information, standards of care, decision making tools, and quick access to Alberta-based resources and supports.

- An acute care neonatal abstinence syndrome (NAS) pathway is in the final stages of development. Stakeholder feedback is being incorporated and the pathway is expected to launch in Q2. The pathway supports babies of mothers who have been using opioids and other drugs.

Initiatives that support the health of other vulnerable populations include:

- Safe Healthy Environments (SHE), through a multidisciplinary approach to community housing strategies, provides outreach and support to reduce homelessness. In Q1, the team responded to rental housing complaints regarding no heat or water and ensured tenants were appropriately relocated.

- The Government Assisted Refugee Program in Edmonton Zone has seen great success with a high rate of new immigrants attached to a local primary care provider. In Q1, 184 clients were seen by the program and 84 attended first appointments with their family physician. A formal strategy is in development.

- The District Police and Crisis Team in Calgary Zone provides clinical assessment and intervention for vulnerable individuals presenting to police with addiction and mental health concerns. 28 new clients engaged in the service in Q1.

Improve Patient and Population Health Outcomes

Objective 7: Reducing and preventing 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; 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

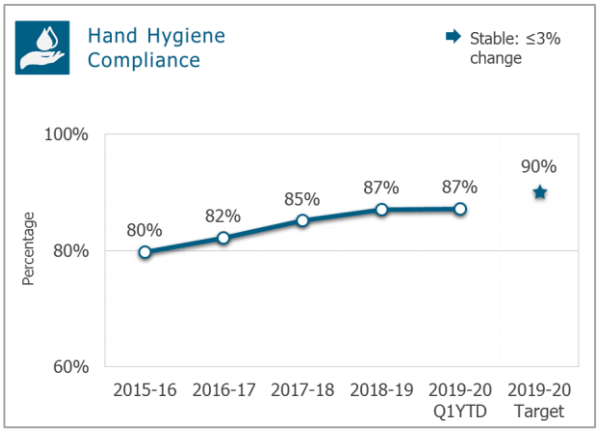
Hand Hygiene Compliance is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian 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 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



Source: AHS Infection, Prevention and Control Database

Hand hygiene compliance has improved since 2016-17 and has now stabilized, but did not achieve target in Q1. As AHS achieves higher levels of performance, less significant gains are likely to be made. AHS is committed to finding ways to achieve the target of 90% which requires partnership and joint efforts. Continuous efforts on program evaluation, education, and training are being made to encourage frontline healthcare providers to continue to increase their accountability for hand hygiene practices.

WHAT WE ARE DOING

AHS continues to focus on hand hygiene improvement initiatives that increase awareness and monitoring of proper hand hygiene practices.

- In celebration of STOP! Clean Your Hands Day on May 6, 2019, the AHS Hand Hygiene Program facilitated a provincial event called "Clean Hands Make the World Go 'Round!". The event encouraged patients, families, visitors, staff, physicians, and volunteers to place a sticker on a map and share stories of the unique places they have washed their hands around the world.

AHS' Infection Prevention and Control (IPC) team works closely with zones and other clinical and non-clinical teams to reduce the risk and occurrence of infection in patients, residents, and clients and to respond to the impact of emerging pathogens, infectious disease clusters, and outbreaks. AHS consistently has performed better than the national comparisons.

- Overall, Q1 rates for Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Bloodstream Infection (MRSA BSI) remained stable compared to the same period last year (0.14 per 10,000 patient days in both periods).

- Rates for Hospital-acquired *Clostridium difficile* (C-diff) infection (CDI) remained stable in Q1 compared to the same period last year (2.8 per 10,000 patient days in Q1 2019-20 compared to 2.6 per 10,000 patient days in Q1 2018-19). The rate continues to be well below the Canadian national average.

There are other provincial initiatives underway to help reduce hospital-acquired infections including the Antimicrobial Stewardship program which focuses on optimal antibiotic use to achieve the best patient outcomes, reduce the risk of infections, reduce or stabilize levels of antibiotic resistance, and promote patient safety.

The AHS Patient Safety Plan was finalized and work is underway to bring the plan to life. One of the key elements is the adoption of a measurement and monitoring framework that supports a shift from a reactive to a proactive approach to patient safety. This shift will allow AHS to use data to enable teams to not only learn from and respond to past events, but to improve patient safety by anticipating problems before they occur.

Improve Patient and Population Health Outcomes

Objective 8: Focusing on health promotion and disease and injury prevention.

WHY THIS IS IMPORTANT

Working collaboratively with Alberta Health 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, health programming, increasing immunization rates, and managing chronic diseases.

Preventing and managing chronic conditions and diseases involves an integrated and coordinated system of supports, including families and communities, which empowers individuals to maintain and improve their health, their quality of life, and prevent and manage conditions/diseases independently or in partnership with health and social care.

AHS PERFORMANCE MEASURE

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

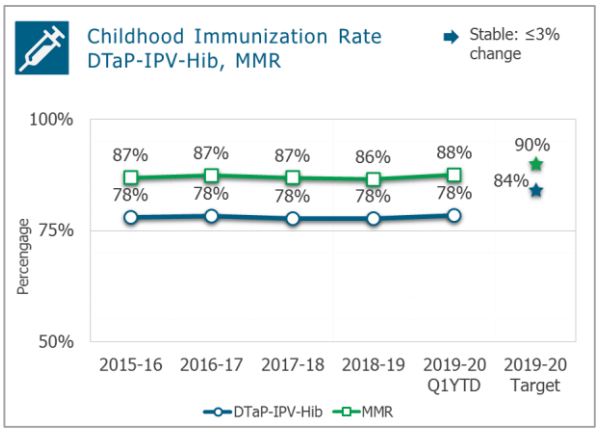
- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type b (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

UNDERSTANDING THE MEASURE

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 vaccine-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 vaccine-preventable childhood diseases.

HOW WE ARE DOING



Source: Province-wide Immunization Program, Communicable Disease Control

Provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year. Immunization rate targets were not achieved in Q1; however, Calgary Zone and Edmonton Zone both met target for MMR immunizations.

A significant cause for under-immunization relates to vaccine hesitancy which is related to a general lack of understanding about vaccines, perceived risk of serious adverse events related to injections, and lack of appreciation for the severity of vaccine preventable diseases. Accessing vaccine services and clinics can also be a barrier.

AHS acknowledges and is committed to finding ways to achieve these targets; it will require partnerships and joint effort to influence change. Childhood immunizations, for example, require parental consent and agreement. Coverage rate targets were achieved by the end of grade 1 due to the AHS Standard for Immunizing in the School Setting.

2017-18 Immunization coverage rates by age six (end of grade one) achieved targets:

- 92% for Diphtheria, Tetanus, acellular Pertussis, Hepatitis B, Polio, and *Haemophilus influenzae* Type b (DTaP-HB-IPV-Hib)

WHAT WE ARE DOING

Childhood Immunization

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

Rotavirus immunization coverage rates in infants remained stable compared to the same period last year (82% in both time periods). Rotavirus is a leading cause of acute infectious diarrhea in infants and young children and affects approximately 95% of children by the age of three to five years.

Outbreak Management

AHS and Alberta Health are working together, and with the zones, to ensure a consistent approach to disease outbreak reporting, notification, and management. In Q1, AHS had two confirmed cases of measles and 1,335 confirmed cases of influenza.

In Q1, AHS achieved the following:

- Actively collaborated with Alberta Health to inform new and revised Notifiable Disease Public Health Management Guidelines and Communicable Disease Regulations.

- Investigated 77 confirmed enteric outbreaks and 142 confirmed non-enteric outbreaks in Q1. All outbreaks met outbreak reporting criteria as per Alberta Health requirements. Symptoms common to an enteric outbreak include nausea, vomiting and abdominal pain; examples of non-enteric outbreaks are chickenpox, measles and influenza.

- Participated in an investigation to determine the source of an *E. coli* outbreak associated with pork products and helped develop a plan to prevent additional cases.

- Began completing a needs and feasibility assessment for the addition of a Special Isolation Unit to the new Edmonton hospital build.

- Implemented infection control measures in a work camp outbreak where strict adherence to hand hygiene practices rapidly brought the outbreak under control.

AHS continues to develop the provincial Communicable Disease Emergency Response Plan (CDERP). The CDERP defines the roles, responsibilities, and strategies for AHS departments and services during a public health emergency related to communicable disease. This plan will help to minimize serious illness and death during such an emergency.

AHS continues to implement the 2016-2020 Alberta Sexually Transmitted and Blood-Borne Infections (STBBI) Operational Strategy and Action Plan. The strategy and action plan will increase awareness and accessibility of STBBI testing and treatment services across the province including First Nations' communities and Métis settlements. The program was awarded a Health Innovation Implementation and Spread Fund (HIIS) grant from Alberta Health which will increase access to Hepatitis C care for minorities and underserved populations.

Environmental Risks and Hazards

AHS and the Ministry of Agriculture and Forestry are reviewing the viability of enforcing Canada's guidelines for preventing *E. coli* in beef products and applying the same guidelines for pork products in Alberta.

Chronic Disease Prevention and Management

AHS continues to develop the Alberta Chronic Disease Inventory, which is a searchable, online listing of programs, services, and resources focused on chronic disease prevention and management. Improvements are being made based on consultation feedback.

UWALK is a new online platform that allows users to self-monitor physical activity with devices such as electronic physical activity monitors and pedometers to compete in challenges that promote physical activity.

Screening and Health Promotion

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

- The expanded Newborn Metabolic Screening (NMS) Program is about health care providers working together with parents and guardians to screen for treatable conditions. Timely screening helps identify conditions early when the treatment can help an infant the most. Last year, 99.4% of infants were screened.

- Alberta Healthy Communities Approach (AHCA) supports communities to plan, implement, and evaluate comprehensive prevention and screening interventions that promote health and prevent cancer. As of Q1, 36 rural communities have adopted the approach and are making improvements independently and with support from AHS teams. Over the next year, communities will establish multidisciplinary teams to examine population data, identify areas requiring action, and implement evidence-based public health interventions to make meaningful change in the community.

- Comprehensive School Health is a program that addresses a variety of health issues including physical activity, nutrition, and mental wellbeing to improve health, education, and social outcomes for children and youth. To date, 95% of school jurisdictions are working with AHS to implement the framework.

- The Healthier Together Workplaces project provides practical steps and easy-to-use tools and resources to help Alberta workplaces create healthy working environments for employees.

- Strategy kits on tobacco reduction among blue-collar workers and mental health improvement among shift workers were developed in Q1.

- The Tobacco Reduction Program aims to address emerging concerns with increased use of tobacco-like products, particularly among youth.

    - The Youth Prevention Project is a school-based resource for grades 7-9 that includes virtual learning modules and teacher lesson plans. The program will be piloted in Q2.

    - An upgrade to AbQuits.ca has improved navigation for Albertans seeking cessation supports and aligned tools with online cessation programs. A total of 516 unique individuals registered for online support in Q1.

Improve the Experience and Safety of Our People

Objective 9: Improving our workforce engagement.

WHY THIS IS IMPORTANT

Our People Strategy supports staff, physicians, and volunteers, 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 to create both 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 and 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, safer patient care, and willingness to give discretionary effort at work. The higher the rate, the better, as it demonstrates that more employees feel positive about their work.

HOW WE ARE DOING

Workforce Engagement Rate

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

2019-20 survey took place in Q1. Results will be available in Q3.

Target: 3.67

Source: Gallup Canada

WHAT WE ARE DOING

Our People Strategy's action plan addresses priority factors influencing workforce engagement at AHS. Enhancing workforce engagement contributes to achieving a culture where people feel supported, valued, and able to reach their full potential.

- Over 51,000 employees, physicians and volunteers responded to the 2019 Our People Survey between May 28 and June 18, 2019. Results will be available later in the year for leaders to share with their teams.
- AHS currently holds four top employer awards: Canada's Best Diversity Employers, Canada's Top 100 Employers, Canada's Best Employers for Young People, and Alberta's Top 75 Employers.
- AHS continues to recognize its employees through the President's Excellence Awards program. In 2019, AHS received a record 153 nominations with 23 award recipients across seven award categories to recognize staff, physicians, and volunteers who demonstrate innovation, collaboration, and patient-focus.
- Respectful Workplaces continues to be a priority for AHS. A Respectful Workplaces and Prevention of Harassment and Violence policy suite was launched in Q1 to support a safe, healthy, and inclusive workplace that supports workers' physical, psychological, and social well-being.
- AHS Competencies translate corporate values into actions that guide AHS in three areas: knowing ourselves, caring together, and contributing daily. Q1 focused on creating awareness with operational leaders and human resources personnel.
- AHS is supporting Alberta Health in planning for physician resources. The 2019 physician workforce plan is expected to be completed in Q2. Recruitment targets are still in development. In Q1, 40 new physicians were recruited which is approximately 10% of the anticipated annual target.
- AHS is 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. As of Q1, 1,745 physicians are participating in an ARP.

Improve the Experience and Safety of our People

Objective 10: Reducing 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.

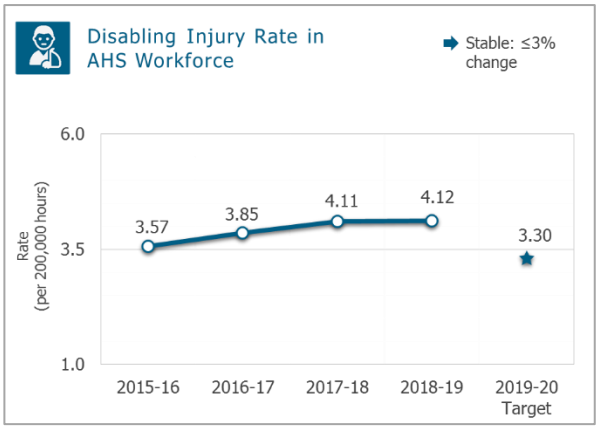
AHS PERFORMANCE MEASURE

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 as it indicates fewer disabling injuries are occurring at work.

HOW WE ARE DOING



Source: AHS Workplace Health and Safety

AHS' Disabling Injury Rate has remained stable year-over-year but target was not achieved in 2018-19. (This is a lag measure where data is reported a quarter later.) The top five causes of injuries reported to the Workers Compensation Board include: patient handling, manual material handling, ergonomic risk factors, slips and falls, and physical workplace violence.

All new leaders are required to complete Leading Health and Safety in the Workplace: Fundamentals training which equips them with the knowledge to create safe, healthy, and inclusive workplaces. As of Q1, 67% of AHS leaders have completed the course.

WHAT WE ARE DOING

Our People Strategy's action plan addresses priority factors influencing workforce safety at AHS. Efforts to improve injury rates include targeted interventions to impact common causes of injuries in high-risk areas and enhancing programs and processes related to physical safety (e.g., patient handling and manual material handling).

- As part of the Workplace Violence Strategy, a Respectful Workplaces and Prevention of Harassment and Violence policy suite was launched in Q1. The new policy enhances awareness of the rights, responsibilities, and supports for workers who are at risk of, experience, or otherwise become aware of workplace harassment or violence.
- AHS promotes psychological safety in the workplace. A set of policies and procedures are available to all staff, including a new resource on Conflict Resolution that launched in Q1. Ongoing training continues to be provided to leaders and employees on psychological health and safety.
- AHS supports a safe physical environment for all staff, physicians, and volunteers. In Q1, a review of the Threat Risk Assessment and Comprehensive Security Needs Assessment process began with input from stakeholders. A new Musculoskeletal Injury Prevention Council was also established.
- AHS is in its second year of a mandatory Communicable Disease Assessment Policy roll-out meant to better protect workers from exposure to communicable diseases. As of Q1, over 98% of new hires are compliant with the policy.
- Further strengthening of AHS' Safety Culture is expected to occur through improvements made as a result of changes to the *Workers Compensation Board Act* and the *Occupational Health and Safety Act*. AHS' Joint Workplace Health and Safety Committees continued to transition to align with the new acts, including membership updates, new committees, and enhanced member training.
    - In Q1, consultations were completed on the revised Dangerous Work Refusal Standard and on the health and safety escalation process.
    - Workplace Health and Safety has developed a Client Handling Lived Experience plan. The team will visit acute and continuing care sites to increase awareness and collect information related to the challenges and successes of client handling, our leading cause of disabling injuries.
    - The Office Ergonomics Resource Guide is under development and will replace the existing catalog. Communication and training will commence in Q2.

Improve Financial Health and Value for Money

Objective 11: Improving 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) labour efficiency targets (i.e., staffing levels).

UNDERSTANDING THE MEASURE

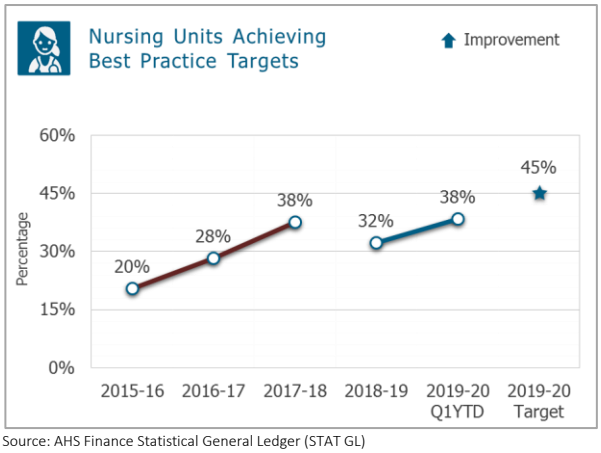
Operational Best Practice is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future.

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 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



Source: AHS Finance Statistical General Ledger (STAT GL)
Note: There was a change in methodology in 2018-19; prior data is not directly comparable. See Appendix for more details on the methodology change.

Overall, target was not achieved in Q1. Results show that 38% of nursing units met unit-level staffing targets with South Zone leading the province with 77% of units achieving their target. AHS is committed to continue improvements to achieve target and demonstrate more efficiencies. Improving efficiencies through the implementation of OBP, while maintaining or improving quality and safety, is a journey of continuous improvement. Since this work began in 2015, the 16 busiest hospitals in Alberta have implemented OBP efficiencies.

WHAT WE ARE DOING

Operational Best Practices

Operational Best Practice (OBP) compares healthcare delivery costs within Alberta, as well as with healthcare systems across Canada, to ensure efficiencies, improve quality of care, and achieve more equitable service delivery across the province.

Ongoing improvements are necessary to ensure health services are sustainable into the future and resources are appropriately directed where they are needed most. Through this process, AHS has identified variations in the cost of delivering services at different sites which provides opportunities for improvement.

Clinical Best Practices

Strategic Clinical Networks™ (SCNs) have demonstrated increased efficiencies, improved health outcomes, and reduced costs across Alberta by generating innovation and implementing best evidence into practice. SCNs™ are required to be effective and efficient in identifying clinical best practices, as well as demonstrate their return on investment, and how they are helping AHS improve outcomes for Albertans.

- The **Cardiovascular Health & Stroke SCN™** is expanding an initiative aimed at reducing low-value cardiovascular investigations to provide higher quality care at lower costs. Future work will focus on echocardiogram, nuclear testing, and coronary catheterization in addition to electrocardiograms.

- Work continued in partnership with the **Digestive Health SCN™** to increase appropriate use of proton pump inhibitors (PPI), which reduce stomach acid production. AHS continues to work with the Health Quality Council of Alberta (HQCA) and the Physician Learning Program to develop and report on quality indicators and decision support tools for clinicians.

- The **Diabetes, Obesity and Nutrition SCN™** implemented a project in Q1 to improve inpatient diabetes management through improved glycemic management in acute care settings.

Standardized order sets provide better, quality, consistent care at lower costs.

- The Cardiovascular Health and Stroke SCN™ and Diagnostic Imaging are working on an initiative to drive appropriate usage of computed tomography (CT) angiography (CTA) with stroke/ transient ischemic attacks (TIAs) across the province. Practice variations have been identified and work continues to develop a standardized diagnostics approach.

- The Digestive Health SCN™ continues to develop a provincial policy to implement the use of the Canada – Global Rating Scale (C-GRS) to improve colonoscopy quality and patient outcomes. Poor colonoscopy quality can lead to higher rates of colorectal cancers. As of Q1, 84% of sites have completed an assessment.

Appropriateness of Care

The aim of clinical appropriateness is to improve patient care while, at the same time, driving better value for our health care dollars. In some cases this may mean doing less of some things and in other cases it may mean doing more.

- Advanced diagnostic imaging tests, such as CT scans, MRIs, and ultrasounds have dramatically changed the way patients are diagnosed and treated. In Q1, AHS decreased unwarranted CT lumbar spine exams and MRIs for chronic knee pain by 36% and 6% respectively compared to the same period last year.

- Pharmacy Services continues to identify opportunities to implement drug-related efficiencies to ensure our patients are receiving optimal drug therapies in an efficient, cost-saving manner.

    - AHS is completing the implementation of a new low molecular weight heparin (blood thinner) streamlining project. Pharmacy collaborated with clinicians to validate appropriate treatment options and then negotiated with vendors to achieve medication cost savings.

    - Pharmacy Services, working with the Improving Health Outcomes Together (IHOT) team, began implementing an initiative to promote antimicrobial stewardship by ensuring only symptomatic patients are being tested for urinary tract infections. This has resulted in a decrease in unnecessary urine testing and, consequently, a reduction in the unnecessary use of antibiotics.

Improve Financial Health and Value for Money

Objective 12: Integrating clinical information systems to create a single comprehensive patient record (Connect Care).

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 in AHS. 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 AHS 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.

It is anticipated that 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. Success is measured based on meeting key milestones related to the Connect Care initiative.

HOW WE ARE DOING

Connect Care achieved all necessary Q1 milestones on time including readiness assessments, training, testing, and user engagement.

WHAT WE ARE DOING

Connect Care is the bridge between information, healthcare teams, and patients. Through a common provincial clinical information system, Connect Care will create a seamless health information network for clinicians to record and share patient information to support high-quality care. The project is being implemented in multiple phases (waves) to minimize disruptions for patients and healthcare providers.

AHS completed several Connect Care milestones in Q1:

- Readiness Assessment reviews were successfully completed in June 2019. The Program Office has developed a standard set of evaluation tools to provide executives with a robust process to determine go/no-go decisions. The evaluation standards were implemented in Q1.
- The Workflow Walkthrough (WFWT) event in June increased engagement and enthusiasm amongst end-users, operational leaders, project teams, and clinicians. WFWT was the first time since validation that many users had seen the Connect Care system, and was an opportunity to showcase the transformation of foundation workflows and content prior to the beginning of training.
- Credential training for operations was completed in June, which allowed for Super User Training to start in July.
- Readiness Playbooks were released in Q1 for Waves 1, 2 and 3. Chapter orientations were held in Central and Calgary Zones.
- A full scale failover test of infrastructure took place during June, confirming the ability to move the production system quickly and smoothly from Edmonton to Calgary, and back, in the event of a disaster.
- Alberta Human Factors and eSafety have completed the first review of the workflow build with positive results. Recommendations from the review are being implemented by the Connect Care team.

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. In Q1, 64,992 registered healthcare providers had access to the system.

Netcare allows real-time access to comprehensive health information to make the best care decisions for each client. The system allows providers to be on the same page about changing conditions, no matter where care was provided. Shared patient information leads to fewer tests, reduced adverse events, and reduces the need for patients to remember and repeat detailed health information.

Appendix: AHS Key Performance Measures – Zone and Site Detail

AHS has 13 key 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 and variance explanations for areas showing deterioration. Historical data is refreshed on a quarterly basis and the values may change.

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 (Q1) and four measures reflect an earlier time period (Q4 2018-19).

Targets were established in 2017 using 2016-17 as a baseline year. The target setting process was based on 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 the AHS Health Plan and Business Plan.

AHS monitors several additional measures (monitoring measures) using a broad range of indicators that span the continuum of care that include population and public health, primary care, continuing care, addiction and mental health, cancer care, emergency departments, 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. Quarterly results for these monitoring measures are available on our website.

The following pages provides zone and site level data for the 13 performance measures. It is important to make comparisons on a year-over-year basis, instead of only comparing consecutive quarters, as it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences.

Provincial Trend Dashboard
2019-20 Q1 Year-to-Date (YTD)

AHS Performance Measure	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Quarter-to-Quarter Trend	2019-20 Target
Improve Patients' and Families Experiences								
Percentage Placed in Continuing Care within 30 Days	60%	56%	52%	58%	57%	61%	☆	61%
Percentage of Alternate Level of Care (ALC) Patient Days	13.5%	15.4%	17.5%	16.4%	16.7%	14.2%	⇧	13.0%
Timely Access To Specialty Care (eReferrals)	3 (includes all years prior to 2015-16)	1	8	12	11	1	⇩	20
Patient Satisfaction with Hospital Experience	82%	82%	82%	83%	82% (2017-18)*	83% (2018-19)*	⇨	85%
Addiction Outpatient Treatment Wait Time	13	15	13	14	13 (2017-18)*	14 (2018-19)*	⇩	10
Improve Patient and Population Outcomes								
Unplanned Medical Readmissions	13.7%	13.6%	13.6%	13.8%	13.6% (2017-18)*	13.8% (2018-19)*	⇨	13.2%
Perinatal Mortality Rate - First Nations (Gap)	5.39	5.02	2.88	3.25	n/a		n/a	AHS' focus is to reduce the gap between First Nations and Non First Nations
Hand Hygiene Compliance	80%	82%	85%	87%	87%	87%	⇨	90%
Childhood Immunization Rate - DTaP-IPV-Hib	78%	78%	78%	78%	77%	78%	⇨	84%
Childhood Immunization Rate – MMR	87%	87%	87%	86%	87%	88%	⇨	90%
Improve the Experience and Safety of Our People								
AHS Workforce Engagement Rate	n/a	3.46	2019-20 survey results expected in the fall.					3.67
Disabling Injury Rate	3.57	3.85	4.11	4.12	4.11 (2017-18)*	4.12 (2018-19)*	⇨	3.30
Improve Financial Health and Value for Money								
Percentage of Nursing Units Achieving Best Practice Targets	20%	28%	38%	32%	n/a	38%	⇧**	45%

n/a = data is not available
* = reported a quarter later due to data availability
** = Q1YTD 2018-19 is not comparable due to a change in the method used to calculate the results. Trends are based on comparison to FY 2018-19.

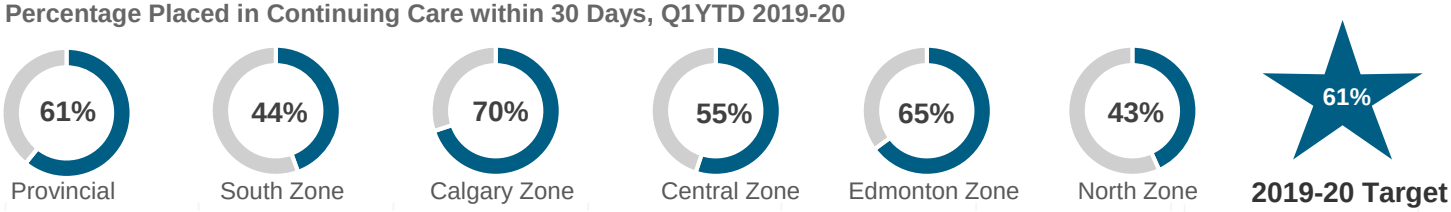
Trend Legend:
☆Target Achieved
⇧Improvement
⇨Stable: ≤3% relative change compared to the same period last year
⇩Area requires additional focus

PEOPLE PLACED IN CONTINUING CARE WITHIN 30 DAYS

DEFINITION: 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.

WHY THIS IS IMPORTANT: AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their healthcare 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.

Percentage Placed in Continuing Care within 30 Days, Q1YTD 2019-20



Percentage Placed in Continuing Care within 30 Days Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Trend	2019-20 Target
Provincial	**59.9%**	**59.6%**	**56.1%**	**51.8%**	**57.9%**	**56.8%**	**60.9%**	☆	**61%**
South Zone	59.5%	47.6%	45.9%	43.3%	45.9%	45.9%	44.4%	⇩	61%
Calgary Zone	57.1%	58.4%	57.4%	58.7%	59.6%	57.1%	69.9%	☆	61%
Central Zone	54.6%	61.5%	60.3%	54.6%	53.7%	53.5%	55.0%	⇨	61%
Edmonton Zone	66.2%	64.5%	55.8%	48.7%	65.9%	65.4%	64.9%	☆	61%
North Zone	58.8%	58.7%	57.5%	43.9%	45.5%	42.4%	43.2%	⇨	61%

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	2018-19	Q1YTD 2018-19	Q1YTD 2019-20
Provincial	**7,879**	**7,963**	**7,927**	**8,098**	**2,053**	**2,083**
South Zone	887	925	905	908	233	207
Calgary Zone	2,722	2,438	2,632	2,668	638	692
Central Zone	1,060	1,352	1,236	1,312	327	369
Edmonton Zone	2,506	2,575	2,388	2,525	683	630
North Zone	704	673	766	685	172	185

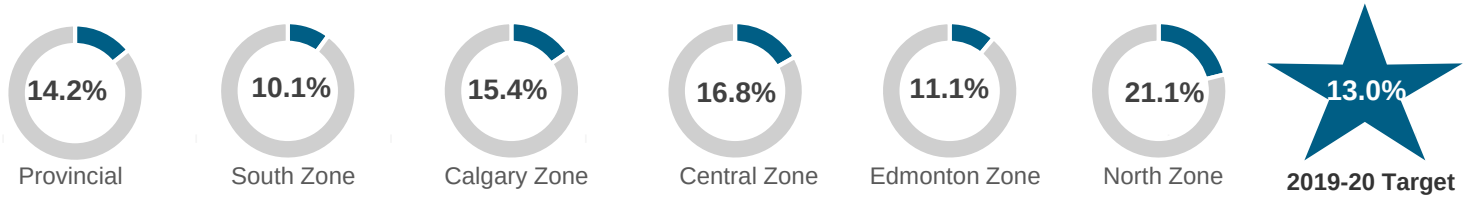
Source: AHS Seniors Health Continuing Care Living Options Report, as of August 15, 2019

PERCENTAGE OF ALTERNATE LEVEL OF CARE PATIENT DAYS

DEFINITION: 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).

WHY THIS IS IMPORTANT: 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.

Percentage of ALC Patient Days, Q1YTD 2019-20



Percentage of ALC Patient Days Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**12.2%**	**13.5%**	**15.4%**	**17.5%**	**16.4%**	**16.7%**	**14.2%**	⇧	**13.0%**
South Zone	**South Zone**	**9.0%**	**12.6%**	**13.9%**	**15.7%**	**16.3%**	**18.4%**	**10.1%**	☆	**13.0%**
	Chinook Regional Hospital	4.4%	7.8%	8.6%	12.3%	17.3%	21.9%	9.5%	☆	13.0%
	Medicine Hat Regional Hospital	14.6%	18.9%	18.9%	22.0%	13.4%	14.3%	9.9%	☆	13.0%
	Other South Hospitals	9.4%	11.5%	17.3%	11.6%	18.1%	16.0%	11.7%	☆	13.0%
Calgary Zone	**Calgary Zone**	**15.2%**	**16.7%**	**16.9%**	**19.2%**	**18.7%**	**19.4%**	**15.4%**	⇧	**13.0%**
	Alberta Children's Hospital	0.2%	1.3%	1.2%	2.0%	4.4%	5.2%	1.6%	☆	13.0%
	Foothills Medical Centre	15.7%	14.7%	15.2%	19.2%	18.8%	18.6%	16.3%	⇧	13.0%
	Peter Lougheed Centre	14.6%	13.6%	16.8%	14.4%	15.6%	14.7%	11.8%	☆	13.0%
	Rockyview General Hospital	16.2%	21.9%	22.2%	26.0%	23.3%	26.2%	19.9%	⇧	13.0%
	South Health Campus	14.4%	20.4%	17.6%	19.6%	19.5%	21.9%	12.2%	☆	13.0%
	Other Calgary Hospitals	26.4%	27.2%	21.0%	21.9%	21.8%	23.6%	22.9%	⇨	13.0%
Central Zone	**Central Zone**	**13.1%**	**12.0%**	**15.3%**	**15.9%**	**17.8%**	**16.6%**	**16.8%**	⇨	**13.0%**
	Red Deer Regional Hospital Centre	11.4%	8.8%	12.4%	12.2%	13.5%	15.1%	9.1%	☆	13.0%
	Other Central Hospitals	14.4%	14.3%	17.2%	18.3%	20.7%	17.7%	22.0%	⇩	13.0%
Edmonton Zone	**Edmonton Zone**	**9.1%**	**9.5%**	**14.0%**	**15.6%**	**12.5%**	**12.1%**	**11.1%**	☆	**13.0%**
	Grey Nuns Community Hospital	10.2%	9.2%	11.1%	10.8%	9.3%	7.2%	7.9%	☆	13.0%
	Misericordia Community Hospital	10.8%	12.8%	14.7%	17.4%	17.2%	15.7%	14.8%	⇧	13.0%
	Royal Alexandra Hospital	10.6%	11.0%	18.5%	18.7%	14.5%	15.2%	11.7%	☆	13.0%
	Stollery Children's Hospital	0.0%	1.8%	0.6%	0.2%	0.1%	0.3%	0.2%	☆	13.0%
	Sturgeon Community Hospital	12.3%	12.3%	18.9%	22.5%	19.2%	18.8%	13.4%	☆	13.0%
	University of Alberta Hospital	6.0%	6.2%	11.7%	15.3%	9.9%	9.9%	11.1%	☆	13.0%
	Other Edmonton Hospitals	11.8%	12.1%	12.1%	14.4%	14.9%	13.2%	14.7%	⇩	13.0%
North Zone	**North Zone**	**13.8%**	**18.5%**	**16.4%**	**21.3%**	**20.6%**	**22.0%**	**21.1%**	⇧	**13.0%**
	Northern Lights Regional Health Centre	7.4%	18.5%	12.0%	8.0%	17.0%	29.2%	5.2%	☆	13.0%
	Queen Elizabeth II Hospital	14.0%	20.4%	15.2%	26.0%	19.3%	21.5%	13.6%	⇧	13.0%
	Other North Hospitals	14.9%	17.9%	17.5%	21.8%	21.8%	20.4%	25.9%	⇩	13.0%

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	2018-19	Q1YTD 2018-19	Q1YTD 2019-20
Provincial	**10,294**	**13,681**	**17,227**	**15,424**	**3,843**	**4,084**
South Zone	624	674	663	746	204	158
Calgary Zone	4,684	5,027	6,232	6,514	1,568	1,788
Central Zone	1,085	1,327	1,418	1,427	361	385
Edmonton Zone	3,046	5,518	7,709	5,816	1,459	1,461
North Zone	815	967	1,077	921	251	292

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of August 6, 2019
Notes:
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

TIMELY ACCESS TO SPECIALTY CARE

DEFINITION: The number of physician specialty services implemented with eReferral Advice Request.

WHY THIS IS IMPORTANT: When Advice Request is enabled within eReferral, a referring provider can send a request asking for guidance to a non-urgent question. Advice Requests will allow the specialty service to reply back to the request within five calendar days. The advice provided may suggest a referral be submitted or provide guidance for ongoing management of the patient's condition. Having more specialists providing advice for non-urgent questions and being able to do so in an electronic format may provide patients with care sooner, prevent them from waiting for an appointment they don't need, and support them better while they are waiting for an appointment.

Number of Specialties Services Added to eReferral Advice Request in Q1YTD 2019-20

Q1YTD 2019-20 | 2019-20 Target

Zone and/or Provincially Enabled Specialties

Specialty	Prior to 2017-18	2017-18	2018-19	Q1YTD 2019-20
Psychiatry – Child and Adolescent				✓
Cardiology			✓	
Chronic Pain Medicine			✓	
Community Pediatrics			✓	
General Surgery – Breast			✓	
Infectious Disease			✓	
Neurology			✓	
Obstetrics/Gynecology - Maternal Fetal Medicine			✓	
Ophthalmology – Adult			✓	
Ophthalmology – Pediatrics			✓	
Otolaryngology			✓	
Palliative Care Medicine			✓	
Urology – Pediatrics			✓	
Addiction and Mental Health – Opiate Agonist Therapy		✓		
Endocrinology		✓		
Gastroenterology – Adult		✓		
General Internal Medicine		✓		
Neurosurgery – Spinal		✓		
Obstetrics/Gynecology		✓		
Pulmonary Medicine		✓		
Urology – Adult		✓		
Nephrology	✓			
Oncology – Breast Cancer	✓			
Oncology – Lung Cancer	✓			
Orthopedic Surgery – Hip and Knee Joint Replacement	✓			
Total Enabled	**4**	**8**	**12**	**1**

Number of eReferral Advice Requests Received

	Prior to 2017-18	2017-18	2018-19	Q1YTD 2019-20
Total Advice Requests Received	98	4,930	7,013	1,380

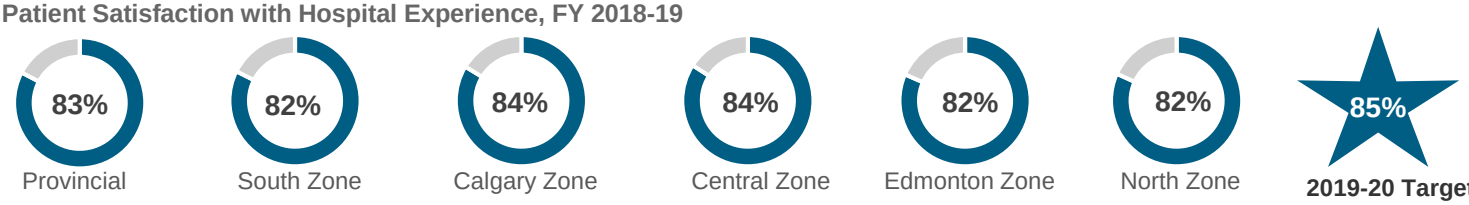
Source: Netcare Repository and Access Improvement as of July 29, 2019

PATIENT SATISFACTION WITH HOSPITAL EXPERIENCE

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

WHY THIS IS IMPORTANT: Gathering 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. The higher the number, the better, as it demonstrates more patients are satisfied with their care in hospital.

Patient Satisfaction with Hospital Experience, FY 2018-19



Patient Satisfaction with Hospital Experience Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Trend	2019-20 Target
Provincial	**Provincial**	**81.5%**	**81.8%**	**81.8%**	**82.4%**	**81.8%**	**82.7%**	⇨	**85%**
South Zone	**South Zone**	**81.7%**	**81.8%**	**80.9%**	**82.2%**	**79.8%**	**82.4%**	⇧	**85%**
	Chinook Regional Hospital	80.5%	76.6%	78.2%	82.3%	80.2%	79.5%	⇨	85%
	Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	81.3%	77.1%	84.0%	⇧	85%
	Other South Hospitals	83.5%	88.3%	87.2%	85.5%	85.3%	87.4%	☆	85%
Calgary Zone	**Calgary Zone**	**80.1%**	**83.2%**	**82.0%**	**83.0%**	**82.3%**	**83.7%**	⇨	**85%**
	Foothills Medical Centre	76.6%	80.8%	80.8%	80.3%	80.2%	82.4%	⇨	85%
	Peter Lougheed Centre	80.9%	79.9%	77.2%	78.7%	77.7%	78.6%	⇨	85%
	Rockyview General Hospital	82.9%	85.4%	81.7%	85.1%	83.6%	85.6%	☆	85%
	South Health Campus	91.9%	89.7%	90.1%	90.9%	90.1%	89.6%	☆	85%
	Other Calgary Hospitals	79.3%	90.3%	92.9%	92.2%	92.9%	91.5%	☆	85%
Central Zone	**Central Zone**	**83.5%**	**84.8%**	**83.4%**	**85.0%**	**83.7%**	**84.1%**	⇨	**85%**
	Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	82.7%	81.5%	81.2%	⇨	85%
	Other Central Hospitals	84.5%	86.7%	84.8%	87.0%	85.7%	86.7%	☆	85%
Edmonton Zone	**Edmonton Zone**	**81.5%**	**80.3%**	**81.6%**	**80.8%**	**80.7%**	**81.6%**	⇨	**85%**
	Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.4%	85.5%	86.0%	☆	85%
	Misericordia Community Hospital	78.5%	75.3%	77.2%	79.8%	75.2%	79.0%	⇧	85%
	Royal Alexandra Hospital	79.9%	76.5%	77.3%	76.6%	77.8%	78.6%	⇨	85%
	Sturgeon Community Hospital	89.8%	87.6%	89.8%	88.0%	88.0%	84.7%	☆	85%
	University of Alberta Hospital	77.1%	80.2%	83.5%	80.4%	81.8%	82.6%	⇨	85%
	Other Edmonton Hospitals	70.9%	85.3%	86.3%	85.7%	84.8%	85.5%	☆	85%
North Zone	**North Zone**	**81.0%**	**80.6%**	**81.3%**	**83.2%**	**82.6%**	**81.7%**	⇨	**85%**
	Northern Lights Regional Health Centre	75.4%	74.7%	78.6%	82.2%	82.1%	79.8%	⇨	85%
	Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	80.3%	79.9%	77.1%	⇩	85%
	Other North Hospitals	83.4%	83.7%	83.5%	84.8%	84.0%	84.3%	⇨	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	2018-19	Number of Completed Surveys 2018-19	Margin of Error (±) 2018-19
Provincial	**218,546**	**246,917**	**246,227**	**247,279**	**25,643**	**0.46%**
South Zone	19,737	19,840	19,642	19,280	2,040	1.65%
Calgary Zone	61,044	83,208	83,397	84,287	8,525	0.78%
Central Zone	29,272	29,531	29,238	28,448	3,142	1.28%
Edmonton Zone	82,559	89,005	87,951	90,141	9,060	0.80%
North Zone	25,934	25,333	25,999	25,123	2,876	1.41%

Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of July 22, 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)

DEFINITION: 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.

WHY THIS IS IMPORTANT: Getting clients the care they need in a timely manner is critical to improving our services.
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, FY 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	2018-19	Trend	2019-20 Target
Provincial	**Provincial**	**18**	**15**	**13**	**15**	**13**	**14**	⇩	**10**
Urban									
	Calgary Zone	21	9	5	6	0	0	☆	10
	Edmonton Zone	17	14	0	0	0	0	☆	10
Rural									
	South Zone	13	20	21	26	21	21	⇨	10
	Central Zone	20	16	14	15	14	16	⇩	10
	North Zone	16	16	19	27	24	21	⇧	10

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	2018-19
Provincial	**Provincial**	**6.9**	**6.5**	**5.7**	**7.3**	**6.2**	**5.6**
Urban							
	Calgary Zone	7.7	7.4	7.8	11.4	9.1	6.4
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4	0.3
Rural							
	South Zone	5.0	7.8	7.8	8.7	7.5	7.5
	Central Zone	7.3	6.2	6.0	6.2	5.7	6.9
	North Zone	7.5	7.3	8.2	11.1	10.5	8.8

Total Enrollments

Zone	2015-16	2016-17	2017-18	2018-19
Provincial	**18,330**	**18,034**	**18,027**	**17,514**
South Zone	1,760	1,818	1,741	1,759
Calgary Zone	4,617	4,455	4,385	3,942
Central Zone	3,467	3,560	3,828	4,120
Edmonton Zone	4,957	4,665	4,629	4,195
North Zone	3,529	3,536	3,444	3,498

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 July 24, 2019

Notes:

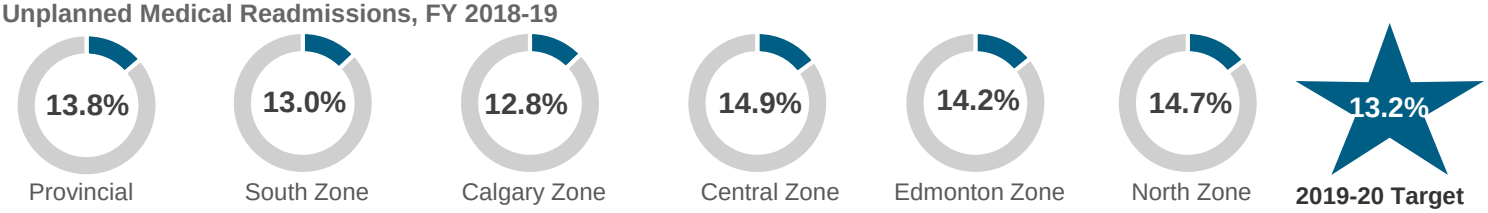
- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change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

UNPLANNED MEDICAL READMISSIONS

DEFINITION: The percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital (excluding admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer).

WHY THIS IS IMPORTANT: 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. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

Unplanned Medical Readmissions, FY 2018-19



Unplanned Medical Readmissions Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Trend	2019-20 Target
Provincial	**Provincial**	**13.5%**	**13.6%**	**13.7%**	**13.6%**	**13.6%**	**13.8%**	⇨	**13.2%**
South Zone	**South Zone**	**14.1%**	**13.4%**	**14.2%**	**13.9%**	**13.9%**	**13.0%**	☆	**13.2%**
	Chinook Regional Hospital	13.1%	13.4%	14.0%	13.3%	12.7%	11.5%	☆	13.2%
	Medicine Hat Regional Hospital	14.4%	12.4%	14.1%	13.8%	13.9%	13.2%	☆	13.2%
	Other South Hospitals	15.0%	14.7%	14.5%	14.9%	15.5%	14.8%	⇧	13.2%
Calgary Zone	**Calgary Zone**	**12.2%**	**12.2%**	**12.3%**	**12.3%**	**12.5%**	**12.8%**	☆	**13.2%**
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.3%	12.7%	☆	13.2%
	Peter Lougheed Centre	12.0%	12.3%	12.8%	13.1%	12.6%	12.6%	☆	13.2%
	Rockyview General Hospital	12.0%	11.9%	12.0%	12.1%	12.4%	12.9%	☆	13.2%
	South Health Campus	12.3%	12.3%	12.0%	11.4%	12.3%	13.4%	⇩	13.2%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.4%	12.9%	☆	13.2%
Central Zone	**Central Zone**	**14.4%**	**14.9%**	**15.0%**	**14.8%**	**14.2%**	**14.9%**	⇩	**13.2%**
	Red Deer Regional Hospital Centre	14.0%	13.8%	14.0%	13.0%	13.1%	14.0%	⇩	13.2%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	15.3%	⇩	13.2%
Edmonton Zone	**Edmonton Zone**	**13.5%**	**13.8%**	**13.6%**	**13.6%**	**13.9%**	**14.2%**	⇨	**13.2%**
	Grey Nuns Community Hospital	12.7%	12.3%	13.2%	12.7%	12.7%	14.1%	⇩	13.2%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	15.1%	⇩	13.2%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.1%	14.2%	13.8%	⇨	13.2%
	Sturgeon Community Hospital	12.3%	13.7%	13.4%	13.1%	13.8%	14.9%	⇩	13.2%
	University of Alberta Hospital	14.6%	14.5%	14.2%	14.4%	14.5%	14.5%	⇨	13.2%
	Other Edmonton Hospitals	13.4%	12.7%	11.9%	12.9%	12.0%	12.4%	☆	13.2%
North Zone	**North Zone**	**15.0%**	**15.3%**	**15.3%**	**15.2%**	**14.8%**	**14.7%**	⇨	**13.2%**
	Northern Lights Regional Health Centre	13.4%	12.8%	13.3%	14.2%	15.0%	13.5%	⇧	13.2%
	Queen Elizabeth II Hospital	12.7%	11.9%	13.3%	13.3%	11.7%	12.2%	☆	13.2%
	Other North Hospitals	15.5%	16.1%	15.9%	15.6%	15.3%	15.2%	⇨	13.2%

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	2018-19
Provincial	**114,313**	**114,401**	**114,719**	**114,924**
South Zone	9,688	9,885	9,598	9,323
Calgary Zone	35,594	35,712	36,842	36,925
Central Zone	16,898	16,811	16,298	15,520
Edmonton Zone	37,859	37,853	37,829	39,556
North Zone	14,274	14,140	14,152	13,600

PERINATAL MORTALITY RATE AMONG FIRST NATIONS

DEFINITION: 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 (under 7 days of age).

WHY THIS IS IMPORTANT: AHS' focus is to reduce the health gap between First Nations and non-First Nations. This indicator provides important information on the health status of First Nations pregnant women, new mothers, and newborns. Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of First Nations and Inuit people. The lower the number the better. This measure does not include Métis residents.

Perinatal Mortality Rate Gap, 2018

Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	2018	Trend	2018-19 Target
First Nations	9.46	10.50	10.69	9.64	8.38	8.66	N/A	AHS' focus is to reduce gap between First Nations and Non-First Nations
Non-First Nations	4.98	5.69	5.30	4.62	5.50	5.41	N/A	
Rate Gap	**4.48**	**4.81**	**5.39**	**5.02**	**2.88**	**3.25**	⇩	

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

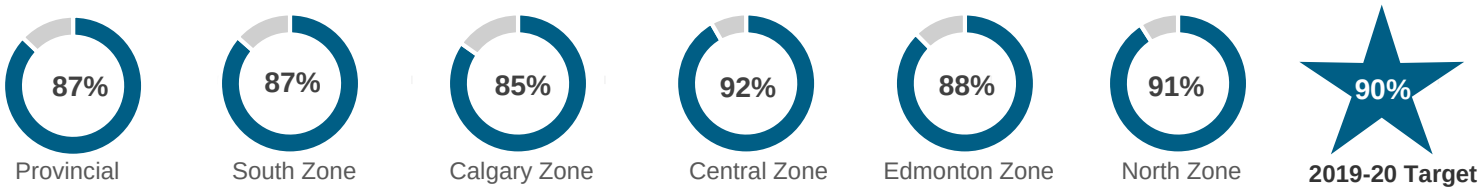
Source(s): Alberta Health, as of April 30, 2019
Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.

HAND HYGIENE COMPLIANCE

DEFINITION: The percentage of opportunities in which healthcare workers clean their hands during the course of patient care.

WHY THIS IS IMPORTANT: Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. 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. 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 environment.

Hand Hygiene Compliance, Q1YTD 2019-20



Hand Hygiene Compliance Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**75%**	**80%**	**82%**	**85%**	**87%**	**87%**	**87%**	⇨	**90%**
South Zone	**South Zone**	**82%**	**82%**	**84%**	**80%**	**87%**	**87%**	**87%**	⇨	**90%**
	Chinook Regional Hospital	85%	82%	83%	78%	87%	89%	85%	⇩	90%
	Medicine Hat Regional Hospital	77%	82%	87%	84%	89%	85%	91%	☆	90%
	Other South Hospitals	85%	83%	83%	81%	87%	88%	85%	⇨	90%
Calgary Zone	**Calgary Zone**	**71%**	**78%**	**81%**	**84%**	**86%**	**87%**	**85%**	⇨	**90%**
	Alberta Children's Hospital	74%	77%	80%	79%	81%	91%	79%	⇩	90%
	Foothills Medical Centre	66%	76%	83%	84%	85%	87%	84%	⇩	90%
	Peter Lougheed Centre	77%	85%	79%	80%	85%	86%	87%	⇨	90%
	Rockyview General Hospital	68%	74%	84%	88%	91%	90%	89%	⇨	90%
	South Health Campus	59%	69%	76%	77%	76%	74%	81%	⇧	90%
	Other Calgary Hospitals	77%	80%	79%	85%	88%	88%	89%	⇨	90%
Central Zone	**Central Zone**	**74%**	**81%**	**78%**	**87%**	**91%**	**91%**	**92%**	☆	**90%**
	Red Deer Regional Hospital Centre	69%	78%	78%	85%	88%	88%	88%	⇨	90%
	Other Central Hospitals	77%	82%	78%	87%	92%	91%	93%	☆	90%
Edmonton Zone	**Edmonton Zone**	**74%**	**79%**	**83%**	**86%**	**87%**	**87%**	**88%**	⇨	**90%**
	Grey Nuns Community Hospital	75%	73%	83%	89%	92%	91%	91%	☆	90%
	Misericordia Community Hospital	77%	75%	80%	86%	88%	88%	89%	⇨	90%
	Royal Alexandra Hospital	75%	81%	84%	86%	85%	85%	87%	⇨	90%
	Stollery Children's Hospital	75%	79%	80%	81%	80%	79%	84%	⇧	90%
	Sturgeon Community Hospital	81%	84%	86%	88%	83%	86%	82%	⇩	90%
	University of Alberta Hospital	70%	74%	85%	88%	89%	89%	89%	⇨	90%
	Other Edmonton Hospitals	73%	79%	82%	86%	89%	88%	89%	⇨	90%
North Zone	**North Zone**	**81%**	**87%**	**88%**	**88%**	**89%**	**88%**	**91%**	☆	**90%**
	Northern Lights Regional Health Centre	64%	88%	87%	82%	88%	90%	92%	☆	90%
	Queen Elizabeth II Hospital	91%	96%	91%	88%	81%	88%	96%	☆	90%
	Other North Hospitals	74%	85%	88%	89%	90%	88%	91%	☆	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	2018-19	Q1YTD 2018-19	Q1YTD 2019-20
Provincial	**396,272**	**383,964**	**333,063**	**320,849**	**77,045**	**81,843**
South Zone	39,185	38,314	18,270	26,111	6,162	7,140
Calgary Zone	183,110	162,423	128,687	114,564	23,269	32,211
Central Zone	45,103	35,952	39,156	41,865	9,787	9,343
Edmonton Zone	99,795	125,281	117,215	107,225	29,262	26,655
North Zone	29,079	21,994	29,735	31,084	8,565	6,494

Source: AHS Infection Prevention and Control Surveillance and Standards, as of July 18, 2019
Notes:
- Covenant Health sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing hand hygiene compliance. 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 collected 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.

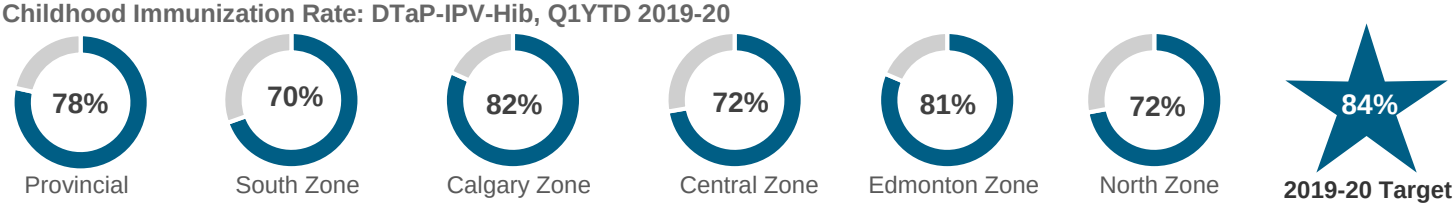
CHILDHOOD IMMUNIZATION RATE

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

DEFINITION: This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

WHY THIS IS IMPORTANT: Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. The higher the percentage the better, as it demonstrates more children are immunized and protected from vaccine-preventable childhood diseases.

Childhood Immunization Rate: DTaP-IPV-Hib, Q1YTD 2019-20



Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Trend	2019-20 Target
Provincial	**78.3%**	**78.0%**	**78.3%**	**77.7%**	**77.7%**	**77.5%**	**78.5%**	⇨	**84%**
South Zone	67.9%	65.7%	67.8%	70.0%	69.8%	71.6%	69.6%	⇨	84%
Calgary Zone	82.6%	81.5%	81.4%	79.8%	81.0%	81.9%	81.7%	⇨	84%
Central Zone	71.1%	70.9%	70.6%	70.7%	71.9%	71.6%	72.3%	⇨	84%
Edmonton Zone	84.0%	84.6%	84.0%	82.9%	80.5%	78.8%	81.4%	⇧	84%
North Zone	66.6%	66.5%	67.7%	68.9%	69.6%	69.5%	72.1%	⇧	84%

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

Total Eligible Population

Zone	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20
Provincial	**54,267**	**55,138**	**56,208**	**54,550**	**14,350**	**13,703**
South Zone	4,104	4,157	4,271	4,061	1,070	1,012
Calgary Zone	19,602	20,424	20,862	20,349	5,388	4,991
Central Zone	6,240	5,833	5,661	5,361	1,392	1,418
Edmonton Zone	16,870	17,578	18,114	17,869	4,603	4,475
North Zone	7,451	7,146	7,300	6,910	1,897	1,807

Source: Province-wide Immunization Program, Communicable Disease Control as of July 19, 2019
Notes:
- The target represented is the AHS' 2019-20 Target. Alberta Health has higher targets for both vaccines by two years of age.
- 2018-19 rates not comparable to previous years due to change in reporting system. Going forward the new system will provide a more accurate reflection of the rate.

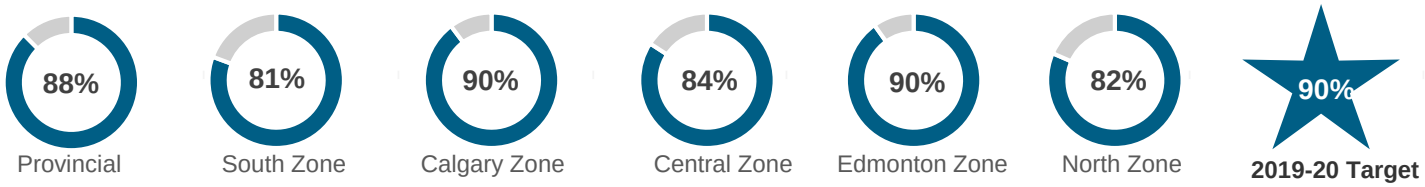
CHILDHOOD IMMUNIZATION RATE

MEASLES, MUMPS, RUBELLA (MMR)

DEFINITION: This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

WHY THIS IS IMPORTANT: Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. The higher the percentage the better, as it demonstrates more children are immunized and protected from vaccine-preventable childhood diseases.

Childhood Immunization Rate: MMR, Q1YTD 2019-20



Childhood Immunization Rate: MMR Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20	Trend	2019-20 Target
Provincial	**87.6%**	**86.9%**	**87.4%**	**86.9%**	**86.5%**	**87.0%**	**87.6%**	⇨	**90%**
South Zone	83.9%	78.8%	81.0%	82.1%	82.0%	83.6%	80.6%	⇩	90%
Calgary Zone	89.6%	89.2%	89.6%	87.9%	88.6%	88.5%	89.8%	☆	90%
Central Zone	80.8%	81.1%	82.3%	84.2%	83.8%	84.3%	84.1%	⇨	90%
Edmonton Zone	92.2%	91.9%	91.8%	90.5%	88.7%	89.5%	90.2%	☆	90%
North Zone	80.3%	78.5%	77.8%	79.6%	79.3%	80.6%	81.5%	⇨	90%

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

Total Eligible Population

Zone	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19	Q1YTD 2019-20
Provincial	**54,267**	**55,138**	**56,208**	**54,550**	**14,350**	**13,703**
South Zone	4,104	4,157	4,271	4,061	1,070	1,012
Calgary Zone	19,602	20,424	20,862	20,349	5,388	4,991
Central Zone	6,240	5,833	5,661	5,361	1,392	1,418
Edmonton Zone	16,870	17,578	18,114	17,869	4,603	4,475
North Zone	7,451	7,146	7,300	6,910	1,897	1,807

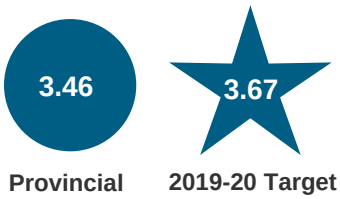
Source: Province-wide Immunization Program, Communicable Disease Control as of July 19, 2019
Notes:
- The target represented is the AHS' 2019-20 Target. Alberta Health has higher targets for both vaccines by two years of age
- 2018-19 rates not comparable to previous years due to change in reporting system. Going forward the new system will provide a more accurate reflection of the rate.

AHS WORKFORCE ENGAGEMENT

This measure is defined as 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'. The higher the rate, the better, as it demonstrates that more employees feel positive about their work. More than 46,000 individuals – including nurses, emergency medical services, support staff, midwives, physicians and volunteers – participated in the Our People Survey in 2016-17.

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. AHS has the opportunity both to create a satisfying workplace and to deliver services in a manner that is sustainable for the future.

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

DEFINITION: The number of AHS workers requiring modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers).

WHY THIS IS IMPORTANT: 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: FY 2018-19

Provincial **2019-20 Target**

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	2018-19	Trend	2019-20 Target
Province	**Provincial**	**3.57**	**3.85**	**4.11**	**4.12**	⇨	**3.30**
Zone	South Zone Clinical Operations	3.57	3.50	3.75	4.23	⇩	3.30
	Calgary Zone Clinical Operations	3.56	3.88	4.57	4.63	⇨	3.30
	Central Zone Clinical Operations	3.88	4.12	4.91	4.37	⇧	3.30
	Edmonton Zone Clinical Operations	3.48	3.73	4.11	4.11	⇨	3.30
	North Zone Clinical Operations	4.35	3.75	4.09	4.40	⇩	3.30
Provincial Portfolios	CancerControl Alberta	1.68	1.47	1.04	1.54	☆	3.30
	Capital Management	2.15	2.74	2.24	2.47	☆	3.30
	Community Engagement & Communications	0.00	0.00	0.00	0.00	☆	3.30
	Contracting, Procurement & Supply Chain Management	2.61	3.85	3.24	4.59	⇩	3.30
	Diagnostic Imaging Services	1.85	2.86	3.57	3.79	⇩	3.30
	Emergency Medical Services (EMS)	12.94	15.09	15.02	12.80	⇧	3.30
	Finance	0.16	0.33	0.50	0.35	☆	3.30
	Health Professions & Practice	7.47	6.58	7.73	7.12	⇧	3.30
	Information Technology (IT)	0.26	0.17	0.21	0.10	☆	3.30
	Internal Audit & Enterprise Risk Management	0.00	0.00	0.00	0.00	☆	3.30
	Laboratory Services	1.26	1.63	2.30	2.32	☆	3.30
	Nutrition Food, Linen & Environment	6.95	6.89	6.35	6.50	⇨	3.30
	Office of CMO & Medical Affairs	0.70	1.18	0.88	0.81	☆	3.30
	People, Legal & Privacy	1.51	2.89	2.69	3.49	⇩	3.30
	Pharmacy Services	1.05	1.69	1.22	1.14	☆	3.30
	System Innovations and Programs	0.27	0.25	0.47	0.56	☆	3.30

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

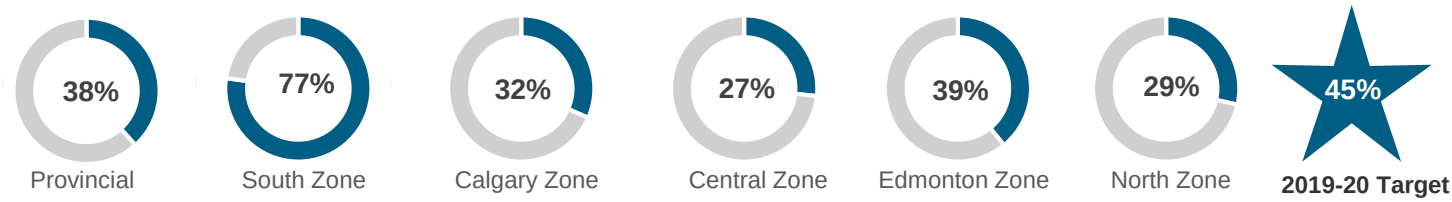
Source: WCB Alberta and e-Manager Payroll Analytics (EPA). EPA 2017-20 YTD data as of June, 2019. WCB data April-March, 2019 as of July 15, 2019, Data retrieval July 17, 2019.
Notes:
- This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.
- 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.
- Accurate mapping of historical data is not possible as functional centre hierarchies have been recently revised. As a result, data in fiscal years 2014-15 to 2016-17 were not refreshed in this update to guarantee reporting consistency.

NURSING UNITS ACHIEVING BEST PRACTICE EFFICIENCY TARGETS

DEFINITION: The percentage of nursing units at the 16 busiest sites meeting Operational Best Practice (OBP) labour efficiency targets.

WHY THIS IS IMPORTANT: Operational best practice is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future. 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 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.

Percentage of Nursing Units Achieving Best Practice Efficiency Targets, Q1YTD 2019-20



Percentage of Nursing Units Achieving Best Practice Efficiency Targets

Zone Name	2015-16	2016-17	2017-18	2018-19	Q1YTD 2018-19*	Q1YTD 2019-20	Trend	2019-20 Target
	Prior methodology was utilized.							
Provincial	**20%**	**28%**	**38%**	**32%**	**n/a**	**38%**	⇧	**45%**
South Zone	63%	58%	61%	68%	n/a	77%	☆	45%
Calgary Zone	15%	20%	25%	25%	n/a	32%	⇧	45%
Central Zone	7%	14%	47%	27%	n/a	27%	⇨	45%
Edmonton Zone	14%	29%	42%	35%	n/a	39%	⇧	45%
North Zone	33%	33%	36%	7%	n/a	29%	⇧	45%

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 August 29, 2019

Notes:

** A change in the methodology used to calculate results in 2018-19 and 2019-20 makes prior data (2016-17 and 2017-18) not comparable. The performance measure target (45%) is calculated using the percentage of nursing units achieving individualized unit-level best practice targets. Previously, nursing unit-level targets were automatically adjusted quarterly based on the data set. Nursing unit-level targets are now set for 2 years to allow enough time to make changes in staffing levels to achieve targets. Unit-level targets, which are utilized to calculate the performance measure target (45%), will be re-evaluated every two years. This change in methodology does not impact the current performance measure target (45%) as outlined in the Health Plan. Trends are based on comparison with FY 2018-19.*

Measuring our progress

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