Alberta Health Services

Measuring our progress

A healthier future. Together.

Q3 2019 - 2020 Health Plan Update

(October 1, 2019 - December 31, 2019)

Prepared by AHS Planning and Performance
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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 third quarter (Q3) 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.

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 2017-2020 Health Plan and we will be working closely with Alberta Health to create our next three-year Health Plan. The 2020-2023 Health Plan will include a change of focus that will reflect recommendations from the MacKinnon Panel report (August 2019) and the AHS Review conducted by Ernst & Young (February 2020). AHS is currently developing important strategic documents such as the Access and Wait Time Management 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 need to do to provide the very best care for our patients, clients, and families.

In comparison to the same period last year, four of the 12 available performance measures (33%) showed improvement, six of the 12 available performance measures (50%) were stable, and two of the 12 available performance measures (17%) showed deterioration. One performance measure (*Perinatal Mortality among First Nations*) is reported annually when data is available.

The current AHS 2017-2020 Health Plan was developed in 2017. This was a different time in our history and our performance targets were set to be aspirational and represented an expected continuation of our key strategies and priorities. Today, AHS is going through a transition period with a focus on current government priorities including a significant focus on fiscal prudence. Our strategies are shifting based on the AHS Review and the MacKinnon Panel report. We are also responding to the emerging COVID-19 pandemic which is a significant public health concern.

At this point, we don't expect to achieve all of our performance measure targets by year-end. Many of the measures in this report will be carried forward into our next Health Plan as they align with intended outcomes related to implementation of the AHS Review recommendations (e.g., Operational Best Practice, reductions in Alternate Level of Care, and reduced readmission rates). AHS will continue moving forward on these improvements at an accelerated rate. We will continue to focus on these priorities in addition to our commitment to fiscal prudence with a goal of ensuring health system sustainability, Connect Care implementation, expanding Enhancing Care in the Community, increasing surgical capacity, enhancing Addictions and Mental Health treatment options, and ensuring we maintain and improve patient outcomes and safety.

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.

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 and they reflect the performance of operational areas or the performance of key drivers of strategies not captured in the Health Plan.

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

Q3 Performance Measure Results

The 13 AHS performance measures are reported as follows:

Twelve measures are reported this quarter:

- Eight measures include the most current data available (Q3) with comparable historical data.
- Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q3 data will be reported in Q4; Q4 is reported in Q1, 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.

One measure will be reported annually when data is available:

- Perinatal Mortality among First Nations

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:

Four of the 12 (33%) available measures have shown improvement compared to the same period last year:

- Percentage of Alternate Level of Care Patient Days
- Addiction Outpatient Treatment Wait Time
- Nursing Units Achieving Best Practice Efficiency Targets
- AHS Workforce Engagement (compared to 2016-17 baseline)

Six of the 12 (50%) available measures remained stable compared to the same period last year:

- Percentage Placed in Continuing Care within 30 Days
- Patient Satisfaction with Hospital Experience
- Unplanned Medical Readmissions
- Hand Hygiene Compliance
- Childhood Immunization: DTaP-IPV Hib
- Childhood Immunization: MMR

Two of the 12 (17%) available measures have shown deterioration or slowed progress compared to the same period last year:

- Timely Access to Specialty Care (eReferral)

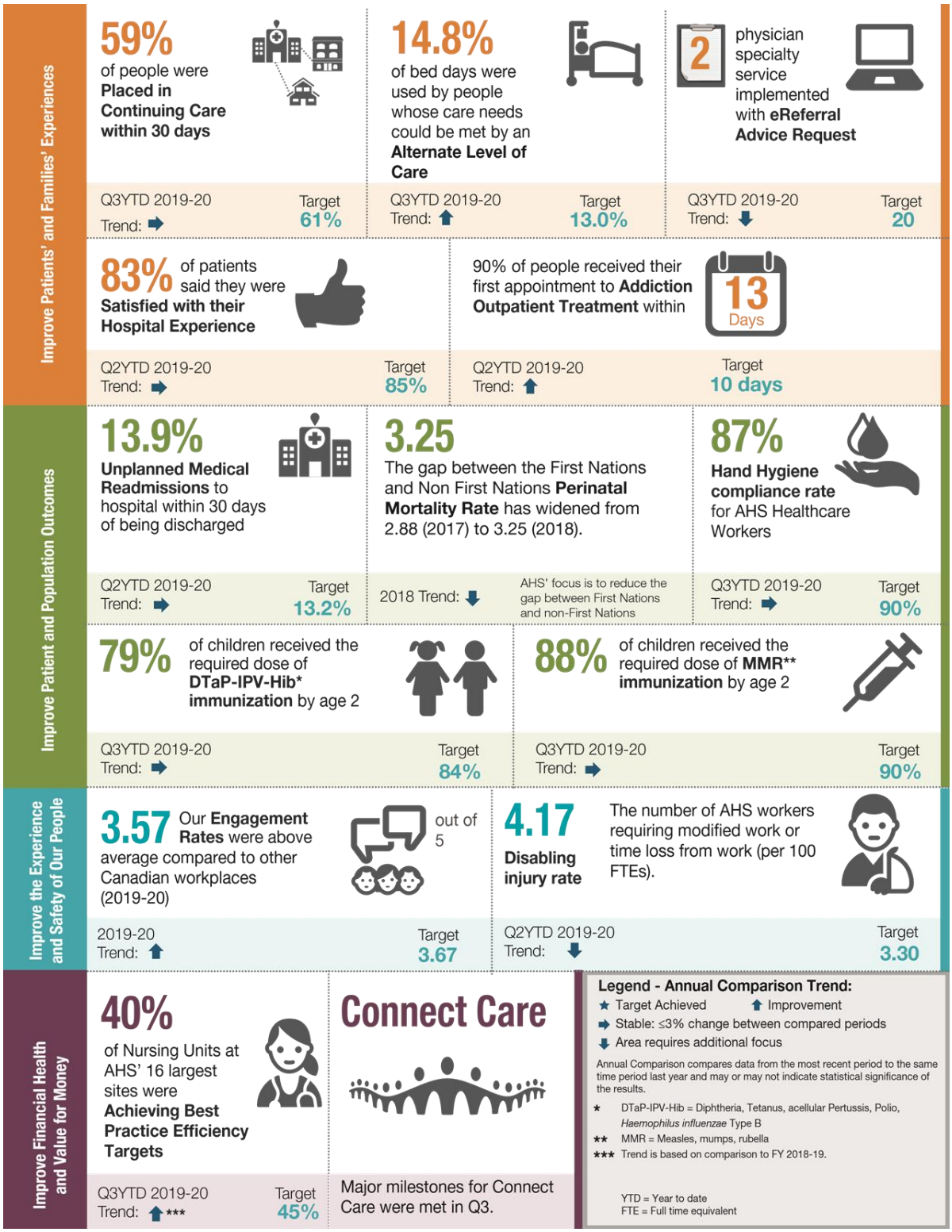
  There continues to be strong interest from specialty groups to implement eReferral Advice Request. In order to make the best use of limited resources, ongoing work will largely focus on maintenance and improvement of existing advice request volumes while AHS prepares to onboard surgical specialties in alignment with the Alberta Surgical Initiative.
- Disabling Injuries in AHS Workforce

  AHS' Disabling Injury Rate, while deteriorating overall, is experiencing a slower rate of increase over time. Data shows an increase in verbal and physical injuries related to workplace violence. This increase may reflect the impact of implementing the Prevention of Violence and Harassment policy suite and ongoing efforts to build awareness of the importance of reporting these injuries. During the same time, psychological injuries also increased which is likely attributable to continued efforts to promote a culture where accepting violent behaviour is not part of the job.

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.

Q3 Measures Dashboard

The Q3 year-to-date (YTD) results are summarized below for the 13 performance measures. Trends are based on comparison between Q3 2018-19 and Q3 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.

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 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. One of the measures cannot be compared to the baseline year. Of the remaining 12 measures, seven (59%) have shown improvement, four (33%) have remained stable, and one (8%) has deteriorated from baseline (2016-17).

AHS Performance Measure	2016-17 (Baseline)	2017-18	2018-19	2019-20 (Q3YTD)	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%	59%	61%	Improving	5.4% improvement from baseline
Percentage of Alternate Level of Care (ALC) Patient Days	15.4%	17.5%	16.5%	14.8%	13.0%	Improving	3.9% improvement from baseline
Timely Access To Specialty Care (eReferrals)	4 (includes all years prior to 2016-17)	8	12	2	20	n/a	Net increment per year are not comparable over time. 26 specialties are active to date.
Patient Satisfaction with Hospital Experience	82%	82%	83%	83% (Q2YTD)*	85%	Stable	1.2% improvement from baseline
Addiction Outpatient Treatment Wait Time	15 days	13 days	14 days	13 days (Q2YTD)*	10 days	Improving	13.3% improvement from baseline
Improve Patient and Population Outcomes							
Unplanned Medical Readmissions	13.6%	13.6%	13.8%	13.9% (Q2YTD)*	13.2%	Stable	2.2% 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%	79%	84%	Stable	1.3% improvement 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		3.57	3.67	Improving	3.2% improvement from baseline
Disabling Injury Rate	3.85	4.11	4.12	4.17 (Q2YTD)*	3.30	Deteriorating	8.3% deterioration from baseline
Improve Financial Health and Value for Money							
Percentage of Nursing Units Achieving Best Practice Targets**	28% Prior methodology was utilized	38% Prior methodology was utilized	32%	40%	45%	Improving	25.0% improvement from 2018-19

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

**Results are reported a quarter later due to data availability.*

***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 (Enhancing Care in the Community).

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

Percentage 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.

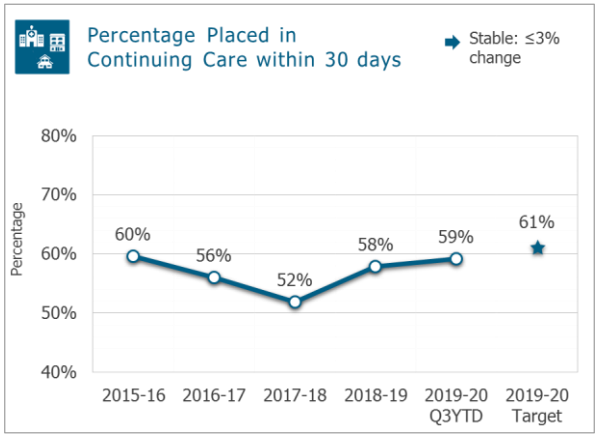
UNDERSTANDING THE MEASURE

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 also wants to offer seniors and persons with disabilities more options for quality accommodations that suit their lifestyle and healthcare service needs.

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

This measure remained stable compared to the same period last year and did not achieve target in Q3. The goal is to move people more efficiently after they have been waitlisted for a continuing care living option including 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. As of Q3YTD (year-to-date), AHS has opened 604 net new continuing care beds to support individuals who need community-based care and supports (including palliative). The 604 new beds are comprised of 62 long term care, 535 supportive living (including 179 dementia), and 7 palliative.

AHS opened two new continuing care facilities in Q3:

- South Valley Residential Living (North Zone)
- Chartwell Emerald Hills (Edmonton Zone)

The average wait time for continuing care placement from acute/sub-acute care in Q3YTD (37 days) improved by 23% compared to the same period last year (48 days). The number of people waiting in acute/sub-acute care in Q3YTD (467) improved by 13% compared to the same period last year (538).

The number of people placed into continuing care from acute/sub-acute care and community in Q3YTD (6,235) increased by 4% compared to the same period last year (5,992). Of those placed, 41% of clients were placed from the community compared to 38% 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.

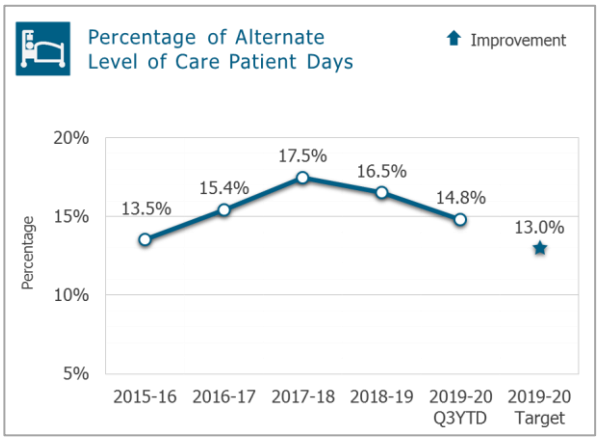
AHS PERFORMANCE MEASURE

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

The percentage of ALC patient days (14.8%) improved by 11% compared to the same period last year (16.6%) but did not achieve target in Q3. 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) aim to support patients in continuing care with patient centered treatment, while avoiding emergency department visits and hospital admissions. In Q3, AHS established referral pathways with community shelters and agencies to support clients with mental health and addiction concerns at risk of an EMS response and emergency department admission. The number of CRT events in Q3YTD (15,958) increased by 40% compared to the same period last year (11,424).
  - The palliative and end-of-life care (PEOLC) Assess, Treat and Refer (ATR) program in Edmonton Zone enables EMS and Continuing Care to coordinate care in the community. The program continues to support the existing Crisis Response unit as well as providing additional support to ATR clients accessing the Mental Health Crisis Line.
- The expansion of home care and community palliative care services continued in Q3 with a focus on case review processes that include all members of the care team to ensure that, even though patients are geographically dispersed, they still receive high quality, consistent care. The number of unique home care clients in Q3YTD (117,315) increased by 5% compared to the same period last year (111,949).
- Enhanced Respite Day Programs in the North Zone increase the availability of services through the use of adult day programs. Programs are aimed at decreasing social isolation, improving the cognitive and physical wellbeing of community clients, and giving caregivers a break from care duties during program hours. In Q3, AHS began planning for a provincial rollout.
- 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 is now fully operational and focused on quality improvement and client enrollment.
- The Virtual Hospital Project in Edmonton Zone is utilizing a new model for the delivery of specialized transitional care by moving patients from hospitals to the community in an integrated, collaborative, and systematic way. Preliminary data shows a 51% reduction in emergency department visits and a 42% reduction in acute care admissions for virtual hospital clients.
- Community Support Teams aim to provide early intervention by supporting the multidisciplinary teams that provide urgent care and consultation for complex clients, as well as assist with developing intermediary and follow-up care plans to ensure care can effectively be provided in the clients' current location. Work continued in Q3 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. Programs are responsive to clients' changing needs in the community which decreases the need for ED visits for home care clients. As of Q3, 98% of IHC clients did not require another transfer within the first 60 days.

AHS continues to provide Dementia Advice through 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 Q3YTD, 507 referrals were made to the Dementia Advice line from Health Link.

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 to 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 do not 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 Q3, General Surgery participation was expanded to Edmonton Zone. There are a total of 26 specialties enabled to date.

In Q3, 28 training sessions provided extensive support to teach existing users to access and interpret data related to their advice response time, referral volumes, wait times, and clinic utilization. Ongoing work will largely focus on maintenance and improvement of existing advice request volumes while AHS prepares to onboard surgical specialties in alignment with the Alberta Surgical Initiative.

WHAT WE ARE DOING

As of Q3YTD, more than 3,800 eReferral Advice Requests were received by triage facilities. Of the Advice Requests completed, 48% were provided with advice to continue managing in the community which eliminates the need for an in-person specialist appointment. As of Q3YTD, more than 10,800 Consult Requests were received, which is a 527% increase from the same period last year (1,723).

Consultation is an important part of healthcare. Accurate and effective communication between primary care physicians and specialists is essential for safe, high-quality referral and consultation processes. Quality Referral Evolution (QuRE) is a collaborative initiative designed to make consultation and referral communication skills a part of medical education programs in Alberta. Work continues with the Form Management team to integrate QuRE content into the AHS Generic Referral form. Reference guides are available to support primary care providers and clerks to use the QuRE-informed referral form in their electronic medical records.

Centralized intake models provide a single point of access to related healthcare services and provides Albertans with reasonable, timely, and appropriate access to the care they need. An assessment of current surgical clinic intake processes continued in Q3 to support the work of the Alberta Surgical Initiative.

Primary Healthcare

Primary Care Networks (PCNs) develop solutions to meet the primary healthcare needs of the local communities they serve. There are 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 which enhances the delivery and accountability of integrated primary and community care services including consistent processes and standards for services. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health, and frail elderly.

- In order to support this work, Zone PCN Service Plans have been developed and endorsed by Alberta Health. These plans aim to align services to the healthcare needs of the local population. Some key areas of focus include specialty access, addiction and mental health, care transitions, and opioid responses.

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.

- As of Q3YTD, there were 104 advisors enrolled in the Virtual Patient Engagement Network (VPEN) which launched in Q1. Approximately 30% of advisors have already been actively engaged in primary care initiatives and consultations.

- 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. In Q3, care staff provided feedback and recommendations on the pathway implementation strategy. Transition guidelines continue to go through socialization and approval processes and are expected to be completed in Q4.

- Keeping Care in the Community: AHS is committed to partnering with patients and families to facilitate care planning that takes into consideration the community a person lives in and the supports available in that community to better serve our clients. In Q3, a Chronic Condition Disease Prevention and Management (CCDPM) task group led by Alberta Health, which included representation from AHS, gathered information on CCDPM programs and services being offered in PCNs across the province. Results will be used to identify opportunities to improve the CCDPM care we provide in the community including patient and community engagement in planning for local programs and services.

- Primary and Specialty Care Coordination and Access (formerly 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 reduce demand for specialist care by building capacity in primary care and the patient's medical home. Design workshops and planning sessions continued in Q3.

CancerControl Alberta

Progress continues on capital projects to improve infrastructure that will be necessary to address future capacity needs.

- The Calgary Cancer Centre project remains on time and on budget. The new healthcare facility and academic centre will provide cancer services in southern Alberta. As of Q3, construction work is now up to Level 9 (for context, there are 13 levels above ground and five below ground) and work on the exterior of the building, such as glass installation, has begun

- Construction on the Grande Prairie Cancer Centre continues as scheduled. In Q3, site visits were held for vendors and other stakeholders and millwork commenced in some areas. The cancer centre is part of the new Grande Prairie Regional Hospital project.

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. The number of CancerControl patient visits in Q3YTD (531,401) increased by 6% compared to the same period last year (501,780). Radiation therapy visits increased by 5% and systemic therapy visits increased by 12% compared to the same period last year.

- A multidisciplinary team is implementing Mainstreaming, which enables medical oncologists and breast surgeons to facilitate genetic testing for eligible breast cancer and ovarian patients. This reduces the need for multiple appointments, decreases wait time for disclosure of test results, and creates capacity for genetic counselors.

A standardized End of Treatment and Transfer of Care process is used 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). In Q3, sites began drafting processes to support the use of after-treatment booklets and to encourage attendance at after-treatment classes. Standard letter sets, which provide consistency when handing off care to primary care providers, were built into clinical software for ease of use.

A linear accelerator (Linac) is the device most commonly used for radiation treatments. As of Q3, all new Linac equipment at the Tom Baker Cancer Centre (TBCC) in Calgary is installed and fully operational. The final Linac at the Cross Cancer Institute (CCI) in Edmonton is on track to be operationalized in Q4. This life saving equipment supports improved access to cancer treatment.

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 Q3, EMS participated in an engagement session with the Province's panel examining supervised consumption sites.

- EMS participated in more than 15 community engagement sessions in Q3, including a post-wildfire review meeting.

In Q3, EMS response times 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 23 seconds in both time periods). There were 437,397 EMS events in Q3YTD.

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.

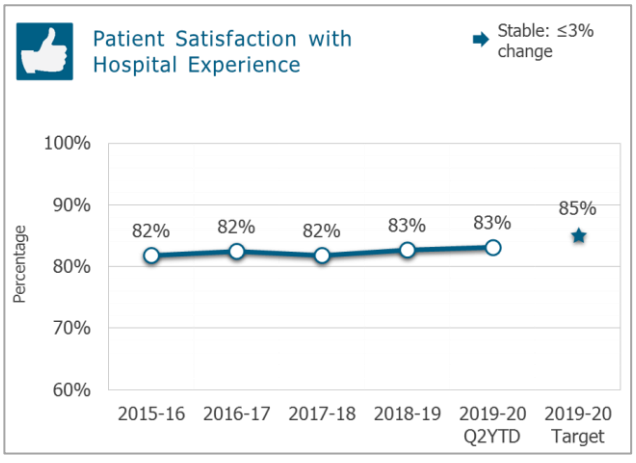
UNDERSTANDING THE MEASURE

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 Q2. (This is a lag measure where data is reported a quarter later.) AHS has achieved a 1.3% improvement since 2016-17 which is a notable achievement for an organization this large and diverse. This positive movement is a reflection of the collective efforts happening across the province to enhance and prioritize patient experience, as reflected in AHS' Quadruple Aim. Several opportunities exist to improve this measure:

- Develop a patient experience measurement framework to coordinate and promote best practice measurement, and to facilitate the use of patient feedback to drive quality improvement efforts.
- Develop and implement a province-wide approach for direction setting and accountability related to patient experience improvement initiatives.
- Determine a signature initiative that is practical, feasible, and easily understood by care providers across the province.

AHS also measures patient satisfaction in other areas:

- CancerControl Alberta supports the use of Patient Reported Outcomes (PRO) to enhance cancer patient experiences. The number of unique patients who completed at least one Putting Patients First (PPF) assessment in Q3YTD (34,222) increased by 45% compared to the same period last year (23,654). A PPF is a patient-reported screening tool that helps identify patients requiring symptom management or support in the areas of nutrition, psychosocial factors, pain management, and tobacco cessation.
- The Child Hospital Consumer Assessment of Healthcare Providers and Systems (C-HCAHPS) survey measures family experience with pediatric inpatient care. In Q2, 91% 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) conducted the 2018 Alberta Seniors Home Care Client Experience Survey in collaboration with AHS and Alberta Health to identify opportunities for improvement and highlight areas of success in home care. The average home care experience rating (8.3 out of 10) improved by 2.5% compared to 2015 (8.1 out of 10). In 2018, 77% of clients reported that home care helped them stay at home longer than if no home care services were provided. More clients also felt that personal care staff met their needs (getting dressed, taking medication) compared to 2015 (9% and 14% improvement respectively).

WHAT WE ARE DOING

AHS continues to apply our Patient First Strategy by empowering and supporting Albertans to be at the centre of their healthcare teams. Initiatives focused on patient- and family-centred care are being 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 Q3, the draft Family Presence and Visitation Policy was submitted for final approval. Implementation tools and supporting documents are in development.

- The End PJ Paralysis program helps inpatients get up, get dressed, and get moving, so they can get home sooner. The program aims to prevent deconditioning during hospital stays and ensures respect and dignity by encouraging patients to bring clothes from home instead of wearing pajamas or gowns. In Q3, zones focused on increasing the number of units participating in the program including hosting information sessions to discuss benefits and address barriers and concerns.

Health Link 811 is a vital safety net for the public, especially when other options such as a family doctor's office is 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.

- The number of calls received by Health Link in Q3YTD (529,680) increased by 4% compared to the same period last year (508,208). The most frequent health concerns directed to Health Link were gastro/intestinal/abdominal symptoms, respiratory and chest symptoms, medication, and neurological symptoms.

- 230,000 Albertans sit in front of waiting room TVs every week while seeking healthcare. Health Link continues to partner with Health Unlimited Television (HUTV) to create dynamic new health information videos to reach Albertans at point of care. Video production in Q3 focused on *Men's Health, Adult Immunizations* and *Navigation Services* topics.

Together4Health is an online platform where Albertans can get involved and have their say on various healthcare topics. As of Q3YTD, the site had 30,100 visits and 900 new registered participants.

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. Generally, attendees include local residents, community organizations, and AHS representatives. AHS hosted three community conversations in Q3.

AHS provides interpretation and translation services in 240 languages to support Albertans whose first language is not English. The number of minutes of over-the-phone interpretation services accessed in Q3YTD (1.02M) increased by 15% compared to the same period last year (885,000).

- 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 Q3, 63 clinical areas have deployed VRI including expansion to two emergency departments (EDs) in Edmonton Zone and one ED in Central Zone. All Calgary Zone EDs continue to offer the service.

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. Work continued in Q3 to ensure resources are in place to help advisors become more comfortable in their new role. The AHS Patient and Family Advisory Group also celebrated their 10-year anniversary in December.

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™, aims to improve youth's and their families' experience in the emergency department. Three education workshops were held in Q3 and work continues to develop curriculum for ED nurses that will focus on improving staff awareness, competencies, and empathy for addiction and mental health concerns in the emergency department.

The emergency department pediatric care space at South Health Campus is a child-friendly space that features themed rooms with murals and a private waiting area to help young patients and their families feel comfortable and supported. The number of patients served has increased by 54% since opening in September.

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. As of Q3YTD, the site reached over 22.4 million visits which is a 78% increase in visits compared to the same period last year (12.6 million).

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 efforts in multiple care settings across AHS.

- CoACT is now active on 234 units at 53 sites across the province. As of Q3, 33 units have reached full implementation. On units where CoACT program elements have been implemented, 92% of patients surveyed reported having a positive experience in Q3.

- Collaborative Care Frameworks have been developed for Continuing Care, Addictions and Mental Health, and Women's Health. A framework for Emergency Departments is in development.

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.

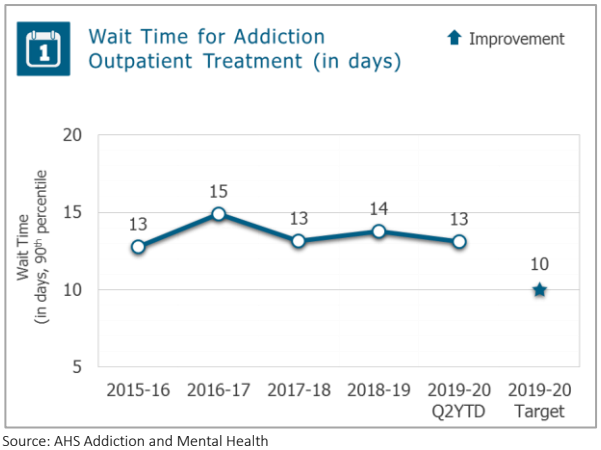
UNDERSTANDING THE MEASURE

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

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

The wait time for addiction outpatient treatment (13 days) improved by 7% compared to the same period last year (14 days) but did not achieve target in rural zones. However, target was achieved 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 helps 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:

- As of Q3YTD, AHS has added 15 community mental health spaces in Calgary Zone and Edmonton Zone to support the placement of vulnerable Albertans.
- Developmental Pathways (formerly called InRoads) are online resources that support health professionals providing addiction and mental health services in primary care and other settings. Care providers continue to access the learning modules to enhance skills in promotion, prevention, and harm reduction. 710 participants completed modules in Q3.
- Mental Health Virtual Health uses technology to ensure clients can receive help without leaving their community by linking them to local mental health professionals. As of Q3YTD, more than 9,600 virtual mental health encounters have been completed. In Q3, work continued on a project to improve timely access to psychiatrists and decrease unnecessary transports between Cold Lake and St. Paul (120km).
- 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. As of Q3YTD, patients are enrolled in the program for an average of 3 weeks before being discharged or referred to other services to meet their changing needs.

- The Addiction Recovery and Community Health (ARCH) program provides addiction medicine consultation services.
    - In Calgary, ARCH physicians at the Peter Lougheed Centre completed educational training in Q3 that covered ARCH care models, harm reduction, and opioid agonist therapy material. Another education day for program care staff is being planned in Q4.
    - In Edmonton, inpatients at the Royal Alexandra Hospital continue to have access to supervised consumption services (SCS) which is the first SCS in an acute care setting in North America. The program expanded in Q3 to include patients presenting to the Emergency Department.

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. In addition, all Zone Service Plans have incorporated opioid response activities.

- Opioid Dependency Programs (ODP) provide medical outpatient treatment to clients dependent on opioids by administering methadone, a medication commonly used to treat opioid addiction. The number of new admissions in Q3YTD (1,875) increased by 17% compared to the same period last year (1,605). The total number of unique clients in Q3YTD (3,494) increased by 58% compared to the same period last year (2,208).

- The Virtual Opioid Dependency Program (VODP) utilizes technology to serve clients in 170 rural communities. The program now provides same day access to medication starts and transition supports for moves between emergency departments, detoxification centres, and corrections. The number of new admissions in Q3YTD (788) increased by 158% compared to the same period last year (306). The total number of unique clients in Q3YTD (914) increased by 129% compared to the same period last year (399). VODP continues to demonstrate growth and clients can now access the service from any location in the province.

- 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. In Q3, AHS participated in the development of a Canadian Research Initiative for Substance Misuse (CRISM) document focusing on treatment best practices and operational direction for new sites across Canada. Work continues on a qualitative review of the AHS program which includes gathering data and input from clients and staff.

The 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 Q3, the Calgary Zone SCS outreach team recruited Peer Support Workers to foster trust with clients by sharing lived experiences including the journey to recovery.

- The number of voluntarily reported overdose reversals (naloxone administered to reverse effects of an opioid overdose) in Q3YTD (5,229) increased by 28% compared to the same period last year (4,072).

- The number of take home naloxone kits dispensed by AHS, the Alberta Community Council on HIV agencies, community pharmacies, and other community organizations in Q3YTD (76,368) increased by 21% compared to the same period last year (62,897). AHS made 36 presentations to 722 attendees and responded to over 200 e-mail inquiries about the community-based naloxone program and harm reduction in Q3.

- Emergency department visits related to opioid use disorder (OUD) and addiction continue to rise in Alberta, and these visits can be an opportunity to engage patients in treatment. Buprenorphine/naloxone (Suboxone®) is a medication that reduces cravings and withdrawal symptoms and helps people who live with OUD feel normal and use opioids less often and in smaller amounts. Once on a stable dose, some people can stop taking opioids altogether. This medication can be truly life-changing as it enables recovery and has the potential to save lives. In 2018, the AHS Emergency Strategic Clinical Network™ (ESCN™) developed a program to appropriately screen patients for OUD, initiate treatment, and provide rapid follow-up in the community. As of Q3, the program was expanded to 84 EDs and urgent care centres across the province. The remaining 24 sites are currently at various stages of the implementation process.

- The Indigenous Urban Opioid Emergency Response is being enhanced by partnerships with First Nations communities. In Q3, Siksika Nation took part in Disaster Management training with other communities, including Stoney Nakoda First Nation, planning to participate in similar conversations.

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. 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.):

- CanREACH is an innovative program that empowers physicians to identify and treat pediatric mental health conditions in the community where primary care providers coordinate services with a group of diverse care providers. Evidence shows that CanREACH trained physicians utilize specialized services less often than their peers, and the referrals they do make are more appropriate. As of Q3, 275 physicians have completed training.

- The Alberta Youth Suicide Prevention Plan is designed to build strength and inspire hope by outlining evidence-informed actions that will build community capacity, provide supports and services focused on recovery and growth, and ultimately reduce youth suicide in the province. AHS continues to support plan implementation through tool and resource development, promoting public awareness though messaging and evidence-based field kits, and producing a suicide surveillance dashboard.

- The Honouring Life program (formerly Aboriginal Youth and Communities Empowerment Strategy) supports resiliency, empowerment, and holistic suicide prevention initiatives by providing funding for locally-designed programs. AHS is working with more than 50 Indigenous communities and organizations on 45 program applications. As of Q3YTD, 24 programs have been approved and funded.

- In Edmonton Zone, a new intake model (Access 24/7) supports same-day outpatient addiction services by giving clients 'one door' to access all the services they need. Since opening in Q1, all PCN, inpatient psychiatry, out of zone transfers, and community agency referrals have been centralized. As of Q3, 70% of community-based addiction and mental health programs have referrals coordinated through Access 24/7.

- In South Zone, pediatric acute care teams provide liaison/consultation services to support the care teams of adolescent addiction and mental health patients requiring a higher level of care. In Q3, 107 children and adolescents were referred to the service. 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 Q3, teams began preparing for the addition of a dietary program to stabilize and regulate eating patterns and assist in addressing eating disorders and concerns of that nature. 13 new clients were accepted into the program in Q3.

- The Mental Health Capacity Building (MHCB) program aims to develop, nurture, and support mental and emotional wellbeing in children, youth, and families. MHCB provides the staffing and support required to implement an integrated, school-based community mental health promotion and prevention program, and works with community partners to facilitate access to early intervention and treatment services for those who require it. The 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. As of Q3, 18 schools have implemented MHCB programming.

The Virtual Child and Youth Navigation Team supports timely access to mental health treatment and referral services in the North Zone. In Q3, the tele-psychiatry team developed and implemented a standardized discharge letter process. The letter summarizes services or treatments recommended by the consulting child psychiatrist as a formal means to close patient files and support navigation to other services. As of Q3YTD, 92 clients have accessed the service.

The Canadian Centre on Substance Use and Addiction (CCSA) partnered with Alberta Health Services through the national Improving Treatment Together (ITT) project to collaboratively identify needs and co-design solutions for populations directly affected by youth opioid use. The purpose of this project is to improve treatment outcomes for youth who are accessing services for opioid use, by developing evidence-based health services interventions tailored to the needs of those youth and the people who support them and provide treatment.

Improve Patient and Population Health Outcomes

Objective 5: Improving health outcomes through clinical best practices with a focus on wait times and access.

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.

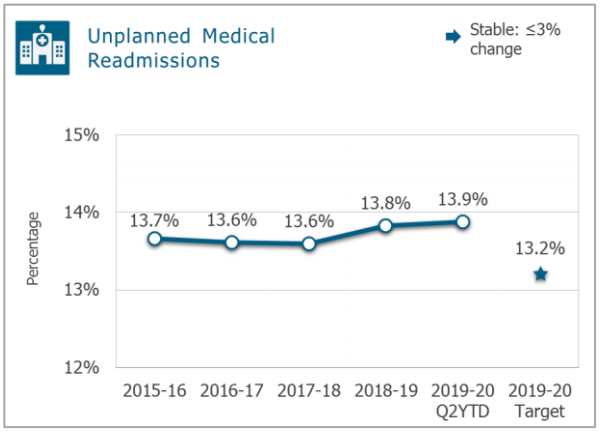
UNDERSTANDING THE MEASURE

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

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

While unplanned medical readmission rates have remained stable year-over-year, target was not achieved in Q2. (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 and HF care pathways and transition practices 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 Implementation and Spread (HIIS) Fund to bridge the funding gap between evidence generation and operational funding. Implementation continued in Q3 for the five innovation projects that were awarded funding in 2018-19:
    - Building Capacity in Pediatric Mental Health (CanREACH) is a six-month training program that educates primary care providers as the first contact and ongoing support for children with mental health disorders. The program aims to improve care through early identification and intervention of mental health conditions.
    - ECHO-Plus aims to spread the Extended Community Health Outcomes (ECHO) model of care which increases access to Hepatitis C care for underserved populations by using telehealth technologies to train and support primary care providers to effectively and safely care for individuals with Hepatitis C.
    - The Family Integrated Care (FICare) model is a dynamic model of care that provides parents with the knowledge, skills, and confidence to care for their baby at home to support earlier discharge and reduce neonatal intensive care lengths of stay.
    - The Alberta Facilitated Cancer Diagnosis Pathways aim to expedite lymphoma and colorectal cancer diagnoses through centralized referrals, radiology-facilitated biopsies and investigations, and navigation supports.
    - Expanding the Primary Care Supports for Digestive Health Care program across the province will help address long wait times for gastroenterology specialist consultations and endoscopies. Supports include care pathways and telephone and electronic advice request options.
- 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 continued implementation in Q3:

- The Improving Acute Care for Long-Term Care Residents project aims to reduce the number of transfers from long-term care facilities to an emergency department. A referral pathway will be used to identify patients that can safely be treated by a community paramedic directly in the patient's care facility.

- The Cirrhosis Care Alberta Program (CCAP) will improve quality of care and reduce acute care utilization for patients with advanced cirrhosis by utilizing best practice guidelines and tools for care transitions, providing on-demand system and disease management support, and enabling virtual monitoring to support care between scheduled visits.

- The South Zone Indigenous Patient Navigation Model will work with Indigenous patients and families to co-design a navigation model with the goals of providing smoother access to services, creating better connections to health and other community services, and improving health outcomes.

- The Virtual Supervised Consumption project aims to improve patients' and families' experiences and health outcomes by removing barriers such as stigma, geographic distance, and community resistance to supervised consumption services. When a client calls the service, an operator will monitor the client after substance use, dispatch emergency medical services if the client becomes unresponsive, and provide information on resources for safer use and treatment.

- The Innovative Models of Acute Pediatric Mental Health and Addiction Care project responds to recommendations for a service redesign that provides support to youth and their families when they present to the emergency department for an acute mental health or addiction concern. With families at the centre, this project will implement and evaluate a new model of acute mental health and addiction care that connects children and families with the resources they need.

- The Enhancing Community Health Through Patient Navigation, Advocacy, and Social Support (ENCOMPASS) study aims to improve health outcomes for patients with multiple chronic conditions by linking them to a Community Health Navigator who will assist with system navigation, understanding information, locating community resources, and supporting self-management.

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.

- 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. The project demonstrated an ability to reduce the proportion of patients initiating dialysis earlier than recommended. The project has transitioned to operations for ongoing monitoring.

- 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. As of Q2YTD, AHS increased the percent of same-day mastectomies by 31% compared to the same period last year. (This is a lag measure where data is reported a quarter later.)

- 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 continues to be a focus on more than 50 medical/surgical units in 11 acute care sites across the province. Care plans for EFC practices (including restraints, delirium, and behaviour maps) have been built into the new electronic medical record system.

- The Chronic Obstructive Pulmonary Disease and Heart Failure (COPD/HF) Care Pathways, part of the Respiratory Health and Cardiovascular Health & Stroke SCNs™, utilize standardized forms and processes to support patients from hospital admission through to discharge into community or primary care settings. These pathways have been shown to reduce hospital readmissions, reduce length of stay in hospital, and improve patient outcomes and experience through coordinated care. COPD readmission rates in Q2YTD (19%) remained stable compared to the same period last year (19%) (This is a lag measure where data is reported a quarter later.)

- The Repetitive Transcranial Magnetic Stimulation (rTMS) initiative, part of the Addiction and Mental Health SCN™, provides an innovative, non-invasive procedure to Albertans with treatment-resistant depression that has proven to be effective and safe. Five sites continue to offer the service and are showing improved patient outcomes and access.

SCNs™ are implementing initiatives such as the 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 Q3, AHS' surgical sites gathered data to support prioritization of surgical quality improvement programs.

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.

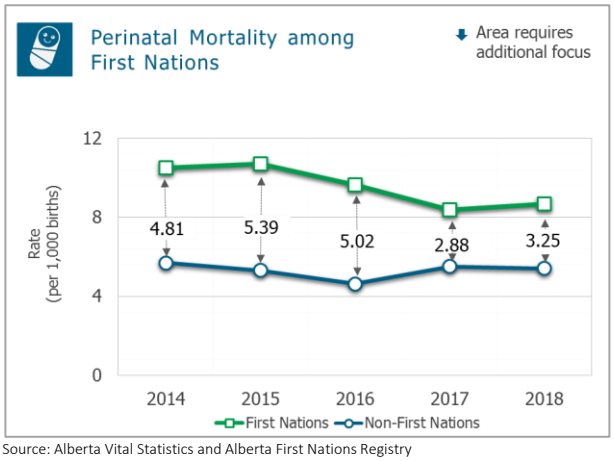
UNDERSTANDING THE MEASURE

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
Note: This measure is reported annually due to data availability.

2018 results indicate that the perinatal mortality gap deteriorated slightly 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 services are available in all zones across the province. Access to maternity services for Indigenous, vulnerable, and rural populations remains a priority area for AHS provincially. Access to midwifery services has been improved through the use of innovative funding models and collaborative workforce planning processes. In Q3, AHS continued to work with Indigenous communities across the province on engagement and outreach programs that provide awareness and education on maternity care. The program is also focusing on improving integration in hospital settings to ensure consistent, quality care for clients.

- 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 continues to focus on the development of a strengths-based, culturally appropriate education program for pregnant women and healthcare providers that highlights strengths of the community and promotes resiliency. In Q3, community health centre staff learned the critical skills needed to care for women during pregnancy, including phlebotomy skills to complete necessary bloodwork closer to home.

    - In inner-city Edmonton, Pregnancy Pathways provide safe housing and support services for pregnant Indigenous homeless women. Clients 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 a comfortable and respectful way. As of Q3, the program has 19 clients and 18 healthy babies.

    - North Zone's Little Red River Cree Nation utilizes a community-based support model for maternal health resources and engages women early in pregnancy. In Q3, community relationships continued to be strengthened through teepee teachings and community home visits.

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

- Program enhancements continue at the Indigenous Wellness Clinic in Edmonton. In Q3, departments at the Royal Alexandra Hospital (RAH) continued to meet to improve partnerships, cultural safety, and capacity among the departments to improve patient care, health outcomes, and the experience of Indigenous women.

- Improvements are also being made at the Elbow River Healing Lodge in Calgary. Work continued in Q3 to identify quality improvement initiatives related to clinic and patient processes that could be completed more efficiently.

The Indigenous Health Strategy and Action Plan which will provide AHS with a mandate for the development of processes, accountabilities, and an organizational culture to support the achievement of health equity for Indigenous peoples in Alberta. In Q3, a final version was socialized with leadership stakeholders across the organization before going to Executive Leadership in Q4.

- South Zone continued to develop an Indigenous patient navigation model (Four Winds Project), 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. Leadership meetings continued in Q3 with the Blood Tribe Department of Health, Aakom Kiiyii Health, and Piikani Prevention and Counselling Services.

- In Calgary Zone, work plan was developed in partnership with Alberta Health, the Federal Government, and the Stoney Nakoda Tsuut'ina Tribal Council. The Calgary Zone plan was finalized and unveiled at a celebration event in Q3. Implementation planning continues.

- In Central Zone, an engagement framework is in development. Engagement sessions with Indigenous communities will be the first step to joint priority setting and action planning. Traditional ceremonies, blanket exercises, and implicit bias education sessions are already occurring across the Zone.

- Edmonton Zone continued to develop an engagement framework. The framework will provide accessible, culturally appropriate, and safe health services for Indigenous peoples across the Zone and will be created in partnership with Indigenous peoples, communities, and key stakeholders (including the AHS Wisdom Council).

- In North Zone, an engagement framework is in development. Community profiles have been completed for seven 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 with health service providers and the communities.

The First Nations Cancer Prevention and Screening Practices program supports First Nations communities to develop, implement, and evaluate comprehensive prevention and screening plans. Three pilot communities continued implementing initiatives like traditional sweat ceremonies led by project Elders, prevention and screening awareness events, and community walking groups. Planning commenced in Q3 to expand to three new communities.

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

- 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. The pathway supports babies of mothers who have been using opioids and other drugs. The guideline was completed in Q3 and implementation planning and education resource development commenced.

Initiatives that support the health of other vulnerable populations include:

- Using a multidisciplinary approach to community housing strategies, the Safe Healthy Environments (SHE) team provides outreach and support to improve housing safety. In Q3, Maskwacis Health Services, Indigenous Services Canada, and AHS collaborated on a radon detection project which has the potential to prevent radon related lung cancer disease, improve housing conditions on reserve, and deepen our relationship with Alberta's First Nation Communities.

- 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. 468 clients have been seen by the program this year. As of Q3YTD, 276 clients have attended first appointments with a family physician which is a 30% improvement compared to the same period last year (213).

- 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. As of Q3YTD, 73 new clients have engaged in the service.

All AHS staff are required to complete cultural sensitivity training. As of Q3YTD, 62% of staff have completed the basic training (increasing from 18% in the same period last year) and 53% of leaders and first responders have completed the more in-depth certificate program. In Q3, Indigenous awareness and sensitivity training became an accredited course with the College of Family Physicians and the College of Physicians and Surgeons. This allows physicians to earn continuing education credits for their participation while supporting AHS values.

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

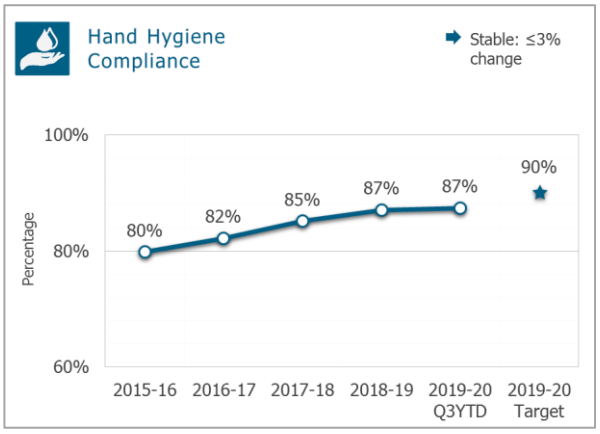
Hand Hygiene Compliance is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute's "4 Moments of Hand Hygiene" which are: before contact with a patient or patient 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 rates remained stable in Q3 compared to the same period last year and did not achieve target. As AHS achieves higher levels of performance, less significant gains are likely to be made. Continuous efforts on program evaluation, education, and training are being made to encourage frontline healthcare providers to increase their accountability for hand hygiene practices.

AHS is committed to finding ways to achieve the target of 90% which requires partnership and joint efforts. Ongoing discussions with trained hand hygiene reviewers and utilizing just-in-time education for observed staff promotes a culture of diligent hand hygiene behavior and provides patients with the opportunity to engage when observations occur during patient care.

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 Global Handwashing Day on October 15, the Infection Prevention and Control (IPC) Hand Hygiene Program hosted a Lunch and Learn Speakers Series which featured a "Day in the Life of a Hand Hygiene Reviewer" session.
- In Q3, South Zone began developing a site-based Reviewer Appreciation initiative that will be implemented in Q4.

AHS' IPC team works closely with the 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 has consistently performed better than the national comparison.

- Overall, rates for Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Bloodstream Infection (MRSA BSI) remained stable in Q3YTD (0.22 per 10,000 patient days) compared to the same period last year (0.13 per 10,000 patient days). The rate continues to be below the Canadian national average.
- Overall, rates for Hospital-acquired *Clostridium difficile* (C-diff) infection (CDI) remained stable in Q3YTD (2.6 per 10,000 patient days) compared to the same period last year (2.6 per 10,000 patient days). The rate continues to be below the Canadian national average.

The AHS Patient Safety Plan supports shifting from a reactive approach to patient safety to a proactive approach. In Q3, AHS participated in Canadian Patient Safety Week by encouraging every healthcare provider, patient, and family member to ask questions, listen to the answers, and talk about their concerns. Communication is one of the most effective ways to ensure patient safety and taking part in Safety Week activities helps staff become more aware of patient safety, which builds confidence to teach others.

Improve Patient and Population Health Outcomes

Objective 8: Focusing on health promotion and disease and injury prevention with an emphasis on childhood immunization.

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 and 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.

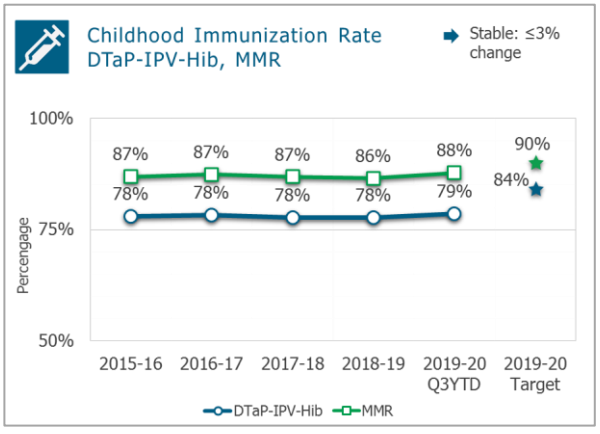
- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type b (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

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. Provincial immunization rate targets were not achieved in Q3 but Calgary Zone and Edmonton Zone both met target for MMR immunizations. The ability to achieve target in the North, Central, and South Zones has been impacted by population migration, social determinants of health, and cultural and religious beliefs.

Vaccine hesitancy can contribute to lower rates of immunization and 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 is committed to finding ways to achieve immunization targets, but it will require joint effort and partnerships. For example, childhood immunizations require parental consent and agreement.

WHAT WE ARE DOING

Childhood Immunization

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

AHS has implemented five of the seven recommendations of the Canadian Pediatric Society, including the development of a provincial immunization registry, proactive reminders for parents, enhanced immunization clinic hours, and an augmented school-based immunization program.

Immunization targets were achieved by the end of grade one due to the AHS Standard for Immunizing in the School Setting. 2018-19 immunization coverage rates by age six (end of grade one) were:

- 88% for Diphtheria, Tetanus, acellular Pertussis, Hepatitis B, Polio, and *Haemophilus influenzae* Type b (DTaP-HB-IPV-Hib)
- 89% for Measles, Mumps, and Rubella (MMR)

The rotavirus immunization coverage rate in infants in Q3YTD (83%) remained stable compared to the same period last year (83%). 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. As of Q3YTD, AHS has reported two confirmed cases of measles and 4,175 confirmed cases of influenza.

- AHS continues to collaborate with Alberta Health to inform new and revised Notifiable Disease Public Health Management Guidelines. The Alberta Outbreak Reporting Form was also reviewed and updated in Q3 for this outbreak season.

- As of Q3YTD, AHS has investigated 300 confirmed enteric outbreaks and 369 confirmed non-enteric outbreaks. 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.

- In Q3, AHS participated in a joint Ebola Emergency Response exercise as part of a multi-zone disease control collaboration. Participants worked in teams with their zone counterparts to complete the personal protective equipment (PPE) training which helps maintain each zone's preparedness.

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. In Q3, AHS continued to participate in community events and provided on-site testing and information.

Environmental Risks and Hazards

AHS' Safe Healthy Environments (SHE) team collaborated with the Ministry of Agriculture and Forestry on operational alignment of meat processing inspection programs and industry safety.

Injury Prevention

AHS' SHE team collaborated with Alberta Transportation and Zone Public Health on a car seat and booster seat study. Using online and in-person multi-lingual surveys, the study found that more than 90% of participants reported appropriate use. Respondents who indicated a primary language other than English reported a lower compliance rate, suggesting an opportunity to work with Zone partners to develop resources targeting non-English speaking clients.

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. Inventory web design commenced in Q3. Information on available programs, services, and resources to be included in the inventory has been received from stakeholders and is being applied against the established inclusion and exclusion criteria.

UWALK is an 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. As of Q3YTD, the number registered users (20,100) increased by 8% compared to the same period last year (18,690). Website users logged more than 352 million steps in Q3 alone. Planning is underway to update the UWALK website to improve the site and align with the AHS Healthier Together online program.

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 like sickle cell disease and cystic fibrosis. Timely screening helps identify conditions early when the treatment can help an infant the most. As of Q2YTD, there was a 99.5% program participation rate of registered infants. (This is a lag measure where data is reported a quarter later.)

- Alberta Healthy Communities Approach (AHCA) supports rural communities and Métis Settlements to plan, implement, and evaluate comprehensive prevention and screening interventions that promote health and prevent cancer. Since the project started, 36 rural communities and six Métis Settlements have adopted the approach. In Q3, communities participating in the second phase of this project by using implementation resources including the Community Capacity Assessment Tool, and the Healthy Places Action Tool to support the development of cancer prevention and screening plans. Métis Settlements prepared for baseline community assessments that will be used to identify areas for cancer prevention and screening improvement. Two additional Settlements are expected to be recruited in Q4.

- 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. As of Q3, 84% of school jurisdictions are working with AHS to implement the program.

- The Healthier Together Workplaces program provides practical steps, tools, and resources to help Alberta workplaces create healthy working environments for employees. In Q3, 128 workplaces registered for the program. Of these, 22 consented to participate in an evaluation to assess increasing equity for workplaces across the province. The online orientation materials generated substantial interest with 257 views this quarter.

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

    - In Q3, all online tobacco and vaping related content was inventoried and prepared for migration to two AHS platforms: MyHealth.Alberta.ca and Healthier Together.

    - In Q3, the Keep Tobacco Sacred Collaboration completed one youth engagement session in Wabasca with 33 youth participating and providing survey feedback.

Improve the Experience and Safety of Our People

Objective 9: Improving our workforce engagement.

WHY THIS IS IMPORTANT

Our people deliver safe, quality, patient- and family-centred care to Albertans every day. Our People Strategy grounds all of our efforts to support our people across the organization and helps make meaningful connections between our work and the care and services we provide Albertans.

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 sustainable manner. In order to do this, it is important for AHS to fully engage 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 and workplace.

HOW WE ARE DOING

Workforce Engagement Rate: 3.57 out of 5 (2019-20)

Target: 3.67

Note: Survey takes place every two years.

Source: Gallup Canada

In 2019-20, AHS completed its second comprehensive workforce engagement and patient safety culture survey. More than 51,000 employees, physicians, and volunteers responded to the 2019 Our People Survey and expressed what they need to feel safe, healthy, and valued. Overall, most staff feel positive about their work at AHS and reported feeling more engaged than they did in 2016.

While the engagement rate target was not achieved in 2019-20, there was a 3% improvement over baseline results (3.46 out of 5 in 2016-17) which is notable for an organization of this size. AHS also achieved the highest participation rate for any AHS workforce engagement or patient safety culture survey in the organization's 10-year history. Team participation also improved with 185 teams achieving 100% participation compared to 35 teams in 2016.

WHAT WE ARE DOING

The AHS Our People Strategy 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.

- AHS currently holds four top employer awards: Canada's Top 100 Employers, Canada's Best Employers for Young People, Alberta's Top 75 Employers, and Canada's Best Diversity Employers.
- The AHS Respectful Workplaces initiative aims to support a safe, healthy, and inclusive workplace that supports workers' physical, social, and psychological well-being by providing resources and tools to recognize, report, and resolve conflicts. In Q3, AHS introduced a conflict support e-mail address which enables Employee Relations Advisors to provide useful tools, tips, resources, and coaching to help leaders manage conflict when it arises. New online resources continue to be added every quarter.
- In Q3, AHS established a pilot approach for an Internal Coaching program. The program will begin pilot implementation in Q4.
- AHS is supporting Alberta Health in planning for physician resources. Work commenced in Q3 on the 2020 physician workforce plan. As of Q3YTD, AHS has recruited 295 new physicians.
- 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 Q3YTD, 1,951 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.

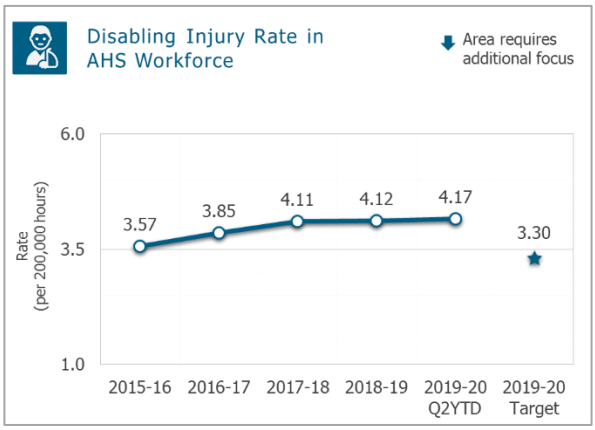
AHS PERFORMANCE MEASURE

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

AHS' Disabling Injury Rate, while deteriorating overall, is experiencing a slower rate of increase over time. The target was not achieved in Q2. (This is a lag measure where data is reported a quarter later.) The top five causes of injuries reported to the Workers Compensation Board are client handling, manual material handling, ergonomic risk factors, physical workplace violence, and psychological violence. AHS continues to promote safety programs and supports a healthy reporting culture which partially accounts for the increase in reported injuries.

AHS continues to invest in culturally-based initiatives that take time to impact metrics but foster more sustainable change: safety training for all leaders; focused implementation of the OHS Act; enhancing collaboration with internal operational teams and patient quality and safety; and enhancing relationships with external stakeholders such as unions and Alberta Labour.

WHAT WE ARE DOING

The AHS Our People Strategy 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 and material handling).

- The AHS Workplace Violence Strategy is supported by a policy suite that 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. In Q3, more than 100 stakeholders participated in a Prevention of Harassment and Violence Learning Program design session to develop content and design elements.
- AHS supports a safe physical environment for all staff, physicians, and volunteers.
    - The availability and use of client lifts is a key element in reducing client handling injuries. Based on assessment of need, more than 500 mounted and mobile patient lifts will be installed across the province this fiscal year. As of Q3YTD, 90% of the installations are complete.
    - Protective Services are now involved in the Violence/ Aggression Alerts program in Calgary Zone. The program provides visual or electronic cues to inform workers about patients that pose a risk of violence so they are better equipped to maintain the safety of themselves and their patients. Other zones are working towards integrating Protective Services into their practices.
    - Security Watch is a service that provides close visual monitoring of patients who have displayed violent behaviour towards staff or other patients. In Q3, North Zone completed a program analysis and will be expanding services in High Level and Slave Lake.
- AHS promotes psychological safety in the workplace.
    - Numerous conflict support resources are available to all AHS leaders and staff and continue to grow to meet the needs of the organization.
    - Depression Care and Trauma Care programs are available for AHS employees through Homewood Health, AHS' new Employee/Family Assistance Program (EFAP) provider.

- 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 continue to transition to align with the new acts, including membership updates, new committees, and enhanced member training.

    - All new leaders are required to complete Leading Health and Safety in the Workplace: Fundamentals training which equips them with the knowledge they need to create safe, healthy, and inclusive workplaces. As of Q3YTD, 69% of AHS leaders have completed the course.

    - A more robust Dangerous Work Refusal Program was implemented in Q3. A key change is that dangerous work now includes harassment and violence which aligns with AHS' other initiatives and organizational values.

    - The number of injuries related to verbal workplace violence in Q2YTD (74) increased significantly compared to the same period last year (15). (This is a lag measure where data is reported a quarter later.) This may reflect the impact of the implementation of the Prevention of Violence and Harassment policy suite and ongoing efforts to build awareness of the importance of reporting these injuries.

    - The number of psychological injuries in Q2YTD increased by 42% compared to the same period last year. (This is a lag measure where data is reported a quarter later.) This increase is likely linked to increased efforts to promote mental health and wellness within the organization after being historically underreported and continued efforts to promote a culture where accepting violent behaviour is not part of the job.

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).

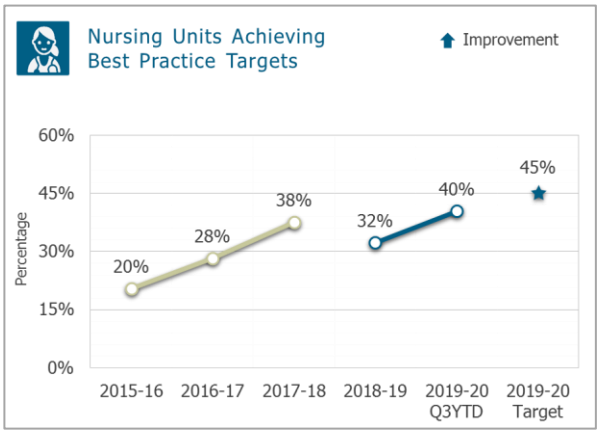
UNDERSTANDING THE MEASURE

Operational Best Practice (OBP) is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future. OBP focuses on getting units to approved targets for key performance metrics such as worked hours per patient day and supply cost per patient day.

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.

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

While performance improved overall from the same period last year, target was not achieved in Q3. Results show that 40% of nursing units met unit-level staffing targets with South Zone and Edmonton Zone achieving target in Q3. 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.

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. An electrocardiogram (EKG) testing guide has been established to support initiative roll-out in Q4. Future work will focus on nuclear testing and coronary catheterization.

- The Digestive Health SCN™ continues to develop initiatives to reduce the inappropriate use of proton pump inhibitors (PPI), which reduce stomach acid production. In Q3, materials were developed in partnership with the Physician Learning Program to support initiative implementation in primary care settings.

- The Diabetes, Obesity and Nutrition SCN™ has implemented a multi-faceted provincial quality improvement initiative to improve inpatient glycemic management across Alberta. In Q3, a provincial pediatric glycemic management policy was developed by the multidisciplinary provincial working group.

- The Cardiovascular Health and Stroke SCN™ and Diagnostic Imaging are working on an initiative to drive appropriate usage of computed tomography angiography (CTA) with stroke/ transient ischemic attacks (TIAs) across the province. Data and measure systems continue to be developed in anticipation of initiative roll-out in Q4.

- 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. In Q3, 43 of 50 sites that provide endoscopy services participated in the fall C-GRS survey. Survey results aim to help endoscopy teams prioritize quality improvement initiatives and support action plan development for site-specific activities.

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. While these services are beneficial for the investigation and diagnosis of certain conditions, Diagnostic Imaging (DI) is working with ordering clinicians to encourage the use of practice guidelines which ensure imaging tests are clinically appropriate, and therefore necessary, before submitting a requisition. The number of unwarranted CT lumbar spine exams in Q3YTD (2,697) decreased by 18% compared to the same period last year (3,304). The number of MRIs for chronic knee pain in Q3YTD (14,237) remained stable compared to the same period last year (14,488).

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

    - In Q3, AHS transitioned to a more cost effective supplier of Clozapine, an antipsychotic medication, which has resulted in significant cost savings.

    - AHS is exploring the therapeutic appropriateness of Ondansetron, a medication used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, surgery, and gastroenteritis. Usage and costing audit results are expected to be available in Q4.

    - Pharmacy Services, working with Physician Learning Services and the Improving Health Outcomes Together (IHOT) team, continued the implementation of an initiative to promote antimicrobial stewardship by ensuring only symptomatic patients are being tested for urinary tract infections. A 17% reduction in urine culture ordering has been sustained at the Foothills Medical Centre (FMC) emergency department pilot site. Work commenced in Q3 to roll the program out to additional interested sites.

Improve Financial Health and Value for Money

Objective 12: Integrating clinical information systems to create common, comprehensive patient records (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.

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 major Q3 milestones including the launch of Wave 1 on November 3, 2019. Lessons learned from Wave 1 are being incorporated into plans for future waves.

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. A Connect Care Provider Bridge has been established to support communication with Non-AHS Community Providers.

AHS completed several Connect Care milestones in Q3:

- Nearly 900 AHS clinicians and staff attended two readiness events to prepare for the launch of the Connect Care CIS. Three quarters of attendees reported feeling ready for Connect Care to launch with participants saying they are focusing on training, practicing the new workflows, seeking and giving support, and getting enough sleep.
- After years of planning and preparation, Connect Care launched Wave 1 in the early morning hours of November 3 as scheduled. With this first step, more than 20,000 AHS staff and physicians began to use Connect Care's clinical information system.
- New resources continue to be developed and shared with leaders and staff impacted by Connect Care implementation. Support is available 24/7 with Super Users stationed on every unit to address questions as they arise.
- As of Q3, eight eHealth Competence modules are available to help staff develop and refine their information technology and digital communication skills.
- More than 2,000 Albertans are already accessing their health information online through MyAHS Connect, formerly known as MyChart, which enables users to manage appointments, access test results, and communicate directly with their healthcare team.

Alberta Netcare is a secure and confidential electronic system of patient health information collected through a point of service in hospitals, laboratories, testing facilities, pharmacies, and clinics. As of Q3YTD, 64,185 registered healthcare providers have access to the system. Netcare allows real-time access to comprehensive health information to make the best care decisions for each client. Shared patient information leads to fewer tests, reduces adverse events, and reduces the need for patients to remember and repeat detailed health information.

AHS has initiated a sequenced launch of Provider Portal which will provide physicians who do not use the Connect Care clinical information system with some level of access to information and services.

MyHealth Records is an online tool that lets Albertans see some of their health information from Alberta Netcare including medications, immunizations, and lab tests. As of Q3YTD, more than 129,550 user accounts have been created.

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.

Eleven measures are reported quarterly. Of these, seven measures include the most current data available (Q3) and four measures reflect an earlier time period (Q2 2019-20). The remaining two measures are reported annually when data becomes available (Perinatal Mortality among First Nations and AHS Workforce Engagement). (Note: AHS Workforce Engagement is available in Q3 2019-20.)

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.

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 Q3 Year-to-Date (YTD)

AHS Performance Measure	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 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%	58%	59%	⇨	61%
Percentage of Alternate Level of Care (ALC) Patient Days	13.5%	15.4%	17.5%	16.5%	16.6%	14.8%	⇧	13.0%
Timely Access To Specialty Care (eReferrals)	3 (includes all years prior to 2015-16)	1	8	12	11	2	⇩	20
Patient Satisfaction with Hospital Experience	82%	82%	82%	83%	83% (Q2YTD)*	83% (Q2YTD)*	⇨	85%
Addiction Outpatient Treatment Wait Time (in days)	13	15	13	14	14 (Q2YTD)*	13 (Q2YTD)*	⇧	10
Improve Patient and Population Outcomes								
Unplanned Medical Readmissions	13.7%	13.6%	13.6%	13.8%	14.0% (Q2YTD)*	13.9% (Q2YTD)*	⇨	13.2%
Perinatal Mortality Rate - First Nations (Gap)	5.39	5.02	2.88	3.25	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%	78%	79%	⇨	84%
Childhood Immunization Rate – MMR	87%	87%	87%	86%	86%	88%	⇨	90%
Improve the Experience and Safety of Our People								
AHS Workforce Engagement Rate	n/a	3.46	n/a			3.57	⇧	3.67
Disabling Injury Rate	3.57	3.85	4.11	4.12	3.65 (Q2YTD)*	4.17 (Q2YTD)*	⇩	3.30
Improve Financial Health and Value for Money								
Percentage of Nursing Units Achieving Best Practice Targets	20%	28%	38%	32%	n/a**	40%	⇧	45%

n/a = data is not available
* = reported a quarter later due to data availability
** = Q2YTD 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.

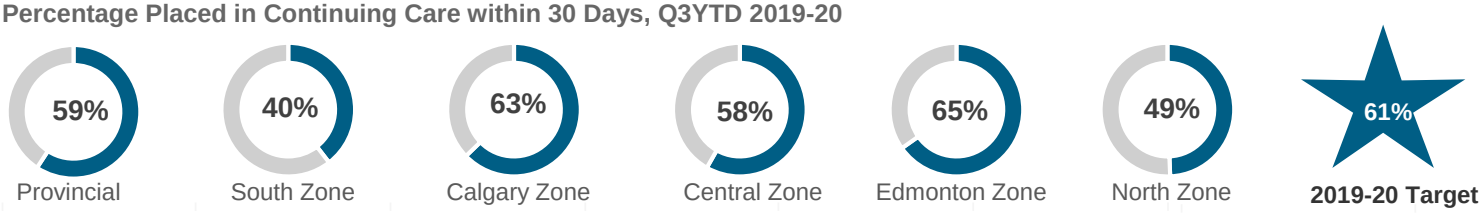
Trend Legend:
☆Target Achieved
⇧Improvement
⇨Stable: ≤3% relative change compared to the same period last year
⇩Area requires additional focus

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, Q3YTD 2019-20



Percentage Placed in Continuing Care within 30 Days Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
Provincial	**59.9%**	**59.6%**	**56.1%**	**51.8%**	**57.9%**	**57.5%**	**59.2%**	⇨	**61%**
South Zone	59.5%	47.6%	45.9%	43.3%	45.9%	46.9%	39.5%	⇩	61%
Calgary Zone	57.1%	58.4%	57.4%	58.7%	59.6%	57.8%	62.8%	☆	61%
Central Zone	54.6%	61.5%	60.3%	54.6%	53.7%	54.5%	58.2%	⇧	61%
Edmonton Zone	66.2%	64.5%	55.8%	48.7%	65.9%	65.8%	65.2%	☆	61%
North Zone	58.8%	58.7%	57.5%	43.9%	45.5%	45.2%	49.3%	⇧	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	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	**7,879**	**7,963**	**7,927**	**8,098**	**5,992**	**6,235**
South Zone	887	925	905	908	652	645
Calgary Zone	2,722	2,438	2,632	2,668	2,013	2,050
Central Zone	1,060	1,352	1,236	1,312	930	1,063
Edmonton Zone	2,506	2,575	2,388	2,525	1,873	1,946
North Zone	704	673	766	685	524	531

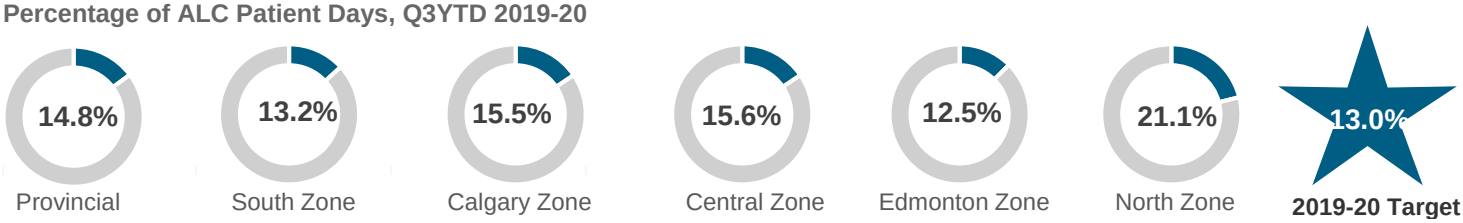
Source: AHS Seniors Health Continuing Care Living Options Report, as of January 30, 2020

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, Q3YTD 2019-20



Percentage of ALC Patient Days Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**12.2%**	**13.5%**	**15.4%**	**17.5%**	**16.5%**	**16.6%**	**14.8%**	⇧	**13.0%**
South Zone	**South Zone**	**9.0%**	**12.6%**	**13.9%**	**15.7%**	**16.3%**	**17.0%**	**13.2%**	⇧	**13.0%**
	Chinook Regional Hospital	4.4%	7.8%	8.6%	12.3%	17.3%	18.6%	11.6%	☆	13.0%
	Medicine Hat Regional Hospital	14.6%	18.9%	18.9%	22.0%	13.4%	12.8%	16.0%	⇩	13.0%
	Other South Hospitals	9.4%	11.5%	17.3%	11.6%	18.1%	19.8%	12.4%	☆	13.0%
Calgary Zone	**Calgary Zone**	**15.2%**	**16.7%**	**16.9%**	**19.2%**	**18.8%**	**19.3%**	**15.5%**	⇧	**13.0%**
	Alberta Children's Hospital	0.2%	1.3%	1.2%	2.0%	4.4%	5.5%	0.7%	☆	13.0%
	Foothills Medical Centre	15.7%	14.7%	15.2%	19.2%	18.8%	18.9%	15.8%	⇧	13.0%
	Peter Lougheed Centre	14.6%	13.6%	16.8%	14.4%	15.6%	15.9%	12.8%	☆	13.0%
	Rockyview General Hospital	16.2%	21.9%	22.2%	26.0%	23.2%	23.8%	20.7%	⇧	13.0%
	South Health Campus	14.4%	20.4%	17.6%	19.6%	19.5%	21.3%	13.1%	⇧	13.0%
	Other Calgary Hospitals	26.4%	27.2%	21.0%	21.9%	23.6%	24.4%	20.9%	⇧	13.0%
Central Zone	**Central Zone**	**13.1%**	**12.0%**	**15.3%**	**15.9%**	**17.8%**	**17.7%**	**15.6%**	⇧	**13.0%**
	Red Deer Regional Hospital Centre	11.4%	8.8%	12.4%	12.2%	13.5%	14.2%	8.1%	☆	13.0%
	Other Central Hospitals	14.4%	14.3%	17.2%	18.3%	20.7%	20.2%	20.5%	⇨	13.0%
Edmonton Zone	**Edmonton Zone**	**9.1%**	**9.5%**	**14.0%**	**15.6%**	**12.7%**	**12.2%**	**12.5%**	☆	**13.0%**
	Grey Nuns Community Hospital	10.2%	9.2%	11.1%	10.8%	9.3%	8.4%	8.1%	☆	13.0%
	Misericordia Community Hospital	10.8%	12.8%	14.7%	17.4%	17.2%	17.1%	13.5%	⇧	13.0%
	Royal Alexandra Hospital	10.6%	11.0%	18.5%	18.7%	14.8%	14.1%	14.8%	⇩	13.0%
	Stollery Children's Hospital	0.0%	1.8%	0.6%	0.2%	0.1%	0.1%	0.2%	☆	13.0%
	Sturgeon Community Hospital	12.3%	12.3%	18.9%	22.5%	19.2%	20.4%	15.4%	⇧	13.0%
	University of Alberta Hospital	6.0%	6.2%	11.7%	15.2%	10.3%	9.8%	11.7%	☆	13.0%
	Other Edmonton Hospitals	11.8%	12.1%	12.1%	14.4%	14.9%	13.8%	19.3%	⇩	13.0%
North Zone	**North Zone**	**13.8%**	**18.5%**	**16.4%**	**21.3%**	**20.7%**	**21.4%**	**21.1%**	⇨	**13.0%**
	Northern Lights Regional Health Centre	7.4%	18.5%	12.0%	8.0%	17.0%	19.8%	13.1%	⇧	13.0%
	Queen Elizabeth II Hospital	14.0%	20.4%	15.2%	26.0%	19.3%	20.3%	16.8%	⇧	13.0%
	Other North Hospitals	14.9%	17.9%	17.5%	21.8%	21.9%	22.1%	23.9%	⇩	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	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	**10,254**	**13,513**	**17,099**	**15,573**	**11,398**	**11,865**
South Zone	624	674	663	746	567	458
Calgary Zone	4,684	5,027	6,232	6,525	4,722	5,015
Central Zone	1,085	1,327	1,418	1,427	1,050	1,113
Edmonton Zone	3,046	5,518	7,709	5,947	4,340	4,483
North Zone	815	967	1,077	928	719	796

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of February 4, 2020
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 on a non-urgent clinical 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 Specialty Services Added to eReferral Advice Request in Q3YTD 2019-20

Q3YTD 2019-20 | 2019-20 Target

Zone and/or Provincially Enabled Specialties

Specialty	Prior to 2017-18	2017-18	2018-19	Q3YTD 2019-20
Family Medicine - Transgender Care				✓
Psychiatry – Child and Adolescent				✓
Cardiology			✓	
Chronic Pain Medicine			✓	
Community Pediatrics			✓	
General Surgery*			✓	
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**	**2**

Number of eReferral Advice Requests Received

	Prior to 2017-18	2017-18	2018-19	Q3YTD 2019-20
Total Advice Requests Received	98	4,934	7,013	3,862

Source: Netcare Repository and Access Improvement as of January 22, 2020

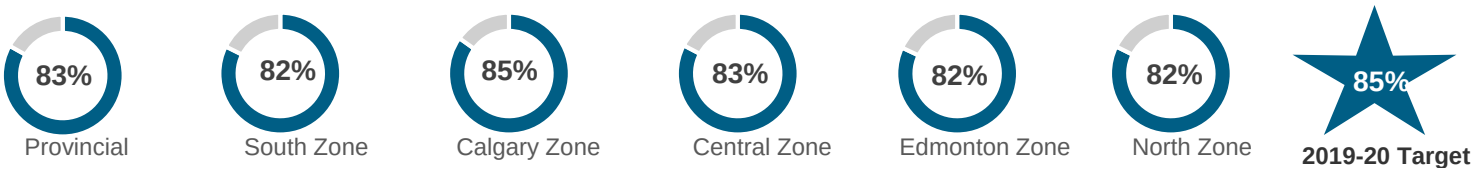
** In June 2018, General Surgery was added to eReferral Advice Request. Due to the breadth of General Surgery procedures, Advice Requests for General Surgery were specified as breast-only issues (i.e. General Surgery (Breast health)). In October 2019, six other General Surgery reasons for referral were added to eReferral Advice Request. To avoid unnecessary confusion, (Breast Health) was removed and now all General Surgery reasons for referral are referred to as General Surgery.*

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, Q2YTD 2019-20



Patient Satisfaction with Hospital Experience Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**81.8%**	**81.8%**	**82.4%**	**81.8%**	**82.7%**	**82.8%**	**83.1%**	⇨	**85%**
South Zone	**South Zone**	**81.8%**	**80.9%**	**82.2%**	**79.8%**	**82.4%**	**82.7%**	**82.3%**	⇨	**85%**
	Chinook Regional Hospital	76.6%	78.2%	82.3%	80.2%	79.5%	80.4%	80.0%	⇨	85%
	Medicine Hat Regional Hospital	85.7%	81.3%	81.3%	77.1%	84.0%	83.1%	84.1%	⇨	85%
	Other South Hospitals	88.3%	87.2%	85.5%	85.3%	87.4%	88.8%	85.6%	☆	85%
Calgary Zone	**Calgary Zone**	**83.2%**	**82.0%**	**83.0%**	**82.3%**	**83.7%**	**83.5%**	**84.9%**	☆	**85%**
	Foothills Medical Centre	80.8%	80.8%	80.3%	80.2%	82.4%	82.6%	83.4%	⇨	85%
	Peter Lougheed Centre	79.9%	77.2%	78.7%	77.7%	78.6%	77.4%	82.0%	⇧	85%
	Rockyview General Hospital	85.4%	81.7%	85.1%	83.6%	85.6%	85.7%	85.4%	☆	85%
	South Health Campus	89.7%	90.1%	90.9%	90.1%	89.6%	88.8%	90.4%	☆	85%
	Other Calgary Hospitals	90.3%	92.9%	92.2%	92.9%	91.5%	93.0%	92.2%	☆	85%
Central Zone	**Central Zone**	**84.8%**	**83.4%**	**85.0%**	**83.7%**	**84.1%**	**85.3%**	**82.7%**	⇩	**85%**
	Red Deer Regional Hospital Centre	83.0%	82.2%	82.7%	81.5%	81.2%	82.9%	79.7%	⇩	85%
	Other Central Hospitals	86.7%	84.8%	87.0%	85.7%	86.7%	87.4%	85.9%	☆	85%
Edmonton Zone	**Edmonton Zone**	**80.3%**	**81.6%**	**80.8%**	**80.7%**	**81.6%**	**81.3%**	**82.0%**	⇨	**85%**
	Grey Nuns Community Hospital	87.2%	86.1%	86.4%	85.5%	86.0%	85.4%	86.8%	☆	85%
	Misericordia Community Hospital	75.3%	77.2%	79.8%	75.2%	79.0%	77.7%	81.3%	⇧	85%
	Royal Alexandra Hospital	76.5%	77.3%	76.6%	77.8%	78.6%	79.4%	78.9%	⇨	85%
	Sturgeon Community Hospital	87.6%	89.8%	88.0%	88.0%	84.7%	82.9%	83.2%	⇨	85%
	University of Alberta Hospital	80.2%	83.5%	80.4%	81.8%	82.6%	81.7%	82.3%	⇨	85%
	Other Edmonton Hospitals	85.3%	86.3%	85.7%	84.8%	85.5%	85.7%	86.9%	☆	85%
North Zone	**North Zone**	**80.6%**	**81.3%**	**83.2%**	**82.6%**	**81.7%**	**83.2%**	**82.3%**	⇨	**85%**
	Northern Lights Regional Health Centre	74.7%	78.6%	82.2%	82.1%	79.8%	79.6%	81.9%	⇨	85%
	Queen Elizabeth II Hospital	77.2%	78.6%	80.3%	79.9%	77.1%	82.0%	79.0%	⇩	85%
	Other North Hospitals	83.7%	83.5%	84.8%	84.0%	84.3%	85.0%	83.8%	⇨	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	Q2YTD 2018-19	Q2YTD 2019-20	Number of Completed Surveys Q2YTD 2019-20	Margin of Error (±) Q2YTD 2019-20
Provincial	**218,546**	**246,917**	**246,227**	**247,279**	**124,390**	**121,367**	**12,935**	**0.65%**
South Zone	19,737	19,840	19,642	19,280	9,767	8,957	1,019	2.34%
Calgary Zone	61,044	83,208	83,397	84,287	41,911	42,159	4,322	1.07%
Central Zone	29,272	29,531	29,238	28,448	14,430	13,049	1,553	1.88%
Edmonton Zone	82,559	89,005	87,951	90,141	45,216	45,391	4,601	1.11%
North Zone	25,934	25,333	25,999	25,123	13,066	11,811	1,440	1.97%

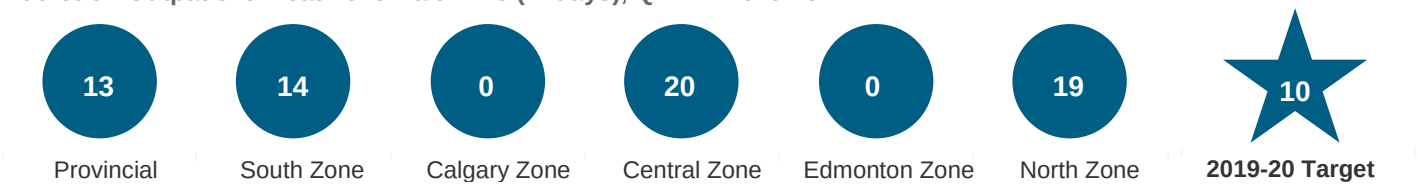
Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of January 30, 2020
Notes:
- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- The margin of errors were calculated using 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. This measure excludes opioid dependency programs.

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 (in days), Q2YTD 2019-20



Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile, in days)

Wait Time Grouping	Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**15**	**13**	**15**	**13**	**14**	**14**	**13**	⇧	**10**
Urban										
	Calgary Zone	9	5	6	0	0	0	0	☆	10
	Edmonton Zone	14	0	0	0	0	0	0	☆	10
Rural										
	South Zone	20	21	26	21	21	27	14	⇧	10
	Central Zone	16	14	15	14	16	16	20	⇩	10
	North Zone	16	19	27	24	21	22	19	⇧	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, in days)

Wait Time Grouping	Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20
Provincial	**Provincial**	**6.5**	**5.7**	**7.3**	**6.2**	**5.6**	**6.1**	**5.4**
Urban								
	Calgary Zone	7.4	7.8	11.4	9.1	6.4	7.5	6.4
	Edmonton Zone	5.1	1.2	0.9	0.4	0.3	0.4	0.0
Rural								
	South Zone	7.8	7.8	8.7	7.5	7.5	9.2	5.2
	Central Zone	6.2	6.0	6.2	5.7	6.9	6.8	7.4
	North Zone	7.3	8.2	11.1	10.5	8.7	9.2	7.8

Total Enrollments

Zone	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20
Provincial	**18,330**	**18,034**	**18,028**	**17,551**	**8,711**	**8,502**
South Zone	1,760	1,818	1,742	1,761	793	870
Calgary Zone	4,617	4,455	4,385	3,942	1,966	1,761
Central Zone	3,467	3,560	3,829	4,145	2,131	2,050
Edmonton Zone	4,957	4,665	4,629	4,195	2,109	1,959
North Zone	3,529	3,536	3,443	3,508	1,712	1,862

Sources: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product 2. Clinical Activity Reporting Application (CARA), for results since Apr 1, 2013 3. Geriatric Mental Health Information System (GMHIS), for results since Apr 1, 2013 4. eClinician, for results since Jun 22, 2015 (ASE program) and Apr 20, 2015 (YASE program), as of January 23, 2020

Notes:

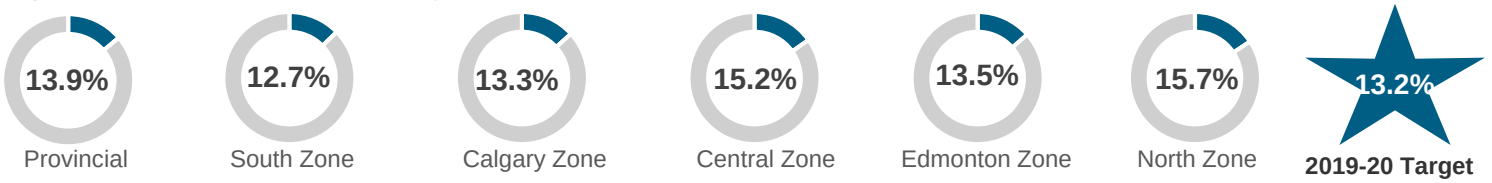
- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change 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, Q2YTD 2019-20



Unplanned Medical Readmissions Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Provincial	**Provincial**	**13.6%**	**13.7%**	**13.6%**	**13.6%**	**13.8%**	**14.0%**	**13.9%**	⇨	**13.2%**
South Zone	**South Zone**	**13.4%**	**14.2%**	**13.9%**	**13.9%**	**13.0%**	**13.7%**	**12.7%**	☆	**13.2%**
	Chinook Regional Hospital	13.4%	14.0%	13.3%	12.7%	11.6%	11.7%	12.3%	☆	13.2%
	Medicine Hat Regional Hospital	12.4%	14.1%	13.8%	13.9%	13.2%	13.8%	12.7%	☆	13.2%
	Other South Hospitals	14.7%	14.5%	14.9%	15.5%	14.8%	16.3%	13.3%	⇧	13.2%
Calgary Zone	**Calgary Zone**	**12.2%**	**12.3%**	**12.3%**	**12.5%**	**12.8%**	**12.9%**	**13.3%**	⇩	**13.2%**
	Foothills Medical Centre	12.1%	12.3%	12.3%	12.3%	12.7%	12.6%	13.1%	☆	13.2%
	Peter Lougheed Centre	12.3%	12.8%	13.1%	12.6%	12.6%	12.5%	13.6%	⇩	13.2%
	Rockyview General Hospital	11.9%	12.0%	12.1%	12.4%	12.8%	13.2%	13.3%	⇨	13.2%
	South Health Campus	12.3%	12.0%	11.4%	12.3%	13.4%	14.1%	13.3%	⇧	13.2%
	Other Calgary Hospitals	13.7%	12.5%	13.0%	13.4%	12.9%	12.1%	14.3%	⇩	13.2%
Central Zone	**Central Zone**	**14.9%**	**15.0%**	**14.8%**	**14.2%**	**14.9%**	**15.1%**	**15.2%**	⇨	**13.2%**
	Red Deer Regional Hospital Centre	13.8%	14.0%	13.0%	13.1%	14.0%	13.9%	13.6%	⇨	13.2%
	Other Central Hospitals	15.3%	15.4%	15.6%	14.6%	15.3%	15.5%	15.9%	⇨	13.2%
Edmonton Zone	**Edmonton Zone**	**13.8%**	**13.6%**	**13.6%**	**13.9%**	**14.2%**	**14.3%**	**13.5%**	⇧	**13.2%**
	Grey Nuns Community Hospital	12.3%	13.2%	12.7%	12.7%	14.2%	14.7%	12.9%	☆	13.2%
	Misericordia Community Hospital	13.7%	13.5%	15.0%	14.2%	15.1%	15.5%	14.5%	⇧	13.2%
	Royal Alexandra Hospital	14.0%	13.7%	13.1%	14.2%	13.9%	14.0%	13.6%	⇨	13.2%
	Sturgeon Community Hospital	13.7%	13.4%	13.1%	13.8%	14.9%	16.0%	13.1%	☆	13.2%
	University of Alberta Hospital	14.5%	14.2%	14.4%	14.5%	14.5%	14.0%	14.0%	⇨	13.2%
	Other Edmonton Hospitals	12.7%	11.9%	12.9%	12.0%	12.4%	12.4%	12.3%	☆	13.2%
North Zone	**North Zone**	**15.3%**	**15.3%**	**15.2%**	**14.8%**	**14.7%**	**14.8%**	**15.7%**	⇩	**13.2%**
	Northern Lights Regional Health Centre	12.8%	13.3%	14.2%	15.0%	13.5%	14.5%	14.4%	⇨	13.2%
	Queen Elizabeth II Hospital	11.9%	13.3%	13.4%	11.7%	12.3%	12.1%	12.8%	☆	13.2%
	Other North Hospitals	16.1%	15.9%	15.6%	15.3%	15.3%	15.3%	16.4%	⇩	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	Q2YTD 2018-19	Q2YTD 2019-20
Provincial	**114,313**	**114,400**	**114,717**	**114,908**	**57,260**	**58,441**
South Zone	9,688	9,885	9,598	9,322	4,799	4,494
Calgary Zone	35,594	35,712	36,842	36,926	18,104	19,206
Central Zone	16,898	16,811	16,298	15,516	7,812	7,657
Edmonton Zone	37,859	37,853	37,828	39,526	19,555	20,309
North Zone	14,274	14,139	14,151	13,618	6,990	6,775

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of January 30, 2020
Notes:
- This quarter is a quarter later due to requirements to follow up with patients after end of reporting quarter.
- This indicator measures the risk-adjusted rate of urgent readmission to hospital for the medical patient group, which is adapted from the CIHI methodology (2016).

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

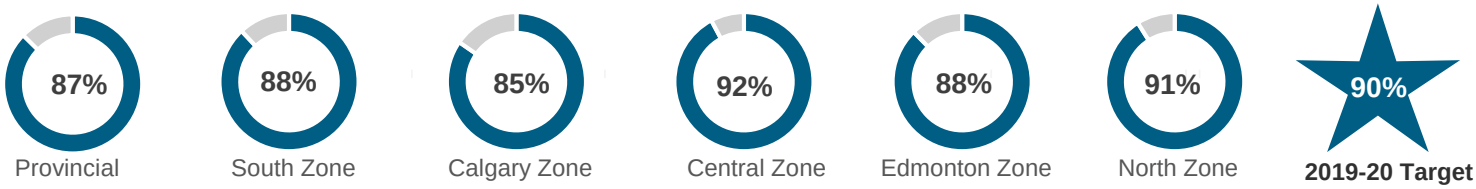
Source(s): Alberta Health, as of April 30, 2019
Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.

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, Q3YTD 2019-20



Hand Hygiene Compliance Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 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%**	**88%**	⇨	**90%**
	Chinook Regional Hospital	85%	82%	83%	78%	87%	87%	87%	⇨	90%
	Medicine Hat Regional Hospital	77%	82%	87%	84%	89%	88%	90%	☆	90%
	Other South Hospitals	85%	83%	83%	81%	87%	87%	88%	⇨	90%
Calgary Zone	**Calgary Zone**	**71%**	**78%**	**81%**	**84%**	**86%**	**85%**	**85%**	⇨	**90%**
	Alberta Children's Hospital	74%	77%	80%	79%	81%	80%	81%	⇨	90%
	Foothills Medical Centre	66%	76%	83%	84%	85%	84%	83%	⇨	90%
	Peter Lougheed Centre	77%	85%	79%	80%	85%	85%	87%	⇧	90%
	Rockyview General Hospital	68%	74%	84%	88%	91%	91%	89%	⇨	90%
	South Health Campus	59%	69%	76%	77%	76%	75%	81%	⇧	90%
	Other Calgary Hospitals	77%	80%	79%	85%	88%	88%	88%	⇨	90%
Central Zone	**Central Zone**	**74%**	**81%**	**78%**	**87%**	**91%**	**91%**	**92%**	☆	**90%**
	Red Deer Regional Hospital Centre	69%	78%	78%	85%	88%	90%	88%	⇨	90%
	Other Central Hospitals	77%	82%	78%	87%	92%	91%	93%	☆	90%
Edmonton Zone	**Edmonton Zone**	**74%**	**79%**	**83%**	**86%**	**87%**	**86%**	**88%**	⇨	**90%**
	Grey Nuns Community Hospital	75%	73%	83%	89%	92%	92%	92%	☆	90%
	Misericordia Community Hospital	77%	75%	80%	86%	88%	88%	89%	⇨	90%
	Royal Alexandra Hospital	75%	81%	84%	86%	85%	85%	86%	⇨	90%
	Stollery Children's Hospital	75%	79%	80%	81%	80%	78%	85%	⇧	90%
	Sturgeon Community Hospital	81%	84%	86%	88%	83%	83%	84%	⇨	90%
	University of Alberta Hospital	70%	74%	85%	88%	89%	89%	88%	⇨	90%
	Other Edmonton Hospitals	73%	79%	82%	86%	89%	88%	89%	⇨	90%
North Zone	**North Zone**	**81%**	**87%**	**88%**	**88%**	**89%**	**89%**	**91%**	☆	**90%**
	Northern Lights Regional Health Centre	64%	88%	87%	82%	88%	90%	93%	☆	90%
	Queen Elizabeth II Hospital	91%	96%	91%	88%	81%	82%	86%	⇧	90%
	Other North Hospitals	74%	85%	88%	89%	90%	90%	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	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	**395,771**	**383,432**	**333,076**	**321,017**	**237,913**	**241,610**
South Zone	39,185	38,056	18,277	26,191	19,323	21,959
Calgary Zone	182,568	162,014	128,687	114,642	81,434	95,857
Central Zone	45,144	35,952	39,162	41,865	30,950	30,136
Edmonton Zone	99,795	125,376	117,215	107,235	82,677	72,215
North Zone	29,079	22,034	29,735	31,084	23,529	21,443

Source: AHS Infection Prevention and Control Surveillance and Standards, as of January 15, 2020; Covenant Health Infection Prevention and Control, as of January 2, 2020
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.

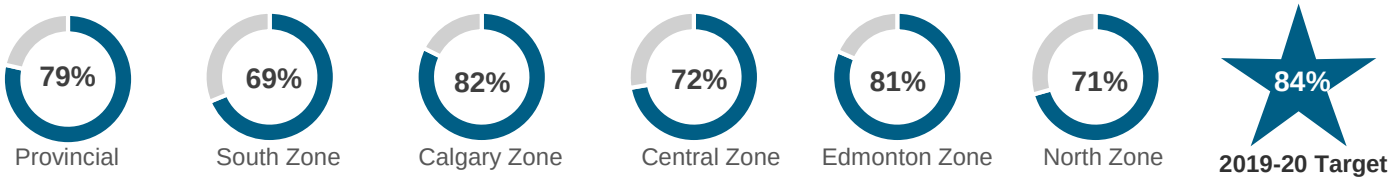
CHILDHOOD IMMUNIZATION RATE

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, Q3YTD 2019-20



Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
Provincial	**78.3%**	**78.0%**	**78.3%**	**77.7%**	**77.7%**	**77.6%**	**78.6%**	⇨	**84%**
South Zone	67.9%	65.7%	67.8%	70.0%	69.8%	70.1%	68.8%	⇨	84%
Calgary Zone	82.6%	81.5%	81.4%	79.8%	81.0%	80.9%	82.3%	⇨	84%
Central Zone	71.1%	70.9%	70.6%	70.7%	71.9%	71.9%	72.3%	⇨	84%
Edmonton Zone	84.0%	84.6%	84.0%	82.9%	80.5%	80.3%	81.5%	⇨	84%
North Zone	66.6%	66.5%	67.7%	68.9%	69.6%	69.8%	70.6%	⇨	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	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	**54,267**	**55,138**	**56,208**	**54,550**	**41,901**	**40,290**
South Zone	4,104	4,157	4,271	4,061	3,070	2,987
Calgary Zone	19,602	20,424	20,862	20,349	15,656	15,055
Central Zone	6,240	5,833	5,661	5,361	4,082	3,990
Edmonton Zone	16,870	17,578	18,114	17,869	13,840	13,112
North Zone	7,451	7,146	7,300	6,910	5,253	5,146

Source: Province-wide Immunization Program, Communicable Disease Control as of January 10, 2020
Notes:
- The target represented is the AHS' 2019-20 Target. Alberta Health has higher targets for DTaP-IPV-Hib vaccine 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.

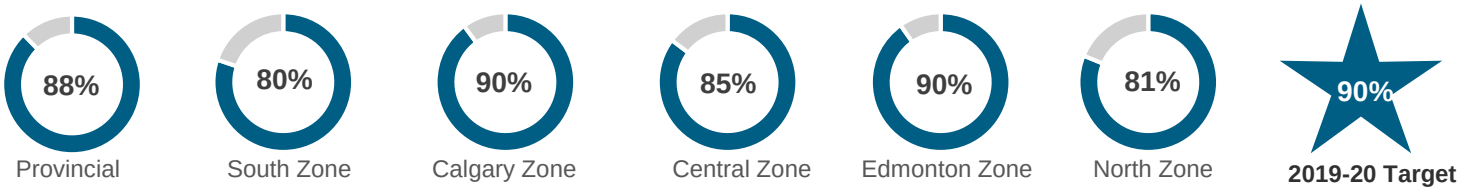
CHILDHOOD IMMUNIZATION RATE

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, Q3YTD 2019-20



Childhood Immunization Rate: MMR Trend

Zone Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
Provincial	**87.6%**	**86.9%**	**87.4%**	**86.9%**	**86.5%**	**86.5%**	**87.7%**	⇨	**90%**
South Zone	83.9%	78.8%	81.0%	82.1%	82.0%	82.3%	80.2%	⇨	90%
Calgary Zone	89.6%	89.2%	89.6%	87.9%	88.6%	88.4%	89.9%	☆	90%
Central Zone	80.8%	81.1%	82.3%	84.2%	83.8%	84.0%	85.3%	⇨	90%
Edmonton Zone	92.2%	91.9%	91.8%	90.5%	88.7%	88.6%	90.2%	☆	90%
North Zone	80.3%	78.5%	77.8%	79.6%	79.3%	79.5%	81.2%	⇨	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	Q3YTD 2018-19	Q3YTD 2019-20
Provincial	**54,267**	**55,138**	**56,208**	**54,550**	**41,901**	**40,290**
South Zone	4,104	4,157	4,271	4,061	3,070	2,987
Calgary Zone	19,602	20,424	20,862	20,349	15,656	15,055
Central Zone	6,240	5,833	5,661	5,361	4,082	3,990
Edmonton Zone	16,870	17,578	18,114	17,869	13,840	13,112
North Zone	7,451	7,146	7,300	6,910	5,253	5,146

Source: Province-wide Immunization Program, Communicable Disease Control as of January 10, 2020
Notes:
- The target represented is the AHS' 2019-20 Target. Alberta Health has higher targets for MMR vaccine 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

DEFINITION: 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'.

WHY THIS IS IMPORTANT: The higher the rate, the better, as it demonstrates that more employees feel positive about their work and are more engaged. More than 51,000 individuals – including nurses, emergency medical services, support staff, midwives, physicians and volunteers – participated in the Our People Survey in 2019-20.

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 sustainable manner.

Our People Survey Results, 2019-20

2019-20 Actual **2019-20 Target**

Our People Survey Results by Zone, 2019-20

Portfolio or Departments	2016-17	2019-20	Trend	2019-20 Target
Provincial	3.46	3.57	⇧	**3.67**

Source(s): AHS People portfolio
Note: Workforce engagement rate is specific to AHS Employees only, and excludes physicians, volunteers and midwives.

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: Q2YTD 2019-20

2019-20 Actual **2019-20 Target**

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Province	**Provincial**	**3.57**	**3.85**	**4.11**	**4.12**	**3.65**	**4.17**	⇩	**3.30**
Zone	South Zone Clinical Operations	3.57	3.50	3.75	4.23	3.51	4.48	⇩	3.30
	Calgary Zone Clinical Operations	3.56	3.88	4.57	4.63	4.10	4.34	⇩	3.30
	Central Zone Clinical Operations	3.88	4.12	4.91	4.37	3.74	6.12	⇩	3.30
	Edmonton Zone Clinical Operations	3.48	3.73	4.11	4.11	3.92	3.74	⇧	3.30
	North Zone Clinical Operations	4.35	3.75	4.08	4.40	3.90	4.71	⇩	3.30
Provincial Portfolios	CancerControl Alberta	1.68	1.47	1.04	1.54	1.00	2.83	☆	3.30
	Capital Management	2.15	2.74	2.24	2.47	1.77	2.74	☆	3.30
	Chief Information Officer	0.26	0.17	0.21	0.10	0.20	0.09	☆	3.30
	Community Engagement & Communications	0.00	0.00	0.00	0.00	0.00	1.72	☆	3.30
	Contracting, Procurement & Supply Chain Management	2.61	3.85	3.24	4.59	3.15	3.08	☆	3.30
	Diagnostic Imaging Services	1.85	2.86	3.57	3.79	4.25	3.67	⇧	3.30
	Emergency Medical Services (EMS)	12.94	15.09	15.02	12.80	10.26	13.08	⇩	3.30
	Finance	0.16	0.33	0.56	0.38	0.37	0.78	☆	3.30
	Health Professions & Practice	7.47	6.58	7.73	7.12	7.65	5.34	⇧	3.30
	HR, Legal & Privacy,WHS	n/a	n/a	0.50	0.34	0.00	0.74	☆	3.30
	Internal Audit & Enterprise Risk Management	0.00	0.00	0.00	0.00	0.00	4.17	⇩	3.30
	Nutrition, Food, Linen & Environment	6.95	6.89	6.35	6.50	6.06	6.18	⇨	3.30
	Office of CMO & Medical Affairs	0.70	1.18	0.88	0.81	0.75	0.90	☆	3.30
	Pharmacy Services	1.05	1.69	1.22	1.14	1.19	1.27	☆	3.30
	Protective Services	n/a	n/a	8.54	11.13	7.76	11.54	⇩	3.30
	System Innovations and Programs	0.27	0.25	0.47	0.57	0.69	0.22	☆	3.30

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

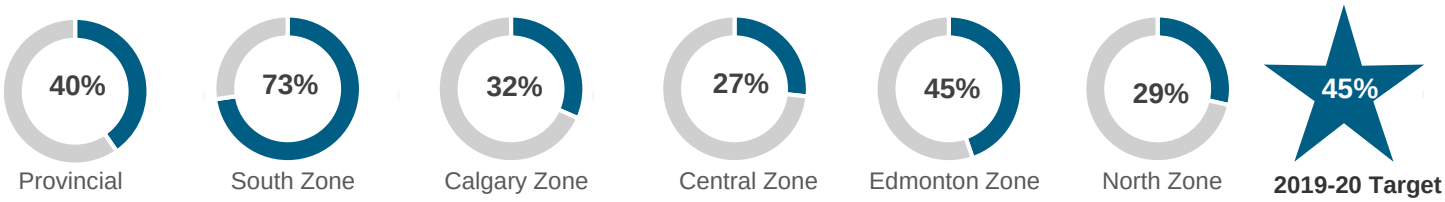
Source: WCB Alberta and e-Manager Payroll Analytics (EPA). EPA 2017-20 YTD data as of Dec, 2019. WCB data April-Sept 2019 as of Dec, 2019. Data retrieval Jan 20, 2020.
Notes:
- This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.
- Reporting of "0.00" is accurate and reflects these portfolios having no disabling injuries.
- Starting Q2 2019-20, Protective Services is reported separately from the rest of the People portfolio (HR, Legal & Privacy, WHS).
- Accurate mapping of historical data is not possible as a number of functional centres have been disabled in March 2019. As a result, some employees were not mapped to any portfolio for historical data up to 2016/17.

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, Q3YTD 2019-20



Percentage of Nursing Units Achieving Best Practice Efficiency Targets

Zone Name	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19*	Q3YTD 2019-20	Trend	2019-20 Target
	Prior methodology was utilized.							
Provincial	**20%**	**28%**	**38%**	**32%**	**n/a**	**40%**	⇧	**45%**
South Zone	63%	58%	61%	68%	n/a	73%	☆	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	45%	☆	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 January 28, 2020

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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