2021-22 Bi-Annual Performance Report

Measuring Progress on Year 2 of the AHS 2020-2022 Health Plan

April 1, 2021 - September 30, 2021

Alberta Health Services

Healthy Albertans.
Healthy Communities.
Together.

Prepared by AHS Planning and Performance
Approved December 14, 2021

Note: AHS Performance Review initiatives are identified throughout the report using this icon.

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Introduction

Alberta Health Services (AHS) is one of three entities within the Ministry of Health, delivering a broad range of healthcare services on behalf of the Government of Alberta, in accordance with the mandate set by government.

The AHS 2020-2022 Health Plan provides a roadmap of how AHS will meet its objectives and direction on how performance will be measured. It reflects direction from Alberta Health and aligns to the Government of Alberta's priorities in the Ministry of Health's 2021-2024 Business Plan, the Blue Ribbon Panel on Alberta's Finances report released in 2019 and the AHS Performance Review released in February 2020. The Health Plan includes eight objectives that are balanced across four goals (Quadruple Aim): 1) Improve the experience of patients and families, 2) Improve patient and population health outcomes, 3) Improve the experience and safety of our people and 4) Improve financial health and value for money.

AHS has 17 performance metrics to monitor progress on objectives. Metrics align to the Ministry of Health's 2021-24 Business Plan, key measures articulated in the Blue Ribbon Panel on Alberta's Finances report, and are linked to improvements considered to be fully within AHS' span of control. One measure (*Annual Rate of Change in Operational Expenditure*) includes a numerical target; the remaining 16 indicators do not have targets and are measured based on relative improvement.

Enhancing performance across the healthcare delivery system requires regular monitoring. To meet reporting accountability requirements for the 2021-22 fiscal year, the Minister has provided direction for AHS to submit a bi-annual (Q2 year-to-date) report and an annual (year-end) report. These reports serve as accountability mechanisms that ensure transparency with Alberta Health and to the public regarding AHS' performance, results and progress. This 2021-22 AHS Bi-Annual Performance Report captures year 2 of the 2020-22 Health Plan, and highlights work accomplished between April 1, 2021 and September 30, 2021.

AHS also continues to monitor a number of metrics that are not captured in the Health Plan, but are familiar and of interest to Albertans. These metrics span the continuum of care and are used by AHS to support priority-setting and decision-making. The full suite of Monitoring Measures can be found online: www.ahs.ca/about/Page12640.aspx.

Albertans expect the very best from their healthcare delivery system, and that is what we are constantly striving for. AHS is proud to be part of Canada's largest province-wide, fully integrated healthcare system which relies on collaboration and partnerships to advance healthcare outcomes for Albertans. We will continue to work with Alberta Health, communities and our many partners to achieve a more integrated healthcare delivery system in Alberta.

The COVID-19 pandemic will continue to have significant implications for AHS and will require the organization to find innovative ways to deliver care and services that enable improved patient outcomes, experiences and value for money while ensuring Albertans receive safe, quality care. AHS is dedicated to moving forward on its priorities wherever possible while endeavouring to support the fight against COVID-19.

Performance Summary

The 17 AHS performance metrics are reported as follows:

- Eleven indicators include current data to the end of Q2 with comparable historical data.
- Four indicators are lagged by one quarter (Q1).
    - One indicator (*Patient Satisfaction*) relies on patient follow-up after they have been discharged from care.
    - Two indicators (*Unplanned Readmissions*) rely on readmission data up to 30 days following discharge which may occur after the quarter ends.
    - One indicator (*Disabling Injury Rate)* relies on employee reporting that may occur retroactively after the quarter ends.
- One measure (*Annual Rate of Change in Operational Expenditures*) is reported annually at the end of the fiscal year.
- One indicator (*Workforce Engagement*) is reported when it becomes available, following a scheduled organization-wide survey.

When compared to the same period last year:

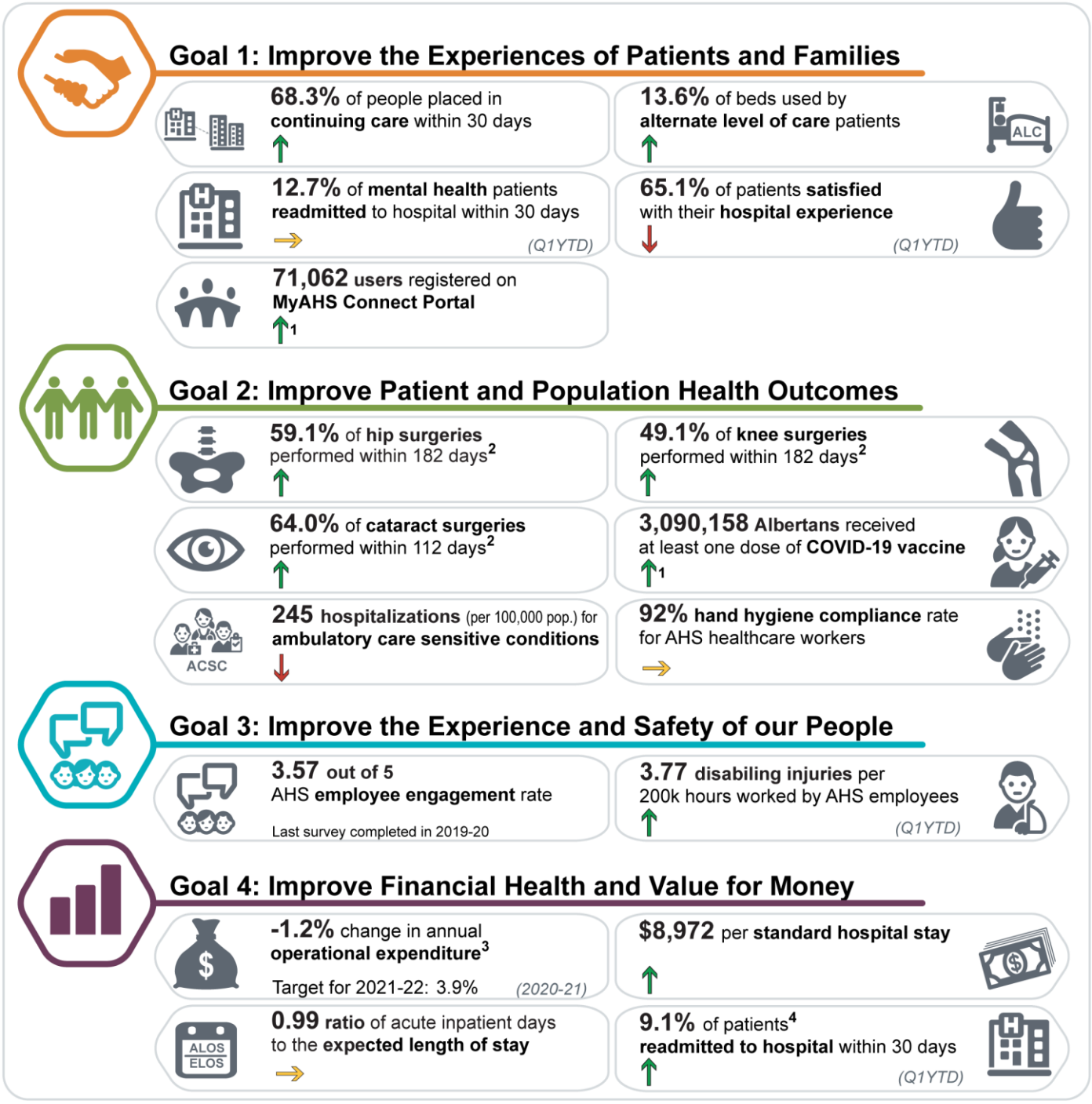
- Ten of the 15 available performance metrics (67%) have shown improvement.
    - Percentage Placed in Continuing Care Within 30 Days
    - Percentage of Alternate Level of Care (ALC) Days
    - MyAHS Connect Portal Users
    - Percentage of Scheduled Hip Surgeries Performed Within CIHI Benchmark
    - Percentage of Scheduled Knee Surgeries Performed Within CIHI Benchmark
    - Percentage of Scheduled Cataract Surgeries Performed Within CIHI Benchmark
    - Total Alberta Residents Who Received a COVID-19 Vaccination (at least the first dose)
    - Disabling Injury Rate
    - Cost of a Standard Hospital Stay
    - Overall Unplanned Readmissions (medical, surgical, pediatric and obstetric)

- Three of the 15 available performance metrics (20%) remained stable (≤3 per cent change).
    - Unplanned Mental Health Readmissions
    - Hand Hygiene Compliance
    - Acute Length of Stay Compared to Expected Length of Stay (ALOS:ELOS)

- Two of the 15 available performance metrics (13%) have shown deterioration or slowed progress.
    - **Patient Satisfaction with Hospital Experience** – Gathering feedback from individuals using hospital services is a critical part of improving the health system. The decline in patient satisfaction is likely attributable to concerns about ongoing restrictions to family presence and visitation, access to healthcare services and specialists, and cancellation and postponement of surgeries. AHS works with patients and families to address concerns on a case-by-case basis.
    - **Ambulatory Care Sensitive Condition (ACSC) Hospitalization Rate** – Creating a more integrated healthcare delivery system ensures that care is provided in the right setting. The increase in hospitalizations for ACSCs when compared to the same period last year may be due to lower hospital volumes in 2020-21 which have started to recover in 2021-22. Another contributing factor may be the result of Albertans not seeking timely care during earlier stages of the COVID-19 pandemic leading to exacerbated conditions and higher acuity when presenting for care. When current ACSC rates are compared to pre-pandemic rates in 2019-20 Q2YTD, current Q2YTD rates actually represent a performance improvement.

Performance Metrics – Dashboard

Current results for AHS' performance metrics are summarized below. Results are based on comparison between Q2 year-to-date (YTD) 2020-21 and Q2YTD 2021-22, unless otherwise stated. For more detail, refer to the Appendix.



Notes:

1. This is a cumulative measure and indicates continuous increase.
2. The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.
3. Excludes COVID-19 related expenses.
4. Includes medical, surgical, pediatric and obstetrical patients.

Legend:

Improved: ↑

Stable, within 3% change: →

Requires additional focus: ↓

Goal 1: Improve the Experiences of Patients and Families

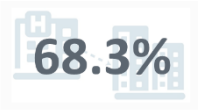
AHS aims to improve the experiences of patients and families by providing appropriate care within a coordinated, team-based approach.

Licensed practical nurse Josee Verscheure with a patient at Consort Hospital and Care Centre. (*Note: This photo was taken prior to the COVID-19 pandemic.)* Photo by Leah Hennel/AHS.

Objective 1: Expand community-based and home care options in the most appropriate setting.

To provide excellent healthcare experiences and to meet the needs of Alberta's growing and aging population, AHS strives to provide Albertans with care where they want it most: in their homes and communities. AHS is expanding continuing care options, increasing continuing care capacity and standardizing and enhancing home care to ensure clients are cared for in the most appropriate settings.

PERFORMANCE RESULTS SUMMARY



Provincial
Q2YTD 2021-22
Trend: ↑

Percentage Placed in Continuing Care Within 30 Days

This measure monitors the percentage of people who move from hospitals and communities into community-based continuing care settings. The **higher the percentage the better**, as it demonstrates availability of long-term care or designated supportive living beds. As of Q2YTD, the percentage placed in continuing care within 30 days (68.3%) improved by five per cent compared to the same period last year (64.8%).

Provincial
Q2YTD 2021-22
Trend: ↑

Percentage of Alternate Level of Care (ALC) Patient Days

This measure monitors the percentage of days a hospital bed is occupied by a patient who no longer needs acute care services while they wait to be discharged to a more appropriate setting (called ALC days). The **lower the percentage the better**, as it demonstrates system capacity that meets population needs and suggests appropriate care transitions. As of Q2YTD, the percentage of ALC days (13.6%) improved by nine per cent compared to the same period last year (14.9%).

ACTIONS AND ACHIEVEMENTS

One of the ways AHS is supporting patients and their families to be healthy, well and independent is by continuing to enhance community-based care so that care is provided at home or in the community whenever possible.

- The COVID-19 pandemic helped identify shared spaces as a risk factor for virus transmission. There are approximately 6,800 continuing care spaces across the province where more than one resident shares a room and bathroom. The AHS Continuing Care Infrastructure Modernization Plan aims to decrease shared rooms, enhance fire and life safety features and upgrade HVAC systems.
    - As of September 30, 2021, AHS had completed discussions with more than 150 sites across the province to solicit information regarding their plans and ideas for replacement or refurbishment. Ward rooms with three or more residents have been eliminated as of September 2021. A prioritization methodology for site modernization is being developed to inform future capital grant opportunities in collaboration with Alberta Health.
- The AHS palliative and end-of-life care (PEOLC) integrated capacity plan aims to create a coordinated approach to planning and implementing PEOLC services across acute care, home care and hospice. A report was developed and submitted to Alberta Health for consideration earlier this year.
- In collaboration with community partners and agencies, AHS has supported the development and implementation of 15 active projects to address the needs of individuals living with dementia in communities across the province. For example, AHS implemented the Sensory Therapeutic Enhancement Project (STEP) in North Zone in Q1, which addresses some of the behavioural and psychological symptoms of dementia by improving access to meaningful sensory tools and activities. The project promotes safe and enriching care settings where social, psychological, cognitive, emotional and recreational care needs can be met.
- AHS offers physiotherapy services for Albertans with specific physical concerns to help improve their function through AHS outpatient facilities or contracted community clinics.

- A new service model for outpatient and community physiotherapy has been developed to promote standardization across the province and improve access to services. As of September 30, 2021, 14 contracted sites in Red Deer and North Zone areas have implemented standardized services. Implementation in Calgary Zone and Edmonton Zone is expected in 2022.

- Pediatric Rehabilitation and Mental Health and Addiction teams are collaborating to enhance community-based services and strategies to address gaps for child and youth services. A final grant proposal for Child and Youth Health Services was submitted to Alberta Health in Q2. AHS also completed additional planning work related to concurrent services, workforce, evaluation and communication.

- The provision of quality healthcare requires effective and safe communication between patients and care providers. In support of long-COVID recovery, AHS developed a FAQ document for use in communities across the province. The digital document was translated into 12 languages and published online in Q2 to ensure equitable access to information.

AHS continues to work with independent providers to develop long-term care and designated supportive living spaces in the community.

- To keep pace with population growth and aging, AHS needs to remain focused on increasing community capacity. Teams continue to commission approved spaces as quickly and as safely as possible. As of September 30, 2021, AHS had opened 368 net new continuing care beds to support individuals who need community-based care and supports. AHS also opened four new continuing care facilities in Central, North and Calgary Zones.

- From April to September 2021, AHS closed 22 temporary surge beds in Calgary Zone and permanently contracted 15 surge beds in North Zone. There are five temporary surge beds remaining which are expected to close in Q3. The focus this year has been on expediting the commissioning of approved new continuing care spaces to the extent possible.

Home care provides personal and healthcare services to help clients remain in their homes for as long as possible. AHS continues to increase capacity for home care supports in communities across Alberta.

- AHS is working with Alberta Health and Alberta Seniors and Housing to develop a social prescribing project to address the clinical and social needs of seniors living in community. Social prescribing is a holistic approach that empowers healthcare providers to refer clients to community-serving organizations as part of the care-planning process. Social prescribing is expected to delay placements into higher levels of care, reduce caregiver burnout, improve overall quality of life, simplify system navigation and access, and build collaboration and capacity among home care and social services. Phase 1 is currently being implemented in the Edmonton Zone.

- The Rural Palliative Care In-Home Funding Program supports the provision of end-of-life care in rural and remote areas so clients can remain at home instead of being admitted to hospital. From April 1, 2021 to September 30, 2021, 81 clients had been served by the program. Of the clients who have died while accessing the program, 72 per cent were able to pass away in the comfort of their own home.

AHS actively reviews and seeks to improve existing processes that review and respond to feedback from patients and families. Working with Alberta Health and the Health Quality Council of Alberta (HQCA), AHS has taken steps to strengthen the patient complaints process to ensure it is fair, responsive and accessible. Although call volumes in the first half of 2021-22 remained above pre-pandemic levels, Patient Relations teams have improved the number of concerns addressed within 30 days beyond pre-pandemic results. As of Q2YTD, no investigations have been opened by the Alberta Ombudsman, which indicates that AHS is appropriately managing concerns in accordance with the *Patient Concerns Resolution Process Regulation* (Alberta Regulation 2016/28).

Objective 2: Improve sustainability and integration of addiction and mental health care in communities and across the service continuum.

Addiction and mental health (AMH) conditions involve a complex interplay of genetics, personality, childhood experiences, trauma and social determinants of health. These factors result in a diverse range of needs that require comprehensive, culturally-appropriate, well-coordinated and integrated services within AHS and with partner organizations and ministries. Using a recovery-oriented approach, AHS empowers Albertans experiencing substance use and mental health issues to use their strengths, skills, family, natural supports and the community to live the life they choose by respecting their choices, autonomy, dignity and self-determination.

PERFORMANCE RESULT SUMMARY

Unplanned Mental Health Readmissions

This measure monitors the percentage of patients who are unexpectedly readmitted to hospital within 30 days of discharge following mental health care. The **lower the percentage the better**, as it demonstrates appropriate discharge planning and follow-up community care. As of Q1YTD, the percentage of unplanned mental health readmissions (12.7%) remained stable compared to the same period last year (12.8%).

ACTIONS AND ACHIEVEMENTS

AHS remains committed to enhancing access to AMH services to provide a range of appropriate supports to all Albertans regardless of where they live in the province. Timely access to addiction and mental health services helps Albertans address health issues as early as possible to avoid escalation and the need for more complex levels of service.

- To support expanded and appropriate use of the AMH Helpline, care pathways are being developed to improve transitions and collaboration between other Health Link teams. Pathways are already operational for the Dementia Advice Line and AlbertaQuits program. Work continues to finalize the pathway for the Rehabilitation Advice Line which is expected to launch in Q3. This work supports timely identification and treatment of underlying mental health symptoms and conditions. As of Q2YTD, 12,825 calls were answered by the AMH Helpline.

- As of Q2YTD, no new addiction beds have been added. Contract negotiations are underway and expanded capacity is expected by the end of the fiscal year.

- As of September 30, 2021, construction of the new Calgary Centre for Child and Adolescent Mental Health continues to make great progress. The foundation has been poured and work is progressing on design and equipment planning. The new facility will be home to a mental health walk-in service, intensive outpatient therapy and a day hospital program which supports mentally healthy futures for children and adolescents in the community. Construction is expected to be completed in 2022-23.

Child and Youth Services

Best practice literature demonstrates that child and youth mental and emotional well-being can be developed, nurtured and supported through promotion and prevention efforts. The following efforts are underway across the service continuum for children and youths:

- CanREACH is an innovative program that empowers physicians to identify and treat pediatric mental health conditions in the community. Evidence shows that CanREACH-trained physicians use specialized services less often than their peers, and the referrals they do make are more appropriate. Two sessions were delivered to 81 participants in the first half of 2021-22. In total, 10 sessions have been delivered to 359 participants since the program launched in June 2019. Thirty-three per cent of trained physicians are from rural communities.

- The Child and Youth Health Services (CYHS) initiative focuses on priorities related to AMH and

pediatric rehabilitation services, including collaborative intake, access and triage, and care for children, youth and families with complex needs. A partnership with Rural Central Access was established to support an integrated approach. Implementation planning continued in the first half of 2021-22. A final grant proposal was submitted to Alberta Health in Q2.

- Personalized Community Care (PCC) is a provincially-accessed, community-based placement and treatment program for youth up to 19 years of age who are receiving child intervention services. The PCC program supports youth to stabilize and recover from mental health crises through intensive treatment to improve their functioning and well-being. This is a joint initiative with Alberta Health and Children's Services. Implementation planning of the new program took place in the first half of 2021-22.

- The Youth Community Support Program (YCSP) provides a step-down service for youth and their families who are being discharged from acute inpatient mental health settings. YCSP aims to fill a gap in the continuum of services for youth 13-17 years of age with complex mental health diagnoses, who frequently access acute services. Program evaluations show that all youth involved in the program in Calgary and Edmonton demonstrated improved mental health and decreased reliance on emergency services during and after their time in the program.

- The *Protection of Children Abusing Drugs Act* (PChAD) is an Alberta law that helps children under the age of 18, whose use of alcohol or drugs will likely cause significant psychological or physical harm to themselves or others. One of the ways AHS supports this high-risk group is by providing a 10-day inpatient program aimed at detoxifying, stabilizing and assessing each patient to ensure appropriate supports are in place to facilitate a successful discharge. As of September 30, 2021, 312 clients were admitted to the program.

Opioid Response and Addiction Recovery

Responding to the opioid crisis remains a priority in Alberta. AHS works collaboratively with patients and partner organizations to offer community-based programs, services and supports in response to the opioid crisis and other emerging needs.

- AHS Opioid Dependency Programs (ODP) clinics have served more than 800 clients so far this year by providing medical outpatient treatment to clients dependent on opioids. AHS also supports 11 community clinics across the province, including sites in Fort McMurray, Grande Prairie and Cardston. Enhancements are being made to psychosocial services in all OPD clinics and, as of September 30, 2021, an additional 200 clients have received psychosocial supports through non-AHS clinics.

- AHS supports urgent opioid response needs in urban centres through community-based programs that enable holistic Indigenous wellness. In Edmonton, teams facilitated community outreach work related to Hepatitis C treatment and Naloxone training with Friendship Centres and other community agencies (Naloxone is a medication used for the treatment of an opioid overdose). In Calgary, an Opioid Navigator works closely with the Elbow River Healing Lodge and the Addiction Recovery and Community Health (ARCH) program to support traditional healing and successful client discharges and transitions to community supports.

- Distribution of naloxone kits continues to be an effective strategy to address the opioid poisoning crisis. A Naloxone Community of Practice launched in June 2021 to engage in collaboration, networking and information sharing on best practices in naloxone distribution and access. During this reporting period, 61 new community-based Naloxone distribution sites registered to participate in the naloxone program and more than 84,200 kits were distributed. As of Q2YTD, the number of voluntarily reported reversals, where naloxone was administered to reverse effects of an opioid poisoning (8,119), increased by 75 per cent compared to the same period last year (4,634).

In addition to the opioid response work above, there are other initiatives that are supporting the long-term recovery of Albertans.

- Investment in addiction treatment and recovery services is a priority for the Government of Alberta. As of September 30, 2021, AHS has added 4,000

facility-based AMH spaces in communities across the province. Once operational, improvements are expected in both access and wait time metrics.

  - AHS supports the government's commitment to establish more addiction treatment spaces in Edmonton, Calgary and Lloydminster. Contracted service providers will be used to increase residential treatment capacity. Contract negotiations are underway to implement new spaces.

  - Phase 1 investments resulted in 24 new medical detox beds, 109 new residential treatment beds and seven residential recovery beds, as well as 38 beds moved from social detox to medical detox. Seven restricted funding agreements (RFAs) have been executed with contracted agencies.

Virtual Supports

Increasing and evaluating the use of virtual care technology to support AMH services – specifically for vulnerable, rural and remote populations – is an essential element of sustainable mental health care in Alberta. While in-person care is still available when required, supports can often be provided virtually, effectively decreasing travel and wait times.

- As pandemic conditions have stabilized, AHS has seen a gradual return to in-person mental health services. As of September 30, 2021, 48 per cent of outpatient visits were completed virtually, compared to 64 per cent at the onset of the COVID-19 pandemic. While the number of virtual (telephone and video) visits have started to decline, the frequency is still significantly higher than pre-pandemic levels (15%).

- Psychiatrist virtual consultations have improved equity and accessibility to specialty evaluations in emergency departments across the province. As of September 30, 2021, one virtual psychiatry consultation initiative has prevented more than 8,500km in patient transfers and preliminary survey results indicate high patient and provider satisfaction.

- AHS continues to develop and offer public resources and tools to support mental health and wellness. To date, over 13,000 Albertans have registered with Togetherall (a free, online peer-to-peer mental health community) and there are nearly 60,000 subscribers to the Text4Hope and Text4Mood programs, which send advice and encouragement via text to promote skill-building and resilience. Participation in Transform Your Stress virtual workshops (1,135) also increased compared to the in-person workshop hosted pre-COVID-19 (485).

- AHS is progressing work on a centralized virtual access service to support improved access to AMH assessment, screening and intake in rural (North, Central and South) zones. This project encompasses several improvement initiatives, including coordinated intake, clinical decision support and engagement with community service providers. A draft implementation plan was developed in the first half of 2021-22.

Psychosocial Supports

AHS is collaborating with partners to provide psychosocial supports that meet the mental, emotional, social and spiritual needs of patients, families, communities and Albertans. Psychosocial supports may help to lessen the broader impact of COVID-19.

- The Provincial Family Violence Treatment Program is a court-mandated offender treatment program that aims to deliver consistent, comprehensive assessment and treatment services to prevent intimate partner violence. Contracted service providers and AHS staff work with community partners in areas such as law enforcement, Crown prosecutors, probation, children's services and victim services as part of a coordinated community response. The program is operational in 26 communities across the province as of September 30, 2021. The program responded to nearly 300 safety-check referrals this reporting period.

- DART (Domestic Abuse Response Team) provides 24-hour safety planning and immediate crisis intervention for patients experiencing domestic violence. The team completes a risk assessment and expedites patient connections with community services such as housing, legal aid, counselling and follow-up services. The program expanded to 17 new departments across 10 sites in the first half of 2021-22. AHS also facilitated education sessions for more than 100 healthcare providers and contracted agency staff across North, Central and Calgary Zones.

- AHS offers interactive workshops to the public on resiliency and stress. Led by certified professionals, HeartMath participants learn about the impact of emotions on the body and develop skills to address stress through communication, decision-making and basic breathing techniques. As of September 30, 2021, 33 virtual workshops have been delivered to approximately 680 participants. Twenty-four per cent of workshop participants were AHS employees. AHS is actively engaged in program promotion and advertising.

- AHS continues to facilitate psychological first-aid (PFA) training to support Albertans immediately after a disaster or emergency. AHS completed the translation of program materials and facilitated the first French webinar in April 2021. As of September 30, 2021, more than 2,700 participants have completed the training. There are currently 193 active PFA trainers, with 30 new trainers certified in the first half of 2021-22.

Objective 3: Leverage technology and innovation to improve patient- and family-centred care.

AHS is committed to ensuring patients and families have stronger voices, and are fully informed and involved in decisions about their healthcare. Being active participants in their own care helps Albertans better manage their personal wellness. Technology, such as virtual care initiatives and Connect Care software, enables strong communication between patients, families and healthcare providers. Now more than ever, AHS has an opportunity to be an innovative leader in advancing the application of virtual technologies to support patient-care delivery on a large-scale provincial level.

PERFORMANCE RESULTS SUMMARY

Patient Satisfaction with Hospital Experience

This measure monitors patients' overall perceptions associated with the hospital where they received care, based on survey ratings, using a scale from 0-10, where 10 is the best possible rating. The **higher the percentage the better**, as it demonstrates more patients are satisfied with their care in hospital. As of Q1YTD, the percentage of patients rating hospital care as 9 or 10 (65.1%) deteriorated by five per cent compared to the same period last year (68.7%).

MyAHS Connect Portal Users

This measure monitors the number of active Connect Care accounts being accessed via the MyAHS Connect Portal. The **higher the number the better**, as it demonstrates more Albertans have access to the portal and can be more involved in their care and decision making. As of Q2YTD, the number of portal users (71,062) increased by 39 per cent compared to Q1YTD (51,228). This is a cumulative measure that continuously increases over time.

ACTIONS AND ACHIEVEMENTS

Connect Care provides a single AHS health record for care provided by AHS and AHS-affiliated healthcare providers. It provides access to personal health information which improves communication with care teams, standardizes care and improves health outcomes. Connect Care is being implemented in multiple phases (waves) to minimize disruptions for patients and healthcare providers.

- Wave 3 of Connect Care was launched at 31 North Zone sites in April 2021, enabling system access for 4,361 new users. Due to rising COVID-19 case numbers across the province, Wave 4 implementation was delayed to May 2022. Strategies continue to be adapted to ensure stability and site readiness during these uncertain times. As of September 30, 2021, there were 36,400 active users of Connect Care.

- As each Connect Care wave rolls out, patients receiving care at enabled sites have the opportunity to access MyAHS Connect, one of the tools available under MyHealth Records, which allows users to manage appointments, access test results and communicate directly with their AHS healthcare team. As of September 30, 2021, more than 71,000 unique users have accessed the web service and approximately 5,800 users have logged in to the mobile app. Ongoing operational support continues to be provided for integrated virtual video visits (i.e., Zoom) within MyAHS Connect.

- Provider Portal is a web version of Connect Care for community providers or those not yet on Connect Care that allows for view-only access to patient records, secure communications with Connect Care users and e-referral abilities. The portal leads to improved integration of virtual health in Connect Care processes. As of September 30, 2021, there were 146 active users of Provider Portal.

- AHS continues to promote uptake of Haiku and Canto, the mobile apps that allow healthcare providers to connect to Connect Care on the go, using smartphones and tablets, and to communicate directly with their peers and patients. As of September 30, 2021, there were more than 3,400 users of the apps.

Being active participants in their own care helps Albertans better manage their personal wellness. AHS continues to advance virtual care strategies which place patient needs and clinical appropriateness at their centre.

- Virtual care utilization continues to grow with new users joining daily. As of September 30, 2021, video visits (229,000) had grown by 29 per cent compared to the same period last year (177,000).

- Virtual Health Strategy consultations were completed in the first half of 2021-22, engaging more than 200 attendees who belong to 25 stakeholder groups, including patients from each zone. Key priority areas identified through the consultation process have been incorporated into a virtual health action plan.

- To support high-quality care, AHS developed a Virtual Care Best Practice Guide that covers various topics including patient consent, patient suitability criteria and protecting patient confidentiality and privacy when delivering virtual care. A Practice Wise session in September attracted 229 participants and provided an overview of the guide, a review of case scenarios and a robust question and answer session. Practice Wise is a weekly lunchtime information series that provides an opportunity for clinicians, leaders, regulators, researchers and educators to collaborate and share experiences.

AHS remains committed to expanding virtual care initiatives to enhance care options for all Albertans receiving care from AHS and AHS-affiliated providers and, in particular, people with limited mobility, those living in smaller communities and more remote areas, and for those in mandatory self-isolation.

- Health Link is a vital safety net for the public, providing a 24/7 provincial service to Albertans that includes nurse triage support, general health information and system navigation assistance. As of Q2YTD, Health Link 811 had received more than two million calls (including COVID-19 calls).

- The Rehabilitation Advice Line (RAL) continues to provide advice and information to Albertans recovering from injury or surgery, living with chronic conditions, and those requiring targeted rehabilitation related to COVID-19. This year, RAL began planning for the use of video conferencing to serve callers who do not have access to local rehabilitation services. Implementation planning and workflow design are underway. As of September 30, 2021, the Advice Line received more than 3,370 calls.

- Telerehabilitation provides access to care for people who may live in areas with limited in-person options or those who have mobility or transportation issues. Phase 1 sites are being supported in their transition to a permanent operational service. More than 90 per cent of patients reported positive experiences and felt that their needs were met. Phase 2 expansion is expected to begin in Q3 at seven additional sites. As of September 30, 2021, 41 patients have received telerehab services.

- The Alberta Indigenous Virtual Care Clinic provides same-day visits with family doctors for rural and urban First Nations, Métis and Inuit patients and their families. The clinic aims to remove systemic barriers by increasing access to primary care in rural areas as well as in under-served urban areas. Since opening in October 2020, the clinic has supported 529 unique patients with various concerns, including diabetes, mental health and addiction, and COVID-19.

- Last year, nearly 61,000 patients were treated for cancer in Alberta. Supportive cancer care services contribute to improved quality of life by addressing the physical, psychosocial and spiritual needs of patients, and may include nutritional support, pain management, behavioural health and oncology rehabilitation. AHS continues to expand access to these services by offering virtual appointments as an alternative to in-person visits. A recent patient survey demonstrated high satisfaction with virtual support services, with the highest satisfaction ratings reported by patients living in rural areas. As of September 30, 2021, nearly 80 per cent of psychosocial visits were completed virtually.

- Virtual hospitals utilize technology and integrated care teams to support and care for patients in their own homes while improving coordination across the healthcare delivery system. Care providers interact with patients and their community caregivers, by phone and video, to help manage problems before they become serious enough to require an acute care admission or emergency department visit.

- The Virtual Hospital in Edmonton Zone and Complex Care Hub in Calgary Zone continue to partner to support digital remote patient monitoring (dRPM). In the first half of 2021-22, the program expanded beyond general medicine to include obstetrical patients. More than 650 patients in these programs used dRPM to send general health information to care providers to support treatment decisions. Preliminary survey results indicated that 76 per cent of respondents felt more involved in their care, and 83 per cent reported a perceived improvement in the quality of their care.

Alberta Health contracts with AHS to provide technical services for some eHealth ecosystem infrastructure. These initiatives promote the education and empowerment of Albertans to be active participants in their care.

- During this reporting period, AHS added several new data sources into Netcare and successfully enabled all lab results in MyHealthRecords. In response to the COVID-19 pandemic, work focused on providing clinicians with patient testing results and ensuring platform capacity to support Albertans who wanted to register and access their personal health records on MyHealthRecords. AHS continues to support Alberta Health on improvements as new information becomes available.

Goal 2: Improve Patient and Population Health Outcomes

AHS engages with patients, families and healthcare providers to create a coordinated approach for patients to better manage factors that affect their health.

Jordan Kerluke holds his daughter Scarlett as she gets her flu shot from registered nurse Karen Brown in Calgary in October 2020. Photo by Leah Hennel/AHS.

Objective 4: Implement the Alberta Surgical Initiative and reduce CT and MRI wait times.

Alberta faces ongoing challenges with increasing surgery wait times. The COVID-19 pandemic required AHS to postpone surgeries in order to protect acute care capacity and workforce resources needed to respond to increasing demand related to the pandemic. To address lengthy wait times, AHS and Alberta Health have partnered to develop the Alberta Surgical Initiative (ASI) to improve access to surgical care. The goal of the ASI is to ensure that all Albertans receive scheduled surgeries within clinically-appropriate timeframes through the implementation of strategies across the patient journey that shape demand, manage capacity and optimize processes. In 2020-21, to address surgical backlogs created by the COVID-19 pandemic, AHS partnered with Alberta Health to implement strategies to increase surgical volumes.

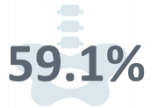
PERFORMANCE RESULTS SUMMARY

64.0%

Provincial
Q2YTD 2021-22
Trend: ↑

Percentage of Scheduled Cataract Surgeries Performed Within CIHI Benchmark*

This measure monitors the percentage of scheduled cataract surgeries performed within the Canadian Institute for Health Information's (CIHI) benchmark of 112 days. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes. As of Q2YTD, the percentage of cataract surgeries completed within 112 days (64.0%) improved by 85 per cent compared to the same period last year (34.6%)**.

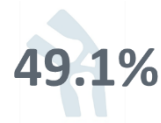


59.1%

Provincial
Q2YTD 2021-22
Trend: ↑

Percentage of Scheduled Hip Surgeries Performed Within CIHI Benchmark*

This measure monitors the percentage of scheduled hip surgeries performed within the Canadian Institute for Health Information's (CIHI) benchmark of 182 days. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes. As of Q2YTD, the percentage of hip surgeries completed within 182 days (59.1%) improved by 21 per cent compared to the same period last year (48.9%)**.



49.1%

Provincial
Q2YTD 2021-22
Trend: ↑

Percentage of Scheduled Knee Surgeries Performed Within CIHI Benchmark*

This measure monitors the percentage of scheduled knee surgeries performed within the Canadian Institute for Health Information's (CIHI) benchmark of 182 days. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes. As of Q2YTD, the percentage of knee surgeries completed within 182 days (49.1%) improved by 26 per cent compared to the same period last year (38.9%)**.

*Note: The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.
**Note: Due to the evolving COVID-19 pandemic, results are not directly comparable between Q2 2021-22 and Q2 2020-21.

ACTIONS AND ACHIEVEMENTS

In June 2020, AHS developed the Surgical Recovery Plan which outlined targeted activity and wait list goals, supported by ASI strategies, aimed at accelerating activity and improving efficiency. AHS continues to progress initiatives outlined in the plan with a focus on returning to the pre-pandemic surgical state.

- By the end of Q1, a level of wait time stabilization had been achieved. A number of factors contributed to this achievement, including surgical recovery activities and utilization of focused surgical slowdowns applied at local levels during pandemic surges in Waves 2 and 3, as opposed to regional or provincial decreases. These measures allowed for continued, and in some cases elevated, rates of surgical completions at sites less impacted by local or regional outbreaks.

- Effective September 15, 2021, all Zones were required to activate the highest level surge response plans to maximize ICU capacity. As a result, surgical prioritization limited access to emergent and urgent surgical cases.

In an effort to mitigate surgical delays, AHS is implementing strategies to address system barriers. For example, AHS continues to triage surgical cancer cases using the Cancer Surgery Pandemic Protocol. Weekly

reviews of scheduled surgery waitlists are completed based on the Alberta Coding Access Targets for Surgery (ACATS). ACATS is a standardized coding system to help prioritize scheduled surgeries offered at facilities throughout the province, depending on a patient's diagnosis and level of urgency.

ASI initiative implementation has been significantly impacted by service slowdowns caused by the COVID-19 pandemic. AHS continues to focus on advancing the ASI by managing capacity and optimizing processes.

- Despite the pandemic, progress on ASI strategies to reduce wait times and improve the patient journey have continued. All projects within ASI are active and progressing where feasible.

- The AHS Specialty Access Bundle is a consolidation of ASI projects related to improving patient safety, experience and flow between primary care, specialty care and back. The bundle will leverage progress made by existing programs and coordinate the implementation of several projects, including central access and triage, an electronic referral solution, provincial pathway unit, and a provincially-aligned model for non-urgent telephone and electronic specialist advice. Work has been initiated on co-design with Orthopedics, Ophthalmology and Urology in Edmonton and Calgary Zones. Progress has been impacted by the COVID-19 pandemic.

AHS is working towards increasing surgical volumes while maintaining quality standards by maximizing surgical volumes in chartered surgical facilities (CSF) which provide a cost-effective solution to system capacity barriers.

- To support pandemic mitigation efforts, contracts with current CSF vendors have been expanded and four new CSF contracts were issued for completion of day surgeries to provide additional short-term surgical capacity within the healthcare system.

- Long-term plans are underway to expand the volumes of surgeries completed in CSFs through competitive request for proposal (RFP) processes with a focus on ophthalmology and orthopedics. RFPs were released in Q1 and Q2 respectively. Contract finalization is ongoing, with additional volumes being initiated in the upcoming fiscal year.

Advanced diagnostic imaging tests, such as CT scans and MRIs, have dramatically changed the way patients are diagnosed and treated. In Alberta, wait times for outpatients referred for a CT or MRI scan are longer than clinically-approved guidelines.

- AHS is working on several appropriateness projects aimed at reducing low-value imaging, in alignment with best practice clinical recommendations.

    - Some sites in Edmonton Zone are preparing to implement a new work flow aimed at reducing the number of shoulder MRIs for surgical decision-making. Work flow evaluation and monitoring will be completed before spreading to additional sites.

    - Edmonton Zone is also preparing to implement improvements to reduce the number of knee MRIs in patients aged 55 and older with known Osteoarthritis in Q3. Implementation in other zones will follow.

    - Early improvement work is underway in the areas of CT utilization for mild traumatic brain injury and pulmonary embolism, diagnostic imaging during and after cancer treatment, and CT scans for dementia diagnosis.

- AHS continues to progress work outlined in the CT/MRI Implementation Plan which aims to reduce imaging wait times. For example, baseline data is being collected to better understand equipment use and performance. Targets will be developed to ensure optimal use of resources. Work is also underway on expanding processes and technology to offer patients a next-available appointment matching the appropriate clinical category. This work is enabled through the Connect Care system which has experienced implementation delays due to the COVID-19 pandemic.

Objective 5: Focus on health promotion through increased prevention of disease and injury.

AHS will collaborate with Alberta Health, patients, families and communities to improve the health of the population by preventing disease, illness and injury; managing chronic diseases; improving access to cancer screening, early detection and follow-up; protecting populations from health risks; and promoting healthy public policies, environments and behaviours.

PERFORMANCE RESULTS SUMMARY

Total Alberta Residents Who Received COVID-19 Vaccination

This measure represents a cumulative count of Albertans who had received at least one dose of COVID-19 vaccine by the end of the reporting period. The **higher the number the better**, as it demonstrates better vaccination coverage across the province. As of Q2YTD, the number of people who had received COVID-19 vaccine (3.09M) increased by 14 per cent compared to Q1YTD 2021-22 (2.71M).

Hand Hygiene Compliance Rate

This measure monitors the percentage of opportunities in which healthcare workers clean their hands during the course of patient care, according to the Canadian Patient Safety Institute's "Four Moments of Hand Hygiene". The **higher the percentage the better**, as it demonstrates more healthcare workers are completing appropriate hand hygiene practices. Hand hygiene compliance has been steadily improving since 2017-18 with sustained results through the COVID-19 pandemic. As of Q2YTD, the hand hygiene compliance rate (92%) remained stable compared to the same period last year (91%).

ACTIONS AND ACHIEVEMENTS

Pandemic Response

AHS continues to proactively manage the COVID-19 pandemic with a focus on reducing its spread through the implementation of initiatives that address community education, testing, responding to complaints related to public health orders, case investigation, contact tracing in high-risk settings, and outbreak preparedness and management.

- Working with clinicians, operational leaders, researchers and other experts, AHS continues to support Albertans in the fight against COVID-19 by providing timely and important information in areas such as immunization eligibility, vaccination records, hospital capacity and public health measures. An important element of this work is identifying and correcting misinformation, in addition to detecting emerging trends and areas of concern for Albertans.

- Population and Public Health teams continue to complete case investigation, contact tracing and outbreak management activities, in alignment with direction from Alberta Health, to meet evolving pandemic needs. In July 2021, contact tracing was discontinued except in high-risk outbreak settings. In fall 2021, AHS continued to work with Alberta Education and schools to notify contacts of cases who attended school while infectious.

  - As of Q2YTD, 172,565 new cases of COVID-19 had been identified and 177,970 case investigations were completed. AHS also managed more than 1,880 new outbreaks in all settings. Ninety-eight per cent of unique cases were contacted within 48 hours of Communicable Disease Control receiving a positive COVID-19 test, supporting timely communication of isolation requirements and contact tracing.

  - As of Q2YTD, 20,486 complaints were responded to and closed by Public Health Inspectors and 262 Seniors' congregate settings received site preparedness assessments (SPA). SPA visits assessed AHS contracted adult care sites related to their client care, safety practices and their

infection prevention and control practices including compliance with relevant public health orders.

- In Q2, AHS supported implementation of the Alberta Vaccine Booking System with pharmacies, Health Link and AHS services. The system supports both COVID-19 and influenza vaccine appointments. Vaccine eligibility criteria and system functionality continue to be updated in alignment with direction from provincial immunization programs.

- Indigenous Peoples living in Alberta have poorer health outcomes than non-Indigenous Albertans and this disparity becomes even more concerning during times of crisis, such as the COVID-19 pandemic. Working with Alberta Health, AHS is addressing access, vaccine hesitancy and health system mistrust through Indigenous vaccine clinics that support off-reserve and off-settlement First Nations, Métis and Inuit populations. As of September 30, 2021, 48 clinics were operational across the province. AHS continues to coordinate community access to personal protective equipment to nearly 100 First Nations communities, Tribal Councils, Métis Settlements, Friendship Centres and other Indigenous organizations.

- AHS is collaborating with Alberta Health, the University of Alberta and zone stakeholders to implement a provincial approach to managing the long-COVID rehabilitation needs of Albertans. AHS developed and implemented practice tools to safely screen and provide services for patients presenting with ongoing symptoms after COVID-19 infection. Public websites (e.g., Getting Healthy after COVID-19) have been developed and launched to provide timely information and resources for patients and care providers. Work is also underway to disseminate information to vulnerable populations such as persons experiencing homelessness and ethnic minorities.

Immunizations

AHS collaborates with Alberta Health, patients, families and communities to protect Albertans from a number of vaccine-preventable diseases through the promotion of initiatives that aim to increase childhood and influenza immunization rates.

- Influenza immunization is the most effective way to prevent the flu and its complications. AHS continues to focus on increasing immunization rates for children under five years old and their families, high-risk populations, including seniors, people experiencing homelessness and marginalized persons who are most at risk for morbidity and mortality due to influenza disease. Influenza vaccine will become available in Q3.

- While many public health resources continue to be redirected to the pandemic response, AHS continues to provide infant and preschool immunizations, prioritizing appointments at two, four, six and 12 months of age. Implementation of the Childhood Immunization Action Plan (ChIP) has been deferred.

Cancer Care

Early diagnosis of pre-cancer and cancer results in less advanced disease, more effective treatment options, and better survival and quality of life outcomes. As a result of the COVID-19 pandemic, there was a decrease in the screening and diagnosis of cancer in Alberta. AHS is implementing strategies to recover cancer screening and diagnostic follow-up to pre-pandemic levels.

- An outreach strategy focused on un/under-screened populations has been developed by Outreach Programs. The strategy is expected to launch in Q3 and includes a social media campaign, animated videos and a health provider information package.

- Care pathways have been developed and implemented for colorectal cancer and lymphoma to expedite diagnosis and access to supports in the community for patients with high-risk symptoms. Implementation is complete in both urban zones. Pathway expansion is underway in rural zones.

- In partnership with Indigenous communities and organizations, AHS continues to fund and support 12 community-led cancer prevention and screening projects. Project work includes developing care pathways, building trusting and sustainable relationships, fostering supportive relationships (i.e., sharing circles, mentorship), and providing information sharing and evaluation support. All project work aims to be culturally-safe and informed by traditional and local practices.

In partnership with MyHealth Alberta, AHS continues to enhance a web-based platform for province-wide primary and secondary prevention programs. Work continues to integrate population and public health websites under Healthier Together (part of the MyHealth Alberta online platform). Three new programs are expected to be added this fiscal year.

- The Healthier Together Schools website launched in April 2021 as the new virtual hub for AHS school health promotion. Since launching, the website has received more than 4,500 views from 2,821 unique visitors. The most popular pages were parent newsletters, teacher resource lists and action cards related to healthy eating and physical activity.

Preventable Harm

Preventing harm during the delivery of care is one way to ensure a safe and positive experience for patients and families interacting with the healthcare delivery system. Some initiatives aimed at reducing preventable harm are highlighted below.

- AHS continues to promote improvement initiatives that engage and empower healthcare workers to improve hand hygiene practices. For example, the provincial Personal Protective Equipment (PPE) Safety Coach program is a program that supports reduced transmission of infectious diseases in healthcare settings through peer-to-peer feedback and guidance on the proper selection and use of PPE, including appropriate hand hygiene practices when donning and doffing equipment. AHS continues to implement the program in acute and continuing care settings across the province. Nearly 1,400 coaches have been trained as of September 30, 2021.

- Antimicrobial stewardship is an interdisciplinary activity that aims to optimize antibiotic use through targeted, evidence informed and measurable initiatives to effectively manage infections while preserving the value of antimicrobials. As a result of an evidence-based evaluation that determined bacterial co-infection is rare with COVID-19, order sets and care pathways removed options to select antibiotics, which reduced the unnecessary use of antibiotics. AHS teams continue to actively assess emerging COVID-19 drug therapies for possible use in Alberta.

- The AHS Patient Safety Plan aims to foster a culture of safety by creating processes and tools to ensure safe and reliable systems and services that are supported by evidence and a spirit of continuous learning and quality improvement. AHS initiated a thematic analysis of all Quality Assurance Reviews over a three-year period to identify patient safety hazards across the organization. More than 330 patient-safety events and 1,295 recommendations were reviewed and coded under 21 themes. This information will be used to promote organization-wide learning and reduce future harm.

- The AHS Shared Patient Equipment Cleaning Program provides a standard approach and method to clean and disinfect shared patient equipment to help prevent the spread of infections within healthcare settings. Implemented in 2018-19, the program provides consistency to ensure the right people are performing the right work, that clinical staff know which equipment is clean, and that the correct disinfectants are being used to increase the efficacy of cleaning processes.

- AHS and Alberta Health continue to work with healthcare providers in all zones to ensure a consistent approach to disease-outbreak reporting, notification and management. This year, non-enteric outbreak management continued to focus primarily on COVID-19 outbreaks across all levels and types of care facilities, group homes, childcare facilities, schools, workplaces, events, community-based organizations and private social gatherings.

Injury Prevention

Teams across AHS develop and support strategies and programs that are designed to reduce and prevent injuries such as falls, unintentional poisonings, and motor vehicle and water-related injuries.

- The Fragility and Stability Program reduces the rate of secondary hip fracture related to osteoporosis and provides evidence-based care when fracture occurs. In May 2021, the Medicine Hat Regional Hospital became the eleventh site to implement the program.

- AHS has implemented the Primary Care Nutrition Pathway for Adults Aged 65+ (co-developed with the Canadian Malnutrition Task Force) to improve prevention, detection and treatment of malnutrition in

community settings. In the first half of 2021-22, communities in the Central Zone implemented the pathway and completed approximately 200 nutrition risk screens. Approximately 60 per cent of patients were at nutrition risk and received information and resources, or were referred to additional services to mitigate risk. Pathway spread and evaluation is ongoing.

Chronic Conditions

Preventing and managing chronic conditions and diseases involves a coordinated system of supports across the continuum of care. AHS continues to reduce and prevent chronic diseases and conditions through the development and implementation of primary prevention initiatives.

- People who smoke or vape are at higher risk of COVID-19 virus transmission and developing severe outcomes. AHS continues to increase access to cessation supports, including free access to the virtual QuitCore program and nicotine-replacement therapies. An advanced tobacco-intervention workshop is also available for healthcare professionals to build skills and knowledge in support of patient cessation goals.

- Timely access to gastroenterology specialty care is an issue across Alberta. Integrating care is vital to reduce wait times for patients with non-urgent indications. Nine digestive health primary care pathways are now available online to increase visibility and adoption by primary care providers. The pathways cover a variety of topics including chronic abdominal pain, irritable bowel syndrome and gastroesophageal reflux disease.

- The Disease-Inclusive Pathway for Transitions in Care (ADAPT) project will create a common care transitions pathway for Albertans with complex chronic conditions. The team is engaging with key stakeholders and is working with data teams to create reports in Connect Care to support this work. ADAPT will implement three components of the home-to-hospital-to-home guideline: admission notification, transition planning and follow-up to primary care.

AHS is working with Alberta Health and Primary Care Networks to action recommendations made by the Office of the Auditor General related to chronic disease management. A brief audit is underway to verify implementation of improvements related to continuity of care, coordinated care planning, joint service planning, care transitions, and monitoring and evaluation. As part of the overall implementation strategy, AHS made improvements to structures and processes that support overall system quality and efficiency, while enabling collaborative practices across the continuum of care.

Implementation continues on the commitments in the five Zone Primary Care Network Health Service Plans, which were completed in Q4 last year. The Zone PCN Service Plan submission timeline has been extended to accommodate for the templates and guidelines to be revised. Progress reporting is expected to begin later this year.

Health Equity

AHS is committed to working with our partners towards health equity for Indigenous Peoples and communities, by creating opportunities for co-developed community-based prevention and promotion initiatives.

- The Honouring Life program provides funding for the development of community-led projects that aim to increase local capacity for suicide prevention through life promotion and personal development supports for Indigenous youth. Culture Camps were held in communities across the province to increase youths' exposure to local and traditional practices such as arts, sports, medicine teachings and storytelling. Attendees reported an improved sense of self and well-being, and stronger connections among peer groups, families and community networks. In the first half of 2021-22, AHS expanded supports to two new North Zone communities, and extended eight existing contracts. In total, 62 programs have been approved and funded in 54 communities since the program launched in 2018.

- Planning and development of the Indigenous 1-800 Support Line pilot program is well underway. Operated by Health Link, the dedicated support line provides a safe and respectful place for Indigenous Peoples living in Alberta to receive culturally-informed guidance and health system navigation that fosters understanding and trust. Phone lines will be staffed by qualified Indigenous Listeners who will be enabled to walk-along with clients who are referred to additional services, improving continuity and

safety. The first phase will be implemented in select areas of North Zone in Q4.

  - Another piece of this initiative is the Indigenous Patient Concerns and Experience (IPCE) project that aims to improve the patient concerns experience for Indigenous Peoples by examining awareness, access and cultural supports related to the concerns resolution process. AHS has recently implemented changes to the Feedback and Concerns Tracking database to include categories for concerns related to discrimination.

- AHS is partnering with three First Nations to develop community supports and provide care closer to home for people living with cancer. In the first half of 2021-22, the team supported the community of Maskwacis to develop a support group for community members. A community resource with local and provincial information is in development. Priority identification is ongoing with Stoney-Nakoda and Kainai.

- AHS continues to support First Nations and Métis Settlements to assess their needs, identify local opportunities, set priorities and take action with community and health partners to promote health and well-being. Currently, seven Métis Settlements are actively engaged in the Indigenous Alberta Healthy Communities Approach which engaged more than 200 community members in activities and programs in the first half of 2021-22, with 68 per cent of participants reporting improved knowledge of risk factors.

Sexually Transmitted and Blood Borne Infections

Sexually Transmitted and Blood Borne Infections (STBBIs) are a considerable cause of morbidity in Alberta. To minimize the impact of infection on the well-being of Albertans, AHS continues to promote initiatives aimed at decreasing the rates of syphilis and other sexually transmitted infections.

- AHS is expanding outreach services to reduce sexually transmitted and blood borne infections in Alberta. Partner Notification Nurses play an important role in contact tracing and follow-up for those who have been exposed to an STBBI. Nurses encourage testing and provide information and counselling based on individual need. The number of Test and Treat visits in Q1 and Q2 (1,663) increased by 77 per cent compared to the same period last year (942) and included visits within correctional facilities across the province.

  - AHS is working together with the Fort McMurray First Nation Reserve in North Zone to provide Test and Treat services in the community. Outreach services were also reestablished in Fort McMurray through the Mark Amy Treatment Centre after being suspended due to COVID-19.

- The ECHO+ program aims to increase screening and supports for treatment of Hepatitis C and STBBIs for Indigenous communities in Alberta. Engagement efforts continue to adapt to community needs during the pandemic, including a shift to virtual learning sessions and biweekly case meetings. In the first half of 2021-22, a pocket-sized booklet on Hepatitis C was co-designed with Indigenous stakeholders to increase awareness and decrease stigma. The booklet was translated into Cree, Dene and Blackfoot, and features cultural graphics. Booklet distribution will begin in Q3.

Objective 6: Improve health outcomes and access to safe, high-quality services for Albertans living in smaller communities, including Indigenous communities.

Working jointly with Alberta Health and healthcare providers, AHS is committed to a 10-year vision of creating a more integrated healthcare delivery system that provides local services that are co-designed with patients, families and communities. This includes efficiently and effectively delivering health services that respond to the needs of Albertans living in smaller communities, including Indigenous communities, which have unique cultural, economic and geographic characteristics.

PERFORMANCE RESULTS SUMMARY

Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rate

This measure monitors hospitalizations for medical conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital. The **lower the rate the better**, as it demonstrates effective primary care and community-based management of these conditions. As of Q2YTD, the ACSC hospitalization rate per 100,000 Alberta residents (245) deteriorated by five per cent compared to the same period last year (234).

ACTIONS AND ACHIEVEMENTS

AHS continues to work closely with Alberta Health and local stakeholders to better meet the health needs of smaller communities across the province, including First Nations and Métis Settlements.

- Improvements through the Grande Prairie Cancer Centre are enhancing the experiences of patients with cancer in Northern Alberta. AHS is expanding capacity for Indigenous Cancer Patient Navigation to support patients and families not currently admitted to hospital by advocating for patients, supporting traditional practices, locating services and resources, and answering questions. A new Navigator will be available at the Grande Prairie Cancer Center later this year.

- In response to the 2018 Métis Settlements Community Health Assessment Survey, AHS is supporting the development and implementation of mobile health solutions to improve health outcomes. In Q2, AHS collaborated with the Métis Settlements Health Board, TELUS Health Solutions and several teams across the organization to initiate the co-customization process. This milestone is the first stage of a three-year Métis Settlements Initiative project which aims to diminish systemic barriers, enhance integration and service coordination, and improve continuity of care. Progress on this work has been impacted by the COVID-19 pandemic.

- AHS is working with academic partners to support a University of Calgary-led program that builds provider capacity in rural areas. Grow Your Nurse supports students living in smaller communities to complete programs virtually, with clinical labs and placements supported by local AHS facilities. Earlier this year, a cohort of seven students from Wainwright completed their practicum in High Level and Fort Vermillion, resulting in six hires. A three-student psychiatric practicum is ongoing in Fort McMurray with hiring expected in Q3. Planning continues to offer the program in more communities.

- AHS initiated a campaign to support the hiring of skilled medical professionals across rural Alberta. As of October 31, 2021, the new rural careers webpage has received 22,000 views. More than 500 candidates have been interviewed, with approximately 45 per cent meeting the minimum geographic requirement. Sixty-nine applicants received second interviews with the hiring manager, resulting in 36 hires for rural communities across the province.

- Established in 2014, the Indigenous Wellness Program Alternate Relationship Plan (ARP) compensates physicians for providing health services in Indigenous communities across the province. Dedicated in-community supports aim to alleviate some of the stresses of emergency and hospital-based care by addressing problems earlier, in a more appropriate and culturally-safe manner. As of Q2, 22 communities are being served by 62 physicians under this ARP. Work continues to improve access in northern areas.

- Supported through the Alberta Surgical Initiative (ASI), the Edson Healthcare Centre launched a new cataract surgical program in Q1. The program allows more surgical and specialist services to be accessed closer to home for Albertans living in North Zone. The program will be expanded to urogynecology in Q3.

- In South Zone, a bursary from the Alberta Therapeutic Recreation Association is funding art kits for a virtual art therapy group. The kits will be provided to approximately 60 clients with financial, transportation, or health-related barriers. Clients who participate in the program demonstrate a 20 per cent average increase in well-being over the course of 12 months.

- The Step Up Step Down program in Central Zone continues to provide intensive mental health treatment supports for youth aged 13 to 17 and their families. The program involves patients and families in treatment-planning decisions and leverages the strengths of a multidisciplinary care team to help youth succeed at home, in school and in their communities. As of Q2YTD, 20 patients have received care through the live-in program and 38 clients have been seen through the outpatient program.

AHS continues to work with Alberta Health to refine our service planning approach, including making improvements to communication and engagement strategies, identifying opportunities for local decision-making and reviewing expenditures and investments across communities to support government equity policy decisions. For example, AHS is in the early planning stages with zones to complete service plans for small communities but progress has been significantly impacted by system pressures related to the COVID-19 pandemic. A midwifery model is also in development as part of functional planning for the new La Crete Integrated Health Centre, which will open in approximately five years.

Working with Alberta Health and Primary Care Networks, AHS continues to develop and test models of care within primary health care. In the first half of 2021-22, a primary care physician compensation model and community readiness analysis was completed to support future changes. In collaboration with Home Care, Primary Health Care (PHC) teams are identifying opportunities for service integration. PHC is also working with Addiction and Mental Health on an integrated planning framework to ensure a unified vision and collective action.

Goal 3: Improve the Experience and Safety of our People

AHS promotes work environments that support physical health and mental well-being for its staff and volunteers.

Registered nurse Mia Torres (left), with respiratory therapist Joanna d'Abadie (right) in the Intensive Care Unit at the Peter Lougheed Centre in Calgary. Photo by Leah Hennel/AHS.

Objective 7: Continue to implement *Our People Strategy*.

Launched in 2016, *Our People Strategy* is one of AHS' foundational strategies that guides our efforts to enhance the experience of our people while sustaining safe, high-quality healthcare service delivery. 'Our People' refers to the employees, physicians, midwives and volunteers at AHS.

PERFORMANCE RESULTS SUMMARY

AHS Workforce Engagement

This measure monitors our workforce's average responses to the AHS Our People Survey, which uses a five-point rating scale. The rate shows our workforce's commitment to AHS, their work and their colleagues. The **higher the rate the better**, as it demonstrates that more employees feel positive about their work and workplace. The 2019-20 workforce engagement rate was 3.57. The next survey is expected to be completed in 2022-23.

Disabling Injuries in AHS Workforce

This measure monitors 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). The **lower the rate the better**, as it indicates fewer disabling injuries are occurring at work. As of Q1YTD, the disabling injury rate (3.77) improved by 14 per cent compared to the same period last year (4.40).

ACTIONS AND ACHIEVEMENTS

AHS remains focused on enhancing the experience of our people. We have taken many steps to support the physical, psychological and social well-being of our people.

- The AHS Respectful Workplaces and Prevention of Harassment and Violence policy suite supports a workplace that is safe and healthy. AHS continued to provide ongoing training on the respectful workplaces and behaviours continuum in the first half of 2021-22. As of Q2YTD, 66,810 employees had completed the required Level 1 policy course.

- The Employee Development Program pilot was launched in the first half of 2021-22. Fifty-four employees started the 12-week program that includes facilitated course work, eLearning, interactive activities and coaching. The program covers topics such as Living Our Values, Art of Accountability and Communicating Effectively.

- In September 2021, AHS announced a mandatory COVID-19 vaccine policy for all workers. Immunization against COVID-19 is the most effective means to reduce the spread of the virus, prevent outbreaks in AHS facilities, preserve workforce capacity and protect anyone accessing AHS sites. An internal awareness campaign (Stick with the facts, stick together) was launched to address COVID-19 vaccine hesitancy among staff and healthcare partners.

Through our continued commitment to diversity, inclusion, cultural competency and sensitivity, AHS aims to create an environment that is fair, just and respectful of individuals and their similarities and differences. This includes building a workforce that is reflective of the diverse communities we serve, and improving our capabilities to provide safe care and services.

- AHS launched the Anti-Racism Position Statement on June 30, 2021 as part of the organization's continued efforts to combat racism and promote diversity and inclusion across the organization. This position statement will help bring a consistent and comprehensive approach to anti-racism activities across the organization.

- The Discrimination Investigation Training e-learning module highlights the unique considerations in a discrimination investigation such as recognizing unconscious bias, micro-

aggressions and the importance of language in articulating allegations. As of September 30, 2021, nearly all Human Resources business partners have completed the training.

- AHS continues to expand Workforce Resource Groups (WRG) which bring together members of our workforce who share a common identity or background. All WRGs include and welcome ally members.
    - In the first half of 2021-22, the Diversity and Racial Equality (DaRE) WRG – formerly the Ethnic Minorities WRG – led and collaborated on events for Black History Month, Jewish History Month, Asian History Month and Indigenous Peoples Month. So far this year, 79 sessions have reached 11,000 people.
    - A new WRG, Women in Infrastructure (Capital Management), was also created in 2021-22.
- In collaboration with the University of Alberta and Alberta's regulated health professions and colleges, AHS is supporting the development and implementation of an Indigenous Health Continuing Professional Education (IHCPE) Program. The IHCPE Program is a collection of Indigenous health courses intended to improve anti-racism and cultural safety competencies of healthcare professionals.

AHS continues to develop and promote psychological safety and mental health and wellness supports to help build a resilient workforce that delivers safe and effective patient care.

- A survey was completed to assess priorities around psychological health and wellness supports among both leaders and employees. Results will be used to inform future work.
- Not Myself Today is an initiative offered by the Canadian Mental Health Association that works towards building greater employee awareness and understanding of mental health, reducing stigma and fostering safe and supportive cultures. Through team and individual activities and resources, staff are able to learn about and nurture their own mental health, and leaders are given the tools to support their teams. AHS rolled out the program across the organization in September 2021.
- AHS continues to develop educational materials and courses that aim to increase the competence of healthcare providers interacting with AMH patients and families. For example, the Provincial Addiction Curricula and Experiential Skills (PACES) Learning Pathway advances learners through core competency development and skill training opportunities for practitioners who work with adult populations experiencing concurrent disorders. As of September 30, 2021, 218 online participants have completed the course.
- AHS Patient Relations staff have been working under difficult conditions managing the heightened anger and frustration from the public throughout the COVID-19 pandemic. Supports are in place to minimize the negative consequences of sustained stress. Some examples include team debriefs and ongoing education, and regular reminders of the resources available through various AHS programs and benefits.
- A community of practice (CoP) is a group of people who share a common concern or passion and learn how to make improvements through regular interactions. Earlier this year, AHS created the COVI'D Like to Chat CoP to support physician wellness throughout the pandemic. Bimonthly sessions have covered topics such as coping with grief and loss, restorative sleep, post-traumatic growth, and the Physician and Family Support Program. As of September 30, 2021, more than 400 physicians have become members.

Efforts to improve worker safety at AHS include targeted interventions that impact common causes of injuries in high-risk areas and enhanced programs and processes related to physical safety. AHS continues to take actions to reduce musculoskeletal injuries, especially those related to moving patients and workplace violence.

- In support of improved ergonomic well-being, several online resources were enhanced by creating clear connections with principles from AHS' It's Your Move and Move Safe programs. An

Office Ergonomics course was also developed and includes an Alternate Working Arrangement hazard identification assessment and control (HIAC) document to support improved risk management while working from home. As of September 30, 2021, more than 700 workers had completed the course.

- Staff in emergency departments and urgent care centres experience some of the highest rates of harassment and violence in the workplace. At the end of Q2 2021-22, harassment and violence prevention plans were in development for approximately 25 sites across the province. Implementation is expected to begin in Q4. Enhanced supports are also available to address increased incidences of COVID-19-related aggression.

- AHS employees are empowered to implement safe care strategies when working with patients who pose a risk of aggression or violence. In Q1, AHS launched the Violence Aggression Screening Tool (VAST) which gives healthcare teams a way to identify and address patient behavioural safety concerns. The tool is currently available through Connect Care for Wave 1-3 sites.

AHS remains committed to increasing Indigenous workforce representation and supports while reducing employment barriers. An Indigenous recruitment and retention engagement strategy is in the early stages of development. An analysis is underway to identify data collection and integration opportunities to support workforce self-identification. Progress on these initiatives has been slowed by the pandemic response.

AHS is using evidence-informed approaches to optimize staffing models across the organization while keeping patient care at the forefront of all staffing decisions. Progress has been significantly impacted by the COVID-19 response.

While AHS has low overtime rates compared to other health organizations, additional leading practices are being implemented, including tools and targets, to mitigate overtime risk. In alignment with AHS Performance Review recommendations, provincial guidelines are being used to ensure a consistent approach to approving and tracking overtime across the organization. Implementation has been slowed by the COVID-19 pandemic; work is expected to resume in Q4.

- This year, AHS developed and validated the Nursing Workload Acuity Tool in Connect Care which will be used to inform real-time staffing decisions that are based on the intensity of care required by a given patient population. Progress has been impacted by the pandemic response.

Work continues on an enterprise-wide integrated staff scheduling system (WMS) that uses automation to improve efficiency and reduce errors associated with manual timekeeping. AHS launched a request for proposal (RFP) to select a new vendor. The selection process is expected to be completed in Q3. Standardized scheduling practices means all staff are scheduled in a fair and equitable way in compliance with collective agreements.

- AHS is in the process of transitioning scheduling activities into a provincial model called Provincial Staffing Services (PSS) which enables fair and equitable practices through standardization and automation. Expansion of PSS continued in the first half of 2021-22 with a focus on onboarding areas that are supporting the COVID-19 response. As of Q2YTD, 7,043 new users have been added to the environment for scheduling personnel.

- AHS began developing an integrated workforce planning and acquisition action plan that will support work already in progress and further address chronic and emerging workforce issues. There are four main areas of focus: nursing, allied health, rural workforce and non-union frontline leaders. A suite of indicators is being developed to monitor progress.

- Health Link is making improvements to their staffing model to ensure the right provider is providing the right care.

    - In the first half of 2021-22, Health Link completed the transition to a provincial staffing model which supports timely care by ensuring Albertans are helped by the next-available clinician, no matter where in the province they

are calling from. An evaluation of the impact on wait times is in progress.

- Following completion of a condensed training program that focused on pandemic-specific competencies, nurses were hired to support the COVID-19 response and AHS' capacity to respond to increased call volumes. This year, nurses began completing the rest of the Health Link training program which enables them to work to their full scope of practice. Two sessions were completed in Edmonton Zone, with additional sessions planned for Q3 and Q4.

In support of optimized organizational design, AHS is focusing on implementing initiatives to reduce duplication, maximize efficiencies and improve workflows between collaborative teams. In alignment with recommendations from the AHS Performance Review, AHS began planning for Phase 1 implementation of the AHS Management Review. This initiative aims to identify and assess structural outliers and anomalies within the organization by conducting a portfolio-by-portfolio assessment of management roles across the organization. Implementation timelines are still in development and are impacted by pandemic response demands.

Goal 4: Improve Financial Health and Value for Money

AHS has a responsibility to deliver high-quality, accessible healthcare services in a manner that is mindful of public resources, achieving the greatest value for every healthcare dollar spent.

Medical supplies in an undated photo. Photo author unknown/AHS.

Objective 8: Support financial sustainability through cost-saving initiatives and reduced expenditures.

Working as the regional health authority responsible for delivering services across the province, AHS is in a unique position to support the sustainability of healthcare service delivery. AHS remains committed to providing high-quality services, while maintaining strong fiscal stewardship of public resources.

PERFORMANCE RESULTS SUMMARY

Provincial
2021-22
Target: 3.9%

Annual Rate of Change in Operational Expenditures

This measure monitors the year-over-year change in operational expenditures (excluding COVID-19 expenses) which are expenses incurred during regular, day-to-day operation such as salaries, benefits, medical supplies and utilities. The **lower the percentage the better**, as it demonstrates lower expenditure growth over time. This measure is reported at the end of each fiscal year. Data will be available as of March 31, 2022.

Provincial
Q2YTD 2021-22
Trend:

Cost of a Standard Hospital Stay

This measure monitors the cost-efficiency within hospitals by comparing a hospital's total acute inpatient care expenses to the number of acute inpatient cases, adjusting for differences in the type and acuity of inpatients treated. The **lower the value the better**, as it indicates that the cost of treating the average acute inpatient is relatively low. As of Q2YTD, the cost of a standard hospital stay ($8,972) improved by three per cent compared to the same period last year ($9,293).

Provincial
Q2YTD 2021-22
Trend:

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

This measure monitors the number of acute days that a patient stays in an inpatient hospital compared to the length of stay that is expected based on factors such as patient age, diagnoses, and interventions. A **ratio of 1.0 represents a patient stay equal to the expected length of stay**. A ratio less than one indicates the acute stay was shorter than expected, and vice versa. As of Q2YTD, the ALOS:ELOS ratio (0.99) remained stable compared to the same period last year (0.98).

Provincial
Q1YTD 2021-22
Trend:

30-day Overall Unplanned Readmissions

This measure monitors the percentage of patients that are unexpectedly readmitted to hospital within 30 days of discharge following medical, surgical, pediatric or obstetric care. The **lower the percentage the better**, as it demonstrates appropriate discharge planning and continuity of services. As of Q1YTD, the percentage of unplanned readmissions (9.1%) improved by four per cent compared to the same period last year (9.5%).

ACTIONS AND ACHIEVEMENTS

AHS strives to manage within its operating budget, excluding COVID-19 spending, by implementing savings initiatives.

AHS continues to progress work on more than 60 initiatives from the AHS Performance Review, as approved by the Government of Alberta. AHS provides regular progress updates as part of its accountability to Alberta Health. Several initiatives are also highlighted throughout this performance report.

- AHS is actively reviewing and terminating unneeded contracts and leases that have resulted from the implementation of remote staff work during the COVID-19 pandemic. In August 2021, AHS announced a hybrid strategy for long-term remote work based on best practice research and expert advice. Details regarding implementation and timelines continue to be developed.

Some of the ways AHS manages expenses is by limiting discretionary spending, managing vacant positions and achieving other efficiencies.

In alignment with recommendations from the AHS Performance Review, teams across the organization are collaborating on a review of all vacant positions to identify positions that can be permanently inactivated. Expansion of enhanced vacancy-management practices is delayed due to the COVID-19 pandemic.

- AHS monitors discretionary expenses regularly across the organization. In the first half of 2021-22, an analysis of expenses was completed for fiscal years 2018-19 to 2020-21 comparing budget to actual figures. Overall, monthly results show positive results. The two areas with the most significant reductions are travel and education expenses.

AHS is exploring and pursuing revenue-generating initiatives to support organizational sustainability.

- In alignment with recommendations from the AHS Performance Review, opportunities to sell corporate advertising on both physical and digital properties are being explored. To date, zoning and bylaw assessments have been conducted for nine acute care sites with parkades across the province, with six sites showing potential for outdoor advertising. A digital advertising consultant has also been engaged to support the implementation of online ads on the AHS website.

AHS is exploring opportunities to enhance patient entertainment services as outlined in the AHS Performance Review. This initiative supports a transition away from the costly and outdated cable television system and encourages patients to use their own devices while connected to AHS' free or upgraded Wi-Fi services to access a wider variety of entertainment options and family communications. This initiative aims to reduce operating costs and improve patient experiences and satisfaction. Planning is underway to pilot the decommissioning workflow at three sites to allow identification of issues for a more efficient roll-out at subsequent sites.

AHS continues to assess revenue-enhancement initiatives such as per diem rates, reciprocal billing rates and other fee adjustments. Progress has been slowed by pandemic response activities.

- On April 1, 2021, AHS implemented new inpatient per diem fees for 2021-22 and shifted from national rates to Alberta-specific rates for outpatient fees. As of Q2YTD, 2022-23 inpatient rates for acute care and mental health facilities have been completed. A review of outpatient rates is currently underway.

- The Interprovincial Health Insurance Coordinating Committee began reviewing AHS' recommendations to exclude ancillary operations from per diem rate calculations, adjust the chemotherapy visit fee, and include mental health facilities in the interprovincial hospital reciprocal billing scope.

- AHS Finance is collaborating with program areas on revenue-enhancement initiatives, including those related to the inclusion of telehealth visits into the reciprocal billing scope, elimination of inpatient high-cost drug cost recovery shortfall, and food permit fee increase.

AHS is actively pursuing opportunities for asset optimization, automation, contracting and outsourcing in operational areas across the organization.

AHS continues to explore opportunities to expand robotic process automation (RPA) which uses software to automate manual processes such as data entry. RPA benefits include reduced error rates, improved standardization, improved performance and cost savings. Opportunities are assessed based on standard intake criteria and resource availability. RPAs have been implemented for 13 processes, including internal and external offer letters, onboarding information, and cancellation and regret letters. More than 10,900 hours have been saved by RPA work.

Approximately 130 laboratories across Alberta perform more than 80 million tests annually. AHS and Alberta Precision Laboratories are pursuing

opportunities to contract out community laboratory services to a third-party provider to optimize services across the province. This model allows for consolidation of testing, where appropriate, to reduce redundancy and leverage benefits realized through economies of scale. In Q1 2021, AHS announced DynaLIFE Medical Labs as the preferred proponent. The current DynaLIFE agreement was extended to June 30, 2022 to allow for new contract finalization.

In alignment with recommendations from the AHS Performance Review, AHS proceeded with the contracting out of all laundry services provided across the province. Fully contracting out laundry services promotes consistency and quality while presenting ongoing operating savings over the life of the contract. A provincial agreement with K-Bro Linen Systems Inc. was effective August 1, 2021. Prior to the provincial agreement, approximately 69 per cent of AHS laundry services was already being provided by the private provider. As of Q2, AHS in-house regional and on-site facilities began transitioning to the province-wide contracted service provider. The transition is expected to be completed by March 31, 2022.

In order to optimize the organization's Protective Services model, AHS is increasing the ratio of contracted security personnel at several AHS locations which will mitigate risks related to workforce supply and availability. This initiative aligns with recommendations from the AHS Performance Review, and will be accompanied by an overtime reduction strategy that places patient, visitor and staff safety at its core. As of Q2YTD, Protective Services has made progress by filling existing vacancies with contracted providers.

AHS is making improvements to construction contract procurement, management and control by reviewing and updating existing processes, templates and procedures to ensure compliance with applicable laws and regulations. In the first half of 2021-22, AHS revised appropriate construction contract policies and procedures, subject to final approval from AHS Executive Leadership Team. Compliance reviews will be initiated next year.

AHS is working to streamline procurement and supply chain management processes to manage inventory and control costs. In alignment with recommendations from the AHS Performance Review, work has been initiated to explore opportunities to contract a provincial Managed Equipment Service (MES) that aims to improve cost-effectiveness and access to current, state-of-the-art technology. Services may include equipment planning, procurement, installation, replacement, maintenance and training. A request for proposal (RFP) will be developed based on submissions received from the request for information (RFI). The RFI is being finalized and is expected to be released in Q3.

AHS is implementing strategies to improve efficiencies related to clinical utilization and appropriateness. The goal is to improve patient care while driving better value for Albertans' healthcare dollars. AHS is focused on developing a standardized process to plan for services across the province with supporting staffing models that match patient care needs.

In alignment with recommendations from the AHS Performance Review, AHS will continue to leverage operational best practice (OBP) methodology to optimize staffing based on patient demand. Initiative implementation has been impacted by the pandemic response; associated savings have also been delayed due to activity and staffing disruptions within units and clinics. Across all acute care sites, after adjusting for COVID-19 disruptions, 39 per cent of units are achieving their OBP staffing targets. Educational material has been developed and will be trialed on 14 units to test the use of acuity-based staffing tools as part of the process.

- Chimeric antigen receptor (CAR) T-cell therapy is an innovative treatment that uses a patient's own immune system to battle cancer cells. The Alberta Cellular Therapy program began accepting patients in 2020-21 for the treatment of lymphoma and leukemia. Fourteen patients have received treatment through the program since opening in March 2021; five of these patients received T-cells manufactured locally in Alberta.

Clinical Support Services staff perform administrative and clerical tasks, manage health information, conduct laboratory tests and ensure care environments are clean and safe. One way AHS supports enhanced integration and expansion of care in the community is by making improvements within clinical support services that embed audit and feedback quality improvement strategies.

- In collaboration with the Health Quality Council of Alberta (HQCA), Physician Learning Program, and Alberta Precision Laboratories, AHS is working on improving value-based laboratory testing orders. The initiative aims to reduce clinical variation and unwarranted laboratory testing in the community by allowing physicians to view and interact with their lab-utilization data in an online learning environment. Change management is supported through peer-to-peer reflection and dialogue using the physician audit and feedback process. An awareness campaign is in development.

- Audit and feedback for quality improvement is expected to be part of change management for several other clinical appropriateness initiatives, including blood conservation, lab testing overuse in hospitals and venting wisely.

AHS continues to work with Alberta Health to reduce inefficiencies within the healthcare delivery system.

A sustainability management program provides a systematic approach to evaluate, manage and improve environmental sustainability by optimizing energy resource use in facilities. In alignment with recommendations from the AHS Performance Review, improvements are being made to existing environmental sustainability measures, including the use of a utilities management plan that could reduce energy, water and electricity usage. Capital renewal funding has been targeted to energy reduction projects throughout AHS.

- AHS is a learning organization – an organization skilled at helping our people create, acquire and transfer knowledge – to raise the standard of care delivered to all Albertans. The development of an AHS-wide learning model is underway. For example, an enhanced new employee orientation is being finalized and is expected to launch early next year.

- AHS is working closely with Alberta Health to review the number of policies and forms used in the organization. As of April 1, 2021, AHS had achieved a reduction of 33 per cent in policies with continued reductions achieved in Q1 and Q2 2021-22. Through this review and the Connect Care rollout, AHS expects to decommission 20 per cent of forms by fiscal year-end, with more than 450 forms decommissioned to date.

AHS is working towards reduced lengths of stay at the 16 largest adult acute care sites by developing and implementing various quality improvement initiatives.

- AHS continues to investigate, design and implement strategies to improve wait times and access, decrease length of stay, and increase appropriateness and quality of care across the continuum of care. For example, care pathways for medicine (heart failure, COPD and cirrhosis) and surgery (e.g., Enhanced Recovery After Surgery and the National Surgical Quality Improvement Program) have been implemented across the 14 highest-volume adult acute care sites.

- Collaborative care is a healthcare approach in which interprofessional healthcare teams work together, in partnership with patients and families, to achieve optimal health outcomes.

    - The CoACT Program has been identified as a foundational strategy to address length of stay and improve patient flow throughout the healthcare delivery system. CoACT supports implementation and optimization of collaborative care efforts in multiple care settings, including continuing care, mental health and addiction, women's health and emergency. Collaborative care is being implemented on 229 units at 46 sites across the province, including the 12 largest AHS adult acute care sites.

- One way AHS ensures patients receive safe and appropriate care is by reducing and preventing healthcare-associated infections. Infections led to

poorer outcomes, additional treatments and longer lengths of stay.

- To address high incidences of central line-associated bloodstream infections in critical care settings, AHS teams have initiated reviews of insertion and maintenance processes which require precise execution and stringent infection control practices to ensure the line remains sterile. (A central line is an intravenous catheter inserted into a major vein to give medications and/or collect blood that remains in place for extended periods of time.). Process improvements are tailored to the unique needs of the care unit and progress is monitored using standard quality metrics.

Alberta Health and AHS, in collaboration with the Alberta Medical Association, are working towards system changes that would harmonize physician clinical stipends to help ensure fair compensation for patient care. As of September 30, 2021, all clinical stipends have been reviewed and categorized into recommendations for discontinuation. Nine alternative compensation applications have been approved, with 13 more pending finalization. An additional 17 stipends will transition to an appropriate on-call program in Q3.

Appendix: Detailed Performance Metrics

AHS has 17 performance metrics to monitor progress on objectives. Metrics align to the Ministry of Health's 2021-24 Business Plan, key measures articulated in the Blue Ribbon Panel on Alberta's Finances report, and are linked to improvements considered to be fully within AHS' span of control. One measure (*Annual Rate of Change in Operational Expenditures*) includes a numerical target; the remaining 16 indicators do not have targets and are measured based on relative improvement.

Performance metrics correspond with the eight objectives in the AHS 2020-2022 Health Plan and are tracked to measure progress towards achieving those objectives. Provincial results are summarized under each objective in the front section of this report. This appendix provides detailed information for each performance metric as well as variance explanations for areas showing deterioration.

The 17 AHS performance metrics are reported as follows:

- Eleven indicators include current data to the end of Q2 with comparable historical data.
- Four indicators are lagged by one quarter (Q1YTD).
    - One indicator (*Patient Satisfaction*) relies on patient follow-up after they have been discharged from care.
    - Two indicators (*Unplanned Mental Health Readmissions* and *Overall Readmissions*) rely on readmission data up to 30 days following discharge which may occur after the quarter ends.
    - One indicator (*Disabling Injury Rate)* relies on employee reporting that may occur retroactively after the quarter ends.
- One measure (*Annual Rate of Change in Operational Expenditures*) is reported annually at the end of the fiscal year.
- One indicator (*Workforce Engagement*) is reported when it becomes available, following a scheduled organization-wide survey.

The following pages provide detailed information for each performance metric.

PERCENTAGE PLACED IN CONTINUING CARE WITHIN 30 DAYS

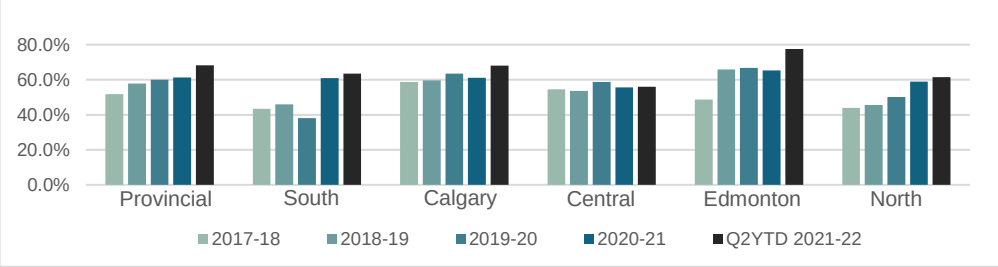
Measure Definition:
The percentage of clients admitted to a continuing care living option (designated supportive living levels 3, 4, 4-dementia or long-term care) within 30 days of being assessed and approved for placement.

Why It's Important:
This measure monitors the percentage of people who move from hospitals and communities into community-based continuing care settings. The higher the percentage the better, as it demonstrates availability of long-term care or designated supportive living beds.

Performance Summary:

68.3%
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Percentage Placed in Continuing Care within 30 Days - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**51.8%**	**57.9%**	**60.0%**	**61.3%**	**68.0%**	**64.8%**	**67.1%**	**68.3%**	⇧
South Zone	43.3%	45.9%	38.0%	61.0%	63.6%	62.2%	62.1%	63.5%	⇨
Calgary Zone	58.7%	59.6%	63.5%	61.1%	62.7%	63.6%	66.5%	68.0%	⇧
Central Zone	54.6%	53.7%	58.8%	55.7%	69.8%	58.8%	53.5%	56.0%	⇩
Edmonton Zone	48.7%	65.9%	66.8%	65.3%	77.1%	73.3%	75.9%	77.6%	⇧
North Zone	43.9%	45.5%	50.1%	58.9%	63.6%	56.5%	66.2%	61.4%	⇧

Total Clients Placed

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**7,927**	**8,098**	**8,521**	**7,427**	**1,595**	**3,447**	**2,240**	**4,463**
South Zone	905	908	870	947	214	429	264	488
Calgary Zone	2,632	2,668	2,757	2,399	499	1,143	714	1,397
Central Zone	1,236	1,312	1,468	1,156	278	565	333	668
Edmonton Zone	2,388	2,525	2,685	2,231	428	997	731	1,493
North Zone	766	685	741	694	176	313	198	417

Source: AHS Seniors Health Continuing Care Living Options Report, as of October 25, 2021.

PERCENTAGE OF ALTERNATE LEVEL OF CARE PATIENT DAYS

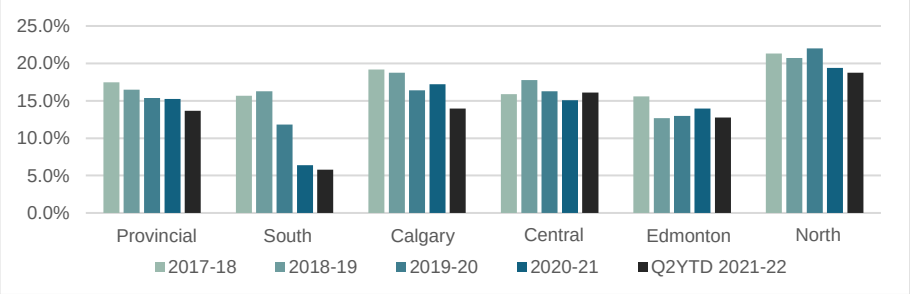
Measure Definition:
The percentage of acute care days occupied by patients waiting for discharge to a more appropriate care setting.

Why It's Important:
If the percentage of ALC days is high, there may be a need to focus on timely access to appropriate levels of care for ALC patients. Discharging patients who are no longer acutely ill or no longer need hospital care would free up space for acutely ill patients, as well as ensure discharged patients receive the care they need. For example, patients may be waiting for placement into long-term care or other community-based care, and there may be a need to focus on timelier placement. Therefore, the lower the percentage the better.

Performance Summary:

13.6%
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2020-21):
Using a similar definition, Alberta ranked 3rd among nine provinces for the lowest percentage of alternate level of care days (AB = 15.2%; Canada = 16.7%; Best Performing Province = 12.2% (BC) *(CIHI, 2020-21)*[1]).

Percentage of ALC Patient Days - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**Provincial**	**17.5%**	**16.5%**	**15.4%**	**15.2%**	**15.4%**	**14.9%**	**13.4%**	**13.6%**	⇧
South Zone	**South Zone**	**15.7%**	**16.3%**	**11.8%**	**6.4%**	**6.0%**	**5.2%**	**5.7%**	**5.8%**	⇩
	Chinook Regional Hospital	12.3%	17.3%	10.1%	4.9%	3.9%	3.7%	6.7%	5.6%	⇩
	Medicine Hat Regional Hospital	22.0%	13.4%	14.6%	8.9%	8.3%	7.4%	5.0%	6.2%	⇧
	Other South Hospitals	11.6%	18.1%	11.6%	5.9%	7.1%	5.4%	4.3%	5.6%	⇩
Calgary Zone	**Calgary Zone**	**19.2%**	**18.8%**	**16.4%**	**17.2%**	**18.3%**	**17.3%**	**13.7%**	**14.0%**	⇧
	Alberta Children's Hospital	2.0%	4.4%	0.9%	2.8%	1.0%	1.4%	0.0%	0.1%	⇧
	Foothills Medical Centre	19.2%	18.8%	16.8%	16.9%	18.1%	16.7%	11.5%	12.5%	⇧
	Peter Lougheed Centre	14.4%	15.6%	13.5%	14.9%	14.3%	14.9%	13.4%	12.7%	⇧
	Rockyview General Hospital	26.0%	23.3%	21.4%	22.0%	23.8%	22.0%	17.8%	19.0%	⇧
	South Health Campus	19.6%	19.5%	14.3%	16.2%	20.7%	18.1%	11.6%	9.5%	⇧
	Other Calgary Hospitals	21.9%	23.6%	22.2%	22.6%	24.2%	22.9%	27.9%	27.3%	⇩
Central Zone	**Central Zone**	**15.9%**	**17.8%**	**16.3%**	**15.1%**	**13.5%**	**13.3%**	**16.7%**	**16.1%**	⇩
	Red Deer Regional Hospital Centre	12.2%	13.5%	8.0%	6.1%	4.5%	5.6%	4.7%	5.8%	⇩
	Other Central Hospitals	18.3%	20.7%	21.7%	21.0%	19.3%	18.4%	23.8%	22.4%	⇩
Edmonton Zone	**Edmonton Zone**	**15.6%**	**12.7%**	**13.0%**	**14.0%**	**12.7%**	**13.5%**	**12.2%**	**12.8%**	⇧
	Grey Nuns Community Hospital	10.8%	9.3%	9.3%	9.3%	8.7%	8.8%	6.1%	7.2%	⇧
	Misericordia Community Hospital	17.4%	17.2%	15.2%	19.5%	13.7%	18.7%	16.4%	17.0%	⇧
	Royal Alexandra Hospital	18.7%	14.8%	14.8%	15.4%	15.2%	15.7%	15.2%	15.5%	⇨
	Stollery Children's Hospital	0.2%	0.1%	0.3%	0.1%	0.2%	0.1%	0.0%	0.0%	⇧
	Sturgeon Community Hospital	22.5%	19.2%	15.9%	14.5%	13.8%	15.7%	6.7%	7.2%	⇧
	University of Alberta Hospital	15.2%	10.3%	11.9%	13.6%	11.9%	12.2%	12.2%	12.3%	⇨
	Other Edmonton Hospitals	14.4%	14.9%	19.7%	20.8%	20.8%	20.3%	19.5%	22.5%	⇩
North Zone	**North Zone**	**21.3%**	**20.7%**	**22.0%**	**19.4%**	**23.2%**	**19.7%**	**18.8%**	**18.7%**	⇧
	Northern Lights Regional Health Centre	8.0%	17.0%	15.1%	21.5%	34.0%	22.8%	14.2%	19.7%	⇧
	Queen Elizabeth II Hospital	26.0%	19.3%	16.3%	15.4%	17.7%	15.9%	11.6%	12.3%	⇧
	Other North Hospitals	21.9%	21.9%	25.1%	20.4%	22.4%	20.5%	22.2%	20.8%	⇨

Total ALC Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**17,099**	**15,573**	**16,175**	**14,604**	**3,244**	**6,950**	**3,721**	**7,664**
South Zone	663	746	549	453	95	189	119	237
Calgary Zone	6,232	6,525	6,806	5,859	1,413	2,910	1,444	2,916
Central Zone	1,418	1,427	1,516	1,299	299	586	377	771
Edmonton Zone	7,709	5,947	6,191	5,976	1,167	2,764	1,545	3,231
North Zone	1,077	928	1,113	1,017	270	501	236	509

Source: AHS Provincial Discharge Abstract Database (DAD), as of November 4, 2021.
Notes:
1. *Parts of this material are based on data and information provided by the Canadian Institute for Health Information (CIHI). However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of CIHI.*
– *Results may change due to data updates in the source information system or revisions to the measure's inclusion and exclusion criteria.*

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

UNPLANNED MENTAL HEALTH READMISSIONS

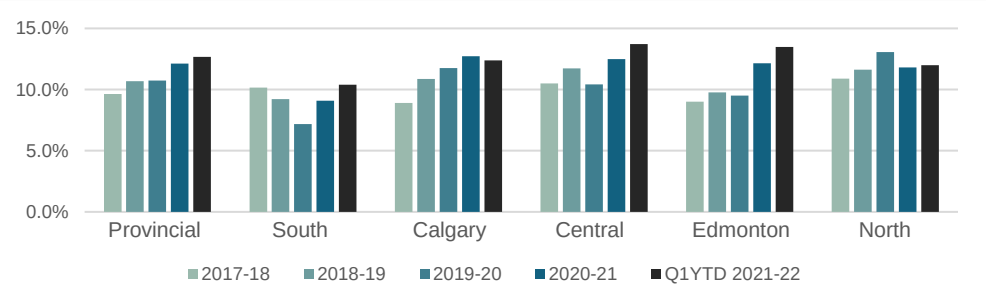
Measure Definition:
The percentage of occurrences of a non-elective (unplanned) readmission to an acute care hospital for selected mental illnesses within 30 days of a patient being discharged for any of the selected mental illnesses.

Why It's Important:
Hospital care for mental illnesses aims to stabilize acute symptoms with subsequent care and support being provided through outpatient and community programs. Monitoring readmissions can help evaluate the appropriateness of discharges and follow-up community care. The lower the percentage the better, as it demonstrates fewer patients are being readmitted after discharge.

Performance Summary:

12.7%
Provincial
Q1YTD 2021-22

Trend: ⇨
(Compared to the same period last year)



Most Recent National Comparison (2019-20):
Using a similar definition, Alberta ranked 2nd among nine provinces for the lowest 30-day readmission for mental illness (AB = 13.0%; Canada = 14.2%; Best Performing Province = 12.0% (NS) *(CIHI, 2020-21)*).

Unplanned Mental Health Readmissions – Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Provincial	**9.6%**	**10.7%**	**10.7%**	**12.1%**	**12.8%**	**12.7%**	⇨
South Zone	10.2%	9.2%	7.2%	9.1%	9.9%	10.4%	⇩
Calgary Zone	8.9%	10.9%	11.8%	12.7%	14.2%	12.4%	⇧
Central Zone	10.5%	11.7%	10.4%	12.5%	12.2%	13.7%	⇩
Edmonton Zone	9.0%	9.8%	9.5%	12.2%	12.0%	13.5%	⇩
North Zone	10.9%	11.6%	13.1%	11.8%	13.2%	12.0%	⇧

Total Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22
Provincial	**19,320**	**21,462**	**23,207**	**23,207**	**5,368**	**6,486**
South Zone	1,960	2,060	2,262	2,154	500	573
Calgary Zone	6,508	7,819	8,605	8,890	1,978	2,505
Central Zone	3,339	3,507	3,989	3,792	868	1,088
Edmonton Zone	4,614	5,255	5,571	5,752	1,356	1,697
North Zone	2,899	2,821	2,780	2,619	666	623

Source: AHS Provincial Discharge Abstract Database (DAD), as of November 4, 2021.
Notes:
- *This indicator is reported a quarter later due to requirements to follow-up with patients after the end of the reporting quarter.*
- *This indicator measures the risk-adjusted rate of readmission to hospital for patients discharged with selected mental illnesses.*
- *The methodology is adapted from the 2015 CIHI methodology and uses a constant 2018-19 Canadian average rate for adjustment calculations. Historical data has been restated using this methodology.*

PATIENT SATISFACTION WITH HOSPITAL EXPERIENCE

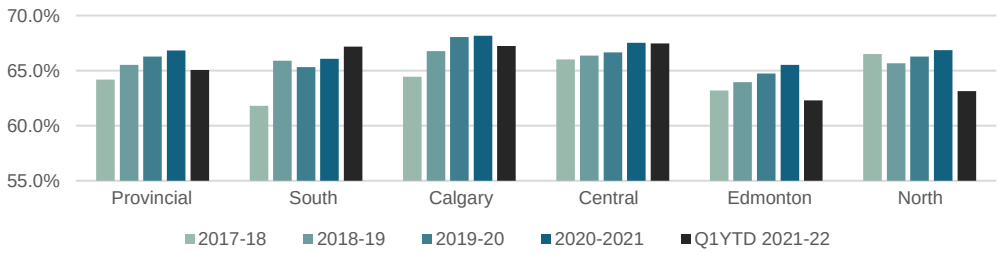
Measure Definition:
The percentage of patients rating hospital care experience as 9 or 10 on a scale from 0-10, where 10 is the best possible rating. The survey is conducted by telephone on a sample of adults within six weeks of discharge from acute care facilities.

Why It's Important:
Gathering feedback from individuals using hospital services is a critical part of improving the health system. This measure reflects patients' overall perceptions associated with the hospital where they received care. The higher the percentage the better, as it demonstrates more patients are satisfied with their care experience in hospital.

Performance Summary:

65.1%
Provincial
Q1YTD 2021-22

Trend: ⇩
(Compared to the same period last year)



Variance Explanation:
As of Q1YTD, the percentage of patients rating hospital care as 9 or 10 (65.1%) deteriorated by five per cent compared to the same period last year (68.7%). The overall sampling rate was 43% among eligible discharges and the response rate was 23%. The decline in patient satisfaction is likely attributable to concerns about ongoing restrictions to family presence and visitation, access to healthcare services and specialists, and cancellation and postponement of surgeries. AHS works with patients and families to address concerns on a case-by-case basis.

Most Recent National Comparison (2017-18):
Using a similar definition, Alberta ranked 4th among five provinces for the highest percentage of patients who said that their overall hospital experience was very good (9-10 out of 10) (AB = 63%; Canada = 62%; Best Performing Province = 66% (NB) *(CIHI data varies from 2015-16 to 2017-18, AB = 2017-18)*).

Patient Satisfaction with Hospital Experience - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Provincial	**Provincial**	**64.2%**	**65.5%**	**66.3%**	**66.8%**	**68.7%**	**65.1%**	⇩
South Zone	**South Zone**	**61.8%**	**65.9%**	**65.3%**	**66.1%**	**60.0%**	**67.2%**	⇧
	Chinook Regional Hospital	62.6%	63.9%	62.8%	63.5%	57.7%	67.6%	⇧
	Medicine Hat Regional Hospital	59.2%	67.4%	66.7%	67.1%	57.8%	66.7%	⇧
	Other South Hospitals	66.1%	69.1%	70.9%	72.7%	71.1%	69.0%	⇨
Calgary Zone	**Calgary Zone**	**64.4%**	**66.8%**	**68.1%**	**68.2%**	**71.3%**	**67.2%**	⇩
	Foothills Medical Centre	62.9%	64.9%	66.1%	64.4%	68.4%	62.9%	⇩
	Peter Lougheed Centre	58.7%	61.9%	64.9%	67.1%	73.3%	60.9%	⇩
	Rockyview General Hospital	63.9%	67.7%	68.5%	70.7%	72.0%	72.1%	⇨
	South Health Campus	74.0%	74.9%	73.6%	73.3%	72.3%	76.7%	⇧
	Other Calgary Hospitals	80.1%	77.2%	82.1%	78.6%	80.0%	82.4%	⇧
Central Zone	**Central Zone**	**66.0%**	**66.4%**	**66.7%**	**67.5%**	**68.7%**	**67.5%**	⇨
	Red Deer Regional Hospital Centre	63.3%	64.0%	64.7%	66.3%	70.1%	64.1%	⇩
	Other Central Hospitals	68.5%	68.4%	69.4%	69.0%	67.6%	71.0%	⇧
Edmonton Zone	**Edmonton Zone**	**63.2%**	**63.9%**	**64.7%**	**65.5%**	**68.2%**	**62.3%**	⇩
	Grey Nuns Community Hospital	68.3%	67.8%	72.4%	71.6%	74.1%	66.6%	⇩
	Misericordia Community Hospital	60.8%	64.1%	63.7%	61.3%	63.7%	56.7%	⇩
	Royal Alexandra Hospital	60.7%	61.0%	62.5%	62.2%	65.7%	58.1%	⇩
	Sturgeon Community Hospital	68.8%	67.6%	63.9%	68.0%	74.2%	61.9%	⇩
	University of Alberta Hospital	61.8%	62.8%	62.8%	66.7%	66.7%	67.6%	⇨
	Other Edmonton Hospitals	69.4%	72.7%	68.3%	67.2%	74.4%	67.5%	⇩
North Zone	**North Zone**	**66.5%**	**65.7%**	**66.3%**	**66.8%**	**68.5%**	**63.1%**	⇩
	Northern Lights Regional Health Centre	65.2%	63.0%	64.9%	65.8%	70.5%	66.3%	⇩
	Queen Elizabeth II Hospital	65.1%	61.0%	62.2%	65.5%	68.5%	59.5%	⇩
	Other North Hospitals	67.9%	68.9%	68.5%	67.5%	69.2%	63.9%	⇩

Total Eligible Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2021-22	# of Completed Surveys Q1YTD 2021-22	Margin of Error (±) Q1YTD 2021-22
Provincial	**246,227**	**247,275**	**238,760**	**208,735**	**57,370**	**5,851**	**1.22%**
South Zone	19,642	19,280	17,842	16,120	4,422	514	4.06%
Calgary Zone	83,397	84,287	82,401	71,804	19,990	1,902	2.11%
Central Zone	29,238	28,448	25,773	23,050	6,479	862	3.13%
Edmonton Zone	87,951	90,141	89,479	76,908	21,309	1,887	2.19%
North Zone	25,999	25,119	23,265	20,853	5,170	686	3.61%

Source: AHS Canadian Patient Experiences Survey on Inpatient Care (CPES-IC), as of September 15, 2021
Notes:
- *The results are reported a quarter late due to requirements to follow-up with patients after the end of the reporting quarter.*
- *The margins of error were calculated using an estimated normal distribution for sample sizes greater than 10. If the sample size was less than 10, the plus two & plus four methods were used.*
- *Provincial and zone level results are based on weighted data; Facility level results and All Other Hospitals results are based on unweighted data.*

MYAHS CONNECT PORTAL USERS

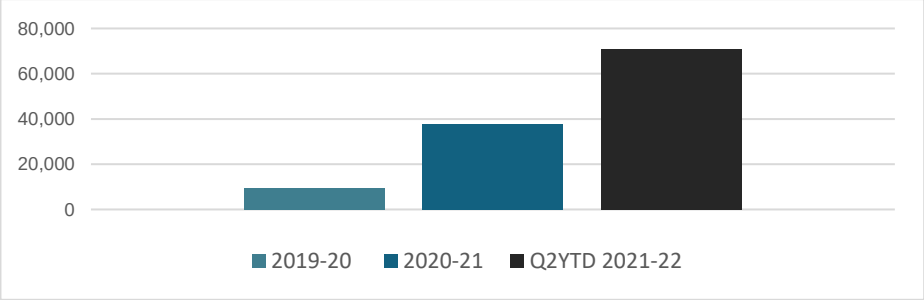
Measure Definition:
The number of active Connect Care accounts being accessed via the MyAHS Connect Portal.

Why It's Important:
MyAHS Connect is a patient portal that offers personalized and secure online access to a person's provincial health record. This allows Albertans to be active participants in their care and supports informed decision making with the care team. The higher the number the better, as it demonstrates more Albertans have access to the portal and can be more involved in their care and decision making.

Performance Summary:

71,062
users
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the last reporting period)



MyAHS Connect Portal Users - Trend

Zone	2019-20	2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**9,461**	**38,017**	**51,228**	**71,062**	⇧

Source: AHS Connect Care, as of October 14, 2021.
Notes:
- *Connect Care launched in Edmonton Zone in November 2019. Prior data is not available.*
- *This is a cumulative measure that will continuously increase over time. Trend indicates the relative change compared to the last reporting period.*

PERCENTAGE OF SCHEDULED CATARACT SURGERIES PERFORMED WITHIN CIHI BENCHMARK

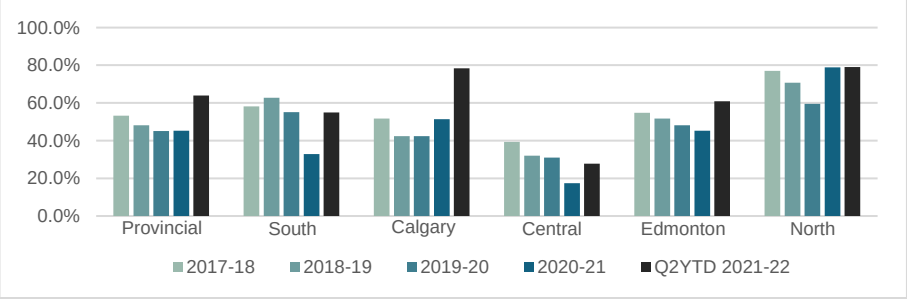
Measure Definition:
The percentage of scheduled cataract surgeries performed within clinically recommended timeframes, using the Canadian Institute for Health Information (CIHI) benchmark of 112 days. The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.

Why It's Important:
AHS is committed to ensuring that all Albertans receive timely access to sustainable surgical services without compromising safety and quality. Performing surgeries within recommended timeframes support improved health outcomes and patient satisfaction. The higher the percentage the better, as it demonstrates more procedures are being completed within clinically recommended timeframes.

Performance Summary:

64.0%
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2020):
Using a similar definition, Alberta ranked 6th among ten provinces for the highest percentage of cataract surgeries meeting the pan-Canadian benchmark of 16 weeks (AB = 34%; Canada = 45%; Best Performing Province = 53% (BC, QU, NB) *(CIHI, Apr-Sep 2020)*).

Percentage of Cataract Surgeries Performed within CIHI Benchmarks (112 Days) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**53.3%**	**48.2%**	**45.1%**	**45.3%**	**32.0%**	**34.6%**	**61.5%**	**64.0%**	⇧
South Zone	58.2%	62.8%	55.1%	32.9%	19.4%	20.4%	55.6%	54.9%	⇧
Calgary Zone	51.7%	42.4%	42.4%	51.3%	35.0%	38.8%	76.1%	78.3%	⇧
Central Zone	39.4%	32.1%	30.9%	17.3%	13.1%	15.3%	26.7%	27.8%	⇧
Edmonton Zone	54.7%	51.7%	48.2%	45.3%	33.6%	35.1%	59.1%	60.9%	⇧
North Zone	77.0%	70.7%	59.5%	79.0%	62.5%	64.4%	85.0%	79.0%	⇧

Total Cataract Surgeries Performed

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**24,393**	**24,824**	**27,370**	**27,342**	**3,984**	**10,424**	**8,030**	**14,431**
South Zone	1,811	1,891	1,832	1,910	294	734	602	943
Calgary Zone	8,605	8,584	10,843	11,272	1,770	4,167	2,672	5,296
Central Zone	2,779	2,812	2,692	2,825	428	1,080	970	1,575
Edmonton Zone	9,944	10,116	10,997	10,304	1,356	4,053	3,493	6,098
North Zone	1,254	1,421	1,006	1,031	136	390	293	519

Source: Data extracted from hospital operation room data: PICIS, VAX, Meditech, the Alberta Wait Times Reporting (AWTR) website, and Surgical Facilities Contracts (Bill 11) database, as of October 29, 2021.
Notes:
- *Data includes elective and scheduled cases for first eyes only.*
- *Data includes surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.*
- *Surgical volumes and wait times were impacted by COVID-19 in 2020-21 and 2021-22.*

PERCENTAGE OF SCHEDULED HIP SURGERIES PERFORMED WITHIN CIHI BENCHMARK

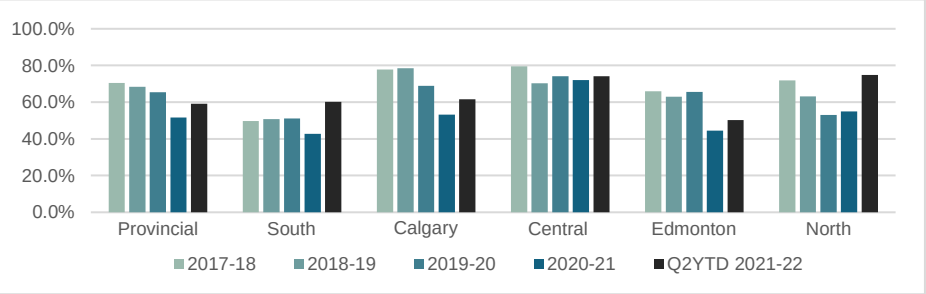
Measure Definition:
The percentage of scheduled hip replacement surgeries performed within clinically recommended timeframes, using the Canadian Institute for Health Information (CIHI) benchmark of 182 days. The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.

Why It's Important:
AHS is committed to ensuring that all Albertans receive timely access to sustainable surgical services without compromising safety and quality. Performing surgeries within recommended timeframes support improved health outcomes and patient satisfaction. The higher the percentage the better, as it demonstrates more procedures are being completed within clinically recommended timeframes.

Performance Summary:

59.1%
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2020):
Using a similar definition, Alberta ranked 5th among ten provinces for the highest percentage of hip replacements meeting the pan-Canadian benchmark of 26 weeks (AB = 49%; Canada = 56%; Best Performing Province = 64% (ON) *(CIHI, Apr-Sep 2020)*).

Percentage of Hip Surgeries Performed within CIHI Benchmarks (182 Days) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**70.5%**	**68.5%**	**65.5%**	**51.6%**	**54.4%**	**48.9%**	**56.9%**	**59.1%**	⇧
South Zone	49.8%	50.8%	51.1%	42.7%	44.0%	37.8%	53.8%	60.2%	⇧
Calgary Zone	77.8%	78.6%	68.9%	53.3%	53.1%	50.0%	60.1%	61.6%	⇧
Central Zone	79.6%	70.3%	74.2%	72.1%	77.5%	70.0%	72.3%	74.1%	⇧
Edmonton Zone	65.9%	63.0%	65.6%	44.5%	53.1%	43.7%	47.4%	50.2%	⇧
North Zone	71.8%	63.1%	53.1%	55.0%	47.2%	47.3%	73.8%	74.8%	⇧

Total Hip Surgeries Performed

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**4,334**	**4,483**	**4,505**	**3,846**	**408**	**1,584**	**1,310**	**2,158**
South Zone	420	419	397	342	25	127	117	216
Calgary Zone	1,634	1,686	1,578	1,548	194	634	439	711
Central Zone	426	451	473	401	40	170	155	228
Edmonton Zone	1,602	1,637	1,733	1,242	113	524	515	860
North Zone	252	290	324	313	36	129	84	143

Source: Data extracted from hospital operating room data: PICIS, VAX, Meditech Operating Room Module and Alberta Wait Time Reporting, as of October 29, 2021.
Notes:
- *Data includes elective and scheduled cases only.*
- *Data includes surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.*
- *Surgical volumes and wait times were impacted by COVID-19 in 2020-21 and 2021-22.*

PERCENTAGE OF SCHEDULED KNEE SURGERIES PERFORMED WITHIN CIHI BENCHMARK

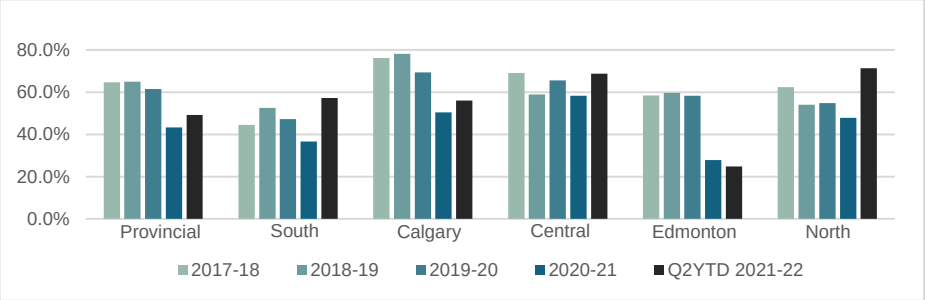
Measure Definition:
The percentage of scheduled knee replacement surgeries performed within clinically recommended timeframes, using the Canadian Institute for Health Information (CIHI) benchmark of 182 days. The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.

Why It's Important:
AHS is committed to ensuring that all Albertans receive timely access to sustainable surgical services without compromising safety and quality. Performing surgeries within recommended timeframes support improved health outcomes and patient satisfaction. The higher the percentage the better, as it demonstrates more procedures are being completed within clinically recommended timeframes.

Performance Summary:

49.1%
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2020):
Using a similar definition, Alberta ranked 4th among ten provinces for the highest percentage of knee replacements meeting the pan-Canadian benchmark of 26 weeks (AB = 39%; Canada = 47%; Best Performing Province = 64% (ON) *(CIHI, Apr-Sep 2020)*).

Percentage of Knee Surgeries Performed within CIHI Benchmarks (182 Days) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**64.6%**	**65.0%**	**61.5%**	**43.3%**	**40.9%**	**38.9%**	**46.7%**	**49.1%**	⇧
South Zone	44.5%	52.6%	47.2%	36.5%	25.0%	30.5%	51.0%	57.2%	⇧
Calgary Zone	76.2%	78.1%	69.4%	50.3%	50.3%	48.1%	55.6%	56.0%	⇧
Central Zone	69.1%	58.9%	65.5%	58.3%	52.3%	49.8%	63.6%	68.8%	⇧
Edmonton Zone	58.5%	59.7%	58.3%	27.8%	29.7%	24.6%	21.9%	24.7%	⇨
North Zone	62.4%	54.0%	54.7%	47.9%	35.0%	39.9%	72.0%	71.4%	⇧

Total Knee Surgeries Performed

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**6,202**	**6,492**	**6,100**	**5,063**	**416**	**2,082**	**1,791**	**2,860**
South Zone	744	818	805	758	60	292	292	439
Calgary Zone	2,273	2,354	2,282	2,046	181	852	649	1,057
Central Zone	595	686	652	581	44	227	209	314
Edmonton Zone	2,140	2,175	1,906	1,275	91	568	534	865
North Zone	450	459	455	403	40	143	107	185

Source: Data extracted from hospital operating room data: PICIS, VAX, Meditech Operating Room Module and Alberta Wait Time Reporting, as of October 29, 2021.
Notes:
- *Data includes elective and scheduled cases only.*
- *Data includes surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.*
- *Surgical volumes and wait times were impacted by COVID-19 in 2020-21 and 2021-22.*

TOTAL NUMBER OF ALBERTANS WHO RECEIVED COVID-19 VACCINATION (AT LEAST THE FIRST DOSE)

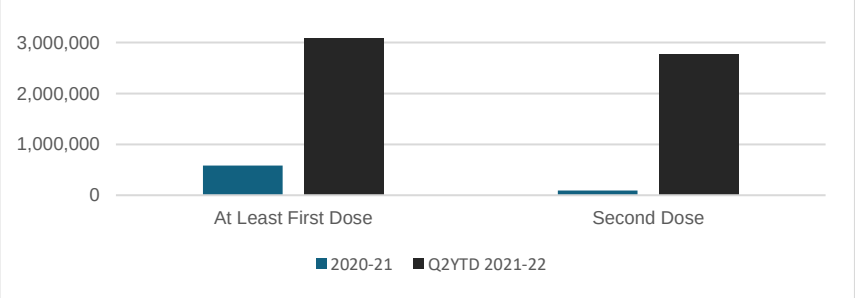
Measure Definition:
A cumulative count of Albertans who have received at least one dose of the COVID-19 vaccine by the reporting date.

Why It's Important:
An effective vaccine will protect someone who receives it by lowering the chance of getting COVID-19 and/or providing protection against severe illness if the person encounters the coronavirus. The higher the number the better, as it demonstrates better vaccination coverage across the province.

Performance Summary:

3.09 M
people
Provincial
Q2YTD 2021-22

Trend: ⇧



Most Recent National Comparison (2021):
Using a similar definition, Alberta ranked 9th among ten provinces for the highest percent of total population with at least one dose of a COVID-19 vaccine (AB = 73.73%; Canada = 77.72%; Best Performing Province = 86.73% (NL) (*Public Health Agency of Canada as of October 30, 2021*)).

Total Number of Albertans Who Received COVID-19 Vaccination - Trend

Zone		2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	At Least First Dose	582,354 (13.0%)	2,706,483 (60.5%)	3,090,158 (69.1%)	⇧
	Second Dose	92,203 (2.1%)	1,573,320 (35.2%)	2,761,882 (61.8%)	⇧

Source: Meditech, Imm/ARI (includes data from multiple sources), Clarity, data extracted on October 29, 2021.
Notes:
- *This is a cumulative measure; trend indicates continuous increase in vaccine uptake.*
- *At Least First Dose refers to people who have received the first dose only plus those who received the first and second dose. Second Dose refers to people who have received both doses.*
- *Results include vaccinations that took place in AHS sites and non-AHS sites (i.e., pharmacies, doctor's offices, etc.)*
- *The total population in Alberta was used as the denominator for the calculation of the percentage.*

HAND HYGIENE COMPLIANCE

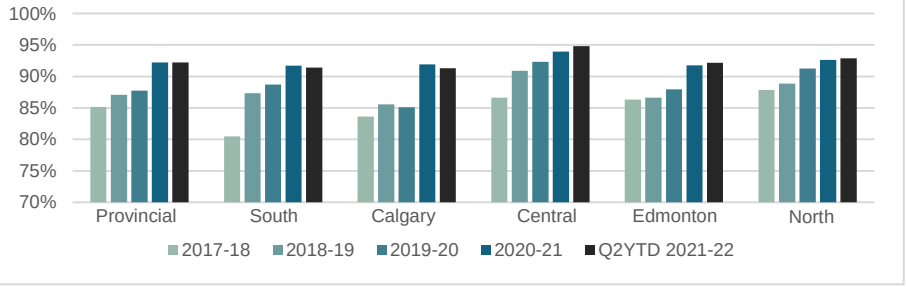
Measure Definition:
The percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed for compliance with hand hygiene practices according to the Canadian Patient Safety Institute's four moments of hand hygiene.

Why It's Important:
Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

Performance Summary:

92%
Provincial
Q2YTD 2021-22

Trend: ⇨
(Compared to the same period last year)



Hand Hygiene Compliance - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**Provincial**	**85%**	**87%**	**88%**	**92%**	**n/a**	**91%**	**92%**	**92%**	⇨
South Zone	**South Zone**	**80%**	**87%**	**89%**	**92%**	**n/a**	**92%**	**91%**	**91%**	⇨
	Chinook Regional Hospital	78%	87%	87%	91%	n/a	91%	90%	90%	⇨
	Medicine Hat Regional Hospital	84%	88%	90%	95%	n/a	95%	93%	94%	⇨
	Other South Hospitals	81%	87%	90%	90%	n/a	91%	91%	92%	⇨
Calgary Zone	**Calgary Zone**	**84%**	**86%**	**85%**	**92%**	**n/a**	**91%**	**91%**	**91%**	⇨
	Alberta Children's Hospital	79%	81%	82%	88%	n/a	84%	90%	89%	⇧
	Foothills Medical Centre	84%	85%	83%	91%	n/a	90%	91%	92%	⇨
	Peter Lougheed Centre	80%	85%	88%	92%	n/a	90%	89%	88%	⇨
	Rockyview General Hospital	88%	91%	90%	94%	n/a	94%	95%	95%	⇨
	South Health Campus	77%	76%	82%	88%	n/a	85%	91%	90%	⇧
	Other Calgary Hospitals	85%	88%	89%	95%	n/a	95%	91%	90%	⇩
Central Zone	**Central Zone**	**87%**	**91%**	**92%**	**94%**	**n/a**	**94%**	**95%**	**95%**	⇨
	Red Deer Regional Hospital Centre	85%	88%	89%	92%	n/a	92%	92%	94%	⇨
	Other Central Hospitals	87%	92%	93%	94%	n/a	95%	95%	95%	⇨
Edmonton Zone	**Edmonton Zone**	**86%**	**87%**	**88%**	**92%**	**n/a**	**91%**	**93%**	**92%**	⇨
	Grey Nuns Community Hospital	89%	92%	92%	95%	n/a	n/a	94%	94%	▫
	Misericordia Community Hospital	86%	88%	89%	93%	n/a	n/a	95%	95%	▫
	Royal Alexandra Hospital	86%	85%	87%	91%	n/a	90%	93%	93%	⇧
	Stollery Children's Hospital	81%	80%	85%	91%	n/a	95%	92%	92%	⇨
	Sturgeon Community Hospital	88%	83%	85%	86%	n/a	85%	90%	92%	⇧
	University of Alberta Hospital	88%	89%	87%	91%	n/a	89%	93%	92%	⇧
	Other Edmonton Hospitals	86%	88%	90%	93%	n/a	93%	93%	92%	⇨
North Zone	**North Zone**	**88%**	**89%**	**91%**	**93%**	**n/a**	**91%**	**94%**	**93%**	⇨
	Northern Lights Regional Health Centre	82%	88%	94%	93%	n/a	95%	94%	93%	⇨
	Queen Elizabeth II Hospital	88%	81%	86%	95%	n/a	100%	93%	84%	⇩
	Other North Hospitals	89%	90%	91%	92%	n/a	90%	94%	93%	⇧

Total Observations

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**334,427**	**321,850**	**316,284**	**161,179**	**n/a**	**51,622**	**58,534**	**112,929**
South Zone	18,277	26,212	28,987	16,575	n/a	5,255	6,253	11,778
Calgary Zone	128,687	114,673	124,099	53,712	n/a	18,248	18,879	38,573
Central Zone	39,162	41,865	38,977	23,241	n/a	6,321	8,649	15,273
Edmonton Zone	118,566	108,016	95,715	49,410	n/a	17,368	19,178	36,696
North Zone	29,735	31,084	28,506	18,241	n/a	4,430	5,575	10,609

Source: AHS IPC Surveillance and Standards, as of October 26, 2021; Covenant Health Infection Prevention and Control, as of October 6, 2021.
Notes:

- *Covenant Health sites (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) and fall (Q3). 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 Care Alberta, Corrections, EMS, Hemodialysis, Home Care, and Public Health.*
- *Hand hygiene data reporting for 2020/21-Q1 was suspended due to the interruption of data collection activities during the COVID-19 pandemic.*

AMBULATORY CARE SENSITIVE CONDITION (ACSC) HOSPITALIZATION RATE

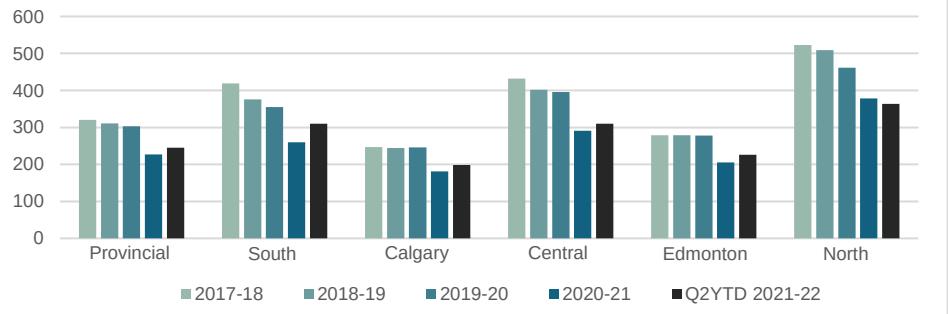
Measure Definition:
The age-standardized hospitalization rate per 100,000 Alberta residents for conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital.

Why It's Important:
Appropriate care leads to better overall patient health as well as better utilization of resources by avoiding unnecessary hospitalizations. The lower the rate the better, as it demonstrates effective primary care and community-based management of these conditions.

Performance Summary:

245
per 100,000
Provincial
Q2YTD 2021-22

Trend: ⇩
(Compared to the same period last year)



Variance Explanation:
Creating a more integrated healthcare delivery system ensures that care is provided in the right setting. The increase in hospitalizations for ACSCs when compared to the same period last year, may be due to overall lower hospital volumes in 2020-21 which have started to recover in 2021-22. This increase might also be the result of Albertans not seeking timely care during earlier stages of the COVID-19 pandemic which contributes to exacerbated conditions and higher acuity when presenting for care.

Most Recent National Comparison (2019-20):
Using a similar definition, Alberta ranked 4th among nine provinces for fewest admissions for ambulatory care sensitive conditions per 100,000 (AB = 237; Canada = 251; Best Performing Province = 221 (BC) (CIHI, 2020-21)).

ACSC Hospitalization Rate (annualized) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**320**	**311**	**303**	**227**	**237**	**234**	**241**	**245**	⇩
South Zone	419	376	355	260	262	273	299	310	⇩
Calgary Zone	247	244	246	181	185	184	190	198	⇩
Central Zone	432	402	396	291	297	297	315	310	⇩
Edmonton Zone	279	279	278	205	221	212	225	226	⇩
North Zone	523	509	462	379	405	402	359	363	⇧

Total ACSC Hospitalizations

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**12,624**	**12,567**	**12,600**	**9,603**	**2,455**	**4,889**	**2,565**	**5,246**
South Zone	1,227	1,128	1,071	789	195	408	232	476
Calgary Zone	3,723	3,795	3,950	2,980	740	1,493	785	1,645
Central Zone	2,018	1,905	1,904	1,404	355	706	380	747
Edmonton Zone	3,503	3,611	3,704	2,787	735	1,419	772	1,571
North Zone	2,153	2,128	1,971	1,643	430	863	396	807

Source: AHS Provincial Discharge Abstract Database (DAD), Patient/Care-Based Funding Population database, as of November 4, 2021, and Postcensal Canadian population estimate (2011) – Statistics Canada (Standard population).
Notes:
- *Results may change due to data updates in the source information system or revisions to the measure's inclusion and exclusion criteria.*
- *Zone separation is based on residency zone, not facility zone.*
- *The rate is age-standardized to the 2011 Canadian population and represents the number of ACSC hospitalizations that would be expected per 100K population if the age distribution of Alberta residents was similar to the Canadian population in 2011.*

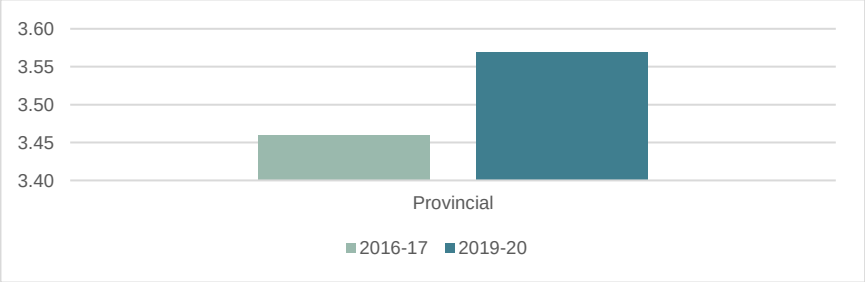
AHS WORKFORCE ENGAGEMENT

Measure Definition:
AHS' Our People Survey uses a five-point scale (with "1" meaning "strongly disagree" and "5" meaning "strongly agree"), to help respondents rate their level of agreement with 12 (Q12) individual statements related to workforce engagement. This measure reports the "Grand Mean" and highlights AHS' overall engagement. It is the overall average of the average scores received for the individual Q12 items. The Grand-Mean uses the same five-point scale as the individual Q12 statements.

Why It's Important:
Engagement scores measure the extent to which people feel they have direction, clarity, encouragement and growth opportunities they need to perform at their best. It reflects how committed an employee is to the organization, their role, their manager, and co-workers. High engagement leads to higher productivity, safer patient care, and increased 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.

Performance Summary:

3.57
out of 5
Provincial
2019-20



Our People Survey Results

Level of Portfolio	Portfolio or Departments	2016-17	2019-20
Province	**Provincial**	**3.46**	**3.57**

Source: AHS People portfolio
Notes:
- *Workforce engagement rate is specific to AHS Employees only, and excludes physicians, volunteers, and midwives.*
- *The next survey is scheduled for 2022-23.*

DISABLING INJURIES IN AHS WORKFORCE

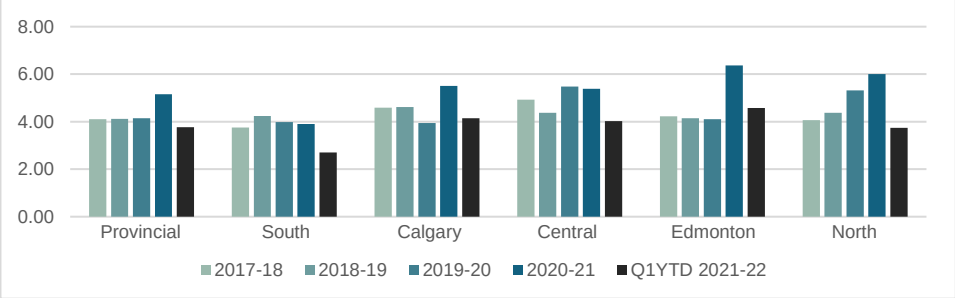
Measure Definition:
The number of AHS workers requiring modified work or time away from work per 200,000 paid hours (approximately 100 full time equivalent workers).

Why It's Important:
The disabling injury rate enables us to identify workplace health and safety programs that will provide AHS employees, volunteers and physicians with a safe and healthy work environment and keep them free from injury. The lower the rate the better, as it demonstrates fewer disabling injuries are occurring at work.

Performance Summary:

3.77
per 200,000
Provincial
Q1YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Disabling Injury Rate - by AHS Portfolio

Level of Portfolio	Portfolio or Departments	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Province	**Provincial**	4.11	4.12	4.14	5.15	4.40	3.77	⇧
Zone	South Zone Clinical Operations	3.75	4.24	3.98	3.90	1.73	2.70	⇩
	Calgary Zone Clinical Operations	4.59	4.62	3.94	5.50	5.29	4.15	⇧
	Central Zone Clinical Operations	4.92	4.37	5.48	5.39	4.39	4.02	⇧
	Edmonton Zone Clinical Operations	4.22	4.14	4.10	6.37	4.94	4.58	⇧
	North Zone Clinical Operations	4.06	4.37	5.32	6.00	4.92	3.74	⇧
Provincial Portfolios	Cancer Care Alberta	1.04	1.54	2.18	3.06	4.22	2.64	⇧
	Capital Management	2.26	2.48	2.83	3.56	2.56	1.24	⇧
	Clinical Workforce Strategy & Services (CWSS)	8.37	10.48	9.61	21.50	6.75	10.98	⇩
	Community Engagement & Communications	0.00	0.00	0.87	0.00	0.00	0.00	⇨
	Contracting, Procurement & Supply Chain Management	3.98	4.59	3.89	3.72	1.96	3.54	⇩
	Diagnostic Imaging	3.57	3.79	2.89	3.42	3.33	3.35	⇨
	Emergency Medical Services (EMS)	15.04	12.80	13.13	16.06	15.44	15.29	⇨
	Finance	0.56	0.38	0.77	0.00	0.00	0.72	⇩
	Human Resources	0.45	0.32	0.38	0.00	0.00	0.00	⇨
	Information Technology	0.21	0.10	0.14	0.22	0.18	0.34	⇩
	Internal Audit & Enterprise Risk Management	0.00	0.00	2.13	0.00	0.00	0.00	⇨
	Legal & Privacy	0.00	0.00	1.14	0.00	0.00	0.00	⇨
	Nutrition, Food, Linen & Environment	6.38	6.50	6.85	6.54	6.06	5.75	⇧
	Office of CMO & Medical Affairs	0.88	0.81	0.79	1.31	0.95	0.63	⇧
	Pharmacy Services	1.22	1.14	1.40	1.59	1.20	1.97	⇩
	Protective Services	8.54	11.13	10.38	12.56	12.33	16.05	⇩
	Provincial Clinical Excellence	0.58	0.72	0.36	0.68	0.19	0.82	⇩
	Workforce Health & Safety	1.12	0.00	1.08	0.50	1.98	0.00	⇧

Source: WCB Alberta and e-Manager Payroll Analytics (EPA). EPA 2017-21 YTD data as of June 2020. WCB data April-June 2020 as of September 2020. Data retrieval: October 18, 2021.
Notes:
- *This measure is reported one quarter later to allow for more accurate reporting as injuries sustained within the quarter are often reported retroactively outside the quarter.*
- *Reporting of "0.00" is accurate and reflects these portfolios having no disabling injuries.*

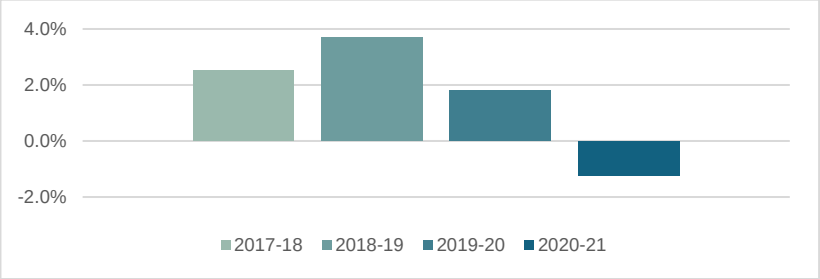
ANNUAL RATE OF CHANGE IN OPERATIONAL EXPENDITURES

Measure Definition:
The year-over-year percentage change in operational expenditures excluding COVID-19 related expenses.

Why It's Important:
Being a single, integrated healthcare system puts AHS in a unique position to support system sustainability, and being good fiscal stewards of healthcare-allocated tax dollars has always been a priority. A provincial approach will enable consistency and sharing of successes and lessons to ensure the most efficient method to managing all operational expenditures. The lower the percentage the better, as it demonstrates lower expenditure growth over time.

Performance Summary:

Available March 31, 2022
Provincial
2021-22



Annual Rate of Change in Operational Expenditures (excluding COVID-19 expense) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	2021-22	2021-22 Target
Provincial	**2.5%**	**3.7%**	**1.8%**	**-1.2%**	**Available March 31, 2022**	**3.9%**

Total Consolidated Expenditures (in millions of dollars, excluding COVID-19 expense)

Zone	2017-18	2018-19	2019-20	2020-21	2021-22
Provincial	**14,765**	**15,313**	**15,591**	**15,399**	**Available March 31, 2022**

Source: AHS Annual Audited Consolidated Financial Statements, External Financial Reporting, Finance, AHS general ledger (e-Manager), as of May 10, 2021.
Notes: AHS' Consolidated Expenses include subsidiaries and other controlled entities.

COST OF A STANDARD HOSPITAL STAY

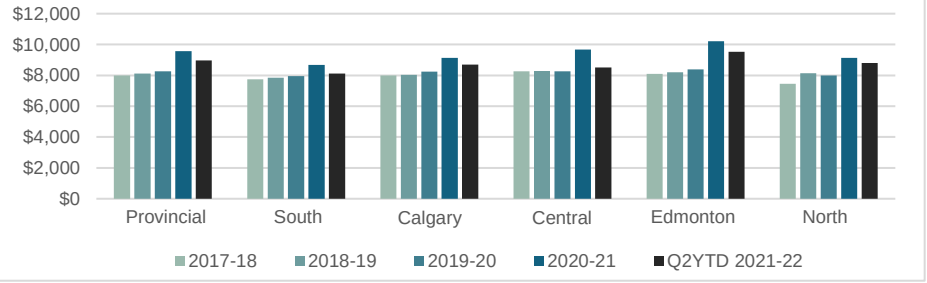
Measure Definition:
The ratio of a hospital's total acute inpatient care expenses to the number of acute inpatient cases, adjusting for differences in the type and acuity of inpatients the hospital treats.

Why It's Important:
Acute care hospitals are one of the most expensive sectors of the healthcare system. The goal is to provide safe, high-quality care while keeping costs down. The lower the amount the better, as it demonstrates a more cost-efficient acute care system, which maintains quality and safety of care while reducing costs.

Performance Summary:

$8,972
Provincial
Q2YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2019-20):
Using a similar definition, Alberta ranked 10th among the ten provinces for the lowest cost of a standard hospital stay (AB = $7,992; Canada = $6,349; Best Performing Province = $5,642 (ON) *(CIHI, 2019-20)*).

Cost of a Standard Hospital Stay - Trend (in dollars)

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**7,997**	**8,118**	**8,266**	**9,571**	**9,714**	**9,293**	**8,947**	**8,972**	⇧
South Zone	7,744	7,841	7,952	8,669	9,661	9,118	8,227	8,125	⇧
Calgary Zone	7,982	8,034	8,245	9,140	9,564	9,032	8,593	8,689	⇧
Central Zone	8,267	8,276	8,267	9,663	10,722	10,175	8,539	8,512	⇧
Edmonton Zone	8,103	8,210	8,391	10,211	9,774	9,421	9,474	9,525	⇨
North Zone	7,453	8,129	8,001	9,134	9,150	9,140	9,102	8,798	⇧

Total Inpatient Costs (in millions of dollars)

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**4,288**	**4,330**	**4,435**	**4,717**	**1,070**	**2,168**	**1,200**	**2,361**
South Zone	273	271	272	275	67	133	71	139
Calgary Zone	1,599	1,639	1,671	1,718	402	811	433	850
Central Zone	407	406	403	427	97	197	109	213
Edmonton Zone	1,684	1,682	1,755	1,950	421	861	498	985
North Zone	325	331	334	347	82	166	88	174

Total Resource Intensity Weighted Cases

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**536,230**	**533,351**	**536,472**	**492,788**	**110,105**	**233,278**	**134,074**	**263,135**
South Zone	35,261	34,616	34,156	31,669	6,960	14,641	8,597	17,157
Calgary Zone	200,313	203,967	202,709	187,983	42,070	89,752	50,363	97,772
Central Zone	49,286	49,073	48,729	44,168	9,081	19,383	12,818	25,025
Edmonton Zone	207,778	204,927	209,136	190,999	43,026	91,355	52,588	103,402
North Zone	43,592	40,768	41,742	37,969	8,968	18,147	9,708	19,779

Source: AHS Provincial Discharge Abstract Database (DAD), AHS General Ledger, Covenant General Ledger and Stat General Ledger, as of November 5, 2021
Note:
- *This indicator is calculated by dividing the zone's total inpatient cost by its total acute inpatient weighted cases (obtained from the Discharge Abstract Database).*
- *The CIHI Case Mix Groups+ (CMG+) methodology is designed to aggregate acute care in-patients with similar clinical and resource-utilization characteristics. It is applied to the acute care inpatient cases to improve estimates of resource indicators, such as Resource Intensity Weights (RIW). Therefore, implementation of CIHI's 2021 CMG resulted in some changes to the number of RIW Cases and the CSHS for historical fiscal years.*
- *Note that the methodology used by AHS is different than that of the Canadian Institute for Health Information resulting in slight differences between the sources.*

ACUTE LENGTH OF STAY COMPARED TO EXPECTED LENGTH OF STAY (ALOS:ELOS)

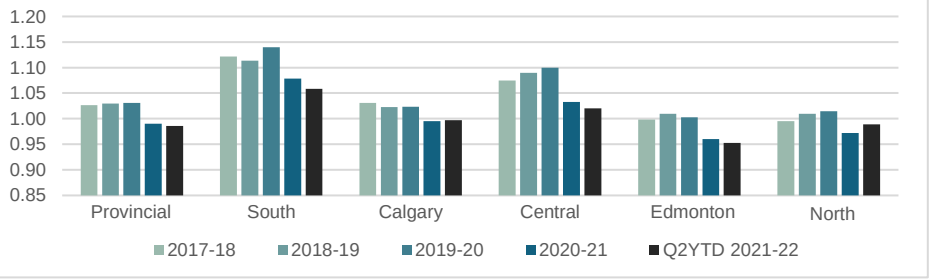
Measure Definition:
The ratio of the total number of acute days in acute care hospitals compared to the total acute length of stay that is expected based on factors such as patient age, diagnoses, and interventions.

Why It's Important:
To improve system-wide health services delivery, it is important to manage the length of time patients remain in hospital and improve discharge and transition from acute care to primary and community care to ensure the most efficient utilization of hospital beds.

Performance Summary:

0.99
Provincial
Q2YTD 2021-22

Trend: ⇨
(Compared to the same period last year)



Most Recent National Comparison (2020-21):
Using a similar definition, Alberta ranked 3rd among nine provinces for the lowest ALOS:ELOS ratio (AB = 0.99; Canada = 0.96; Best Performing Province = 0.91 (ON) (CIHI, 2020-21)[1]).

Acute Length of Stay Compared to Expected Length of Stay (ALOS:ELOS) - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	**Provincial**	**1.03**	**1.03**	**1.03**	**0.99**	**0.97**	**0.98**	**0.98**	**0.99**	⇨
South Zone	**South Zone**	**1.12**	**1.11**	**1.14**	**1.08**	**1.04**	**1.06**	**1.05**	**1.06**	⇨
	Chinook Regional Hospital	1.13	1.12	1.14	1.06	1.02	1.04	1.03	1.06	⇨
	Medicine Hat Regional Hospital	1.13	1.12	1.15	1.11	1.08	1.10	1.07	1.05	⇧
	Other South Hospitals	1.07	1.08	1.14	1.08	0.99	1.03	1.11	1.09	⇩
Calgary Zone	**Calgary Zone**	**1.03**	**1.02**	**1.02**	**1.00**	**0.98**	**0.99**	**0.99**	**1.00**	⇨
	Alberta Children's Hospital	0.95	0.97	0.95	0.91	0.90	0.90	0.97	0.94	⇩
	Foothills Medical Centre	1.06	1.04	1.04	1.01	1.00	1.00	1.00	1.00	⇨
	Peter Lougheed Centre	1.04	1.06	1.05	1.01	0.98	1.00	0.98	0.99	⇨
	Rockyview General Hospital	1.01	1.00	1.00	0.99	0.95	0.97	1.03	1.02	⇩
	South Health Campus	0.98	0.98	0.99	0.97	0.96	0.97	0.96	0.99	⇨
	Other Calgary Hospitals	1.05	1.05	1.09	1.06	1.04	1.06	1.02	1.01	⇧
Central Zone	**Central Zone**	**1.07**	**1.09**	**1.10**	**1.03**	**1.01**	**1.02**	**1.01**	**1.02**	⇨
	Red Deer Regional Hospital Centre	1.07	1.11	1.10	1.02	1.00	1.00	1.00	1.03	⇨
	Other Central Hospitals	1.08	1.07	1.10	1.05	1.02	1.03	1.03	1.01	⇨
Edmonton Zone	**Edmonton Zone**	**1.00**	**1.01**	**1.00**	**0.96**	**0.94**	**0.95**	**0.95**	**0.95**	⇨
	Grey Nuns Community Hospital	1.01	1.02	0.99	0.95	0.92	0.94	0.94	0.93	⇨
	Misericordia Community Hospital	1.00	0.98	0.96	0.93	0.88	0.91	0.92	0.93	⇨
	Royal Alexandra Hospital	0.99	1.01	1.01	0.96	0.94	0.96	0.93	0.94	⇨
	Stollery Children's Hospital	1.04	1.02	1.01	1.01	1.08	1.01	0.96	0.98	⇨
	Sturgeon Community Hospital	0.95	0.98	1.01	0.99	0.97	0.96	0.99	1.00	⇩
	University of Alberta Hospital	0.98	1.01	1.00	0.94	0.93	0.94	0.95	0.96	⇨
	Other Edmonton Hospitals	1.10	1.13	1.09	1.09	1.10	1.06	1.01	0.99	⇧
North Zone	**North Zone**	**1.00**	**1.01**	**1.01**	**0.97**	**0.95**	**0.96**	**0.99**	**0.99**	⇩
	Northern Lights Regional Health Centre	1.01	1.02	1.00	0.98	0.91	0.93	0.97	0.97	⇩
	Queen Elizabeth II Hospital	1.03	1.04	1.06	0.98	1.00	1.01	1.01	1.03	⇨
	Other North Hospitals	0.98	0.99	1.00	0.97	0.93	0.94	0.99	0.97	⇨

Total Typical Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	**334,942**	**334,579**	**333,173**	**296,894**	**69,967**	**148,717**	**81,644**	**159,532**
South Zone	24,644	24,116	23,850	21,620	4,996	10,701	5,881	11,554
Calgary Zone	124,075	123,976	124,424	112,584	25,777	55,825	30,988	59,959
Central Zone	34,801	33,597	32,485	29,509	6,687	14,447	8,125	15,509
Edmonton Zone	116,832	119,670	119,791	104,812	25,333	53,043	29,677	58,500
North Zone	34,590	33,220	32,623	28,369	7,174	14,701	6,973	14,010

Source: AHS Provincial Discharge Abstract Database (DAD), as of November 4, 2021
Notes:
1. *Parts of this material are based on data and information provided by the Canadian Institute for Health Information (CIHI). However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of CIHI.*
- *Results are for typical cases only (ones that follow a usual course of treatment) and may change due to data updates in the source information system.*
- *Implementation of CIHI's 2021 Case Mix Groups (CMG) grouper resulted in some changes to the number of total typical discharges and ALOS:ELOS for historical fiscal years.*

OVERALL UNPLANNED READMISSIONS

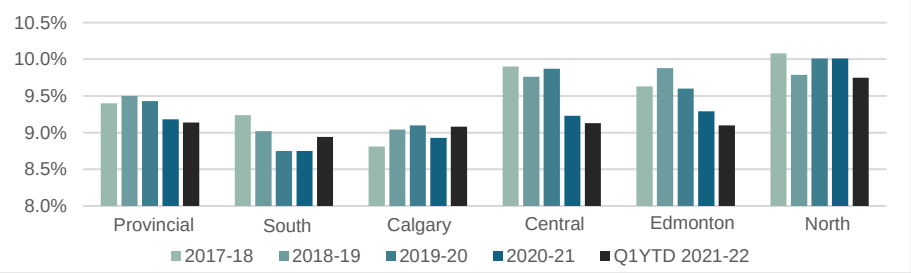
Measure Definition:
The percentage of patients with unplanned readmission to hospital within 30 days of leaving for medical, surgical, pediatric or obstetric care.

Why It's Important:
Readmission rates can be influenced by the quality of care provided, the effectiveness of the care transitions and coordination, and the availability and use of community programs. Monitoring these rates can help evaluate the appropriateness of discharges and follow-up care. The lower the percentage the better, as it demonstrates more effective discharge planning and follow-up care in the community.

Performance Summary:

9.1%
Provincial
Q1YTD 2021-22

Trend: ⇧
(Compared to the same period last year)



Most Recent National Comparison (2019-20):
Using a similar definition, Alberta ranked tied for 3rd among nine provinces for the lowest percent of all patients readmitted to hospital (AB = 9.2%; Canada = 9.4%; Best Performing Province = 8.5% (PE) *(CIHI, 2020-21)*).

Overall Unplanned Readmissions (Medical, Surgical, Pediatric and Obstetric) - Trend

Zone Name	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Provincial	**Provincial**	**9.4%**	**9.5%**	**9.4%**	**9.2%**	**9.5%**	**9.1%**	⇧
South Zone	**South Zone**	**9.2%**	**9.0%**	**8.8%**	**8.8%**	**9.2%**	**8.9%**	⇨
	Chinook Regional Hospital	8.4%	8.8%	8.7%	8.4%	8.0%	7.8%	⇨
	Medicine Hat Regional Hospital	9.6%	8.8%	8.9%	8.6%	10.9%	9.0%	⇧
	Other South Hospitals	10.2%	9.9%	8.7%	9.8%	9.3%	11.2%	⇩
Calgary Zone	**Calgary Zone**	**8.8%**	**9.0%**	**9.1%**	**8.9%**	**9.3%**	**9.1%**	⇨
	Alberta Children's Hospital	9.5%	10.4%	10.0%	9.2%	10.7%	10.6%	⇨
	Foothills Medical Centre	9.1%	9.3%	9.4%	9.5%	9.8%	9.1%	⇧
	Peter Lougheed Centre	8.3%	8.5%	8.9%	8.4%	9.1%	8.8%	⇧
	Rockyview General Hospital	8.8%	8.9%	8.9%	8.6%	9.1%	9.3%	⇨
	South Health Campus	8.7%	8.9%	8.9%	8.5%	8.0%	8.1%	⇨
	Other Calgary Hospitals	8.0%	8.1%	8.6%	8.8%	9.9%	9.6%	⇧
Central Zone	**Central Zone**	**9.9%**	**9.8%**	**9.9%**	**9.2%**	**9.2%**	**9.1%**	⇨
	Red Deer Regional Hospital Centre	9.8%	9.2%	8.9%	8.9%	8.6%	8.1%	⇧
	Other Central Hospitals	10.0%	10.1%	10.5%	9.5%	9.6%	9.9%	⇨
Edmonton Zone	**Edmonton Zone**	**9.6%**	**9.9%**	**9.6%**	**9.3%**	**9.6%**	**9.1%**	⇧
	Grey Nuns Community Hospital	8.5%	9.3%	9.0%	8.3%	8.2%	8.7%	⇩
	Misericordia Community Hospital	9.4%	9.9%	9.8%	8.9%	9.7%	9.1%	⇧
	Royal Alexandra Hospital	10.1%	10.1%	9.9%	10.1%	10.3%	9.3%	⇧
	Stollery Children's Hospital	n/a	n/a	n/a	7.7%	7.9%	8.5%	⇩
	Sturgeon Community Hospital	9.1%	10.1%	8.4%	8.1%	8.6%	9.5%	⇩
	University of Alberta Hospital	10.1%	10.1%	10.0%	9.8%	10.2%	9.4%	⇧
	Other Edmonton Hospitals	8.1%	8.4%	8.6%	8.2%	8.5%	7.8%	⇧
North Zone	**North Zone**	**10.1%**	**9.8%**	**10.0%**	**10.0%**	**10.5%**	**9.8%**	⇧
	Northern Lights Regional Health Centre	10.4%	9.7%	10.1%	10.9%	11.7%	10.5%	⇧
	Queen Elizabeth II Hospital	9.3%	8.5%	9.6%	8.7%	9.5%	6.9%	⇧
	Other North Hospitals	10.2%	10.1%	10.1%	10.2%	10.6%	10.4%	⇨

Total Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22
Provincial	**269,504**	**269,200**	**269,342**	**231,941**	**58,898**	**70,725**
South Zone	19,324	18,800	18,552	16,295	4,025	4,914
Calgary Zone	98,393	98,679	99,834	87,242	21,516	26,623
Central Zone	29,310	28,320	27,580	24,244	5,928	7,371
Edmonton Zone	95,611	97,630	98,044	82,348	21,580	25,893
North Zone	26,866	25,771	25,332	21,812	5,849	5,924

Source: CIHI Your Health System: Insight, as of October 22, 2021
Notes:
- *This measure is reported one quarter later due to requirements to follow up with patients after end of reporting quarter.*
- *Results were adjusted by using the Canadian average rate of the Overall Readmission in 2018-19.*
- *Before 2020-21 FY, data for Stollery Children's Hospital was combined with University of Alberta Hospital; Starting 2020-21 FY, Stollery Children's Hospital and University of Alberta Hospital are separately reported.*