

Measure	Definition	Understanding this Measure
PRIMARY CARE		
Albertans Enrolled in a Primary Care Network	The percentage of Albertans informally enrolled in a Primary Care Network (PCN). This is calculated by the number of Albertans who are informally enrolled in a Primary Care Network (numerator) in a given fiscal year as a proportion of the total population covered by the Alberta Health Care Insurance Plan (denominator) as at March 31 of that year. The results for this measure are calculated by Alberta Health.	A PCN is an arrangement between a group of family physicians and Alberta Health Services (AHS) to provide and coordinate a comprehensive set of primary health care services to patients. Primary care is the care individuals receive at the first point of contact with the healthcare system. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion in a Primary Care Network.
ACUTE CARE		
Surgical Readmissions within 30 days (risk adjusted)	The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This excludes surgical patients requiring planned or scheduled follow up care. Also excluded are readmission for mental health, palliative care and chemotherapy. This measure is adjusted for age, sex and risk factors. Reporting is based on discharge hospital for patients transferred after a procedure.	Unplanned readmissions to hospitals are used to measure quality of surgical and post-surgical hospital care, follow up, discharge readiness, and clarity and support for patient self-care. Readmission rates can be influenced by a variety of other factors, including the effectiveness of the care transition to the community. While not all readmissions can be avoided, monitoring readmissions can assist in identifying improvement opportunities and quality of care. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods).
IMMUNIZATION		
AHS Employee Seasonal Influenza Immunization	The percentage of Alberta Health Services employees receiving seasonal influenza vaccine. AHS Healthcare Workers are a subset of all Healthcare Workers reported in the Alberta Health Influenza Immunization Report. AHS Employee Seasonal Influenza Immunizations are reported from the annual influenza immunization campaign, "Got My Flue Shot" via WHS or Site Champions.	Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among older Albertans, residents of long term care facilities, infants and young children, and those with certain chronic medical conditions. Hospitalizations for influenza are more likely to occur in children 6 to 23 months of age and elderly. Influenza illness can cause significant morbidity and mortality in this population and those ill can quickly fill acute care hospitals and emergency departments.
Children Seasonal Influenza Immunization (ages 6 to 23 months)	The percentage of children aged six to 23 months who have received the recommended doses of seasonal influenza vaccine during the reporting influenza season (October to end of season). For children requiring two doses of vaccine, two doses must have been received during the influenza season.	Influenza vaccine has been shown to be an effective measure for reducing the risk of transmission of the influenza virus. A high rate of immunization coverage will reduce the impact of disease on at risk groups and on the healthcare system. Immunization of healthcare workers coming into contact with patients at risk may further mitigate spread of the Influenza virus. Healthcare workers are at an increased risk of both being infected and infecting others. Influenza immunization is not mandated for AHS employees. Active promotion and high availability within AHS aims to ensure high rate of immunization amongst employees.
Seniors Seasonal Influenza Immunization (65 years and older)	This is a measure of the percentage of adults aged 65 years and over who have received the seasonal influenza immunization.	
Childhood Immunization Rate – DTap-IPV-Hib	DTap-IPV-Hib (Diphtheria/Tetanus/Acellular Pertussis, Polio, <i>Haemophilus Influenzae Type B</i>) vaccine is determined as the ratio of the number of children <2 years of age who were administered the appropriate 4 doses compared to the number of eligible children in each zonal electronic immunization database. The results for this measure are calculated by Alberta Health.	Higher rates are better as these measures indicate the number of children who are considered up-to-date for immunization by two years of age for the following vaccines: DTaP-IPV-Hib (4 doses) and MMR (1 dose). Children with less than the specified number of doses by two years of age are not considered to be fully protected and are not included in the numerator for coverage rate calculation. The measure reflects coverage by two years of age. Coverage may grow in the population due to children receiving doses after turning two years of age.

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Childhood Immunization Rate – MMR	MMR (Measles, Mumps, Rubella) vaccine is determined as the ratio of the number of children under 2 years of age who were administered the appropriate single (1) dose compared to the number of eligible children in each zonal electronic immunization database. The results for this measure are calculated by Alberta Health.	
LIFE EXPECTANCY		
Life Expectancy	Life Expectancy is the number of years from birth a person would be expected to live based on mortality statistics. The results for this measure are calculated by Alberta Health. This measure is reported for the entire Alberta population as well as subdivided by sex and First Nations status.	Life expectancy at birth is an indicator of the health of a population, measuring the number of years lived rather than the quality of life.
Potential Years of Life Lost (PYLL)	Potential Years of Life Lost (PYLL) is a measure of premature death. PYLL estimates the total number of years a population might have lived if they hadn't died prematurely due to any cause. For example, if a person died at age 25, then 50 years of life has been lost. PYLL is expressed per 1,000 population and is age-standardized to the Statistics Canada 2011 Canadian population under age 75. The results for this measure are calculated by Alberta Health. This measure is reported for the entire Alberta population as well as subdivided by sex.	PYLL is an indicator of premature mortality that gives greater weight to causes of death that occur at a younger age than to those at older ages. It emphasizes the loss of life at an early age and the causes of early deaths such as cancer, injury and cardiovascular disease. For example, the death of a person 40 years old contributes one death and 35 years to PYLL; whereas the death of a 70-year-old contributes one death and five years to PYLL.
PERINATAL MORTALITY		
Perinatal Mortality	Perinatal Mortality rate is the sum of the number of stillbirths (at ≥28 weeks of gestation) plus the number of infants dying under 7-days of age divided by the sum of the number of live births and stillbirths for a given calendar year. This is multiplied by 1,000 to give a rate per 1,000. This is for all peoples; however, the First Nations rate does not include Metis populations. The results for this measure are calculated by Alberta Health.	The number of perinatal deaths per 1,000 total births among both First Nations and non-First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death (under 7 days of age). Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs Albertans. The lower the number the better.
CANCER		
Breast Cancer Screening Participation Rate	The Breast Cancer Screening Participation Rate measures the percentage of women in Alberta between the ages of 50 and 74 years who have had a breast screening mammogram in the last 30 months. The target group (women ages 50-74) is aligned with the provincial breast cancer screening guidelines. Data is delayed by 1 year.	Adequate participation in breast cancer screening is essential for reductions in mortality for women between the ages of 50 and 69 years. Regular screening following clinical practice guidelines can identify unsuspected breast cancer at a stage when early intervention can positively affect the outcome. The goal is to reduce breast cancer mortality through early detection when treatment is more likely to be effective.

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Cervical Cancer Screening Participation Rate	The Cervical Cancer Screening Participation Rate measures the percentage of women between the ages of 25 and 69 years who have had a Pap test in the last 42 months. Data is delayed by 1 year.	Research indicates that over 90 per cent of cervical cancers can be cured when detected early and treated. Widespread Pap testing in Alberta over the past 40 years has resulted in a significant reduction in cervical cancer mortality. Nevertheless, failure to be screened, and under screening, remain the most important risk factors for cervical cancer in Alberta women. There is also strong evidence of disparities in coverage across Alberta by geography, socioeconomic status and ethnicity. Cervical cancer is almost entirely preventable through the effective application of cervical screening and human papillomavirus (HPV) immunization.
Colorectal Cancer Screening Participation Rate	The Colorectal Cancer (CRC) Screening Participation Rate measures the percentage of Alberta screen-eligible individuals, 50-74 years old, who had FT(FOBT/FIT) test in past two years and/or sigmoidoscopy/colonoscopy in the past five years. Data is delayed by 1 year.	Colorectal cancer is the second most frequent cause of death from cancer in Alberta, and early diagnosis and treatment significantly reduces the rate of mortality from this cancer. Screening can also reduce the incidence of colorectal cancer. The provincial colorectal cancer screening program database is expected to become the primary data source for this measure.
Early Detection of Cancers	The percentage of patients diagnosed at early stage amongst all newly diagnosed cancers, for cancers with a provincial screening program in Alberta. For invasive cervical and colorectal cancer cases diagnosed, those diagnosed at stages I or II, and for invasive and in situ breast cancer cases diagnosed, those diagnosed at stages 0, I, and II in relation to all cases diagnosed at all stages. Data is delayed by 1 year.	Cancer patients diagnosed at early stages have higher survival rates than those diagnosed at late stages. Breast, cervical, and colorectal cancer currently have screening programs in place in Alberta. Clinical trials have provided significant evidence that routine cancer screening for breast, cervical, and colorectal cancers in certain populations reduces mortality through early detection, allowing for more successful treatment. Additionally, an effective screening program will identify the majority of cancer cases at an early stage. This measure is developed to reflect both screening effectiveness and efficiency of clinical diagnosis pathways.