

Heart Attack Mortality

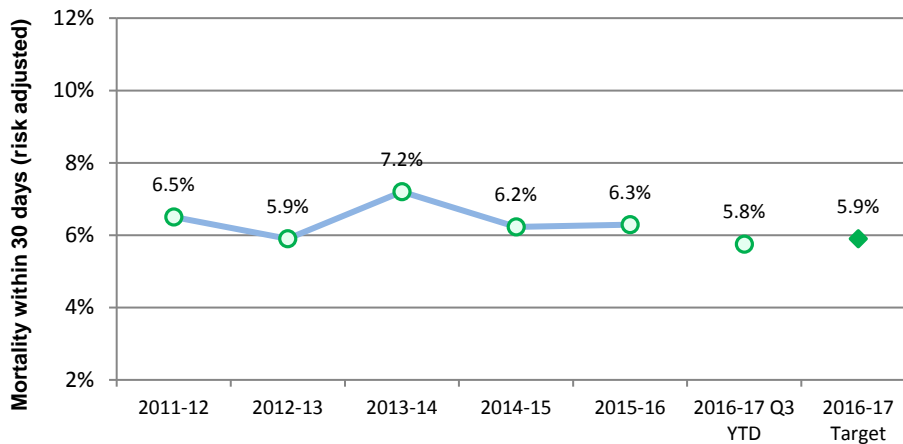
Measure Definition

The probability of dying in hospital within 30 days of being admitted for a heart attack. This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of acute myocardial infarction (AMI), often called a heart attack. This measure is adjusted for age, sex and other conditions.

Understanding this Measure

Heart attacks are one of the leading causes of death in Canada. Breakthroughs in treatments, particularly the timing of re-opening coronary arteries for blood flow, are greatly increasing survival rates. Note: This measure is reported a quarter later due to the requirement to followup with patients after the end of the reporting quarter.

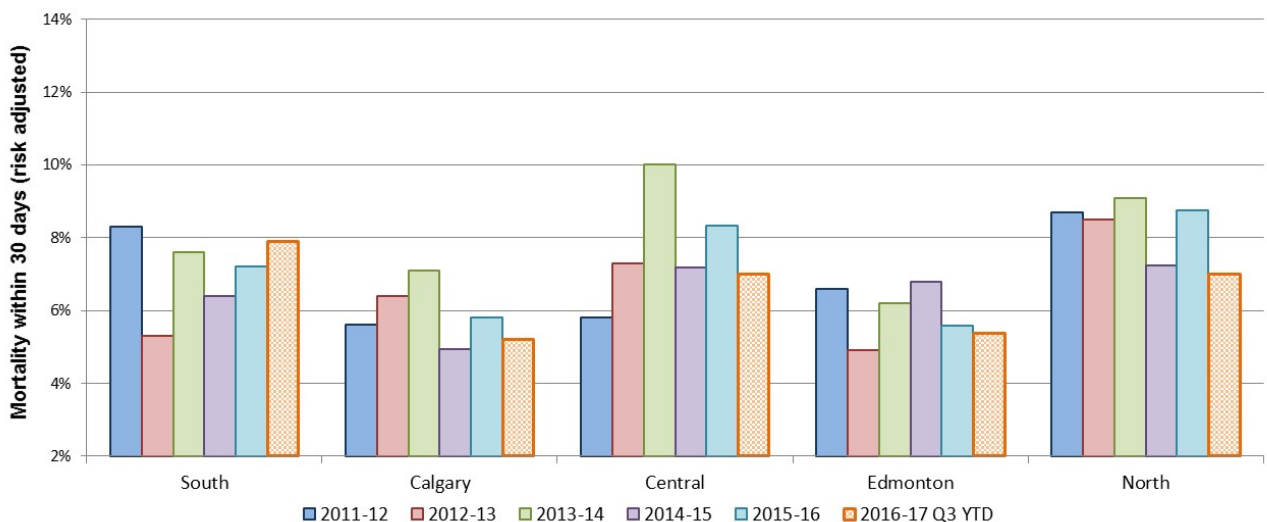
Heart Attack Mortality - Annual



How Do We Compare?

Alberta ranked 4th best nationally out of ten provinces and the same as the national rate in 2014-15.

Heart Attack Mortality - by Zone



Heart Attack Mortality

HIGHLIGHTS

Sites have specific plans to address heart attack mortality including public education and awareness about the signs of a heart attack, ensuring that standard clinical pathways and medication administration guidelines are in place at all sites, and training rural emergency department staff to the current Heart and Stroke ACLS (Advanced Cardiac Life Support) standards.

Working collaboratively with other Strategic Clinical Networks (SCNs), Cardiovascular Health and Stroke SCN is leading projects to reduce heart attack mortality:

- A comprehensive provincial initiative of vascular risk assessment, prevention, management and followup has the potential to prevent heart attacks and strokes, detect unknown cases of hypertension, diabetes and kidney disease, and save lives. Vascular Risk Reduction (VRR) consists of a series of projects with a focus on: 1) vascular risk-factor screening, case finding and early management in various community settings such as pharmacies and industry worksites; 2) integrating approaches to VRR; 3) effective and consistent knowledge translation with common messaging among internal and external stakeholders.
- STEMI (ST-segment elevation myocardial infarction) occurs by developing a complete blockage of a major coronary artery previously affected by atherosclerosis. Work is underway to launch a provincial STEMI reperfusion order set to be used at any site to help staff make efficient and appropriate treatment decisions.
- Heart failure is a chronic condition where the heart muscle does not pump blood sufficiently to meet the body's needs. The condition is associated with high rates of unplanned hospital readmission and mortality. AHS is standardizing care and reducing unnecessary variation in care across the province through the development of a heart failure clinical care pathway. In addition, collaborative work is underway with a similar chronic obstructive pulmonary disease (COPD) pathway that focuses on transitioning patients back to the community.

SUMMARY OF RESULTS

The most recent data for this measure is a quarter behind. This analysis is based on Q3 YTD 2016-17.

Provincial, Calgary, Central, Edmonton and North Zones achieved target for Q3 YTD. South Zone deteriorated from the same period as last year.

This measure shows high sensitivity to variation in number of deaths from quarter to quarter. Working on understanding root cause if present with cases.

In monitoring these measures at a site level, it is important to examine longer term trends over time. We expect there to be fluctuations in hospitals due to smaller sites having low number of discharges and therefore more susceptible to variations. AHS monitors these fluctuations to see if deterioration in performance represents a trend over time or part of expected variation. The fluctuation is within normal range.

Heart Attack Mortality

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Heart Attack (AMI) Mortality within 30 days	2013-14	2014-15	2015-16	Q3 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Target Achieved; ✓ Improving; ⇔ Stable; ✖ Performance not improving							
Provincial	7.2%	6.2%	6.3%	6.2%	5.8%	★	5.9%
South Zone	7.6%	6.4%	7.2%	6.3%	7.9%	✖	6.1%
Chinook Regional Hospital	7.0%	8.3%	7.2%	5.5%	4.2%	★	6.0%
Medicine Hat Regional Hospital	7.4%	3.4%	2.2%	1.7%	11.3%	✖	5.9%
All Other Hospitals	10.1%	6.1%	14.7%	14.4%	13.2%	✓	6.7%
Calgary Zone	7.1%	4.9%	5.8%	6.0%	5.2%	★	5.8%
Foothills Medical Centre	7.4%	5.6%	6.3%	6.1%	4.9%	★	6.6%
Peter Lougheed Centre	5.8%	3.9%	2.8%	3.3%	4.4%	✖	1.7%
Rockyview General Hospital	6.4%	3.4%	5.9%	7.7%	5.3%	✓	4.5%
South Health Campus	N/A	N/A	2.3%	1.6%	8.1%	✖	6.1%
All Other Hospitals	8.2%	3.2%	10.4%	12.0%	6.6%	★	7.0%
Central Zone	10.0%	7.2%	8.3%	7.0%	7.0%	★	7.0%
Red Deer Regional Hospital Centre	10.9%	5.5%	7.4%	4.3%	4.7%	★	6.5%
All Other Hospitals	9.6%	7.9%	8.8%	8.2%	8.3%	★	8.5%
Edmonton Zone	6.2%	6.8%	5.6%	5.7%	5.4%	★	5.7%
Grey Nuns Community Hospital	4.9%	4.6%	5.0%	4.8%	3.0%	★	4.8%
Misericordia Community Hospital	6.4%	8.6%	3.2%	2.5%	4.1%	★	6.0%
Royal Alexandra Hospital	6.7%	6.6%	6.1%	5.9%	6.0%	★	6.0%
Sturgeon Community Hospital	5.7%	5.3%	2.5%	1.9%	5.4%	✖	3.0%
University of Alberta Hospital	6.4%	7.1%	6.6%	7.7%	5.6%	★	6.0%
All Other Hospitals	4.1%	11.2%	7.2%	6.4%	13.3%	✖	10.6%
North Zone	9.1%	7.2%	8.8%	9.2%	7.0%	★	8.1%
Northern Lights Regional Health Centre	13.0%	9.2%	3.9%	4.5%	N/A	N/A	7.6%
Queen Elizabeth II Hospital	4.9%	4.7%	7.9%	9.0%	4.3%	★	5.3%
All Other Hospitals	10.2%	7.8%	9.7%	10.1%	8.2%	★	8.6%

* "Stable" trend indicates when current period performance is ≤ 3% from the same time period as last year.

Heart Attack Cases (Index)*	2013-14	2014-15	2015-16	Q3 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	5,475	5,408	5,387	4,046	4,106
South Zone	320	315	297	218	232
Calgary Zone	1,951	1,876	1,876	1,421	1,450
Central Zone	509	544	514	378	396
Edmonton Zone	2,334	2,304	2,339	1,760	1,786
North Zone	361	369	361	269	242