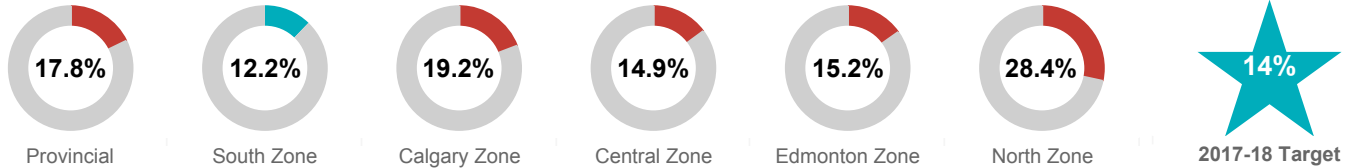


This measure monitor how quickly patients are moved from hospitals into community-based care. The lower the percentage the better, as it demonstrates capacity meeting need for long-term care or designated supportive living (supportive living levels 3, 4, and 4-dementia).

Legend

- ★ Target achieved
- Improvement
- ▲ Stable than prior period ≤3%
- Area requires additional focus

Percent ALC in Acute Care, Q1YTD 2017-18



Percent ALC in Acute Care Trend - Busiest Sites

| Zone Name | Site Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2016-17 Q1YTD | Q1YTD 2017-18 | Trend | 2017-18 Target |
|--|-----------------------------------|------------|---------|---------|---------|---------------|---------------|-------|----------------|
| Provincial | Provincial | 10.1% | 12.2% | 13.5% | 15.4% | 14.2% | 17.8% | ● | 14% |
| South Zone | South Zone | 6.9% | 9.0% | 12.6% | 13.9% | 14.0% | 12.2% | ★ | 14% |
| | Chinook Regional Hospital | 5.0% | 4.4% | 7.8% | 8.6% | 8.5% | 10.1% | ★ | 14% |
| | Medicine Hat Regional Hospital | 9.2% | 14.6% | 18.9% | 18.9% | 18.7% | 16.1% | ■ | 14% |
| | Other South Hospitals | 7.1% | 9.4% | 11.5% | 17.3% | 18.8% | 10.4% | ★ | 14% |
| Calgary Zone | Calgary Zone | 11.7% | 15.2% | 16.7% | 16.9% | 15.0% | 19.2% | ● | 14% |
| | Alberta Children's Hospital | 0.0% | 0.2% | 1.3% | 1.2% | 0.8% | 1.2% | ★ | 14% |
| | Foothills Medical Centre | 11.5% | 15.7% | 14.7% | 15.2% | 13.8% | 20.7% | ● | 14% |
| | Peter Lougheed Centre | 11.0% | 14.6% | 13.6% | 16.8% | 13.5% | 13.4% | ★ | 14% |
| | Rockyview General Hospital | 13.7% | 16.2% | 21.9% | 22.2% | 19.9% | 26.5% | ● | 14% |
| | South Health Campus | 12.1% | 14.4% | 20.4% | 17.6% | 15.7% | 17.3% | ● | 14% |
| | Other Calgary Hospitals | 17.5% | 26.4% | 27.2% | 21.0% | 21.8% | 19.7% | ■ | 14% |
| | Central Zone | 13.0% | 13.1% | 12.0% | 15.3% | 13.9% | 14.9% | ● | 14% |
| Central Zone | Red Deer Regional Hospital Centre | 10.3% | 11.4% | 8.8% | 12.4% | 6.5% | 11.2% | ★ | 14% |
| | Other Central Hospitals | 14.9% | 14.4% | 14.3% | 17.2% | 18.5% | 17.4% | ■ | 14% |
| | Edmonton Zone | 7.8% | 9.1% | 9.5% | 14.0% | 11.9% | 15.2% | ● | 14% |
| Edmonton Zone | Grey Nuns Community Hospital | 8.7% | 10.2% | 9.2% | 11.1% | 7.2% | 8.9% | ★ | 14% |
| | Misericordia Community Hospital | 8.0% | 10.8% | 12.8% | 14.7% | 15.1% | 15.7% | ● | 14% |
| | Royal Alexandra Hospital | 8.4% | 10.6% | 11.0% | 18.5% | 15.6% | 19.1% | ● | 14% |
| | Stollery Children's Hospital | 0.1% | 0.0% | 1.8% | 0.6% | 0.0% | 0.0% | ★ | 14% |
| | Sturgeon Community Hospital | 10.7% | 12.3% | 12.3% | 18.9% | 14.6% | 19.4% | ● | 14% |
| | University of Alberta Hospital | 6.8% | 6.0% | 6.2% | 11.7% | 10.5% | 15.5% | ● | 14% |
| | Other Edmonton Hospitals | 9.2% | 11.8% | 12.1% | 12.1% | 9.9% | 15.8% | ● | 14% |
| | North Zone | North Zone | 11.7% | 13.8% | 18.5% | 16.4% | 20.0% | 28.4% | ● |
| Northern Lights Regional Health Centre | | 9.4% | 7.4% | 18.5% | 12.0% | 32.1% | 9.5% | ★ | 14% |
| Queen Elizabeth II Hospital | | 8.5% | 14.0% | 20.4% | 15.2% | 13.4% | 43.5% | ● | 14% |
| Other North Hospitals | | 13.2% | 14.9% | 17.9% | 17.5% | 20.2% | 23.6% | ● | 14% |

Percent ALC in Acute Care by Zone and Fiscal Year



Total ALC Discharges

| Zone Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2016-17 Q1YTD | Q1YTD 2017-18 |
|---------------|---------|---------|---------|---------|---------------|---------------|
| Provincial | 9,601 | 9,776 | 10,254 | 13,513 | 2,998 | 4,309 |
| South Zone | 544 | 528 | 624 | 674 | 190 | 156 |
| Calgary Zone | 3,564 | 4,038 | 4,684 | 5,027 | 1,164 | 1,460 |
| Central Zone | 1,215 | 1,196 | 1,085 | 1,327 | 298 | 337 |
| Edmonton Zone | 3,591 | 3,209 | 3,046 | 5,518 | 1,039 | 2,059 |
| North Zone | 687 | 805 | 815 | 967 | 307 | 297 |

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of Aug 16, 2017

Notes: Previous ALC results for Central Zone were under reported. Reporting has improved in accuracy which has resulted in higher ALC activity.

Queen Elizabeth II Hospital Q1 results were impacted due to closures of the temporary subacute transition unit with many patients discharged to continuing care facilities in May 2017. This results in higher than normal number of ALC days.

Objective 1: Make the transition from hospital to community-based care options more seamless.

WHY THIS IS IMPORTANT

Increasing the number of home care services and community-based options reduces demand for hospital beds, improves the flow in hospitals and emergency departments and enhances quality of life.

UNDERSTANDING THE MEASURES

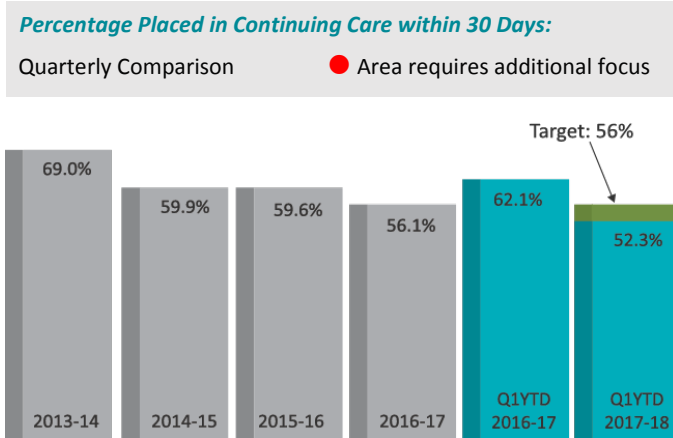
AHS has two performance measures (Percentage Placed in Continuing Care within 30 Days and Percentage of Alternate Level of Care Inpatient Days) to monitor how quickly patients are moved from hospitals into community-based care. These measures help us ensure our patients are receiving the most appropriate care for their needs.

AHS PERFORMANCE MEASURE: Percentage placed in continuing care within 30 Days

Percentage Placed in Continuing Care within 30 Days is defined as the percentage of clients admitted to a continuing care space (designated supportive living or long-term care) within 30 days of the date they are assessed and approved for placement. This includes patients/ clients assessed, approved and waiting in both hospital and community.

HOW WE ARE DOING

The higher the percentage the better, as it demonstrates capacity meeting need for long-term care or designated supportive living (levels 3, 4, and 4-dementia).



AHS PERFORMANCE MEASURE: Percentage of Alternate Level of Care (ALC) inpatient days

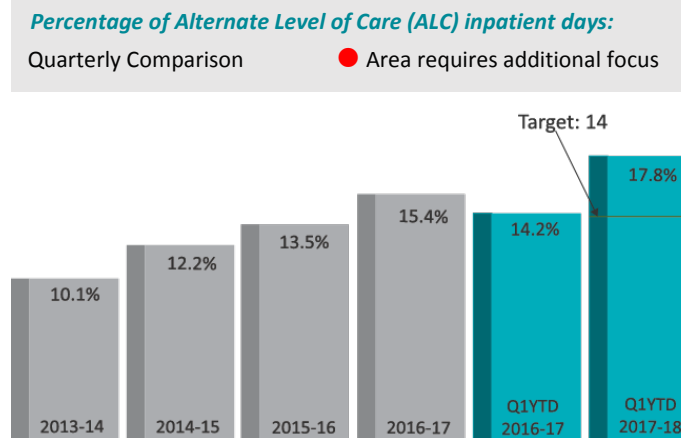
Percentage of Alternate Level of Care (ALC) inpatient days is defined as the percentage of hospital inpatient days when a patient no longer requires the intensity of care of the hospital setting and care could be provided in an alternative setting referred to as ALC.

This indicator looks at "inpatient days" – a count of the days hospital beds are occupied by patients – to measure the percentage of days hospital beds occupied by patients identified as requiring an alternate level of care.

ALC patients are those who no longer need acute care services but continue to occupy an acute care bed while waiting to be discharged to a more appropriate care setting, such as a long-term care or home care.

HOW WE ARE DOING

The lower the percentage the better, as it demonstrates capacity meeting need for long-term care or designated supportive living (supportive living levels 3, 4, and 4-dementia).



Both performance measures have deteriorated in Q1 compared to the same period as last year due to slower than expected growth in home, continuing and community care.

In 2016-17, the growth in continuing care and addiction and mental health community care beds and the growth of home care program services were not enough to keep pace with the demand for these services. These caused longer wait times and waitlists for placement into Continuing Care Living Options. In Q1 2017-18, AHS opened 388 new continuing care beds – more than the entire 2016-17 year (376 new beds).

Objective 1: Make the transition from hospital to community-based care options more seamless (Continued)

The average wait time for continuing care placement in acute/ sub-acute care is 51 days compared to 40 days for the same period last year. The number of people waiting in acute/ sub-acute care is 765 as of June 30, 2017 compared with 718 people waiting at the same time as last year. For Q1 2017-18, there were 2,115 people placed into continuing care compared to 2,171 for the same period as last year.

AHS continues to work on minimizing the number of patients waiting for a continuing care bed. It is important to note that not all of these patients are waiting in an acute care hospital bed. Many are staying in transition beds, sub-acute beds, restorative/ rehabilitation care beds, and rural hospitals where system flow pressures and patient acuity are not as intense.

WHAT WE ARE DOING

In Q1, AHS opened 388 net new continuing care beds including 86 beds for seniors with dementia. Since 2010, AHS has opened 6,011 new beds to support individuals who need community-based care and supports (including palliative).

New continuing care facilities were opened in Calgary Zone (St. Teresa Place), Central Zone (Timberstone Mews) and North Zone (J.B. Wood Continuing Care).

In Q1, 77,198 clients with unique needs received home care, an increase of 2% from Q1 2016-17 (75,653 clients).

Respite care gives caregivers a short period of rest/relief by acute or home care staff close to home. Planning activities to increase respite services have begun.

Work continues to develop an Enhancing Care in the Community (ECC) strategy and action plan. Key initiatives of ECC phase 1 programming have been identified for implementation. As part of this strategy, policy development to support the assessment of clients for continuing care placement in their home environment and not in an acute care hospital has begun.

Q1 highlights to improve quality of care to continuing care residents and those living from dementia include:

- Appropriate Use of Antipsychotics (AUA) reduces antipsychotic medication use for continuing care residents. In Q1, 47 out of 176 supportive living sites rolled out AUA.
- A new Provincial Advisory Council for Seniors and Continuing Care is being established to provide input on strategy, policy, planning and service delivery; identify issues; and provide suggestions on ways to improve quality, access and sustainability of continuing care services in Alberta.

- Work to identify a provincial strategy and action plan for improving quality of housing and health services will begin pending the establishment of the provincial Housing and Health Services Steering Committee. This will help to prioritize and address gaps and opportunities in quality of residential continuing care services.
- Frequent Asked Question (FAQ) sheets on GPS locator technology were developed and distributed to support client/ family and AHS health professionals. Educational videos detailing the availability of the program were also distributed. Two webinar sessions were held for case managers.
- Continuing care sites in the zones are implementing processes to support person-centered care including examination of restraint policies and management, ongoing resident reviews, and interdisciplinary case conference six weeks after admission.