



Only provincial results available and reported on following pages.

Objective 2: Make it easier for patients to move between primary, specialty and hospital care.

WHY THIS IS IMPORTANT

Work continues to strengthen and improve primary health care across the province. Together with Albertans, Alberta Health (AH), primary care and other health care providers, AHS is making changes to improve how patients and their information move throughout the health care system.

AHS PERFORMANCE MEASURE: Number of specialties using eReferral Advice Request

Number of specialties using eReferral Advice Request is defined as the number of physician specialty services with eReferral Advice Request implemented.

UNDERSTANDING THE MEASURE

Alberta Netcare eReferral is Alberta's first paperless referral solution and offers health care providers the ability to create, submit, track and manage referrals throughout the referral process.

Alberta Netcare eReferral Advice Request provides a secure platform for specialists to offer advice to other physicians for non-urgent questions. The more physician specialty services that are receiving eReferral Advice Requests, the more support can be provided for patients and providers seeking care.

This allows primary care physicians to better support their patients in getting access to the most appropriate specialist in a timely manner.

The number of specialties using eReferral Advice Request is a cumulative measure. The more specialties implementing eReferral, the closer we move to target.

HOW WE ARE DOING

For 2017-18, AHS is working on engaging zones to encourage ten more specialty services to implement eReferral Advice Request.

To date, there are four specialties using eReferral Advice Request (Orthopedic Surgery – Hip and Knee Joint Replacement, Oncology – Breast, Oncology-Lung and Nephrology).

In Q1, 24 specialties were engaged in using eReferral Advice Request. Of which, six charters were signed to start receiving eReferral Advice Requests.

Recruitment and planning for implementation of the following six specialties will begin in fall 2017:

1. Opiate Therapy Program (provincial)
2. Urology (Edmonton Zone)
3. Adult Gastroenterology (South, Calgary, Edmonton and North Zones)
4. Obstetrics and Gynecology (Calgary Zone)
5. Spinal Neurosurgery (Calgary Zone)
6. Pulmonary (Calgary Zone)

WHAT WE ARE DOING

Primary Health Care

AH is working with the Alberta Medical Association (AMA) and AHS to implement the new Primary Care Network (PCN) Governance Framework that includes a Provincial PCN Committee to provide leadership and strategic direction and priorities for PCNs and five Zone PCN Committees designed to plan, coordinate and better align primary health services between AHS and PCNs.

AHS is building a Strategic Clinical Network (SCN)™ focused on primary health care, which will be the 15th SCN™ in Alberta – called the Primary Health Care Integration Network (PHC IN). The PHC IN will be focused on improving transitions of care between primary health care providers and acute care, emergency departments, specialized services and other community services. The Coalition for Integration was launched in June 2017 to stimulate innovative thinking and solutions to integration challenges faced in Alberta.

The Primary Healthcare Integrated Geriatric Services Initiative, supported by the Senior's Health SCN and Primary Health Care Integration Network, has partnered with five PCNs and the Alzheimer's Society of Alberta and Northwest Territories in the Central Zone to enhance capacity of primary health care clinicians and community agencies to provide care and support for those living in the community with dementia. The June 2017 early adopter initiative learning workshop included over a hundred participants, most of whom were primary healthcare clinicians (including 20 physicians).

CancerControl

End of Treatment and Transfer of Care processes improves transferring patient care, once cancer treatment is completed, from cancer centres back to the family physician. The processes for patients and primary care providers have been implemented in five early stage, curative populations (breast, prostate, testicular, cervical, endometrial). Work is underway on the next three populations (Hodgkin's, B Cell, colorectal).

Objective 2: Make it easier for patients to move between primary, specialty and hospital care. (Continued)

Recruitment has been delayed to support the expansion of hematology services in the South and Central Zones. Where possible, clinical teams collaborate to ensure patients are seen at the nearest site following consultation at a tertiary site in Calgary or Edmonton.

Increasing integrated cancer screening clinics for rural and remote communities and vulnerable populations is being accomplished through the Screening for Life Program as well as mobile breast cancer screening and connecting Albertans to useful resources and strategies at AlbertaPreventsCancer.ca.

Capital project update in cancer care:

- Open houses for the Calgary Cancer Project were held in June to introduce the selected design to key stakeholders and nearby communities. The project is entering the next phase of detailed design.
- Grande Prairie Cancer Centre construction continues as part of the new hospital project with no current issues.
- Phase 2 Jack Ady Cancer Centre in Lethbridge is ahead of schedule with occupancy of the newly renovated space scheduled for August 2017.
- Two linear accelerators (Linac) were installed and operationalized to support the treatment of cancer (Tom Baker Cancer Centre in Calgary in June and the Cross Cancer Institute in Edmonton in May).

Emergency Medical Services (EMS)

Targets for EMS response times for life threatening events in metro/ urban, rural and remote were met in Q1 for the 90th percentile. Q1 results for towns/ communities with a population greater than 3,000 (19 minutes and 3 seconds), did not meet the target of 15 minutes. EMS is developing a priority resource investment strategy that would assist in balancing resources versus demand.

Target of 1 minute and 30 seconds for time to dispatch the first ambulance which includes verifying the location of the emergency, identifying the closest ambulance and alerting the ambulance crew was met in Q1 with a response of 1 minute and 18 seconds. Performance continues to improve and is better than accredited benchmarks.

Implementation of the electronic patient care (ePCR) program for direct delivery and contract operators is on schedule. As of Q1, 93% contract and 65% direct delivery operators are using ePCR. The ePCR links patient ambulance data with their previous patient medical information to help EMS be more informed about the patient's medical history.

Work continues on completing helipad upgrades in Jasper, Fort McMurray, Medicine Hat Regional Hospital and Rocky Mountain House.