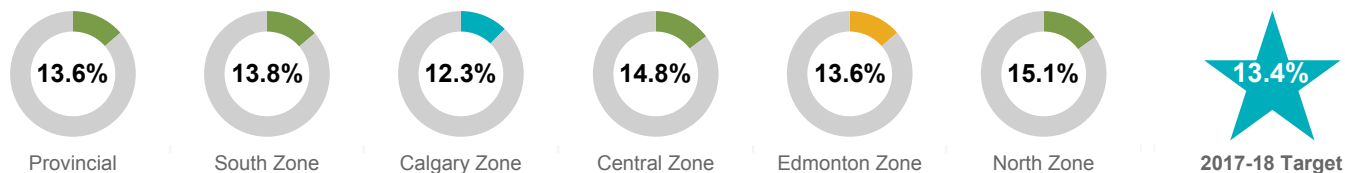


The lower the number, the better. High rates of unplanned readmission acts as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care.

Legend

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

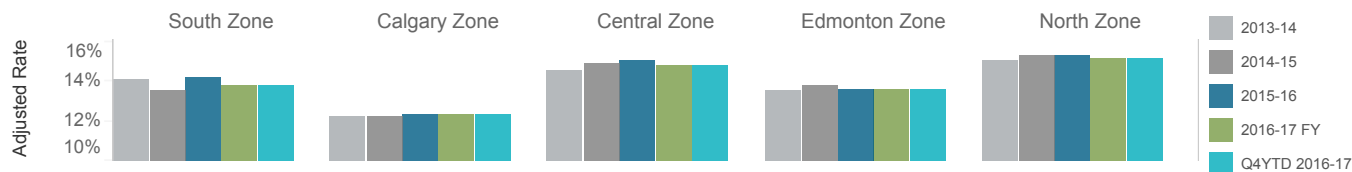
Unplanned Medical Readmissions within 30 days, Q4YTD 2016-17



Unplanned Medical Readmissions within 30 days Trend - Busiest Sites

Zone Name	Site Name	2013-14	2014-15	2015-16	Q4YTD 2015-16	Q4YTD 2016-17	Trend	2017-18 Target
Provincial	Provincial	13.5%	13.6%	13.7%	13.7%	13.6%	■	13.4%
South Zone	South Zone	14.1%	13.5%	14.2%	14.2%	13.8%	■	13.4%
	Chinook Regional Hospital	13.2%	13.5%	14.1%	14.1%	13.2%	★	13.4%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	14.0%	13.7%	★	13.4%
	Other South Hospitals	15.0%	14.7%	14.4%	14.4%	14.9%	●	13.4%
Calgary Zone	Calgary Zone	12.2%	12.2%	12.3%	12.3%	12.3%	★	13.4%
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.3%	★	13.4%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	12.8%	13.1%	★	13.4%
	Rockyview General Hospital	12.0%	11.9%	11.9%	11.9%	12.0%	★	13.4%
	South Health Campus	12.3%	12.3%	12.0%	12.0%	11.3%	★	13.4%
	Other Calgary Hospitals	12.8%	13.6%	12.5%	12.5%	13.0%	★	13.4%
Central Zone	Central Zone	14.5%	14.9%	15.0%	15.0%	14.8%	■	13.4%
	Red Deer Regional Hospital Centre	14.0%	13.8%	13.9%	13.9%	13.0%	★	13.4%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.4%	15.6%	●	13.4%
Edmonton Zone	Edmonton Zone	13.5%	13.8%	13.6%	13.6%	13.6%	▲	13.4%
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	13.2%	12.7%	★	13.4%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	13.5%	14.9%	●	13.4%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.7%	13.0%	★	13.4%
	Sturgeon Community Hospital	12.3%	13.6%	13.4%	13.4%	13.1%	★	13.4%
	University Of Alberta Hospital	14.6%	14.6%	14.2%	14.2%	14.4%	●	13.4%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	11.9%	12.8%	●	13.4%
North Zone	North Zone	15.0%	15.3%	15.3%	15.3%	15.1%	■	13.4%
	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	13.4%	14.3%	★	13.4%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.3%	13.2%	★	13.4%
	Other North Hospitals	15.5%	16.1%	15.9%	15.9%	15.5%	■	13.4%

Unplanned Medical Readmissions within 30 days by Zone and Fiscal Year



Total Discharges

Zone Name	2013-14	2014-15	2015-16	Q4YTD 2015-16	Q4YTD 2016-17
Provincial	110,164	112,049	113,804	113,804	113,914
South Zone	10,058	9,887	9,632	9,632	9,824
Calgary Zone	33,903	34,931	35,449	35,449	35,553
Central Zone	16,168	16,747	16,826	16,826	16,743
Edmonton Zone	34,911	35,801	37,646	37,646	37,688
North Zone	15,124	14,683	14,251	14,251	14,106

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of August 2, 2017

Notes: This quarter is a quarter later due to requirements to followup with patients after end of reporting quarter.

This indicator measures the risk-adjusted rate of urgent readmission to hospital for the Medical patient group, which is adapted from the CIHI methodology.

Objective 5: Improve health outcomes through clinical best practices.

WHY THIS IS IMPORTANT

AHS continues to strive to improve health outcomes through clinical best practices by increasing capacity for evidence-informed practice, supporting the work of our Strategic Clinical Networks™ (SCNs) and gaining better access to health information.

AHS PERFORMANCE MEASURE: Unplanned medical readmissions

Unplanned medical readmissions is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Transfers, sign-outs, and deaths are excluded as well as medical reasons (delivery, chemotherapy for neoplasm, admission for mental illness, admissions for palliative care).

UNDERSTANDING THE MEASURE

Readmissions to acute care (hospital) is an important indicator of quality of care and care coordination. High rates of unplanned readmission acts as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care.

HOW WE ARE DOING

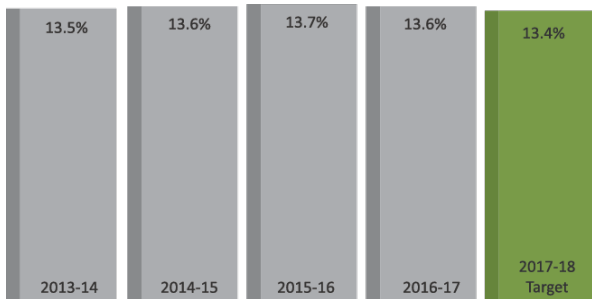
This measure requires patient follow-up after the patient’s original discharge date and therefore reflects an earlier time period.

The rate of readmission has remained relatively stable over the past few years. Unplanned medical readmission to hospital results marginally improved to 13.6% in 2016-17 when compared to 13.7% in 2015-16. The lower the percentage, the better.

Variance explanation will be provided in Q2 when Q1 data is available as this measure was not consistently captured in the past nor was it a focus for improvement.

Unplanned medical readmissions

Q1 data will be reported in Q2.



WHAT WE ARE DOING

There are a number of provincewide initiatives that address readmissions. Examples include:

- Working with Primary Care Networks to ensure services are in place for complex patients.
- Multidisciplinary collaboration by the zones for discharge planning.
- Implementation in the zones of clinical pathways through the Strategic Clinical Networks (SCN)™ – Chronic Obstructive Pulmonary Disease (COPD) and heart failure, Enhanced Recovery After Surgery (ERAS), and Delirium in intensive care units.

Examples of other SCN™ initiatives underway to improve health outcomes through clinical best practices include:

- Starting Dialysis on Time at Home on the Right Therapy Project (START)
- Endovascular Therapy
- National Surgery Quality Improvement Project (NSQIP)
- Trauma Quality Improvement Project (TQIP)
- Basal Bolus Insulin Therapy
- Glycemic Management Policy
- Insulin Pump Therapy
- Emergency Department Document Standardization
- Early Hearing Detection and Intervention (EHDI) Program
- Elder Friendly Care in Acute Care

Planning has started in the Central Zone to engage physicians to determine solutions for discharge and transition of patients with complex health needs to community family practices.

The Provincial Breast Health Initiative will improve breast cancer care through design of provincial pathways (diagnostic assessment, same-day surgery, breast reconstruction) and execution of a provincial measurement and reporting system.

AHS continues to increase capacity for evidence-informed practice and policy through enhanced data sharing, research, innovation, health technology assessment and knowledge translation. Some of the work done in Q1 include:

- The Partnership for Research and Innovation in the Health System (PRIHS) Steering Committee endorsed AHS to proceed with funding focused on Enhanced Care in the Community.
- The Health Analytic Portal Release 1 is being prepared to go live in August to allow stakeholders (i.e. Alberta Health, Alberta Bone and Joint, Health Quality Council of Alberta) the ability to interact with selected published reports. Data reports support health outcomes studies to help determine what works and what doesn’t work in health care to improve care.