

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		
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 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.
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.	
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.

Measure	Definition	Understanding this Measure
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 included Metis populations. The results for this measure are calculated by Alberta Health. This measure is reported for the entire Alberta population as well as subdivided by First Nations status.	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		
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.