

# AHS Annual Performance Report 2012/13

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Communications

Release Date: January 29, 2014

This reports reflects AHS' most up-to-date annual performance (2012-13), where available.  
Results for the fiscal year ending March 31, 2014, will be provided in July 2014.

## Performance Measures

Acceptability

Safety

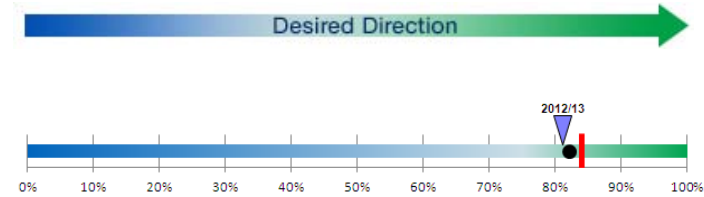
Accessibility

### Satisfaction with Hospital Care

Are patients satisfied with their hospital care?  
The percentage of adult patients who rated their overall care in hospital as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.

2012/13 Performance	National Average <sup>1</sup>	Target 2014/15	Target 2015/16
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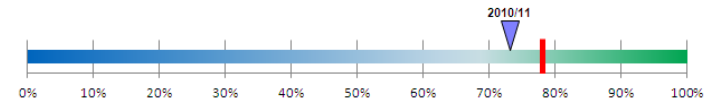
81%      N/A      82%      84%



### Satisfaction with Long Term Care

Are families satisfied with the long term care their loved ones received?  
The percentage of families of long term care residents who rated the overall care as 8, 9 or 10, where zero is the lowest level of satisfaction possible and 10 is the best.

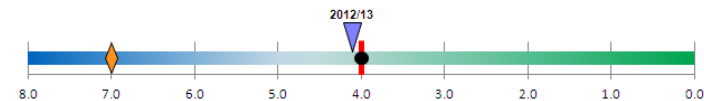
73%  
2010/11      N/A      N/A      78%



### Hospital-acquired Infections:

Are patients acquiring infections while in the hospital?  
The number of Clostridium difficile infections (C-diff) acquired in hospital every 10,000 days of care. A rate of 4.1 means approximately 100 patients per month acquires C-diff infections in Alberta.

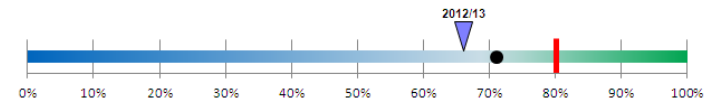
4.1      7.0  
2011      4.0      4.0



### Hand Hygiene

Are health care workers cleaning their hands to avoid spreading infections?  
The percentage of times health care workers clean their hands during the course of patient care.

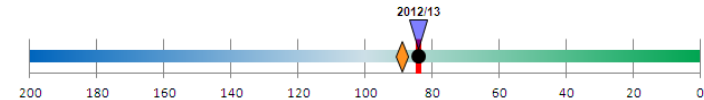
66%      N/A      71%      80%



### Hospital Mortality

Are more patients dying in the hospital than expected?  
The actual number of deaths compared to the expected number of deaths in hospital. Values less than 100 mean fewer than expected deaths in Alberta, a rate of 84 means 850 fewer deaths in hospital than expected each year.

84      89  
2012/13      84      84



### Emergency Department Wait to see a Physician

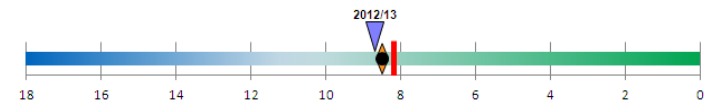
How long are patients waiting to see a physician in the Emergency Department?  
The average patient's length of time in emergency department before being seen by a physician at the 17 busiest emergency departments.

This is an important measure for Emergency Department accessibility. Currently under development.

### Emergency Department Length of Stay for Admitted Patients\*

How long does a patient stay in the emergency department before moving to a hospital bed?  
The average patient's length of time in the emergency department before being admitted to a hospital bed at the 16 busiest emergency departments.

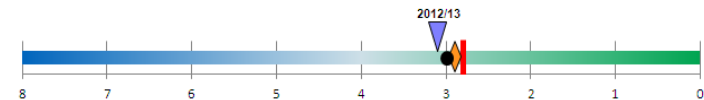
8.7 hours      8.5\*\* hours      8.5 hours      8.2 hours



### Emergency Department Length of Stay for Discharged Patients\*\*\*

How long does a patient stay in emergency department before going home if they don't need to stay in hospital?  
The average patient's length of time in the emergency department before being discharged at the 17 busiest emergency departments.

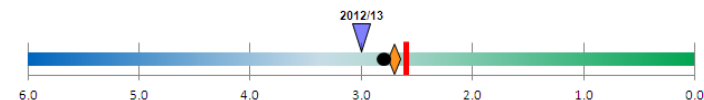
3.1 hours      2.9\*\* hours      3.0 hours      2.8 hours



### Access to Radiation Therapy

How long do most patients wait for radiation therapy?  
The length of time or less that 9 out of 10 patients wait to receive radiation therapy.

3.0 weeks      2.7 weeks      2.8 weeks      2.6 weeks



## Performance Measures

 **2012/13 Performance**    
  **National Average<sup>1</sup>**    
 ● **Target 2014/15**    
 | **Target 2015/16**

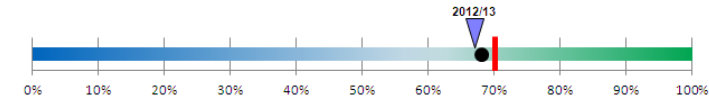


Appropriateness

### Continuing Care Placement

How many people are placed in continuing care within a month?  
*The percentage of people placed into continuing care within 30 days of being referred.*

67%     N/A     68%     70%

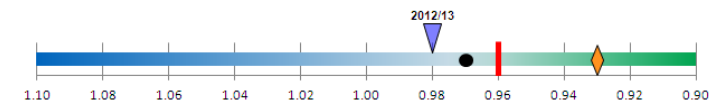


Efficiency

### Actual Length of Hospital Stay Compared to Expected Stay

Are patients in hospitals longer than needed?  
*The actual length of stay in hospital compared to the expected length of stay in hospital. Every .01 drop in this ratio means we can treat over 3,200 more patients in hospital every year.*

0.98     0.93 2012/13     0.97     0.96

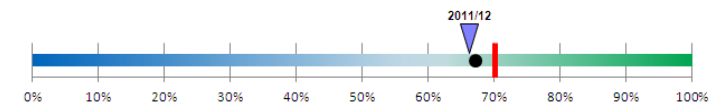


Effectiveness

### Early Detection of Cancer

Are we diagnosing cancer in its early stages?  
*The percentage of patients with breast, cervical and colorectal cancers who are diagnosed at early stages.*

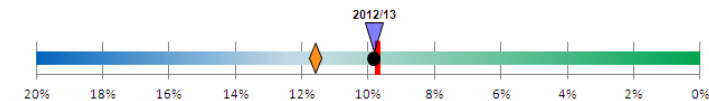
66% 2011/12     N/A     67%     70%



### Mental Health Readmissions

Are mental health patients returning to hospital unexpectedly?  
*The percentage of mental health patients with unplanned readmission to hospital within 30 days of leaving hospital.*

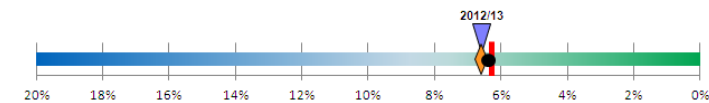
9.8%     11.6% 2011/12     9.8%     9.7%



### Surgery Readmissions

Are surgery patients returning to hospital unexpectedly?  
*The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving hospital.*

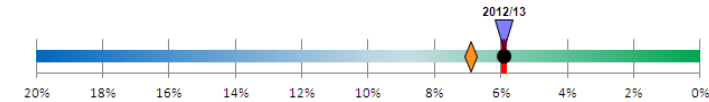
6.5%     6.5% 2010/11     6.4%     6.3%



### Heart Attack Mortality

Are patients dying in the hospital following a heart attack?  
*The percentage of patients dying in hospital within 30 days of being admitted for a heart attack.*

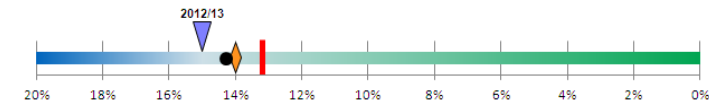
5.9%     7.1% 2011/12     5.9%     5.9%



### Stroke Mortality

Are patients dying in the hospital following a stroke?  
*The percentage of patients dying in hospital within 30 days of being admitted for a stroke.*

15.0%     14.0% 2011/12     14.3%     13.2%



**Note:**

Parts of this material are based on data and information provided by the Canadian Institute for Health Information. However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of the Canadian Institute for Health Information

<sup>1</sup> National Average shown where available.

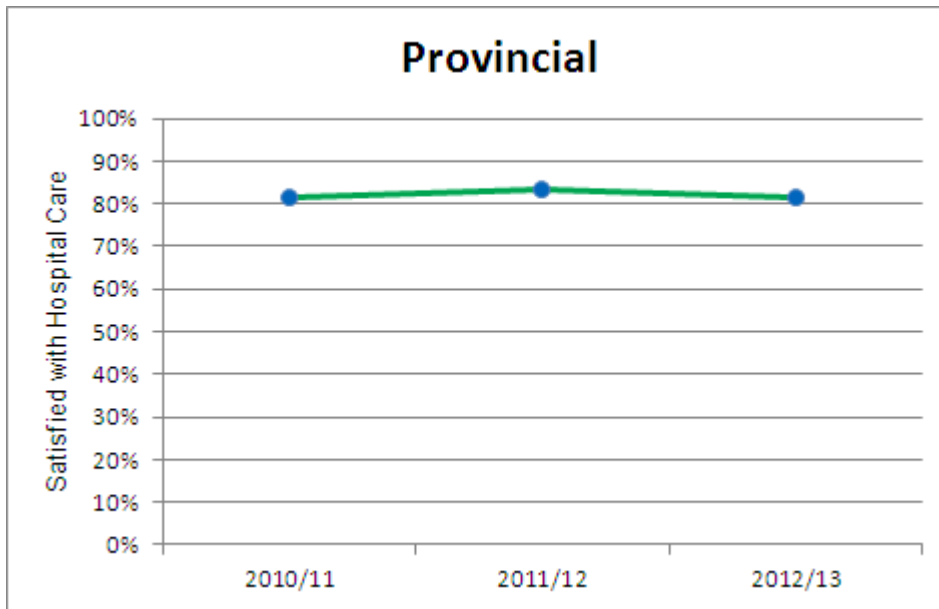
\* AHS reports on the busiest 17 Emergency Departments across Alberta. One of these sites, Northeast Community Health Centre, is a non-admitting site. Therefore, it is not included in the Emergency Department Length of Stay for Admitted Patients measure

\*\* Average is for Canadian Western Provinces only

\*\*\* Work is underway to further refine this measure. This will include engagement with stakeholders including the Section of Emergency Medicine - Alberta Medical Association and will reflect non-admitted patients safely discharged within 4 hours.

This reports reflects AHS' most up-to-date annual performance (2012-13), where available. Results for the fiscal year ending March 31, 2014, will be provided in July 2014.

## Acceptability: Satisfaction with Hospital Care

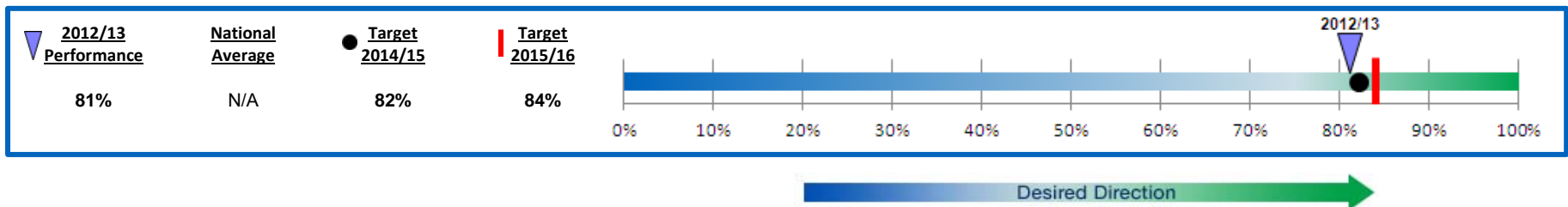


### Measure Definition

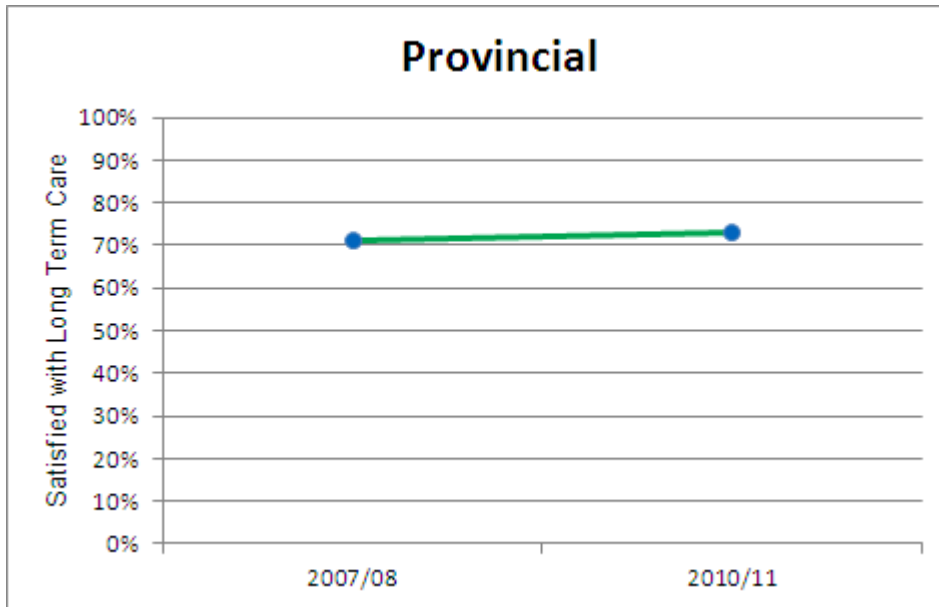
**Satisfaction with Hospital Care:** This measures the percentage of adults aged 18 years and older discharged from hospitals who rate their overall stay as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

### Understanding this measure

Feedback gathered from individuals using hospital services is critical to improving the health system. This measure reflects patients' overall experience with their hospital care. Telephone interviews are conducted with a random sample of patients within six weeks of their discharge date from hospital. The questions asked are taken from the Hospital-Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) survey.



## Acceptability: *Satisfaction with Long Term Care*



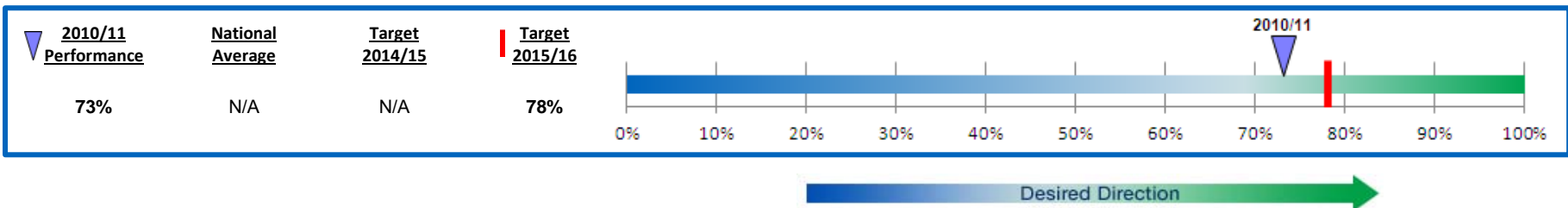
### Measure Definition

**Satisfaction with Long Term Care:** This measures the percentage of families of long term care residents who rate their overall care as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best.

Information for this measure is collected through a survey of a family members whose relative is a resident in long term care. This measure is updated every two years.

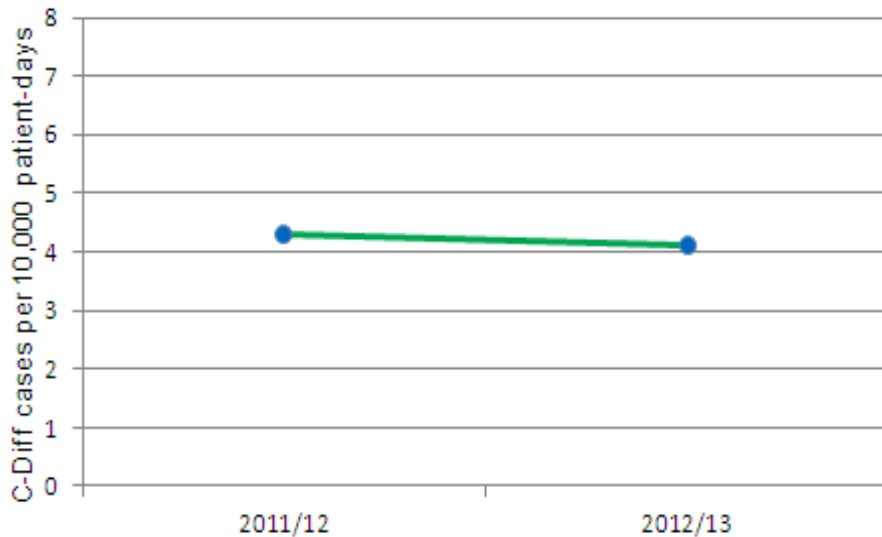
### Understanding this measure

Measuring family satisfaction with the care that is being delivered to residents is an important component of managing the quality of Alberta's long term care services. The survey is administered by the Health Quality Council of Alberta.



## Safety: Hospital Acquired Infections

### Provincial



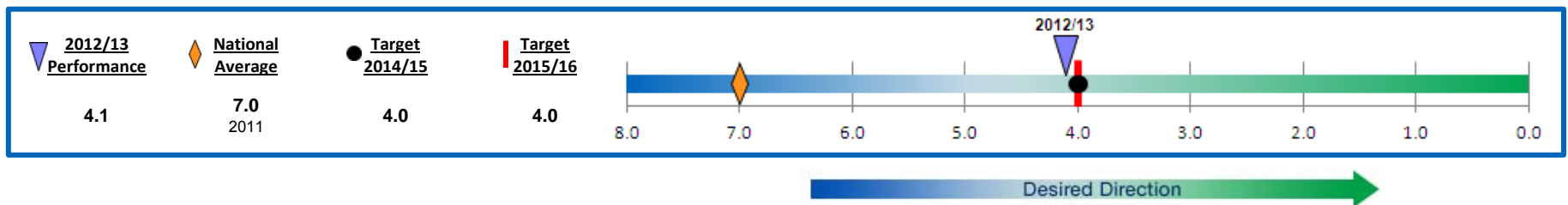
### Measure Definition

**Hospital acquired Infections:** The number of *Clostridium difficile* infections (C-diff) acquired in hospital every 10,000 patients days. A rate of 4.1 means approximately 100 patients per month acquire C-diff infections in Alberta.

C-diff infection cases include patients with a new infection or re-infection while in hospital. Patients are considered to have a C-diff if they exhibit symptoms and confirmation by a laboratory test or colonoscopy.

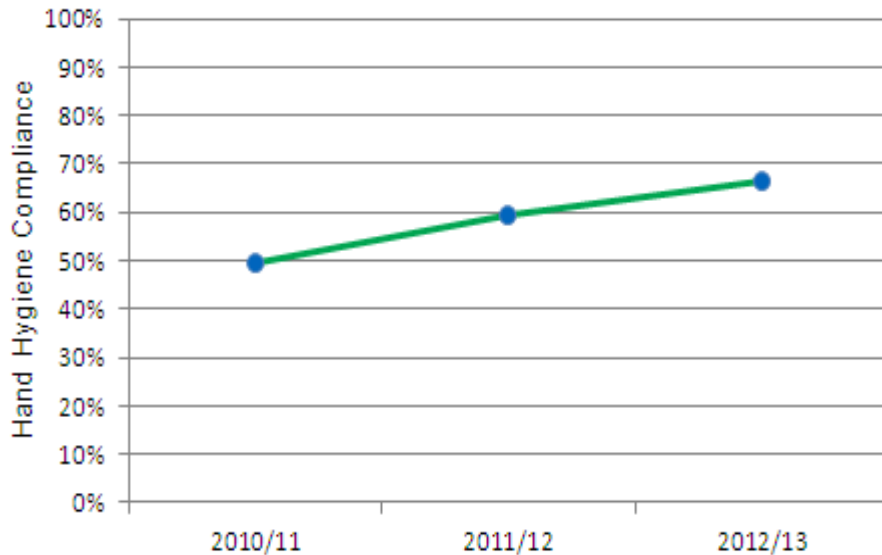
### Understanding this measure

Some individuals carry C-diff in their intestines while others may acquire it while in hospital. C-diff, is the most frequently identified cause of hospital-acquired diarrhea. This infection complicates and prolongs hospital stays and impacts resources and costs in the health care system. Monitoring C-diff trends provide important information about effectiveness of infection prevention and control strategies.



## Safety: Hand Hygiene

### Provincial

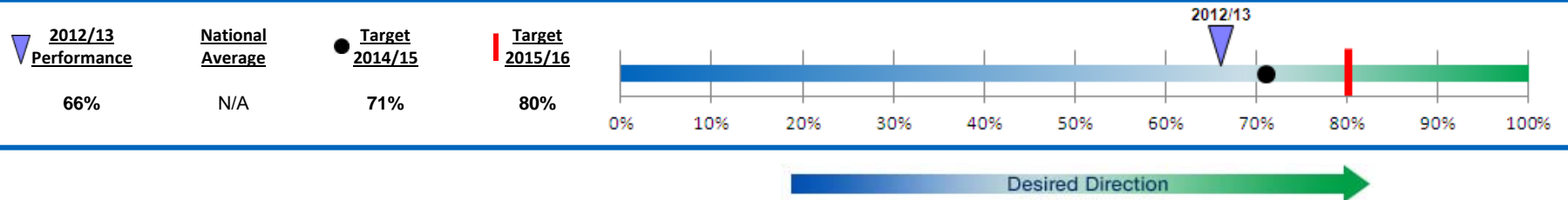


### Measure Definition

**Hand Hygiene:** The percentage of opportunities health care workers clean their hands during the course of patient care. For this measure, health care workers are directly observed by infection control personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute.

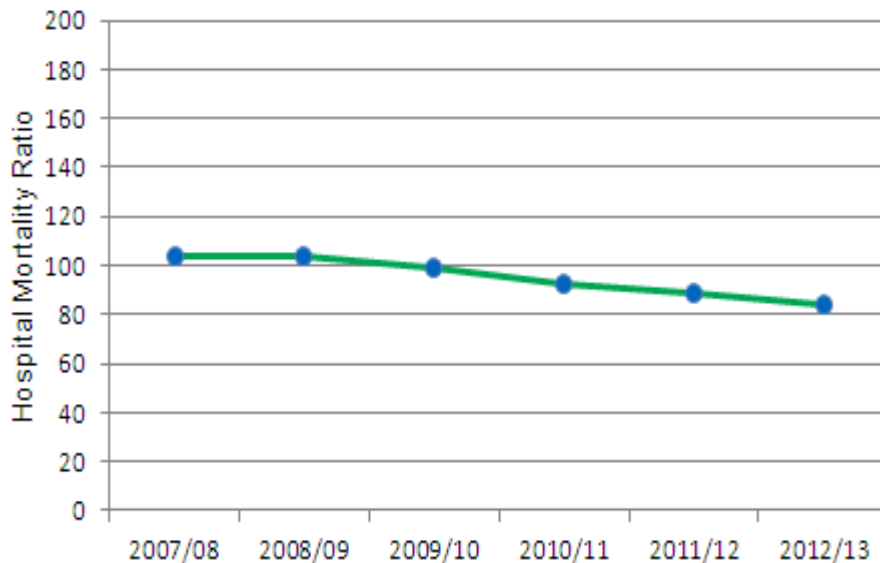
### Understanding this measure

Hand hygiene is the single most effective strategy to reduce transmission of infection in the healthcare setting. The World Health Organization and Canadian Patient Safety Institute have identified four opportunities during care when hand hygiene should be performed, most commonly before and after contact with a patient or the patient's environment. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. Hand hygiene performance is a challenge for all healthcare organizations. In AHS, compliance has improved overall for the last three years and has improved for each type of healthcare worker. We must continue to improve and are working hard to achieve this.



## Safety: Hospital Mortality

### Provincial



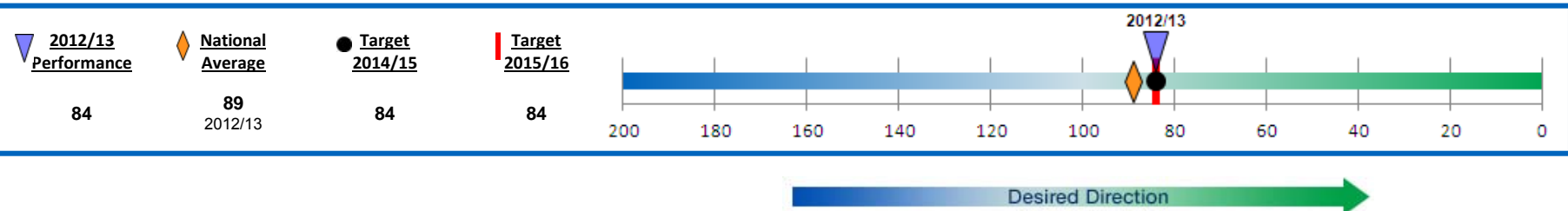
### Measure Definition

**Hospital Mortality:** The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes.

The ratio compares actual deaths to expected deaths after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected deaths are based on comparison to similar patients in national databases.

### Understanding this measure

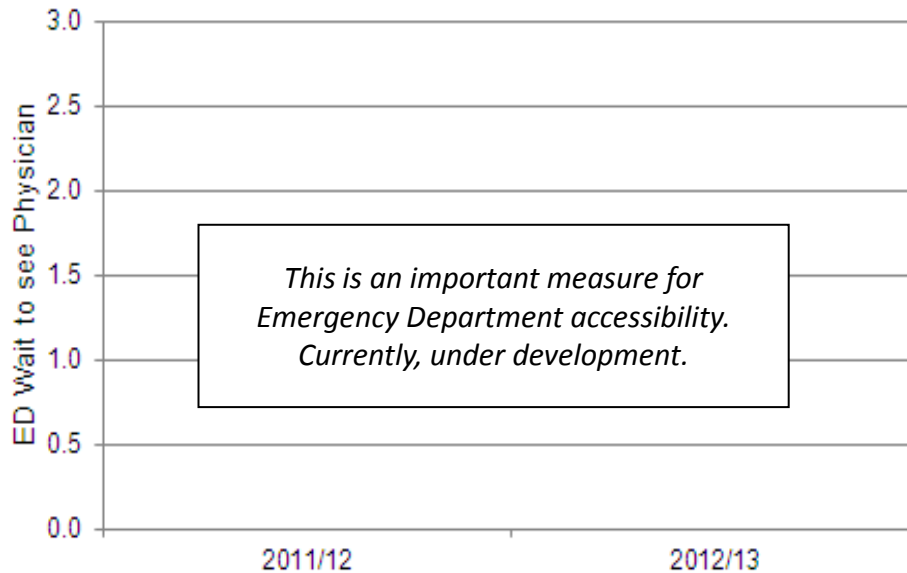
This measure of quality care shows how successful hospitals have been in reducing patient deaths and improving patient care. A mortality ratio equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate. A mortality ratio greater than 100 suggests that the local mortality rate is higher than the overall average. A mortality ratio less than 100 suggests that the local mortality rate is lower than the overall average.





## Accessibility: Emergency Department Wait to See a Physician

### Busiest 17 Emergency Departments



#### Measure Definition

**Emergency Department Wait to see a Physician:** This measure is the time between when a patient is assessed by a nurse in the emergency department and when they are first seen by a physician at the busiest 17 emergency departments.

#### Understanding this measure

Patients coming to the emergency department need to be seen by a physician in a timely manner for diagnosis or treatment. It is important to keep this number low to ensure people do not leave without being seen.

2012/13  
Performance

tbd

National  
Average

tbd

Target  
2014/15

tbd

Target  
2015/16

tbd

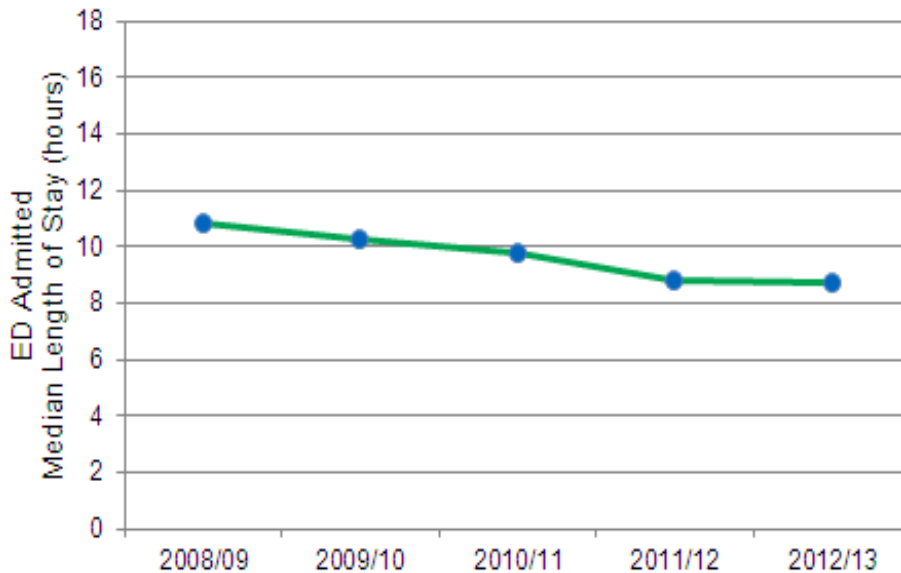
Desired Direction



\* Average is for Canadian Western Provinces only

## Accessibility: Emergency Department Length of Stay for Admitted Patients

### Busiest 16 Emergency Departments



#### Measure Definition

**Emergency Department Length of Stay for Admitted patients\*:**  
The average patient's length of time in the emergency department before being admitted to a hospital bed at the busiest emergency departments. This is calculated as the median length of stay which means that 50 percent of patients stay in the emergency department this length of time or less, before being admitted. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they are admitted.

#### Understanding this measure

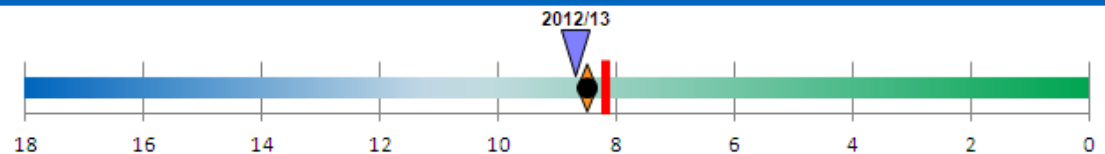
This measure reflects the performance of the entire system. It is influenced by our ability to manage complex patients in primary care, efficiencies in the Emergency Department, efficiencies and capacity in the acute care (when staying in hospital), better quality of care and integration with community services in reducing unplanned readmissions, timely placement of patients into continuing care (e.g., long-term care) and linking patients to the appropriate services in the community after a stay in hospital.

**2012/13  
Performance**  
8.7  
hours

**National  
Average**  
8.5\*\*  
hours

**Target  
2014/15**  
8.5  
hours

**Target  
2015/16**  
8.2  
hours

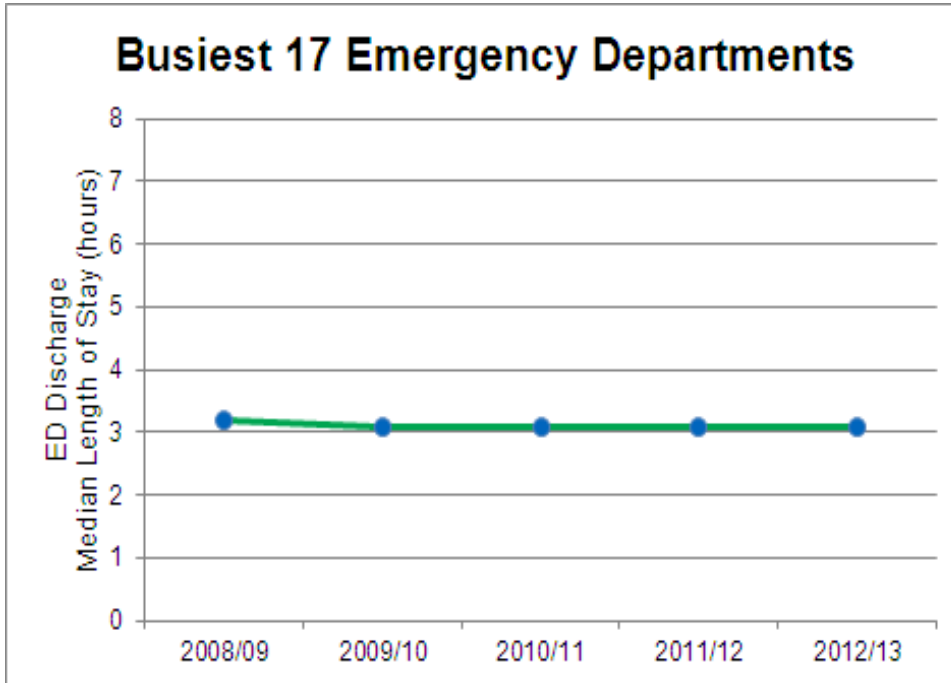


\*\*Average is for Canadian Western Provinces only

\* AHS reports on the busiest 17 Emergency Departments across Alberta.

One of these sites, Northeast Community Health Centre, is a non-admitting site. Therefore, it is not included in the Emergency Department Length of Stay for Admitted Patients measure

## Accessibility: Emergency Department Length of Stay for Discharged Patients

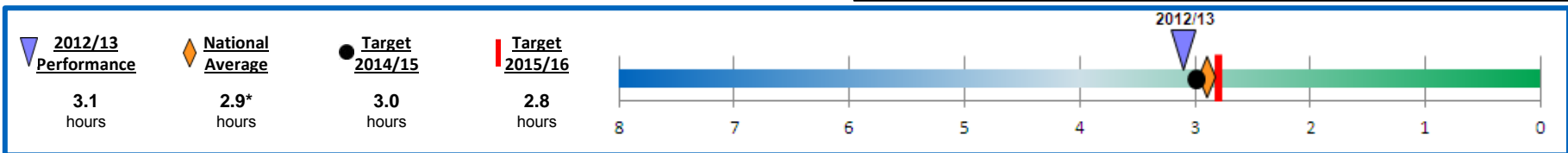


### Measure Definition

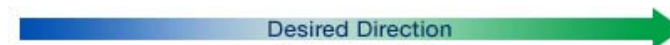
**Emergency Department (ED) Length of Stay for Discharged patients:** The average patient's length of time in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs. This is calculated as the median length of stay which means that 50 percent of patients stay in the ED this length of time or less. Work is underway to further refine this measure. This will include engagement with stakeholders including the Section of Emergency Medicine - Alberta Medical Association and will reflect the non-admitted patients who can be safely discharged within 4 hours. This measure will become more refined as clinical information systems are enhanced across emergency departments in Alberta.

### Understanding this measure

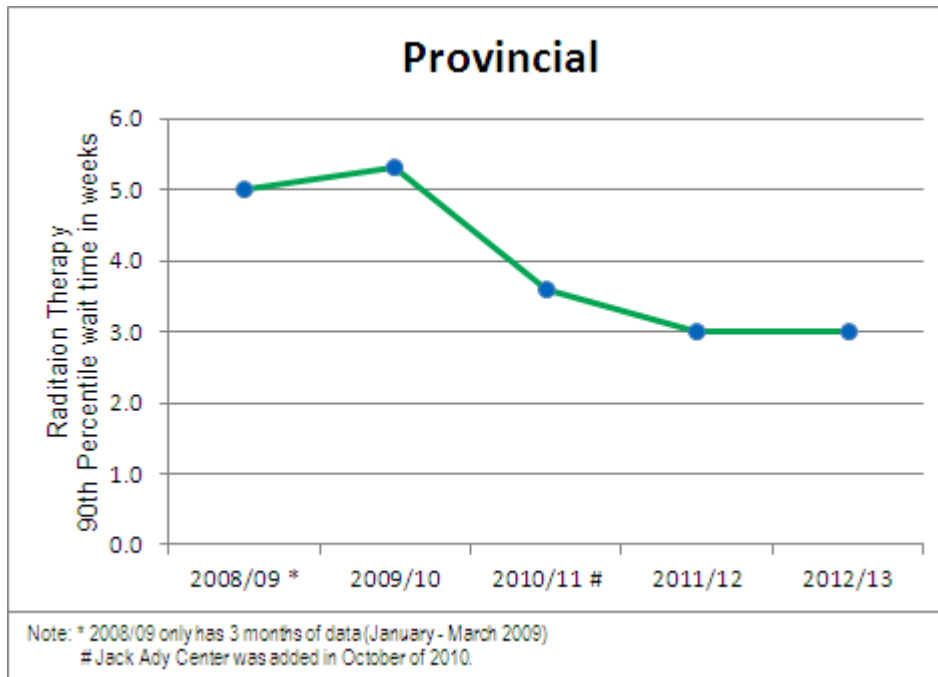
Patients treated in an emergency department should be assessed and treated in a timely fashion. This measure focuses on the total time these patients are in the ED before being discharged home. Many patients seen in the emergency do not require admission to hospital. The length of stay in an ED is used to assess the timeliness of care delivery, overall efficiency, and accessibility of health services throughout the system.



\* Average is for Canadian Western Provinces only



## Accessibility: Access to Radiation Therapy



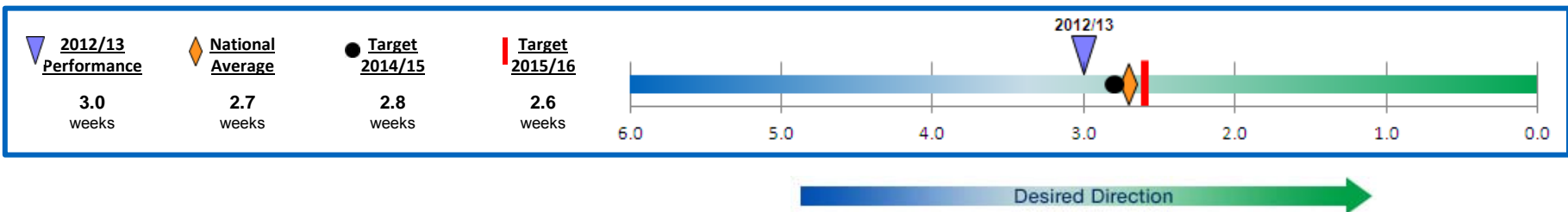
### Measure Definition

**Access to Radiation Therapy:** 90 per cent of patients wait for radiation therapy this length of time or less (measured from when they are ready to treat).

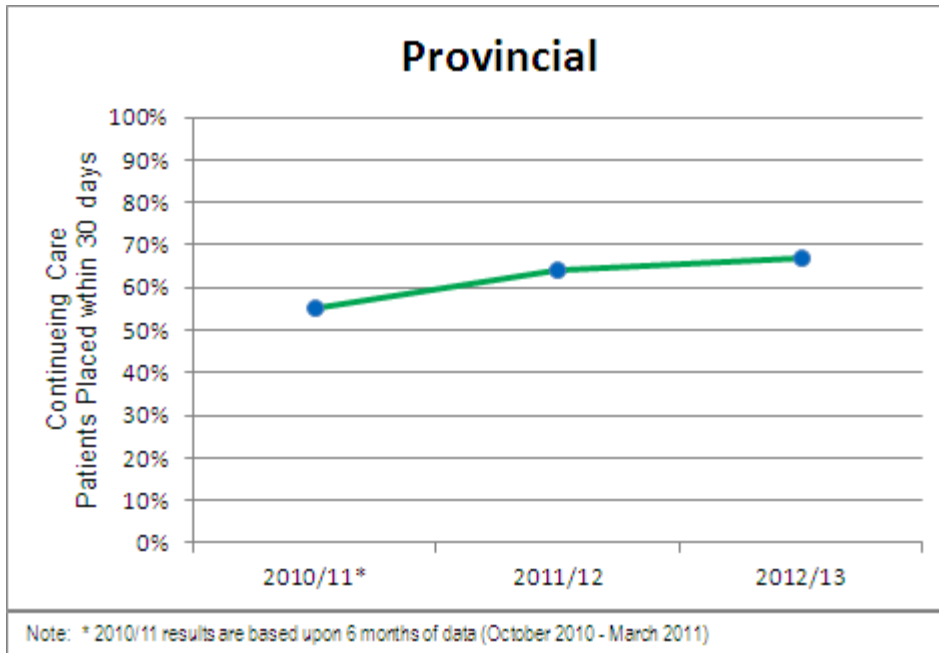
This measure is the time from the date the patient was physically ready to commence treatment, to the date that the patient received his/her first radiation therapy.

### Understanding this measure

Timely access to radiation therapy for cancer diagnosis can impact treatment effectiveness and outcomes. Currently, this data is reported on patients who receive radiation therapy at the Cross Cancer Institute in Edmonton, the Tom Baker Cancer Centre in Calgary, and the Jack Ady Cancer Centre in Lethbridge. Data from 2013/14 will include the Central Alberta Cancer Centre. The data applies only to patients receiving external beam radiation therapy.



## Appropriateness: Continuing Care Placement

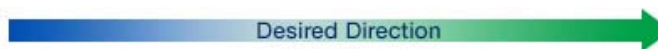
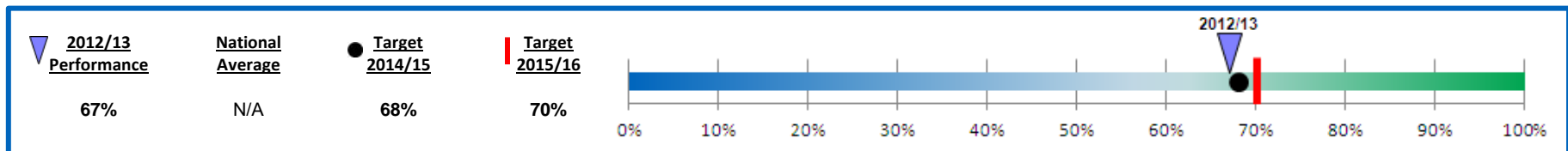


### Measure Definition

**Continuing Care Placement:** The percentage of clients admitted to a continuing care (supportive living or long term care) within 30 days of the date they are assessed and approved for placement. This includes patients assessed and approved and waiting in hospital or community.

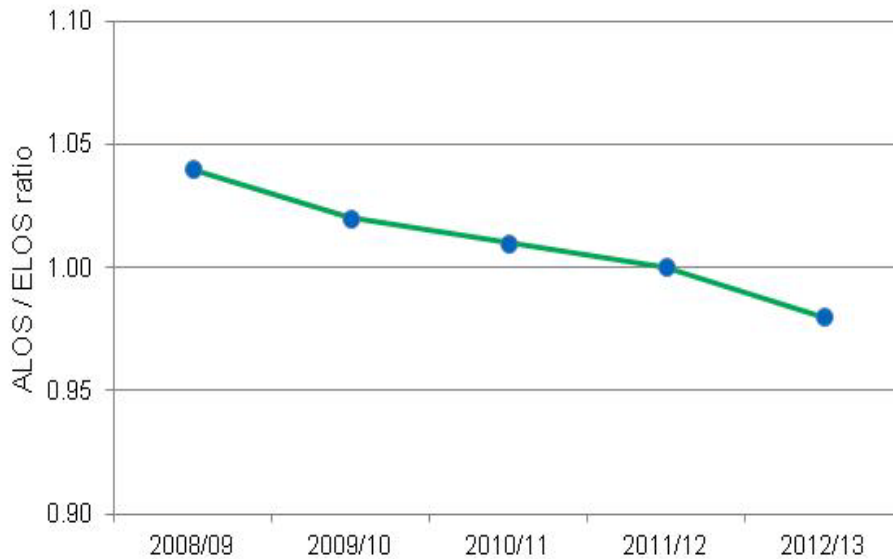
### Understanding this measure

Providing appropriate care for our aging population is extremely important to Albertans. Timely access to continuing care (supportive living or long term care) ensures higher quality of life for our seniors. In addition, by improving access to continuing care, AHS is able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost effective manner.



## Efficiency: *Actual Length of Hospital Stay Compared to Expected Stay*

### Provincial



#### Measure Definition

**Actual Length of Hospital Stay Compared to Expected Stay:**  
The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient. This measure compares actual length of stay in hospital to expected length of stay after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected length of stay is based on comparison to similar patients in national databases.

#### Understanding this measure

This measure gauges how efficiently beds are utilized in the hospital. A ratio of actual to expected length of stay which is below one, represents an overall greater than expected efficiency and indicates that more patients are able to be treated for a given inpatient bed. Monitoring this ratio can help health care teams ensure care appropriateness and efficiency. Improvement in this measure enables the ability to treat more patients with the existing beds and other resources.

**2012/13  
Performance**

0.98

**National  
Average**

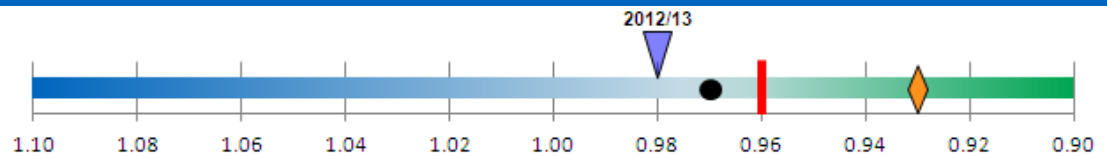
0.93  
2012/13

**Target  
2014/15**

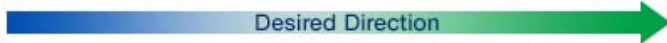
0.97

**Target  
2015/16**

0.96

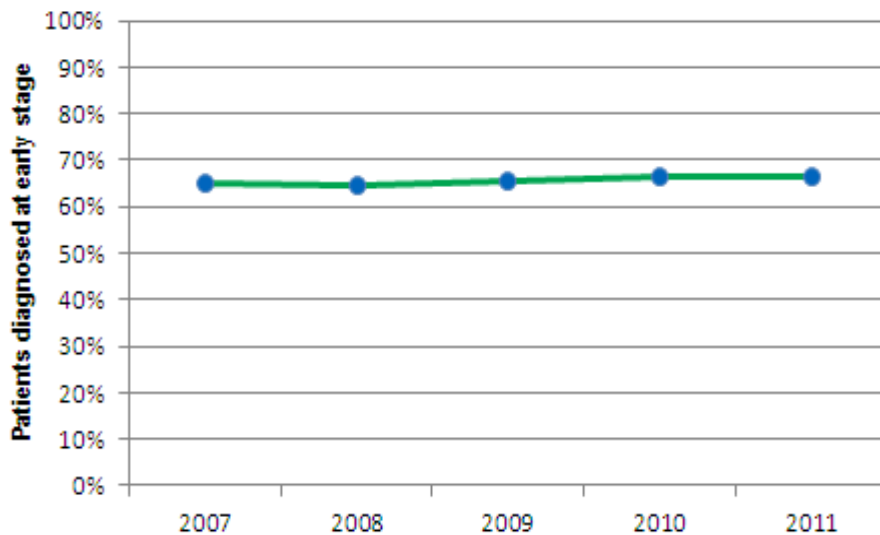


Desired Direction



## Effectiveness: *Early Detection of Cancer*

### Provincial



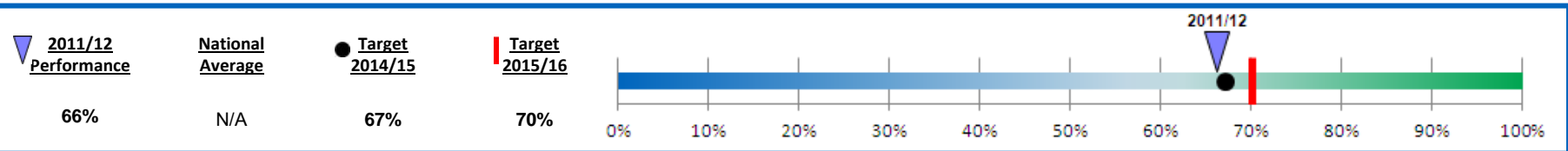
### Measure Definition

**Early Detection of Cancer:** The percentage of patients with breast, cervical and colorectal cancers who were diagnosed at early stages 1 or 2.

This measure covers the three common cancers; breast, cervical and colorectal. It represents the percentage of invasive cancer cases diagnosed in the stages (Stage I, and II (and 0 for breast)) in relation to all patients diagnosed with these diseases in all stages.

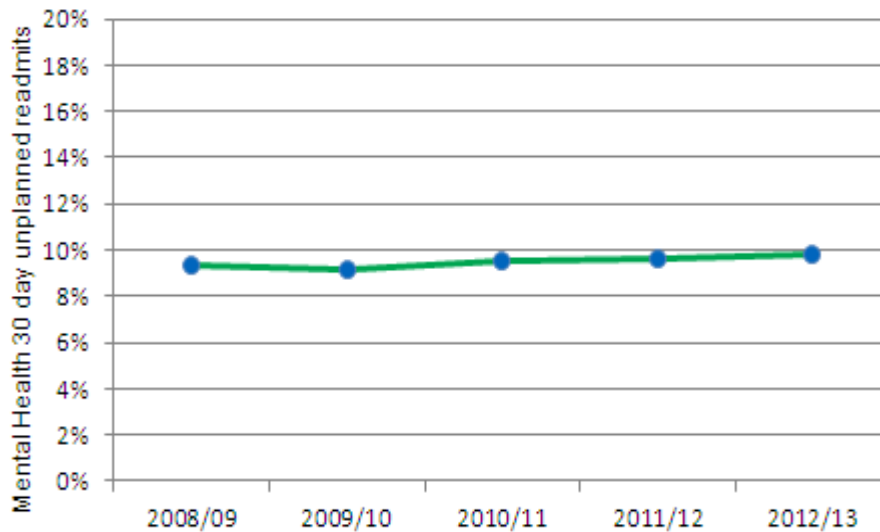
### Understanding this measure

Patients whose cancers are captured at early stages have higher survival rates than those who were diagnosed at later stages. Provincial cancer screening programs aim to diagnose cancers at the earliest stage possible in the target population. This measure is developed to reflect both screening effectiveness and efficiency of clinical diagnosis pathways.



## Effectiveness: *Mental Health Readmissions*

### Provincial



### Measure Definition

**Mental Health Readmissions:** The percentage of mental health patients with unplanned readmission to hospital within 30 days of leaving hospital. Excludes mental health patients who require scheduled follow up care.

### Understanding this measure

Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications.

While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and follow up care.

**2012/13  
Performance**

9.8%

**National  
Average**

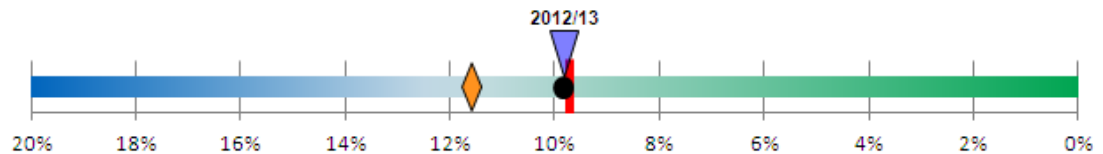
11.6%  
2011/12

**Target  
2014/15**

9.8%

**Target  
2015/16**

9.7%

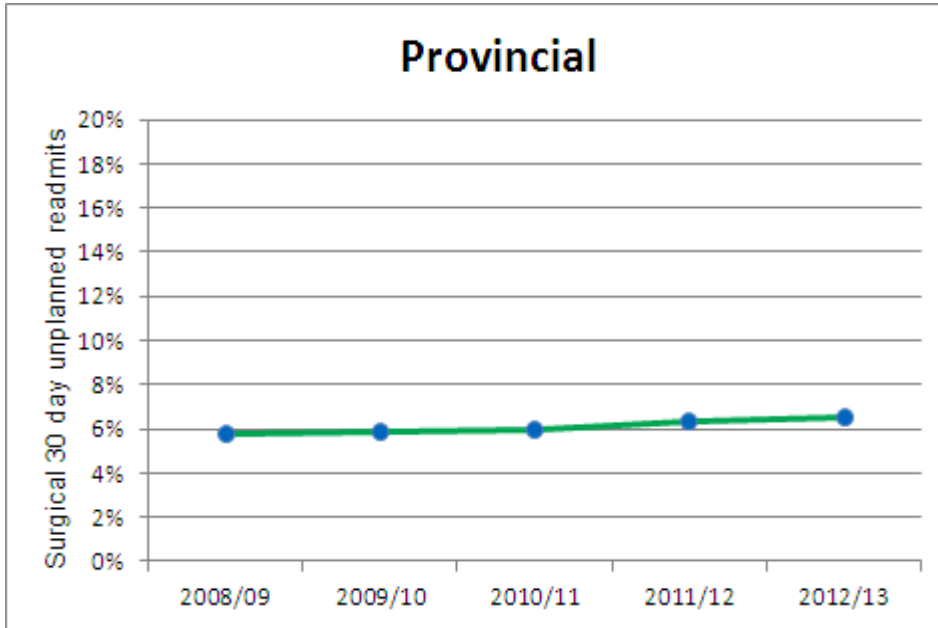


Desired Direction →



## Effectiveness: *Surgery Readmissions*

### Provincial

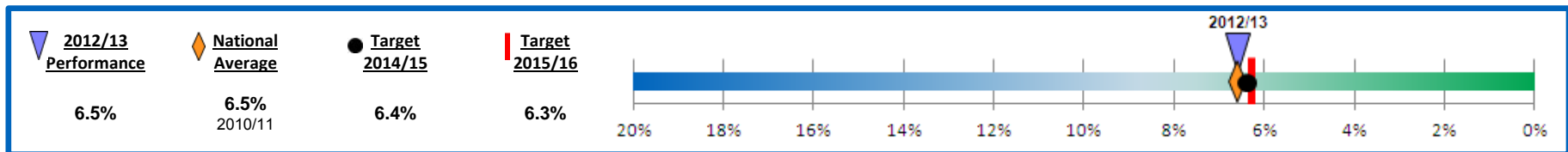


### Measure Definition

**Surgery Readmissions:** The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes surgical patients who require scheduled follow up care.

### Understanding this measure

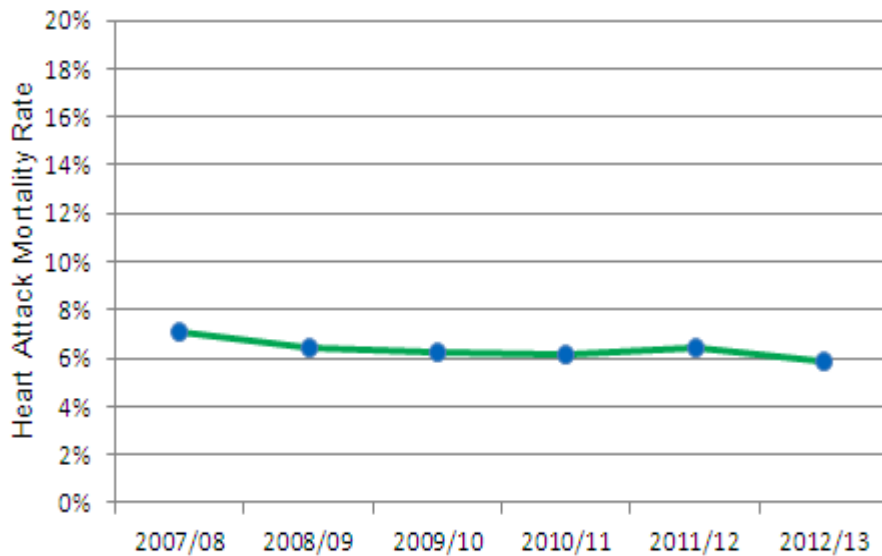
Unplanned readmissions to hospitals are used to measure quality of surgical care and follow up. Readmission rates are also influenced by a variety of other factors, including the effectiveness of the care transition to the community.



Desired Direction →

## Effectiveness: *Heart Attack Mortality*

### Provincial



### Measure Definition

**Heart Attack Mortality:** 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.

**2012/13  
Performance**

5.9%

**National  
Average**

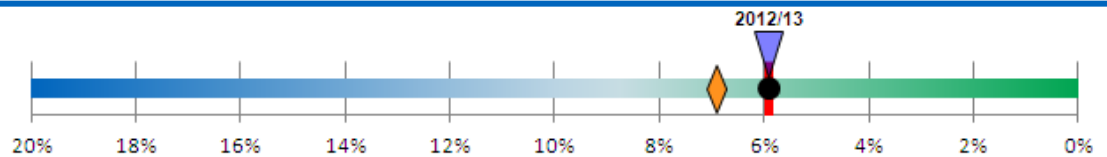
7.1%  
2011/12

**Target  
2014/15**

5.9%

**Target  
2015/16**

5.9%

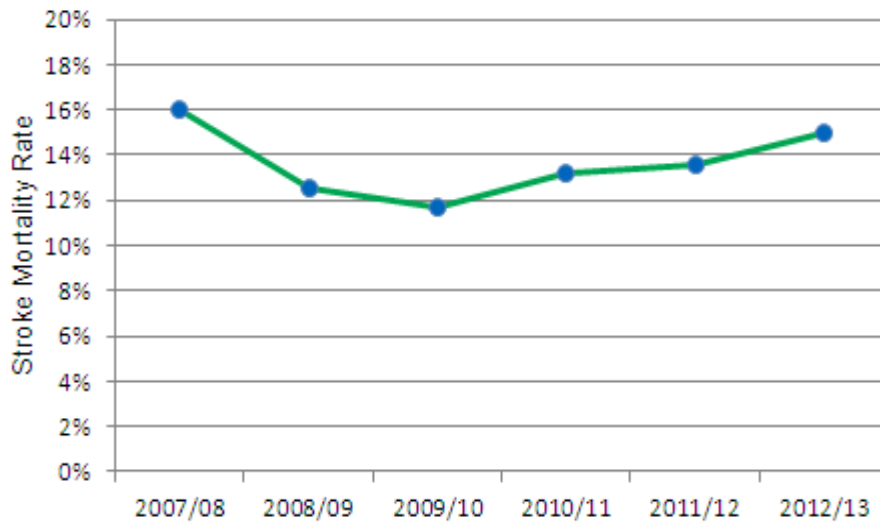


Desired Direction



## Effectiveness: *Stroke Mortality*

### Provincial



### Measure Definition

**Stroke Mortality:** The probability of dying in hospital within 30 days for patients admitted because of stroke.

This measure represents hospital deaths occurring within 30 days of first admission to a hospital with a diagnosis of stroke. This measure is adjusted for age, sex and other conditions.

### Understanding this measure

Stroke is a significant cause of death and disability in the Canadian population. This rate may be influenced by a number of factors, including effectiveness of emergency treatments and quality of care in hospitals.

