

# Provincial Performance Measure Update Q1 2014-15

Draft as of September 15, 2014

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### Introduction

Beginning in Quarter 1 of 2014-15, a new Quarterly report is being introduced internally within AHS. This report focuses on the Strategic 16 Measures first publicly reported annually in early 2014 (for 2012-13 data). Subsequent to that first publication, the 2013-14 report was prepared to be published in August of 2014. The Quarterly report update is a performance management tool to track progress and assist in planning to achieve targets established within the publicly published reports.

It is expected that the quarterly report will evolve as use, intent and production adjustment combine to best meet the needs of the users.

### How to read the included charts

This report is designed to be consumed by an audience which is familiar with the measures and has a basic understanding of their implications. For each measure the report includes a Provincial chart page followed by a chart page for each Zone where needed. In addition, there is a corresponding page which contains a more detailed data table form along with actions and other items.

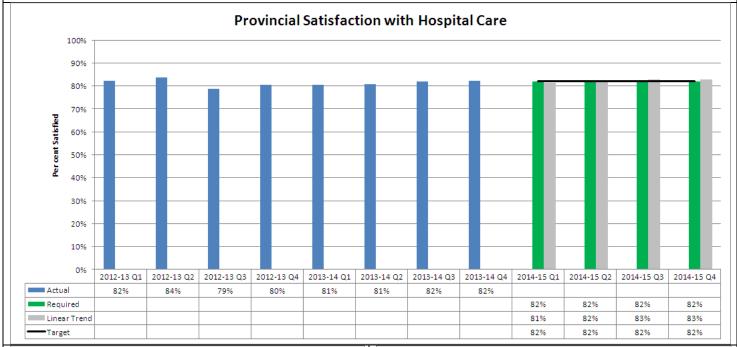
### Chart content:

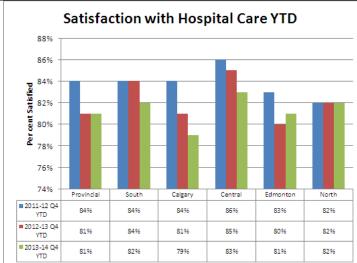
There are 3 charts for each Quarterly Measure.

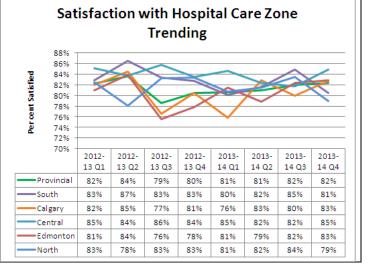
- 1) Overall Results and Forecast
  - a. This graph includes "Actual" quarterly results over the past 8 quarters plus the current quarter.
  - b. Calculated "Required" values are shown. These are based on incorporating any seasonality (where detected) into a quarterly results distribution that would achieve Target for the year. Adjustments are made accordingly where less or no seasonality is evident.
    - i. For reports including no Q1 update due to a reporting lag, all four quarters present a full distribution of quarterly "Required" values to achieve target over the year.
    - ii. For reports including a Q1 update, the "Required" value is shown from Q1 along with the actual so that these can be compared. The remaining quarters are adjusted based on the result achieved in Q1, such that a result that is worse than a previously calculated "Required" will result in more aggressive expectations in the remaining quarters. Similarly, results in Q1 that exceed expectations result in a relaxed "Required" calculated value. Where this occurs future values should be interpreted with caution given ongoing improvement objectives and variation.
  - c. The "Linear Trend" presents a straight line projection of values based upon the presented Actual results.
  - d. A "Target" reference line indicates the 2014/15 target for the measure.
- 2) YTD Comparison.
  - a. This trend includes just the Year-to-date values (Provincially and by Zone) for this measure over the last 3 years to enable direct comparison with a corresponding historical time period.
  - b. For the Q1 report YTD will be Q1 only. For the Q2 report this will include the full six month period and so on.
- 3) Zone Trending Graph
  - a. A multi-line trend graph shows the Actual results for each zone over a 2 year period.
  - b. This allows comparison across Zones/Sites over time.

# **Satisfaction with Hospital Care**

This measure is 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.







YTD = Year to Date

# **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 family members whose relative is a resident in long-term care. This measure is updated every two years.

**Per Cent Satisfied with Long Term Care** 

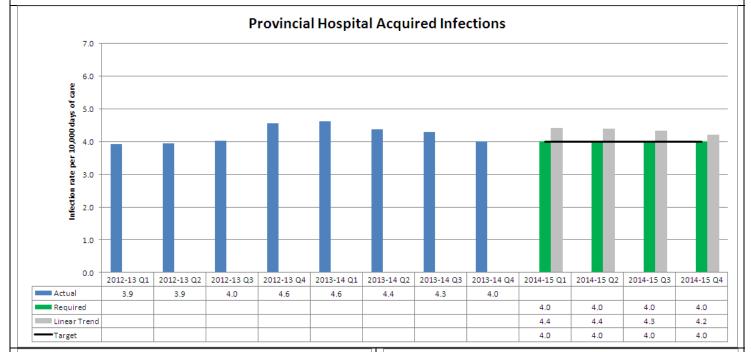
Zone	2007	2010	2013	2014-15 Target	2015-16 Target
Provincial	71%	73%	n/a *	n/a **	78%
South	80%	80%	n/a *	n/a **	81%
Calgary	65%	70%	n/a *	n/a **	76%
Central	78%	80%	n/a *	n/a **	81%
Edmonton	67%	70%	n/a *	n/a **	76%
North	80%	82%	n/a *	n/a **	83%

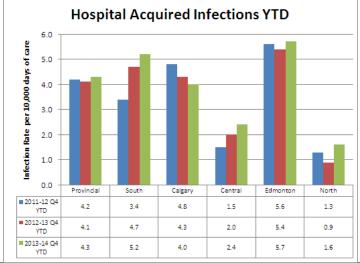
The most recent data is from 2010. The survey is performed by HQCA every three years.

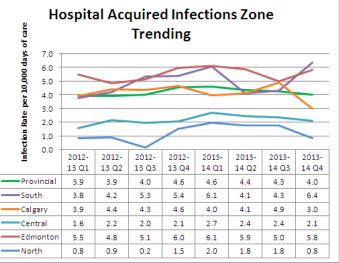
No quarterly update - this is an annual measure

# **Hospital-acquired Infections**

The number of Clostridium difficile infections (C-diff) acquired in hospital every 10,000 patient days. A rate of 4.0 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.







# **Hand Hygiene**

The percentage of opportunities for which health care workers clean their hands during the course of patient care. For this measure, health care workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute "4 Moments of Hand Hygiene"

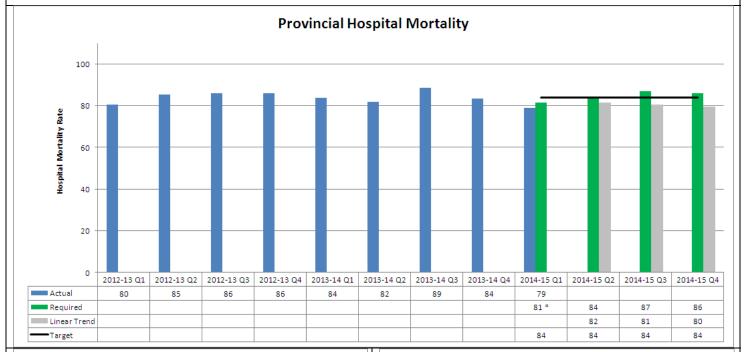
### **Hand Hygiene Compliance**

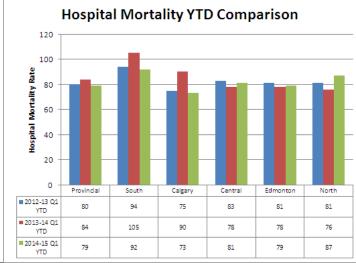
Zone	2011-12	2012-13	2013-14	2014-15 Target	2015-16 Target
Provincial	50%	59%	66%	71%	80%
South	61%	69%	78%	80%	84%
Calgary	38%	51%	60%	66%	78%
Central	75%	59%	64%	69%	79%
Edmonton	43%	60%	57%	64%	76%
North	64%	56%	66%	71%	81%

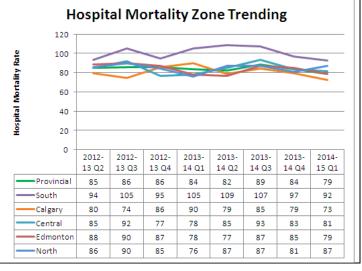
No quarterly update - this is an annual measure

# **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

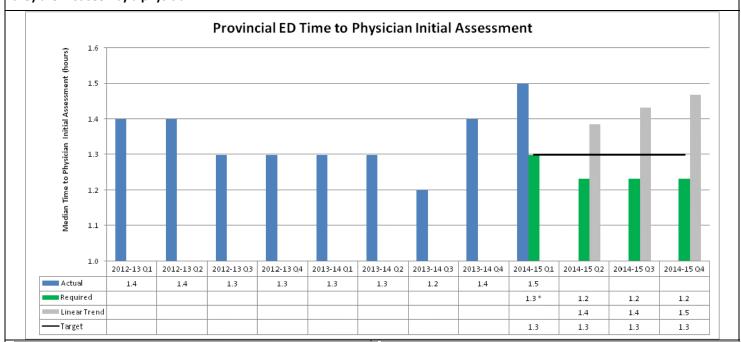


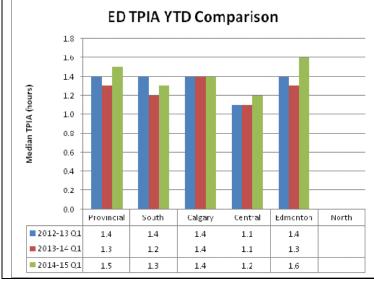


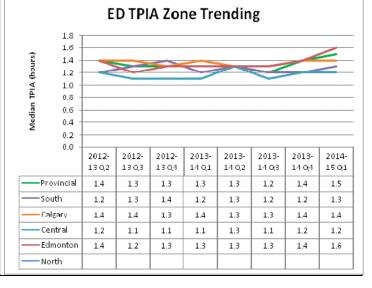


### **Emergency Department Wait to see a Physician**

The average patient's length of time to be seen by a physician at the busiest emergency departments. This is calculated as the median wait which means that 50 per cent of patients wait to be seen by a physician in the emergency department this length of time or less. 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.

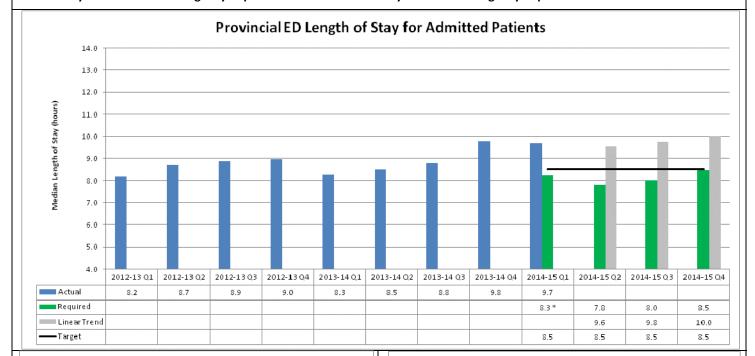


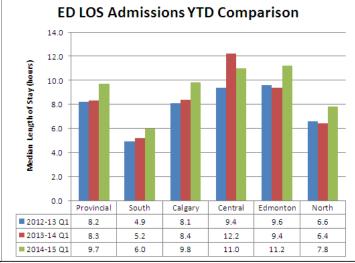


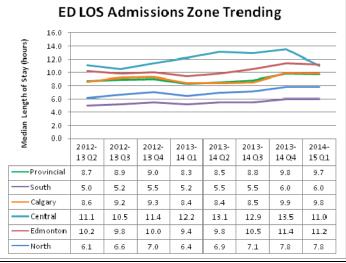


# **Emergency Department Length of Stay for Admitted Patients**

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 per cent 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 leave the emergency department.

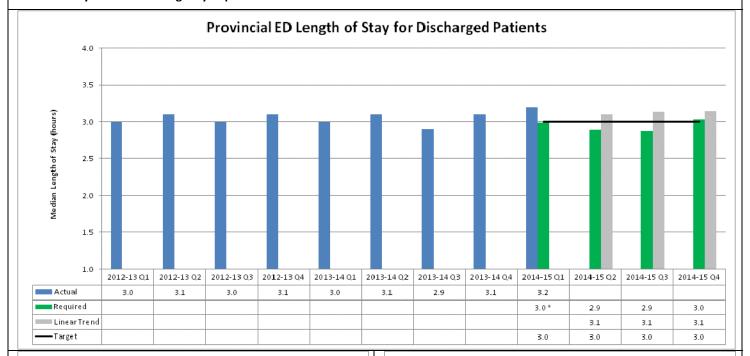


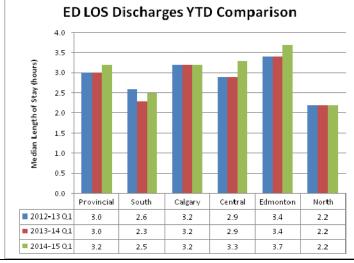


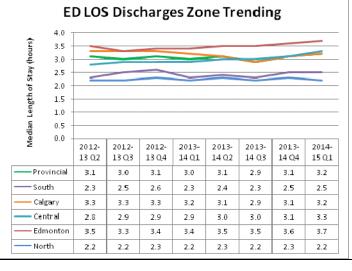


# **Emergency Department Length of Stay for Discharged Patients**

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 per cent of patients stay in the ED this length of time or less. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they leave the emergency department.

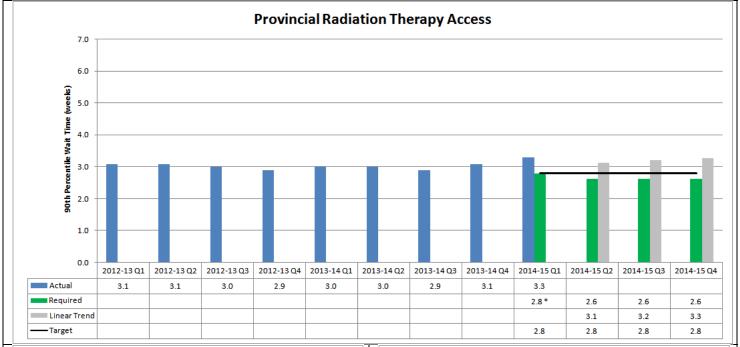


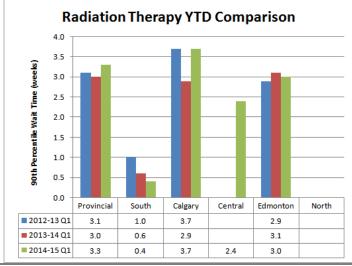


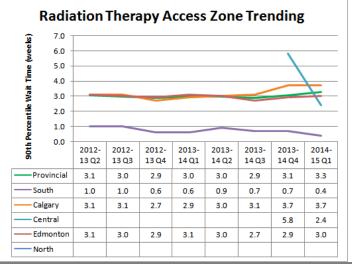


# **Access to Radiation Therapy**

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.

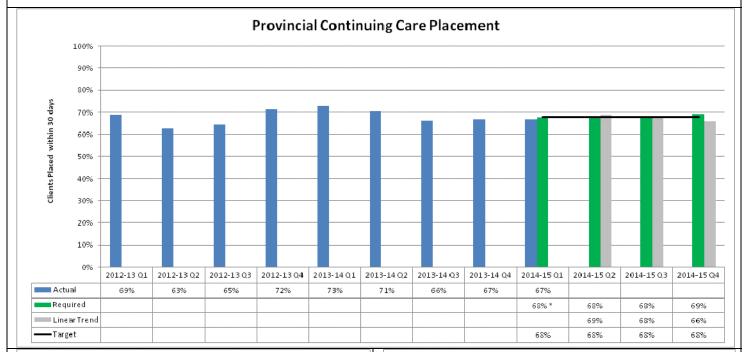


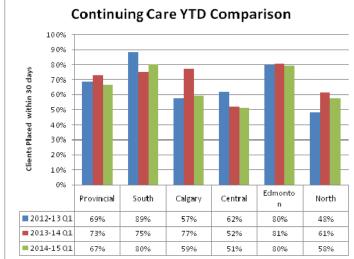


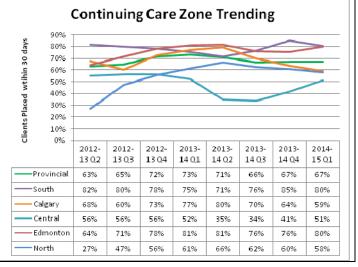


# **Continuing Care Placement**

The percentage of clients admitted to a continuing care space (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.

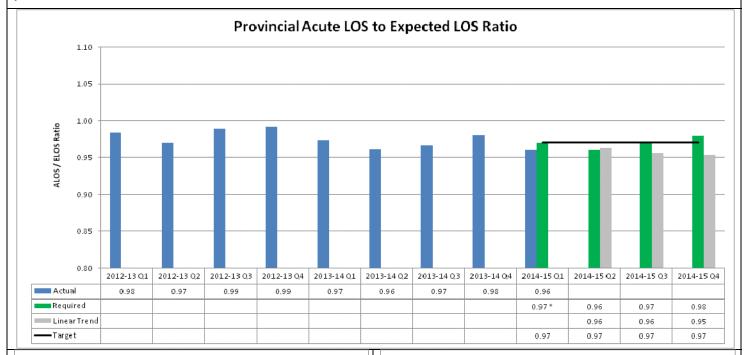


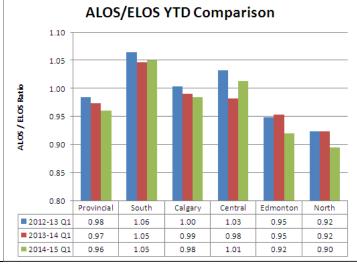


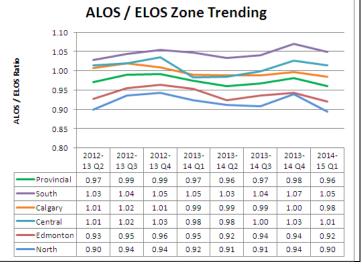


# **Acute Length of Hospital Stay Compared to Expected Stay**

The average number of days patients stay in acute care hospitals compared to the expected length of stay for a typical patient. This measure compares acute 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.







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

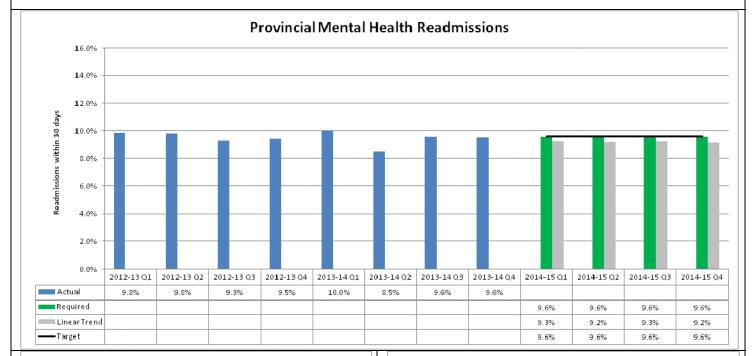
Per Cent diagnosed at early Stages

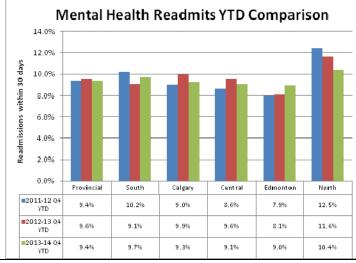
Zone	2008	2009	2010	2011	2012	2014-15	2015-16
						Target	Target
Provincial	64%	65%	67%	66%	67%	67%	70%
South	60%	66%	68%	64%	63%	66%	70%
Calgary	66%	69%	66%	70%	70%	70%	71%
Central	62%	61%	63%	62%	63%	64%	69%
Edmonton	65%	65%	69%	66%	66%	67%	70%
North	65%	61%	65%	61%	64%	64%	69%

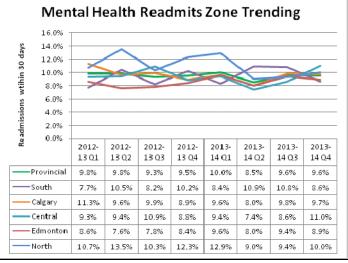
No quarterly update - this is an annual measure

### **Mental Health Readmissions**

The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes scheduled readmissions such as for planned follow-up care.

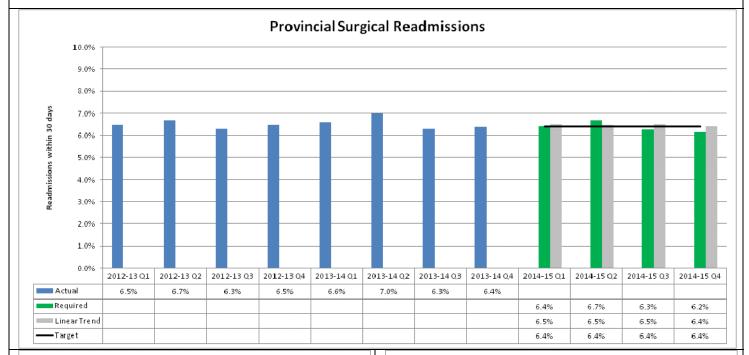


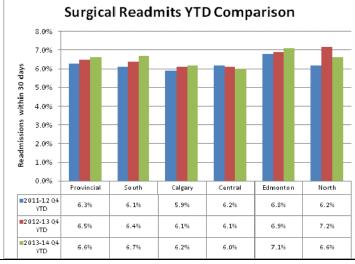


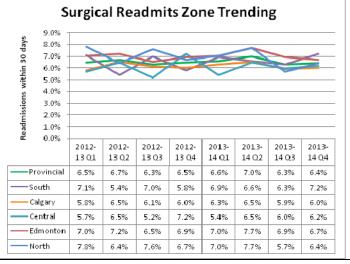


# **Surgery Readmissions**

The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. Excludes scheduled readmissions such as for planned follow up care.

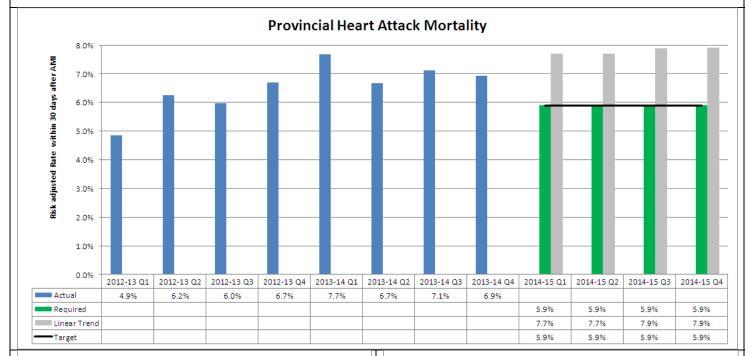


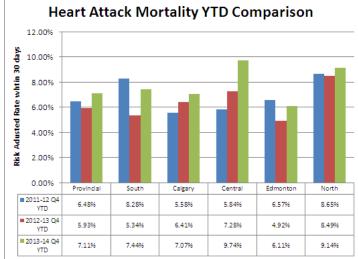


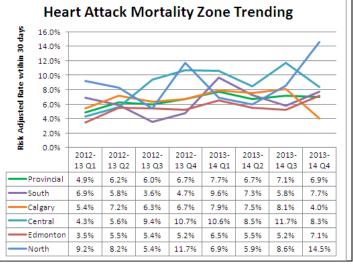


### **Heart Attack Mortality**

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.







# **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.

