



Provincial Performance Measure Update Q3 2014-15

(Draft data tables as of Feb 13, 2015)

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Introduction

Beginning in Quarter 1 of 2014-15, a new quarterly report was introduced internally within AHS. This report focuses on the 16 Public Performance Measures first publicly reported annually in January 2014 for 2012-13 data and in September 2014 for 2013-14 data. A new measure for children's mental health was added in the third quarter. Zone actions will be provided in the Q4 report. 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 for 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 variance explanations where appropriate.

Chart content

There are 3 charts for each Quarterly Measure.

- 1) Overall Results and Forecast
 - a. This graph includes "Actual" quarterly results from Q1 2012-13 through to the current quarter.
 - b. A "Target" reference line indicates the 2014-15 target for the measure.
 - c. A "Volume" line which shows the relevant volume for a given measure over time.
- 2) YTD Comparison
 - a. This trend includes the year-to-date values (provincially and by zone) for this measure over the last 3 years to enable direct comparison of current performance with a corresponding historical time period.
 - b. The Annual Target is shown provincially and for each zone where available.
 - c. For the Q1 report, YTD is 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 two year period.
 - b. This allows comparison across zones/sites over time.

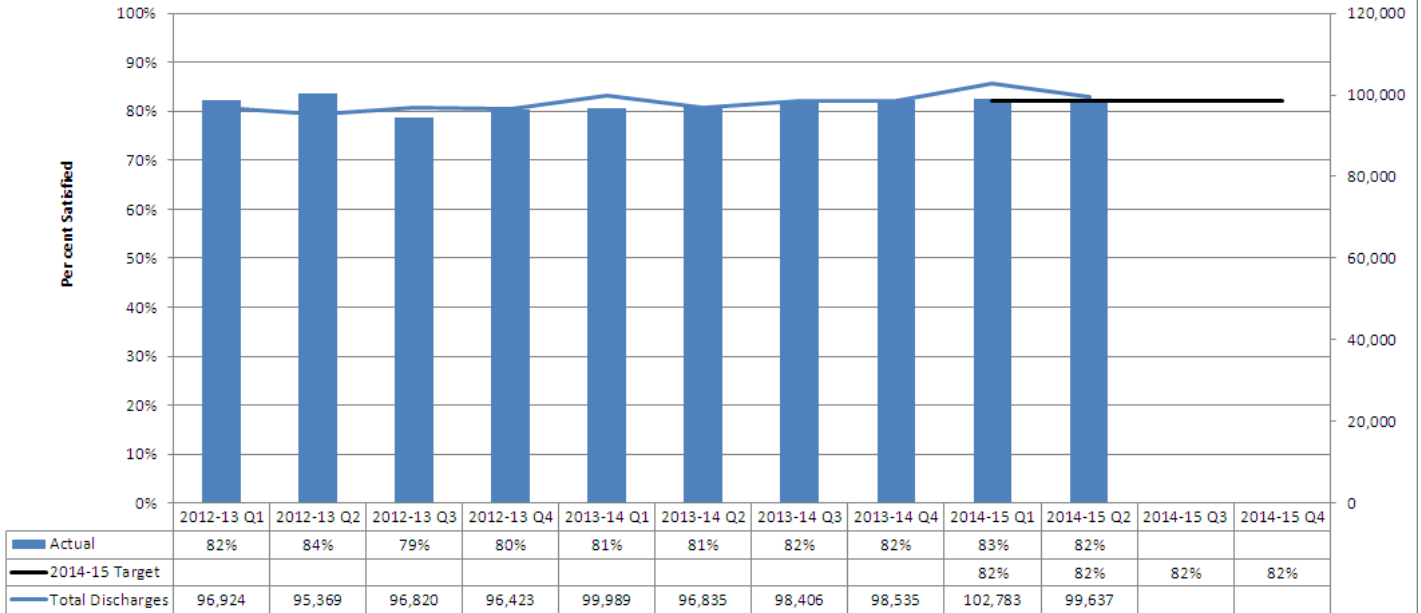
Q3 2014-15 Summary Dashboard

Performance Measure	Year-to-Date (YTD) Quarter to Quarter Comparison			2014/15 Annual Target
	2013/14 Q3 YTD (Previous)	2014/15 Q3 YTD (Current)	Comparative Performance ↑ Improvement → Stability ↓ Areas requiring additional focus	
Acceptability				
Satisfaction with Hospital Care	81% Q2 2013-14	82% Q2 2014-15	↑	82%
Satisfaction with Long Term Care	73% 2010/11	Measured every three years	n/a	n/a
Safety				
Hospital-acquired Infections (rate per 10,000 patient days)	4.5 Q2 2013-14	3.5 Q2 2014-15	↑	4.0
Hand Hygiene Compliance Rate	66% 2013-14	73% 2014-15	↑	71%
Hospital Mortality (HSMR Standardized Rate)	84	82	↑	84
Accessibility				
Emergency Department Wait to see a Physician (Median)	1.3 hours	1.4 hours	↓	1.3 hours
Emergency Department Length of Stay for Admitted Patients (Median)	8.3 hours	9.9 hours	↓	8.5 hours
Emergency Department Length of Stay for Discharged Patients (Median)	3.0 hours	3.1 hours	↓	3.0 hours
Access to Radiation Therapy (90 th percentile)	3.0 weeks	3.3 weeks	↓	2.8 weeks
Child Mental Health (DTT) (per cent seen within 30 days)	81%	82%	↑	n/a
Appropriateness				
Continuing Care Placement (per cent placed within 30 days)	70%	61%	↓	68%
Efficiency				
Acute (Actual) length of hospital stay compared to expected stay	0.97	0.96	↑	0.97
Effectiveness				
Early Detection of Cancer	67% 2012	Measured annually	n/a	67%
Mental Health Readmissions within 30 days (standardized)	9.2% Q2 2013-14	9.6% Q2 2014-15	↓	9.6%
Surgical Readmissions within 30 days (standardized)	6.9% Q2 2013-14	6.7% Q2 2014-15	↑	6.4%
Heart Attack Mortality within 30 days (standardized)	7.2% Q2 2013-14	6.1% Q2 2014-15	↑	5.9%
Stroke Mortality within 30 days (standardized)	13.6% Q2 2013-14	14.5% Q2 2014-15	↓	14.3%
Prior Quarter Comparative Performance				
↑ Indicates Improvement → Indicates Stability ↓ Indicates areas that require additional focus				

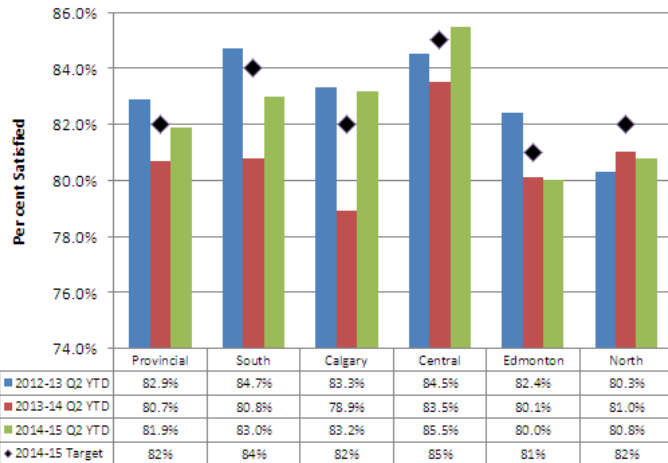
Satisfaction with Hospital Care

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.

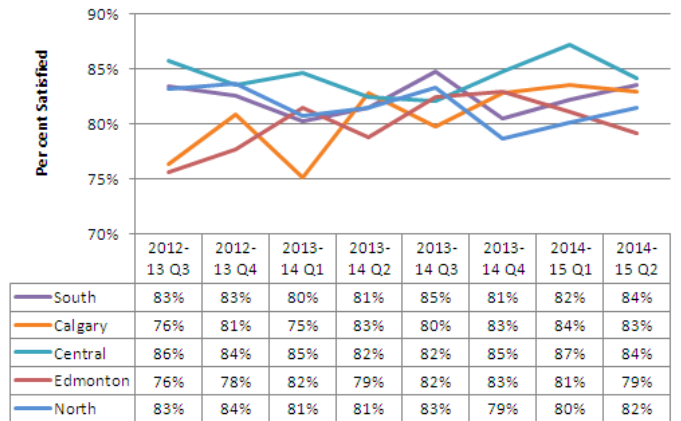
Provincial Satisfaction with Hospital Care



Satisfaction with Hospital Care YTD



Satisfaction with Hospital Care Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Develop and implement a patient engagement strategy that uses patient experience to foster and improve quality care through a Patient First Strategy. This includes exploring ways to bring the patient voice into current work. • Develop and implement a zone quality strategy. Terms of Reference for Quality Councils under development. • Work with the Provincial Patient Engagement Department to prepare a draft outline for a focused learning session for leadership groups on patient engagement and specifically on collaborating with patient/family advisors in systems level planning. • Completed Path-to-Care presentations and workshops to build awareness of the Wait Time policy. • Launched Alberta Netcare eReferral for hip and knee joint replacement and breast and lung cancer referrals across the province.
Calgary:	<ul style="list-style-type: none"> • Work on new hire orientation, site-wide name tags for all staff, and WiFi access, and involvement on committees • Increased participation in active committees. For example, at Alberta Children’s Hospital - Patient and Family Centered Care Committee composed of families, physicians and staff; and Child and Youth Advisory Committee composed of children and youth. • Participation in way finding and signage upgrades. • Visiting and Family Presence guidelines revised to be more inclusive and flexible; overhead notification to end visiting hours has stopped. • Conducted a hospital-child inpatient experience survey with results scoring over 90% in most categories.
Central:	<ul style="list-style-type: none"> • Utilize the Patient First toolkit and draw on strategies outlined to increase satisfaction. • Rural Sites are in different stages of implementing Comfort Rounds. For example, concepts introduced at staff meeting, combined with NOD (Name, Occupation and Duty principle) and bedside white board use. • Engage patients and families further in inpatient care by initiating whiteboard usage in patient rooms as well as Safer Together pamphlet to admission packages. • Improved signage in ICU family area to improve access to the unit, established goal to have a family conference within 24 hours of admission to the ICU, open visiting hours to 24/7, if required. Family members who are with patient during a cardiac arrest are encouraged to stay with patient in ICU and in ED. • Continue implementation of CoACT.
Edmonton:	<ul style="list-style-type: none"> • Participate in the roll-out and achievement of the Patient First Strategy for 2014/15 as the specific action items are known focused on improving the patient experience. • The Family Advisory Council has completed its Peer to Peer training to facilitate families supporting families.
North:	<ul style="list-style-type: none"> • Develop unit specific action plans of CoACT practice, process and performance elements for the sites. • Develop and implement education plans for staff, physicians, volunteers and health advisory councils to understand the initiative and potential benefits. • Develop a rural discharge planning model that is flexible and responsive to specific site pressures. • Whiteboards have been installed and NOD (Name, Occupation and Duty) principle reviewed. • Discharge planning tool added to charts at some rural sites to help with specific site pressures.

Analysis

- The Q2 year-to-date results declined slightly but are still achieving target. AHS continues to innovate and look for ways to improve care.
- The zones continue to educate/ develop enhanced awareness of patient relations department with staff, physicians, clients and families using brochures, posters and in-servicing. Other actions in development include multidisciplinary discussions to increase communications and planning with discharge activities.
- Develop organization roll out of Patient First Strategy; everything we do must reflect a Patient- and Family-Centred Care approach including:
 - Improve communications,
 - Treat people well,
 - Adopt a team-based approach to care and,
 - Provide better transitions in care.

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.

Percentage Satisfied with Long Term Care

Zone	2007	2010	2013	2014-15 Target	2015-16 Target
Provincial	71%	73%		Not	78%
South	80%	80%	2013 Values not available at time of publication	Applicable Target not set since survey results not available.	81%
Calgary	65%	70%			76%
Central	78%	80%			81%
Edmonton	67%	70%			76%
North	80%	82%			83%

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

In March and April 2014, the HQCA conducted its third long-term care family experience survey.

A provincial summary of the results will be completed and made public in 2015.

Satisfaction with Long Term Care

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Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Develop and implement a patient engagement strategy that uses patient experience to foster and improve quality care through a Patient First Strategy. This includes exploring ways to bring the patient voice into current work. Develop and implement a zone quality strategy. Terms of Reference for Quality Councils under development. Continue to assess the need for specialty beds to address gaps in care for seniors with complex dementia and/or behavioral issues. Continue to monitor and follow up on all concerns brought forward through the Continuing Care Resolution Team.
Calgary:	<ul style="list-style-type: none"> Assess the need for specialty beds with supporting portfolios to address gaps in care for seniors with complex dementia and/or behavioural issues. Respond to public complaints and inquiries through the 24/7 line in a timely manner.
Central:	<ul style="list-style-type: none"> Implement resident focused satisfaction initiatives at below target Continuing Care sites with a focus on involving patients and their families in their own care planning and decisions. Appropriate Use of Antipsychotics (AUA) activities continue in LTC facilities. Reporting successes in decreased utilization where not appropriate. For example, Stettler has shown a substantial reduction in % of residents on an antipsychotic (50% in August reduced to 18% in December). Planning underway for the "Move AB" initiative which will increase mobility in seniors admitted to the hospital). Initiated TeamCare (building collaborative team practice).
Edmonton:	<ul style="list-style-type: none"> Assess the need for specialty beds with supporting portfolios, to address gaps in care for seniors with complex dementia and/or behavioural issues.
North:	<ul style="list-style-type: none"> Began implementation of a coordinated placement model. Completed action plans at two regional hospitals informed by resident councils, patient concerns and family consults. Action plans at other sites are underway.

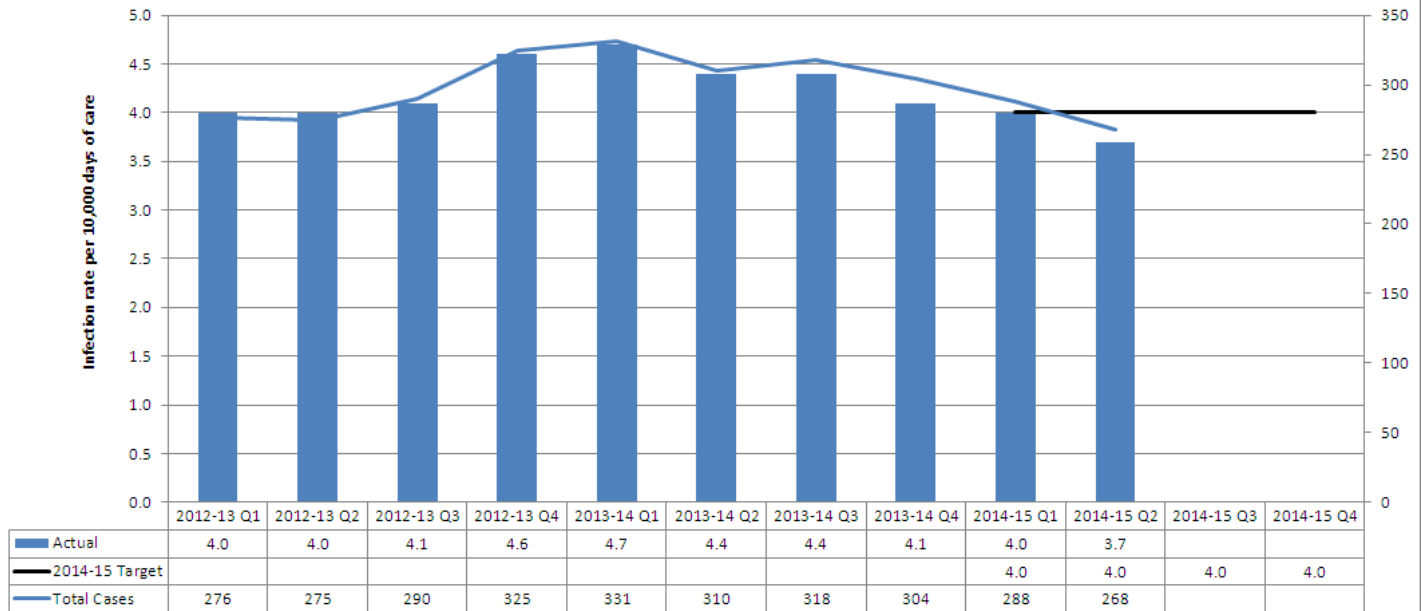
Analysis

- The most recent data is from 2010. The survey is performed by HQCA every three years. In March and April 2014, the HQCA conducted its third long-term care family experience survey. A provincial summary of the results will be completed and made public in 2015.
- In 2010, the average overall family rating of care at Alberta nursing homes was 73%, a very modest but statistically significant improvement from 71% in 2007.
- Smaller facilities and facilities in rural communities may be pre-disposed to better performance in terms of family and resident experience ratings. Despite this, there is still considerable variation in performance between facilities which are comparable in size and location.
- In March and April 2014, the HQCA conducted its third long-term care family experience survey. A provincial summary of the results will be completed and made public in 2015.
- In 2013-14, HQCA conducted resident and family experience surveys in 134 supportive living (SL) level 3 and 4 facilities across the province. These were the first such surveys conducted at the provincial level and provide a baseline of residents' and family members' experience within supportive living facilities. The *Supportive Living Resident Experience Survey Report* explores resident responses to questions about 11 difference dimensions of care and services in SL facilities. The rating reflects residents' overall evaluation of their SL facility. Residents were asked: *Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the SL facility?* Residents rated their care at an average of 7.8 out of 10.

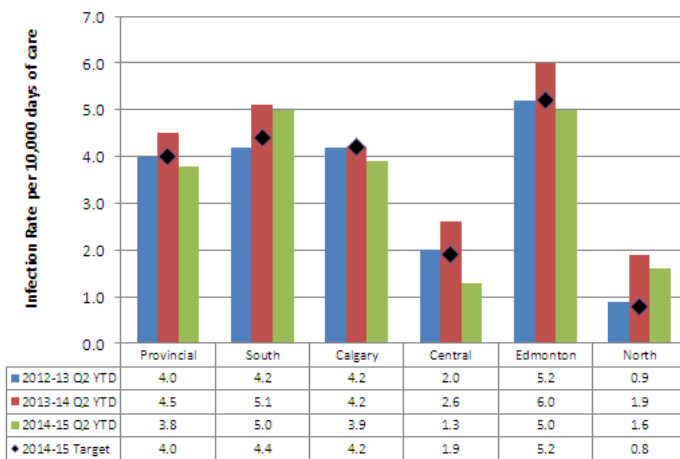
Hospital-acquired Infections

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.

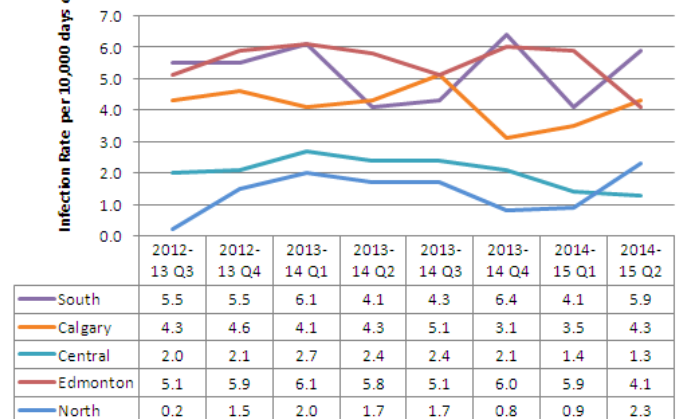
Provincial Zone Hospital Acquired (C-Difficile) Infections



Hospital Acquired (C-Difficile) Infections YTD



Hospital Acquired Infections Zone Trending



Hospital-acquired Infections

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Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Continue implementation of Hand Hygiene strategy. Continued implementation of province wide standards for cleaning of patient care environments through quality training and auditing. Review of the type, dose, timing, and duration of antibiotic prophylaxis administration by surgeons. The Surgical Site Infections-Getting Started Kit endorsed by the Canadian Patient Safety Institute will guide the physician led team involved.
Calgary:	<ul style="list-style-type: none"> Continue work with AHS Medical Affairs to implement physician-specific IPC content into an orientation program for physicians. Established innovative treatment options for patients with recurrent C-diff.
Central:	<ul style="list-style-type: none"> Implemented Standardized Environmental Services protocol using Sporicidal Accelerated Hydrogen Peroxide for cleaning of inpatient rooms of patients with C-diff. Pilot of CDI treatment orders.
Edmonton:	<ul style="list-style-type: none"> Over 3,200 Staff, physicians, and students have made clean hands a major commitment. Site based Antimicrobial Stewardship committees in place. Developed restricted antibiotic utilization process and identified sites to pilot process. Developed defined daily dose (DDD)/100 per 100 patient days for adult patient population within identified sites. Developed zone wide Ebola response plan. Achieved 22 weeks without a unit on outbreak measures. Developed document outlining 10 Key Strategies for Stopping Transmission of C difficile. Expectation that these strategies will be implemented across the site in next six months.
North:	<ul style="list-style-type: none"> Continue implementation of the North Zone Antimicrobial Stewardship Committee, with an initial focus on the roll-out of Clostridium Difficile Infection (CDI) pre-print orders.

Analysis

- The Q2 year-to-date results demonstrate improvement. Provincially, the measure is better than the 2014-15 target.
- Several factors affect hospital rates of CDI including the size, physical layout and nature of services provided, type of population served and use of antibiotics. The major objective of CDI monitoring is to track trends in hospital facilities and the community in order to implement appropriate control measures as needed.
- Infection Prevention and Control works collaboratively with physicians and staff in hospitals and with Public Health by providing CDI rates and assisting with intervention and control strategies.

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 Percent Compliance

Zone	2011-12	2012-13	2013-14	2014-15	2014-15 Target	2015-16 Target
Provincial	50%	59%	66%	73%	71%	80%
South	61%	69%	78%	82%	80%	84%
Calgary	38%	51%	60%	67%	66%	78%
Central	75%	59%	64%	70%	69%	79%
Edmonton	43%	60%	57%	74%	64%	76%
North	64%	56%	66%	73%	71%	81%

Note: Year-end data for Hand Hygiene was reported in August 2014 for the 2014-15 fiscal year.

No Update for Q3 2014-15 as this is an annual measure.

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”

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Continue implementation of Hand Hygiene strategy.
Calgary:	<ul style="list-style-type: none"> Roll out of the new Hand Hygiene data platform to sites and standardizing the process for students, return to work employees and volunteers. Implement reporting at the site/unit and zone level at determined intervals. Continue optimization of Hand Hygiene Plan in accordance with the IPC Strategy and required monitoring of compliance.
Central:	<ul style="list-style-type: none"> Improved timeliness of data on results of HH audits. Information can be used within the week to make improvements instead of waiting for the monthly report. Enhance HH protocol adherence, monitoring and reporting across all sites. Implement Hand Hygiene committees to address sites with compliance rates below target. Focus on HH surveillance /audits, target staff and physician education and ensure the physical environment supports hand hygiene practices. HH results are communicated and posted on units, with a move to posting in areas accessible to the public.
Edmonton:	<ul style="list-style-type: none"> Enhance Hand Hygiene protocol adherence, monitoring and reporting across all sites. Develop and implement the Edmonton Zone plan to address overall compliance rates below target. Focus on HH surveillance/audits, target staff, physician and patient education, e.g. provide patient / family brochure available upon admission.
North:	<ul style="list-style-type: none"> Implement HH Action Plan through improvement of hand hygiene stations, annual education for health professionals, implementation of the provincial measurement tool to monitor, measure, report and analyze data and conducting Train the Trainer sessions for HH reporting.

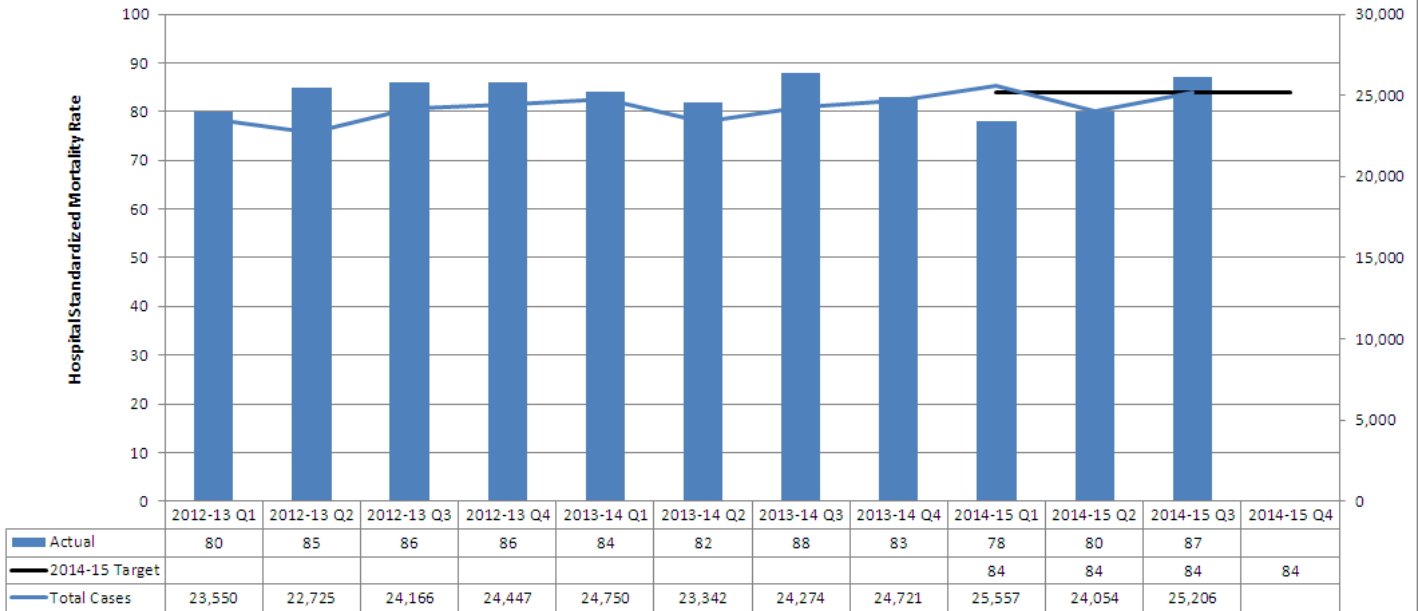
Analysis

- Hand Hygiene rates have improved significantly due to activities put into place at sites.
- This measure is reported annually but in 2015-16 Hand Hygiene Compliance rates will be reported quarterly starting in the fall of 2015.
- New Hand Hygiene data platform implemented which will enable real-time reporting of HH rates by unit, site, zone, and province. Recruitment for zone-embedded HH project teams initiated. These teams, consisting of a zone HH project manager and HH reviewers will support year-round HH observations and zone and site HH improvement initiatives.

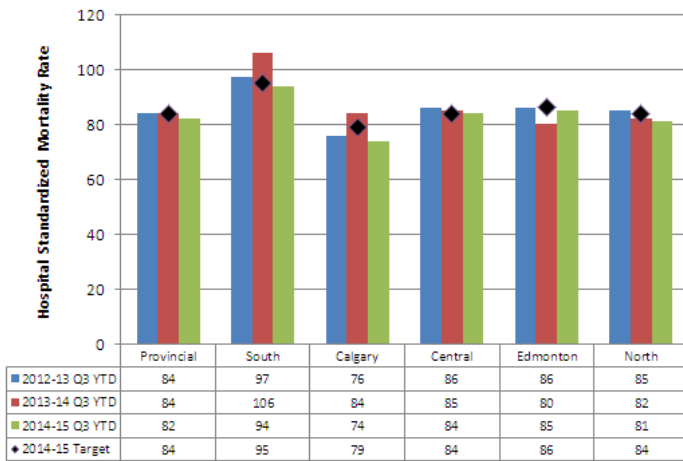
Hospital Mortality

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. AHS is performing slightly better at 82 (Q3 year to date – April to December 2014-15) than the 2013-14 national average of 85. 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.

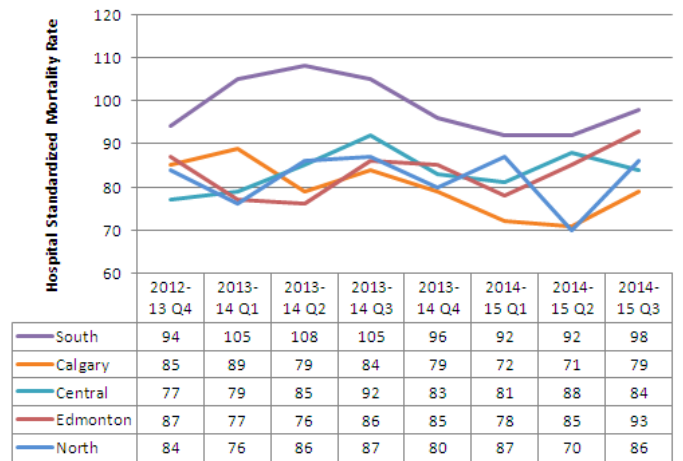
Provincial Hospital Mortality



Hospital Mortality YTD Comparison



Hospital Mortality Zone Trending



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. AHS is performing better than the national average of 89. 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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Implementation of Rural Stroke Action plan: Early Supportive Discharge (ESD), Stroke Unit Equivalent Care (SUEC) and Community support of stroke patients Continue to follow best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI) Implementation of American College of Surgeons National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care. Implementation of Medication Reconciliation practices to complete the best possible medication history on admission, transfer and discharge Participation in the Provincial Falls Prevention Collaborative in Crowsnest Pass LTC & Acute Care including the following strategies for implementation in both acute and continuing care: Falling Star including environmental falls precautions, Post Fall Huddle, Comfort Rounds and Medication reviews Continued monitoring of Venous thromboembolism (VTE) - the most common complications of hospitalization and preventable cause of hospital death. Implementation plan will be created on a Dangerous Abbreviations Audit. Planning and current state assessment for Implementation of the High Alert Medication Policy Suite in progress.
Calgary:	<ul style="list-style-type: none"> Complete Best Possible Medication History on admission – 80% compliance target met. Falls prevention initiatives underway with the Elder Friendly Collaborative to reduce hospital hip fractures. Falls, Entrapment, Strangulation and Entanglement screening implemented on med/surg units.
Central:	<ul style="list-style-type: none"> Rural roll out of Cardiac Care protocols, Stroke Protocols, asthma protocols, community acquired pneumonia protocols, and standard order sets. Implementation of Stroke Action Plan at 4 Central Zone Primary Stroke centers. The centers are meeting goals for trained individuals to deliver stroke care and treatment, as outlined in the Stroke Unit Equivalent Care (SUEC) clinical practice guidelines.
Edmonton:	<ul style="list-style-type: none"> Continue implementation of the Rural Stroke Action Plan. Follow best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI) is expected to reduce or maintain post myocardial infarction. Pilot a medication reconciliation process on patients to inform ongoing strategies for patients in emergency departments.
North:	<ul style="list-style-type: none"> Active engagement in safe surgery checklist, Hand Hygiene, and other quality related initiatives combined with collaboration with IPC at local level to ensure compliance and ongoing improvement.

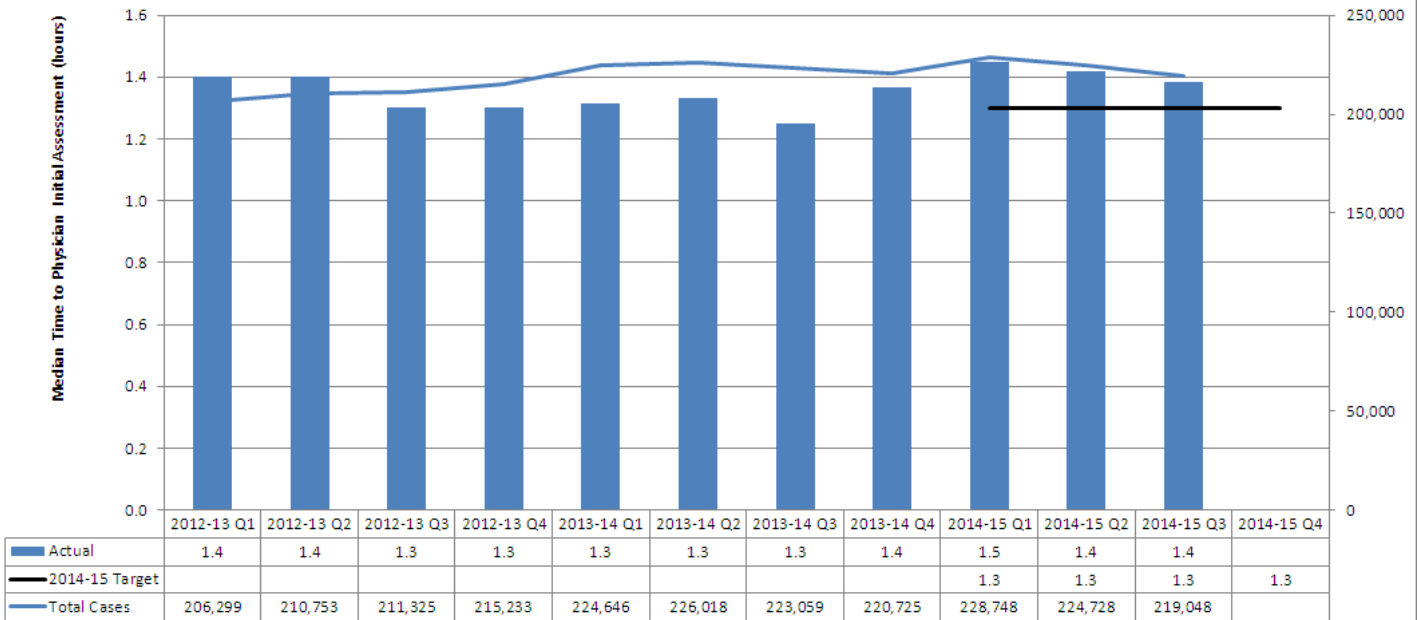
Analysis

- Q3 year-to-date provincially and all five zones are at or above target for 2014-15. Although, Q3 results demonstrate an increase in mortality.
- Alberta hospitals are using the HSMR for internal benchmarking purposes. Quarterly reported data helps to show hospitals how their HSMR has changed, where they have made progress, and where they can continue to improve.
- Trending HSMR results for several years has proven very useful: stable reporting year after year helps show how our HSMR has changed in relation to our quality improvement efforts – where we've made progress and where we can continue to improve.
- Each year, we carefully review the results, identify and work to implement improvements wherever possible. This year will be no exception.
- Since the ratio is less than 100, than actual overall mortality rate is lower than the expected overall mortality rate.

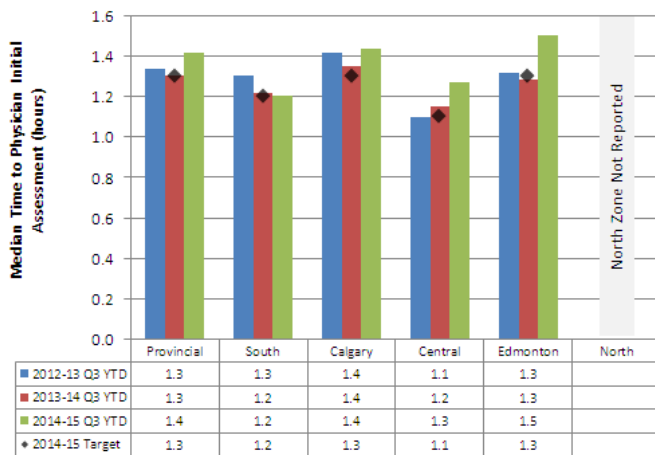
Emergency Department Wait to see a Physician

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.

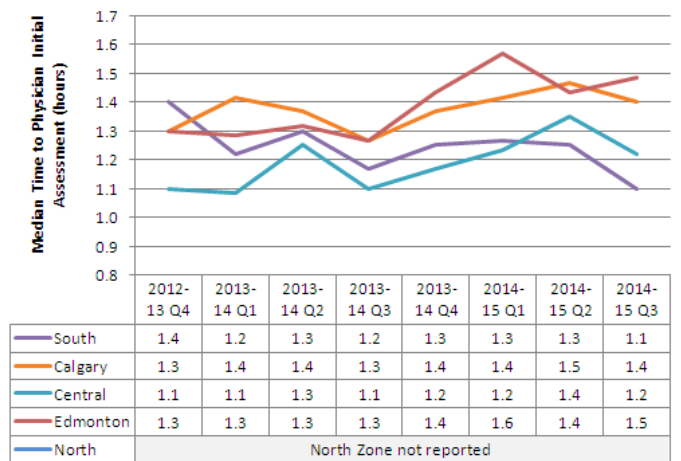
Provincial ED Time to Physician Initial Assessment



ED TPIA YTD Comparison



ED TPIA Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Patient journey mapping to understand the wait times and delays of patients in the ED. • Matching peak activity levels with staffing & physicians levels in the ED. • Implementation of a process change in ED admissions where the hospitalist would attend the patient in the ED to right any admission orders. Collaborating with hospitals to improve response to ED and efficiency patient admissions. • Standardize process among triage nurses and remove unnecessary and/or non-value added steps, including revising patient streaming criteria for ambulatory care to improve access for triage 3 patients. • Updated tracker system to provide better visual cues for patient flow e.g. completion of diagnostics, patient reassessments and physician specific tracker options. • Collaborating with Bed Utilization to review processes for weekend surgical bookings to divert unnecessary traffic from the ED. • Developing Asthma protocol for pediatric patients to reflect new AHS pathway. • Ongoing work with specialists to improve ED response times and reduce ED LOS for admitted and discharged patients. • Work underway through Plan-Do-Study-Act (PDSA) to test opportunities to improve door to physician time for CTAS 3 patients in the ED including streamlining, reduction of rework and implementation of parallel work processes.
Calgary:	<ul style="list-style-type: none"> • Physician assessment of EMS patients waiting for treatment space – enables earlier initiation Triage to Physician assessment process to support patient care and flow of EMS teams. • Creating an E-PCR based integrated coordinated care program and case management tool that can inform practitioners and align patients with appropriate services and treatments with a goal of reducing unnecessary EMS transports. • Site based accreditation teams building action plans, and implementing processes to support Accreditation ROPs and Standards. • Improvement of Regional Type and Screen process to reduce documentation errors across all sites. • Working with strategic capital planning to identify opportunities to improve patient flow.
Central:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives to improve ED Flow such as Rapid Assessment Zone (RAZ), use of Holter Monitors and diversion of patients directly to Cardiology Increased capacity of Minor treatment area • Continue to encourage after-hours service coverage with local Primary Care Network. • Increase hours for minor treatment area in the Emergency Department to assist with patient flow.
Edmonton:	<ul style="list-style-type: none"> • Collaborate with Primary Care Networks to negotiate expanded after hours support at key times (Influenza season). • Create community options for complex high needs populations (i.e. Persons with Developmental Disabilities) through collaboration with ministries. • Commenced EMS community programs to decrease transports of patients identified as frequently needing service patients. • Expand utilization of non-ambulance transport modalities and the initiation of critical care paramedics through implementation of a critical care transport team.
North:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED. • Implement quality initiatives outlined in the Health Quality Council of Alberta EMS recommendations. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
SCN:	<ul style="list-style-type: none"> • Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015.

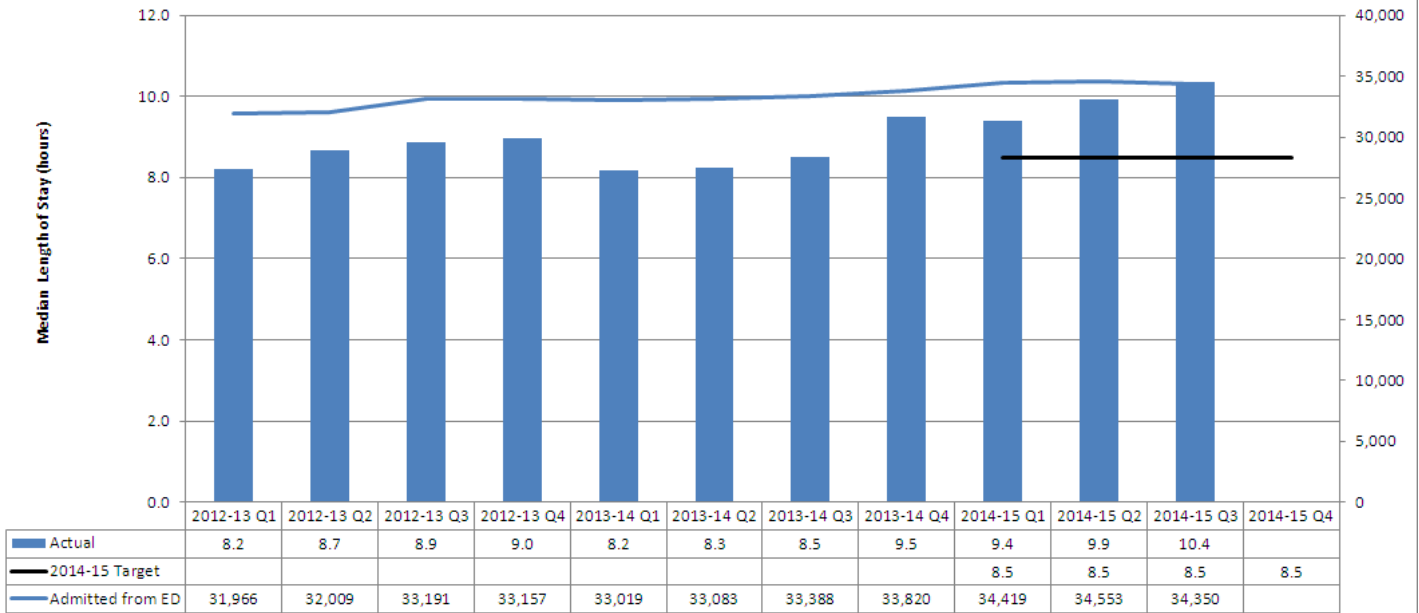
Analysis

- Four zones have shown a slight increase in wait times due to system capacity issues. South Zone has demonstrated a slight improvement.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised First Available and Appropriate Living Option (FAALO) policy.
- Continue to have strong liaisons with EMS and review EMS destination criteria.
- Work with EMS, PCNs and other services to develop processes to support specific populations.

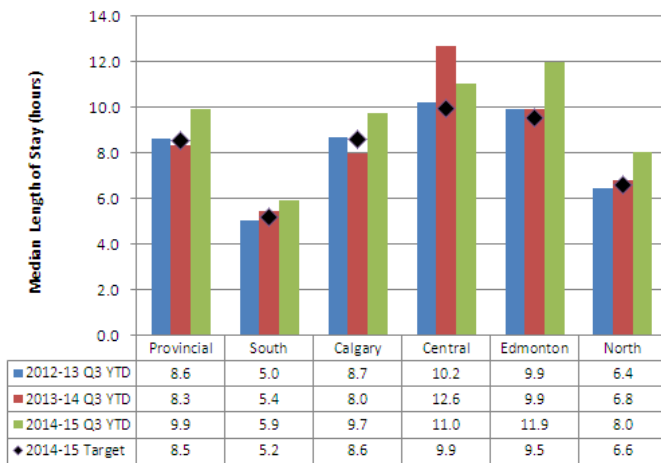
Emergency Department Length of Stay for Admitted Patients

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.

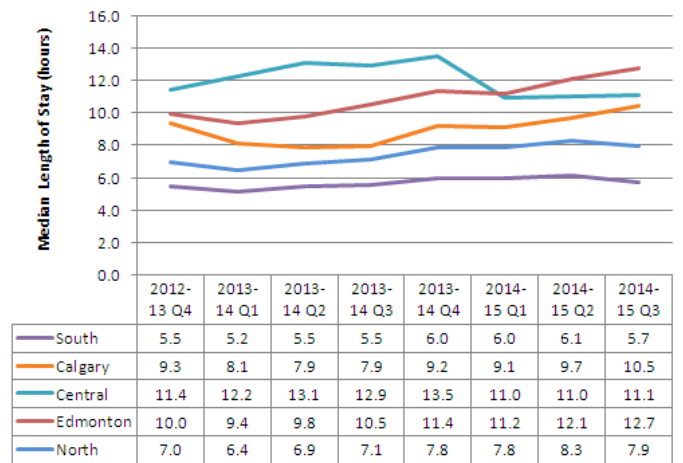
Provincial ED Length of Stay for Admitted Patients



ED LOS Admissions YTD Comparison



ED LOS Admissions Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Development of Admission and Discharge Processes • Analysis of ED visits for readmissions of patients aged 65+ from Supportive Living facilities and individuals with Addiction and Mental Health issues, including potential causes of delay/variance in inflow of pediatric AMH. • Conducting Patient journey mapping to understand the wait times and delays of patients in the ED • Collaborating with housekeeping to flow map the process from the time a bed is empty until it is cleaned and ready for the next admission; new housekeeping work assignment implemented across MHRH which has shown to reduce bed turn time. • Trialing a whiteboard with standardized information and a clearly defined process for daily communication to enhance the patient journey and improve discharge outcomes. • Implementation of daily rounds and development of a transition rounds process. • Matching peak activity levels with staffing & physicians levels in the ED; Nursing shifts realigned, monitoring effectiveness. • Analysis of trends for admissions, to better match capacity within inpatients and community. • Implementation of a process change in ED admissions where the hospitalist would attend the patient in the ED to right any admission orders. • Reviewing process when allied health and other clinical areas (e.g. DI, Lab) to reduce cycle time from referral to seen. • Med/Surg and ED flow team meeting to identify reasons for delay getting a patient from ED to an inpatient bed. • Working to ensure that patients who visit ED from continuing care facilities are those who need emergency care and come with proper referral information. • Collaborating with hospitalists to improve response to ED and efficiency patient admission. • Ongoing work with specialists to improve ED response times and ultimately reduce ED LOS for both admitted and discharged patients.
Calgary:	<ul style="list-style-type: none"> • Spread of Anticipated Date of Discharge (ADOD), Unit Councils and white boards. • Complete roll-out of all 11 CoACT milestones. • Patients are linked with an appropriate PCN for management of health issues, and linkage with community resources. Process for identification of patients appropriate for a PCN visit is initiated at Triage. • Initiated the Green Bar Project at select acute care sites, aimed at improving the inpatient transfer process for patients admitted from the ED to a unit/bed. Initiatives include the <u>Bed Blocking Delay Tracking Sheet</u>, <u>daily checks</u> and <u>weekly progress dashboards</u>.
Central:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives to improve ED Flow such as Rapid Assessment Zone (RAZ), use of Holter Monitors and diversion of patients directly to Cardiology Increased capacity of Minor treatment area. • Continue to encourage after-hours service coverage with local Primary Care Network. • Implement access and flow initiatives such as implement a modified Rapid Assessment Zone, expanded patient flow coordinators, opening 24/7 on the Short Stay unit, improve utilization of Medworxx to identify delays in service or care and standardize reports on barriers to patient's progress. • Cardiology takes calls from rural sites (cardiac navigation) to divert patients directly to the Cardiology department. • Collaborate with rural sites to repatriate patients and receive diverted ED admissions.
Edmonton:	<ul style="list-style-type: none"> • Develop a plan for trauma model as part of Major Trauma Program Planning. • Increase trauma team activations at RAH and UAH to 40%. • Implement Trauma Quality Improvement Program (TQIP) at UAH, RAH and Stollery Children's Hospital. • Developed a surge influenza plan.
North:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED. • Implement quality initiatives outlined in the Health Quality Council of Alberta EMS recommendations. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
SCN:	<ul style="list-style-type: none"> • Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015.

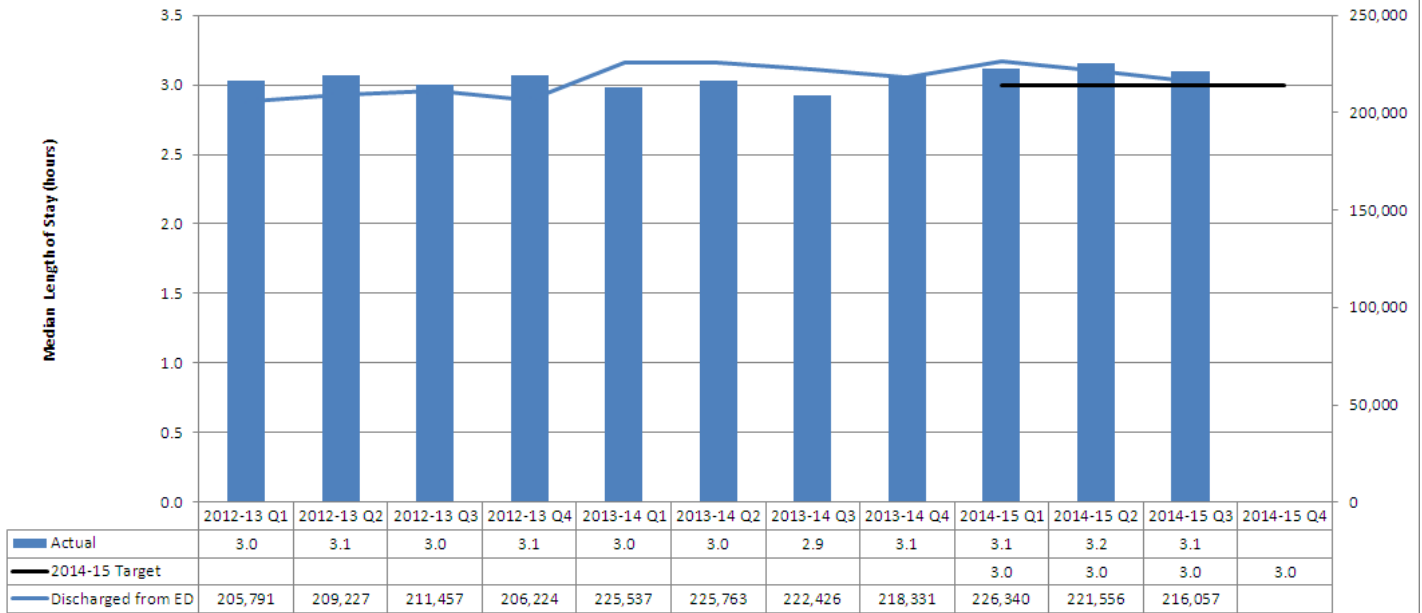
Analysis

- All zones have shown a slight increase in wait times due to system capacity issues.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised First Available and Appropriate Living Option (FAALO) policy.
- Keep action focused on patient flow initiatives realizing that improvement in performance may be realized over a longer period of time.
- Plans to increase continuing care beds underway.

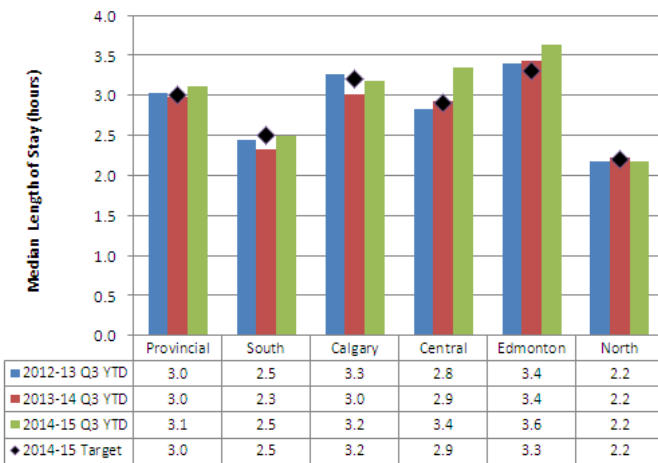
Emergency Department Length of Stay for Discharged Patients

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.

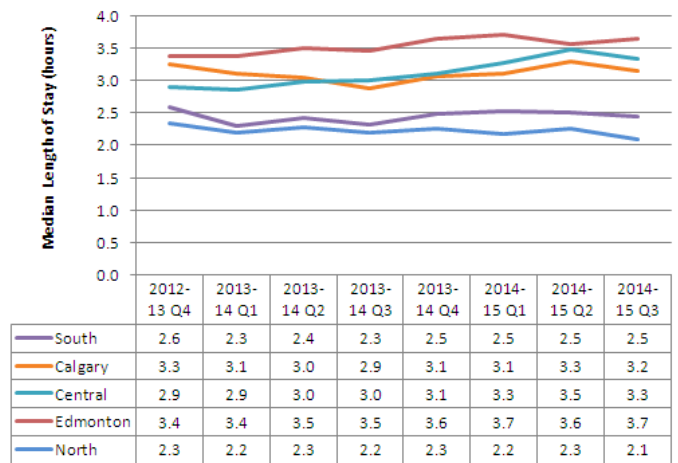
Provincial ED Length of Stay for Discharged Patients



ED LOS Discharges YTD Comparison



ED LOS Discharges Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Establish process for early identification of discharge needs expectation for discharge planning • Working with Lab & DI to reduce output delay caused by results not being available for discharge decision making • Working with SL4/LTC facilities to determine opportunities to reduce the number of days SL4/LTC beds are empty. • Matching peak activity levels with staffing & physicians levels in the ED. • Working to ensure that patients who visit ED from continuing care facilities are those who need emergency care. • Improving communication between ED and continuing care facilities. Prevention of unnecessary investigations and treatment for patients coming to ED from continuing care facilities. • Continuation of the Lethbridge Home Care support for ED and Outpatient IV and wound care work. • Standardize process among triage nurses and to remove unnecessary and/or non-value added steps and revise patient streaming criteria for ambulatory care to improve access for triage 3 patients. • Updated tracker system to provide better visual cues for patient flow e.g. completion of diagnostics, patient reassessments and physician specific tracker options. • Developing a formal process for flow of patients between rural hospital ED and clinic to ensure that the most appropriate care is provided in the most appropriate setting. Develop tools necessary to execute ongoing tracking and measurement to improve this relationship.
Calgary:	<ul style="list-style-type: none"> • Re-referral work from Emergency Department to Primary Care began as a partnership between the Calgary Foothills Primary Care Network and the Foothills Medical Centre as a result of the flood in Calgary in June 2013. This work continues and is offered beyond an after-hours timeframe solely, and continues to also address peak times such as influenza season and Stampede. • The results and outcomes of this work are being shared with other PCNs in terms of ensuring other potential areas of opportunity are connected.
Central:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives to improve ED Flow such as Rapid Assessment Zone (RAZ), use of Holter Monitors and diversion of patients directly to Cardiology Increased capacity of Minor treatment area. • Establish an ongoing Rapid Assessment Zone. • Cardiology takes calls from rural sites (cardiac navigation) to divert patients directly to the Cardiology department. • Initiated a review of Overcapacity Protocol to more accurately reflect expected actions and escalation within RDRH and Central Zone. • Initiated work with Clinical Quality Improvement (CQI) to develop a consistent approach between RDRH and rural sites for repatriation.
Edmonton:	<ul style="list-style-type: none"> • Completed pilot of EMS/Continuing Care and Palliative Care to reduce transports of palliative care patients to ED. • Opened Emergency Department and Ambulatory Clinics at Strathcona Community Hospital and begin capital project for the development of Addiction and Mental Health Outpatient Clinics. • Plan being prepared to have Ambulatory Care 7 days per week.
North:	<ul style="list-style-type: none"> • Continue implementing Emergency Department quality initiatives and flow/LEAN improvement projects including process improvement initiative focusing on mental health patients presenting to ED. • Implement quality initiatives outlined in the Health Quality Council of Alberta EMS recommendations. • Continue implementation of the Triple Aim project in Grande Prairie – focused on improving access and flow.
SCN:	<ul style="list-style-type: none"> • Completed review with AHS Analytics on the feasibility of collecting descriptive and throughput metrics. Plan is to standardize reporting and develop dashboards for display of ED data. Launch of dashboard planned for Spring 2015.

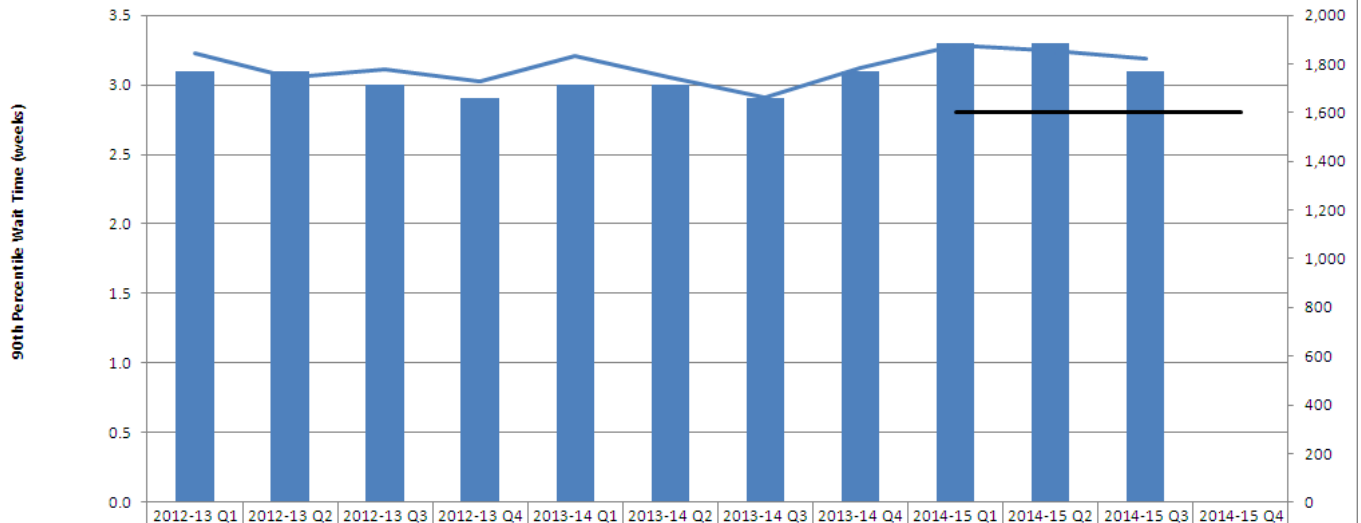
Analysis

- Q3 provincial results demonstrate a slight improvement since Q2.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised First Available and Appropriate Living Option (FAALO) policy.

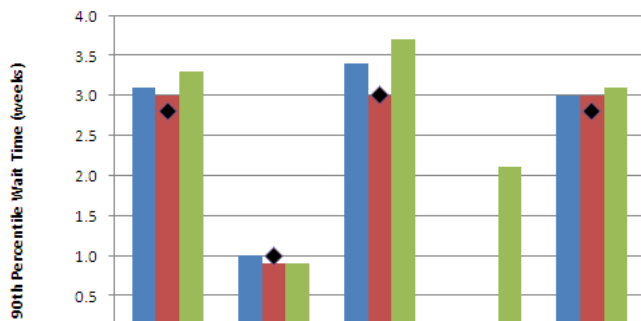
Access to Radiation Therapy

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.

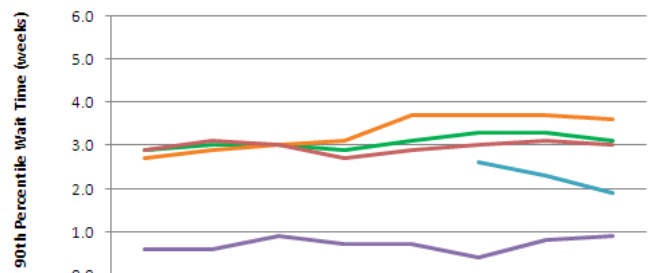
Provincial Radiation Therapy Access



Radiation Therapy YTD Comparison



Radiation Therapy Access Zone Trending



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.

Provincial Overview

Key Actions	
Cancer Care	<ul style="list-style-type: none"> Implement operational improvement initiatives at each of the tertiary and regional cancer centres to optimize the use of health professionals and resources with the goal of improving patients' access to treatment. Create a ten year Radiation Therapy Capital Equipment Replacement Plan. Lead an interprovincial collaborative for the purchase of radiation treatment units (Linacs) to optimize buying power and strengthen related services and support from equipment vendors. Expand the Radiation Therapy Corridor through completion of the third and final component of the Radiation Therapy Corridor project in Grande Prairie by 2017.

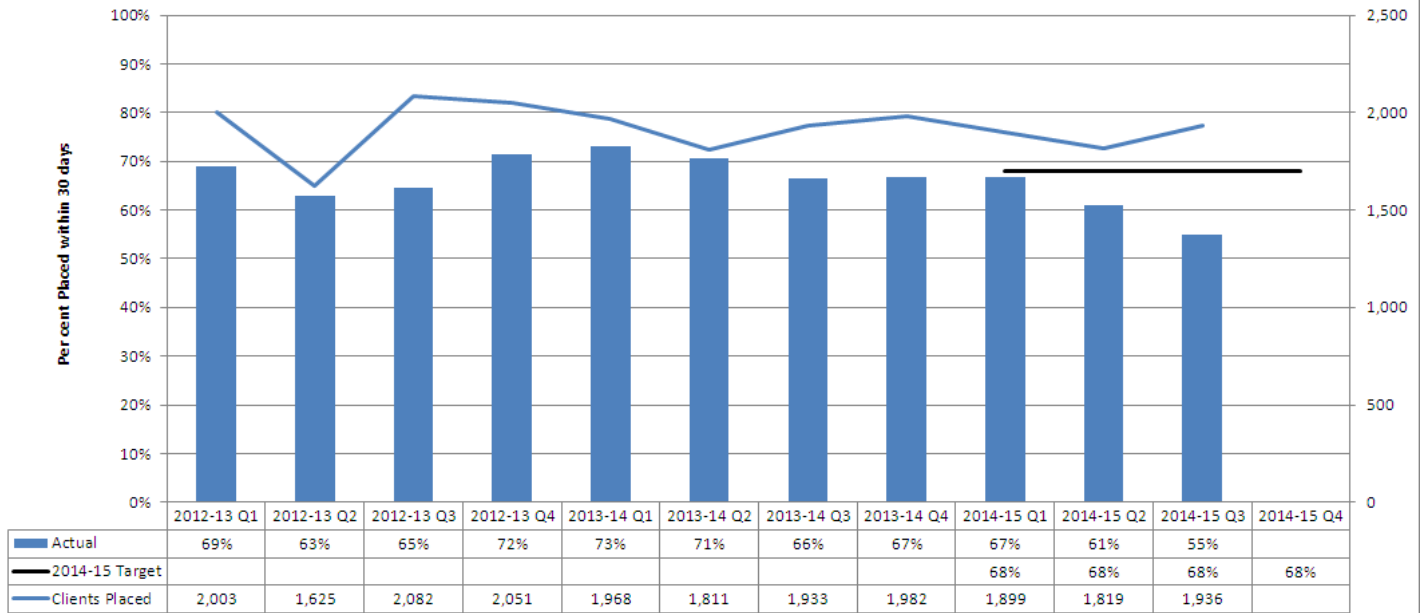
Analysis

- Q3 provincial result improved slightly from Q2.
- Long lead time for replacement of Linac equipment results in a reduction in radiation therapy capacity (10%) for greater than 12 months at a time.
- Limited functionality of older equipment also reduces capacity resulting in longer wait times for some radiation therapy services.
- Operational improvement initiatives are underway but will not be ready for implementation until later in the year.
- Grande Prairie Cancer Centre is scheduled to open in 2017.

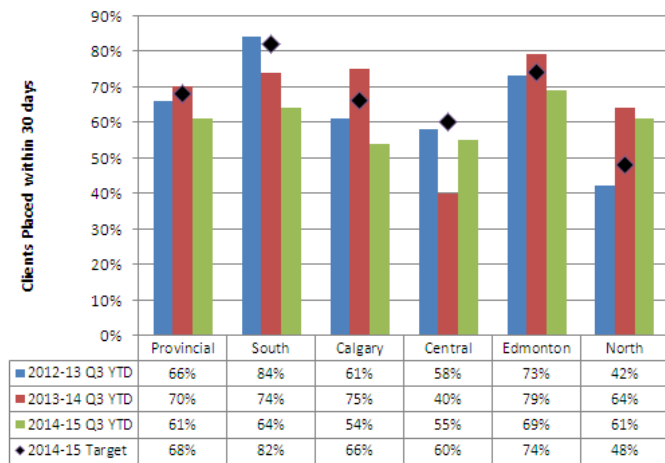
Continuing Care Placement

The percentage of clients admitted to a continuing care space (designated 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 (acute/sub-acute) or community.

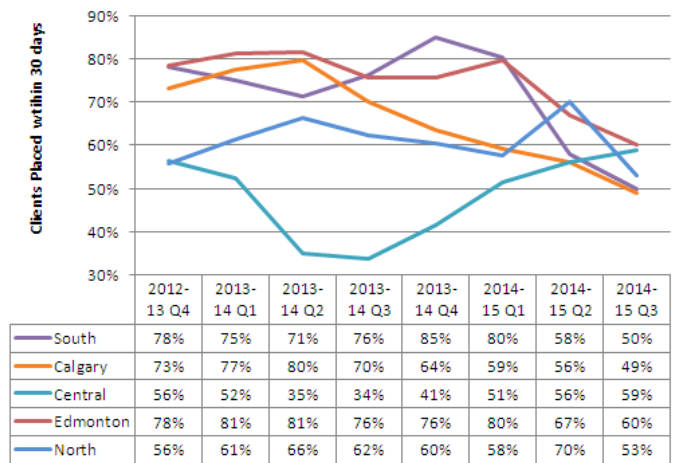
Provincial Continuing Care Placement



Continuing Care YTD Comparison



Continuing Care Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Continue implementation of the Seniors Continuing Care Capacity Plan. In 2014-15, as of December 31st 2014, South Zone opened 31 new Supportive Living spaces - 25 designated for dementia Alberta Health announced implementation of Continuing Care Beds: as of January 31st 2015, 12 restorative care spaces opened at Medicine Hat Regional Hospital. (These are included in the 31 spaces noted above.)
Calgary:	<ul style="list-style-type: none"> Continue implementation of the Seniors Continuing Care Capacity Plan. In 2014-15, as of December 31st 2014, Calgary Zone opened 540 continuing care spaces, 59 long term care spaces, 481 supportive living spaces - 149 designated for dementia. Alberta Health announced implementation of Continuing Care Beds: as of January 31st 2015, 173 spaces opened. (These are included in the 540 spaces noted above). Hospice contracts signed (extensions of existing capacity). Work with continuing care partners to identify hard to place patients and identify ways to repurpose or create different capacity for complex populations, determine alternate care streams for new supportive living build, and identify potential space for Persons with Developmental Disability (PDD) population and monitor use of C3 spaces for special seniors population. Complete implementation of Advanced Care Planning/ Goals of Care Designation and move into “business as usual”.
Central:	<ul style="list-style-type: none"> Continue implementation of the Seniors Continuing Care Capacity Plan. In 2014-15, as of December 31st 2014, Central Zone opened 6 supportive living spaces. Continue to develop continuing care capacity plan for Lloydminster in partnership with Prairie North Regional Health Authority. Identify communities, spaces and/or partners that can provide new continuing care spaces. New build in Olds planned to open February 2015.
Edmonton:	<ul style="list-style-type: none"> Continue implementation of the Seniors Continuing Care Capacity Plan. In 2014-15, as of December 31st 2014, Edmonton Zone opened 119 supportive living spaces, 5 designated for dementia. Alberta Health announced implementation of Continuing Care Beds: as of January 31st 2015, 88 spaces opened. (These are included in the 119 spaces noted above). Implement and evaluate Restorative Care Demonstration Unit at CapitalCare Norwood. Implement and evaluate Care Management Optimization in Home Living and Transition Services. Creation of moveEZ Communiqué one-pagers to relay messaging regarding the importance of functional mobility. Establish 6 hospice beds at Westview Health Centre to ensure right care in the right place and reduce acute care utilization for end of life care. Increase home care capacity.
North:	<ul style="list-style-type: none"> Continue implementation of the Seniors Continuing Care Capacity Plan. In 2014-15, as of December 31st 2014, North Zone opened 29 supportive living spaces. Definition and funding model for Restorative Beds is complete. Proposal submitted to address Minister’s request for additional Continuing Care spaces. Develop and begin implement coordinated placement model.

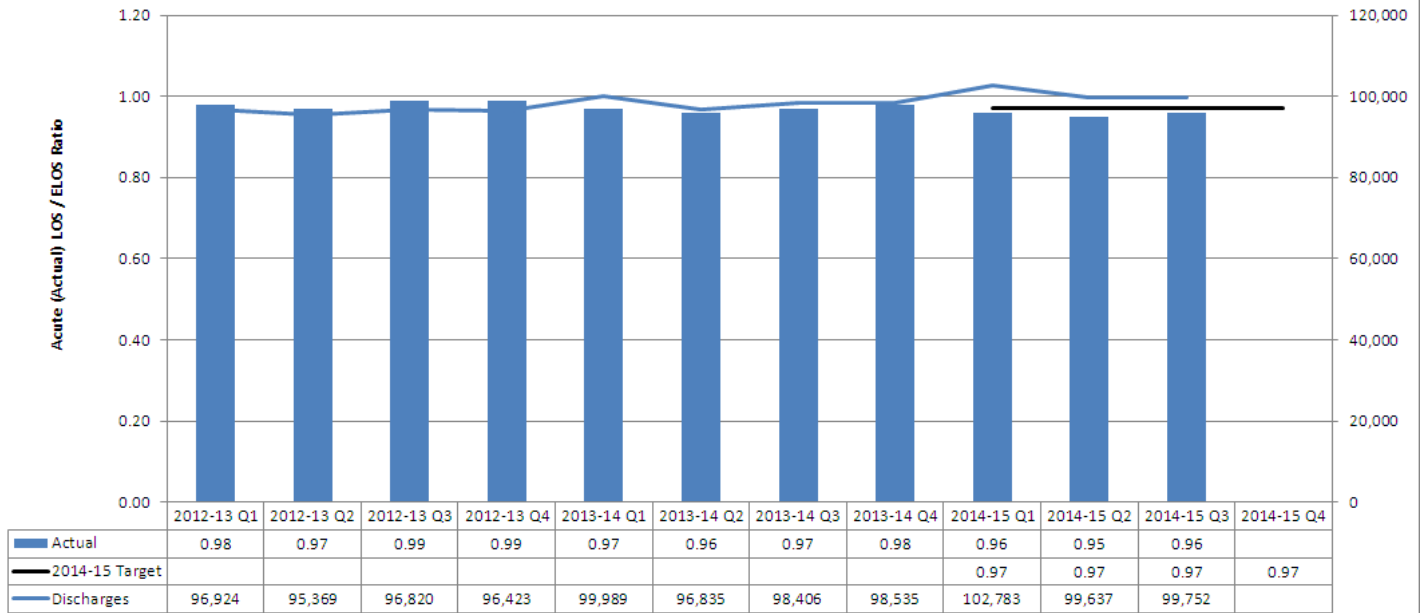
Analysis

- Provincially less people are being placed within 30 days due to system capacity issues.
- Rescinding of First Available and Appropriate Living Option (FAALO) policy increased number of inpatient waiting for continuing care placement in acute care units causing the number of Emergency Inpatients to increase reducing flow.
- Work is underway on a revised First Available and Appropriate Living Option (FAALO) policy.
- The number of people waiting in acute care for continuing care placement has increased by 402 individuals from last Q3 2013/14 (n=1,152) to Q3 2014/15 (n=1,554).
- From April 2014 to December 2014, over 700 net new continuing care beds have been opened across the province.
- Since April 2010, as of December 31, 2014, we've added more than 4,100 spaces to the continuing care system, and more spaces will continue to be added in the coming years.
- Work in underway to develop restorative care, a multi-program approach to restoring a person’s abilities to a level that makes independent living an option.

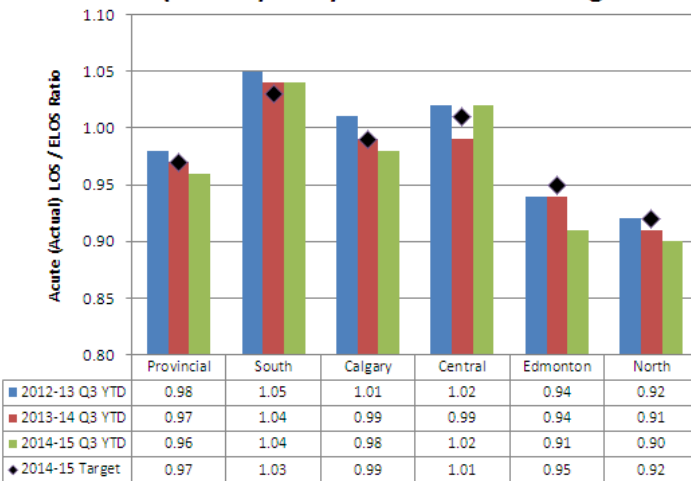
Acute (Actual) Length of Hospital Stay Compared to Expected Stay

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.

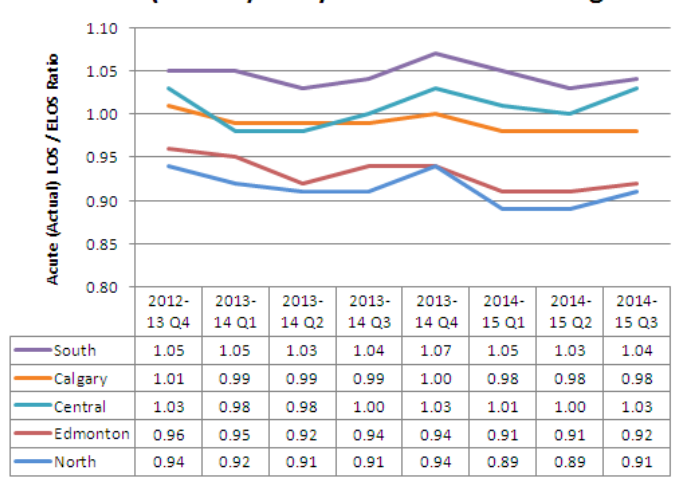
Provincial Acute (Actual) LOS to Expected LOS Ratio



Acute (Actual) LOS / ELOS YTD Trending



Acute (Actual) LOS / ELOS Zone Trending



Acute (Actual) 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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Continue implementation of CoAct and patient flow initiatives. Identification of obstacles and reasons for delays with new IV antibiotic orders for sepsis NYD and/or uro-sepsis and/or test changes and implement process changes to eliminate or reduce these delays. Using the IHI hospital waste identification tool- ward module, a pilot study will be conducted on CRH Unit 3C to determine any areas of waste associated with bed utilization (physician led project). Developing Patient Flow Boot Camp as part of the Patient Flow spread & sustainability plan to new flow team members, physician champions and 2-3 rural acute care teams not previously involved in patient flow. Continue to work with contracted providers to add additional continuing care capacity in the community and to identify opportunities to reduce the number of days SL4/LTC beds are empty.
Calgary:	<ul style="list-style-type: none"> Continue implementation of CoAct and patient flow initiatives. Increase acute care capacity – Medicine Beds.
Central:	<ul style="list-style-type: none"> Continue implementation of CoAct and patient flow initiatives such as Rapid Rounds 7 days a week. Implementation of restorative care programs underway at select sites. Optimize Medworxx to support flow and safe discharge.
Edmonton:	<ul style="list-style-type: none"> Continue implementation of CoAct and patient flow initiatives. Increase acute care capacity – Medicine Beds.
North:	<ul style="list-style-type: none"> Continue implementation of CoAct and patient flow initiatives. Continue implementation of discharge planning tools such as the rural discharge planning model.
Strategic Clinical Networks:	<ul style="list-style-type: none"> Implement new and consistent ways of managing care before, during, and after specific colorectal surgeries by focusing on mobility, nutrition, hydration and pain management (Enhanced Recovery After Surgery - ERAS). Implement Elder Friendly care units at specific sites.

Analysis

- Overall, the provincial results have improved and are better than target.
- We have improved the average LOS of its patients relative to their ELOS compared to previous years, bringing this ratio below one in 2012-13. This performance has been improving, but there is still opportunity for improvement for this ratio to increase efficiency in our hospitals.

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 Target	2015-16 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 Update for Q3 2014-15 as this is an annual measure.

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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Work with Primary Care Networks and Lab regarding options to increase uptake of FIT, targeting clinics with low FIT test return rates. • Provide education for primary care physicians on the use of FIT testing. • Monitor and evaluate FIT testing implementation. • Develop and implement clear follow-up processes for patients with positive FIT results.
Calgary:	<ul style="list-style-type: none"> • Work with Primary Care Networks and Lab regarding options to increase uptake of FIT, targeting clinics with low FIT test return rates. • Provide education for primary care physicians on the use of FIT testing. • Monitor and evaluate FIT testing implementation. • Develop and implement clear follow-up processes for patients with positive FIT results.
Central:	<ul style="list-style-type: none"> • Implement FIT Testing across the zone as the average risk colon cancer screening tool. • Develop a coordinated approach to colonoscopies that addresses provincial standards for colon cancer screening. • Participate in Provincial Alberta Colorectal Cancer Screening Program (ACRCSP) quality monitoring workshop. • Work with Family Care Clinics, physicians and Primary Care Networks to enhance case management of early discharge and early detection of cancer for colorectal (FIT). • ORM on-line reporting module has been developed and installed in all rural facilities who complete colonoscopy screening in OR settings.
Edmonton:	<ul style="list-style-type: none"> • Increased uptake has occurred such that patients requiring colonoscopies post FIT wait times have increased. There has been an uptake of FIT testing in the Edmonton Zone (approximately 43% of all provincial samples) with 10% of all samples testing positive. • Developed a new plan to reallocate resources from low uptake site to high uptake site. • Continue to book mobile breast screening clinics in rural communities. • Birth Control Centre offers cervical cancer screening to clients during clinic visits for contraception as per provincial screening guidelines. • Working with Family Care Clinic to provide cervical cancer screening to attached patients that fit the criteria. • Continue to enhance ability to utilize ambulatory EMR (eClinician) to trigger early detection.
North:	<ul style="list-style-type: none"> • Continue delivering community cancer screening programs (e.g. mobile screening services, cervical screening, fecal immunochemical test, colonoscopy). • Work with communities to prioritize actions, monitor progress and evaluate interventions. • Implement the Enhanced Access to Cancer Screening Pilot Project and spread the evaluation findings across communities. • Expand cancer screening to First Nation communities to improve access to services. • Continue to promote Toward Optimized Practice's panel management/screening program for PCNs during business planning. • Screen Test mobile mammography services delivered to 10 communities. Mobile Announcement Letters, informing communities of upcoming Screen Test visits, delivered to 6 communities.

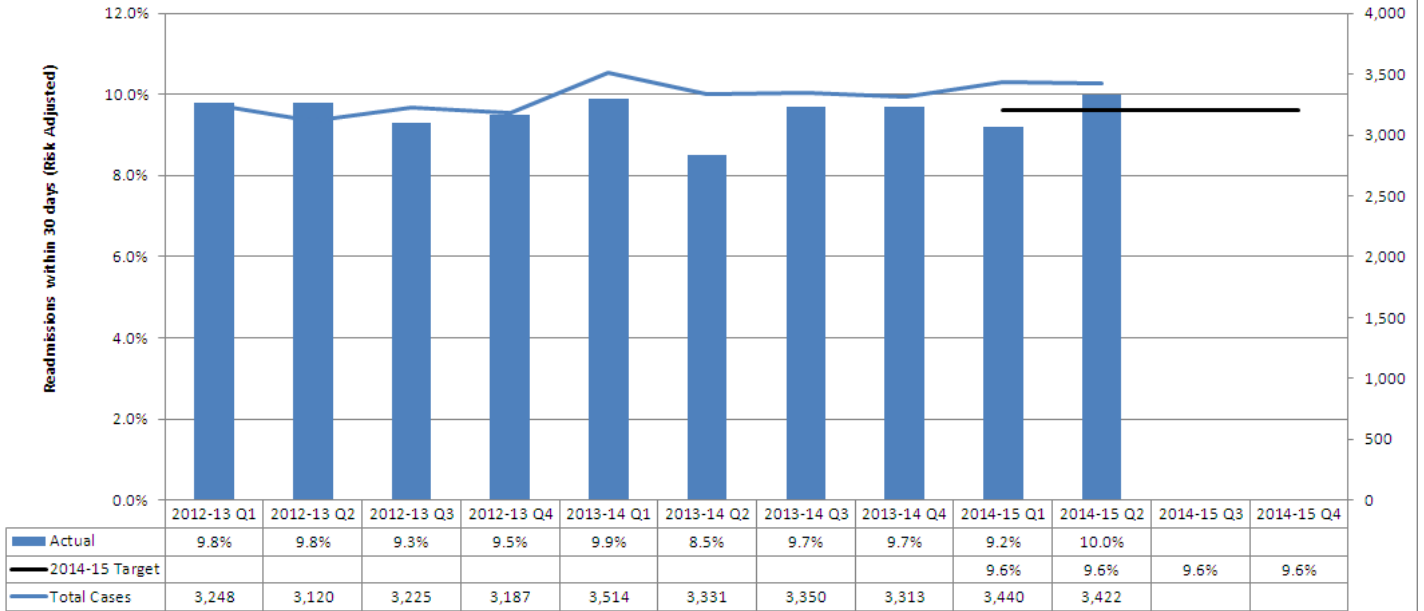
Analysis

- Data is published annually.
- The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individual's knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions.
- Continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program.
- Work is underway within the zones to offer cervical cancer screening to clients during clinic visits as per provincial screening guidelines.
- Working with primary care physicians and PCNs to build awareness.
- Cancer Screening programs will distribute Mobile Announcement Letters to specific sites to increase participation in Screen Test.
- Additional physician targeted communications and opportunities are planned to increase awareness.

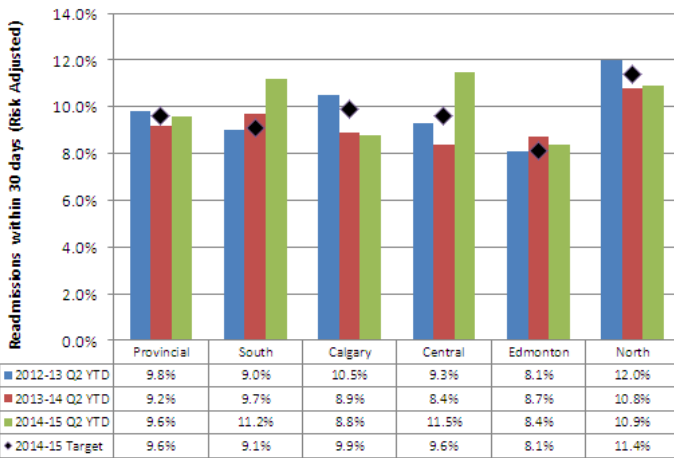
Mental Health Readmissions

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.

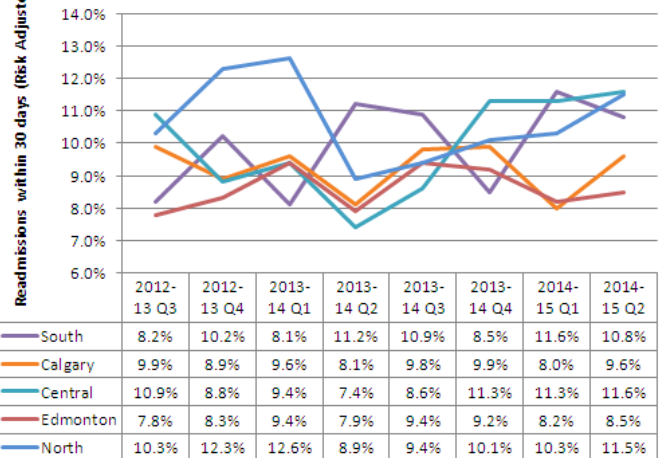
Provincial Mental Health Readmissions



Mental Health Readmits YTD Comparison



Mental Health Readmits Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> • Develop and implement pediatric mental health algorithm to admit violent, and flight risk patients in addition to the medical stabilizing OD/Suicide risk. • Redesign of intake process for adult mental health services for community services. Redesign based on care provided to patients with a concurrent capable model of care. • Implementation of suicide policy suite underway. • Streamline services from intake to therapy for domestic violence offenders referred by the court system. • Working with Primary Care Networks to develop approaches to enhance case management for patients with complex needs.
Calgary:	<ul style="list-style-type: none"> • Open new adolescent mental health inpatient beds • Repurpose 14 bed inpatient adolescent mental health unit. • Contact patients within 7 days of discharge to provide post-discharge support and reinforcement of discharge recommendations. • Reduce hospitalization for Community Treatment Orders (CTO) clients with a mental disorder one year post CTO issuance. • Planning underway for a Day Hospital at the South Health Campus. Anticipated completion date April 2015.
Central:	<ul style="list-style-type: none"> • Work with Family Care Clinics, physicians and Primary Care Networks to enhance case management of individuals with mental health concerns. • Develop Mental Health Service Planning as part of the Long Range Service Plan.
Edmonton:	<ul style="list-style-type: none"> • Consolidate and expand existing community addiction and mental health services into three new clinic locations outpatient clinics (Leduc, Forensic Community Services and Strathcona Community Hospital). • Commence the Community Urgent Services and Stabilization Team commenced which includes an Urgent Psychiatric Clinic, Crisis Response, Home Based and Clinic Assessment and stabilization as well as Social Work and Addiction Counsellors. • Capital planning required for new bed capacity at AHE and the RAH. • Implement an integrated electronic health record (eClinician) in all community, ambulatory and outpatient services. • Develop a provincial model on opioid dependency programming.
North:	<ul style="list-style-type: none"> • Complete Addiction and Mental Health Strategic and Operational Plan. • Develop Aboriginal Mental Health Strategy and action plan (service area based action planning). • Initiate recruitment of aboriginal mental health traveling team comprising of an aboriginal mental health cultural helper and therapist. • Project charter for Mental Health Readmissions as part of the operational plan is complete and has identified three pilot sites: Lac La Biche, Cold Lake and McLennan.

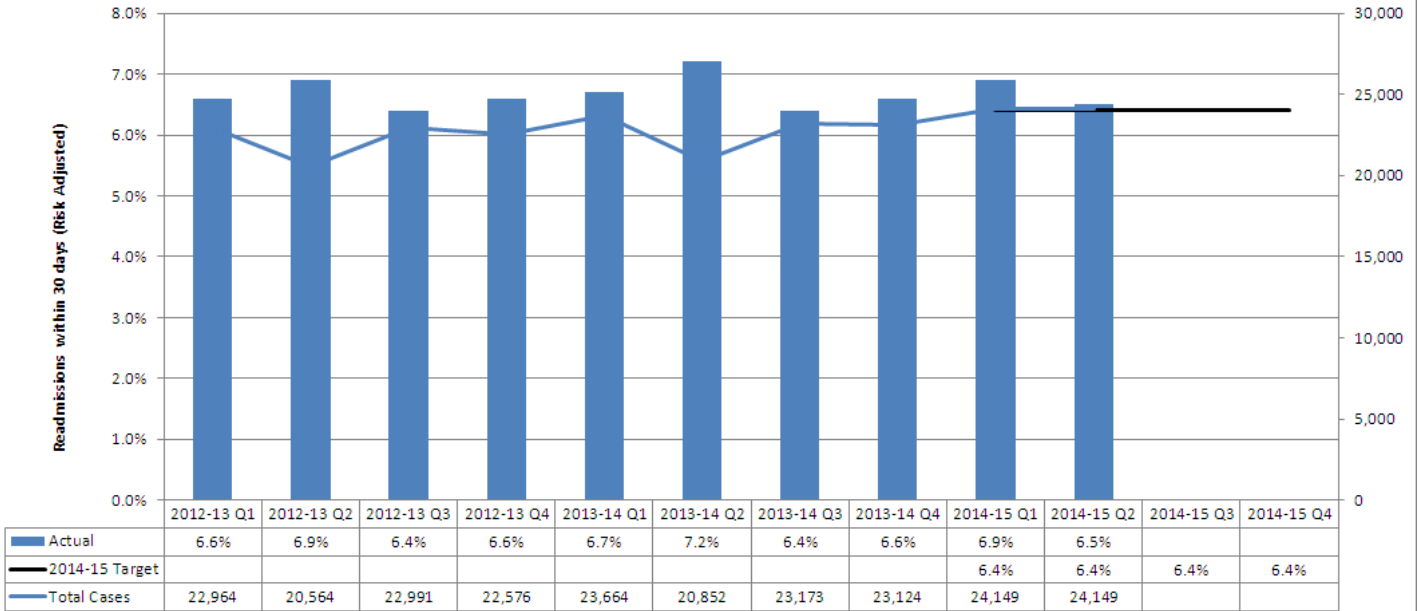
Analysis

- Q2 year-to-date results are at target provincially.
- Leverage technology and innovative outreach programs. Expand and enhance current efforts: telehealth, mobile clinics, outreach teams, mobile crisis response team.
- Continue to expand/enhance more formal contracts/ partnership for collaborative service delivery in Aboriginal communities.

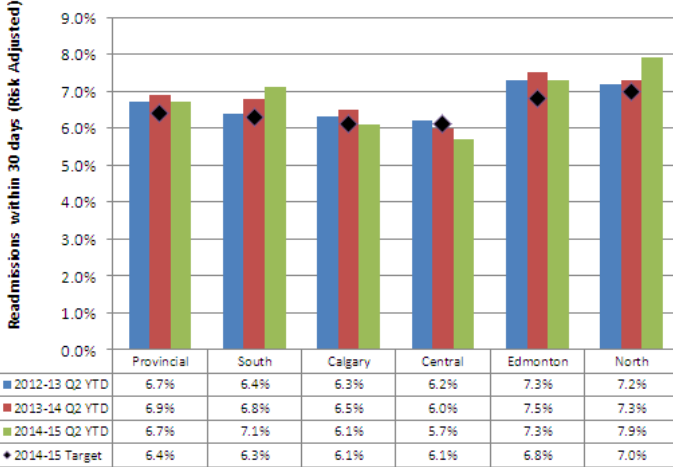
Surgical Readmissions

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.

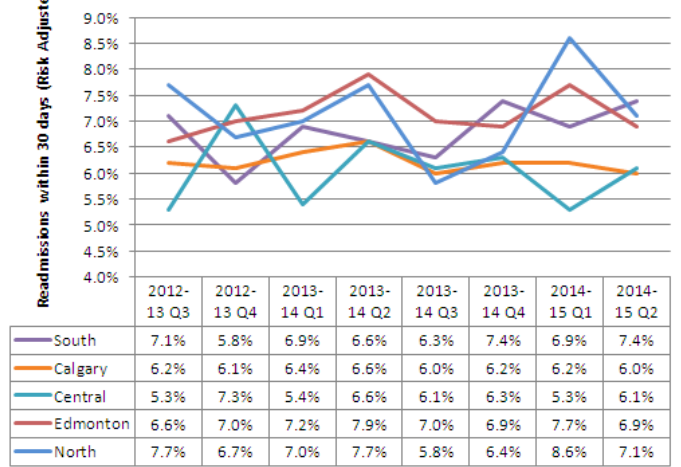
Provincial Surgical Readmissions



Surgical Readmits YTD Comparison



Surgical Readmits Zone Trending



Surgical 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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Provincial Rural Obstetrical & Surgical Planning Guidelines have been shared with zone leadership. Implementation of the American College of Surgeons National Surgical Quality Improvement Program (NSQIP)/ Trauma Quality Improvement Program (TQIP) to improve surgical and trauma care. Physician engagement ongoing to establish reporting and accountability structure. Phone follow up with all Total Joint patients for case management until the Service is transferred to the Total Joint Clinic in Lethbridge.
Calgary:	<ul style="list-style-type: none"> Increase capacity for Alberta Thoracic Oncology Program (ATOP) surgeries (cancer surgery). Monitor volumes and impact on wait times and inpatient bed resources. Utilize aCATS data to prioritize wait lists and plan for additional surgical capacity.
Central:	<ul style="list-style-type: none"> Protocols and standards falls risk management (FRM) strategies shared with zone leadership. Implement and sustain medication reconciliation (MedRec) in all settings. Implement NSQIP is underway. Fully implemented Safe Surgical Checklist. Conduct a gap analysis for colorectal and other surgery practices using ERAS Enhanced Recovery After Surgery protocols. Develop a zone based obstetrical and surgical service plan.
Edmonton:	<ul style="list-style-type: none"> Complete Surgical and Operative Services Planning. Implement additional capacity for cancer surgery and associated beds. Implementation plan underway of new Enhancing Recovery After Surgery (ERAS) protocols including major gynecology and urology procedures. Implement Head and Neck Pathway, and Hip Fracture pathway.
North:	<ul style="list-style-type: none"> Work to support the Surgery Strategic Clinical Network in development of a provincial surgical service planning framework to guide surgical planning and decision making. Implement recommendations for reprocessing and sterilization.
Strategic Clinical Networks:	<ul style="list-style-type: none"> Continue implementation of the Safe Surgery Checklist. Continue implementation of Adult Coding Access Target for Surgery (aCATS) which standardizes surgical wait times based on patient's condition and level of urgency. Continue implementation of Enhancing Recovery After Surgery (ERAS) for colorectal surgeries. Develop and implement standardized pathways to decrease system demands on length of stay (e.g. hip fracture pathway, rectal cancer pathway, head and neck surgical pathways). Implement the National Surgical Quality Improvement Program (NSQIP) and the Trauma Quality Improvement Program (TQIP).

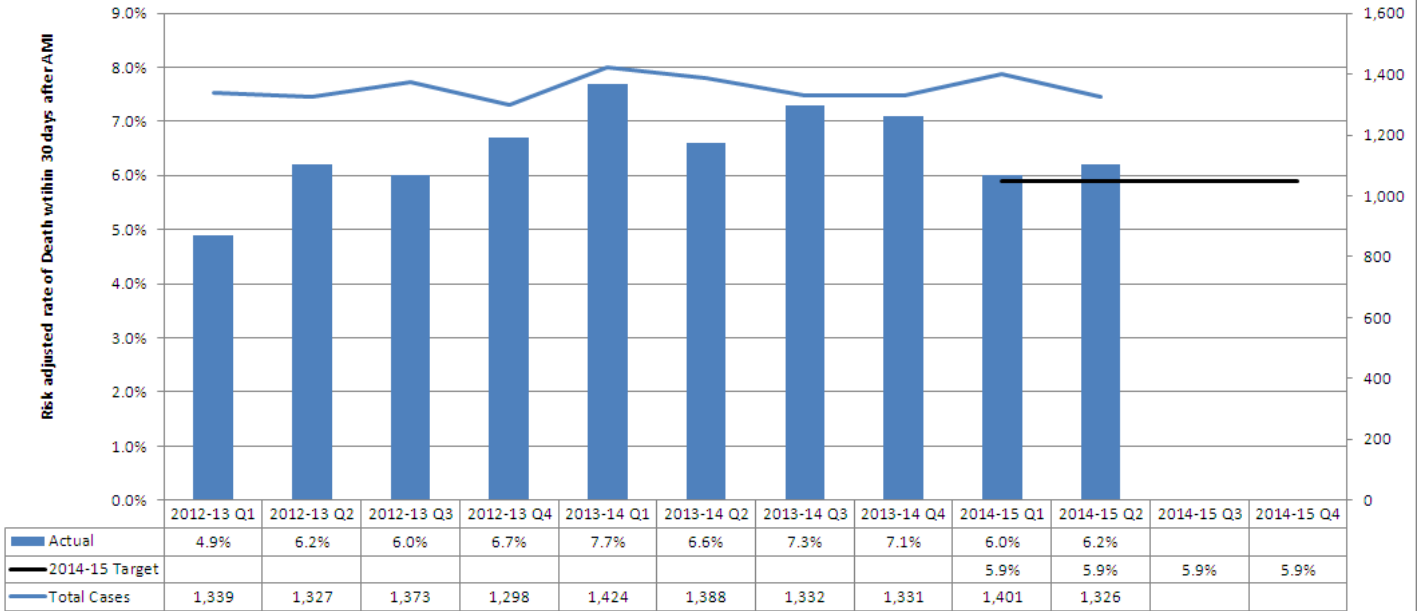
Analysis

- Q2 year-to-date provincial is slightly above targets.
- The Enhanced Recovery After Surgery (ERAS) project provides consistent ways of managing care before, during and after surgery with an aim of helping patients stay strong physically and mentally, improving recovery time and reducing complications which will ultimately reduce readmissions.
- The implementation of the NSQIP program has consistently led to fewer complications and improvements in morbidity and mortality.

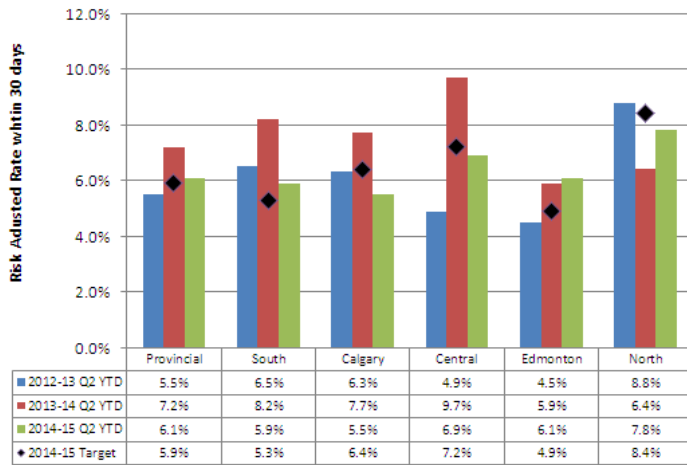
Heart Attack Mortality

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.

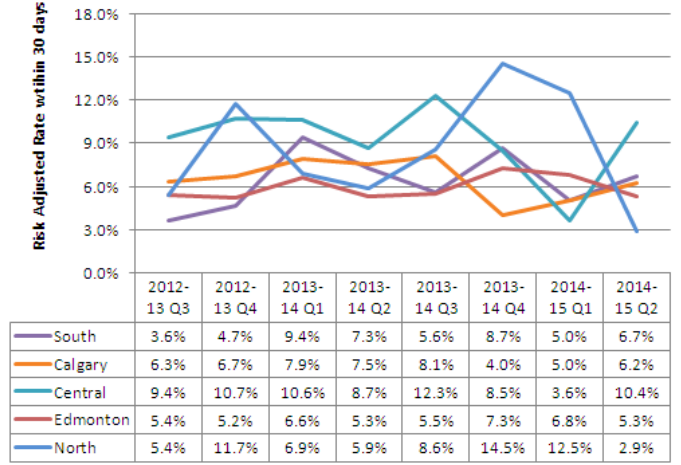
Provincial Heart Attack Mortality



Heart Attack Mortality YTD Comparison



Heart Attack Mortality Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Following best practice guideline for Non ST Segment Elevation Myocardial Infarction (NSTEMI).
Calgary:	<ul style="list-style-type: none"> Focus on strategies that address heart attack mortality, such as implementation of projects including improving ED times (door-to-needle time). Potential collaboration with Emergency Department SCN on STEMI (ST segment elevation myocardial infarction) quality improvement initiative. Provide Quality Improvement through direct feedback with teams involved in heart attack care.
Central:	<ul style="list-style-type: none"> Continue implementation of quality initiatives on such as New Cardiac “Heart Attack Month-Unit 22”. Implement Medworxx as single point of entry. Undertake review and needs assessment for a Cardiac Catheterization Lab/ Interventional Cardiology Service. Develop provincial chest pain protocol. Review with Cardiovascular Heart and Stroke SCN on low risk chest pain approach completed.
Edmonton:	<ul style="list-style-type: none"> Focus on strategies that address heart attack mortality such as implementation of projects including improving ED times (door-to-needle time). Provide Quality Improvement through direct feedback with teams involved in heart attack care. New STEMI order under development and implementation plan in progress. Ongoing education provided to NAIT paramedic students with the goal of embedding STEMI best practices in their education.
North:	<ul style="list-style-type: none"> Increase uptake of NSTEMI (non-ST segment elevation myocardial infarction) order sets to achieve provincial best practice standards. Continue to liaise with Primary Care Networks and Family Care Clinics to promote participation in C-CHANGE guideline implementation. Continue to engage community pharmacies and provide education on screening and early vascular risk management. New partner, Alberta Newsprint Company, has been secured on the vascular risk screening and early management demonstration project.

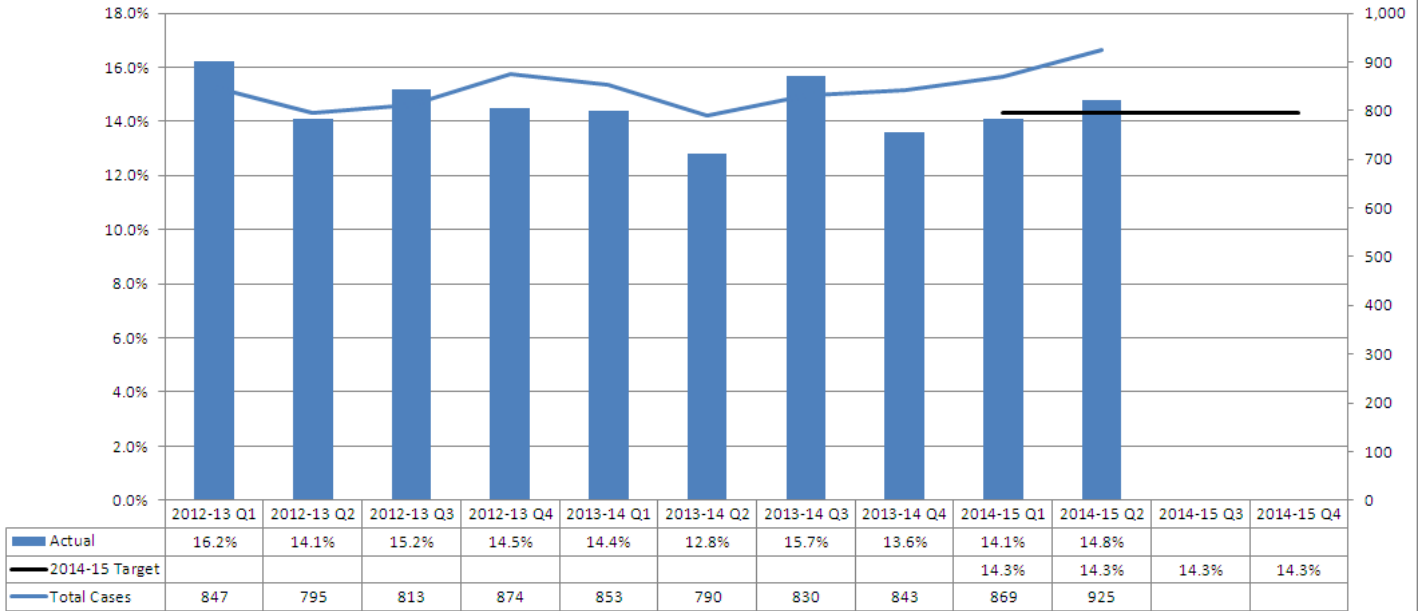
Analysis

- Provincially, the Q2 year-to-date rate has improved (6.1%) when compared to 6.6% in Q2 year-to-date last year.

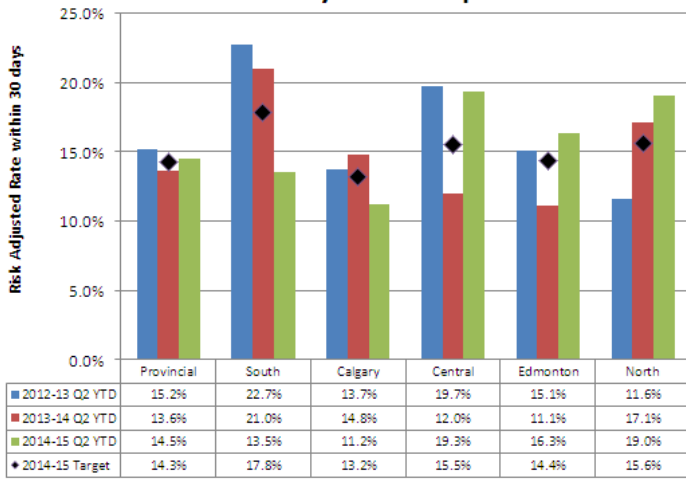
Stroke Mortality

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.

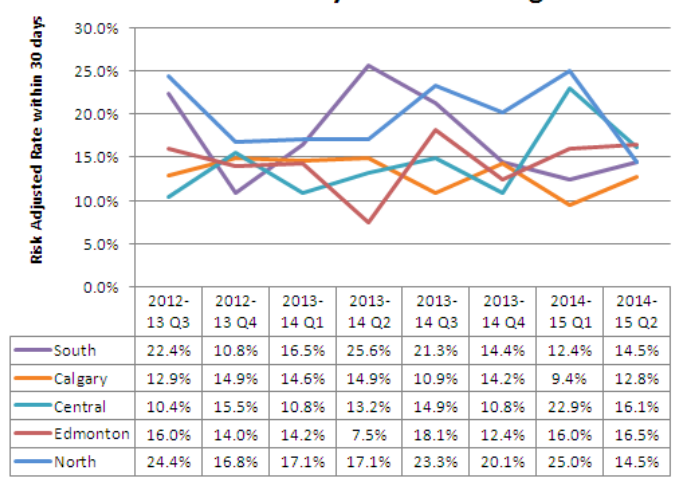
Provincial Stroke Mortality



Stroke Mortality YTD Comparison



Stroke Mortality Zone Trending



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.

Provincial Overview

Zones	Key Actions
South:	<ul style="list-style-type: none"> Continue implementation of Rural Stroke Action plan: Early Supportive Discharge (ESD) and Stroke Unit Equivalent Care (SUEC) and Community support of stroke patients.
Calgary:	<ul style="list-style-type: none"> Continue improvement in Door-to-Needle (DTN) times for tPA for acute stroke; and a reduction in median DTN times resulting tPA access and DTN time improvements commended in Calgary Stroke Program Accreditation/Canada Stroke Distinction report. Increase access to Stroke Unit Care associated with improved flow from Early Supported Discharge (ESD) and Central Stroke Rehab Coordination <ul style="list-style-type: none"> Incorporate quality review of Alberta stroke strategy guidelines in action plan including Stroke Unit Equivalent Care at primary stroke centres Cardiovascular Health & Stroke: Implement the Rural Stroke Action Plan: Stroke Unit Equivalent Care is expected to reduce mortality by 15% (Edmonton, North, Central, South and Calgary).
Central:	<ul style="list-style-type: none"> Continue Early Supported Stroke Discharge (ESD) and program monitoring and evaluation of ESD pilot. Implement Stroke Unit Equivalent Care at primary stroke centres through adherence to standards created for small urban and rural Primary Stroke Centres that follow. Work with SCN to evaluate stroke services in comparison to Canadian Stroke Best Practice Guidelines (CSBPG).
Edmonton:	<ul style="list-style-type: none"> Continued improvement in Door-to-Needle (DTN) times for tPA for acute stroke; and a reduction in median DTN times. Increase access to Stroke Unit Care (SUEC) associated with improved flow from Early Supported Discharge (ESD) and Central Stroke Rehab Coordination. Incorporate quality review of Alberta stroke strategy guidelines in action plan including Stroke Unit Equivalent Care at primary stroke centres. Implement the Rural Stroke Action Plan: Stroke Unit Equivalent Care is expected to reduce mortality by 15%. Increase access to same day assessment for high risk TIA pts (24 hours). Maintain the Stroke Service of Distinction Award from Accreditation Canada. Work with non-stroke sites to ensure stroke neurology consultation is obtained urgently and patients are transferred.
North:	<ul style="list-style-type: none"> Engage stakeholders and develop an implementation plan for Stroke Unit Equivalent Care within six Primary Stroke Centres (PSC's) and one non-PSC site across the NZ. Engage stakeholders and develop an implementation plan for Stroke Early Supported Discharge from QEII Regional Hospital. Continue to liaise with PCNs and FCCs to promote participation in C-CHANGE guideline implementation. Continue to engage community pharmacies and provide education on screening and early vascular risk management. New partner, Alberta Newsprint Company, has been secured on the vascular risk screening and early management demonstration project.
Strategic Clinical Networks:	<ul style="list-style-type: none"> Calgary and Edmonton stroke centres are participating (as mentors) in the in the Stroke Action Plan (SAP) Learning Collaborative.

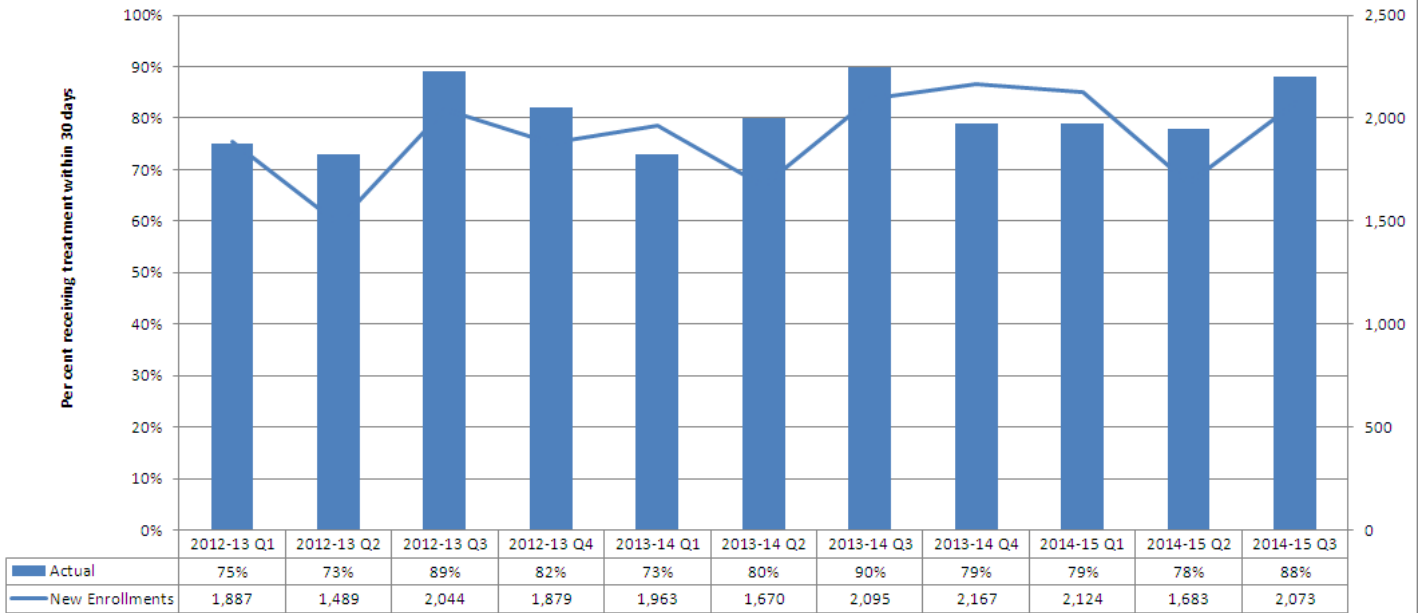
Analysis

- Provincially, the Q2 year-to-date rate has moved away from the target (14.5%) when compared to 12.8% in Q2 year-to-date last year.
- Stroke unit capacity, access and patient flow need in some sites need to be enhanced.
- Some Stroke Prevention Clinics (SPC) have standard business hours, (i.e., 5-day a week operations); balancing seeing patients in clinic as opposed to the Emergency Department for rapid assessment.

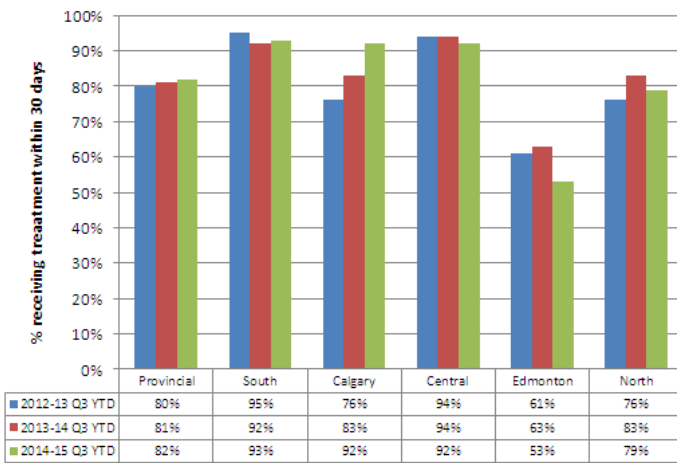
Child Mental Health Access (DTT)

Percent of children aged 0 to 17 years who have been referred for scheduled mental health services and have had a face to face assessment with a mental health therapist within a thirty day period from referral.

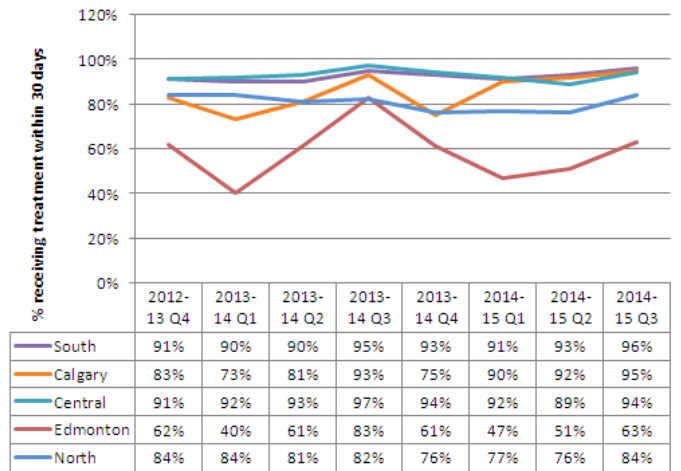
Provincial Child Mental Health Access (DTT)



Child Mental Health Access (DTT) YTD Comparison



Child Mental Health Access (DTT) Zone Trending



Specific zone actions will be provided in Q4.