



2016-17

Alberta Health Services
Q1 Performance Measure Update

Prepared by AHS Planning & Performance and AHS Analytics
Revised September 27, 2016

Executive Summary

AHS' 13 performance measures were established in collaboration with Alberta Health (AH). The measures reflect a balance across the spectrum of health care and accurately reflect health system performance. They were developed to enable us to compare AHS performance nationally. The measures play a key role in advising staff and physicians about our progress and where we may need to adjust actions to achieve the identified targets; they also help in communicating with Albertans about the value provided by health funding expenditures.

The performance measures are aligned to the Alberta Quality Matrix for Health, developed by the Health Quality Council of Alberta (HQCA), which describes six dimensions of quality: acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

The 2016-17 targets were established in the AHS 2016-17 Health Plan and Business Plan. These performance targets help us measure our progress and improve the health system.

Measure definitions are located on AH's PMIS (Performance Measures Information System) performance measure definition website at www.health.alberta.ca/newsroom/PMIS-Definitions.html. Definitions have been developed by AH and AHS.

AHS continues to see volume increases. The demand for services continues to increase within the province as shown within the volume tables below each measure. Initiatives within AHS are being put in place in an effort to not only move measures toward their targets, but also to compensate for these increases in demand.

The Q1 performance report represents two different timeframes:

- **Nine measures reported quarterly – updated as of Q1 (April 1, 2016 to June 30, 2016).** North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.
- **Four measures reported quarterly – updated as of Q4 year to date (YTD).** These measures rely on patient follow up after a patient's original discharge date for a period up to 90 days. Therefore, reporting results reflect patients discharged in an earlier time period (i.e., Q4 YTD).
- Four annual measures have been removed from quarterly reports and will be updated in the AHS Annual Report.
 - Satisfaction with Long-Term Care (reported by an external source - HQCA), updated every two to three years.
 - Early Detection of Cancer (Alberta Cancer Registry Data) most recent data is from 2014.
 - Heart Attack Mortality and Stroke Mortality results fluctuate significantly quarter to quarter given the small denominators associated with these measures. Therefore, these measures will be reported annually.

Summary Results

Many of the measures are aligned to national benchmarks, so that Albertans can see how their health system is performing compared to the rest of Canada. Each measure has an associated target which represents our progression to approaching the performance we see in other provinces or to a particular standard. The current set of measures is a strong reflection of health system performance.

National Comparison: When we compare nationally with 2014-15 data, Alberta is ranked high for several measures:

- ✓ *Clostridium difficile* Infections (CDI) – better than national results
- ✓ Hospital Mortality – same as national rate; 3rd best out of 10 provinces
- ✓ Access to Radiation Therapy – 3rd best out of 9 provinces
- ✓ Acute Length of Stay/Expected Length of Stay (ALOS/ELOS) – 3rd best out of 9 provinces
- ✓ Mental Health Readmission – better than national rate; 2nd best out of 10 provinces
- ✓ Surgical Readmission – same as national rate; 5th best out of 10 provinces (compared to 7th in 2013-14)
- ✓ Emergency department length of stay for admitted patients – 2nd best out of 5 provinces (in 2015-16)

The following interpretation is provided on 13 measures quarterly. AHS recognizes achieving target as a positive accomplishment regardless of performance deterioration from the same period last year. Measures are grouped into three categories:

1. Target achieved (regardless of performance comparison).
2. Performance improved or maintained from the same period last year.
3. Performance deteriorated from the same period last year.

Four performance measures *achieved target*:

1. Hospital Mortality (HSMR)
 - ✓ HSMR achieved the target with several zone initiatives underway to address this work, such as implementation of clinical pathways; conducting pressure ulcer assessments; implementing infection, prevention and control and hand hygiene initiatives to reduce Hospital Acquired *Clostridium difficile* Infections (CDI) and other infection rates; and implementing National Surgical Quality Improvement Program / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care through the Strategic Clinical Networks. Also, AHS is working in several ways to continue to reduce in-hospital deaths, including Medication Reconciliation to ensure each patient has a complete and accurate medication list throughout their care journey.
2. Emergency Department Length of Stay (ED LOS) Admitted
 - ✓ ED LOS Admitted target was achieved in Q1. Work continues on CoACT implementation in all zones which will demonstrate a positive impact on efficiency and ED flow. AHS has created care units in some of its urban hospitals – called the Rapid Transfer Unit in Edmonton and the Rapid Access Unit in Calgary. These units are located next to the EDs and allow care providers to observe patients receiving treatments for a longer period of time, with the goal of being able to send them home rather than admit them to hospital.

3. Continuing Care Placement

- ✓ The target for placing clients in continuing care within 30 days was achieved in Q1. Work continues across the province to implement the Seniors Health Continuing Care Capacity Plan. Since April 2010, AHS has added 5,315 spaces to the continuing care system, and more spaces will continue to be added in the coming years. In Q1, AHS has opened 68 continuing care spaces including 52 supportive living 4 dementia beds supporting seniors with dementia.

The following measure reports quarterly with fourth quarter year to date data (April 1, 2015 to March 31, 2016). Some measures are reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

4. Hospital Acquired *Clostridium difficile* Infection (CDI) (Q4 YTD 2015-16)

- ✓ CDI 2015-16 targets were achieved by focused work across the province to reduce the risk of CDI acquisition and transmission. This includes antimicrobial stewardship, use of standardized physician care orders, isolation, enhanced environmental cleaning, human waste management system change with installation of macerators on medical units, a strong focus on hand hygiene and appropriate donning and doffing of personal protective equipment. AHS has initiated a pilot project examining the use of a portable room disinfection technology following discharge. This technology will be used in five units across the Edmonton/Calgary Zones with one outcome measure set – a reduction in CDI. One action will not effectively reduce the risk of CDI; however, we are hopeful that a multimodal approach such as we are taking in AHS will collectively reduce the risk of CDI.

Seven performance measures are at or better than the same time period as last year:

1. Hand Hygiene Compliance Rate
2. ED Wait to See a Physician
3. Access to Radiation Therapy
4. Acute Length of Stay (ALOS)/Expected Length of Stay (ELOS)
5. Satisfaction with Hospital Care (Q4 YTD 2015-16)
6. Mental Health Readmissions (Q4 YTD 2015-16)
7. Surgical Readmissions (Q4 YTD 2015-16)

The following two measures did not meet targets or improve from the same period as last year. Examples of what AHS is doing to improve these areas are noted. Refer to the subsequent pages for more actions on each measure.

Emergency Department Length of Stay (ED LOS) Discharged

- Edmonton Zone achieved target, and three zones demonstrated improvement or maintained from the same period as last year.
- Targets were not achieved due to an increased average length of stay, increased occupancy and an increased percentage of alternate level of care. These negatively impact the ability to transfer admitted patients from ED to inpatient units within the targeted timeframe. Also, the increase in emergency inpatients within the ED reduces available care spaces to assess and treat patients to be discharged within the four hour timeframe. Despite efforts to provide other options, the volume of ED visits continues to increase slightly.
- Work continues to educate the public through the “Know Your Options” campaign – to get the right care when you need it. AHS is launching the HEAL (Health Education and Learning) program, an online resource aimed at providing families across Alberta easily accessible, reliable information about common minor illness in children.

Children's Mental Health Access

- In 2016-17, AHS saw a decline in the percent of children offered scheduled mental health treatment within 30 days from 85% in 2015-16 to 75% in Q1 2016-17. The most significant decline can be seen in the Edmonton Zone.
- Children mental health services access was impacted by an increase in demand with no corresponding enhancement to services; and, staff vacancies / leaves impacting availability of services and wait-times. Edmonton Zone is working to increase access with a new Children's Clinic opening in Rutherford, expansion in the number of school-based therapists in high schools and enhancing the mental health team in the Stollery Emergency Department. In the Calgary Zone, a new service was implemented where community mental health clinics provide follow-up service to emergency department and inpatient clients. This is easing pressure on these services, but has resulted in reduced capacity for scheduled appointments in community clinics.

AHS remains committed to building on its performance through quality improvement and innovation, and to strive toward the goal of delivering the type of health care system expected by Albertans.

This page was revised to more accurately reflect delivery of Children's Mental Health Services in Edmonton Zone.

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Provincial Performance

Q1 Performance Measures Dashboard	Q1 Year to Date		Report Card (Quarterly Comparison)	Target 2016-17	2014-15 National Comparison Alberta ranked
	Last Year (2015-16)	Current Year (2016-17)			
★ Target achieved; ✓ improving or maintaining; ✗ performance not improving					
Measures reported quarterly – updated as of Q1 (April 1, 2016 to June 30, 2016):					
Acute Length of Stay Compared to Expected Length of Stay	0.99	0.99	✓	0.98	3 rd out of 9 provinces
Continuing Care Placement (% placed within 30 days)	60%	62%	★	62%	not available
Emergency Department Wait to see a Physician (median) in hours	1.4	1.4	✓	1.2	4 th out of 5 provinces (2015-16)
Emergency Department Length of Stay for Admitted Patients (median) in hours	9.4	9.1	★	9.3	2 nd out of 5 provinces (2015-16)
Emergency Department Length of Stay for Discharged Patients (median) in hours	3.2	3.3	✗	3.1	4 th out of 5 provinces (2015-16)
Hand Hygiene	78%	83%	✓	90%	not available
Hospital Mortality (HSMR standardized rate)	94	87	★	90	3 rd out of 10 provinces
Mental Health Access - Children (% offered scheduled treatment within 30 days from referral)	85%	75%	✗	90%	not available
Radiation Therapy Access (90 th percentile) in weeks	2.9	2.8	✓	2.6	3 rd out of 9 provinces

Q4 Year to Date Performance Measures Dashboard <small>These measures are reported a quarter later due to follow up with patients after the end of the reporting quarter.</small>	Q4 Year to Date		Report Card (Quarterly Comparison)	Target 2015-16	2014-15 National Comparison Alberta ranked
	Last Year (2014-15)	Current Year (2015-16)			
★ Target achieved; ✓ improving or maintaining; ✗ performance not improving					
Measures reported quarterly – updated as of Q4 year to date (April 1, 2015 to March 31, 2016):					
Hospital-Acquired <i>Clostridium difficile</i> Infections (rate per 10,000 patient days)	3.5	3.6	★	4.0	better than national results
Readmissions - Mental Health	8.8%	8.6%	Target not comparable due to CIHI definition and methodology refinement		2 nd out of 10 provinces
Readmissions - Surgical	6.5%	6.5%	✓	6.3%	5 th out of 10 provinces
Satisfaction with Hospital Care	82%	82%	✓	84%	not available

Notes:

- Quarterly Comparative Performance compares data from the current quarter to the same time period as last year for easy reference, and may or may not indicate statistical significance of the results. Additional performance insights can be obtained by reviewing the trending over time provided in this report.
- Parts of this material are based on data and information provided by the Canadian Institute for Health Information (CIHI). However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of the CIHI.

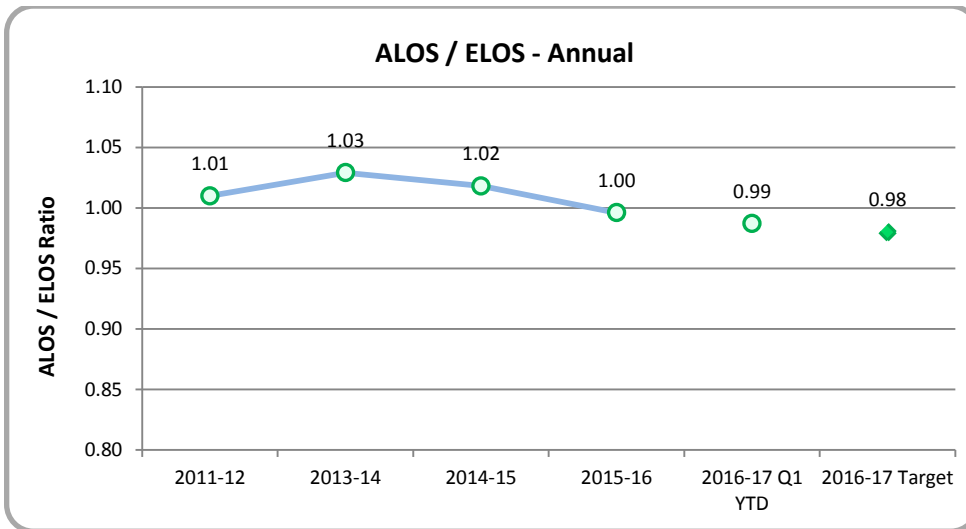
Acute Length of Stay (ALOS) Compared to Expected Length of Stay (ELOS)

Measure Definition

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

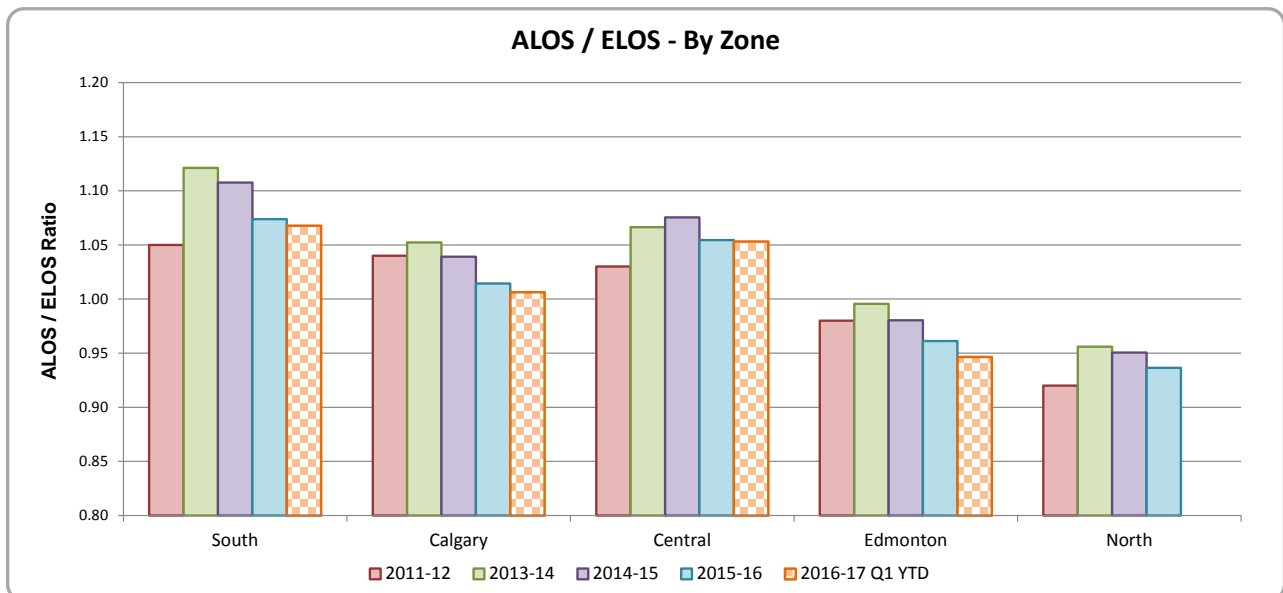
Understanding this Measure

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



How Do We Compare?

Alberta ranked 3rd best nationally out of nine provinces in 2014-15.



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

ALOS/ELOS

ACTIONS

Zones will complete Phase 1 CoACT elements and begin Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include; integrated plan of care, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit and partnerships with support services.

SCNs are establishing key clinical care pathways to reduce unwarranted practice variation:

- treatment resistant depression
- breast cancer
- rectal cancer
- community diabetic foot care
- in hospital management of diabetes
- pediatric concussion
- chronic obstructive pulmonary disease (COPD)
- primary care asthma treatment
- heart failure pathway
- delirium prevention
- pregnancy
- postpartum and newborn

SUMMARY

Edmonton Zone achieved target in Q1 2016-17.

Provincial results as well as those for South and Calgary Zones, remained the same or improved compared to last year.

Central Zone saw a slight increase in “All Other Hospitals” ALOS/ELOS, which reflects many rural sites having complex patients and patients at the end of life, with longer length of stays.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

DID YOU KNOW

Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations in order to maximize quality of care, efficient use of resources and improve transitions of care.

ALOS/ELOS

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

Acute (Actual) Length of Hospital Stay Compared to Expected Stay	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	1.03	1.02	1.00	0.99	0.99	✓	0.98
South Zone Total	1.12	1.11	1.07	1.08	1.07	✓	1.06
Chinook Regional Hospital	1.15	1.13	1.09	1.09	1.07	★	1.07
Medicine Hat Regional Hospital	1.15	1.11	1.09	1.10	1.09	★	1.09
All Other Hospitals	0.99	1.04	1.01	1.03	1.01	✓	0.99
Calgary Zone Total	1.05	1.04	1.01	1.01	1.01	✓	0.98
Alberta Children's Hospital	0.98	0.96	0.94	0.96	0.95	★	0.96
Foothills Medical Centre	1.08	1.07	1.04	1.03	1.03	✓	1.00
Peter Lougheed Centre	1.04	1.02	1.02	1.01	1.02	✓	0.98
Rockyview General Hospital	1.05	1.05	1.02	1.02	1.00	✓	0.97
South Health Campus	N/A	1.00	0.95	0.96	0.93	★	0.95
All Other Hospitals	1.00	1.01	0.96	0.93	1.03	✗	0.96
Central Zone Total	1.07	1.08	1.05	1.03	1.05	✗	1.04
Red Deer Regional Hospital Centre	1.09	1.11	1.09	1.08	1.08	✓	1.07
All Other Hospitals	1.04	1.04	1.02	0.99	1.03	✗	1.01
Edmonton Zone Total	1.00	0.98	0.96	0.96	0.95	★	0.96
Grey Nuns Community Hospital	0.99	0.98	0.96	0.95	0.92	★	0.96
Misericordia Community Hospital	1.04	1.03	0.98	1.01	0.92	★	0.99
Royal Alexandra Hospital	0.99	0.97	0.96	0.95	0.96	✗	0.95
Stollery Children's Hospital	1.00	1.01	0.98	1.01	1.02	✓	0.98
Sturgeon Community Hospital	0.99	0.96	0.92	0.95	0.94	✓	0.93
University of Alberta Hospital	0.97	0.97	0.95	0.94	0.94	★	0.95
All Other Hospitals	1.10	1.01	1.03	1.01	1.05	✗	0.97
North Zone Total	0.96	0.95	0.94	0.93	0.93	★	0.93
Northern Lights Regional Health Centre ⁺	0.96	0.97	0.93	0.93	N/A	N/A	0.95
Queen Elizabeth II Hospital	0.97	0.94	0.93	0.91	0.93	✗	0.92
All Other Hospitals	0.95	0.95	0.94	0.94	0.93	★	0.93

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Total Discharges	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	393,765	401,331	404,513	91,581	93,536
South Zone	31,093	31,125	30,485	7,955	7,937
Calgary Zone	136,598	140,563	143,057	36,075	36,957
Central Zone	44,589	45,691	45,578	11,934	11,648
Edmonton Zone	135,970	139,052	141,282	35,617	36,994
North Zone ⁺	45,515	44,900	44,111	N/A	N/A

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Continuing Care Placement

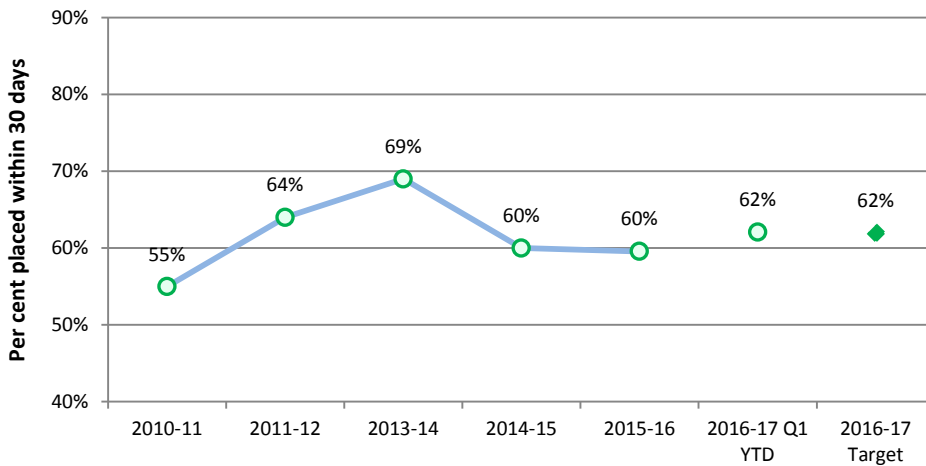
Measure Definition

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/clients assessed and approved and waiting in hospital or community.

Understanding this Measure

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

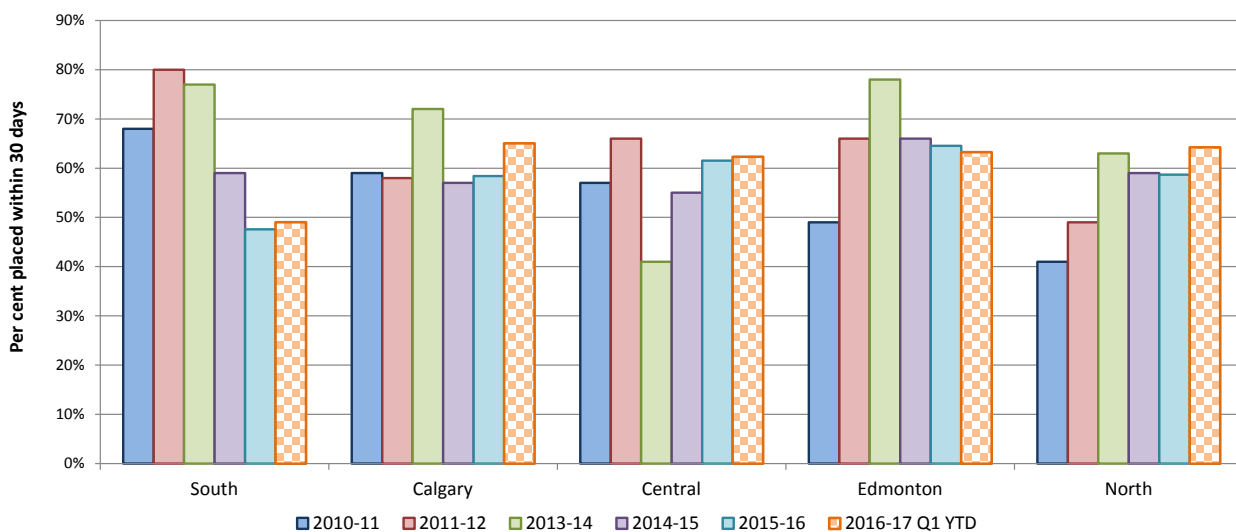
Continuing Care Placement within 30 days - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Continuing Care Placement within 30 days - By Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

Continuing Care Placement

ACTIONS

Work continues across the province to implement the Seniors Health Continuing Care Capacity Plan. Significant work has been done to date to achieve an increase of 2,000 long-term and dementia care beds within the next four years.

AHS will increase continuing care service capacity (long term care and designated supportive living) by adding 950 net new provincial continuing care spaces with focus on seniors with dementia (supportive living 4 dementia – DSL4-D).

SUMMARY

Provincial, Calgary and Central Zones achieved target in Q1 2016-17.

Edmonton Zone demonstrated improvement from the same period as last year.

South Zone demonstrated a slight deterioration as more challenging clients (increased behavioural and medical needs) were placed. These clients take longer to place; therefore, increasing wait times in Q1.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

AHS has placed more clients in continuing care living options in Q1 2016-17 (2,171) as compared to 2015-16 (1,923).

Since April 2010, AHS has added 5,315 spaces to the continuing care system (as of June 30, 2016), and more spaces will continue to be added in the coming years. Included in this total, AHS has opened 68 continuing care beds including 52 supportive living 4 dementia beds in Q1 with a focus on seniors with dementia.

The number of people waiting in acute care/sub-acute and community for continuing care placement, has increased by 23 individuals from Q1 2016-17 (n=1,570) to Q1 2015-16 (n=1,547).

DID YOU KNOW

In 2015-16, AHS opened 997 continuing care spaces for a total of 24,947 community-based services. These include 717 supportive living beds, 203 long-term care beds, 42 restorative care beds, and 35 community palliative beds.

In addition to opening continuing care spaces, AHS is expanding home care services. This allows more seniors to remain safe and independent in their own homes, which is where they want to be.

AHS is working to ensure beds in acute care are used in the most efficient manner, improving communication between all health care team members, patients and families to facilitate discharges and ensure that patients are getting the best care for their personal situations.

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.

Continuing Care Clients Placed within 30 days	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	69%	60%	60%	60%	62%	★	62%
South Zone	77%	59%	48%	54%	49%	✗	60%
Calgary Zone	72%	57%	58%	56%	65%	★	60%
Central Zone	41%	55%	62%	65%	62%	★	61%
Edmonton Zone	78%	66%	65%	62%	63%	✓	65%
North Zone ⁺	63%	59%	59%	66%	N/A	★	62%

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Total Placed	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,693	7,810	7,879	1,738	1,964
South Zone	868	866	887	229	257
Calgary Zone	2,164	2,548	2,722	636	684
Central Zone	1,189	1,259	1,060	284	345
Edmonton Zone	2,742	2,443	2,506	589	678
North Zone ⁺	730	694	704	N/A	N/A

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Emergency Department (ED) Wait to See a Physician

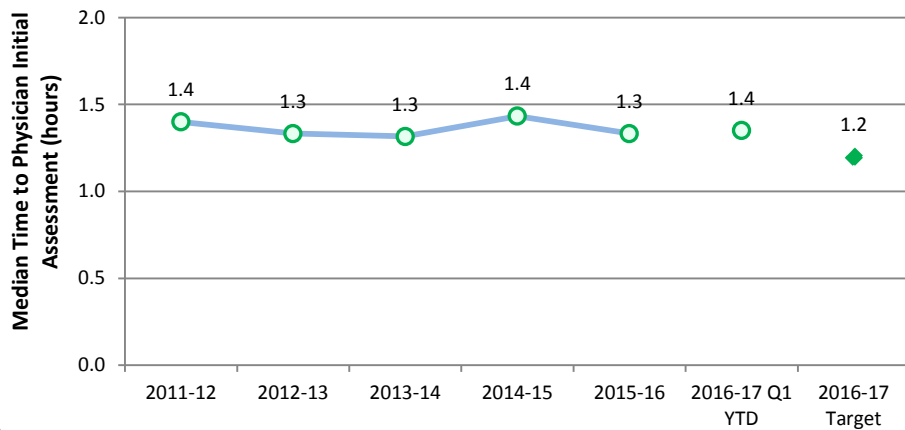
Measure Definition

The average patient's length of time (hours) that they wait 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 in 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.

Understanding this Measure

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

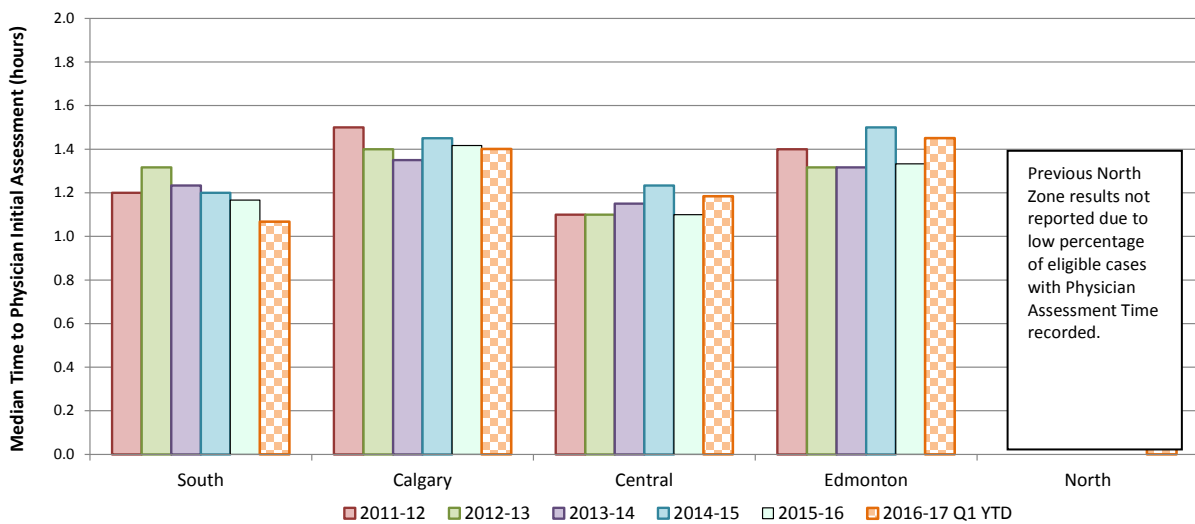
ED Time to Physician Initial Assessment - Annual



How Do We Compare?

Alberta ranked 4th best nationally out of 5 provinces in 2015-16.

ED Time to Physician Initial Assessment - by Zone



ED Wait to See a Physician

ACTIONS

AHS continues to develop initiatives to assist in ensuring patients are seen and treated in a reasonable time. These include launching:

- Dementia Advice through Health Link in the Calgary and Edmonton Zones.
- HEAL (Health Education and Learning) program, an online resource aimed at providing families across Alberta easily accessible, reliable information about common minor illness in children.

South Zone is improving efficiency in utilization of the ambulatory stream in the ED, strategic utilization of the internal waiting and treatment spaces, as well as increasing ED physician coverage during peak periods.

Calgary Zone is creating utilization efficiencies for physician assessments by optimizing clinical workspaces in high volume areas (such as EMS park areas), as well as implementing "Choosing Wisely" elements to reduce non-value added processes. Strategies will be developed to reduce Emergency Inpatient (EIP) volumes to increase available assessment spaces in all EDs.

Central Zone has increased operating hours for the Minor Treatment Area in the ED and harmonized physician schedules with ED demand and capacity.

Edmonton Zone is working on strategies to increase physician hours and improve workflow, reinforce triage standard protocols to improve access to care spaces for sickest patients and those transferred from zone ED's and, optimize the team lead nurse role in acute care pods to focus on discharge planning and support front line nurses.

North Zone is supporting the advancement of enhanced primary care teams to reduce the presentation of CTAS 4/5 visits to the ED.

SUMMARY

South Zone achieved target in Q1 2016-17.

Provincial and Calgary Zone are reporting at the same or demonstrated improvement compared to the same period as last year.

Edmonton and Central Zones demonstrated a slight deterioration in Q1 compared to last year. Performance decreased due to increased average length of stay, increases in percentage of alternate level of care, and increases in Emergency Department visits.

DID YOU KNOW

AHS monitors transfer processes and has identified opportunities for improvement. This includes increasing communication and collaboration as patients move through the hospital.

Dementia Advice through Health Link was launched in North, Central and South Zones in September 2015. This service provides 24/7 telephone nurse advice for individuals living with dementia and their caregivers.

HEAL is an online resource that provides families across Alberta easily accessible, reliable information about common minor illness in children. The content provided comes directly from the Pediatric Emergency Medicine experts at the Alberta Children's Hospital and Stollery Children's Hospital. While children with illnesses such as cough, fever, ear pain, vomiting and diarrhea can feel very uncomfortable, they are most often safely and best cared for in their own home; the majority of these illnesses do not require a visit to the ED.

Examples of other initiatives to ensure patients are seen and treated in a reasonable time include launching "Know Your Options", Dementia Advice through Health Link and offering estimated real time ED wait times on the AHS website.

ED Wait to See a Physician

The average patient's length of time (hours) that they wait to be seen by a physician at the busiest emergency departments.

ED Time to Physician Initial Assessment - Busiest Sites	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	1.3	1.4	1.3	1.4	1.4	✓	1.2
South Zone Total	1.2	1.2	1.2	1.2	1.1	★	1.1
Chinook Regional Hospital	1.3	1.2	1.2	1.2	1.2	✓	1.1
Medicine Hat Regional Hospital	1.1	1.2	1.1	1.2	0.9	★	1.1
Calgary Zone Total	1.4	1.5	1.4	1.4	1.4	✓	1.2
Alberta Children's Hospital	1.1	1.2	1.1	1.1	1.2	✗	1.1
Foothills Medical Centre	1.5	1.5	1.5	1.5	1.5	✓	1.3
Peter Lougheed Centre	1.8	1.8	1.6	1.6	1.5	✓	1.4
Rockyview General Hospital	1.3	1.4	1.4	1.4	1.4	✓	1.2
South Health Campus	N/A	1.6	1.6	1.5	1.5	✓	1.0
Central Zone Total	1.2	1.2	1.1	1.1	1.2	✗	1.1
Red Deer Regional Hospital Centre	1.2	1.2	1.1	1.1	1.2	✗	1.1
Edmonton Zone Total	1.3	1.5	1.3	1.4	1.5	✗	1.2
Grey Nuns Community Hospital	1.1	1.2	1.1	1.1	1.2	✗	1.0
Misericordia Community Hospital	1.4	1.4	1.3	1.3	1.5	✗	1.3
Northeast Community Health Centre	1.4	1.4	1.3	1.4	1.4	✓	1.3
Royal Alexandra Hospital	1.9	2.2	1.9	2.0	1.8	★	2.0
Stollery Children's Hospital	0.8	1.1	1.0	1.3	1.1	✓	0.9
Sturgeon Community Hospital	1.3	1.5	1.3	1.4	1.4	✓	1.2
University of Alberta Hospital	1.5	2.1	1.7	1.8	1.8	✓	1.4
North Zone Total					0.9	N/A	1.1
Northern Lights Regional Health Centre	North Zone results prior to Q1 2016-17 are not reported due to low percentage of eligible cases with Physician Assessment Time recorded. Northern Lights Regional Hospital data are excluded for Q1 2016/17 due to Fort McMurray wildfire evacuation / facility closure.				N/A	N/A	0.9
Queen Elizabeth II Hospital					0.9	N/A	1.3

N/A: No results available. South Health Campus opened February 2013.

ED Time to Physician Initial Assessment - Eligible Cases (Busiest Sites)	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	894,448	891,643	894,922	224,452	228,350
South Zone	85,567	86,187	86,208	21,802	21,556
Calgary Zone	363,570	367,775	365,525	92,450	92,847
Central Zone	54,730	55,861	55,893	13,887	14,170
Edmonton Zone	390,581	381,820	387,296	96,313	99,777
North Zone	North Zone results not reported due to low percentage of eligible cases with Physician Assessment Time recorded and not comparable historically.				

Emergency Department Length of Stay for Admitted Patients

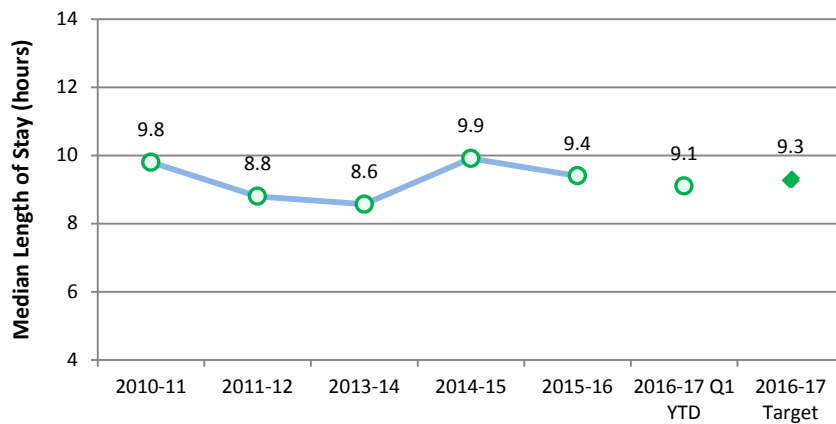
Measure Definition

The average patient's length of time (hours) 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 are admitted.

Understanding this Measure

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

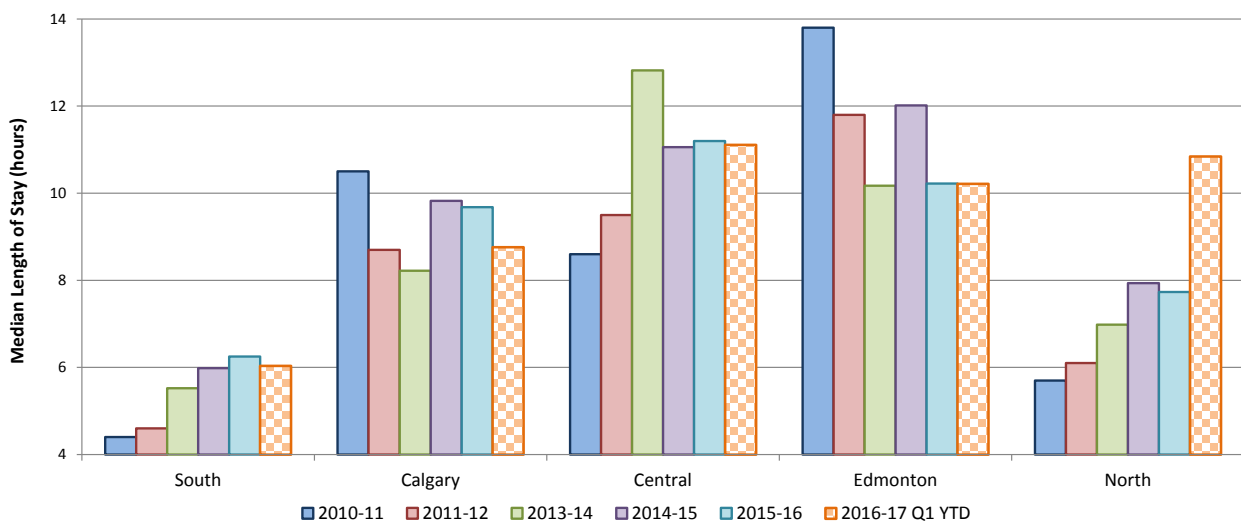
ED Length of Stay for Admitted Patients - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of five provinces in 2015-16.

ED Length of Stay for Admitted Patients - by Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

ED Length of Stay for Admitted Patients

ACTIONS

CoACT implementation is underway in all zones which will demonstrate a positive impact on efficiency and emergency department (ED) flow.

The Emergency Strategic Clinical Network (SCN) is developing a top five list of management decisions performed in EDs that could be reduced / avoided to assess the impact in reducing unnecessary tests / treatments.

South Zone continues to work with inpatient units on patient flow improvements to move patients into vacant inpatient beds when a bed becomes available.

Calgary Zone is opening a Mental Health Assessment Unit at Rockyview General Hospital to reduce the length of stay for admitted patients by averting admission, particularly for those needing a short stay admission. Other initiatives to enhance patient flow between units and sites, and facilitate earlier discharges, include collaborating with mental health services, working with site management on inpatient units to reduce EIP (emergency inpatients) volumes, reviewing bed management processes, refining intake areas at all EDs and implementing discharge initiatives (e.g. 0900 on every unit and seven day/week discharges).

Central Zone is coordinating with acute hospital flow activities, CoACT, TeamCARE, Patient First, and Transition of Care initiatives to sustain and support a collaborative care model.

Edmonton Zone is working on optimizing the rapid transfer unit and medicine observation unit, improving inpatient discharge processes, implementing an ED surge trigger plan, optimizing surge protocol and EIP triggers, incorporating Emergency Disposition and Consult (EDC) physician role, improving physician consult times and eliminating 'consult bumping'.

North Zone has identified opportunities for length of stay efficiencies in inpatient units (ALOS/ELOS) to enhance flow from the emergency department including increasing Continuing Care Capacity in Boyle, Edson, High Prairie, and Grande Prairie (Mackenzie Place).

SUMMARY

Provincial, Calgary and Edmonton Zones achieved targets for Q1 2016-17.

South and Central Zones remained the same or improved from the same period as last year.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

DID YOU KNOW

Other initiatives are underway including operationalizing in-progress bed movement process to move patients to vacant beds in a more timely fashion.

The Emergency Strategic Clinical Network is committed to developing and supporting a system-wide approach to the delivery of emergency care for Albertan's that is appropriate, patient-focused, timely, safe, and aligned with quality standards. To achieve this, we work with a diverse group of people and clinical services to ensure we have input from all stakeholders.

ED Length of Stay for Admitted Patients

The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments.

ED LOS Admitted - Busiest Sites	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	8.6	9.9	9.4	9.4	9.1	★	9.3
South Zone Total	5.5	6.0	6.3	6.0	6.0	✓	5.9
Chinook Regional Hospital	6.0	6.0	6.2	5.9	6.7	✗	5.9
Medicine Hat Regional Hospital	5.1	5.9	6.3	6.1	5.5	★	5.9
Calgary Zone Total	8.2	9.8	9.7	9.5	8.8	★	8.9
Alberta Children's Hospital	6.3	6.8	6.5	6.6	6.1	★	6.4
Foothills Medical Centre	8.0	8.9	8.8	8.5	7.9	★	8.5
Peter Lougheed Centre	9.1	11.5	11.5	11.1	10.0	✓	9.9
Rockyview General Hospital	8.6	11.1	10.5	10.5	9.1	★	10.1
South Health Campus	N/A	10.2	11.5	10.6	10.9	✗	8.0
Central Zone Total	12.8	11.1	11.2	11.4	11.1	✓	10.8
Red Deer Regional Hospital Centre	12.8	11.1	11.2	11.4	11.1	✓	10.8
Edmonton Zone Total	10.2	12.0	10.2	10.6	10.2	★	10.2
Grey Nuns Community Hospital	16.8	23.5	20.7	19.6	21.4	✗	16.0
Misericordia Community Hospital	12.5	17.0	12.5	16.3	13.0	✓	12.0
Royal Alexandra Hospital	9.9	11.5	9.8	10.5	9.5	★	9.8
Stollery Children's Hospital	7.4	8.6	7.4	8.1	7.1	★	7.6
Sturgeon Community Hospital	20.5	28.4	18.6	22.3	15.9	✓	15.0
University of Alberta Hospital	9.1	10.4	9.0	8.8	9.5	✗	8.6
North Zone Total	7.0	7.9	7.7	7.5	10.8	✗	7.8
Northern Lights Regional Health Centre ⁺	5.9	6.3	6.3	5.9	N/A	N/A	6.0
Queen Elizabeth II Hospital	8.6	11.0	11.4	10.8	10.8	✓	10.6

N/A: No results available. South Health Campus opened February 2013.

⁺North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

ED Admissions from ED - Busiest Sites	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	133,310	137,390	140,344	33,020	33,627
South Zone	11,656	11,939	11,598	2,907	3,058
Calgary Zone	54,634	56,732	58,023	14,329	14,462
Central Zone	8,815	9,254	9,730	2,452	2,398
Edmonton Zone	50,644	51,858	53,521	13,332	13,709
North Zone ⁺	7,561	7,607	7,472	N/A	N/A

⁺North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Emergency Department Length of Stay for Discharged Patients

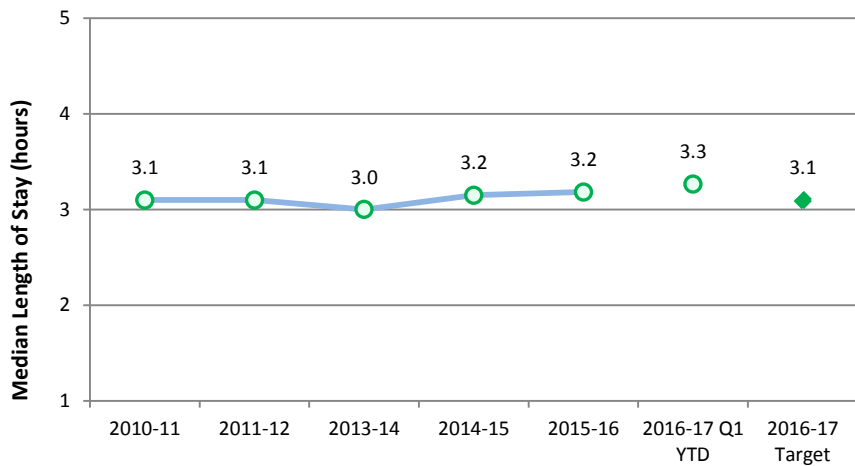
Measure Definition

The average patient's length of time (hours) 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.

Understanding this Measure

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

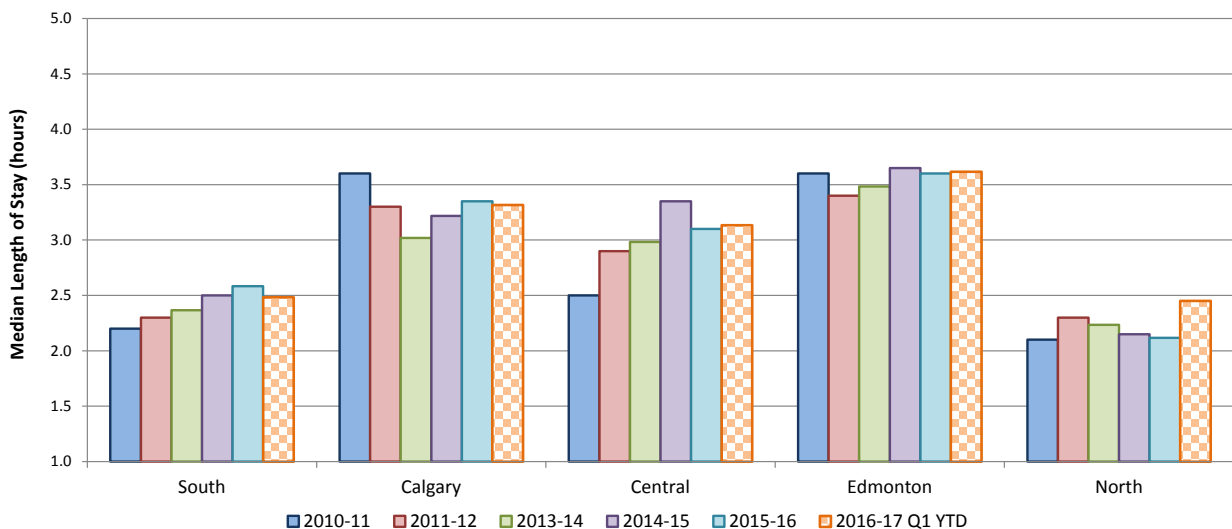
ED Length of Stay for Discharged Patients - Annual



How Do We Compare?

Alberta ranked 4th best nationally out of five provinces in 2015-16.

ED Length of Stay for Discharged Patients - by Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

ED Length of Stay for Discharged Patients

ACTIONS

South Zone is fully implementing the “bed to chair” strategy which will help decrease initial time to physician and overall length of stay.

Calgary Zone is collaborating with mental health services to reduce assessment and disposition time, using transfer coordinators to facilitate discharges, providing patients with “Know Your Options” information, continuing Primary Care Network (PCN) referrals from triage and refining intake areas at all EDs to improve flow.

Central Zone - Red Deer Regional Hospital has a joint initiative with emergency medical services (EMS), continuing care and palliative care, to improve end of life care and reduce transport of palliative care clients to the ED, where that care could be supported in the home.

Edmonton Zone is completing the Porter Lean project, optimizing surge plan and incorporating Emergency Disposition and Consult (EDC) physician role.

North Zone continues to implement Emergency Department quality improvement/flow projects as well as identify and address barriers to discharge (e.g., placement, diagnostics, etc.).

SUMMARY

The 2016-17 target was achieved in Edmonton Zone in Q1.

South, Calgary and Central Zones have improved or stay the same from the same period as last year.

Provincial and North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

DID YOU KNOW

Albertans can seek alternative ways to get treatment before going to the ED, such as visiting your family physician, going to a walk-in clinic and using other community services.

The **Know Your Options** campaign provides information on when a visit to the ED is appropriate, and when someone should consider another treatment option when emergency care is not needed.

ED Length of Stay for Discharged Patients

The average patient's length of time (hours) 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.

ED LOS Discharged - Busiest Sites	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	3.0	3.2	3.2	3.2	3.3	✗	3.1
South Zone Total	2.4	2.5	2.6	2.6	2.5	✓	2.4
Chinook Regional Hospital	2.4	2.4	2.5	2.4	2.6	✗	2.3
Medicine Hat Regional Hospital	2.3	2.7	2.8	2.9	2.4	★	2.6
Calgary Zone Total	3.0	3.2	3.4	3.3	3.3	✓	3.1
Alberta Children's Hospital	2.2	2.4	2.4	2.3	2.6	✗	2.3
Foothills Medical Centre	3.7	3.8	4.1	3.9	4.0	✗	3.5
Peter Lougheed Centre	3.6	3.7	3.7	3.6	3.5	✓	3.4
Rockyview General Hospital	3.1	3.4	3.6	3.6	3.6	✓	3.2
South Health Campus	N/A	3.3	3.6	3.4	3.4	✓	3.0
Central Zone Total	3.0	3.4	3.1	3.1	3.1	✓	3.0
Red Deer Regional Hospital Centre	3.0	3.4	3.1	3.1	3.1	✓	3.0
Edmonton Zone Total	3.5	3.7	3.6	3.6	3.6	★	3.6
Grey Nuns Community Hospital	3.3	3.3	3.3	3.2	3.3	✗	3.1
Misericordia Community Hospital	3.2	3.2	3.1	3.1	3.5	✗	3.0
Northeast Community Health Centre	3.2	3.2	3.0	3.1	3.0	★	3.0
Royal Alexandra Hospital	5.1	5.5	5.1	5.3	5.0	★	5.0
Stollery Children's Hospital	2.3	2.7	2.7	3.0	2.7	✓	2.6
Sturgeon Community Hospital	2.9	3.3	3.3	3.3	3.5	✗	3.0
University of Alberta Hospital	4.9	5.7	5.5	5.6	5.5	✓	5.2
North Zone Total	2.2	2.2	2.1	2.2	2.5	✗	2.0
Northern Lights Regional Health Centre ⁺	2.1	1.8	1.9	1.9	N/A	N/A	1.7
Queen Elizabeth II Hospital	2.4	2.7	2.5	2.6	2.5	★	2.5

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

ED Discharges from ED - Busiest Sites	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	892,057	878,560	870,633	190,200	194,380
South Zone	76,902	75,132	75,144	19,043	18,634
Calgary Zone	307,564	308,414	304,203	77,250	78,275
Central Zone	45,682	46,311	45,710	11,368	11,657
Edmonton Zone	338,229	328,131	331,564	82,539	85,814
North Zone ⁺	123,680	120,572	114,012	N/A	N/A

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Hand Hygiene

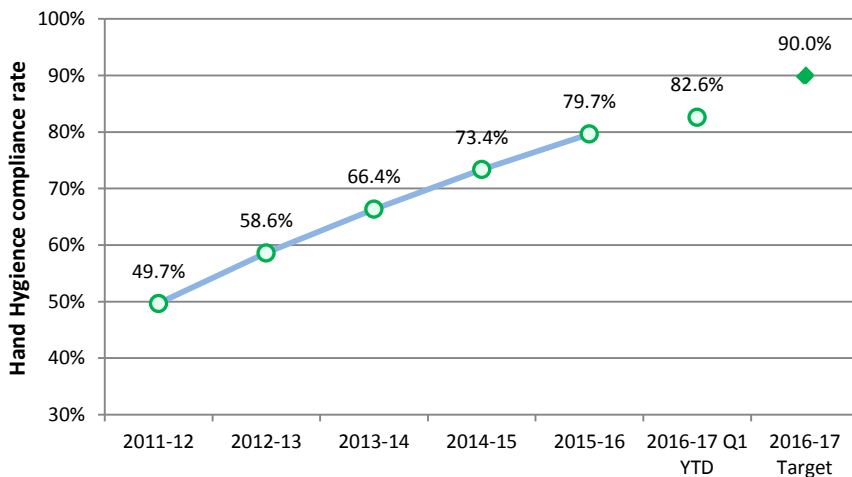
Measure Definition

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". Included in the AHS Quarterly HH reviews are observations from across the continuum of care including AHS operated acute care facilities, combined acute care & continuing care facilities, ambulatory, urgent care, and cancer care centers, standalone rehabilitation facilities, and addictions and mental health facilities. Excluded from this report are HH observations from EMS, Corrections Health, and non-AHS contracted continuing care facilities. This measures safety.

Understanding this Measure

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

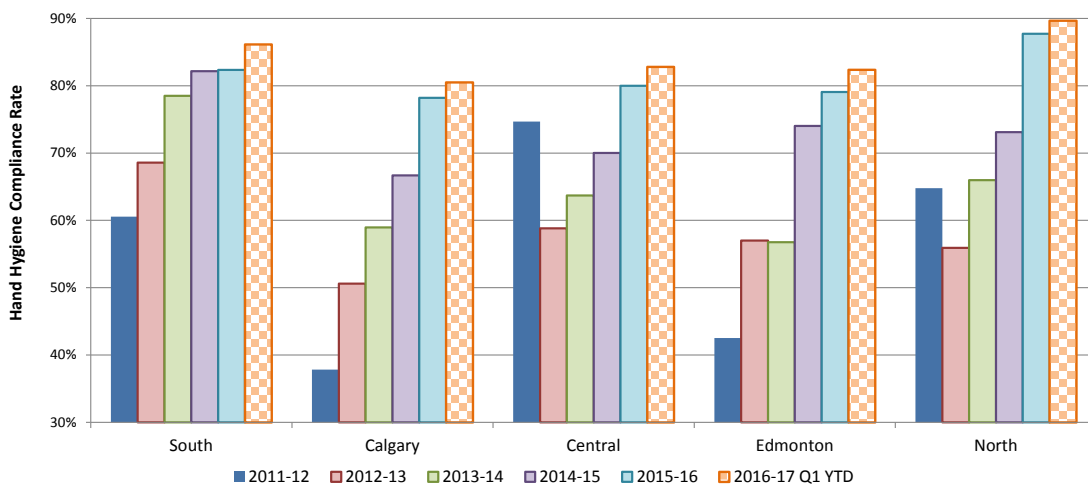
Hand Hygiene - Annual



How Do We Compare?

Direct comparison to other jurisdictions is not possible given different approaches to measuring hand washing compliance.

Hand Hygiene- By Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

Hand Hygiene

ACTIONS

Zone-embedded Hand Hygiene (HH) teams will continue to support local HH initiatives and foster ownership and accountability for hand hygiene improvements.

South Zone will sustain hand hygiene and other infection, prevention and control (IPC) initiatives including focused work on Personal Protective Equipment (PPE) use and point of care risk assessment.

Calgary Zone is implementing the “Clean Hands” platform which records hand hygiene reviews.

Central Zone will continue IPC and hand hygiene surveillance, education and quality improvement.

Edmonton Zone will implement a hand hygiene communication strategy that improves and promotes hand hygiene initiatives and showcases successes. The Stollery Children’s Hospital will implement a “clear the clutter” campaign to decrease amount of items in patient rooms and hallways.

North Zone will implement strategies to recruit and train additional auditors to ensure data integrity and continue to educate frontline staff and physicians on the importance of hand hygiene.

SUMMARY

The target for Hand Hygiene was set aggressively at 90% to encourage hand washing compliance. Hand hygiene compliance increased from 78% (Q1 2015-16) to 83% (Q1 2016-17).

Hand hygiene compliance increased from the same period as last year (Q1 2015-16 to Q1 2016-17) provincially and four zones: South Zone (81% to 86%), Calgary Zone (76% to 81%), Central Zone (81% to 83%) and Edmonton Zone (77% to 82%).

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

For Q1, a total of 99,813 observations were collected. Hand Hygiene project managers and IPC zone reviewers collected 30,047 observations (30%) and site-based reviewers collected 69,766 observations (70%).

DID YOU KNOW

Hand hygiene is the number one way to prevent the spread of communicable disease and infection and AHS will continue to build on these successes. Through education and awareness, increased monitoring and timely feedback, more health care workers are cleaning their hands consistently and properly, protecting patients by reducing the risk of infection.

Clean Hands Platform has real-time hand hygiene data available to support hand hygiene improvement. Quarterly hand hygiene reports at the provincial and zone level to address areas requiring further attention.

Personal Protective Equipment (PPE) is a key element in preventing the transmission of disease causing microorganisms. If not used properly, not only will PPE fail to prevent transmission, it may in fact contribute to the spread of disease.

Hand Hygiene

Percentage of opportunities for which health care workers clean their hands during the course of patient care.

Hand Hygiene	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	66.4%	73.4%	79.8%	78.2%	82.6%	✓	90.0%
South Zone Total	78.5%	82.2%	82.5%	81.3%	86.1%	✓	90.0%
Chinook Regional Hospital	80.6%	84.0%	82.1%	81.7%	88.1%	✓	90.0%
Medicine Hat Regional Hospital	76.1%	79.8%	81.9%	77.3%	86.3%	✓	90.0%
All Other Sites	78.6%	85.5%	83.1%	82.9%	84.0%	✓	90.0%
Calgary Zone Total	59.0%	66.7%	78.3%	75.7%	80.5%	✓	90.0%
Alberta Children's Hospital	57.2%	73.3%	76.9%	75.8%	78.8%	✓	90.0%
Foothills Medical Centre	51.8%	65.2%	76.3%	75.7%	81.3%	✓	90.0%
Peter Lougheed Centre	62.2%	69.7%	84.8%	81.8%	81.1%	✓	90.0%
Rockyview General Hospital	61.7%	70.7%	74.2%	70.2%	80.0%	✓	90.0%
South Health Campus	58.7%	56.0%	68.6%	65.4%	78.1%	✓	90.0%
All Other Sites	63.2%	67.4%	80.0%	77.0%	79.9%	✓	90.0%
Central Zone Total	63.7%	70.0%	80.6%	80.5%	82.8%	✓	90.0%
Red Deer Regional Hospital Centre	75.4%	65.3%	78.0%	79.4%	78.5%	✗	90.0%
All Other Sites	57.2%	72.5%	82.1%	81.1%	84.1%	✓	90.0%
Edmonton Zone Total	56.8%	74.0%	79.0%	76.5%	82.4%	✓	90.0%
Grey Nuns Community Hospital *	70.5%	75.0%	0.0%	N/A	N/A	N/A	90.0%
Misericordia Community Hospital *	77.4%	75.8%	0.0%	N/A	N/A	N/A	90.0%
Royal Alexandra Hospital	61.6%	75.1%	80.9%	75.4%	83.9%	✓	90.0%
Stollery Children's Hospital	58.1%	73.8%	78.7%	80.1%	80.4%	✓	90.0%
Sturgeon Community Hospital	58.9%	79.3%	84.2%	85.6%	84.1%	✗	90.0%
University of Alberta Hospital	42.9%	70.2%	74.4%	72.2%	83.3%	✓	90.0%
All Other Sites	57.5%	73.8%	78.7%	75.9%	80.7%	✓	90.0%
North Zone Total	66.0%	73.1%	87.2%	87.3%	89.7%	✓	90.0%
Northern Lights Regional Health Centre ⁺	56.2%	63.6%	87.9%	85.2%	N/A	N/A	90.0%
Queen Elizabeth II Hospital	68.4%	85.6%	95.8%	96.9%	92.0%	★	90.0%
All Other Sites	66.2%	71.5%	85.0%	82.9%	89.7%	✓	90.0%

* N/A: No results available Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in spring and fall. Grouped results (All Other Hospitals, Zone and Provincial totals) reflect AHS sites only.

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Total Observations	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	Total observations in 2013-14 and 2014-15 are not comparable to 2015-16 and current year as those years were only measured over a 4-month period but reflected as an annual number. Effective 2015-16, total annual observations reflect 12 months.		397,371	94,208	94,221
South Zone			39,185	10,514	14,179
Calgary Zone			183,149	49,315	38,266
Central Zone			45,103	14,762	8,984
Edmonton Zone			100,895	19,617	32,792
North Zone ⁺			29,039	N/A	N/A

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Hospital Mortality

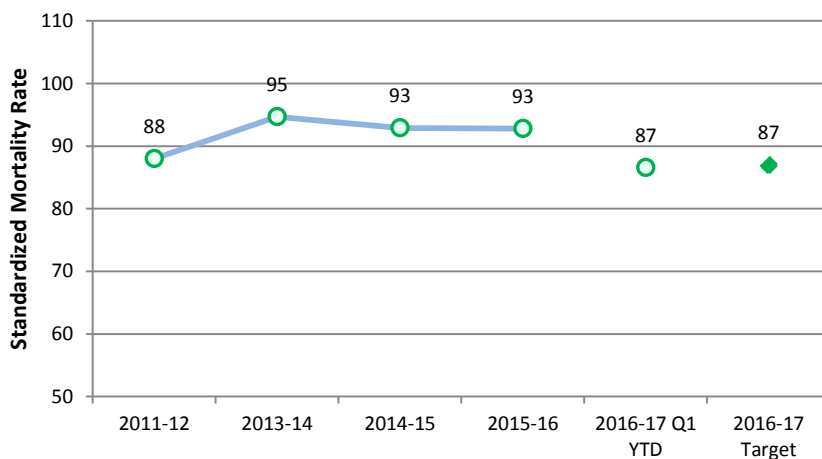
Measure Definition

The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. The ratio compares actual deaths to expected deaths after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected deaths are based on comparison to similar patients in national databases.

Understanding this Measure

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

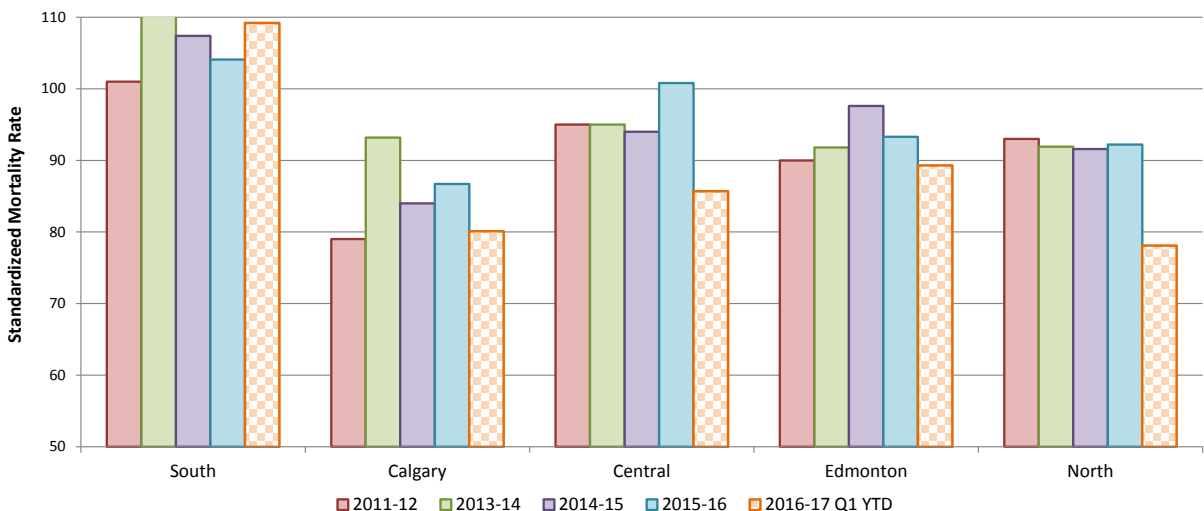
Hospital Standardized Mortality Rate - Annual



How Do We Compare?

Alberta ranked 3rd best nationally out of 10 provinces. Alberta is performing the same as the national rate in 2014-15.

Hospital Standardized Mortality Rate - By Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital.

Hospital Mortality

ACTIONS

Zones have implemented several strategies proven to reduce mortality, including, but not limited to, multidisciplinary rounds, Rapid Response Teams, and the Ventilator Bundle (a group of interventions designed to improve care of patients on ventilators). Use of these strategies reduces the number of “code calls” — that is, “code blue,” cardiopulmonary arrest — per thousand discharges and the incidence of ventilator-associated pneumonia. Mortality can be consistently reduced through the use of a combination of evidence-based interventions.

Zones are conducting pressure ulcer assessments on admission and re-assess at regular intervals, provide education to clients and families and, evaluate and use results to make improvements.

Zones are implementing infection, prevention and control and hand hygiene initiatives to reduce CDI and other infection rates.

SCNs are implementing National Surgical Quality Improvement Program / Trauma Quality Improvement Program (NSQIP/TQIP) to improve surgical and trauma care.

The Fragility & Stability Program, Hip Fracture Acute Care Pathway is an initiative that is reducing Hospital Mortality in orthopedics – e.g., getting patients to the operating room within 48 hours significantly reduces postoperative mortality.

SUMMARY

Provincial, Central and Edmonton Zones achieved targets in Q1 2016-17.

Also, South and Calgary Zones are performing at or above the same period as last year.

North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

DID YOU KNOW

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.

Medication incidents are one of the leading causes of patient injury. **Medication Reconciliation** plays a key role in patient safety. This process ensures the medication history is comprehensive and accurate, and that all the discrepancies are addressed.

AHS has training on pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.

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.

Hospital Standardized Mortality Rate	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	95	93	93	94	87	★	90
South Zone Total	116	107	104	108	109	✓	102
Chinook Regional Hospital	123	106	106	104	130	✗	97
Medicine Hat Regional Hospital	118	109	111	115	91	★	105
All Other Hospitals	104	110	94	108	92	★	105
Calgary Zone Total	93	84	87	87	80	✓	78
Foothills Medical Centre	97	92	94	97	89	✓	80
Peter Lougheed Centre	86	83	84	78	93	✗	80
Rockyview General Hospital	91	74	78	85	66	★	74
South Health Campus	N/A	74	75	69	53	★	74
All Other Hospitals	102	93	91	75	83	★	85
Central Zone Total	95	94	101	100	86	★	90
Red Deer Regional Hospital Centre	100	96	99	95	81	★	93
All Other Hospitals	92	93	102	102	88	★	89
Edmonton Zone Total	92	98	93	94	89	★	91
Grey Nuns Community Hospital	90	94	87	93	87	★	88
Misericordia Community Hospital	89	108	90	105	94	★	95
Royal Alexandra Hospital	92	98	92	101	93	✓	92
Sturgeon Community Hospital	94	81	91	92	86	✓	79
University of Alberta Hospital	94	101	102	93	93	★	94
All Other Hospitals	82	86	75	71	60	★	87
North Zone Total	92	92	92	94	78	★	88
Northern Lights Regional Health Centre ⁺	72	40	88	84	N/A	N/A	85
Queen Elizabeth II Hospital	83	93	97	89	81	★	93
All Other Hospitals	96	96	91	96	77	★	88

N/A: No results available - South Health Campus opened February 2013.

⁺North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Eligible Cases	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	99,583	102,378	103,525	23,349	23,674
South Zone	8,154	8,321	8,149	2,073	2,090
Calgary Zone	32,933	34,027	34,619	8,700	8,678
Central Zone	12,400	12,945	12,845	3,334	3,252
Edmonton Zone	35,407	36,086	37,245	9,242	9,654
North Zone ⁺	10,689	10,999	10,667	N/A	N/A

⁺North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Children's Mental Health Access

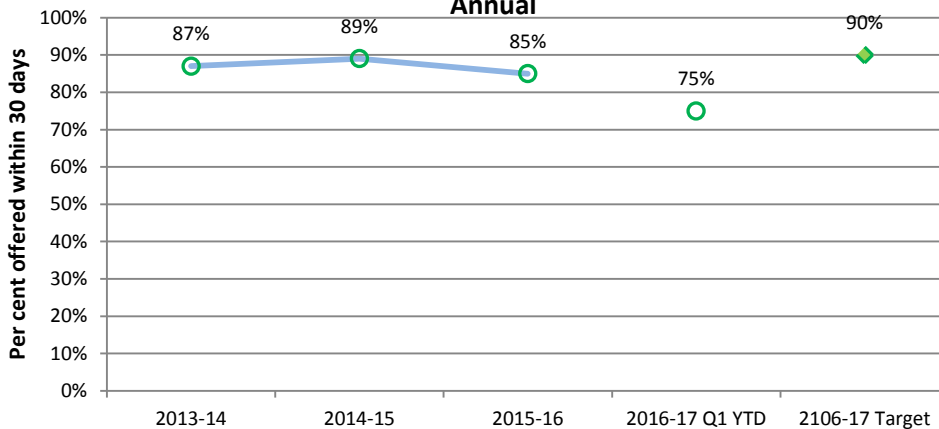
Measure Definition

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

Understanding this Measure

Delays in treating mental illness can have negative consequences, including exacerbation of the client's condition. Research has shown that the longer children wait for service, the more likely they are to not attend their first appointment. One of the strategies associated with Addiction and Mental Health is to improve how children and youth access addiction and mental health services. Monitoring the percentage of children who have symptoms or problems that require attention but are not considered urgent or emergent can help in identifying system delays and assessing service capacity, while ensuring that children most in need of treatment receive it immediately.

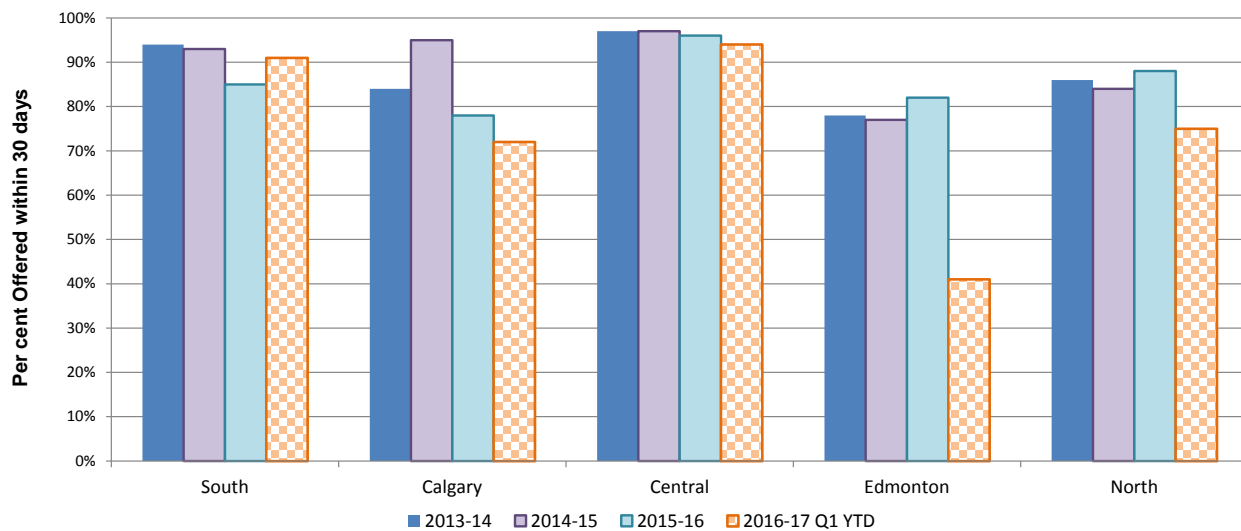
Children Offered Mental Health Services within 30 days - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Children Offered Mental Health Services within 30 days - Zone



NOTE: North Zone data for Q1 has been impacted due to the wildfires in Q1 resulting in the temporary closure of a hospital and mental health clinic.

Children’s Mental Health Access

ACTIONS

South Zone is working closely with clinic staff to address supply and demand imbalances should wait times exceed 30 days.

Calgary Zone is creating a high level plan for Child and Adolescent Addiction and Mental Health. The Alberta Children’s Hospital and Addiction and Mental Health will work collaboratively to ensure Psychiatric Emergency space and capacity needs are integrated into overall Emergency Department Space and Capacity Optimization Plans.

Central Zone will continue to work with Regional Collaborative School Delivery (RCSD) including the new First Nations RCSD planning. There has been an increase – of over 25 percent in enrollments for children community service and work is ongoing to manage this increased demand including planning underway for children’s’ clinical service resources and operational supports enhancement. Central Zone is linking with the Addiction and Mental Health SCN working group on best practice for borderline personality disorders.

Edmonton Zone is increasing capacity and geographic access for south-side residents and opening an integrated child’s addiction and mental health clinic (Rutherford Clinic) to respond to increased referrals.

North Zone is implementing a Youth Mental Health day program and a child psychiatry workforce plan.

SUMMARY

Central Zone has almost reached target of 96% but continues to perform above 90%. South Zone demonstrated improvement compared to the same period as last year.

Provincial, Calgary, and Edmonton Zones have shown deterioration from last year due to increases in demand and staff shortages.

Children mental health services access was impacted by an increase in demand with no corresponding enhancement to services; and, staff vacancies / leaves impacting availability of services and wait-times.

Edmonton Zone is working to increase access with a new Children’s Clinic opening in Rutherford, expansion in the number of school-based therapists in high schools and enhancing the mental health team in the Stollery Emergency Department.

In the Calgary Zone, a new service was implemented where community mental health clinics provide follow-up service to emergency department and inpatient clients. This is easing pressure on these services, but has resulted in reduced capacity for scheduled appointments in community clinics.

Provincial and North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and the Fort McMurray Mental Health Clinic; as well as displacement of the population in Fort McMurray due to the wildfires in Q1.

This page was revised to more accurately reflect delivery of Children’s Mental Health Services in Edmonton Zone.

DID YOU KNOW

Wait times for access to community mental health treatment services are used as an indicator of client access to the health care system and reflect the efficient use of resources.

Currently, Alberta is the only province with access standards for children’s mental health. There is no comparable information from other provinces regarding the wait times for children to receive community mental health treatment.

Children's Mental Health Access

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

Children Offered Scheduled Mental Health Services within 30 days	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	87%	89%	85%	85%	75%	✗	90%
South Zone	94%	93%	85%	68%	91%	✓	93%
Calgary Zone	84%	95%	78%	86%	72%	✗	90%
Central Zone	97%	97%	96%	95%	94%	✗	96%
Edmonton Zone	78%	77%	82%	94%	41%	✗	80%
North Zone ⁺	86%	84%	88%	85%	N/A	N/A	90%

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

Number of new enrollments	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,456	7,947	8,870	1,772	1,890
South Zone	1,450	1,697	1,749	480	424
Calgary Zone	1,465	1,815	2,038	524	606
Central Zone	1,170	1,257	1,458	339	430
Edmonton Zone	1,852	1,562	1,703	429	430
North Zone ⁺	1,519	1,616	1,922	N/A	N/A

⁺ North Zone results have been impacted by the temporary closure of Northern Lights Regional Hospital and displacement of the population in Fort McMurray due to the wildfires in Q1.

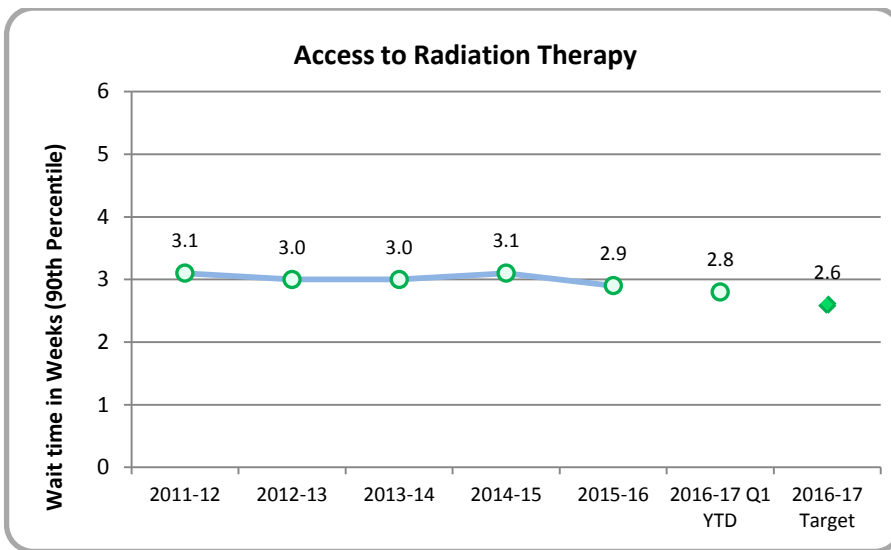
Access to Radiation Therapy

Measure Definition

Ninety per cent of patients wait for radiation therapy this length of time or less (measured from when they are ready to treat). This measure is the time from the date the patient was physically ready to commence treatment, to the date that the patient received his/her first radiation therapy.

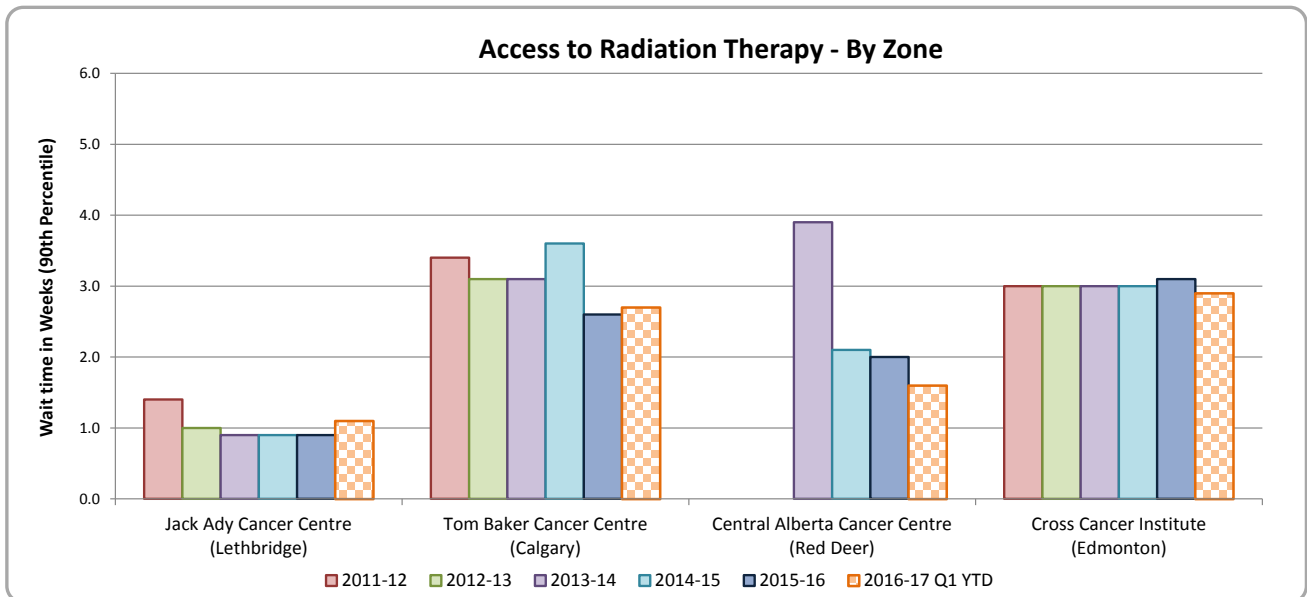
Understanding this Measure

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



How Do We Compare?

Alberta ranks 3rd best nationally among nine provinces in 2014-15.



Note: Central Zone Cancer Center opened in November 2013. Grande Prairie Cancer Centre is planned to open in the North Zone in 2019.

Access to Radiation Therapy

ACTIONS

Work is underway to expand ambulatory clinic hours at the Cross Cancer Institute and the Tom Baker Cancer Centre.

Ambulatory clinic capacity will increase at seven community cancer clinics: Camrose, Bow Valley, Drayton Valley, Fort McMurray, High River, Barrhead and Bonnyville.

Significant capital project work is occurring across the province to improve infrastructure and address capacity issues for future patient cancer care.

SUMMARY

Cross Cancer Institute (Edmonton) Zone achieved the target in Q1 2016-17.

Provincial, Tom Baker Cancer Centre (Calgary) and Central Alberta Cancer Centre (Red Deer) Zones demonstrated improvement compared to the same period as last year.

Jack Ady Cancer Centre (Lethbridge) South Zone implemented new radiation therapy protocols for treating breast cancer and lung cancer which increased wait times by a few days. Note: Jack Ady Cancer Centre wait times continue to be best in the Alberta.

Radiation therapy will become available in the North Zone will provide radiation therapy at the Grande Prairie Cancer Centre which is planned to open in 2019.

DID YOU KNOW

CancerControl Alberta is responsible for treating patients with cancer. This provincial network of cancer professionals and facilities provide most cancer treatment except for surgery.

If you are diagnosed with cancer, your family physician or surgeon may refer you to a cancer facility to discuss further treatment options. If you are referred, you will meet with a doctor specially trained to treat cancer. The two most common types of treatment given in the cancer facilities are chemotherapy and radiation therapy.

Radiation therapy is available at the Cross Cancer Institute in Edmonton; Tom Baker Cancer Centre in Calgary; Jack Ady Cancer Centre in Lethbridge and Central Alberta Cancer Centre in Red Deer.

Access to Radiation Therapy

Ninety 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.

Access to Radiation Therapy (weeks)	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	3.0	3.1	2.9	2.9	2.8	✓	2.6
Jack Ady Cancer Centre (Lethbridge)	0.9	0.9	0.9	0.7	1.1	✗	1.0
Tom Baker Cancer Centre (Calgary)	3.1	3.6	2.6	2.9	2.7	✓	2.6
Central Alberta Cancer Centre (Red Deer)	N/A	2.1	2.0	1.9	1.6	✓	1.4
Cross Cancer Institute (Edmonton)	3.0	3.0	3.1	2.7	2.9	★	2.9

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre is tentatively planned to open in the North Zone in 2019.

Number of patients who started radiation therapy	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	7,182	7,438	7,854	1,943	2,043
Jack Ady Cancer Centre (Lethbridge)	431	415	421	101	108
Tom Baker Cancer Centre (Calgary)	2,803	2,910	3,269	828	843
Central Alberta Cancer Centre (Red Deer)	N/A	425	485	109	121
Cross Cancer Institute (Edmonton)	3,803	3,688	3,679	905	971

N/A: No results available. Central Alberta Cancer Centre opened November 2013. Grande Prairie Cancer Centre is planned to open in the North Zone in 2019.

Hospital-Acquired *Clostridium difficile* Infections

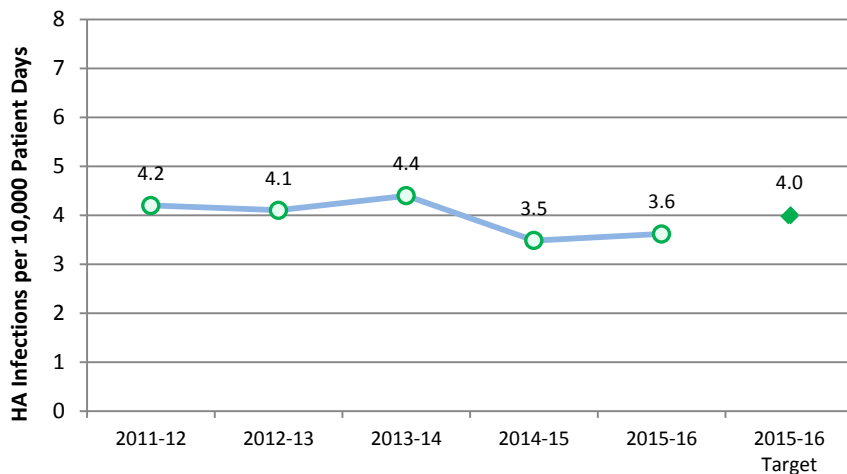
Measure Definition

The number of *Clostridium difficile* infections (CDI) acquired in hospital for every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire CDI infections in Alberta. AHS is performing better than the national average of 7.0. CDI infection cases include patients with a new infection or re-infection while in hospital. Patients are considered to have a CDI if they exhibit symptoms and confirmation by a laboratory test or colonoscopy. This measures safety.

Understanding this Measure

Some individuals carry CDI in their intestines while others may acquire it while in hospital. CDI is the most frequently identified cause of hospital-acquired diarrhea. This infection complicates and prolongs hospital stays and impacts resources and costs in the health care system. Monitoring CDI trends provide important information about effectiveness of infection prevention and control strategies. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

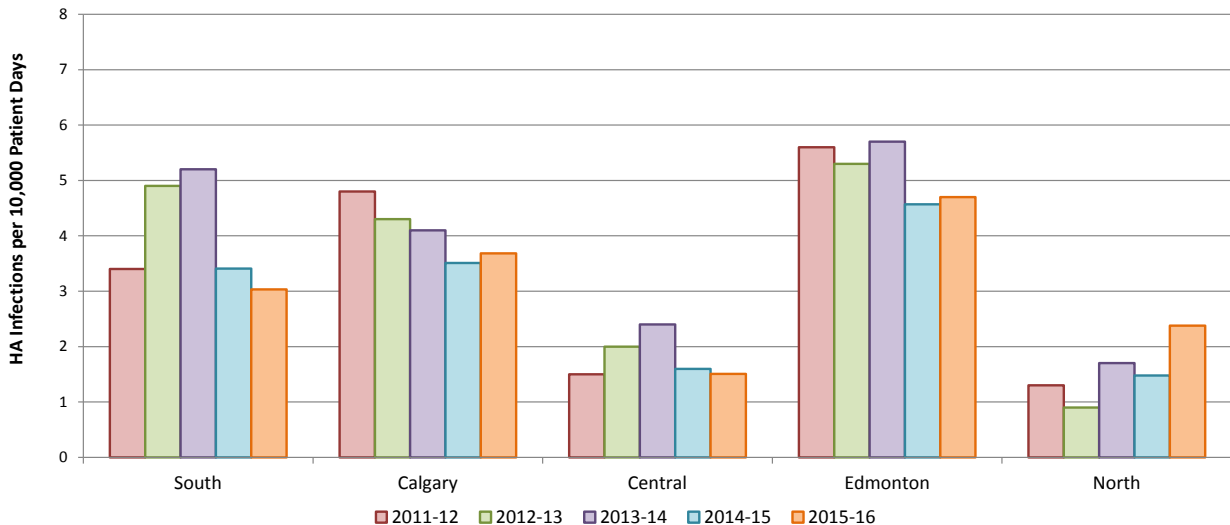
Hospital-Acquired C-Difficile Rate - Annual



How Do We Compare?

According to the Canadian Nosocomial Infection Surveillance Program based on 60 participating Canadian hospitals, the Western region which includes Alberta has a lower rate of infections than the country overall.

Hospital-Acquired *Clostridium difficile* Infections - By Zone



Hospital-Acquired Infections

ACTIONS

Phase 1 Implementation of Patient Clinical Equipment Program at nine sites (Royal Alexandra Hospital, Glenrose Rehabilitation Hospital, University of Alberta Hospital, Sturgeon Community Hospital, Medicine Hat Regional Hospital, Chinook Regional Hospital, QEII Hospital, Northern Lights Regional Hospital, and Red Deer Regional Hospital).

All zones continue to implement the antimicrobial stewardship strategy. Zone Antimicrobial Stewardship working groups will review the defined daily dose/100 patient days for select antibiotics.

South Zone is implementing the *Clostridium difficile* infections (CDI) toolkit.

Calgary Zone is increasing the use of CDI order set including the use of the CDI smartphone application by physicians to guide physicians when ordering antibiotics. Alberta Children's Hospital, is developing and implementing guidelines for antibiotic use in several conditions (e.g. pneumonia, meningitis).

Central Zone is evaluating the use of CDI toolkit components across acute care facilities. They are also using tools to reduce CDI with a focus on equipment cleaning Personal Protective Equipment and waste management.

Edmonton Zone is targeting units at the Stollery Children's Hospital with high infection rates with antimicrobial stewardship education. The zone is piloting a compact portable disinfection system at Royal Alexandra Hospital to help mitigate physical barriers to improving CDI. Also, conducting a trial of enhanced room disinfection on the burn unit.

North Zone will roll out the CDI patient orders and care map across the zone.

In AHS, there are established protocols for the cleaning of patient care areas which include increased cleaning for isolation rooms and focused attention on cleaning of shared patient equipment. Current initiatives in environmental services include: cleanliness audits with real-time reporting to support best practice in cleaning, introduction of designated equipment cleaners with accountability for cleaning of shared patient equipment such as wheelchairs, stretchers, IV poles, vital sign monitors, etc., and a pilot project using room disinfection technology.

SUMMARY

The most recent data for this measure is a quarter behind so, based on Q4 YTD 2015-16 data:

The 2015-16 targets were met for the province and four zones. South and Central Zones demonstrated improvement from the same period as last year.

North Zone performance deteriorated due to a new strain of CDI (NAP1) which has created challenges in slowing the spread of CDI.

Pediatric CDI cases are strongly influenced by antibiotic use at Alberta Children's Hospital and Stollery Children's Hospital. While their CDI rates are high, this is largely due to the type of patients cared for at Children's Hospitals – e.g., children with cancer, cardiac conditions, and other chronic diseases are very susceptible to CDI given the antibiotic use required.

DID YOU KNOW

AHS Infection Prevention and Control works collaboratively with physicians, staff and public health by providing *C. difficile* rates and assisting with intervention and control strategies.

Antimicrobial stewardship is the practice of minimizing the emergence of antimicrobial resistance by using antibiotics only when necessary and, if needed, by selecting the appropriate antibiotic at the right dose, frequency and duration to optimize outcomes while minimizing adverse effects.

Current Canadian Standards for construction of healthcare facilities advocate for the use of **single-patient rooms** and new acute care facilities in Alberta are being designed in alignment with these standards. However, in our existing healthcare facilities there are predominately multi-patient rooms, with four patients sharing a single bathroom. Clean patient care environments are so important.

Hospital-Acquired Infections

The number of *Clostridium difficile* infections (C-diff) acquired in hospital for every 10,000 patient days. A rate of 4.0 means approximately 100 patients per month acquire C-diff infections in Alberta.

Hospital Acquired <i>C-Difficile</i> Infections	2012-13	2013-14	2014-15	Q4 YTD		Trend	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	4.1	4.4	3.5	3.5	3.6	★	4.0
South Zone Total	4.9	5.2	3.4	3.4	3.0	★	4.4
Chinook Regional Hospital	7.9	7.5	5.4	5.4	4.7	★	6.9
Medicine Hat Regional Hospital	1.3	2.8	1.7	1.7	1.3	★	1.3
All Other Hospitals	4.2	4.3	2.0	2.0	2.1	★	4.0
Calgary Zone Total	4.3	4.1	3.5	3.5	3.7	★	4.1
Alberta Children's Hospital	2.4	3.5	1.4	1.4	4.2	✗	2.4
Foothills Medical Centre	6.5	5.4	5.2	5.2	4.7	★	6.1
Peter Lougheed Centre	2.1	3.4	2.8	2.8	3.6	✗	2.1
Rockyview General Hospital	3.5	4.0	3.2	3.2	3.4	★	3.4
South Health Campus	N/A	2.2	2.3	2.3	2.7	★	4.1
All Other Hospitals	2.4	1.5	0.9	0.9	1.0	★	2.3
Central Zone Total	2.0	2.4	1.6	1.6	1.5	★	1.9
Red Deer Regional Hospital Centre	3.1	3.3	3.1	3.1	2.6	★	2.8
All Other Hospitals	1.6	2.0	1.0	1.0	1.1	★	1.5
Edmonton Zone Total	5.3	5.7	4.6	4.6	4.7	★	4.9
Grey Nuns Community Hospital	5.7	5.9	3.5	3.5	3.7	★	5.4
Misericordia Community Hospital	6.9	6.3	3.9	3.9	4.1	★	6.4
Royal Alexandra Hospital	6.5	7.3	6.7	6.7	6.8	✗	6.1
Stollery Children's Hospital	2.1	3.1	4.0	4.0	5.5	✗	2.0
Sturgeon Community Hospital	5.6	9.3	6.0	6.0	7.4	✗	5.3
University of Alberta Hospital	8.7	8.6	7.1	7.1	6.2	★	7.8
All Other Hospitals	1.6	1.9	1.4	1.4	1.9	✗	1.6
North Zone Total	0.9	1.7	1.5	1.5	2.4	✗	0.8
Northern Lights Regional Health Centre	1.0	0.7	2.0	2.0	0.7	★	1.0
Queen Elizabeth II Hospital	1.1	3.0	1.2	1.2	3.0	✗	1.0
All Other Hospitals	0.8	1.5	1.5	1.5	2.5	✗	0.8

N/A: No results available. South Health Campus opened February 2013.

Number of Cases	2012-13	2013-14	2014-15	Q4 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	1,166	1,265	1,065	1,065	1,075
South Zone	91	101	69	69	58
Calgary Zone	378	374	353	353	364
Central Zone	83	100	68	68	63
Edmonton Zone	594	650	539	539	534
North Zone	20	40	36	36	56

Mental Health Readmissions

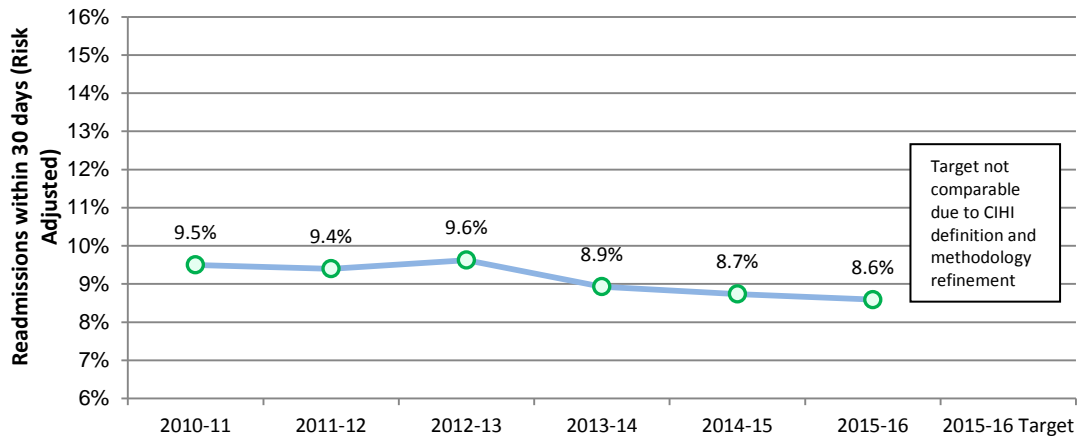
Measure Definition

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

Understanding this Measure

Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications. While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and follow-up care. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

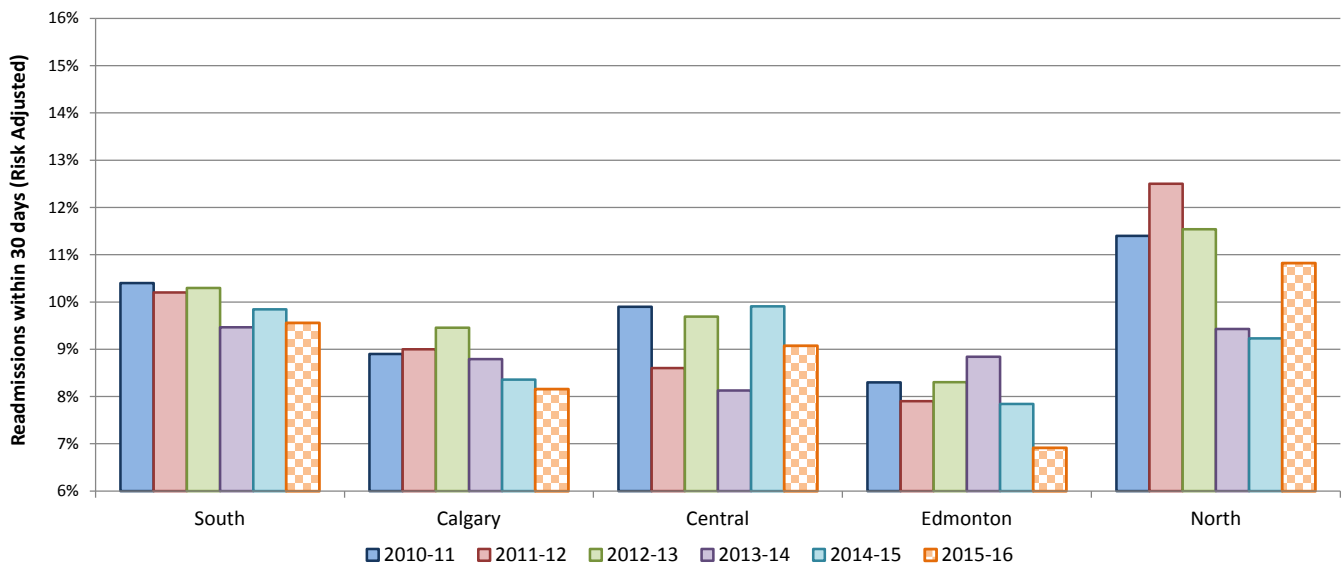
Mental Health Readmissions - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of ten provinces and better than the national rate in 2014-15.

Mental Health Readmissions - by Zone



Mental Health Readmissions

ACTIONS

AHS will continue to reduce readmission rates for patients with severe and persistent mental health problems by continuing to use Community Treatment Orders (CTOs).

South Zone will continue to monitor on a monthly basis the readmission rates to acute psychiatry in Medicine Hat and Lethbridge. Readmission data along with other metrics (e.g., length of stay) will be used to both monitor and inform practice in an effort to minimize readmission. Length of stay and Readmission rates are standing items on the Psychiatry department meetings. As a result, psychiatrists are aware of and routinely discuss these data.

Calgary Zone patients are contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. The opening of the Mental Health Assessment Unit at Rockyview General Hospital (RGH) should reduce the need to readmit patients re-presenting at the RGH by providing a brief period of stabilization in the ED.

Central Zone continues multiple initiatives including: the Discharge Continuity Project to link inpatient and community services, and addresses the suicide risk management policy; enhanced mental health liaisons to support rural facilities, emergency department (ED), and other agencies continues; enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities continues; and advocate for additional supports and partner with Child and Family Services for community living.

Edmonton Zone is piloting an Adult Acute Transition Clinic at Alberta Hospital Edmonton to ensure timely access to post-discharge follow-up. Proactive engagement and staff cross-training will occur to improve timely discharge of long stay patients with complex needs to supported community housing.

North Zone is implementing a Youth Mental Health day program as well as developing a child psychiatry workforce plan.

SUMMARY

The most recent data for this measure is a quarter behind so, based on Q4 YTD 2015-16 data:

Targets for 2015-16 are not comparable to the 2015-16 data as CIHI definition and methodology refinement created a shift in results. The 2015-16 data is based on the new definition and methodology. The 2016-17 targets are based on the new methodology and will be reported with Q1 2016-17 data.

Provincial, South, Calgary, Central, and Edmonton Zones performance improved from the same period last year.

North Zone performance deteriorated compared to the same period last year.

DID YOU KNOW

Community Treatment Orders (CTOs) are an important tool to supporting individuals with serious and persistent mental health illness stay in the community. A treatment and care plan is set up, outlining service providers and supports required for the client to stay well in the community.

Mental Health Readmissions

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

Mental Health Readmissions within 30 days (Risk Adjusted)	2012-13	2013-14	2014-15	Q4 YTD		Trend	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	9.6%	8.9%	8.8%	8.8%	8.6%	Not comparable due to CIHI definition and methodology refinement	
South Zone	10.3%	9.5%	10.1%	10.1%	9.6%		
Calgary Zone	9.5%	8.8%	8.8%	8.8%	8.2%		
Central Zone	9.7%	8.1%	9.3%	9.3%	9.1%		
Edmonton Zone	8.3%	8.8%	7.7%	7.7%	6.9%		
North Zone	11.5%	9.4%	9.3%	9.3%	10.8%		

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q4 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	13,436	13,455	13,887	13,887	14,688
South Zone	1,517	1,503	1,485	1,485	1,511
Calgary Zone	4,685	4,716	5,099	5,099	5,385
Central Zone	1,566	1,483	1,615	1,615	1,891
Edmonton Zone	3,539	3,427	3,408	3,408	3,532
North Zone	2,129	2,326	2,280	2,280	2,369

*Total number of hospital stays for select Mental Health diagnoses.

Excludes standalone psychiatric facilities such as Southern Alberta Forensic Psychiatric Centre (SAFPC) and Claresholm Centre for Mental Health and Addictions in Calgary Zone and Centennial Centre for Mental Health and Brain Injury (CMHBI) in Central Zone.

Surgical Readmissions

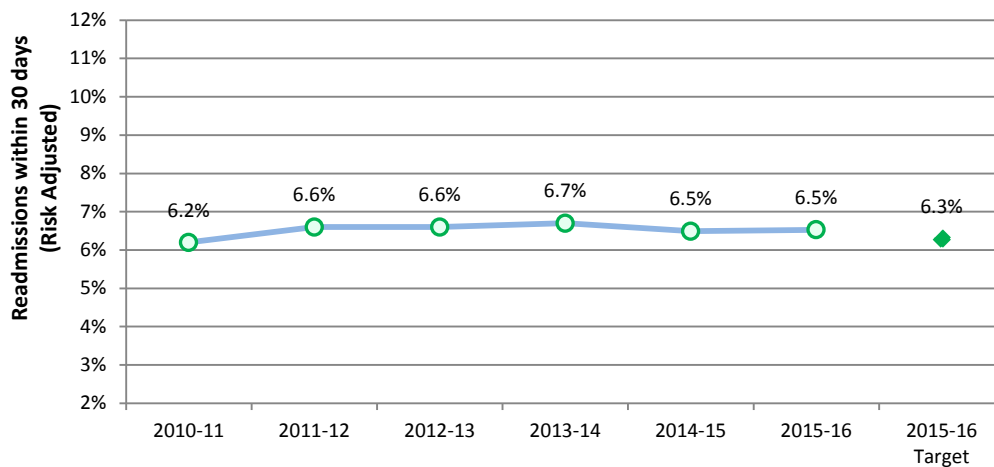
Measure Definition

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

Understanding this Measure

Unplanned readmissions to hospitals are used to measure quality of surgical care and follow-up. Readmission rates are also influenced by a variety of other factors, including the effectiveness of the care transition to the community. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

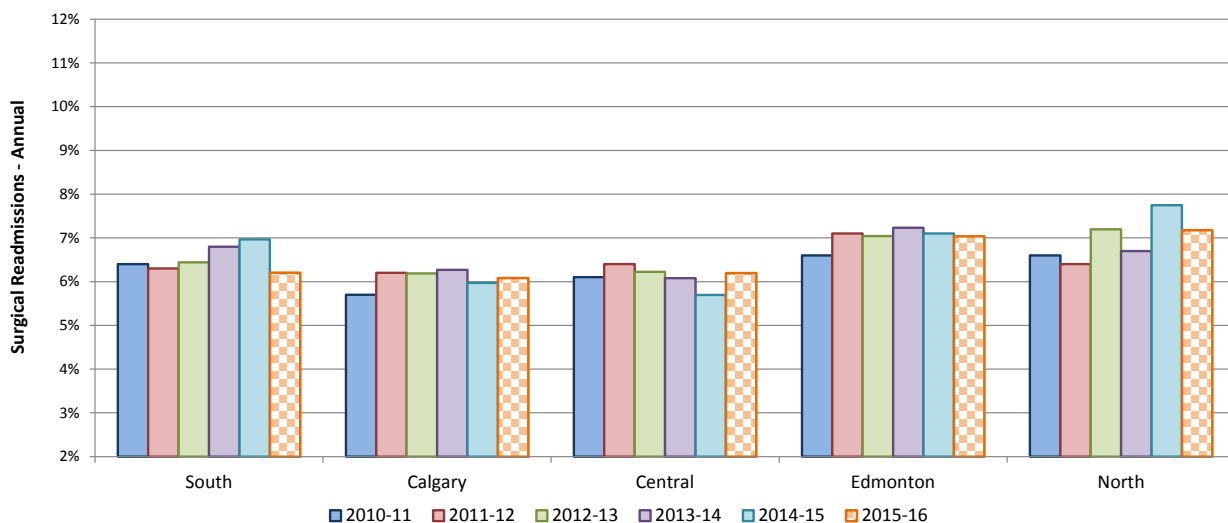
Surgical Readmissions - Annual



How Do We Compare?

Alberta ranked 5th best nationally out of ten provinces and the same as the national rate in 2014-15.

Surgical Readmissions - by Zone



Surgical Readmissions

ACTIONS

Zones will continue the spread and scale of Enhanced Recovery After Surgery (ERAS) by implementing 12 new protocols at the largest tertiary centres already utilizing ERAS principles; and, expansion of the Colorectal Pathway to Red Deer Regional Hospital, Rockyview General Hospital and Chinook Regional Hospital.

Zones will continue to implement National Surgery Quality Improvement Project (NSQIP) with demonstrable quality improvement projects in five sites across Alberta. Trauma Quality Improvement Program (TQIP) will be implemented at Level 1/2 trauma centers in Alberta. This program is supported by the Surgery SCN.

Zones will complete implementation and optimization of Adult Coding Access Targets for Surgery (aCATS) to help measure wait times and prioritize scheduled surgeries. This program is also supported by the Surgery SCN.

The Elder-Friendly Approaches to the Surgical Environment (EASE) research project will be implemented at other acute care sites across the province to improve surgical outcomes specifically for the aged.

SUMMARY

The most recent data for this measure is a quarter behind so, based on Q4 YTD 2015-16 data:

South and Calgary Zones achieved targets in 2015-16.

Provincial, Edmonton and North Zones are performing at or above the same period as last year in Q4.

Surgical Readmission rates have slightly increased in Central Zone due to variability between quarters and between individual rural sites for reasons including: physician practice; availability of beds; low surgical volumes; and, differing population requirements. At the Red Deer Regional Hospital (RDRH), the percentage of complex surgeries is increasing. The first quarter saw a number of complex surgeries that experienced complications post-operatively which required readmission. The overall trend for readmission at RDRH is decreasing.

DID YOU KNOW

AHS is working with its Strategic Clinical Networks to ensure quality of surgical care and follow-up. Reducing the frequency with which patients return to the hospital can both improve care and lower costs.

National Surgery Quality Improvement Project (NSQIP) uses clinical data to measure and improve performance thereby reducing the rate of preventable surgical complications. **Trauma Quality Improvement Program (TQIP)** works to enhance the quality of care for trauma patients.

Adult Coding Access Targets for Surgery (aCATS) helps deliver exceptional surgical care in a safe and timely manner. It is a standardized diagnosis-based system to help prioritize surgeries offered throughout the province.

Enhanced Recovery After Surgery (ERAS) helps patients get back to normal as quickly as possible by providing new and consistent ways of managing care before, during and after surgery.

Elder-friendly Approaches to the Surgical Environment (EASE) is a clinical research study – a collaboration between AHS and the Faculty of Medicine & Dentistry at the University of Alberta – that aims to implement elder-friendly practices during and after surgery to better support the older patient through their hospital stay, thereby improving post-operative outcomes.

Surgical Readmissions

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

Surgical Readmissions within 30 days (Risk Adjusted)	2012-13	2013-14	2014-15	Q4 YTD		Trend	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	6.6%	6.7%	6.5%	6.5%	6.5%	✓	6.3%
South Zone Total	6.4%	6.8%	6.8%	6.8%	6.2%	★	6.2%
Chinook Regional Hospital	6.9%	6.7%	7.8%	7.8%	5.8%	★	6.7%
Medicine Hat Regional Hospital	5.5%	7.2%	5.1%	5.1%	6.7%	✗	5.4%
All Other Hospitals	7.8%	4.9%	5.9%	5.9%	8.5%	✗	7.3%
Calgary Zone Total	6.2%	6.3%	6.0%	6.0%	6.1%	★	6.1%
Foothills Medical Centre	6.6%	6.8%	6.1%	6.1%	6.4%	★	6.4%
Peter Lougheed Centre	6.0%	5.6%	6.0%	6.0%	6.2%	✗	5.9%
Rockyview General Hospital	6.2%	6.2%	6.2%	6.2%	5.9%	★	6.1%
South Health Campus	N/A	6.8%	5.9%	5.9%	6.1%	★	6.1%
All Other Hospitals	1.4%	2.5%	1.6%	1.6%	1.5%	★	1.7%
Central Zone Total	6.2%	6.1%	5.6%	5.6%	6.2%	✗	6.1%
Red Deer Regional Hospital Centre	6.1%	6.1%	5.9%	5.9%	6.3%	✗	6.0%
All Other Hospitals	6.6%	6.0%	4.6%	4.6%	5.7%	★	6.4%
Edmonton Zone Total	7.0%	7.2%	7.0%	7.0%	7.0%	✓	6.5%
Grey Nuns Community Hospital	6.5%	5.9%	5.8%	5.8%	6.4%	✗	6.2%
Misericordia Community Hospital	6.2%	6.9%	7.3%	7.3%	6.6%	✓	6.0%
Royal Alexandra Hospital	7.5%	7.5%	7.0%	7.0%	6.9%	★	7.0%
Sturgeon Community Hospital	5.0%	5.5%	5.9%	5.9%	5.9%	✓	5.0%
University of Alberta Hospital	7.7%	8.2%	7.7%	7.7%	8.0%	✗	7.1%
All Other Hospitals	4.7%	4.1%	4.7%	4.7%	4.7%	✓	4.5%
North Zone Total	7.2%	6.7%	7.5%	7.5%	7.2%	✓	6.7%
Northern Lights Regional Health Centre	8.3%	6.5%	7.6%	7.6%	6.6%	★	7.6%
Queen Elizabeth II Hospital	6.8%	7.2%	7.8%	7.8%	7.4%	✓	6.6%
All Other Hospitals	7.0%	6.0%	7.0%	7.0%	7.0%	✓	6.8%

Eligible Surgical Cases (Index)*	2012-13	2013-14	2014-15	Q4 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	89,090	90,811	92,530	92,530	93,173
South Zone	5,522	5,471	5,432	5,432	5,397
Calgary Zone	35,301	36,315	37,846	37,846	38,971
Central Zone	7,640	7,784	7,859	7,859	7,837
Edmonton Zone	35,774	36,295	36,672	36,672	36,258
North Zone	4,853	4,946	4,721	4,721	4,710

*Total number of hospital stays for surgery for eligible conditions. Transfers are excluded.

Satisfaction with Hospital Care

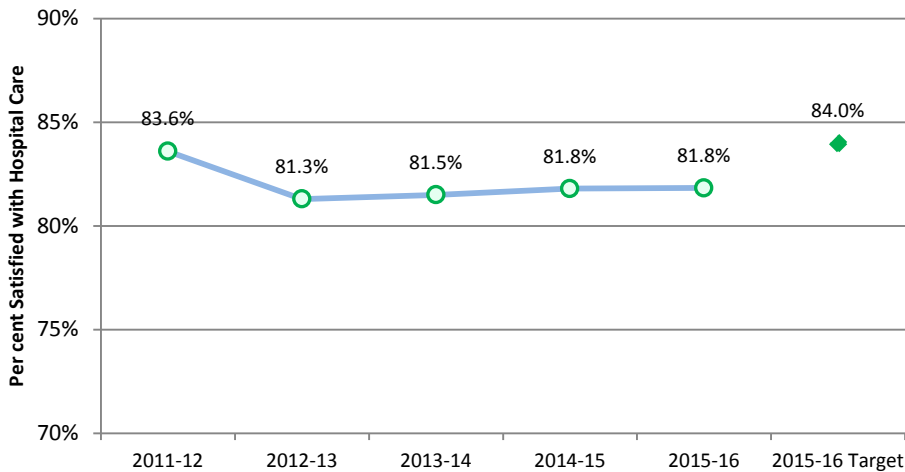
Measure Definition

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. This measures acceptability.

Understanding this Measure

Feedback gathered from individuals using hospital services is critical to improving the health system. This measure reflects patients' overall experience with their hospital care. Telephone interviews are conducted with a random sample of patients within six weeks of their discharge date from hospital. Source: Hospital-Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) Survey. NOTE: This measure is reported a quarter later due to the requirement to follow up with patients after the end of the reporting quarter.

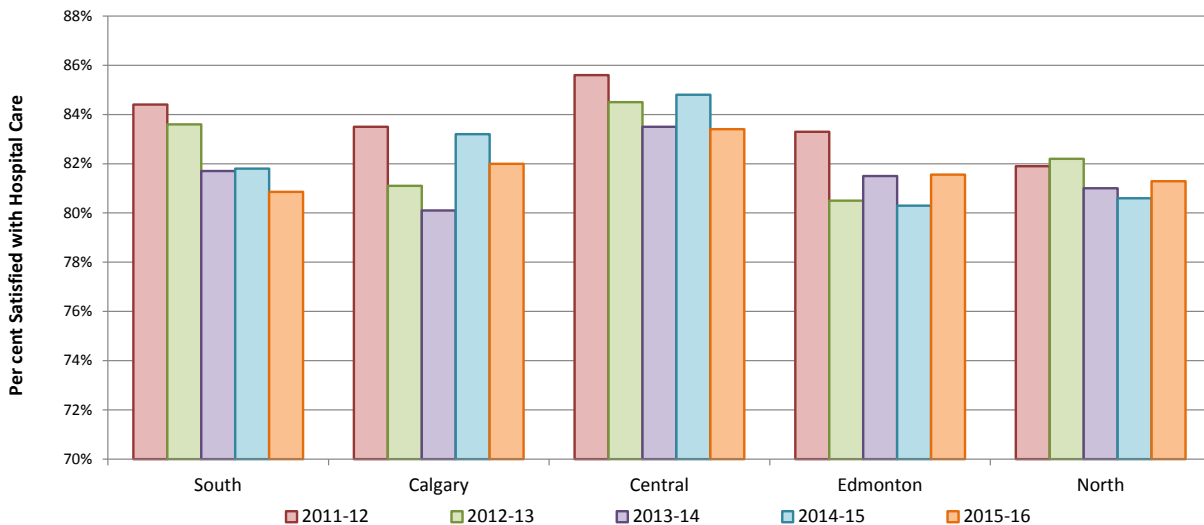
Satisfaction with Hospital Care - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Satisfaction with Hospital Care - By Zone



Satisfaction with Hospital Care

ACTIONS

The Patient First Strategy will enter the implementation phase across all five zones.

All five zones will complete Phase 1 CoACT elements and begin Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include: integrated plan of care, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit and partnerships with support services.

South Zone is implementing the Patient First Strategy including patient engagement.

Calgary Zone is outlining the range of Family Presence Practices available and moving towards consistency across sites of Family Presence Practices.

Central Zone is increased the number of patient advisors involved in acute care committees and other engagement activities as well as staff cultural sensitivity training.

Edmonton Zone implemented several initiatives at multiple sites including: patient focus practices of Name Occupation Duty (NOD); patient satisfaction evaluation process to improve the patient/family experience; new Patient Experience Office at the Royal Alexandra Hospital; actions to improve satisfaction with hospital care at the UAH including standardization of site-wide flexible visiting hours, and conduct a Patient experience project in Medicine focusing on improving the patient's experience with Over Capacity Protocol.

North Zone will develop an Always Events Change Management Plan to spread patient- and family-centred care best practice within the zone.

SUMMARY

The most recent data for this measure is a quarter behind so, based on Q4 YTD 2015-16 data:

While the 2015-16 targets for Satisfaction with Hospital Care were not achieved, Provincial results remained stable.

Edmonton Zone demonstrated improvement and North Zone remained the same from 2014-15.

South, Calgary and Central Zones demonstrated slight deterioration in performance compared to 2014-15.

High occupancy at sites has had an impact on patient satisfaction. With the launch of the Patient First Strategy in 2015, AHS remains committed to ensuring patient and family experiences are the centre of everything we do and every decision we make.

DID YOU KNOW

Patient First Strategy reflects a patient- and family-centred care. The strategy will enable AHS to advance health care in Alberta by empowering and enabling Albertans to be at the centre of their health care team, improving their own health and wellness.

CoACT is an innovative model of care in which care provider teams collaborate more closely with patients. This provincial program designs tools and processes for Collaborative Care.

ALWAYS events refer to elements of the patient experience that are so vital to patients and families that healthcare providers should strive to ALWAYS get them right.

Satisfaction with Hospital Care

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.

Satisfaction with Hospital Care	2012-13	2013-14	2014-15	Q4 YTD		Trend	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Trend: ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
Provincial	81.3%	81.5%	81.8%	81.8%	81.8%	✓	84.0%
South Zone Total	83.6%	81.7%	81.8%	81.8%	80.9%	✗	85.0%
Chinook Regional Hospital	82.1%	80.5%	76.6%	76.6%	78.2%	✓	84.0%
Medicine Hat Regional Hospital	85.7%	80.7%	85.7%	85.7%	81.3%	✗	86.0%
All Other Hospitals	84.2%	83.5%	88.3%	88.3%	87.2%	★	85.0%
Calgary Zone Total	81.1%	80.1%	83.2%	83.2%	82.0%	✗	84.0%
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	78.6%	76.6%	80.8%	80.8%	80.8%	✓	82.0%
Peter Lougheed Centre	83.5%	80.9%	79.9%	79.9%	77.2%	✗	84.0%
Rockyview General Hospital	81.7%	82.9%	85.4%	85.4%	81.7%	✗	84.0%
South Health Campus	Opened February 2013		89.7%	89.7%	90.1%	★	84.0%
All Other Hospitals	81.4%	79.3%	90.3%	90.3%	92.9%	★	90.0%
Central Zone Total	84.5%	83.5%	84.8%	84.8%	83.4%	✗	86.0%
Red Deer Regional Hospital Centre	81.5%	81.1%	83.0%	83.0%	82.2%	✓	84.0%
All Other Hospitals	85.8%	84.5%	86.7%	86.7%	84.8%	✗	87.0%
Edmonton Zone Total	80.5%	81.5%	80.3%	80.3%	81.6%	✓	83.0%
Grey Nuns Community Hospital	86.4%	86.4%	87.2%	87.2%	86.1%	✗	87.0%
Misericordia Community Hospital	76.8%	78.5%	75.3%	75.3%	77.2%	✓	82.0%
Royal Alexandra Hospital	76.1%	79.9%	76.5%	76.5%	77.3%	✓	81.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	87.1%	89.8%	87.6%	87.6%	89.8%	★	88.0%
University of Alberta Hospital	77.9%	77.1%	80.2%	80.2%	83.5%	★	82.0%
All Other Hospitals	67.1%	70.9%	85.3%	85.3%	86.3%	★	84.0%
North Zone Total	82.2%	81.0%	80.6%	80.6%	81.3%	✓	84.0%
Northern Lights Regional Health Centre	78.5%	75.4%	74.7%	74.7%	78.6%	✓	82.0%
Queen Elizabeth II Hospital	80.7%	76.0%	77.2%	77.2%	78.6%	✓	83.0%
All Other Hospitals	82.8%	83.4%	83.7%	83.7%	83.5%	✓	84.0%

Total Eligible Discharges	2012-13	2013-14	2014-15	Q4 YTD		Number of Completed Surveys	Margin of Error (95% Confidence Interval)
				2014-15 Last Year	2015-16 Current		
Provincial	202,222	183,462	200,428	200,428	218,546	22,952	±0.49%
South Zone	19,040	18,271	19,341	19,341	19,737	2,117	±1.69%
Calgary Zone	55,366	45,800	51,199	51,199	61,044	6,299	±0.94%
Central Zone	27,389	26,134	28,254	28,254	29,272	3,226	±1.27%
Edmonton Zone	76,124	68,913	76,197	76,197	82,559	8,300	±0.84%
North Zone	24,303	24,344	25,437	25,437	25,934	3,010	±1.39%

Note: If within the margin of error, trend is not significant and reported to be "stability". Margin of error: estimated to be accurate within this margin of error, 19 times out of 20.