



2016-17

Alberta Health Services  
Q2 Year-to-Date Performance Measure Update

January 30, 2017

Prepared by AHS Planning & Performance and AHS Analytics

## Executive Summary

Alberta Health Services (AHS) has 13 performance measures that 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 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 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 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 Performance Measures Information System (PMIS) website at [www.health.alberta.ca/newsroom/PMIS-Definitions.html](http://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 Q2 performance report represents two different timeframes:

- **Nine measures reported quarterly – updated as of Q2 (April 1, 2016 to September 30, 2016).**
- **Four measures reported quarterly – updated as of Q1.** 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., Q1 YTD). For these measures in this report, North Zone results were 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 annual measures** were removed from this quarterly report 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 (source: 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.

Performance analysis is done by comparing current reporting period (Q2 year-to-date 2016-17) to the same period last year (Q2 year-to-date 2015-16).

## 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 towards 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 the most recent available data, Alberta is ranked high for several measures:

- Acute Length of Stay/Expected Length of Stay (ALOS/ELOS) – 3<sup>rd</sup> best out of 9 provinces in 2015-16.
- Emergency Department (ED) length of stay for admitted patients – 2<sup>nd</sup> best out of 5 provinces in 2015-16.
- Access to Radiation Therapy – 3<sup>rd</sup> best out of 9 provinces in Q2 YTD 2015-16.
- *Clostridium difficile* Infections (CDI) – better than national results (2014).
- Mental Health Readmission – better than national rate; 2<sup>nd</sup> best out of 10 provinces in 2014-15.
- Surgical Readmission – same as national rate; 5<sup>th</sup> best out of 10 provinces in 2014-15 compared to 7<sup>th</sup> in 2013-14.

**The following interpretation is provided on the 13 measures.** AHS recognizes achieving target as a positive accomplishment. Measures are grouped into three categories:

- ★ Target achieved (*regardless of performance comparison*).
- ✓ Performance improved or maintained from the same period last year but has not met target.
- ✗ Performance deteriorated from the same period last year but has not met target.

**Variance explanation is only provided if current period performance (Q2 year-to-date) is worse than same period last year (Q2 year-to-date) by ≥5%.**

**Three performance measures achieved the 2016-17 target (★):**

1. Acute Length of Stay compared to Expected Length of Stay
2. ED Length of Stay Admitted
3. Mental Health Readmissions

**Six performance measures are at or better than the same time period as last year (✓):**

1. ED Wait to See a Physician
2. Hand Hygiene
3. Hospital Mortality (HSMR)
4. Access to Radiation Therapy
5. Surgical Readmissions (Q1)
6. Satisfaction with Hospital Care (Q1)

**Four measures did not meet target 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.

### Continuing Care Placement

- The percentage of clients admitted to a continuing care space (designated supportive living or long-term care) within 30 days has declined provincially and in three zones. Calgary and Central Zones achieved target.
- Since April 1, 2016, AHS staffed and placed into operation a total of 224 net new continuing care beds in Q2 year-to-date for a total of 24,928 community-based services. Since 2010, AHS has opened 5,471 new beds to support individuals who need community-based housing, care and supports. Because the majority of continuing care bed openings in 2016-17 is projected for Q3 and Q4, we have had fewer bed openings in Q2 year-to-date than required to keep pace with population need. Historically, we know that inconsistent bed and home care growth, even for one fiscal year, can erode previous improvements to waitlist and create community capacity shortfalls that are difficult to reverse.
- In addition, a number of factors affected the measure in the Edmonton Zone in particular. The zone accepted displaced residents from Fort McMurray in Q1 with repatriation still underway. There were also major water incidents resulting in the closure of beds and displacement of many residents.

### **Emergency Department (ED) Length of Stay Discharged**

- Provincial and Central Zone demonstrated a slight decline in performance compared to the same period as last year. In the Central Zone, an additional evening operating room theatre was used for emergency and elective and flood backlog. This put increased pressure on surgical beds which, in turn, decreased overall patient flow out of ED.
- 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. This, along with an increase in emergency inpatients within the ED reduces available care spaces to assess and treat patients to be discharged within the four hour timeframe.
- Work continues to educate the public through the “Know Your Options” campaign. In September, AHS launched the HEAL (Health Education and Learning) program, an online resource aimed at providing families across Alberta easily accessible, reliable information about common minor illnesses in children.

### **Children’s Mental Health Access**

- This measure has shown deterioration provincially and in four zones (South Zone showed improvement). The most significant decline can be seen in the Edmonton Zone.
- Edmonton Zone has seen a 70% increase in children requiring mental health services since 2014-15. Monthly averages have increased from 300-400 new referrals to 600-700 new referrals over the past 18 months. In addition to an increase in referrals, the program is also experiencing recruitment and retention challenges. With program capacity to see new referrals maximized, achievement of the wait time target has declined rapidly in the first two quarters of 2016-17. Edmonton Zone is working to increase access and improve wait times 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.
- North Zone results were 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. In Fort McMurray, some families may not have returned home in this quarter. Also, lower enrollment numbers were due to providing wildfire alternative service models such as more outreach and walk-in services rather than scheduled care, as captured in this measure. In some sites, all school-based staff were moved to 10-month contracts, with schools closed, families on vacation, and staff not working over the summer months, there were marked reductions in enrollments.

### **Hospital Acquired *Clostridium difficile* Infections (CDI)**

- This measure is a quarter lag – Q1 results indicate that the rate of CDI deteriorated provincially and in three zones. Calgary Zone exceeded target, and Edmonton Zone showed improvement. In the South Zone, the rate was higher than normal and represents cases of CDI at one of the regional hospitals. Central Zone had a small increase in cases occurring at two rural hospitals. North Zone performance deteriorated due to a new strain of CDI (NAP1) which has created challenges in slowing the spread of CDI. In addition, one site experienced a CDI outbreak during 2015-16.
- Work is underway by the Antimicrobial Stewardship committees to implement CDI toolkits. These include pre-printed care orders, environmental cleaning protocols, nursing checklist and a management flow map. Cases of CDI are reviewed by Infection, Prevention and Control and Pharmacy for proper treatment, order set use, precautions, cleaning, and appropriate antibiotic and proton pump inhibitor de-escalation to evaluate the use of the CDI toolkit components.

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

## Table of Contents

Executive Summary .....	1
Provincial Performance .....	5
Acute Length of Stay (ALOS) Compared to Expected Length of Stay (ELOS) .....	6
Continuing Care Placement .....	9
Emergency Department (ED) Wait to See a Physician .....	12
Emergency Department Length of Stay for Admitted Patients .....	15
Emergency Department Length of Stay for Discharged Patients.....	18
Hand Hygiene .....	21
Hospital Mortality.....	24
Children’s Mental Health Access.....	27
Access to Radiation Therapy .....	30
Hospital-Acquired <i>Clostridium difficile</i> Infections .....	33
Mental Health Readmissions.....	36
Surgical Readmissions .....	39
Satisfaction with Hospital Care .....	42

## Provincial Performance

Q2 Year-to-Date Performance Measures Dashboard	Q2 Year-to-Date		Report Card Quarterly Comparison	Target 2016-17	2015-16 National Comparison Alberta ranked
	2015-16	2016-17			
★ Target achieved; ✓ improving or maintaining; ✗ performance not improving					
<b>Measures reported quarterly – updated as of Q2 (July 1, 2016 to September 30, 2016):</b>					
Acute Length of Stay Compared to Expected Length of Stay	1.00	0.98	★	0.98	3 <sup>rd</sup> out of 9 provinces
<i>Total Discharges</i>	202,674	204,088			
Continuing Care Placement (% placed within 30 days)	60%	58%	✗	62%	not available
<i>Total Placed</i>	3,813	3,913			
Emergency Department Wait to see a Physician (median) in hours	1.3	1.3	✓	1.2	4 <sup>th</sup> out of 5 provinces
<i>Eligible Cases</i>	444,165	499,484			
Emergency Department Length of Stay for Admitted Patients (median) in hours	9.2	9.1	★	9.3	2 <sup>nd</sup> out of 5 provinces
<i>ED Admissions</i>	69,337	70,404			
Emergency Department Length of Stay for Discharged Patients (median) in hours	3.1	3.2	✗	3.1	4 <sup>th</sup> out of 5 provinces
<i>ED Discharges</i>	432,293	430,601			
Hand Hygiene	79%	83%	✓	90%	not available
<i>Total Observations</i>	204,719	195,741			
Hospital Mortality (HSMR standardized rate)	93	91	✓	90	5 <sup>th</sup> out of 9 provinces
<i>Eligible Cases</i>	50,887	51,131			
Mental Health Access – Children (% offered scheduled treatment within 30 days from referral)	86%	76%	✗	90%	not available
<i>Number of New Enrollments</i>	4,152	3,920			
Radiation Therapy Access (90 <sup>th</sup> percentile) in weeks	2.9	2.9	✓	2.6	3 <sup>rd</sup> out of 9 provinces
<i>Number of Patients starting Radiation Therapy</i>	3,901	4,068			(Q2 YTD 2015-16)

Q1 Year-to-Date Performance Measures Dashboard	Q1 Year-to-Date		Report Card Quarterly Comparison	Target 2016-17	2014-15 National Comparison Alberta ranked
	2015-16	2016-17			
These measures are reported a quarter later due to follow up with patients after the end of the reporting quarter.					
★ Target achieved; ✓ improving or maintaining; ✗ performance not improving					
<b>Measures reported quarterly – updated as of Q4 year to date (April 1, 2015 to March 31, 2016):</b>					
Hospital-Acquired <i>Clostridium difficile</i> Infections (rate per 10,000 patient days)	3.3	3.4	✗	3.3	better than national results (2014)
<i>Number of Cases</i>	254	256			
Readmissions - Mental Health	9.0%	8.3%	★	8.5%	2 <sup>nd</sup> out of 10 provinces
<i>Total Mental Health Discharges</i>	3,659	4,012			
Readmissions - Surgical	6.8%	6.6%	✓	6.3%	5 <sup>th</sup> out of 10 provinces
<i>Total Surgical Discharges</i>	24,016	24,427			
Satisfaction with Hospital Care	82.5%	83.0%	✓	85.0%	not available
<i>Total Eligible Cases</i>	53,217	63,653			

### 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.

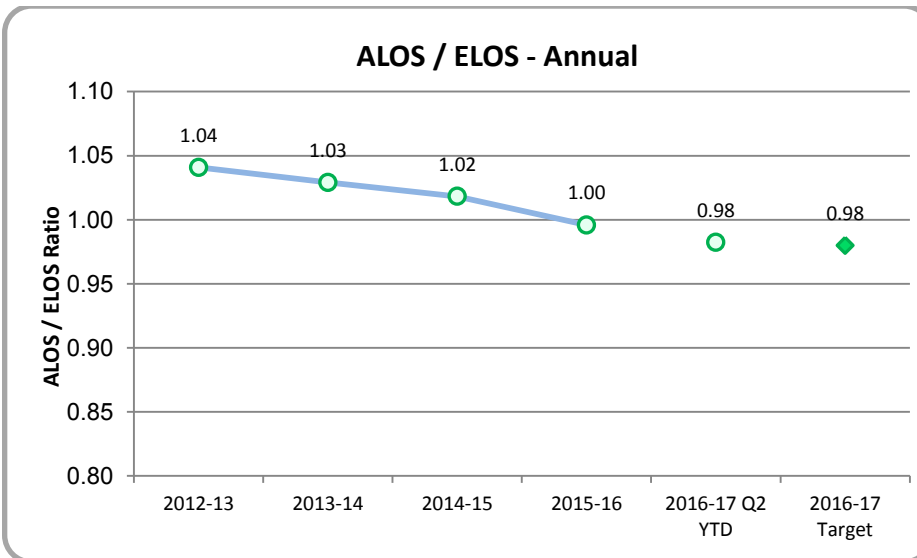
## Acute Length of Stay (ALOS) Compared to Expected Length of Stay (ELOS)

### 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.

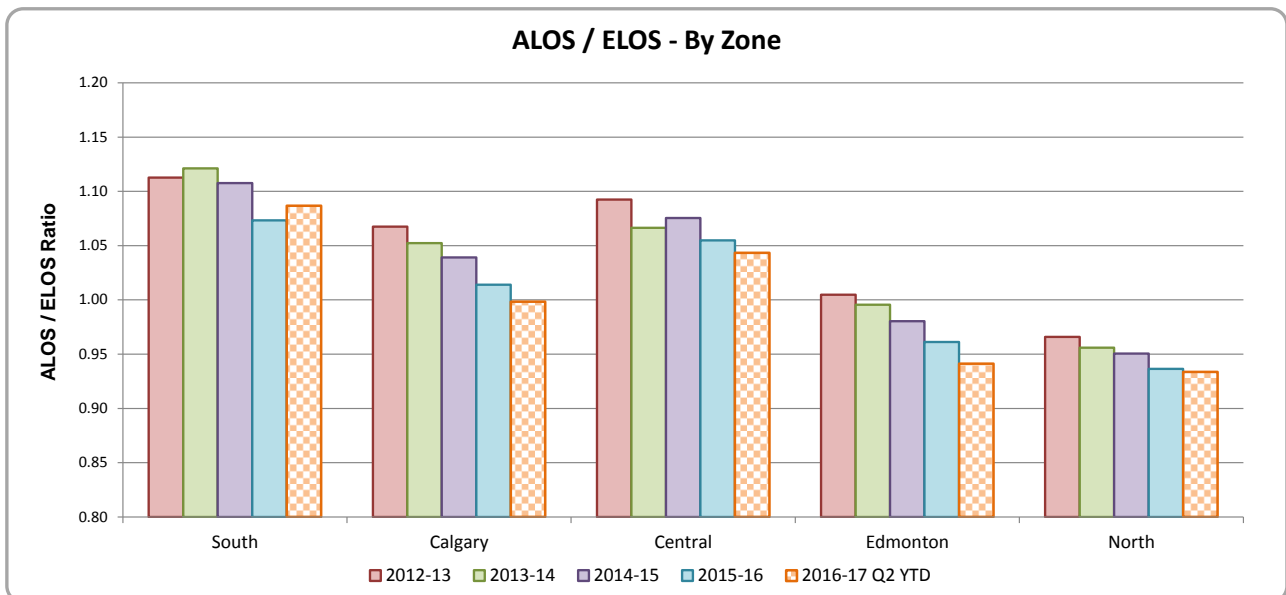
### Understanding this Measure

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 3<sup>rd</sup> best nationally out of nine provinces in 2015-16.





## ALOS/ELOS

### **ACTIONS**

Zones will complete Phase 1 CoACT elements and continue implementation on Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include; integrated care suite, quality suite, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit, collaborative care team, collaborative care orientation, team charters and partnerships with support services.

Strategic Clinical Networks (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
- delirium prevention
- pregnancy
- postpartum and newborn

### **SUMMARY**

Provincial as well as Central, Edmonton and North Zones have achieved target in Q2 YTD. South and Calgary Zones showed improvement.

### **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 to improve transitions of care.

**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.



## 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>1.03</b>	<b>1.02</b>	<b>1.00</b>	<b>1.00</b>	<b>0.98</b>	★	<b>0.98</b>
<b>South Zone Total</b>	<b>1.12</b>	<b>1.11</b>	<b>1.07</b>	<b>1.08</b>	<b>1.09</b>	✓	<b>1.06</b>
Chinook Regional Hospital	1.15	1.13	1.09	1.10	1.10	✓	1.07
Medicine Hat Regional Hospital	1.15	1.11	1.09	1.09	1.10	✓	1.09
All Other Hospitals	0.99	1.04	1.00	1.00	1.00	✓	0.99
<b>Calgary Zone Total</b>	<b>1.05</b>	<b>1.04</b>	<b>1.01</b>	<b>1.01</b>	<b>1.00</b>	✓	<b>0.98</b>
Alberta Children's Hospital	0.98	0.96	0.95	0.93	0.93	★	0.96
Foothills Medical Centre	1.08	1.07	1.04	1.05	1.04	✓	1.00
Peter Lougheed Centre	1.04	1.02	1.02	1.02	1.01	✓	0.98
Rockyview General Hospital	1.05	1.05	1.02	1.02	0.98	✓	0.97
South Health Campus	N/A	1.00	0.95	0.95	0.91	★	0.95
All Other Hospitals	1.00	1.01	0.96	0.94	1.02	✗	0.96
<b>Central Zone Total</b>	<b>1.07</b>	<b>1.08</b>	<b>1.05</b>	<b>1.04</b>	<b>1.04</b>	★	<b>1.04</b>
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	1.01	1.00	★	1.01
<b>Edmonton Zone Total</b>	<b>1.00</b>	<b>0.98</b>	<b>0.96</b>	<b>0.96</b>	<b>0.94</b>	★	<b>0.96</b>
Grey Nuns Community Hospital	0.99	0.98	0.96	0.95	0.91	★	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	0.96	0.95	★	0.95
Stollery Children's Hospital	1.00	1.01	0.98	1.01	0.98	★	0.98
Sturgeon Community Hospital	0.99	0.96	0.92	0.93	0.93	★	0.93
University of Alberta Hospital	0.97	0.97	0.95	0.96	0.94	★	0.95
All Other Hospitals	1.10	1.01	1.03	1.02	1.04	✗	0.97
<b>North Zone Total</b>	<b>0.96</b>	<b>0.95</b>	<b>0.94</b>	<b>0.93</b>	<b>0.93</b>	★	<b>0.93</b>
Northern Lights Regional Health Centre	0.96	0.97	0.93	0.92	0.96	✗	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

Total Discharges	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>393,765</b>	<b>401,331</b>	<b>404,515</b>	<b>202,674</b>	<b>204,088</b>
South Zone	31,093	31,125	30,485	15,513	15,450
Calgary Zone	136,598	140,563	143,063	70,994	72,281
Central Zone	44,589	45,691	45,577	23,045	23,011
Edmonton Zone	135,970	139,052	141,279	70,834	72,431
North Zone	45,515	44,900	44,111	22,288	20,915

## Continuing Care Placement

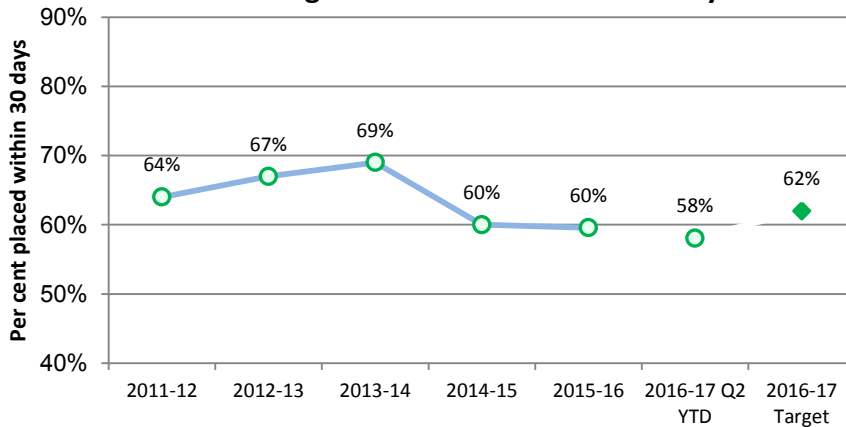
### Measure Definition

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.

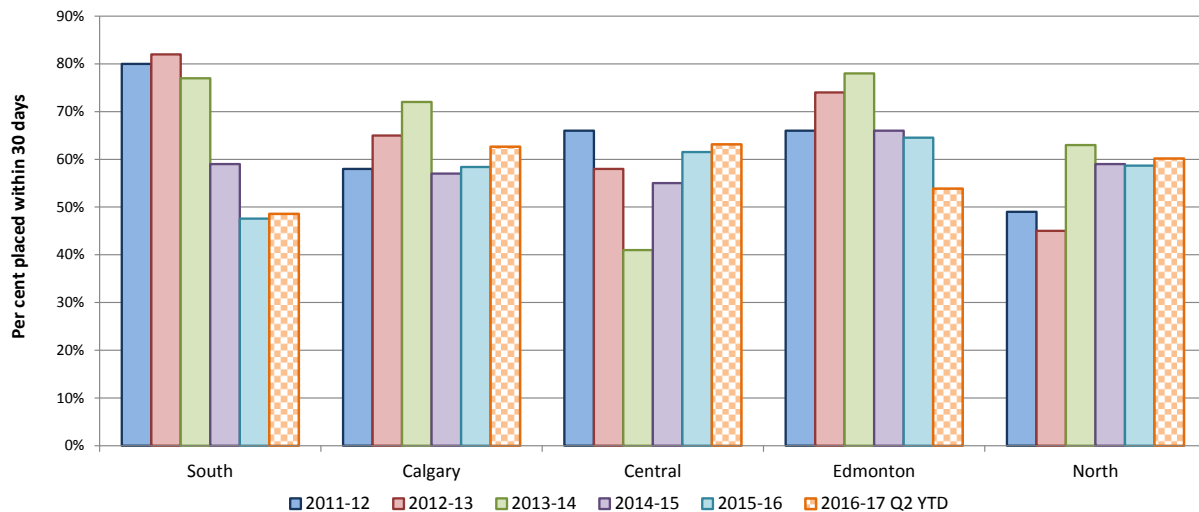
Continuing Care Placement within 30 days - Annual



### How Do We Compare?

Comparable national data is not available for this measure.

Continuing Care Placement within 30 days - By Zone



## 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**

The percentage of clients admitted to a continuing care space (designated supportive living or long-term care) within 30 days has declined provincially and in three zones. Calgary and Central Zones achieved target.

South Zone demonstrated a slight deterioration with diminishing capacity and growing demand in Lethbridge, Medicine Hat and several rural communities. As well, harder to place clients continue to wait which impacts the rate of placement.

A number of factors affected the measure in the Edmonton Zone. The zone accepted displaced residents from Fort McMurray in Q1. Repatriation is occurring but some of these residents are electing to remain in the zone. There were also major water incidents resulting in the closure of beds and displacement of many residents.

AHS has placed 140 more clients in continuing care living options in Q2 YTD 2016-17 (3,913) as compared to Q2 YTD 2015-16 (3,773).

The number of people waiting in acute care/sub-acute and community for continuing care placement, has increased by 205 individuals from Q2 YTD 2015-16 (n=1,610) to Q2 YTD 2016-17 (n=1,815).

Since April 1, 2016, AHS staffed and placed into operation a total of 224 net new continuing care beds in Q2 YTD for a total of 24,928 community-based services (not including palliative). Since 2010, AHS has opened 5,471 new beds to support individuals who need community-based housing, care and supports. Because the majority of continuing care bed openings in 2016-17 is projected for Q3 and Q4, we have had fewer bed openings in Q2 YTD than required to keep pace with population need. Historically, we know that inconsistent bed and home care growth, even for one fiscal year, can erode previous improvements to waitlist and create community capacity shortfalls that are difficult to reverse.

### **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 by improving communication between all healthcare team members, patients and families to facilitate discharges and by ensuring 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>69%</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	<b>58%</b>	<b>✗</b>	<b>62%</b>
South Zone	77%	59%	48%	53%	49%	✗	60%
Calgary Zone	72%	57%	58%	56%	63%	★	60%
Central Zone	41%	55%	62%	64%	63%	★	61%
Edmonton Zone	78%	66%	65%	64%	54%	✗	65%
North Zone	63%	59%	59%	62%	60%	✗	62%

Note: Patients placed within 30 days of being assessed and approved for continuing care space. Includes those waiting in hospital or community.

Total Placed	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>7,693</b>	<b>7,810</b>	<b>7,879</b>	<b>3,813</b>	<b>3,913</b>
South Zone	868	866	887	417	457
Calgary Zone	2,164	2,548	2,722	1,287	1,183
Central Zone	1,189	1,259	1,060	574	673
Edmonton Zone	2,742	2,443	2,506	1,215	1,246
North Zone	730	694	704	320	354

## Emergency Department (ED) Wait to See a Physician

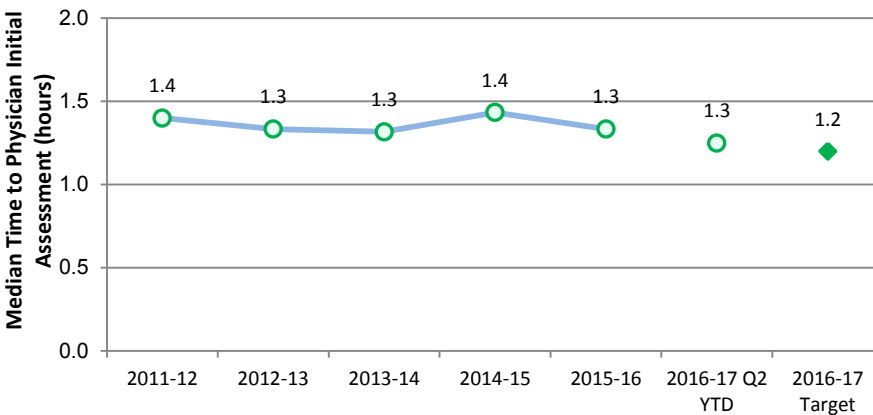
### Measure Definition

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.

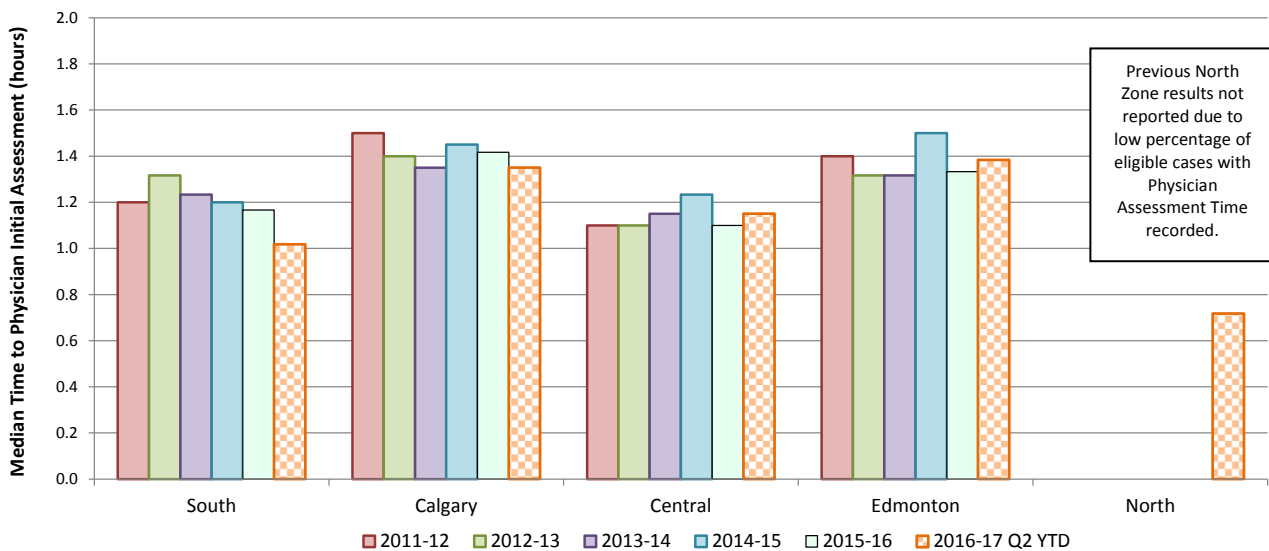
ED Time to Physician Initial Assessment - Annual



### How Do We Compare?

Alberta ranked 4<sup>th</sup> 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 illnesses in children.

South Zone is improving efficiencies 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 the 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 Canadian Triage and Acuity Scale (CTAS) 4/5 visits to the ED. CTAS levels are designed such that level 1 represents the sickest patients and level 5 represents the least ill group of patients.

### SUMMARY

South and North Zones achieved target in Q2 YTD 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 deterioration in Q2 YTD compared to last year.

In the Central Zone, occupancy rates have been high with very unusual spikes in the summer this year, notably for mental health beds. In addition, an additional evening OR theatre was used for emergency and for elective and flood backlog. This put increased pressure on surgical beds—which in turn, decreased overall patient flow out of ED. In Edmonton Zone, the deterioration in performance is due to increased ED volume, acuity and high admits through the ED. The zone is implementing an ED Surge Plan to improve the flow through the ED.

### 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.

The content for **HEAL** 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>1.3</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	✓	<b>1.2</b>
<b>South Zone Total</b>	<b>1.2</b>	<b>1.2</b>	<b>1.2</b>	<b>1.2</b>	<b>1.0</b>	★	<b>1.1</b>
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	1.1	0.8	★	1.1
<b>Calgary Zone Total</b>	<b>1.4</b>	<b>1.5</b>	<b>1.4</b>	<b>1.4</b>	<b>1.4</b>	✓	<b>1.2</b>
Alberta Children's Hospital	1.1	1.2	1.1	1.0	1.0	★	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
<b>Central Zone Total</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.2</b>	✗	<b>1.1</b>
Red Deer Regional Hospital Centre	1.2	1.2	1.1	1.1	1.2	✗	1.1
<b>Edmonton Zone Total</b>	<b>1.3</b>	<b>1.5</b>	<b>1.3</b>	<b>1.3</b>	<b>1.4</b>	✗	<b>1.2</b>
Grey Nuns Community Hospital	1.1	1.2	1.1	1.1	1.1	✓	1.0
Misericordia Community Hospital	1.4	1.4	1.3	1.2	1.6	✗	1.3
Northeast Community Health Centre	1.4	1.4	1.3	1.3	1.3	★	1.3
Royal Alexandra Hospital	1.9	2.2	1.9	1.9	1.8	★	2.0
Stollery Children's Hospital	0.8	1.1	1.0	0.9	0.9	★	0.9
Sturgeon Community Hospital	1.3	1.5	1.3	1.3	1.4	✗	1.2
University of Alberta Hospital	1.5	2.1	1.7	1.7	1.9	✗	1.4
<b>North Zone Total</b>					<b>0.7</b>	★	<b>1.1</b>
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.				0.6	★	0.9
Queen Elizabeth II Hospital					0.9	★	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	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>894,448</b>	<b>891,643</b>	<b>894,908</b>	<b>444,165</b>	<b>499,484</b>
South Zone	85,567	86,187	86,208	43,026	43,439
Calgary Zone	363,570	367,775	365,513	180,962	181,755
Central Zone	54,730	55,861	55,893	28,190	27,945
Edmonton Zone	390,581	381,820	387,294	191,987	197,066
North Zone	North Zone results not reported due to low percentage of eligible cases with Physician Assessment Time recorded and not comparable historically.				49,279



## Emergency Department Length of Stay for Admitted Patients

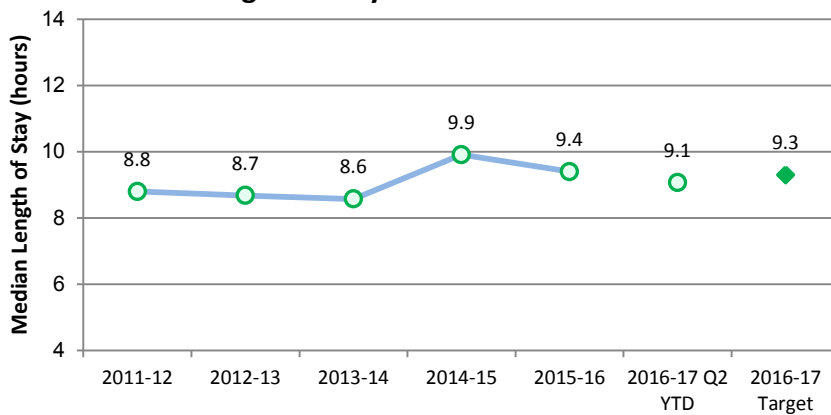
### Measure Definition

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.

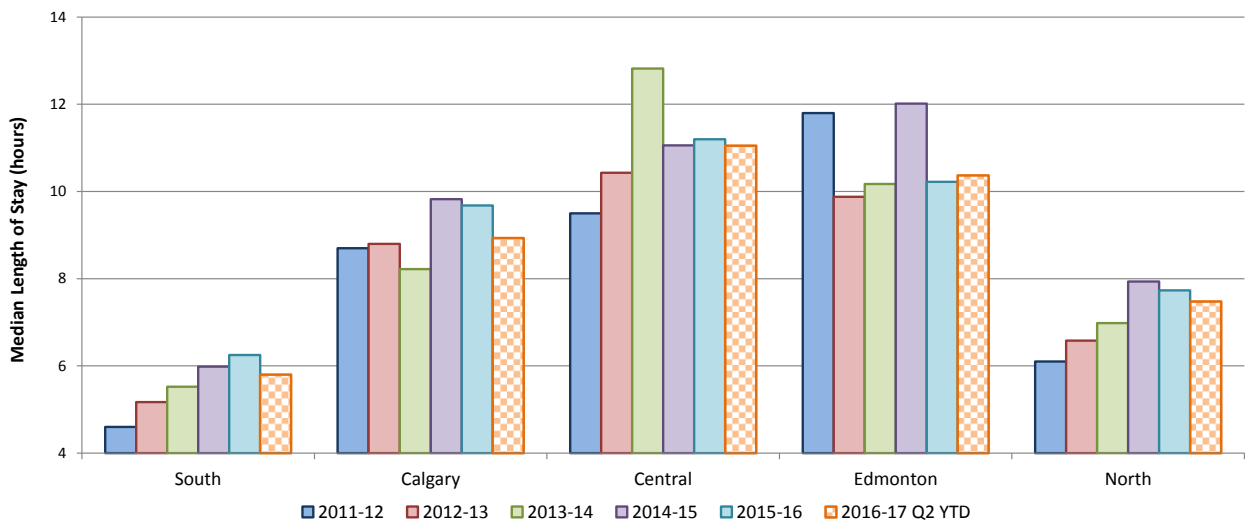
ED Length of Stay for Admitted Patients - Annual



### How Do We Compare?

Alberta ranked 2<sup>nd</sup> best nationally out of five provinces in 2015-16.

ED Length of Stay for Admitted Patients - by Zone



## 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 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, 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, South, Calgary and North Zones achieved targets for Q2 YTD 2016-17. Central Zones improved from the same period as last year.

In Edmonton Zone, the deterioration in performance is due to increased ED volume, acuity and high admits through the ED. The zone is implementing an ED Surge Plan to improve the flow through the ED.

### **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 Albertans that is appropriate, patient-focused, timely, safe, and aligned with quality standards. To achieve this, they work with a diverse group of people and clinical services to ensure they 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>8.6</b>	<b>9.9</b>	<b>9.4</b>	<b>9.2</b>	<b>9.1</b>	★	<b>9.3</b>
<b>South Zone Total</b>	<b>5.5</b>	<b>6.0</b>	<b>6.3</b>	<b>6.1</b>	<b>5.8</b>	★	<b>5.9</b>
Chinook Regional Hospital	6.0	6.0	6.2	6.0	6.5	✗	5.9
Medicine Hat Regional Hospital	5.1	5.9	6.3	6.2	5.3	★	5.9
<b>Calgary Zone Total</b>	<b>8.2</b>	<b>9.8</b>	<b>9.7</b>	<b>9.3</b>	<b>8.9</b>	★	<b>8.9</b>
Alberta Children's Hospital	<b>6.3</b>	<b>6.8</b>	<b>6.5</b>	<b>6.4</b>	<b>6.1</b>	★	<b>6.4</b>
Foothills Medical Centre	8.0	8.9	8.8	8.6	8.5	★	8.5
Peter Lougheed Centre	9.1	11.5	11.5	10.7	10.3	✓	9.9
Rockyview General Hospital	8.6	11.1	10.5	9.9	8.9	★	10.1
South Health Campus	N/A	10.2	11.5	10.6	10.9	✗	8.0
<b>Central Zone Total</b>	<b>12.8</b>	<b>11.1</b>	<b>11.2</b>	<b>11.2</b>	<b>11.1</b>	✓	<b>10.8</b>
Red Deer Regional Hospital Centre	12.8	11.1	11.2	11.2	11.1	✓	10.8
<b>Edmonton Zone Total</b>	<b>10.2</b>	<b>12.0</b>	<b>10.2</b>	<b>10.2</b>	<b>10.4</b>	✗	<b>10.2</b>
Grey Nuns Community Hospital	16.8	23.5	20.7	18.2	21.5	✗	16.0
Misericordia Community Hospital	12.5	17.0	12.5	13.6	13.5	✓	12.0
Royal Alexandra Hospital	9.9	11.5	9.8	9.9	9.7	★	9.8
Stollery Children's Hospital	7.4	8.6	7.4	7.4	7.1	★	7.6
Sturgeon Community Hospital	20.5	28.4	18.6	19.9	16.8	✓	15.0
University of Alberta Hospital	9.1	10.4	9.0	8.8	9.5	✗	8.6
<b>North Zone Total</b>	<b>7.0</b>	<b>7.9</b>	<b>7.7</b>	<b>7.8</b>	<b>7.5</b>	★	<b>7.8</b>
Northern Lights Regional Health Centre	5.9	6.3	6.3	6.3	5.6	★	6.0
Queen Elizabeth II Hospital	8.6	11.0	11.4	11.2	10.5	★	10.6

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

ED Admissions from ED - Busiest Sites	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>133,310</b>	<b>137,390</b>	<b>140,344</b>	<b>69,337</b>	<b>70,404</b>
South Zone	11,656	11,939	11,598	5,793	6,090
Calgary Zone	54,634	56,732	58,023	28,435	29,257
Central Zone	8,815	9,254	9,730	4,775	4,764
Edmonton Zone	50,644	51,858	53,521	26,697	27,030
North Zone	7,561	7,607	7,472	3,637	3,263

## Emergency Department Length of Stay for Discharged Patients

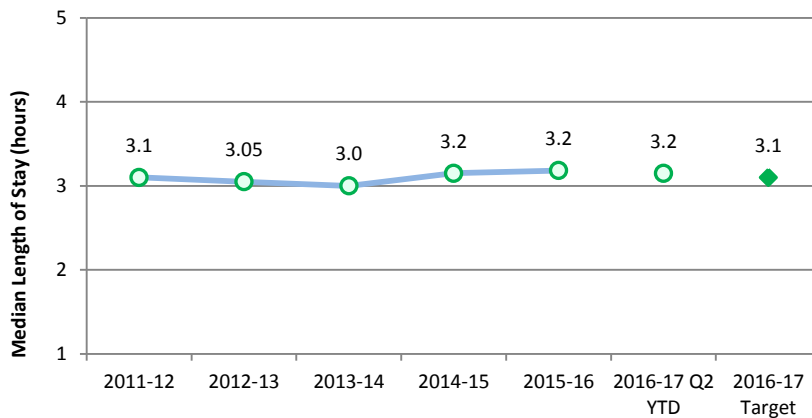
### Measure Definition

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.

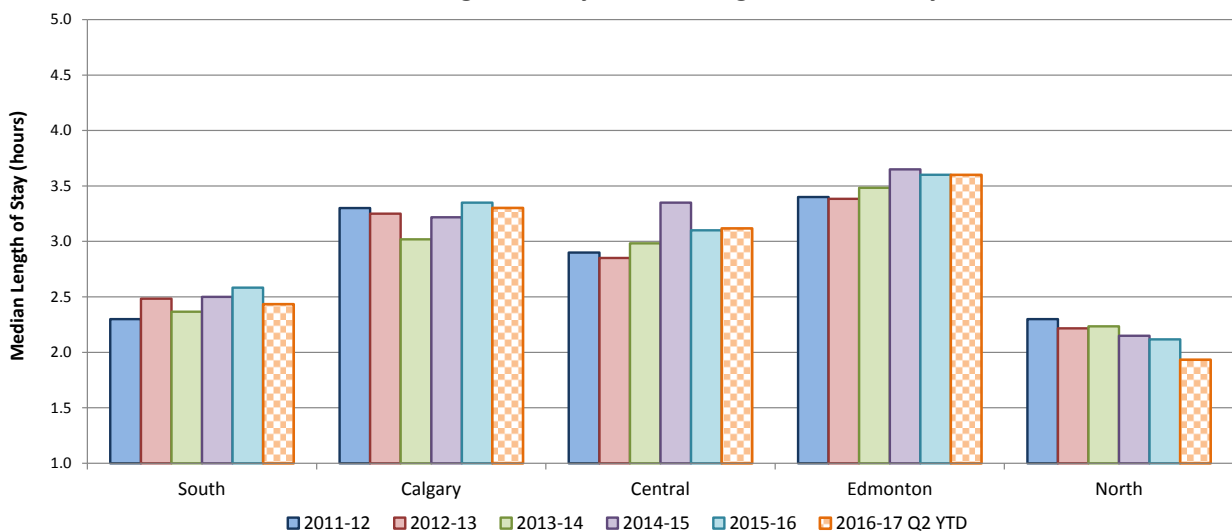
ED Length of Stay for Discharged Patients - Annual



### How Do We Compare?

Alberta ranked 4<sup>th</sup> nationally out of five provinces in 2015-16.

ED Length of Stay for Discharged Patients - by Zone



## 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 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 South, Edmonton and North Zones in Q2. Calgary Zone stayed steady from the same period as last year.

In the Central Zone, an additional evening OR theatre was used for emergency and elective and flood backlog. This put increased pressure on surgical beds which in turn, decreased overall patient flow out of ED.

### **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 **Mental Health Helpline** provides confidential, anonymous crisis intervention information about mental health programs and referrals to other agencies if needed (Dial 1-877-303-2642).

The **Addiction Helpline** is a toll free confidential service which provides alcohol, tobacco, other drugs and problem gambling support, information and referral to services (Dial 1-866-332-2322). These helplines operate 24-hours a day, seven days a week and is available to all Albertans.

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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>3.0</b>	<b>3.2</b>	<b>3.2</b>	<b>3.1</b>	<b>3.2</b>	✗	<b>3.1</b>
<b>South Zone Total</b>	<b>2.4</b>	<b>2.5</b>	<b>2.6</b>	<b>2.6</b>	<b>2.4</b>	★	<b>2.4</b>
Chinook Regional Hospital	2.4	2.4	2.5	2.4	2.5	✗	2.3
Medicine Hat Regional Hospital	2.3	2.7	2.8	2.8	2.4	★	2.6
<b>Calgary Zone Total</b>	<b>3.0</b>	<b>3.2</b>	<b>3.4</b>	<b>3.3</b>	<b>3.3</b>	✓	<b>3.1</b>
Alberta Children's Hospital	2.2	2.4	2.4	2.2	2.3	★	2.3
Foothills Medical Centre	3.7	3.8	4.1	4.0	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	3.5	3.5	✓	3.0
<b>Central Zone Total</b>	<b>3.0</b>	<b>3.4</b>	<b>3.1</b>	<b>3.0</b>	<b>3.1</b>	✗	<b>3.0</b>
Red Deer Regional Hospital Centre	3.0	3.4	3.1	3.0	3.1	✗	3.0
<b>Edmonton Zone Total</b>	<b>3.5</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	<b>3.6</b>	★	<b>3.6</b>
Grey Nuns Community Hospital	3.3	3.3	3.3	3.2	3.2	✓	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	3.0	2.9	★	3.0
Royal Alexandra Hospital	5.1	5.5	5.1	5.1	5.0	★	5.0
Stollery Children's Hospital	2.3	2.7	2.7	2.6	2.5	★	2.6
Sturgeon Community Hospital	2.9	3.3	3.3	3.2	3.4	✗	3.0
University of Alberta Hospital	4.9	5.7	5.5	5.6	5.6	✓	5.2
<b>North Zone Total</b>	<b>2.2</b>	<b>2.2</b>	<b>2.1</b>	<b>2.2</b>	<b>1.9</b>	★	<b>2.0</b>
Northern Lights Regional Health Centre	2.1	1.8	1.9	2.0	1.6	★	1.7
Queen Elizabeth II Hospital	2.4	2.7	2.5	2.5	2.3	★	2.5

ED Discharges from ED - Busiest Sites	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>892,057</b>	<b>878,560</b>	<b>870,633</b>	<b>432,293</b>	<b>430,601</b>
South Zone	76,902	75,132	75,144	37,512	37,590
Calgary Zone	307,564	308,414	304,203	150,289	152,201
Central Zone	45,682	46,311	45,710	23,215	22,951
Edmonton Zone	338,229	328,131	331,564	164,145	169,355
North Zone	123,680	120,572	114,012	57,132	48,504

# Hand Hygiene

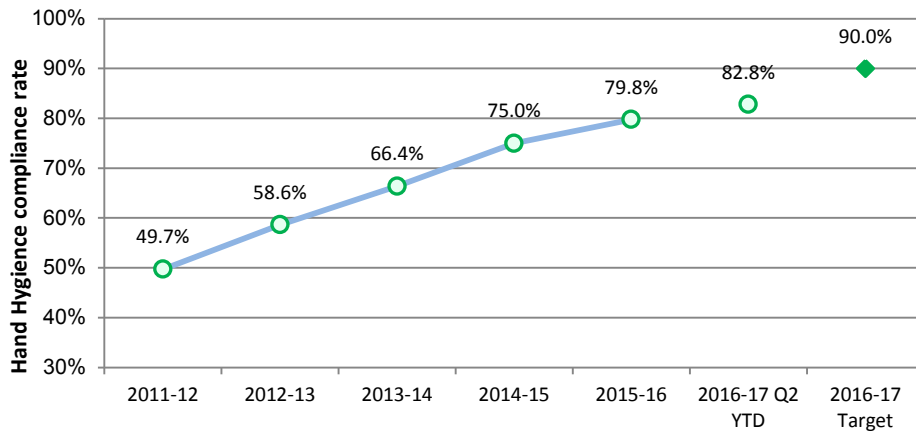
## Measure Definition

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 and continuing care facilities, ambulatory, urgent care, cancer care centres, standalone rehabilitation facilities, addictions and mental health facilities, emergency medical services (EMS) and Corrections Health. Excluded are the 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.

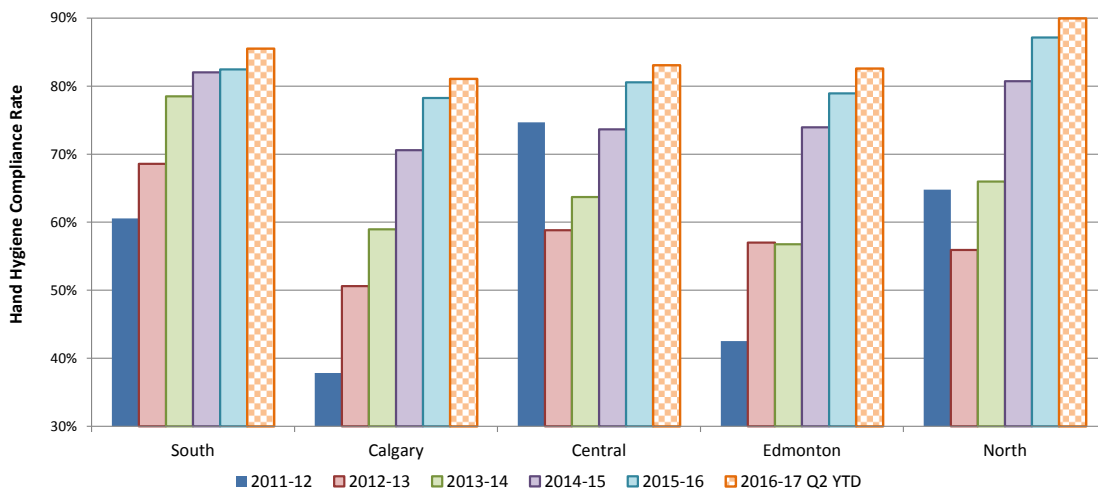
### Hand Hygiene- Annual



### How Do We Compare?

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

### Hand Hygiene- By Zone





## 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 the 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**

Hand hygiene compliance increased from the same period as last year provincially and in all zones. North Zone reached target.

Ongoing surveillance provides timely data to clinicians, frontline staff, and leaders to monitor, understand, and use hand hygiene compliance data to improve hand hygiene practices.

There are several initiatives throughout AHS to improve the hand hygiene compliance of health care providers and thereby improve patient safety. These include a Provincial Hand Hygiene Steering Committee and Zone Hand Hygiene Committees that coordinate improvement initiatives at the provincial and zone levels such as the Hand Hygiene Hero campaign. Hand hygiene compliance is required as per Accreditation Canada.

### **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 are available at the provincial and zone levels 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>66.4%</b>	<b>75.0%</b>	<b>79.8%</b>	<b>78.9%</b>	<b>82.8%</b>	✓	<b>90.0%</b>
<b>South Zone Total</b>	<b>78.5%</b>	<b>82.0%</b>	<b>82.5%</b>	<b>82.3%</b>	<b>85.5%</b>	✓	<b>90.0%</b>
Chinook Regional Hospital	80.6%	85.0%	82.1%	82.0%	85.3%	✓	90.0%
Medicine Hat Regional Hospital	76.1%	77.5%	81.9%	81.4%	87.3%	✓	90.0%
All Other Sites	78.6%	85.0%	83.1%	83.1%	83.5%	✓	90.0%
<b>Calgary Zone Total</b>	<b>59.0%</b>	<b>70.6%</b>	<b>78.2%</b>	<b>77.4%</b>	<b>81.1%</b>	✓	<b>90.0%</b>
Alberta Children's Hospital	57.2%	74.4%	76.8%	77.3%	79.3%	✓	90.0%
Foothills Medical Centre	51.8%	66.2%	76.3%	77.0%	83.0%	✓	90.0%
Peter Lougheed Centre	62.2%	77.1%	84.8%	83.3%	81.7%	✗	90.0%
Rockyview General Hospital	61.7%	68.3%	74.2%	72.9%	81.4%	✓	90.0%
South Health Campus	58.7%	59.3%	68.6%	67.5%	75.2%	✓	90.0%
All Other Sites	63.2%	76.6%	80.0%	77.3%	78.4%	✓	90.0%
<b>Central Zone Total</b>	<b>63.7%</b>	<b>73.7%</b>	<b>80.6%</b>	<b>80.3%</b>	<b>83.1%</b>	✓	<b>90.0%</b>
Red Deer Regional Hospital Centre	75.4%	69.4%	78.0%	77.5%	77.8%	✓	90.0%
All Other Sites	57.2%	76.8%	82.1%	82.1%	84.7%	✓	90.0%
<b>Edmonton Zone Total</b>	<b>56.8%</b>	<b>73.9%</b>	<b>78.9%</b>	<b>77.1%</b>	<b>82.6%</b>	✓	<b>90.0%</b>
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%	75.3%	80.9%	77.4%	83.6%	✓	90.0%
Stollery Children's Hospital	58.1%	75.3%	78.7%	78.1%	80.2%	✓	90.0%
Sturgeon Community Hospital	58.9%	81.1%	84.2%	82.5%	84.3%	✓	90.0%
University of Alberta Hospital	42.9%	70.0%	74.4%	72.7%	84.2%	✓	90.0%
All Other Sites	57.5%	72.9%	78.7%	77.0%	81.1%	✓	90.0%
<b>North Zone Total</b>	<b>66.0%</b>	<b>80.7%</b>	<b>87.2%</b>	<b>86.8%</b>	<b>90.0%</b>	★	<b>90.0%</b>
Northern Lights Regional Health Centre	56.2%	63.6%	87.9%	86.1%	87.8%	✓	90.0%
Queen Elizabeth II Hospital	68.4%	91.4%	95.8%	96.2%	92.3%	★	90.0%
All Other Sites	66.2%	73.5%	85.0%	83.6%	89.8%	✓	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.

All Other Sites include AHS operated acute care facilities, combined acute care and continuing care facilities, ambulatory, urgent care, cancer care centres, standalone rehabilitation facilities, addictions and mental health facilities, emergency medical services (EMS) and Corrections Health.

Total Observations	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>85,687</b>	<b>269,345</b>	<b>397,386</b>	<b>204,719</b>	<b>195,741</b>
South Zone	23,688	40,936	39,185	19,205	24,159
Calgary Zone	17,458	99,233	183,149	99,019	79,334
Central Zone	20,500	42,502	45,103	26,015	16,568
Edmonton Zone	10,277	42,904	100,910	44,081	64,159
North Zone	13,764	43,770	29,039	16,399	11,521

## Hospital Mortality

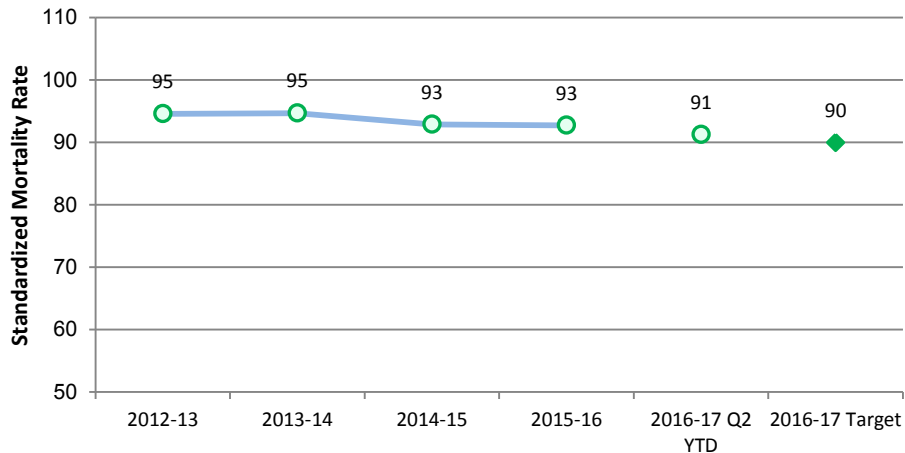
### Measure Definition

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.

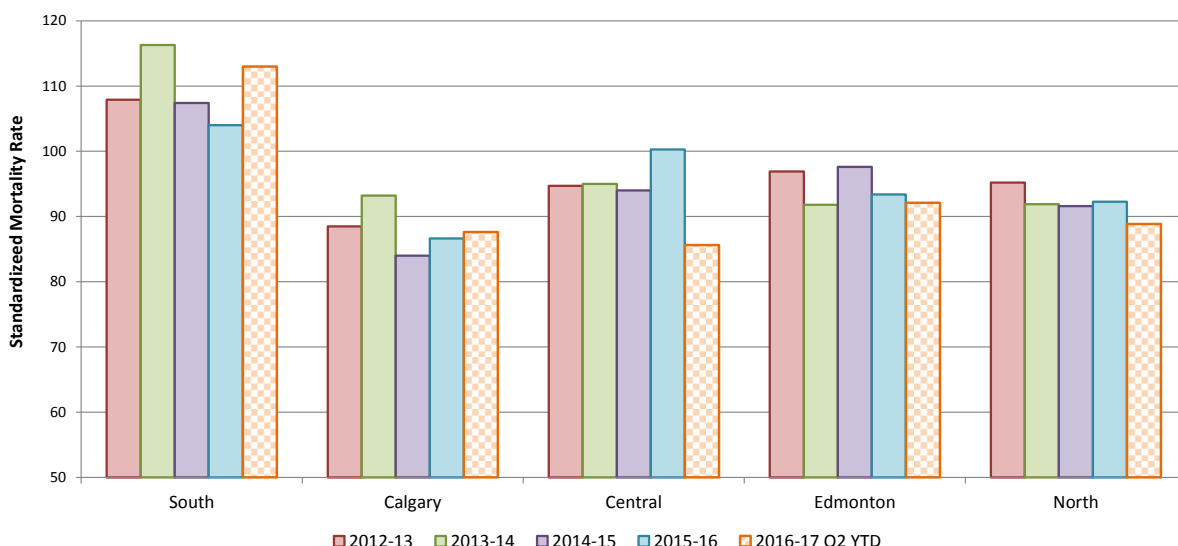
**Hospital Standardized Mortality Rate - Annual**



### How Do We Compare?

Alberta ranked 5<sup>th</sup> nationally out of 9 provinces. Alberta is performing the same as the national rate in 2015-16.

**Hospital Standardized Mortality Rate - By Zone**



## 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 conduct pressure ulcer assessments on admission and re-assessments 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 *Clostridium difficile* infections (CDI) and other infection rates.

Strategic Clinical Networks 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

Central Zone achieved target in Q2 YTD 2016-17. Provincially, Edmonton and North Zones are performing better than the same period as last year.

South Zone deterioration can be explained by the significant variance from quarter to quarter in our smaller zones due to the low number of cases. The team will be reviewing all relevant cases to determine cause and develop an action plan to address this.

It was noted that the Peter Lougheed Centre in Calgary showed deterioration in Q2 YTD results. This was due to fluctuations in numbers of deaths but because the number is a ratio relative to national mortality of similar patients, any number below 100 is considered less than expected.

### 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>95</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>91</b>	✓	<b>90</b>
<b>South Zone Total</b>	<b>116</b>	<b>107</b>	<b>104</b>	<b>103</b>	<b>113</b>	✗	<b>102</b>
Chinook Regional Hospital	123	106	106	99	120	✗	97
Medicine Hat Regional Hospital	118	109	111	110	114	✗	105
All Other Hospitals	104	110	94	101	98	★	105
<b>Calgary Zone Total</b>	<b>93</b>	<b>84</b>	<b>87</b>	<b>87</b>	<b>88</b>	✗	<b>78</b>
Foothills Medical Centre	97	92	94	95	97	✗	80
Peter Lougheed Centre	86	83	84	79	93	✗	80
Rockyview General Hospital	91	74	78	78	75	✓	74
South Health Campus	N/A	74	75	72	66	★	74
All Other Hospitals	102	93	91	100	92	✓	85
<b>Central Zone Total</b>	<b>95</b>	<b>94</b>	<b>100</b>	<b>101</b>	<b>86</b>	★	<b>90</b>
Red Deer Regional Hospital Centre	100	96	99	97	78	★	93
All Other Hospitals	92	93	101	102	90	✓	89
<b>Edmonton Zone Total</b>	<b>92</b>	<b>98</b>	<b>93</b>	<b>95</b>	<b>92</b>	✓	<b>91</b>
Grey Nuns Community Hospital	90	94	87	92	86	★	88
Misericordia Community Hospital	89	108	90	94	96	✗	95
Royal Alexandra Hospital	92	98	92	100	94	✓	92
Sturgeon Community Hospital	94	81	91	97	86	✓	79
University of Alberta Hospital	94	101	102	97	97	✓	94
All Other Hospitals	82	86	76	77	67	★	87
<b>North Zone Total</b>	<b>92</b>	<b>92</b>	<b>92</b>	<b>90</b>	<b>89</b>	✓	<b>88</b>
Northern Lights Regional Health Centre	72	40	88	93	82	★	85
Queen Elizabeth II Hospital	83	93	98	83	92	★	93
All Other Hospitals	96	96	91	91	89	✓	88

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

Eligible Cases	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>99,583</b>	<b>102,378</b>	<b>103,537</b>	<b>50,887</b>	<b>51,131</b>
South Zone	8,154	8,321	8,148	4,008	4,126
Calgary Zone	32,933	34,027	34,624	16,862	16,950
Central Zone	12,400	12,945	12,848	6,344	6,368
Edmonton Zone	35,407	36,086	37,250	18,337	18,508
North Zone	10,689	10,999	10,667	5,336	5,179

## Children's Mental Health Access

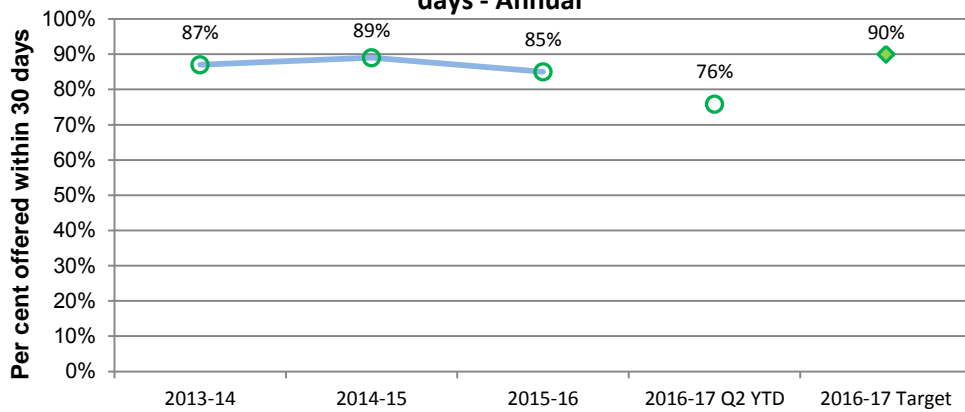
### Measure Definition

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.

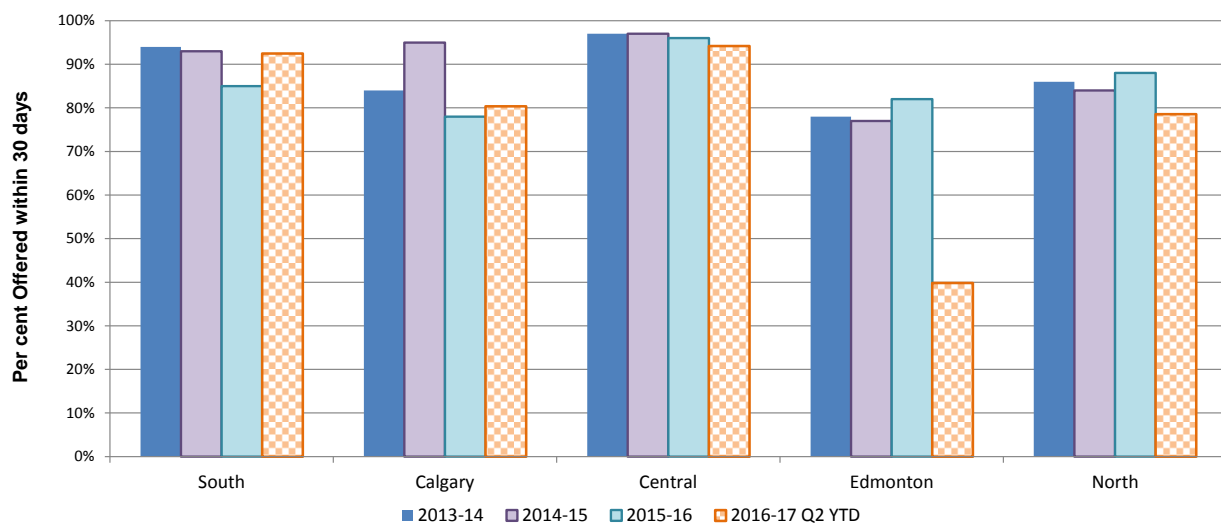
**Children Offered Scheduled Mental Health Services within 30 days - Annual**



### How Do We Compare?

Comparable national data is not available for this measure.

**Children Offered Scheduled Mental Health Services within 30 days - Zone**



## 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 Strategic Clinical Network 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 reviewing plans for a Youth Mental Health day program in Grande Prairie and developing a child psychiatry workforce plan.

### **SUMMARY**

Q2 results for the South Zone demonstrated a significant improvement – nearly reaching target. Provincial results and the four remaining zones have shown deterioration from last year due to the following reasons.

Edmonton Zone has seen a 70% increase in children requiring mental health services since 2014-15. Monthly averages have increased from 300-400 new referrals to 600-700 new referrals over the past 18 months. From April 2014 to December 2015, the zone undertook initiatives to increase internal capacity and efficiency through process improvement, but by January 2016 reached a saturation point where further efficiencies were not possible and internal capacity was maximized. In addition to an increase in referrals, the program is also experiencing recruitment and retention challenges. Edmonton Zone is working to increase access and improve achievement of the wait time target 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.

North Zone results were 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. In Fort McMurray, some families may not have returned home in this quarter. Also, lower enrollment numbers were due to providing wildfire alternative service models such as more outreach and walk-in services rather than scheduled care, as captured in this measure. In some sites, all school-based staff were moved to 10-month contracts, with schools closed, families on vacation, and staff not working over the summer months, there were marked reductions in enrollments.

### **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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>87%</b>	<b>89%</b>	<b>85%</b>	<b>86%</b>	<b>76%</b>	<b>✗</b>	<b>90%</b>
South Zone	94%	93%	85%	76%	92%	✓	93%
Calgary Zone	84%	95%	78%	83%	80%	✗	90%
Central Zone	97%	97%	96%	96%	94%	✗	96%
Edmonton Zone	78%	77%	82%	94%	40%	✗	80%
North Zone	86%	84%	88%	86%	79%	✗	90%

Number of new enrollments	2013-14	2014-15	2015-16	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>7,456</b>	<b>7,947</b>	<b>8,870</b>	<b>4,152</b>	<b>3,920</b>
South Zone	1,450	1,697	1,749	782	693
Calgary Zone	1,465	1,815	2,038	973	1,009
Central Zone	1,170	1,257	1,458	603	724
Edmonton Zone	1,852	1,562	1,703	807	864
North Zone	1,519	1,616	1,922	987	630

## Access to Radiation Therapy

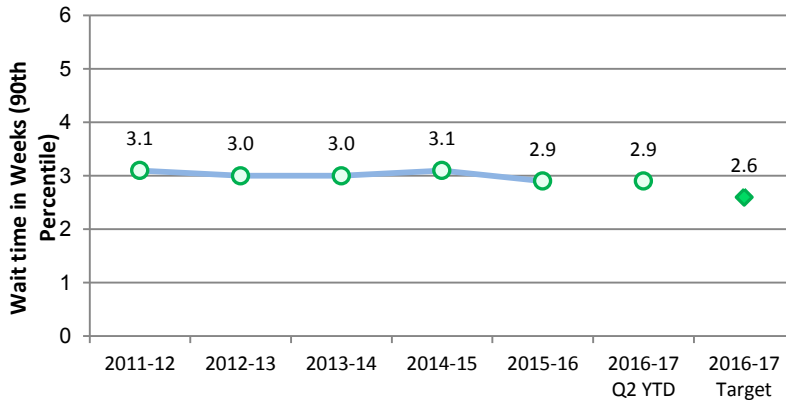
### Measure Definition

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 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.

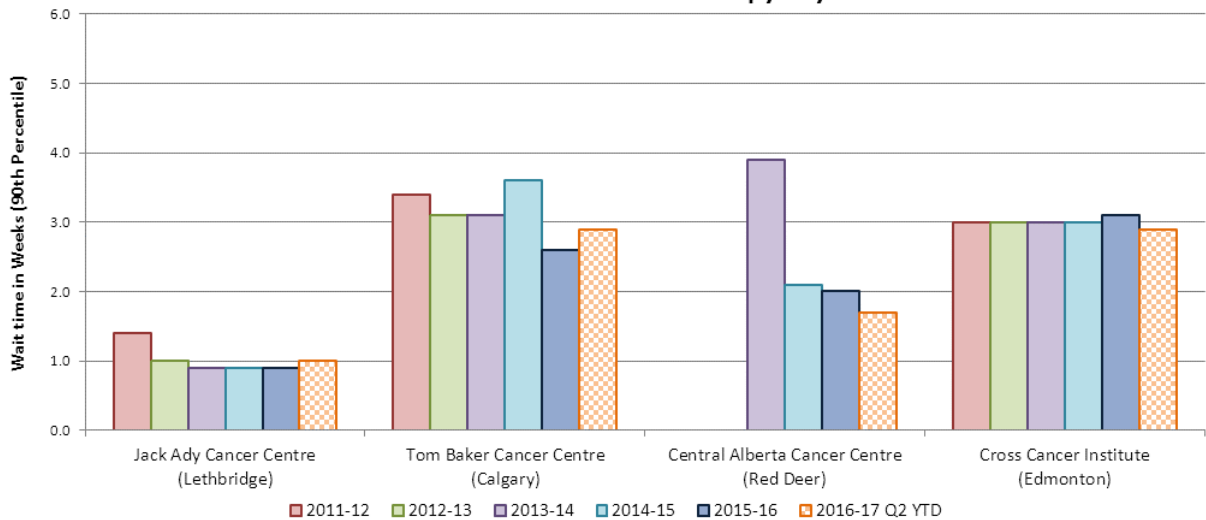
### Access to Radiation Therapy - Annual



### How Do We Compare?

Alberta ranks 3<sup>rd</sup> best nationally among nine provinces in Q2 YTD 2015-16.

### Access to Radiation Therapy - By Zone



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) and Jack Ady Cancer Centre (Lethbridge) achieved the target in Q2 YTD 2016-17. Provincial and Central Alberta Cancer Centre (Red Deer) demonstrated improvement compared to the same period as last year.

Tom Baker Cancer Centre (Calgary) showed a decline in performance due to multiple reasons including an increase in complex cases and clinical trials, an increase in volumes, staffing levels for radiation treatment planning were impacted by peak vacation times, an increase of patients in late summer and a decline in referrals/radiation therapy treatments in September to October. Currently reviewing a quality improvement project on the Ready To Treat To Treat wait times to determine the root cause.

### **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.

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

## 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	Q2 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>3.0</b>	<b>3.1</b>	<b>2.9</b>	<b>2.9</b>	<b>2.9</b>	✓	<b>2.6</b>
Jack Ady Cancer Centre (Lethbridge)	0.9	0.9	0.9	1.0	1.0	★	1.0
Tom Baker Cancer Centre (Calgary)	3.1	3.6	2.6	2.7	2.9	✗	2.6
Central Alberta Cancer Centre (Red Deer)	N/A	2.1	2.0	2.0	1.7	✓	1.4
Cross Cancer Institute (Edmonton)	3.0	3.0	3.1	3.0	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	Q2 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>7,182</b>	<b>7,438</b>	<b>7,855</b>	<b>3,901</b>	<b>4,071</b>
Jack Ady Cancer Centre (Lethbridge)	431	415	421	194	210
Tom Baker Cancer Centre (Calgary)	2,803	2,910	3,270	1,675	1,669
Central Alberta Cancer Centre (Red Deer) *	145	425	485	231	249
Cross Cancer Institute (Edmonton)	3,803	3,688	3,679	1,801	1,943

\* 2013-14 Values for Central Alberta Cancer Centre are only for a partial year as it opened November 2013.

## Hospital-Acquired *Clostridium difficile* Infections

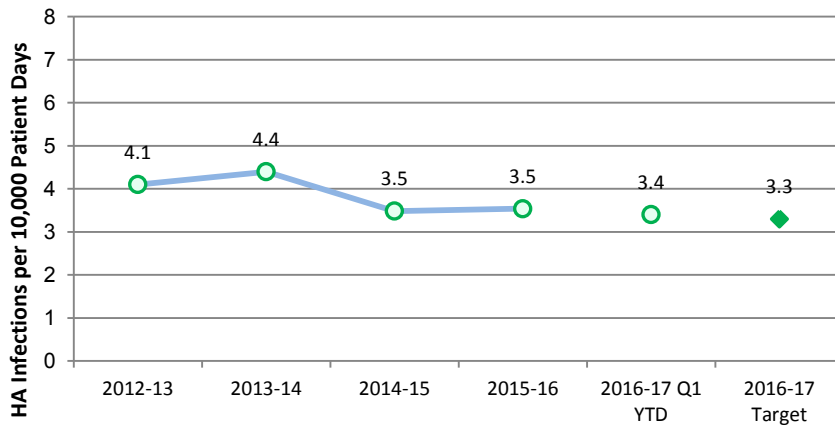
### Measure Definition

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. 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 provides 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.

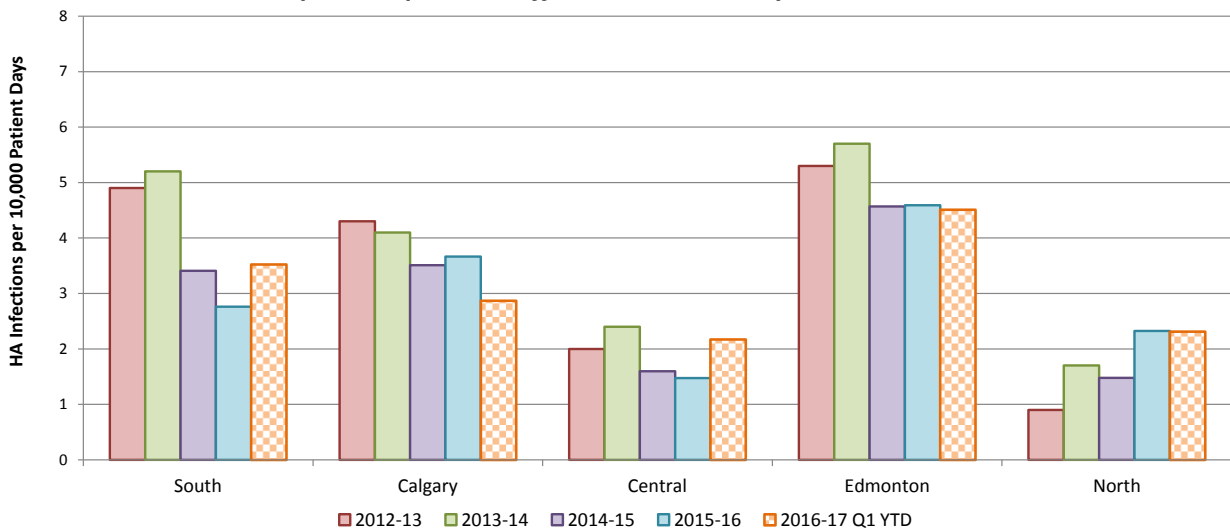
### Hospital-Acquired C-Difficile Rate - Annual



### How Do We Compare?

According to the Canadian Nosocomial Infection Surveillance Program based on 62 participating major Canadian hospitals, the Western region which includes Alberta has a lower rate of infections than the country overall. Alberta is performing better than the national average of 4.34 in 2014.

### Hospital-Acquired C-Difficile Infections - By Zone



## Hospital-Acquired Infections

### ACTIONS

Phase 1 of the Patient Clinical Equipment Program is being implemented 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 the CDI order set including the use of a 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 of 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 and is 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. This analysis is based on Q1 2016-17. Q1 results indicate that the CDI rate deteriorated in three zones (South, Central and North), and overall provincial rates are slightly higher than target. Calgary and Edmonton Zones showed improvement. In the South Zone, the rate was higher than normal and represents cases of CDI at one of the regional hospitals. Central Zone had a small increase in cases occurring at two rural hospitals. North Zone performance deteriorated due to a new strain of CDI (NAP1) which has created challenges in slowing the spread of CDI. One site experienced a CDI outbreak in 2015-16, resulting in an increase for the zone; however, the other sites showed an overall improvement in 2015-16.*

At targeted sites and zones, work is underway by the Antimicrobial Stewardship committees to implement CDI toolkits. These toolkits include pre-printed care orders, environmental cleaning protocols, nursing checklist and a management flow map. Cases of CDI are reviewed by IPC and Pharmacy to ensure proper treatment, order set use, use of precautions, cleaning, and appropriate antibiotic and proton pump inhibitor de-escalation to evaluate the use of the CDI toolkit components.

### 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	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	4.4	3.5	3.5	3.3	3.4	✗	3.3
<b>South Zone Total</b>	5.2	3.4	2.8	1.3	3.5	✗	2.8
Chinook Regional Hospital	7.5	5.4	4.4	2.2	6.5	✗	4.4
Medicine Hat Regional Hospital	2.8	1.7	1.3	1.0	1.1	★	1.3
All Other Hospitals	4.3	2.0	1.9	0.0	1.0	★	1.9
<b>Calgary Zone Total</b>	4.1	3.5	3.7	3.6	2.9	★	3.4
Alberta Children's Hospital	3.5	1.4	4.1	3.7	1.8	★	3.5
Foothills Medical Centre	5.4	5.2	4.6	4.7	4.9	✗	4.8
Peter Lougheed Centre	3.4	2.8	3.7	3.4	1.0	★	2.7
Rockyview General Hospital	4.0	3.2	3.4	3.2	2.7	★	3.0
South Health Campus	N/A	2.3	2.6	2.9	1.3	★	2.2
All Other Hospitals	1.5	0.9	1.2	0.9	0.9	★	1.8
<b>Central Zone Total</b>	2.4	1.6	1.5	1.1	2.2	✗	1.5
Red Deer Regional Hospital Centre	3.3	3.1	2.5	1.3	2.8	★	2.8
All Other Hospitals	2.0	1.0	1.0	1.1	1.9	✗	1.0
<b>Edmonton Zone Total</b>	5.7	4.6	4.6	4.8	4.5	✓	4.3
Grey Nuns Community Hospital	5.9	3.5	3.5	3.5	3.8	✗	3.4
Misericordia Community Hospital	6.3	3.9	4.1	3.0	8.2	✗	3.5
Royal Alexandra Hospital	7.3	6.7	6.8	7.2	5.8	★	6.1
Stollery Children's Hospital	3.1	4.0	5.9	6.0	1.0	★	4.0
Sturgeon Community Hospital	9.3	6.0	7.4	12.8	5.9	✓	5.3
University of Alberta Hospital	8.6	7.1	5.9	5.0	6.2	★	6.9
All Other Hospitals	1.9	1.4	1.8	2.2	1.6	✓	1.3
<b>North Zone Total</b>	1.7	1.5	2.3	1.3	2.3	✗	1.4
Northern Lights Regional Health Centre <sup>+</sup>	0.7	2.0	0.7	1.3	0.0	★	1.0
Queen Elizabeth II Hospital	3.0	1.2	2.6	2.2	0.8	★	1.7
All Other Hospitals	1.5	1.5	2.5	1.0	3.0	✗	1.4

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 in Fort McMurray due to the wildfires in Q1.

Number of Cases	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	1,265	1,065	1,082	254	256
South Zone	101	69	59	7	18
Calgary Zone	374	353	368	89	71
Central Zone	100	68	63	12	23
Edmonton Zone	650	539	535	138	131
North Zone <sup>+</sup>	40	36	57	8	13

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



## Mental Health Readmissions

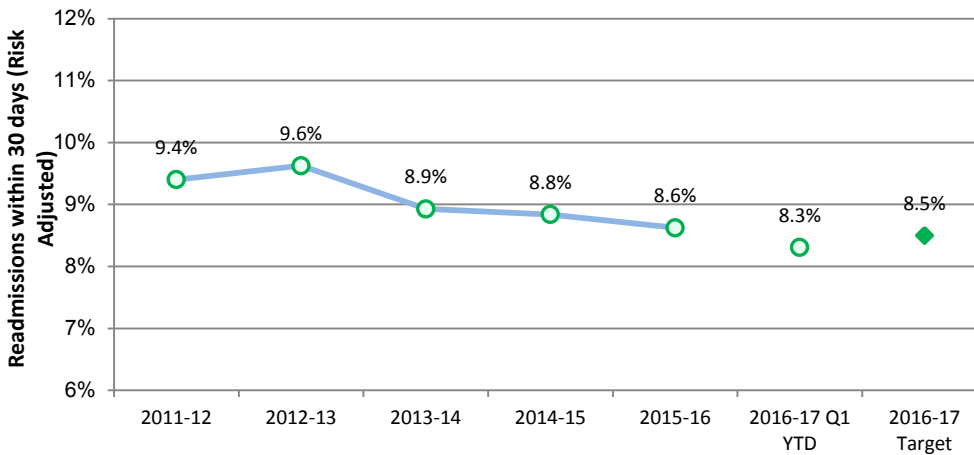
### Measure Definition

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 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.

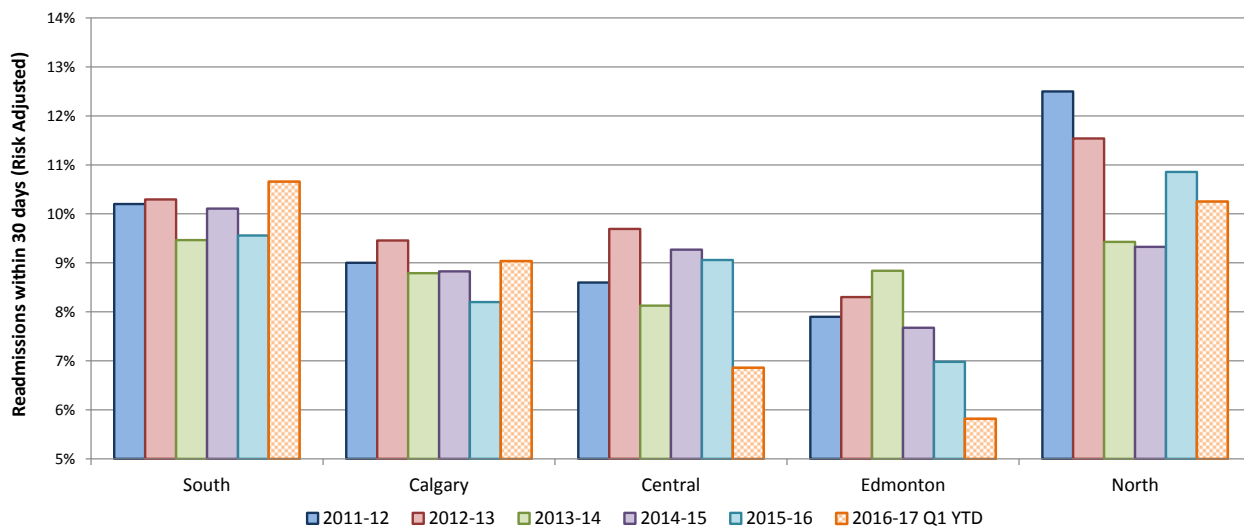
### Mental Health Readmissions - Annual



### How Do We Compare?

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

### Mental Health Readmissions - by Zone



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

## 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 departments, and other agencies continues; enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities; 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. This analysis is based on Q1 2016-17.*

Provincial, Central, and Edmonton Zones met the 2016-17 target in Q1. South and North Zones performance improved from the same period last year.

Calgary Zone performance deteriorated compared to the same period last year due to the increase in demand for addiction and mental health services, possibly related to the economic downturn. Discharges from inpatient units have risen and referrals to outpatient programs have also increased. With the additional demand on services and a shortage of supportive housing options for individuals with severe mental illness, it is becoming more difficult to support patients in the community. However, this is the first increase in several reporting periods, so may not indicate a trend. We will continue to monitor and further explore into the details to better understand what is driving this change if it continues.

### DID YOU KNOW

**Community Treatment Orders (CTOs)** are an important tool to supporting individuals with serious and persistent mental health illness to 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)	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>8.9%</b>	<b>8.8%</b>	<b>8.6%</b>	<b>9.0%</b>	<b>8.3%</b>	★	<b>8.5%</b>
South Zone	9.5%	10.1%	9.6%	11.6%	10.7%	✓	<b>9.0%</b>
Calgary Zone	8.8%	8.8%	8.2%	8.3%	9.0%	✗	<b>8.5%</b>
Central Zone	8.1%	9.3%	9.1%	10.8%	6.9%	★	<b>9.0%</b>
Edmonton Zone	8.8%	7.7%	7.0%	6.7%	5.8%	★	<b>7.0%</b>
North Zone <sup>+</sup>	9.4%	9.3%	10.9%	10.5%	10.3%	✓	<b>10.0%</b>

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

Mental Health Discharges (Index)*	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	<b>13,455</b>	<b>13,887</b>	<b>14,692</b>	<b>3,659</b>	<b>4,012</b>
South Zone	1,503	1,485	1,511	388	434
Calgary Zone	4,716	5,099	5,385	1,299	1,418
Central Zone	1,483	1,615	1,894	504	484
Edmonton Zone	3,427	3,408	3,532	900	1,094
North Zone <sup>+</sup>	2,326	2,280	2,370	568	582

\*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.

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

## Surgical Readmissions

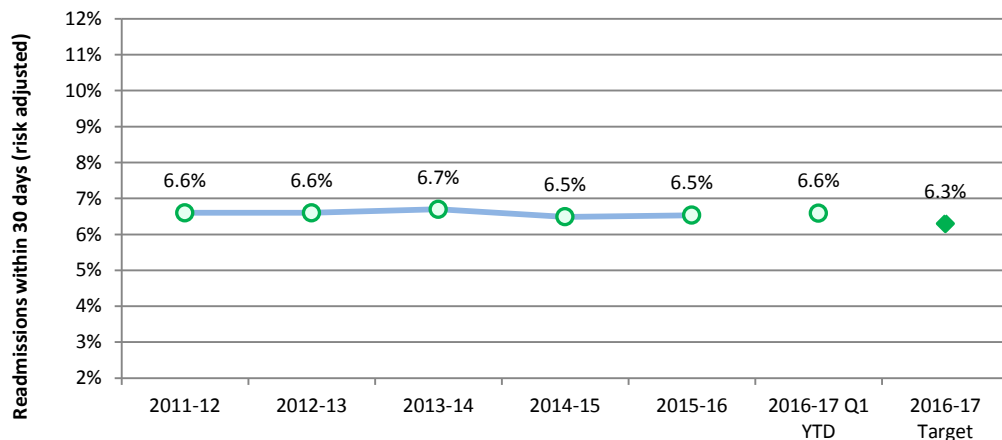
### Measure Definition

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.

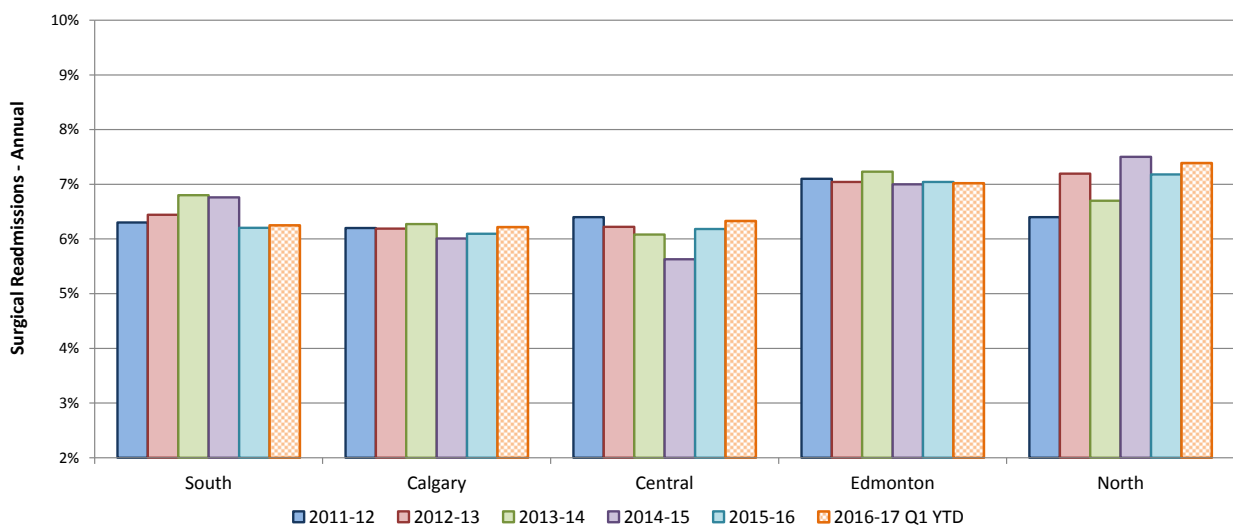
### Surgical Readmissions - Annual



### How Do We Compare?

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

### Surgical Readmissions - by Zone



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

## 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 Strategic Clinical Network (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. This analysis is based on Q1 2016-17.*

Provincial, Calgary, Edmonton and North Zones are performing at or above the same period as last year in Q1.

South Zone demonstrated a decline in performance. The team will continue to review the data and all relevant cases to determine cause and develop an action plan.

Surgical readmissions deteriorated slightly at Red Deer Regional Hospital Centre (RDRHC) in the Central Zone due to OR flooding. Significantly higher risk procedures and cancer cases were maintained at the RDRHC site while day surgical cases were temporarily offloaded. It is generally expected that day surgical cases have less likelihood of readmission.

### 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)	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	6.7%	6.5%	6.5%	6.8%	6.6%	✓	6.3%
<b>South Zone Total</b>	6.8%	6.8%	6.2%	5.4%	6.2%	✗	6.0%
Chinook Regional Hospital	6.7%	7.8%	5.8%	4.9%	6.5%	★	6.6%
Medicine Hat Regional Hospital	7.2%	5.1%	6.7%	6.3%	5.5%	✓	5.2%
All Other Hospitals	4.9%	5.9%	8.5%	8.4%	10.3%	✗	5.4%
<b>Calgary Zone Total</b>	6.3%	6.0%	6.1%	6.5%	6.2%	✓	5.9%
Foothills Medical Centre	6.8%	6.1%	6.4%	6.8%	6.5%	✓	6.0%
Peter Lougheed Centre	5.6%	6.0%	6.2%	6.1%	6.2%	✗	5.9%
Rockyview General Hospital	6.2%	6.2%	5.9%	6.3%	5.7%	★	6.1%
South Health Campus	N/A	5.9%	6.1%	7.3%	7.2%	✓	5.7%
All Other Hospitals	2.5%	1.6%	1.5%	1.1%	2.1%	✗	1.7%
<b>Central Zone Total</b>	6.1%	5.6%	6.2%	6.2%	6.3%	✗	5.8%
Red Deer Regional Hospital Centre	6.1%	5.9%	6.3%	6.2%	6.7%	✗	5.8%
All Other Hospitals	6.0%	4.6%	5.7%	6.4%	5.1%	★	5.8%
<b>Edmonton Zone Total</b>	7.2%	7.0%	7.0%	7.1%	7.0%	✓	6.5%
Grey Nuns Community Hospital	5.9%	5.8%	6.4%	7.1%	6.4%	✓	5.7%
Misericordia Community Hospital	6.9%	7.3%	6.6%	5.8%	7.6%	✗	6.8%
Royal Alexandra Hospital	7.5%	7.0%	6.9%	6.8%	7.0%	✗	6.8%
Sturgeon Community Hospital	5.5%	5.9%	5.9%	7.0%	4.7%	★	5.7%
University of Alberta Hospital	8.2%	7.7%	8.0%	8.1%	7.6%	✓	7.3%
All Other Hospitals	4.1%	4.7%	4.7%	5.4%	5.0%	✓	4.7%
<b>North Zone Total</b>	6.7%	7.5%	7.2%	9.0%	7.4%	✓	7.1%
Northern Lights Regional Health Centre <sup>+</sup>	6.5%	7.6%	6.6%	5.3%	N/A	N/A	6.8%
Queen Elizabeth II Hospital	7.2%	7.8%	7.5%	10.3%	7.2%	★	7.4%

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

Eligible Surgical Cases (Index)*	2013-14	2014-15	2015-16	Q1 YTD	
				2015-16 Last Year	2016-17 Current
<b>Provincial</b>	90,811	92,530	93,178	24,016	24,427
South Zone	5,471	5,432	5,396	1,415	1,424
Calgary Zone	36,315	37,846	38,972	10,011	10,353
Central Zone	7,784	7,859	7,835	2,069	2,125
Edmonton Zone	36,295	36,672	36,267	9,324	9,542
North Zone <sup>+</sup>	4,946	4,721	4,708	1,197	983

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

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

## Satisfaction with Hospital Care

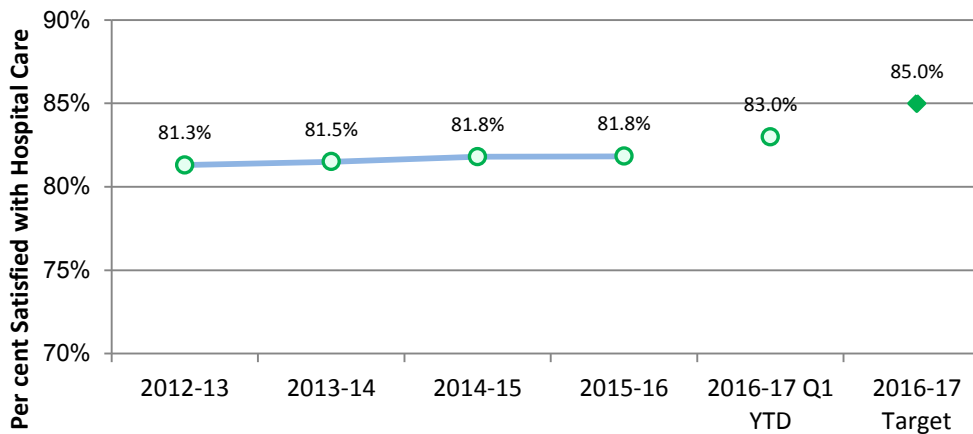
### Measure Definition

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.

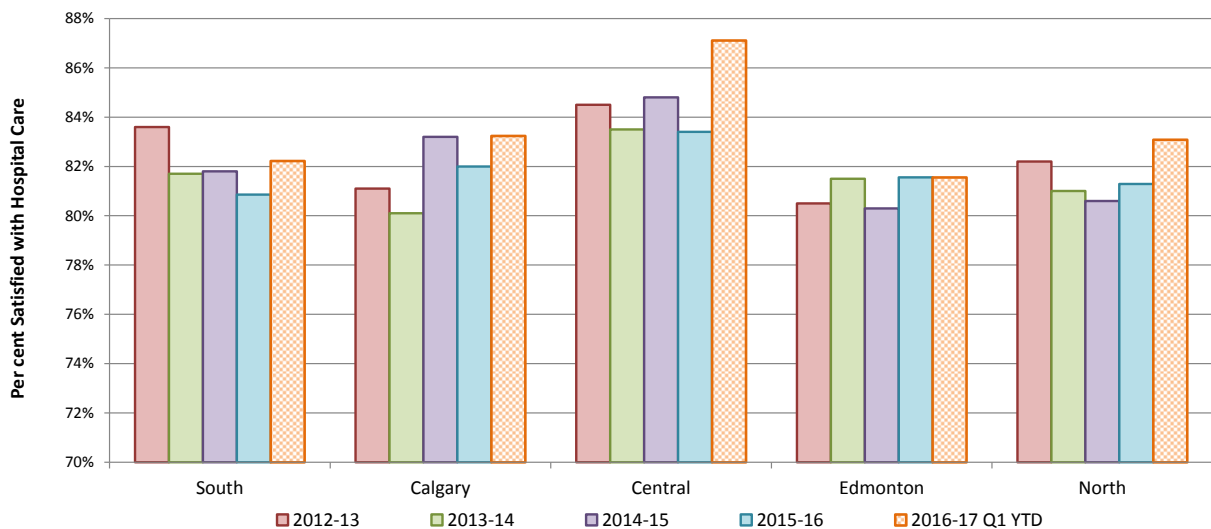
### Satisfaction with Hospital Care - Annual



### How Do We Compare?

Comparable national data is not available for this measure.

### Satisfaction with Hospital Care - By Zone



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

## 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 continue to implement Phase 2 elements to support patient flow and transitions from care settings across 20 sites. Elements include: integrated care suite, quality suite, transition rounds, patient scheduling, standard transition process, bed turn process, right bed, first time, home team, home unit, collaborative care team, collaborative care orientation, team charters 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 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 conducting 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. This analysis is based on Q1 2016-17.*

Central Zone met the 2016-17 target in Q1. Provincial, Calgary, Edmonton and North Zones demonstrated improvement from the same period as last year.

### 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	2013-14	2014-15	2015-16	Q1 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
<b>Trend:</b> ★ Achieved Target, ✓ Stable or better than prior period, ✗ Area requires additional focus							
<b>Provincial</b>	<b>81.5%</b>	<b>81.8%</b>	<b>81.8%</b>	<b>82.5%</b>	<b>83.0%</b>	✓	<b>85.0%</b>
<b>South Zone Total</b>	<b>81.7%</b>	<b>81.8%</b>	<b>80.9%</b>	<b>83.3%</b>	<b>82.2%</b>	✗	<b>86.0%</b>
Chinook Regional Hospital	80.5%	76.6%	78.2%	81.2%	80.6%	✓	84.0%
Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	83.4%	82.4%	✗	86.0%
All Other Hospitals	83.5%	88.3%	87.2%	89.9%	87.3%	✗	90.0%
<b>Calgary Zone Total</b>	<b>80.1%</b>	<b>83.2%</b>	<b>82.0%</b>	<b>82.8%</b>	<b>83.2%</b>	✓	<b>85.0%</b>
Alberta Children's Hospital	Measure restricted to Adult Sites only						
Foothills Medical Centre	76.6%	80.8%	80.8%	82.4%	81.4%	✗	82.0%
Peter Lougheed Centre	80.9%	79.9%	77.2%	76.3%	80.8%	✓	81.0%
Rockyview General Hospital	82.9%	85.4%	81.7%	81.0%	83.1%	✓	87.0%
South Health Campus	Opened February 2013		90.1%	93.3%	90.1%	★	90.0%
All Other Hospitals	79.3%	90.3%	92.9%	91.4%	91.0%	✓	92.0%
<b>Central Zone Total</b>	<b>83.5%</b>	<b>84.8%</b>	<b>83.4%</b>	<b>84.5%</b>	<b>87.1%</b>	★	<b>86.0%</b>
Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	83.5%	85.2%	★	84.0%
All Other Hospitals	84.5%	86.7%	84.8%	85.6%	88.4%	★	87.0%
<b>Edmonton Zone Total</b>	<b>81.5%</b>	<b>80.3%</b>	<b>81.6%</b>	<b>81.7%</b>	<b>81.6%</b>	✓	<b>84.0%</b>
Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.7%	87.8%	✓	88.0%
Misericordia Community Hospital	78.5%	75.3%	77.2%	73.4%	81.4%	★	80.0%
Royal Alexandra Hospital	79.9%	76.5%	77.3%	77.7%	77.9%	✓	80.0%
Stollery Children's Hospital	Measure restricted to Adult Sites only						
Sturgeon Community Hospital	89.8%	87.6%	89.8%	86.0%	86.9%	✓	88.0%
University of Alberta Hospital	77.1%	80.2%	83.5%	86.8%	80.2%	✗	88.0%
All Other Hospitals	70.9%	85.3%	86.3%	82.9%	86.3%	★	86.0%
<b>North Zone Total</b>	<b>81.0%</b>	<b>80.6%</b>	<b>81.3%</b>	<b>82.0%</b>	<b>83.1%</b>	✓	<b>84.0%</b>
Northern Lights Regional Health Centre <sup>+</sup>	75.4%	74.7%	78.6%	75.7%	90.9%	★	78.0%
Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	80.5%	81.5%	★	81.0%
All Other Hospitals	83.4%	83.7%	83.5%	84.7%	83.4%	✗	85.0%

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

Total Eligible Discharges	2013-14	2014-15	2015-16	Q1 YTD		Number of Completed Surveys	Margin of Error (95% Confidence Interval)
				2015-16 Last Year	2016-17 Current		
<b>Provincial</b>	<b>183,462</b>	<b>200,428</b>	<b>218,546</b>	<b>53,217</b>	<b>63,653</b>	<b>6,659</b>	<b>±0.90%</b>
South Zone	18,271	19,341	19,737	5,082	5,124	545	±3.21%
Calgary Zone	45,800	51,199	61,044	13,704	21,708	2,236	±1.55%
Central Zone	26,134	28,254	29,272	7,553	7,544	827	±2.29%
Edmonton Zone	68,913	76,197	82,559	20,281	23,113	2,353	±1.57%
North Zone <sup>+</sup>	24,344	25,437	25,934	6,597	6,164	698	±2.78%

Note: If within the margin of error, trend is not significant and reported to be "stable".

Margin of error: estimated to be accurate within this margin of error, 19 times out of 20.

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