

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

**Trend Legend:**  
 Target achieved ★  
 Improvement ■  
 Stable: ≤3% deterioration between compared quarters ▲  
 Area requires additional focus ●

**Percentage Placed in Continuing Care within 30 Days, Q3 2017-18**



**Percentage Placed in Continuing Care within 30 Days Trend**

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q3 2016-17	Q3 2017-18	Trend	Q3YTD 2017-18	2017-18 Target
<b>Provincial</b>	68.9%	59.9%	59.6%	56.1%	50.8%	49.7%	▲	50.7%	56%
South Zone	77.2%	59.5%	47.6%	45.9%	45.1%	37.1%	●	42.9%	56%
Calgary Zone	72.0%	57.1%	58.4%	57.4%	50.7%	57.6%	★	57.5%	56%
Central Zone	40.7%	54.6%	61.5%	60.3%	50.3%	54.8%	■	55.5%	56%
Edmonton Zone	78.4%	66.2%	64.5%	55.8%	52.2%	45.4%	●	45.5%	56%
North Zone	59.9%	58.8%	58.7%	57.5%	54.5%	43.4%	●	44.0%	56%

**Understanding Our Results**

Provincially, this measure has been stable in Q3 compared to the same period as last year. Several zones continue to deteriorate due to slower than required growth in home care, continuing care and community care.

For Q3 year-to-date, AHS opened 532 new continuing care beds – more than the entire 2016-17 year (376 new beds). Since 2010, AHS has opened 6,155 new beds to support individuals who need community-based care and supports (including palliative). A new continuing care facility was opened in Medicine Hat in October 2017.

As new continuing care beds are opened, it is expected that they will be filled initially with people who have been waiting for longer periods of time and as a result the measure will show a deterioration before improving in the long run.

**Total Clients Placed**

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	887	2,722	1,060	2,506	704	7,879
FY 2016-17	925	2,438	1,352	2,575	673	7,963
Q3 2016-17	204	574	338	669	143	1,928
Q3 2017-18	221	616	310	617	173	1,937

Source: AHS Seniors Health Continuing Care Living Options Report, as of February 22, 2018

## OBJECTIVE 1: MAKE THE TRANSITION FROM HOSPITAL TO COMMUNITY-BASED CARE OPTIONS MORE SEAMLESS.

### WHY THIS IS IMPORTANT

Increasing the number of home care services and community-based options reduces demand for hospital beds, improves the flow in hospitals and emergency departments and enhances quality of life.

AHS has two performance measures to assess how quickly patients are moved from hospitals into community-based care.

### AHS PERFORMANCE MEASURE

*People Placed in Continuing Care within 30 Days* is defined as the percentage of clients admitted to a Continuing Care Living Option (i.e., designated supportive living levels 3, 4, and 4-dementia or long-term care) within 30 days of the assessed and approved date the client is placed on the waitlist.

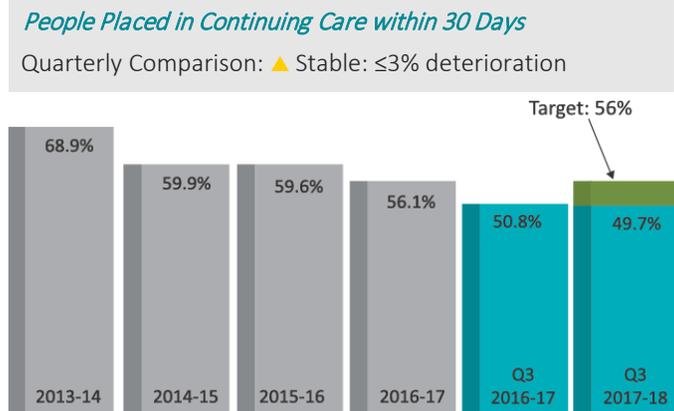
### UNDERSTANDING THE MEASURE

Timely and appropriate access to Continuing Care Living Options is a major issue in Alberta. By improving access to a few key areas, AHS will be able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost-effective manner. Timely placement can also reduce the stress and burden on clients and family members.

AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their service needs and lifestyles.

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care settings. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

### HOW WE ARE DOING



Source: Meditech and Stratahealth Pathways

### AHS PERFORMANCE MEASURE

*Percentage of Alternate Level of Care Patient Days* is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care provided in a hospital setting and the patient’s care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

### UNDERSTANDING THE MEASURE

Hospital beds are being occupied by patients who no longer need acute care services while they wait to be discharged to a more appropriate setting. These hospital days are captured in hospitalization data as patients are waiting for an alternate level of care.

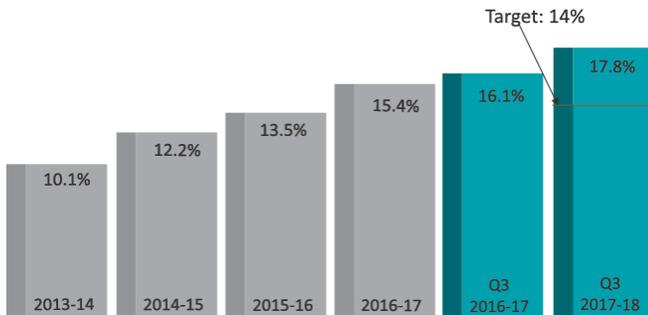
If the percentage of ALC days is high, there may be a need to focus on ensuring timely accessibility to options for ALC patients. Therefore, the lower the percentage the better.

The reasons for deterioration are multi-faceted and generally related to difficulties finding appropriate placement or services following hospital discharge. In some areas, this may be due to slower than required growth in mental health, home care, continuing and community care capacity. Increases in ALC percentage appears to be due to a relative increase in patients needing supportive services when discharged to home.

**HOW WE ARE DOING**

*Percentage of alternate level of care patient days*

Quarterly Comparison: ● Area requires additional focus



Source: Discharge Abstract Database (DAD) - AHS Provincial

For Q3 2017-18, the average wait time for continuing care placement from acute/sub-acute care is 52 days compared to 48 days for the same period last year. The number of people waiting in acute/sub-acute care is 766 as of December 31, 2017 compared with 896 people waiting in September 30, 2017. For Q3 2017-18, there were 1,973 people placed into continuing care from community compared to 1,921 for the same period last year.

It is important to note that not all of these patients are waiting in an acute care hospital bed. Many are staying in transition beds, sub-acute beds, restorative/rehabilitation care beds, and rural hospitals where system flow pressures and patient acuity are not as intense.

**WHAT WE ARE DOING**

For Q3 year-to-date, AHS opened 532 new continuing care beds – more than the entire 2016-17 year (376 new beds). Since 2010, AHS has opened 6,155 new beds to support individuals who need community-based care and supports (including palliative).

A new continuing care facility was opened in Medicine Hat in October 2017.

In Q3 year-to-date, 106,896 clients with unique needs received home care, an increase of 1.9% from Q3 year-to-date 2016-17 (104,909 clients).

**Enhancing Care in the Community (ECC)** is the roadmap for improving community-based care and services and reducing reliance on acute care services.

While the current focus of the ECC initiatives is on recruitment to enhance home care capacity, several initiatives were officially launched in Q3 and are showing positive results.

- Expansion of home care, and palliative care services across the province.
- Implementation of emergency medical services (EMS) programs to improve access to care in the community and at home (i.e., Community Paramedic Teams, and Assess, Treat and Refer processes).
- Development of a new model of care in the Edmonton Zone (Virtual Hospital project).
- A Complex Care Hub will start at Rockyview General Hospital in Calgary.
- North Zone is opening enhanced respite day programs in six communities.
- Calgary Zone is developing a palliative home care program focused on rural areas.
- Specialized intensive home care programs will provide more services for clients in the community.
- Community Support Teams will provide support to complex patients residing in appropriate living options requiring extensive interventions.

Q3 highlights to improve quality of care for continuing care residents and those living with dementia include:

- **Appropriate Use of Antipsychotics (AUA)** reduces antipsychotic medication use for continuing care residents. To date, a total of 92 (out of 176) supportive living sites rolled out AUA (47 Edmonton Zone, 24 South Zone and 21 Central Zone).
- Work is underway to recruit membership for the Housing and Health Services Steering Committee which will address gaps and opportunities in the quality of residential continuing care services.
- AHS is collaborating with providers to increase availability and awareness of GPS locator technology for home care clients living with dementia.

A new **Provincial Advisory Council for Seniors and Continuing Care** was established in December 2017 to provide input on strategy, policy, planning and service delivery; identify issues; and provide suggestions on ways to improve quality, access and sustainability of continuing care services in Alberta.