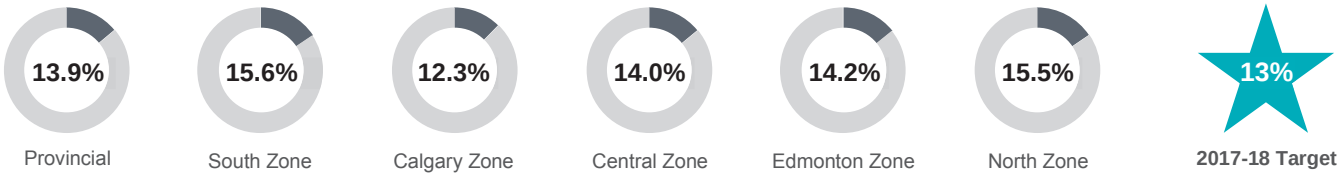
UNPLANNED MEDICAL READMISSIONS

The measure is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

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

Unplanned Medical Readmissions, Q2 2017-18



Unplanned Medical Readmissions Trend

Zone Name	Site Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Trend	Q2YTD 2017-18	2017-18 Target
Provincial	**Provincial**	**13.5%**	**13.6%**	**13.7%**	**13.6%**	**13.8%**	**13.9%**	▲	**13.8%**	**13%**
South Zone	**South Zone**	**14.1%**	**13.5%**	**14.2%**	**13.9%**	**13.9%**	**15.6%**	●	**14.2%**	**13%**
	Chinook Regional Hospital	13.2%	13.5%	14.1%	13.3%	13.0%	14.0%	●	12.4%	13%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	13.8%	14.2%	15.5%	●	14.6%	13%
	Other South Hospitals	15.0%	14.7%	14.4%	14.9%	14.7%	17.4%	●	15.7%	13%
Calgary Zone	**Calgary Zone**	**12.2%**	**12.2%**	**12.3%**	**12.3%**	**12.3%**	**12.3%**	★	**12.4%**	**13%**
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.4%	12.8%	12.7%	★	12.3%	13%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	13.1%	12.7%	13.5%	●	13.0%	13%
	Rockyview General Hospital	12.0%	11.9%	11.9%	12.0%	11.7%	11.8%	★	12.4%	13%
	South Health Campus	12.3%	12.3%	12.0%	11.3%	11.3%	10.9%	★	12.1%	13%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	12.3%	12.1%	★	12.2%	13%
Central Zone	**Central Zone**	**14.5%**	**14.9%**	**15.0%**	**14.9%**	**15.1%**	**14.0%**	■	**14.8%**	**13%**
	Red Deer Regional Hospital Centre	14.0%	13.8%	13.9%	13.0%	13.8%	12.2%	★	13.5%	13%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	15.7%	14.9%	■	15.3%	13%
Edmonton Zone	**Edmonton Zone**	**13.5%**	**13.8%**	**13.6%**	**13.6%**	**14.1%**	**14.2%**	▲	**14.1%**	**13%**
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	12.7%	13.4%	13.1%	★	13.3%	13%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	16.3%	14.9%	■	14.3%	13%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	13.0%	14.5%	●	14.3%	13%
	Sturgeon Community Hospital	12.3%	13.6%	13.4%	13.1%	12.0%	13.8%	●	13.5%	13%
	University Of Alberta Hospital	14.6%	14.6%	14.2%	14.4%	15.2%	14.6%	■	14.7%	13%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	12.8%	13.6%	12.5%	★	12.7%	13%
North Zone	**North Zone**	**15.0%**	**15.3%**	**15.3%**	**15.2%**	**15.4%**	**15.5%**	▲	**15.1%**	**13%**
	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	14.3%	- *	15.1%	-	15.3%	13%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.3%	15.3%	11.8%	★	11.5%	13%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.7%	16.1%	▲	15.6%	13%

Understanding Our Results

Provincially unplanned hospital readmission rates remain stable but slightly higher than the target level.

In monitoring these measures at a site level, it is important to examine longer term trends over time. We expect there to be fluctuations in hospitals due to smaller sites having low number of discharges and therefore more susceptible to variations (such as "other hospitals"). AHS monitors these fluctuations to see if deterioration in performance represents a trend over time or part of expected variation. The fluctuation is within normal range.

Total Discharges

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	9,632	35,449	16,826	37,646	14,251	**113,804**
FY 2016-17	9,823	35,547	16,739	37,668	14,105	**113,882**
Q2 2016-17	2,347	8,679	4,190	9,034	3,459	**27,709**
Q2 2017-18	2,403	8,777	3,867	9,130	3,419	**27,596**

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of February 5, 2018
Notes:
- This quarter is a quarter later due to requirements to follow up with patients after end of reporting quarter.
- This indicator measures the risk-adjusted rate of urgent readmission to hospital for the medical patient group, which is adapted from the CIHI methodology (2016).
** Northern Lights Regional Health Centre last year's data not comparable due to impact of temporary closure of the hospital and displacement of the population due to the wildfires in Q1.*

OBJECTIVE 5: IMPROVE HEALTH OUTCOMES THROUGH CLINICAL BEST PRACTICES.

WHY THIS IS IMPORTANT

AHS continues to strive to improve health outcomes through clinical best practices by increasing capacity for evidence-informed practice, supporting the work of our Strategic Clinical Networks™ (SCNs) and gaining better access to health information.

AHS PERFORMANCE MEASURE

Unplanned Medical Readmissions is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This measure excludes admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer.

UNDERSTANDING THE MEASURE

Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

Rates may be impacted due to the nature of the population served by a facility (elderly patients and patients with chronic conditions) or due to different models of care and healthcare services accessibility. Therefore, comparisons between zones should be approached with caution.

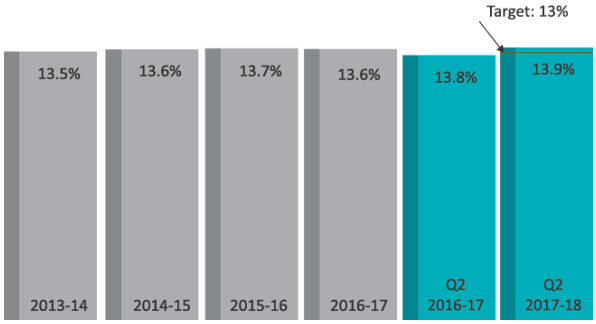
The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

The most recent data for this measure is one quarter behind the reporting period due to various reporting system timelines.

HOW WE ARE DOING

The rate of readmissions has remained relatively stable over the past few years. Unplanned medical readmission to hospital results was 13.9% in Q2 2017-18 compared to 13.8% in Q2 2016-17.

Unplanned Medical Readmissions
Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Provincial Discharge Abstract Database (DAD)

WHAT WE ARE DOING

There are a number of provincewide and zone initiatives that address readmissions. Examples include:

- Working with Primary Care Networks to ensure services are in place for complex patients, such as the Patients Collaborating with Teams (PaCT) which focuses on planning for complex patients and the Bridging the Gap initiative which determines solutions for discharge and transition of patients with complex health needs to community family practices.
- Zones implemented clinical care pathways through the SCNs™ – Chronic Obstructive Pulmonary Disease (COPD) and heart failure, Enhanced Recovery After Surgery (ERAS), hip and knee replacement pathway, and Delirium in intensive care units.
- The South Zone Wound Management Service Delivery Approach was developed in Q3 and includes recommendations to improve patient flow, address outcomes such as decreasing or managing pain, and provide information about caregiver support and access to resources.

SCNs™ are working to reduce inappropriate variation and apply consistent clinical standards across AHS.

Starting Dialysis on Time at Home on the Right Therapy Project (START) has seen an increase in the percentage of new patients treated with peritoneal dialysis in the first six months after dialysis initiation to 37% as of June 2017 (exceeding target of 30%). In addition, there has been a reduction to 13% of outpatients starting dialysis too early (nearing target of 11%) as of June 2017. Next data update will be available at year-end.

The Provincial Breast Health Initiative will improve breast cancer care through design of provincial pathways (diagnostic assessment, same-day surgery, breast reconstruction). Highlights for Q3 are:

- Completed provincial patient education package: Journey through Breast Cancer. This will be made available to patients and providers in Q4.
- Launched a patient experience survey for perioperative care in Edmonton and Calgary.
- Implemented a pathway to expedite referrals and consults for patients with highly suspicious breast lesions on imaging in Edmonton (November 2017) and Calgary (January 2018).

Standardization of the Emergency Assessment Record has been implemented in 61 out of 72 rural Emergency Departments (85%) as of December 31, 2017.

A total of 27 out of 42 Primary Care Networks as well as the Northern Alberta Renal Program are in the process of implementing the Diabetes Foot Care Clinical Pathway which aims to improve diabetes foot screening rates, early identification and treatment of foot problems and patient self-care recommendations thereby reducing risks of developing a diabetic foot ulcer and subsequent amputations.

A total of 14 sites (compared to seven last year) have implemented Basal Bolus Insulin Therapy (BBIT) in place of subcutaneous sliding scale insulin (SSI) to improve and standardize diabetes care in Alberta hospitals.

Other examples of SCN™ initiatives underway to improve health outcomes through clinical best practices include:

- Endovascular Therapy
- National Surgery Quality Improvement Project (NSQIP) and Trauma Quality Improvement Project (TQIP)
- Catch a Break (secondary fracture prevention initiative)
- Glycemic Management Policy
- Insulin Pump Therapy
- Early Hearing Detection and Intervention Program
- Elder Friendly Care in Acute Care

AHS continues to increase capacity for evidence-informed practice and policy through enhanced data sharing, research, innovation, health technology assessment and knowledge translation.

The Partnership for Research and Innovation in the Health System (PRIHS) Steering Committee endorsed AHS to proceed with funding focused on Enhanced Care in the Community. An update on ECC initiatives can be found under Objective 1 of this report.

The **Health Analytic Portal** is available to AHS analysts, researchers and external partners who are dedicated to improving healthcare in Alberta. It provides access to a trusted source of secondary use data, information products and supporting services.

The Health Analytic Portal Release 1 went live in August 2017 to allow stakeholders (i.e., Alberta Health, Alberta Bone and Joint, Health Quality Council of Alberta) the ability to register and interact with selected published reports.

AHS is working on the next releases of the portal that will include the ability for authorized data users to access AHS data assets, starting with Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) and online access to services, such as data education services, metadata, and data consulting and advisory services.