

AHS Report on Performance FY 2017-18

TIMELY ACCESS TO SPECIALTY CARE

Number of specialty services with eReferral Advice Request enabled.

Number of Specialty Services with eReferrals Advice Request Enabled, FY 2017-18



Provincial



2017-18 Target

Specialty Services with eReferral Advice Request Enabled, FY 2017-18

Referral Types	2014-15	2015-16	2016-17	2017-18
Provincial Total	3	3	4	12
Advice - Oncology - Breast Cancer	√	√	√	√
Advice - Oncology - Lung Cancer	√	√	√	√
Advice - Orthopaedic Surgery	√	√	√	√
Advice - Nephrology			√	√
Advice - Urology				√
Advice - Internal Medicine/Adult Gastroenterology				√
Advice - Internal Medicine/Endocrinology				√
Advice - Internal Medicine/Pulmonary Medicine				√
Advice - Neuro Surgery/Spinal Neurosurgery				√
Advice - Obstetrics and Gynecology				√
Advice - Addiction and M H/Addiction Medicine				√
Advice - Internal Medicine/General Internal Medicine				√

Source: Netcare Repository, as of March 23, 2018
2017-18 reflects Fiscal Quarter 4 YTD data, unless specified otherwise.

Making it easier for patients to move between primary, specialty and hospital care.

Working with our partners, AHS is making changes to improve how patients and their information move throughout the healthcare system.

Primary Healthcare

In September 2017, AHS launched the Primary Health Care Integration Network (PHCIN) – the 15th Strategic Clinical Network (SCN)[™] in Alberta. The PHCIN is creating an integrated system across Alberta through supporting home to hospital to home transitions, accessing specialty care and back, keeping care in the community and the system foundations required to make this successful.

PHCIN partnered with the Seniors SCN for a pilot project with five Primary Care Networks (PCNs) in eight communities focused on managing care of those living with dementia in the community.

- ❖ The Coalition for Integration was established to stimulate innovative thinking and solutions for integration challenges faced in Alberta. A total of three in-person sessions were held in 2017-18.
- ❖ An Integrated Care Partnership (ICP) is a formation of stakeholders who address key challenges and opportunities in health service delivery and work together to achieve a shared outcome. Learning and experiences help inform service provision for PHCIN projects.

PCNs develop solutions to meet the primary healthcare needs of the local communities they serve. There are now 42 PCNs operating throughout Alberta with more than 3,700 family physicians, and more than 1,100 other health practitioners.

Patients Collaborating with Teams (PaCT), a partnership between AHS, the Alberta Medical Association, the Health Quality Council of Alberta and the Alberta Cancer Prevention Legacy Fund, was designed to help primary care teams better support patients to maintain their health. In 2017-18, seven innovation hubs (PCNs that have volunteered to test new ideas) were created.

Alberta Health is working with the Alberta Medical Association and AHS to implement the new PCN Governance Framework to improve integration of PCN services. This includes a Provincial PCN Committee to provide leadership, strategic direction and priorities for five Zone PCN Committees. This framework aligns PCNs and zones to allow for improved system planning.

CancerControl Alberta

Progress on capital projects continues to be made for improving infrastructure to address future capacity needs.

- ❖ Calgary Cancer Centre (Phase 2) is near completion and commencement of Phase 3 will begin in June 2018. The new healthcare facility and academic centre will provide cancer services in southern Alberta.
- ❖ Grande Prairie Cancer Centre construction continues as part of the new Grande Prairie Regional Hospital project.
- ❖ Construction of the Jack Ady Cancer Centre (Phases 2 and 3) in Lethbridge was completed.
- ❖ A replacement linear accelerator (Linac) was installed and operationalized to support cancer treatment in spring 2017 at both the Tom Baker Cancer Centre (TBCC) in Calgary and the Cross Cancer Institute (CCI) in Edmonton. A second Linac was also installed at CCI in March 2018. Construction was completed at TBCC for its second Linac and it is expected to be operational by summer 2018.

Recruitment to support expansion of cancer hematology services was completed in the Central Zone (Central Alberta Cancer Centre) with increased capacity is expected to start in summer 2018. Recruitment at the Jack Ady Cancer Centre and Margery E Yuill Cancer Centre in Medicine Hat is underway.

Improvements were made in end of treatment and transition of care processes for patients who have completed cancer treatment and are returning to a family physician. Improved transition processes were implemented in eight, early stage curative intent populations: breast, prostate, testicular, cervical, endometrial, Hodgkin lymphoma, B Cell, and colorectal cancer.

Emergency Medical Services (EMS)

EMS works with health, community and public safety partners to provide quality service in Alberta. Emergency Response and Inter-Facility Transfers are provided by ground ambulance, non-ambulance transfer vehicles, and rotary and fixed-wing air ambulance with service co-ordinated through calltaking and dispatch resources.

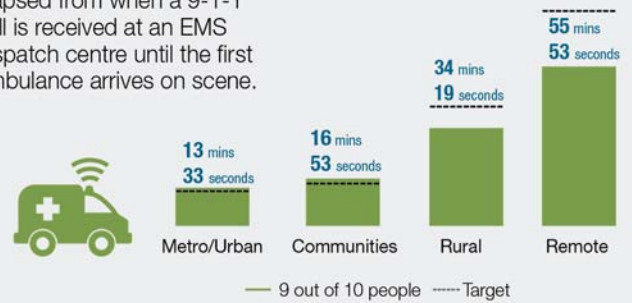
EMS highlights in 2017-18 include:

- ❖ Electronic Patient Care Record (ePCR) was implemented for all contract operators and direct delivery operators (baseline 15 per cent). ePCR links patient ambulance data with previous patient medical information.
- ❖ A helipad upgrade was completed at Rocky Mountain House (August 2017). Jasper, Fort McMurray, and Medicine Hat Regional Hospital upgrades are scheduled for completion in 2018.
- ❖ In June 2017, an air ambulance team of AHS and its partners developed Canada's first mobile flight simulation trailer to enable learners to practise and master individual and team skills.
- ❖ All ground ambulances are now equipped with power stretchers and load systems. Repetitive patient lifting is one the leading causes of injury to paramedics.
- ❖ The Collaborative Dispatch Model was completed in February 2018. The project links AHS-managed dispatch centres with existing dispatch facilities in the Regional Municipality of Wood Buffalo, Red Deer, Calgary and Lethbridge to form a fully integrated dispatch system.
- ❖ The new Psychological Awareness and Wellness Support (PAWS) program uses canines to assist EMS responders who experience psychological stress. The team promotes mental wellness to help decrease stigma, increase resiliency and raise awareness about available resources to support employees experiencing a psychological injury.

AHS publicly posts EMS-specific measures in a performance dashboard available on the AHS public website. These measures reflect areas within EMS that are important measurements of patient safety and care.

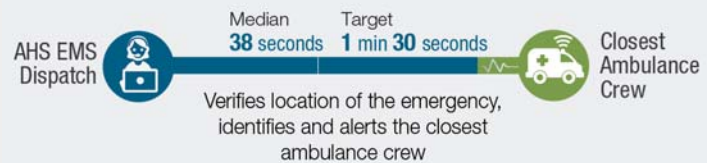
EMS Response Times for Life Threatening Events

Response Time is the time elapsed from when a 9-1-1 call is received at an EMS dispatch centre until the first ambulance arrives on scene.



Time to Dispatch First Ambulance

1 min 19 seconds
9 out of 10 people



Target was achieved for rural and remote response times and time to dispatch first ambulance.

Measuring our Progress

TIMELY ACCESS TO SPECIALTY CARE (eREFERRALS) is the number of implemented physician specialty services with Alberta Netcare eReferral Advice Request. It provides primary care physicians with the ability to request advice from other physicians or specialty services, allowing for better support and timely access to the most appropriate specialist.

The number of specialties using eReferral Advice Request is a cumulative measure. With zone engagement, eight specialty services implemented eReferral Advice Request in 2017-18, for a total of 12 specialties to date.

The 12 specialty services implemented are:

1. Orthopedics – hip and knee (Provincial)
2. Breast Cancer (Provincial)
3. Lung Cancer (Provincial)
4. Nephrology (Edmonton, Calgary)
5. Addiction Mental Health - Opiate Agonist Therapy (Provincial)
6. Endocrinology (Calgary)
7. Gastroenterology (North, Edmonton, Calgary, South)
8. General Internal Medicine (Calgary)
9. Obstetrical/Gynecology (Calgary)
10. Pulmonary (Calgary)
11. Spinal Neurosurgery (Calgary)
12. Urology (Adult) (Edmonton)

In 2017-18, nearly 5,000 eReferral Advice Requests were received by triage facilities. Of the advice requests completed, 38 per cent were provided with advice to continue managing in the community, 60.8 per cent required a referral and 1.2 per cent did not have sufficient information to receive advice.

This work will continue into 2018-19 with a focus on increasing awareness, training new users and implementing additional specialties.

Having more specialties providing advice for non-urgent questions and doing so in an electronic format, may prevent patients from waiting for an appointment they don't need, provide them with care sooner, and support them better while they are waiting for an appointment.

Alberta Netcare eReferral is Alberta's first paperless referral solution and offers healthcare providers the ability to create, submit, track and manage referrals throughout the referral process.

Respecting, informing and involving patients and families in their care while in hospital.

AHS strives to make every patient's experience positive and inclusive. AHS continues to apply the Patient First Strategy by empowering and supporting Albertans to be the centre of their healthcare teams. Patient- and family-centred care initiatives were implemented across Alberta to increase the patient voice and participation in care delivery.

- ❖ AHS Quality and Safety Summit received the Patients Included designation based on a demonstrated commitment to incorporating patient and family experiences and to co-designing health services together with patient and family advisors.
- ❖ Patient First Proclamation was finalized, which illustrates AHS' commitment to patient experiences.
- ❖ Leader Rounding Campaign involved AHS management attending clinical rounds to understand how staff are serving patients. Over 85 AHS leaders participated in the challenge and over 100 participants attended a dedicated coaching session to prepare for effective leader rounding.
- ❖ Digital Storytelling workshop was hosted in September 2017 where patient advisors crafted digital stories to promote patient- and family-centred care and quality improvement across AHS.
- ❖ AHS provides interpretation and translation services to support Albertans whose first language is not English. Usage of telephone interpretation services in 2017-18 increased by 7 per cent compared to last year. Over 1.2 million minutes of over-the-phone interpretation services in 116 languages were accessed.
- ❖ Zones rolled-out the Visitation Policy and Family Presence Policy which guides visitation and family presence and recognizes patients and families as partners in care.
- ❖ The Alberta Children's Hospital in Calgary participated in the Video Remote Interpretation project which allows patients, clinicians and interpreters to see each other during virtual meetings. This project will be used to inform how best to make this technology available to patients and care teams in other locations across Alberta.