

AHS Report on Performance FY 2017-18

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.

Unplanned Medical Readmissions, Q3YTD 2017-18



Unplanned Medical Readmissions Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	Q3YTD 2016-17	Q3YTD 2017-18	Trend	2017-18 Target
Provincial	Provincial	13.5%	13.6%	13.7%	13.6%	13.7%	13.7%	⇔	13.4%
South Zone	South Zone	14.1%	13.5%	14.2%	13.9%	13.8%	14.2%	⇔	13.4%
	Chinook Regional Hospital	13.2%	13.5%	14.1%	13.3%	13.8%	13.0%	☆	13.4%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	13.8%	13.4%	13.9%	↓	13.4%
	Other South Hospitals	15.0%	14.7%	14.4%	14.9%	14.4%	15.8%	↓	13.4%
Calgary Zone	Calgary Zone	12.2%	12.2%	12.3%	12.3%	12.3%	12.5%	☆	13.4%
	Foothills Medical Centre	12.2%	12.2%	12.3%	12.4%	12.4%	12.3%	☆	13.4%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	13.1%	12.8%	12.7%	☆	13.4%
	Rockyview General Hospital	12.0%	11.9%	11.9%	12.0%	11.7%	12.7%	☆	13.4%
	South Health Campus	12.3%	12.3%	12.0%	11.3%	11.7%	12.3%	☆	13.4%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.0%	13.0%	☆	13.4%
	Central Zone	Central Zone	14.5%	14.9%	15.0%	14.9%	15.0%	14.5%	↑
Central Zone	Red Deer Regional Hospital Centre	14.0%	13.8%	13.9%	13.0%	13.2%	13.1%	☆	13.4%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	15.7%	15.0%	↑	13.4%
Edmonton Zone	Edmonton Zone	13.5%	13.8%	13.6%	13.6%	13.8%	13.8%	⇔	13.4%
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	12.7%	12.8%	13.0%	☆	13.4%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	15.3%	14.3%	↑	13.4%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	13.1%	14.1%	↓	13.4%
	Sturgeon Community Hospital	12.3%	13.7%	13.4%	13.1%	13.1%	13.6%	↓	13.4%
	University of Alberta Hospital	14.6%	14.6%	14.2%	14.4%	14.6%	14.4%	⇔	13.4%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	12.8%	13.2%	11.8%	☆	13.4%
	North Zone	North Zone	15.0%	15.3%	15.3%	15.2%	15.2%	15.0%	⇔
North Zone	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	14.3%	13.9%	15.2%	↓	13.4%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.3%	13.4%	11.3%	☆	13.4%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.7%	15.5%	⇔	13.4%

Trend Legend: ☆ Target Achieved ↑ Improvement ⇔ Stable: ≤3% relative change compared to the same period last year ↓ Area requires additional focus

Total Discharges

Zone	2015-16	2016-17	Q3YTD 2016-17	Q3YTD 2017-18
Provincial	113,804	113,879	84,955	85,370
South Zone	9,632	9,823	7,243	7,217
Calgary Zone	35,449	35,546	26,518	27,516
Central Zone	16,826	16,738	12,550	12,109
Edmonton Zone	37,646	37,667	28,157	28,006
North Zone	14,251	14,105	10,487	10,522

Source: AHS Provincial Discharge Abstract Database (DAD), as of May 2, 2018

Notes:

- The results are reported 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).

Improve Patient and Population Health Outcomes

Improving health outcomes through clinical best practices.

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

Strategic Clinical Networks™

SCNs™ bring together clinicians, researchers, patients and policymakers to drive innovation and research, standardize care, share best practices, improve access to services and improve health system sustainability.

This year, SCNs™ celebrated their five-year anniversary of health innovation. Since 2013, AHS has expanded from six to 15 SCNs™.

1. Addiction and Mental Health
2. Bone and Joint Health
3. Cancer
4. Cardiovascular Health and Stroke
5. Critical Care
6. Diabetes, Obesity And Nutrition
7. Digestive Health
8. Emergency
9. Kidney Health
10. Maternal Newborn Child & Youth
11. Population, Public and Indigenous Health
12. Primary Health Care Integration Network (New!)
13. Respiratory Health
14. Seniors Health
15. Surgery

SCNs™ are continually embarking on innovative initiatives to help reduce inappropriate variation, apply consistent clinical standards and improve health outcomes. Many of these are cited throughout this report; additional highlights for 2017-18 include:

- ❖ The Provincial Breast Health Initiative improves breast cancer care through the use of provincial pathways (diagnostic assessment, same-day mastectomies and breast reconstruction surgery). This work included completing an education package, launching a patient experience survey, and implementing a pathway to expedite referrals and consults for highly suspicious breast lesions. Performance in the third quarter of 2017-18 indicates the percentage of mastectomies performed as same-day surgery improved to 41 per cent (from 27 per cent in Q3 2016-17).
- ❖ Starting Dialysis on Time at Home on the Right Therapy Project (START) aims to maximize the safe and effective use of peritoneal dialysis, ensure patients are starting dialysis at the appropriate time, improve outcomes and experiences and reduce healthcare costs. Thirty-two per cent of new patients received peritoneal dialysis within six months of starting dialysis therapy.
- ❖ Many Primary Care Networks and Alberta Kidney Care North are 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 amputations.

SCNs™ have developed a total of 19 clinical care pathways, of which 74 per cent have been implemented across the province. Many of our pathways focus on improving co-ordination of care between acute, primary and community care.

Trans Cranial Magnetic Stimulation • Hip & Knee Care Clinical • Hip Fracture • Rectal Cancer Clinical • Breast Cancer • Head and Neck Cancer Perioperative • Heart Failure • Provincial Delirium • Diabetic Foot Care • Inpatient Diabetes Management: Basal Bolus Insulin Therapy • Early Hearing Detection and Intervention • Provincial Antenatal • Perinatal E-Mental Health • Pediatric Concussion • Child with Complex Care Needs • Postpartum and Newborn • Neonatal Abstinence • Neonatal Palliative Care • Indigenous Perinatal • Chronic Obstructive Pulmonary Disease • Elder Friendly Care in Acute Sites • Appropriate Use of Antipsychotics in Supportive Living • Enhanced Recovery after Surgery (various programs)



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

Research and Innovation

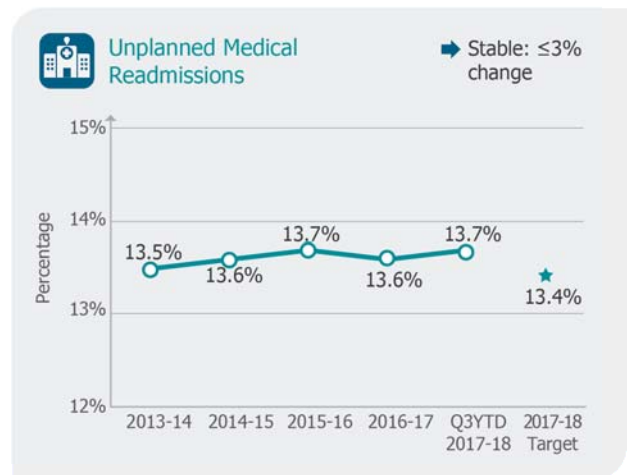
AHS continues to increase capacity for evidence-informed practice and policy through enhanced data sharing, research, innovation, health technology assessment and knowledge translation.

- ❖ To date, 39 per cent of Partnership for Research and Innovation in the Health System (PRIHS) funding was allocated to care in the community (Enhancing Care in the Community).
- ❖ Release 1 of the Health Analytic Portal (HAP) went live in August 2017 to allow stakeholders to register and interact with selected published reports. The next release was also completed, allowing authorized users to upload client data to the HAP and have data from the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) made available for download.
- ❖ The Strategic Clinical Networks™ supported multiple projects in the new innovative Strategy for Patient Orientated Research (SPOR) CIHR Rewarding Success Initiatives. Three of these projects have moved forward to the next round of the competition. All three have the potential to improve the health system in Alberta through implementation of patient oriented system changes.

AHS supports a tremendous amount of research studies across Alberta to generate the evidence needed to deliver patient-focused, quality care. AHS and its partners at Alberta's academic institutions and affiliated research institutes work together to implement an integrated model of health research. This past year, Alberta's ethics board approved 1,650 studies that needed access to AHS patients, data or services, such as laboratory tests. Our partnerships with Alberta's universities is critical to delivering the best care to our patients and families, both today and tomorrow.

MEASURING OUR PROGRESS

UNPLANNED MEDICAL READMISSIONS is the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This excludes admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after discharge. The most recent data is a quarter behind the reporting period due to various reporting system timelines.



Source: Discharge Abstract Data (DAD) – AHS Provincial

Unplanned medical hospital readmission rates remain stable year-over-year.

In most cases, medical readmissions are primarily driven by patients with complex health needs, such as chronic obstructive pulmonary disease (COPD), heart failure and pneumonia. AHS is working on several initiatives to help reduce these types of readmissions.

- ❖ AHS works with Primary Care Networks to ensure services are in place for complex patients, such as Patients Collaborating with Teams (PACT) and Bridging the Gap which determines solutions for discharge and transition of patients with complex health needs to community family practices.
- ❖ The following clinical pathways were implemented in the zones: COPD and heart failure, Enhanced Recovery After Surgery (ERAS), hip and knee replacement pathway, and delirium in intensive care units.