

AHS Report on Performance FY 2017-18

CHILDHOOD IMMUNIZATION RATE DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HIB (DTaP-IPV-Hib)

This measure is defined as the percentage of children who have received the required number of vaccine doses by two years of age. A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities. The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

Childhood Immunization Rate: DTaP-IPV-Hib, FY 2017-18



Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	2017-18 Target
Provincial	77.6%	78.3%	78.0%	78.3%	77.7%	⇒	80%
South Zone	64.6%	67.9%	65.7%	67.8%	70.0%	↑	80%
Calgary Zone	81.4%	82.6%	81.5%	81.4%	79.8%	☆	80%
Central Zone	71.1%	71.1%	70.9%	70.6%	70.7%	⇒	80%
Edmonton Zone	84.0%	84.0%	84.6%	84.0%	82.9%	☆	80%
North Zone	67.2%	66.6%	66.5%	67.7%	68.9%	⇒	80%

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

Total Eligible Population

Zone	2015-16	2016-17	2017-18
Provincial	54,267	55,138	56,208
South Zone	4,104	4,157	4,271
Calgary Zone	19,602	20,424	20,862
Central Zone	6,240	5,833	5,661
Edmonton Zone	16,870	17,578	18,114
North Zone	7,451	7,146	7,300

Source: Province-wide Immunization Program, Communicable Disease Control as of April 19, 2018

Notes:

- The target represented is the AHS' 2017-18 Target. Alberta Health has higher targets for both vaccines by two years of age.

Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. Direct observation is a recommended way to assess hand hygiene compliance rates for healthcare workers.

Overall, there was continued and sustained improvement in provincial hand hygiene rates in 2017-18 compared to last year. While normal fluctuations in compliance are anticipated, downward trends in compliance rates are monitored and investigated. In some cases, the drop in compliance at a site is due to an increased proportion of observations occurring within a unit or program identified to be struggling with hand hygiene compliance.

Hand hygiene improvement initiatives are undertaken which include increased frequency of monitoring to document and further stimulate improved hand hygiene practices. Other initiatives to support hand hygiene compliance across the organization included:

- ❖ AHS Infection Prevention and Control Hand Hygiene program launched a call to action on Global Handwashing Day in October 2017 to increase hand hygiene awareness and shift the focus to site-based reviewers.
- ❖ Staff were asked to submit videos of coworkers who go above and beyond the call of duty for hand hygiene. The videos will be used to create a video montage, which will be released on Stop! Clean Your Hands Day in May 2018.
- ❖ A leadership toolkit was approved and is expected to be released early 2018-19 to provide leaders with a framework that aims to connect hand hygiene improvement initiatives with existing AHS resources.
- ❖ Zones continue to recruit site-based hand hygiene reviewers to foster ownership and accountability for hand hygiene improvement in healthcare workers.

Focusing on health promotion & disease and injury prevention.

Screening

AHS' Screening Programs, in partnership with primary care providers and other partners, support Albertans' participation in cancer screening.

- ❖ Screen Test Mobile Clinics offered screening mammography services to over 18,000 women in 110 communities, including 20 First Nations communities and five Metis settlements in 2017-18.
- ❖ Overall, over 800,000 Albertans were screened for breast, cervical or colorectal cancer.

AHS also plays an important role in supporting screening initiatives across the province.

- ❖ Early Hearing Detection and Intervention (EHDI) was implemented in all 13 neonatal intensive care units. EHDI offers screening to newborns for hearing prior to discharge.
- ❖ The Surfacing Population, Public and Indigenous Health Data for Action project makes cancer screening status available on Netcare for primary care providers to rapidly identify and support Albertans who are under-screened.

Environmental Risks and Hazards

AHS has completed the first year of a three-year project to streamline meat processing facility inspections. As of March 31, 2018, 74 per cent of meat processing facilities were inspected using the new baseline assessment and inspection tool: North Zone (46 per cent), Edmonton Zone (84 per cent), Central Zone (61 per cent), Calgary Zone (80 per cent), and South Zone (100 per cent).

Outbreak Management

AHS and Alberta Health are working with the zones to ensure a consistent approach to disease outbreak notification, management and reporting including:

- ❖ Participating on a national Outbreak Investigation Coordinating Committee, contributing unique surveillance data to help identify contamination of flour with E. coli which led to a nation-wide recall.

- ❖ Revising the provincial food-borne illness outbreak protocol with partners (i.e., Alberta Agriculture and Forestry, Alberta Health, and Canadian Food Inspection Agency).
- ❖ Participating on the Outbreak Investigation Co-ordinating Committee to manage assessment calls associated with raw oyster consumption and norovirus; frozen breaded chicken and salmonellosis; and outbreaks relating to E coli and foods containing pork from a single producer.
- ❖ Consultations with sites that experienced outbreaks helped inform revisions to AHS' Department Standard Operating Procedures and Outbreak Guidelines. Some of the communicable disease outbreaks managed were for infectious gastroenteritis, influenza-like illness, mumps and pertussis.

Chronic Disease Prevention and Management

The Chronic Condition and Disease Prevention and Management vision was completed, including holding webinars with approximately 130 attendees. AHS is working on developing an Alberta Chronic Disease Inventory, which is a searchable listing of programs, services and resources focused on chronic disease prevention and management.

Reporting on the Chronic Disease Management Office of the Auditor General (OAG) was submitted with over 100 documents. An action plan for completing the current phase of the audit is under development. Progress continues on the OAG recommendations.

Promotion and Prevention

AHS provides consultation, facilitation, planning support and resource development to prevent addiction.

- ❖ AHS supported 30 funded community coalitions across the province to focus on preventing and reducing substance use harms.
- ❖ AHS and its partners provided 294 workshops to 3,417 participants to support psychosocial recovery for those affected by recent disasters, which included train-the-trainer sessions and versions for schools and Indigenous communities. The AHS Provincial Mental Health Promotion and Illness Prevention team was recognized nationally for this work.
- ❖ A refresh of AHS' Harm Reduction for Psychoactive Substance Abuse policy was completed.
- ❖ A total of 11 Developmental Pathways InRoads training modules were developed for AHS and external providers.

Immunization

The influenza immunization rate for AHS healthcare workers for 2017-18 was 66 per cent, an increase of 1.7 per cent from the previous year. The overall influenza immunization rate for Albertans is 29 per cent in 2017-18 – an increase of 1.1 per cent.

The 2016-2020 Alberta Sexually Transmitted Blood-Borne Infections (STBBI) Operational Strategy and Action Plan began development in spring 2016, engaging over 350 stakeholders across the province including First Nations' communities and Metis settlements. The STBBI will increase awareness and accessibility of STBBI treatment services across the province. Five work streams have been

Rotavirus immunization coverage rates in infants was 81 per cent in 2017-18 (compared to 80 per cent in 2016-17).

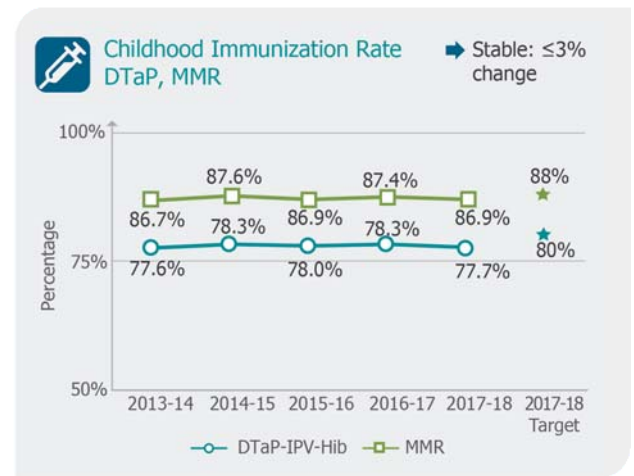
- Human Papilloma Virus (HPV) vaccine administration (2016-17).
- Grade 5 – boys 67 per cent, girls 67 per cent
 - Grade 9 – boys 70 per cent, girls 82 per cent

established to develop recommendations.

MEASURING OUR PROGRESS

CHILDHOOD IMMUNIZATION is the percentage of children who have received the required number of vaccine doses by two years of age. The higher the percentage, the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

- ❖ Diphtheria / Tetanus /acellular Pertussis, Polio, Hib (DTaP-IPV-Hib) - 4 doses
- ❖ Measles / Mumps / Rubella (MMR) - 1 dose



Source: Province-wide Immunization Program, Communicable Disease Control

Immunization rates in 2017-18 were steady. AHS continues to raise awareness on the importance of immunization in geographical areas where immunization rates are low.