

AHS Report on Performance FY 2017-18

NURSING UNITS ACHIEVING BEST PRACTICE TARGETS

This measure is defined as the percentage of nursing units at the 16 busiest sites meeting Operational Best Practice (OBP) labour targets. A higher percentage means more efficiencies have been achieved across AHS.

Percentage of Nursing Units Achieving Best Practice Targets, FY 2017-18



Percentage of Nursing Units Achieving Best Practice Targets

Zone Name	2015-16	2016-17	2017-18	Trend	2017-18 Target
Provincial	20%	28%	38%	☆	35%
South Zone	63%	58%	61%	☆	35%
Calgary Zone	15%	20%	25%	↑	35%
Central Zone	7%	14%	47%	☆	35%
Edmonton Zone	14%	29%	42%	☆	35%
North Zone	33%	33%	36%	☆	35%

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

Source(s): AHS General Ledger (no allocations); Worked Hours - Finance consolidated trial balance, Patient Days – Adult & Child - Finance statistical General Ledger, as of April 30, 2018

Notes:

- Data quality issues were identified in historical data which potentially over-stated efficiencies. Work continues in data quality but historical data cannot be retroactively corrected.

Improve Financial Health and Value for Money

Improving efficiencies through implementation of operational and clinical best practices while maintaining or improving quality and safety.

AHS supports strategies to improve clinical appropriateness of care, support service delivery, and focus on operational best practices to gain efficiencies while maintaining or increasing quality of care.

Appropriateness of Care

Advanced diagnostic imaging tests, such as CT scans, MRIs and ultrasounds have dramatically changed the way patients are diagnosed and treated. These advancements have resulted in improved, more efficient, and more effective patient care.

AHS has implemented a number of projects aimed at promoting clinical appropriateness. Examples include:

- ❖ AHS saw a 13 per cent decrease in CT lumbar spine exams performed in 2017-18 compared to 2016-17. A lower value demonstrates improved efficiencies.
- ❖ Dose banding/rounding of tinzaparin (rounding the prescribed dose to a safe, effective dose that can be delivered by pre-filled syringes) reduces the need for multi-dose vials which reduces waste.
- ❖ AHS is working with medical staff to develop quality metrics which will allow clinicians to get a snapshot of their medical practice and see how they compare with their peers.

Strategic Clinical Networks™ (SCNs™) have demonstrated increased efficiencies, improved health outcomes, and reduced costs across Alberta by generating innovation and implementing best evidence into practice. Some of these projects and their successes are outlined in the table below.

SCN™ Project	Benefits/Outcomes
Access for Referral & Triage e-Referral	Improved efficiency in scheduled health services, increasing accessibility and reducing wait times for scheduled services.
Adult Coding Access Targets for Surgery (aCATS)	Positive impact on surgical demand improving access, ensuring more efficient utilization of operating room time.
Appropriate Use of Antipsychotics (AUA)	Reduction in inappropriate use of antipsychotic drugs in long-term care facilities.
Enhance Recovery after Surgery (ERAS)	Reduction in post-surgical complications rate and severity; earlier patient mobilization and improved patient nutrition status all leading to net reduction in system cost per surgical case.
Fragility and Stability	Designed to support the use of Primary Care Network and family physician model to keep patients in their communities and to provide co-ordination of care and prevention strategies.
National Surgery Quality Improvement Program (NSQIP)	Improvements in post-operative outcomes including a reduction in complication rates and re-admission rates, and improved patient safety. As a result, there was a reduction in healthcare costs.
Safe Surgery Checklist	Reduction in the number of preventable errors and adverse events during surgical procedures.
Stroke Action Plan	Improvement in use of stroke order sets, decrease in length of stay for acute stroke patients and increased access for rural areas.
Vascular Risk Reduction	Reduction of overall cardiovascular risk due to improved capacity building with community pharmacies, primary healthcare providers and physicians.

SCNs™ are required to be effective and efficient in identifying clinical best practices, as well as demonstrate their return on investment, and how they are helping AHS improve outcomes for Albertans. For example, a peer reviewed medical journal published that the NSQIP pilot showed that for every dollar invested in this initiative, about \$4.30 in savings was achieved. This program will be expanded to all hospitals.

Provincial Laboratory Services

The Government of Alberta announced in December 2017 a new provincial laboratory services entity that will help improve the quality and timeliness of care for Albertans. A provincial lab system is a cost-effective, efficient model that will bring together similar diagnostic services and research under one organization for better collaboration and improved integration.

The consolidation of lab services (which includes Calgary Lab Services, Covenant Health, the Provincial Laboratory for Public Health, Lamont Health Care Centre and eventually Dynalife) into an AHS wholly-owned subsidiary will leverage existing infrastructure, accounting systems and corporate services, while optimizing innovation in laboratory diagnostics to accommodate growing demands.

To support this transition, an interim board and CEO has been established. This approach to lab governance was one of the recommendations made by the Health Quality Council of Alberta to improve lab services.

Service Planning

AHS was engaged in a number of planning activities in 2017-18 to support service delivery, for example:

- ❖ Zone Healthcare Plans for Calgary and Central Zones were completed and will be formally submitted to Alberta Health in 2018-19. A Red Deer Regional Hospital Centre capital needs assessment is in development, in alignment with the Central Zone Healthcare Plan.
- ❖ Through a joint Alberta Health/AHS agreement, the Service and Access Guidelines initiative has been put on formal pause due to competing priorities related to Connect Care, Enhancing Care in the Community and PCN Governance.
- ❖ Provincial Interventional Cardiac Service Plan identifies the need for cardiac services in a co-ordinated and evidence-based approach. A needs assessment and options analysis overview were completed.

MEASURING OUR PROGRESS

NURSING UNITS ACHIEVING BEST PRACTICE TARGETS is the percentage of nursing units at the 16 busiest sites meeting labour targets. Using comparative data from across the country, targets were designed to achieve more equitable service delivery across the province. This measure helps to monitor leadership’s ability to meet targets and reduce variations in the cost of delivering high quality services at AHS sites.



Source: AHS Finance Statistical General Ledger (STAT GL)

Operational Best Practice compares healthcare delivery costs within Alberta, as well as with healthcare systems across Canada, to ensure we are efficient and focused on quality care.

Ongoing improvements are necessary to ensure health services for Albertans are sustainable into the future and resources are appropriately directed where they are needed most.