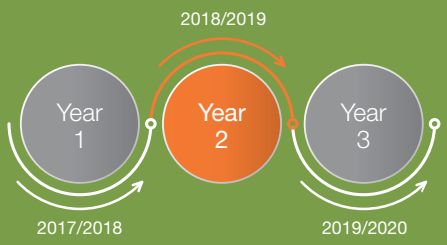
Q1 2018 - 2019 Health Plan Update
(April 1, 2018-June 30, 2018)



Measuring our progress.

A healthier future. Together.

Prepared by Planning & Performance - September 13, 2018

Alberta Health Services

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EXECUTIVE SUMMARY

The Alberta Health Services (AHS) 2017-2020 Health Plan and Business Plan provides a roadmap of how AHS will meet its priorities and direction on how it will measure performance through the fiscal year. The quarterly report provides updates on progress.

The 2018-19 quarterly update is designed according to the 12 objectives stated in Year 2 of the 2017-2020 Health Plan and Business Plan. It includes an update on actions and measures from the Action Plan and Alberta Health priorities as well as the 13 AHS Performance Measures.

This report will be posted on the AHS public website.

The 13 performance measures are reported as follows:

Two measures are not reported quarterly, but are reported at different times based on when data is available:

- Perinatal Mortality among First Nations (reported annually)
- AHS Workforce Engagement

Eleven measures are reported quarterly:

- Six measures include the most current data available (Q1) with comparable historical data.
- One measure is a cumulative measure (eReferrals) and cannot be compared to the previous period.
- Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q4 data will be reported in Q1; Q1 is reported in Q2, and so on). Three measures rely on patient follow-up, generally after they have been discharged from care. One measure (Disabling Injury Rate) is reported one quarter later as data continues to accumulate as individual employee cases are closed.

<u>Q1 Results (April 1, 2018 to June 30, 2018) for the eleven performance measures available are as follows:</u>

82% (9 out of 11) of the performance measures are better or stable from the same period last year. Improvements were noted for the following measures.

- Percentage Placed in Continuing Care in 30 days
- Percentage of Alternate Level of Care Patient Days
- Hand Hygiene Compliance Rate

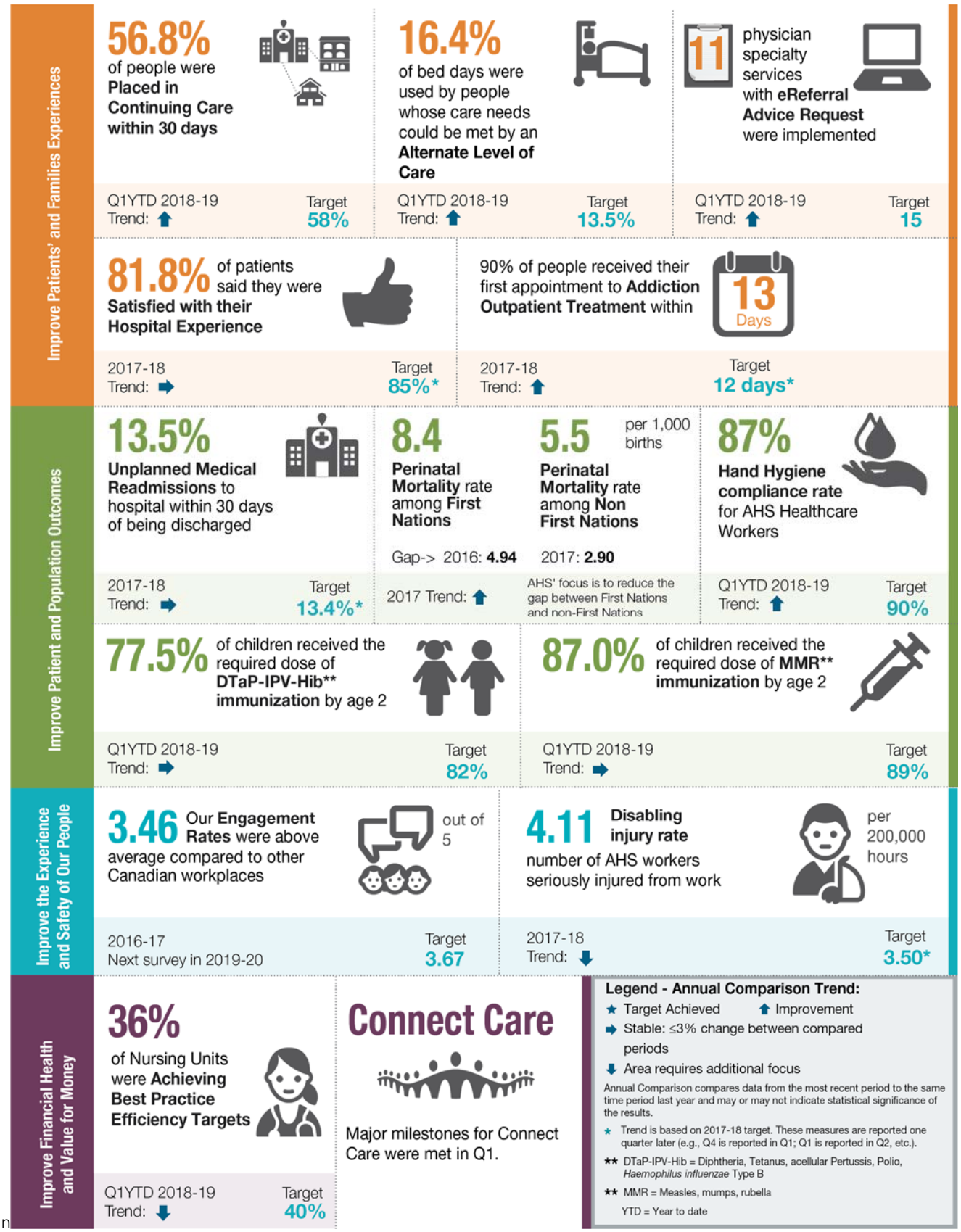
18% (2 out of 11) of the performance measures did not improve from the same period as last year.

- Disabling Injury Rate (DIR) noted deterioration for Q4 year-to-date 2017-18 with a rate of 4.11, which is an increase from previous year's rate of 3.85. The rate increased above the AHS target (3.50). Disabling injuries caused by ergonomic risk factors, such as patient and manual material handling and repetitive tasks continue to be the leading types of incident at 56.5%. For 2017-18, the highest increases in disabling injuries are a result of exposure to a disease or substance and assault/violence/harassment. Of all exposure to disease or substances, half are exposures to pneumonia/ influenza.
- Percentage of Nursing Units Achieving Best Practice Efficiency Targets noted deterioration in the North and Calgary Zones. Areas with lower number of nursing units (e.g., North Zone) will typically demonstrate more variation in this measure and will fluctuate quarter to quarter. Calgary Zone deteriorated slightly from the same period as last year (29% in Q1 2017-18 compared to 24% in 2018-19) resulting in a focus on nursing units working on balancing staffing levels and occupancy fluctuations to meet best practice efficiency targets.

AHS has identified actions aligned to our 2017-2020 Health Plan and Business Plan which will help us achieve our targets by year end. Through this process, we know that it takes time to build capacity and mobilize resources, implement initiatives and realize targeted results.

Q1 Measures Dashboard

The Q1 results are summarized below for the 13 performance measures. For more detail, refer to the Appendix.



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OBJECTIVE 1: MAKE THE TRANSITION FROM HOSPITAL TO COMMUNITY-BASED CARE OPTIONS MORE SEAMLESS.

WHY THIS IS IMPORTANT

Increasing the number of home care services and community-based options reduces demand for hospital beds, improves the flow in hospitals and emergency departments and enhances quality of life.

AHS has two performance measures to assess how quickly patients are moved from hospitals into community-based care.

AHS PERFORMANCE MEASURE

People Placed in Continuing Care within 30 Days is defined as the percentage of clients admitted to a Continuing Care Living Option (i.e. designated supportive living levels 3, 4, and 4-dementia or long-term care) within 30 days of the assessed and approved date the client is placed on the waitlist.

UNDERSTANDING THE MEASURE

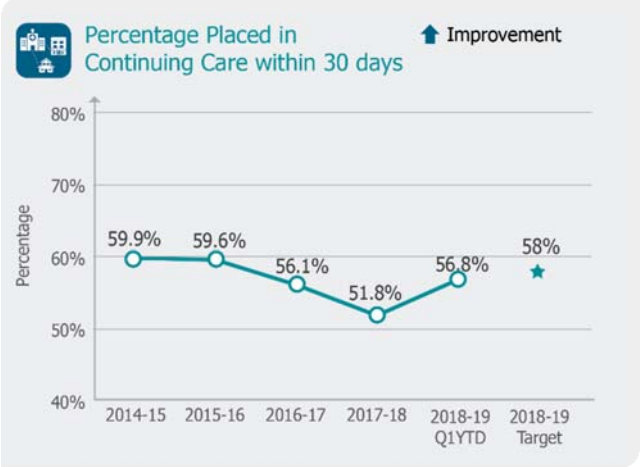
Timely and appropriate access to Continuing Care Living Options is a major issue in Alberta. By improving access to a few key areas, AHS will be able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost-effective manner. Timely placement can also reduce the stress and burden on clients and family members.

AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their health care service needs and lifestyles.

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care settings. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

HOW ARE WE DOING

Q1 2018-19 results indicate that this measure improved from the same period as last year.



Source: Meditech and Stratahealth Pathways

WHAT WE ARE DOING

For Q1, AHS opened 554 new continuing care beds. Since 2010, AHS has opened 6,750 new beds to support individuals who need community-based care and supports (including palliative).

AHS opened five new continuing care facilities:

- Kainai Continuing Care Centre (South Zone)
- SkyPointe Seniors Community (Calgary Zone)
- Chartwell Heritage Valley (Edmonton Zone)
- Benevolence Care Centre (Edmonton Zone)
- Points West Living Lac La Biche (North Zone)

For Q1 2018-19, the average wait time for continuing care placement from acute/sub-acute care is 52 days compared to 51 days for the same period last year. The number of people waiting in acute/sub-acute care is 623 as of June 30, 2018 compared with 765 people waiting last year.

For Q1 2018-19, there were 2,053 people placed into continuing care from acute/sub-acute care and community compared to 2,115 people for the same period last year. Of this, 39% of clients were placed from the community.

It is important to note that not all of these patients are waiting in an acute care hospital bed. Many are staying in transition beds, sub-acute beds, restorative/ rehabilitation care beds, and rural hospitals where system flow pressures and patient acuity are not as intense.

AHS PERFORMANCE MEASURE

Percentage of Alternate Level of Care Patient Days is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care provided in a hospital setting and the patient's care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

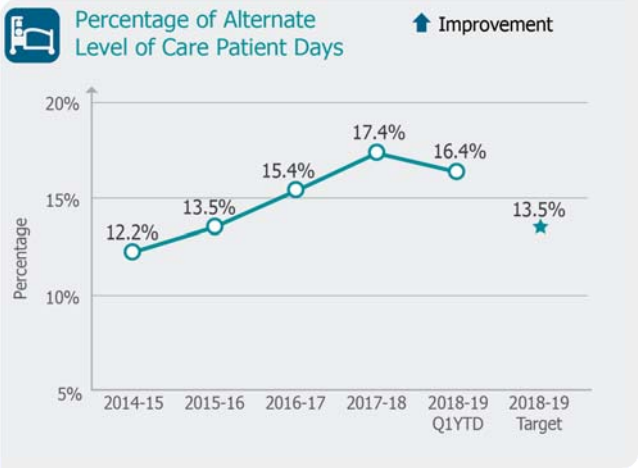
UNDERSTANDING THE MEASURE

Hospital beds are being occupied by patients who no longer need acute care services while they wait to be discharged to a more appropriate setting. These hospital days are captured in hospitalization data as patients are waiting for an alternate level of care.

If the percentage of ALC days is high, there may be a need to focus on ensuring timely accessibility to options for ALC patients. Therefore, the lower the percentage the better.

HOW WE ARE DOING

Q1 2018-19 results indicate that this measure improved from the same period as last year.



Source: Discharge Abstract Database (DAD) - AHS Provincial

WHAT WE ARE DOING

AHS continues to provide Dementia Advice through Health Link 811, additional staff has been hired, affording Albertans equitable access to dementia supports across the province. The total number of referrals in Q1 2018-19 (194 referrals) nearly doubled compared to Q1 last year (106 referrals). Various strategies were used to promote Dementia Advice, such as a social media campaign on Facebook, creating new partnerships (Community Paramedics) and reaching out to community partners to provide education on this service.

Enhancing Care in the Community (ECC) is the roadmap for improving community-based care and services and reducing reliance on acute care services. Much of the focus of current ECC work is on recruitment and training of staff. Below is a Q1 update for each ECC initiative.

Program Goal	Q1 Update
Expansion of Home Care Services and Palliative Care Services	
To enable people to live their homes for longer.	Q1 data on the number of unique home care client is unavailable due to transitioning to a new reporting server. Updated data will be provided in Q2. Approximately 80% of planned staff have been hired. It is anticipated all positions will be recruited, orientation provided, and staff will assume full duties by fall 2018.
Emergency Medical Services Programs (Community Paramedic Teams, and Assess, Treat and Refer processes)	
To offer treatments and services in the community to reduce use of emergency department and acute care services.	Approximately 80% of planned staff have been hired and training has commenced. Community Response Teams (CRT) active in North and Central zones. Mobility Integrated Healthcare events totaled 724 and 286 respectively. CRT to go live July 31 in the South Zone.
Virtual Hospital in Edmonton Zone	
To deliver specialized transitional care by moving patients from hospital to community.	Approximately 50% of planned staff have been hired. Partner stakeholders engaged in reviewing lessons learned to make adjustments to the service model.
Complex Care Hub at Rockyview General Hospital in Calgary	
To provide Hospital-at-Home-like program (inpatient admission, case management and collaboration with patient's health home).	All planned staff have been hired. In-patient transfers have commenced with Rockyview General Hospital.
Enhanced Respite Day Programs in North Zone	
To offer enhanced home care service options (including respite) to community clients.	Program schedule is delayed due to recruitment challenges. Efforts underway to fill vacancies. Expect programming to be implemented and client uptake by Q3.
Calgary Rural Palliative In-Home	
To increase equitable access for clients to palliative home care services in rural areas.	Program of reimbursing patients and families to hire additional community support when AHS is unable due to staffing limitations to maintain their stay at home (20 clients/families to date since Oct. 2017). Program continues to authorize new rural clients and support current clients accessing funding. Zone continuing care leaders have agreed to implement this model and planning is currently underway to support expansion across the province.
Intensive Home Care	
To support clients in their homes while awaiting an alternate level of care.	Approximately 60% of planned staff have been hired. Focus is on staff recruitment and orientation.
Community Support Teams	
To support complex patients that require extensive interventions.	Approximately 60% of planned staff have been hired. All zones continue recruitment efforts.

OBJECTIVE 2: MAKE IT EASIER FOR PATIENTS TO MOVE BETWEEN PRIMARY, SPECIALTY AND HOSPITAL CARE.

WHY THIS IS IMPORTANT

Work continues to strengthen and improve primary healthcare across the province. Together with Albertans, Alberta Health, primary care and other healthcare providers, AHS is making changes to improve how patients and their information move throughout the healthcare system.

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.

Alberta Netcare eReferral Advice Request provides primary care physicians with the ability to request advice from other physicians or specialty services that support patient care in the community.

AHS PERFORMANCE MEASURE

Timely Access to Specialty Care (eReferrals) is defined as the number of physician specialty services with eReferral Advice Request implemented.

UNDERSTANDING THE MEASURE

Having more specialists providing advice for non-urgent questions and being able to do 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. This allows primary care physicians to support their patients in getting access to the most appropriate specialist in a timely manner.

The number of specialties using eReferral Advice Request is a cumulative measure. The more specialties implementing eReferral, the closer we are to achieving target.

HOW WE ARE DOING

As of Q1 2018-19, AHS implemented eReferral Advice Request in 11 more specialty services across the province – moving in a positive trend towards achieving the 2018-19 target (implement 15 new specialties).

The 11 new specialties that launched eReferral Advice Request in Q1 were:

1. Cardiology (Central Zone)
2. Chronic Pain Medicine (Calgary Zone)
3. Gastroenterology – adult (Central Zone)
4. General Surgery – Breast (Calgary Zone)
5. Infectious Disease (Edmonton Zone)
6. Obstetrics/Gynecology (Edmonton Zone)
7. Ophthalmology – adult & pediatrics (Provincial)
8. Otolaryngology (Central Zone)
9. Palliative Medicine (Calgary Zone)
10. Urology (Central Zone)
11. Urology – pediatrics (Edmonton Zone)

WHAT WE ARE DOING

Primary Health Care

AHS supports the implementation of the Primary Care Network (PCN) Governance Framework through the development of Zone PCN Service Plans. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health, and frail elderly. Each zone committee is planning and working on identifying priority areas for their zone.

A priorities and outcomes document was drafted and endorsed at the Provincial PCN Committee. It outlines five outcome areas of focus: access; safety and quality; continuity of care; person experience and outcomes; and, transitions of care.

AHS is working with AH to improve patient attachment across the zones. Three tools were designed to support the implementation of the Central Patient Attachment Registry (CPAR). Advertising online, transit, fairs and community events promoting access to a primary care provider is ongoing. In addition, each zone is working with PCNs to better coordinate patient connections to family physicians; for example, Calgary and Edmonton zones are using the Find-a-Doctor website to support this work.

AHS is also participating in the CPAR technical committee to help improve notifications via Netcare for family physicians/interdisciplinary teams when patients have interactions with AHS programs, services or providers.

The following activities are underway to support the launch of the new Primary Health Care Integration Network (PHCIN).

- Development of a PHCIN Transformational Road Map (strategic plan); consultations will continue in Q2.
- Development of a network to support Home-to-Hospital-to-Home transitions; Keeping Care in the Community and Primary Care-to-Specialty-and-Back. This work is being done across SCNs for consistency in approach.
- Discussions occurred with the zones to provide PHCIN support in identifying key priority project areas for Home-to-Hospital-to-Home transitions. Priority projects to be identified through Zone PCN Service Planning.
- Work is underway to prototype Community Coalition models and to leverage the Virtual Hospital in the Edmonton Zone. Community coalitions pull together people from different disciplines to share ideas and resources, and to solve specific issues.
- AHS is collaborating with Mount Royal University in Calgary for the establishment of an AHS Design Lab which supports groups to use design thinking to address ideas on how to keep patients with complex care needs in the community.

AHS is focusing on improving coordination of care between acute, primary and community care through the development and implementation of clinical pathways, such as the digestive health primary care pathway, heart failure pathway and chronic obstructive pulmonary disease pathway.

As of June 30, 2018, 2,276 AHS services have up-to-date service profiles in the Alberta Referral Directory that includes information for providers to ensure appropriate and complete referrals.

Work continues on the Patients Collaborating with Teams (PaCT) initiative which helps primary care teams to better support patients to maintain their health. In Q1, resources were developed and disseminated to clinics.

AHS continues to promote the Alternate Relationship Plan (ARP) to provide physician services in First Nation and Métis Communities to increase access to primary care. As of Q1 2018-19, there were 28 physicians (10 full-time equivalent) added within three urban settings and 11 communities.

CancerControl

Capital project update in cancer care:

- Calgary Cancer Project design and construction phases are on schedule.
- Grande Prairie Cancer Centre construction is proceeding with issues related to commissioning.

AHS is working with Alberta Infrastructure to replace two existing linear accelerators at the Tom Baker Cancer Centre (TBCC) in Calgary and Cross Cancer Institute in Edmonton. In addition, installation has begun on a new linear accelerator at the TBCC.

Recruitment is underway to support increased access to specialty cancer services as well as support for patients waiting for cancer surgery whose wait times are beyond recommended wait times for systemic therapy, radiation therapy and supportive care. There has been a 1.7 per cent increase in the number of patient visits compared to Q1 2017-18.

AHS continues to implement End of Treatment and Transition of Care processes for patients and primary care providers in eight early stage, curative populations (Breast, Prostate, Testicular, Cervical, Endometrial, Hodgkin's, B cell lymphoma and colorectal). Four resource packages were created to support this work.

Emergency Medical Services (EMS)

Three new community response teams were created as part of EMS' Mobile Integrated Team Program in the North, Edmonton and Calgary Zones.

Targets for EMS response times for life threatening events in rural and remote areas were met in Q1. Q1 results for metro and towns with a population greater than 3,000 slightly exceeded target of 12 minutes by 24 seconds (metro) and target of 15 minutes by 7 seconds (towns). Variances from baselines are within expected limits.

The time to dispatch of the first ambulance (includes verifying the emergency location, identifying the closest ambulance and alerting the ambulance crew) remained steady compared to the same period as last year.

Work continues to complete helipad upgrades in Jasper and Fort McMurray. The helipad upgrade in Medicine Hat was completed and in operation in May 2018.

OBJECTIVE 3: RESPECT, INFORM, AND INVOLVE PATIENTS AND FAMILIES IN THEIR CARE WHILE IN HOSPITAL.

WHY THIS IS IMPORTANT

AHS strives to make every patient's experience positive and inclusive. Through the Patient First Strategy, we will strengthen AHS' culture and practices to fully embrace patient- and family-centred care, where patients and their families are encouraged to participate in all aspects of the care journey.

AHS PERFORMANCE MEASURE

Patient Satisfaction with Hospital Experience is defined as the percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0-10, where 10 is the best possible rating. The specific statement used for this measure is, "We want to know your overall rating of your stay at the hospital."

The survey is conducted by telephone on a sample of adults within six weeks of discharge from acute care facilities.

UNDERSTANDING THE MEASURE

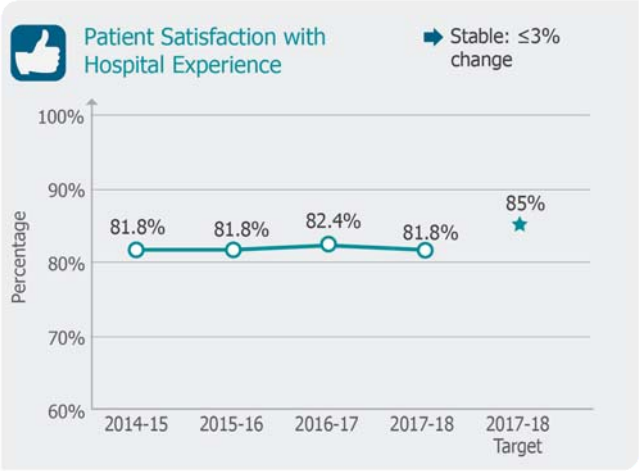
Gathering perceptions and feedback from individuals using hospital services is a critical aspect of measuring progress and improving the health system. This measure reflects patients' overall perceptions associated with the hospital where they received care.

By acting on the survey results, we can improve care and services, better understand healthcare needs of Albertans, and develop future programs and policies in response to what Albertans say.

The higher the number the better, as it demonstrates more patients are satisfied with their care in hospital.

HOW WE ARE DOING

Provincially, AHS has remained stable in the past few years. The percentage of adults rating their overall hospital stay as 8, 9 or 10 is 81.8% for 2017-18 compared to 82.4% in 2016-17.



Source: Canadian Hospital Assessment of Healthcare Providers and Systems Survey (CHCAHPS) responses

Note: This measure is reported a quarter later due to follow-up with patients after the reporting quarter.

WHAT WE ARE DOING

AHS is applying the Patient First Strategy by empowering and supporting Albertans to be at the centre of their healthcare teams. Below are examples of provincial and zone initiatives and actions to support patient- and family-centered care across AHS.

The Video Remote Interpretation (VRI) project supports effective communication and reduces the risk of language barriers that may negatively impact patient care and experience. The VRI project expanded from five in 2017-18 to eight units as of Q1 2018-19.

Health Link, a telephone service which provides free 24/7 nurse advice and general health information, is creating targeted user experience and an on-line survey to gain greater understanding of user perspective. To increase visibility, in Q1, Health Link placed over 800 messages on digital display boards across the province and started a social media campaign (i.e., tweet real-time messages on Instagram, Twitter and Facebook).

The second What Matters to You (WMTY) campaign was held in June 2018. An internal and external web presence was created for the campaign as well as resources and promotional material including social media using the hashtag #wmtyAB. This hashtag was in the top 10 trending tags for Edmonton on June 6. In addition, 68 AHS sites registered and participated in WMTY activities.

Work is underway with Alberta Health to create a Digital Strategy for Alberta Health's Personal Health Record solution. Design and user engagement is in progress.

There has been active partnerships with the Patient and Family Advisory Group (family presence consultations). More specifically, patient and family advisors have been involved in Connect Care (AHS' provincial Clinical Information System) in several ways.

- Participated as evaluators in the vendor selection process.
- Participated in all three Connect Care Direction Setting sessions, and were involved in decisions about how Connect Care will support tasks performed when providing patient care.
- Involved in the governance of Connect Care and belong to the Connect Care Patient & Family Advisory Committee. This committee specifically represents the patient and family perspective from all five zones and ensures their input.
- Continue to participate in Connect Care Adoption/ Validation sessions.
- Continue to offer a unique perspective in areas such as chronic disease management, cancer care, and patient access.

Collaborative Care Collaborative Care is a healthcare approach in which inter-professional teams work together, in partnership with patients and families, to achieve optimal health outcomes. The CoACT program supports the implementation and optimization of Collaborative Care in multiple care settings across AHS. Zones and programs continue to sustain and spread this effort.

Work is commencing on elevating the Family Presence philosophy across the province including a review of policy and implementation of resources.

In addition to the provincial initiatives noted above, zones implemented patient- and family-centred care activities to increase patient voice and participation in care delivery.

- South Zone is working with the Kainai and Piikani First Nations and urban Indigenous community to establish Listening Circles to discuss barriers and gaps experienced by patients and families.
- Calgary Zone is revising the current Name Occupation Duty and nametag policy to ensure that diversity and inclusion is supported.
- Central Zone is expanding the What Matters to You initiative at Red Deer Regional Hospital Centre.
- Solve It Forward sprint was held in May in the Edmonton Zone with over 70 staff along with patient advisors working together to provide better transitions in care for patients. In addition, the Positive Immunization Experience project was implemented for decreasing patient and parent anxiety during immunizations.
- North Zone is expanding leader rounding to five additional sites. The zone has also added three patient advisors to zone committees. Leader rounding involves management attending clinical rounds to understand how staff are serving patients.

AHS supports the use of Patient Reported Outcomes (PRO) to enhance cancer patient experiences. Sixteen out of 17 cancer care sites are collecting PRO data routinely. As of Q1, over 17,000 patients completed at least one Putting Patients First (PPF) screening, with a total of nearly 20,000 PPFs completed in Q1. One site routinely uses PRO dashboards with patients and three sites routinely use nutrition symptom cluster reports.

The Emergency Strategic Clinical Network received funding to explore the experiences of First Nations people in Alberta's emergency departments with a goal of making recommendations for improvement. This project will be in partnership with the Alberta First Nations Information Governance Centre as well as many Indigenous partners. Work is underway to appoint an Elder Advisory Board to provide guidance.

OBJECTIVE 4: IMPROVE ACCESS TO COMMUNITY AND HOSPITAL ADDICTION AND MENTAL HEALTH SERVICES FOR ADULTS, CHILDREN AND FAMILIES.

WHY THIS IS IMPORTANT

Timely access to addiction and mental health services is important for reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

AHS PERFORMANCE MEASURE

Wait Time for Addiction Outpatient Treatment represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. This excludes opioid dependency programs.

UNDERSTANDING THE MEASURE

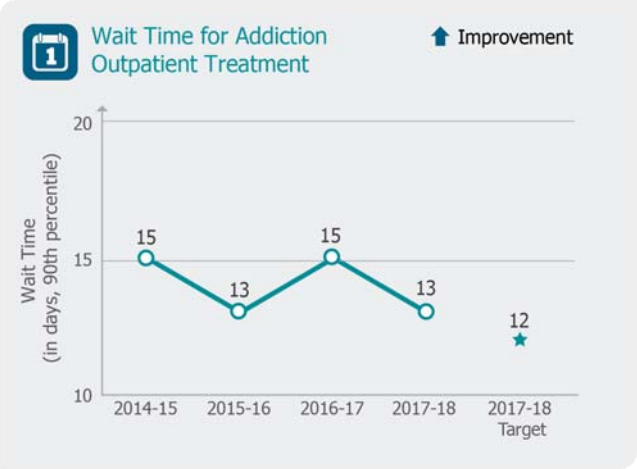
AHS continues to work towards strengthening and transforming our addiction and mental health services.

Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing that there are multiple entry points and that these services assist different populations with different needs and paths to care.

The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING

Provincial results indicate that AHS has shown improvement in wait time for addiction outpatient treatment compared to the same period last year.



Source: AHS Addiction and Mental Health

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

WHAT WE ARE DOING

Below are examples of initiatives to improve addiction and mental health services across the province.

AHS is developing partnerships and integrating program models of addiction and mental health supports for vulnerable populations.

- Three programs were opened in Q1 across the province: Housing Supports for the Chronically Homeless (Fort McMurray), Youth Mental Health Program (Grande Prairie) and the North Zone Indigenous Travel Team.

- Partnerships were established with four remote First Nation communities in the North Zone (Tall Cree, Dene Tha, Little Red River Cree and Beaver) to explore the feasibility of enhancing mental health services through Telemental Health. A community survey was conducted regarding commitment and a final report is being developed for stakeholders.

AHS continues to implement initiatives to enable integrated access to addiction and mental health services.

- Developmental Pathways (formerly called InRoads) support health professionals providing AMH services in primary care and other settings. Eleven pathways in AMH were developed, approved and went live on April 30, 2018.

- Planning for the Addiction and Mental Health Day Hospital in the Edmonton Zone is on track to open in the fall of 2018.

The percentage of children who received scheduled community mental health treatment within 30 days (time from appointment booking to first offered appointment) improved to 69% in Q1 2018-19 compared to 65% in Q1 2017-18. AHS continues to address challenges in access to scheduled children's mental health services:

- Stakeholder consultations were completed in all zones to support the development of a Youth Suicide Prevention Plan for Alberta which also includes distinct approaches to address the unique needs of Indigenous populations.

- Funding was received for the Honouring Life program (formerly Aboriginal Youth and Communities Empowerment Strategy) to support resiliency, empowerment and holistic suicide prevention strategy initiatives.

- A new child and adolescent mental health centre in Calgary was announced in May 2018. Planning is underway to develop vacant AHS land adjacent to Youth Addictions Services in northwest Calgary, in the community of Hounsfield Heights. The centre will be home to a mental health walk-in service, intensive outpatient therapy and a day hospital program. Construction is slated to begin in fall 2019.

- A new centralized intake is on track to become operational in fall 2018 in the Edmonton Zone. This will provide outpatient addiction treatment same-day access for youth and adults.

AHS is working with Alberta Health and community partners to address the opioid crisis and offer programs, services and supports for Albertans. Q1 highlights include:

- Recruitment to support the opening of Injection Opioid Agonist Therapy (iOAT) programs in Calgary and Edmonton is underway. Currently finalizing documentation for physician billing and access to funding for clients requiring medications.

- Supervised consumption services were launched in Lethbridge, Sheldon M. Chumir Centre in Calgary and the Royal Alexandra Hospital in Edmonton.

- A pilot to provide Suboxone™ for opioid-dependent emergency department patients was launched in Edmonton at the Northeast Clinic in May 2018 and the Grey Nuns Community Hospital in June 2018. Rockyview General Hospital in Calgary is planned to launch in July 2018. This initiative is expected to spread to emergency departments in the Calgary and Edmonton zones in the fall.

- Central Zone is identifying effective ways to support improved opioid care though the Primary Health Care Opioid Response initiative. Recruitment of a project lead commenced in June.

- The Addiction Recovery and Community Health (ARCH) program provides core addiction services to admitted and emergency department patients. Planning is underway to expand ARCH to the Peter Lougheed Centre in Calgary.

- In Q1, there were 525 new admissions and nearly 1,900 total unique active clients in Opioid Dependency Programs (ODP) compared to 425 admissions and 1,640 unique active clients in Q4 2017-18. Programs in High Prairie and Bonnyville were launched in June 2018. Rural ODP now reaches over 65 communities.

- Virtual Health technology has been deployed through the Rural Opioid Dependency Program to expand services, with 108 admissions and 237 unique active clients in 2018-19 (compared to 83 admissions and 170 unique active clients in Q4 of the previous year).

- Recruitment is underway at the Indigenous Wellness Clinic at the Edmonton Royal Alexandra Hospital and the Elbow River Healing Lodge in Calgary to support the Enhancement to the Indigenous Urban Opioid Emergency Response Project.

- Nearly 20,000 take home Naloxone kits were dispensed to Albertans. Since July 2015, over 80,000 kits have been dispensed – including kits dispensed by the Alberta Community Council on HIV agencies.

- Between January 2016 and June 30, 2018, over 4,500 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.

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

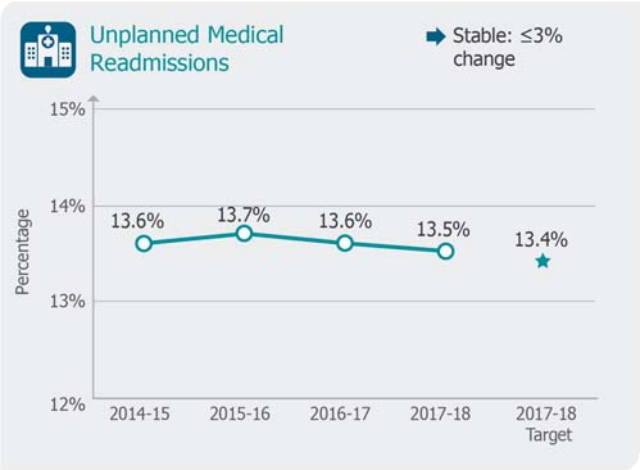
Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

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.

HOW WE ARE DOING

The rate of readmissions has remained relatively stable over the past few years. Unplanned medical readmission to hospital results was 13.5% in 2017-18 compared to 13.6% in 2016-17.



Source: AHS Provincial Discharge Abstract Database (DAD)

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

WHAT WE ARE DOING

AHS is implementing a number of provincewide and zone initiatives that address readmissions. Examples include:

- The Elder Friendly Care (EFC) initiative, part of the Seniors Health Strategic Clinical Network (SCN), supports collaboration among care teams to reduce restraints, prevent delirium and falls, increase mobility, enhance sleep and support more effective and timely discharge of older adults. EFC continues to expand to all acute care environments across the province.

- The Collaborative Care Model, with specific focus on CoAct elements and tools (e.g. Transitions in Care, Integrated Plan of Care), continues to spread across the province to improve communication and collaboration amongst patients, families and care providers.

- Zones continue to work with Primary Care Networks to ensure services are in place for complex patients, such as the Patients Collaborating with Teams (PaCT) and the Bridging the Gap initiative which determines solutions for discharge and transition of patients with complex health needs to community family practices.

- In collaboration with the SCNs,™ zones continue to implement patient flow pathways, such as heart failure and chronic obstructive pulmonary disease pathways.

- South Zone is piloting and implementing the Chronic Pain Approach and Framework for Service Delivery in Medicine Hat. This involves central intake, interdisciplinary team review, and self-service options.

- North Zone is participating in the Provincial Community Rehabilitation Model development for pediatric services to help standardize discussions in communities with clients, families, stakeholders and teams.

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) aims to improve outcomes, experience and reduce costs. AHS is continuing to see positive results. A final evaluation is underway.

- The Provincial Breast Health Initiative will improve breast cancer care through design of provincial pathways (diagnostic assessment, same-day surgery, breast reconstruction). In Q1, the dissemination of a comprehensive perioperative education package (print, videos, online information, and standardized discharge instruction sheet) was completed.

SCNs are implementing initiatives that impact wait times and access.

- The Surgery SCN worked with the zones to implement the Enhanced Recovery After Surgery (ERAS) program, which standardizes care before, during and after surgery to get patients back on their feet quicker while shortening hospital stays and reducing complications after surgery. This began with one pathway (colon/rectal cancer) at two sites, spreading to nine pathways at nine sites. In Q1, ERAS was launched in the following areas:
    - Major Gynecology at Foothills Medical Centre in Calgary and Royal Alexandra Hospital in Edmonton in May 2018.
    - Breast Reconstruction at Foothills Medical Centre in June 2018.

- Adult Coding Access Targets for Surgery (aCATS) initiative was successfully completed and transitioned to operations in all five zones with implementation for scheduled surgery complete at 40 surgical sites in the province (AHS and Covenant Health) and to contracted Non-Hospital Surgical Facilities.

- Planning will commence to expand the National Surgical Quality Improvement Program (NSQIP) from five sites to 16 high-volume surgical hospitals (14 adult and 2 pediatric). According to a recent Institute of Health Economics evaluation report, NSQIP showed improved patient outcomes, improved healthcare provider experience and decreased costs.

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

- Work is underway to implement a Health Innovation Fund to bridge the funding gap between evidence generation and operational funding. A working group with Alberta Health was established. Strategic Clinical Networks have begun to identify potential innovations for consideration.

- The launch of the Partnership for Research and Innovation in the Health System (PRIHS) 4 grant opportunity is well underway. Nine projects have been selected to develop full proposals.

- SCNs™ are reviewing previous PRIHS projects to recommend for spread and scaling of practices in the health system.

Planning for the launch of the new Neuro, Rehabilitation, Vision Strategic Clinical Network is being organized. Recruitment for its leadership and team is well underway.

Many SCN™ initiatives align closely with AHS' objectives. An update on the progress of these initiatives can be found throughout the Q1 report.

OBJECTIVE 6: IMPROVE THE HEALTH OUTCOMES OF INDIGENOUS PEOPLE IN AREAS WHERE AHS HAS INFLUENCE.

WHY THIS IS IMPORTANT

Alberta's Indigenous peoples, many of whom live in rural and remote areas of our province, have poorer health than non-Indigenous Albertans. AHS is building a better understanding of how historical effects and cultural care differences impact these outcomes.

Working together with the AHS Wisdom Council, Indigenous communities, and provincial and federal governments, we will adapt services to better meet the health needs of Indigenous peoples.

AHS PERFORMANCE MEASURE

Perinatal Mortality among First Nations is defined as the number of perinatal deaths per 1,000 total births among First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death.

UNDERSTANDING THE MEASURE

This indicator provides important information on the health status of First Nations pregnant women, new mothers and newborns.

It allows us to see Alberta's performance on reducing disparity between First Nations and non-First Nations populations.

Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of Indigenous people.

The lower the number the better. AHS' focus is to reduce the health gap between First Nations and non-First Nations. This measure does not include all Indigenous populations, such as our Inuit and Métis residents.

HOW WE ARE DOING

Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure. AHS' focus is to reduce the health gap between First Nations and non-First Nations.

Source: Alberta Vital Statistics and Alberta First Nations Registry

WHAT WE ARE DOING

The following are examples of zone initiatives to improve maternal health of Indigenous women:

- In the Calgary Zone, midwifery privileges are in place at the Elbow River Healing Lodge (ERHL) to support access to obstetrical services for Indigenous, vulnerable and rural populations. In addition, ERHL continues to provide maternal and child health support to the Stoney/Nakoda nation. Midwives will be available starting in fall 2018.

- Merck for Mothers supports pregnant Indigenous women to overcome barriers to prenatal care. There are three initiatives in communities across Alberta:

  - In the Central Zone, Maskwacis initiated a project focused on celebrating birth and sharing Indigenous knowledge on pregnancy. The establishment of a community garden on the Montana First Nation has doubled in size. Construction of smaller gardens has begun for engaging parents living outside Maskwacis. The garden provides moms access to fresh produce.
  - The inner-city Edmonton's Pregnancy Pathways initiative provides safe housing and support services for pregnant Indigenous homeless women. A new permanent building was secured and is seeing a growth in the number of referrals.
  - The Little Red River project in the North Zone is providing a community-based support model that

will add to maternal health resources, engage women early in pregnancy, and raise awareness related to healthy pregnancies. A summer cultural camp for mothers and their partners is in development.

AHS supported the coordination and promotion of events for the 2018 National Indigenous Peoples Day celebrations held in June 2018. A toolkit and various communication tools were created to support sites, build awareness of events and training, and encourage participation across the organization.

To enhance cultural competency among staff, physicians, volunteers, patients and visitors; the South Zone's Indigenous Art Program installed 11 Indigenous art pieces at the Chinook Regional Hospital. The program also provides an opportunity for patients to participate in an expressive arts program.

All AHS staff will be encouraged to complete cultural sensitivity training. In Q1 2018-19, 5.2% of staff have completed this training. This will be a four-year phased training approach. Year 1 will focus on first responders.

AHS is working with Indigenous leaders, government communities and related agencies to improve access to health care services:

- The Indigenous Wellness Clinic in the Edmonton Zone completed Aboriginal Integrated Primary Care standards which were integrated into clinic programming which focuses on the Indigenous community.
- Elbow River Healing Lodge (ERHL) in the Calgary Zone offers support to Siksika, Edon Valley, Tsuu T'ina, Stoney/Nakoda, Kainai, Piikani, and the Ktunaxa Nations in diabetes and chronic disease management. ERHL has also redefined staff roles and increased capacity to focus on opiate management and navigation, crises management, and expanded chronic disease management services. Telehealth has been utilized to support hepatitis C, diabetes, and nutrition services in the community.
- Zones are engaging with First Nation communities to develop Indigenous Health Action Plans. South Zone completed its Indigenous Health Plan in 2016 and has begun implementing key actions, such as working with the Blood Tribe Department of Health to support development of an addiction care model.
- Zones are involved in various provincial (e.g. Combatting Racism) and local committees to identify and remove barriers to health services, and improve communication with communities.

AHS and the Alberta Cancer Prevention Legacy Fund continue to work with Indigenous partners to promote prevention and screening initiatives aimed at improving health outcomes of Indigenous people.

- First Nations Cancer Prevention and Screening Practices supports First Nations communities to develop, implement and evaluate comprehensive prevention and screening plans. Three First Nations communities (Peerless Trout, Maskwacis, and Blood Tribe) completed cancer prevention and screening plans and are continuing implementation.
- ERHL adopted the Alberta Screening and Prevention program for cancer screening. Over 70% of patients have been screened – up 30% from the previous year. This work is in partnership with Patient and Engagement Community Research (PaCER) which is researching cancer screening needs in communities.

AHS supports the improvement of the health of women and children as well as the health of the vulnerable.

- Early Hearing Detection and Intervention (EHDI) will be expanded to all birthing hospitals. As of Q1, 16 out of 21 birthing hospitals have implemented EHDI.
- The Brooks Safe Housing Project in the South Zone was initiated to reduce health equity gaps through proactive inspections and targeted education delivery for tenants and landlords. Consultations were completed with police, fire, local landlords, local newcomer/outreach organizations and the Brooks Adult Learning Council. Public health inspectors inspected two large housing complexes.
- A new antepartum pathway was developed to identify and manage modifiable risk factors early in pregnancy. Roll out will occur at nine physician clinics beginning in the fall. The pathway supports rural and community corridors of care for obstetrics.
- In Q1, 87% of refugees from the Government Assisted Refugee Program in the Edmonton Zone were attached to a primary care provider.
- District Police and Crisis Team in the Calgary Zone provides clinical assessment/interventions for vulnerable individuals presenting to police with addiction and mental health concerns. Uptake continues and a community paramedic is now stationed in a central location.

OBJECTIVE 7: REDUCE AND PREVENT INCIDENTS OF PREVENTABLE HARM TO PATIENTS IN OUR FACILITIES.

WHY THIS IS IMPORTANT

Preventing harm during the delivery of care is foundational to all activities at AHS because it is one key way to ensure a safe and positive experience for patients and families interacting with the healthcare system.

We continue to reduce preventable harm through various initiatives such as the safe surgery checklist, antimicrobial stewardship program, medication reconciliation and hand hygiene compliance.

AHS PERFORMANCE MEASURE

Hand Hygiene Compliance is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute's "4 Moments of Hand Hygiene" which are:

- Before contact with a patient or patient's environment,
- Before a clean or aseptic procedure,
- After exposure (or risk of exposure) to blood or body fluids, and
- After contact with a patient or patient's environment.

UNDERSTANDING THE MEASURE

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.

The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

HOW WE ARE DOING

At the provincial level, hand hygiene compliance increased from 83% in Q1 2017-18 to 87% in Q1 2018-19.

Sustained improvements in hand hygiene practices reflect the organizational commitment towards hand hygiene as the most effective way to reduce transmission of microbes that cause infection.

Quarterly hand hygiene reports are available at the provincial and zone levels to highlight areas requiring further attention.

Source: AHS Infection, Prevention and Control (IPC) Database

WHAT WE ARE DOING

AHS continues to develop new communication tools to share hand hygiene results and engage leaders, physicians, and front line healthcare workers in hand hygiene improvements.

AHS participated in the Canadian Patient Safety Institute's annual Stop! Clean Your Hands Day in May 2018. In addition to provincial and zone based education and displays reinforcing best practice in hand hygiene, a video montage of staff and physicians describing their commitment to hand hygiene was promoted.

Zones continue to recruit site-based hand hygiene reviewers to foster ownership and accountability for hand hygiene improvement in healthcare workers.

Hospital-acquired *Clostridium difficile* Infections (CDI) rates remain stable and low for the past few quarters (2.6 cases per 10,000 patient days in Q1 2018-19 compared to 3.3 cases in Q1 2017-18). A lower rate is better.

While provincial and zone rates of hospital-acquired CDI are impacted by a number of factors, including the nature of the circulating bacteria, the following initiatives will have contributed to the improved rate.

- AHS has an active Antimicrobial Stewardship program focused on reducing the incidence of hospital-acquired CDI. Initiatives include the use of standardized physician patient care orders to standardize treatment and reinforce appropriate infection control precautions.

- The AHS Infection, Prevention and Control team continues to collaborate with AHS Linen and Environmental Services on initiatives directly related to reducing the transmission of microbes from patient care environments and shared patient equipment. This includes focusing on initiatives related to the use of detailed cleaning procedures and protocols, ongoing staff training and regular cleanliness audits.

- The Equipment Cleaning initiative was established in the Edmonton and Calgary zones and is being implemented in the regional hospitals. For Q1, the Equipment Cleaning initiative was completed in the North, Central and South zones (Northern Lights Regional Health Centre, Queen Elizabeth II Hospital, Red Deer Regional Hospital Centre, Chinook Regional Hospital and Medicine Hat Regional Hospital).

OBJECTIVE 8: FOCUS ON HEALTH PROMOTION AND DISEASE AND INJURY PREVENTION.

WHY THIS IS IMPORTANT

Working collaboratively with Alberta Health (AH) and other community agencies, AHS will continue to improve and protect the health of Albertans through a variety of strategies in areas of public health including reducing risk factors for communicable diseases, promoting screening, programming, increasing immunization rates and managing chronic diseases.

AHS PERFORMANCE MEASURE

Childhood Immunization is defined as the percentage of children who have received the required number of vaccine doses by two years of age.

- Diphtheria, Tetanus, acellular Pertussis, Polio, *Haemophilus Influenzae* Type B (DTaP-IPV-Hib) - 4 doses
- Measles, Mumps, Rubella (MMR) - 1 dose

UNDERSTANDING THE MEASURES

A high rate of immunization for a population reduces the incidence of vaccine-preventable childhood disease and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities.

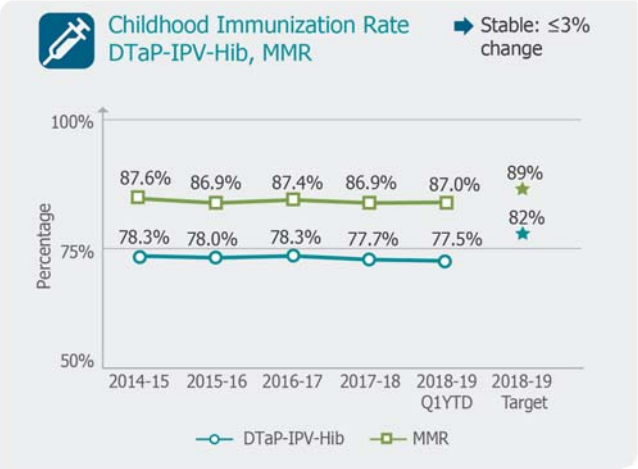
The higher the percentage the better, as it demonstrates more children are vaccinated and protected from preventable childhood diseases.

HOW WE ARE DOING

Provincial rates for childhood immunization (both DTaP-IPV-Hib and MMR) have remained stable from the same period last year, and remain below 2018-19 targets.

Working with Alberta Health, AHS continues to monitor and support childhood immunization across the province.

- AHS completed updates to the Standard for Immunizing in the School Setting in June 2018 to incorporate amendments made to the *Public Health Act*. Implementation is planned for September 2018.
- The rate of Rotavirus immunization coverage in infants increased from 79% in Q1 2017-18 to 83% in Q1 2018-19.



Source: AHS Provincial Public Health Surveillance Database

WHAT WE ARE DOING

AHS and AH are working with the zones to ensure a consistent approach to disease outbreak reporting, notification and management. Highlights include:

- Collaborated with partners to develop revised versions of outbreak management guidelines for acute care, facility living, home living, supportive living and child care facilities.
- Investigated 42 enteric outbreaks and seven non-enteric outbreaks in Q1. All outbreaks met outbreak reporting criteria as per AH requirements.
- Collaborated with AH, the Public Health Agency of Canada and other partners investigating multi-provincial Norovirus outbreak associated with raw oysters.
- Provided education on sanitation and hygiene with regards to food handling, child care, zoonosis, drinking water and hazards associated with unpasteurized milk to a Hutterite colony after an outbreak of Campylobacter.
- Contributed to a national collaboration with Foodborne Illness and Risk Investigation Protocol members on an E-coli outbreak which helped identify implicated food products causing disease cases in Alberta and in the Northwest Territories. This work resulted in a Canada-wide food recall that had 42 confirmed outbreak cases.

AHS collaborated with key stakeholders to begin developing outbreak management tools for evacuation centres in support of the provincial Communicable Disease Emergency Response Plan.

AHS is implementing the 2016-2020 Alberta Sexually Transmitted Blood-Borne Infections (STBBI) Operational Strategy and Action Plan to increase awareness and accessibility of STBBI treatment services across the province. Working groups have finalized priority projects and implementation will begin in fall of 2018.

AHS continues to address chronic disease management and prevention:

- Work is underway to launch the Alberta Chronic Disease Inventory, which is a comprehensive, up to date, searchable listing of programs, services and resources focused on chronic disease prevention and management.
- Identified key indicator groups and measures for review by stakeholder for the Alberta Chronic Disease Prevention Indicator Framework.
- Began consultation efforts to support the development of an Alberta Chronic Disease Prevention Action Plan.
- Enhance patients' ability to self-manage by supporting the on-line chronic disease self-management program (Better Choices, Better Health® online).
- Enhanced coordination and implementation of obesity services across Alberta through collaboration with internal and external partnerships.

AHS is focusing on several screening and wellness initiatives and prevention interventions to promote lifelong health and to limit the burden of disease.

- An implementation plan for an expanded Newborn Metabolic Screening Program to screen for an additional four conditions was completed and submitted to Alberta Health.
- Based on evaluation findings, five communities that completed the Alberta Healthy Communities Approach (AHCA) pilot to plan, implement, and evaluate comprehensive prevention and screening interventions in 2017-18 are demonstrating improvement from baseline. Eleven remaining AHCA pilot communities will complete implementation in 2018-19.
- Work continues to implement Comprehensive School Health with school jurisdictions and update teacher and parent resources. This program addresses a variety of health issues and can improve health, education, and social outcomes for children and youth. To date, 94% of jurisdictions are working with AHS to implement Comprehensive School Health. An updated Teacher Resource List and a Healthy Schools calendar were completed as well as 20 parent newsletters (in English and French) for the upcoming 2018-19 school year.
- Planning is underway to pilot school health programs focused on the prevention of tobacco and tobacco-like product use. The pilot is planned for implementation in Q4.
- Tools and resources were developed for work places in Alberta to support employees to move more and sit less.

OBJECTIVE 9: IMPROVE OUR WORKFORCE ENGAGEMENT.

WHY THIS IS IMPORTANT

Our People Strategy guides how we put our people first, thereby improving patient and family experiences.

An engaged workforce will promote a strong patient safety culture and advance safe work environments. We also know patient outcomes improve when our workforce is highly engaged and when they enjoy what they are doing.

Enhancing workforce engagement will contribute to achieving a culture where people feel supported, valued and able to reach their full potential

AHS PERFORMANCE MEASURE

AHS Workforce Engagement is calculated as the average score of our workforce's responses to AHS' Our People Survey which utilizes a five-point scale, with one being "strongly disagree" and five being "strongly agree".

UNDERSTANDING THE MEASURE

AHS has the opportunity both to create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important that AHS fully engages its people and their skills. Monitoring workforce engagement enables us to determine the effectiveness of processes/programs that support employee engagement and strengthen a patient safety culture.

The rate shows the commitment level the workforce has to AHS, their work, and their manager and co-workers. High engagement correlates with higher productivity, safe patient care and willingness to give discretionary effort at work. The higher the rate, the more employees are positive about their work.

HOW WE ARE DOING

Workforce Engagement Rate
Annual Results: 3.46 out of 5 (2016-17 baseline year)
The next survey is planned for 2019-20 with a target of 3.67. Source: Gallup Canada

An Our People Pulse Survey was conducted in November 2017. This survey did not measure engagement, but assessed use of the 2016 Our People Survey results to identify and act on ways to improve engagement locally.

WHAT WE ARE DOING

Our People Strategy's action plan addresses priority factors influencing workforce engagement at AHS. Examples of Q1 actions are:

- Hosted sessions focused on a different questions from Our People Survey. This included collaboration with the Diversity & Inclusion team to present on Trust & Open Environments, with the Workplace Health & Safety team on supporting Psychological Safety, and with the Organizational Effectiveness and Development team on Development Conversations.

- Resources are available on AHS internal website to guide managers (coaches) and employees in practicing development conversations. This shift in practice aligns with Our People's Strategy's priority of "Empowered People".

- From May 1 to June 15, more than 26,000 staff, physicians, and volunteers from across the organization completed the Diversity & Inclusion Census. The completion rate was 23%. AHS will use these findings to determine priorities in creating inclusive workplaces where employees feel safe, valued, and have a sense of belonging, thereby, enabling staff to provide improved care for our diverse patient population.

AHS is supporting Alberta Health in planning for physician resources. A draft 2018 AHS physician workforce plan has been drafted and has started the formal review process. It is on track for completion. This plan will be used as one input to AH to determine a 2019-20 physician recruitment target. AHS is also working with AH on new and expanded alternative compensation plans.

OBJECTIVE 10: REDUCE DISABLING INJURIES IN OUR WORKFORCE.

WHY THIS IS IMPORTANT

Safe, healthy workers contribute to improving patient care and safety. AHS is committed to providing a healthy and safe work environment for all. AHS' strategy for health and safety includes four areas of focus: physical safety, psychological safety, healthy and resilient employees and safety culture. Through knowledgeable and actively engaged staff, physicians and volunteers, we will reduce injuries across our organization.

AHS PERFORMANCE MEASURE

Disabling Injury Rate (DIR) is defined as the number of AHS workers injured seriously enough to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers).

UNDERSTANDING THE MEASURE

Our disabling injury rate indicates the extent to which AHS experiences injury in the workplace. This enables us to identify the effectiveness of health and safety programs that actively engage our people in creating a safe, healthy and inclusive workplace.

The lower the rate, the better the performance, as it indicates fewer disabling injuries occurring at work.

HOW WE ARE DOING

The 2017-18 Q4 year-to-date DIR of 4.11 is an increase from previous year's Q4 year-to-date rate of 3.85. The rate increased above the AHS target (3.50).

Disabling injuries caused by ergonomic risk factors, such as patient and manual material handling and repetitive tasks continue to be the leading types of incident at 56.5%. For 2017-18, the highest increases in disabling injuries are a result of exposure to a disease or substance and assault/violence/harassment. Of all exposure to disease or substances, half are exposures to pneumonia/ influenza. The increase in DIR reflects 59 more disabling injuries than 2016-17 Q4 year-to-date.

Although emergency medical services (EMS) DIR continues to be high, they have made improvements over the previous fiscal year. EMS experienced a decrease in disabling injuries which represents a decrease in patient handling injuries, likely due to the installation of power cots in all ambulances across the province last fiscal year. This will be closely monitored on an ongoing basis.

Source: AHS Workplace Health and Safety

Note: This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.

WHAT WE ARE DOING

AHS is focusing on areas with the highest rates of injury over an extended period of time. Operational areas are supported to ensure staff are appropriately trained on It's Your Move and Move Safe ergonomic programs, which aims to prevent lifting and handling injuries.

The number of reported incidents of violence continues to rise. There were 3,479 reported incidents in 2017-18 Q4 year-to-date compared to 2,282 last year. Reported incidents of violence continue to rise as efforts for promotion of reporting violent events and union raised concerns may be driving an increase in this area.

Focused resources will be added to advance Prevention of Violence Program deliverables, particularly in rural areas. Focused planning has begun to address sustainable solutions to safe transitions in care for patients apprehended under the *Mental Health Act*.

Further strengthening of the AHS Safety Culture should occur through the improvements AHS is making in respect to the Workers' Compensation Board and *Occupational Health and Safety Act* changes. Efforts continued on implementation of both Acts which will focus the organization on increased worker participation and engagement through alignment of policies, programs and processes and increased awareness and training with operational leaders and front line staff.

OBJECTIVE 11: IMPROVE EFFICIENCIES THROUGH IMPLEMENTATION OF OPERATIONAL AND CLINICAL BEST PRACTICES WHILE MAINTAINING OR IMPROVING QUALITY AND SAFETY.

WHY THIS IS IMPORTANT

AHS is supporting strategies to improve efficiencies related to clinical effectiveness and appropriateness of care, operational best practice and working with partners to support service delivery. AHS is making the most effective use of finite resources while continuing to focus on quality of care.

AHS PERFORMANCE MEASURE

Nursing Units Achieving Best Practice Efficiency Targets is defined as the percentage of nursing units at the 16 busiest sites meeting operational best practice (OBP) efficiency targets.

UNDERSTANDING THE MEASURE

Operational best practice is one of the ways we can reduce costs, while maintaining or improving care to ensure a sustainable future.

This initiative is focusing on the 16 largest hospitals in Alberta, including clinical support services and corporate services.

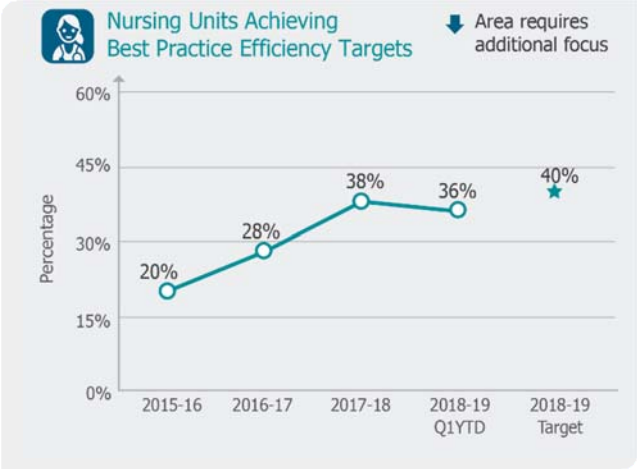
Using comparative data from across the county, AHS has developed OBP targets for nursing inpatient units. These targets are designed to achieve more equitable service delivery across the province with the measure used to monitor leadership's ability to meet the targets and reduce variations in the cost of delivering high quality services at AHS' sites.

A higher percentage means more efficiencies have been achieved across AHS.

HOW WE ARE DOING

Q1 2018-19 data results are lower compared to Q1 2017-18 at 38%. Some sites are not meeting the 40% provincial target.

Labour related initiatives are being implemented on an attrition-based model. This may impact timelines for certain sites to achieve their best practice efficiency targets. A Resource Team model will be established to provide support for these areas to help implement OBP plans.



Source: AHS Finance Statistical General Ledger (STAT GL)

WHAT WE ARE DOING

In addition to initiatives related to operational best practice, AHS is also engaged in many other strategies to help improve efficiencies across the organization.

Clinical Appropriateness

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:

- As of June 2018, there was a 10.5% decrease in unwarranted CT lumbar spine exams performed in Q1 compared to the same period last year. In addition, as of end March 2018, there has been a reduction in MRIs for chronic knee pain of 9%. A lower value demonstrates improved efficiencies and wait times.

- Working with practitioners, it was identified that the use of Celestone for autoimmune disorders could safely be transferred to lesser expensive drugs. There has been a 66% decrease in use of Celestone and cost savings have been realized.

- There is a provincial initiative providing physicians with scoring of the estimated risk of developing coronary heart disease that can be managed by statin treatment (used to lower cholesterol). This initiative is aimed at reducing health care costs related to unmanaged cardiovascular disease.

- Appropriate Use of Antipsychotics (AUA) has been implemented in 44 acute care units across Alberta and is incorporated into the Elder Friendly Care curriculum. In the past, AUA was implemented in long-term care and supportive living sites in Alberta.

Provincial Laboratory Services

A Chief Executive Officer (CEO) of Alberta's new provincial lab services subsidiary (called Alberta Public Laboratories) was appointed by the AHS Board in July, commencing in September 2018. Board recruitment is proceeding on schedule.

Staff transitioning is being coordinated in conjunction with Alberta Labour Relations Board and Local Authorities Pension Plan.

Zone Health Care Planning

The goal of Zone Health Care Planning and service planning is to develop a population health driven strategic plan. Initiatives identified will support quality, accessible care in the community and a sustainable health system, reduce the reliance on acute care and enhance care in the community.

South Zone
- Commenced Chronic Pain Implementation Plan in Medicine Hat.
- Working with the Blood Tribe Department of Health to develop a community health action plan and an addiction plan.

Calgary Zone
- The Calgary Zone Healthcare Plan was reviewed by AHS Executive. An implementation approach is under development.
- Work on the Indigenous Health Action Plan is underway. Awareness activities occurred in participating acute care sites during celebration of National Indigenous People's Day.

Central Zone
- The Central Zone Healthcare Plan was reviewed and endorsed by the AHS Board and Minister of Health. An implementation approach is under development.
- An engagement process for Central Zone Indigenous communities to inform health service planning is underway, beginning with a gap analysis of current state.
- Red Deer Regional Health Centre Capital Needs Assessment was completed and submitted to Alberta Health for information.

Edmonton Zone
- The Rehab & Restorative Pillars team has developed an action plan and are recruiting members to support the work.
- Deliverables and timelines have been identified and approved on the Chronic Pain Plan.

North Zone
- The draft Area 9 (Grande Prairie and Area) Service Plan is in development and is on track.

OBJECTIVE 12: INTEGRATE CLINICAL INFORMATION SYSTEMS TO CREATE A SINGLE COMPREHENSIVE PATIENT RECORD.

WHY THIS IS IMPORTANT

Connect Care is a collaborative effort between Alberta Health and AHS staff, clinicians and patients to improve patient experiences and the quality and safety of patient care, by creating common clinical standards and processes to manage and share information across the continuum of healthcare. Connect Care will also support Albertans to take ownership of their health and care by giving them access to their own health information.

The AHS provincial Clinical Information System (CIS) is part of the Connect Care initiative. With a single comprehensive record and care plan for every patient, the quality and safety of the care we deliver is improved and our patients and their families across the healthcare system will have a better experience.

With Connect Care, efficiencies will be achieved and Alberta will have a common system where health providers can access comprehensive and consolidated patient information which will travel with patients wherever they access the health system.

Connect Care will be implemented provincially over time in order to allow our facilities time to prepare for this transformation.

AHS PERFORMANCE MEASURE

There is no AHS measure for this specific AHS objective.

HOW WE ARE DOING

AHS is monitoring progress through the accomplishment of key milestones and deliverables.

WHAT WE ARE DOING

As Connect Care moves forward, communication teams are increasing their focus on engagement across AHS. This includes planning for quarterly Telehealth Town Halls where staff and physicians can ask questions directly to Connect Care leaders, providing resources such as a manager's toolkit, and providing regular updates in the Connect Care newsletter as well as stories in physician blogs, vlogs, newsletters, handbooks, Doc of the Week and other physician-focused online services.

More than 1,600 AHS staff, physicians, patient advisors and volunteers met in Calgary in April for the third Connect Care Direction Setting Session. Attendees made decisions on the design and workflow. These planning sessions help ensure that the system will reflect the needs of healthcare professionals and patients.

Connect Care is in the Adoption/Validation phase. The first of three sessions took place in Calgary in June where nearly 1,800 participants gathered to review, validate and adopt decisions made earlier this year at the Direction Setting sessions and various Connect Care committees.

Other key achievements in Connect Care for Q1 include:

- A data conversion strategy is in development with the first phase moving forward. This strategy guides how clinical information is transferred from existing AHS CIS to the Connect Care CIS.
- A new clinical knowledge topic was released supporting AHS Advance Care Planning and Goals of Care Designation. By integrating clinical knowledge topics into Connect Care, AHS can increase the consistency and quality of care across Alberta.
- A new data centre was built that provides capacity for recommended computing and storage equipment.
- Work is underway to determine which of AHS' over 140,000 clinical devices will need to be interfaced with Connect Care. Decisions will be based on vendor recommendations, technical capabilities, funding requirements and patient care needs.

Alberta Netcare is a secure and confidential electronic system of Alberta patient health information collected through a point of service in hospitals, laboratories, testing facilities, pharmacies and clinics. Access is restricted to registered healthcare providers working as an accredited Alberta healthcare provider. In Q1 2018-19, the number of enabled sign-ons increased by 13 per cent (7,994 users) compared to Q1 2017-18.

APPENDIX: AHS PERFORMANCE MEASURES – ZONE AND SITE DETAIL

AHS has 13 performance measures that enable us to evaluate our progress and allow us to link our objectives to specific results. Through an extensive engagement process, we determined our objectives and identified their corresponding performance measures. Both the objectives and performance measures are specific, relevant, measurable and attainable. Provincial results are found under each objective in the front section of this report. This appendix provides zone and site drill-down information for performance measures. Historical data is refreshed on a quarterly basis and the values may change. Variance explanations for those areas showing deterioration are provided in the front section.

Two measures are reported on a different reporting cycle (Perinatal Mortality among First Nations and AHS Workforce Engagement). The remaining 11 measures are reported quarterly. Of these, seven measures include the most current data available (Q1) and four measures reflect an earlier time period (Q4 year-to-date 2017-18).

Targets were established using historical performance data, benchmarking with peers, and consideration of pressures that exist within zones and sites. This approach resulted in a set of targets that, if achieved, would reflect a performance improvement in the areas of our Health Plan's 12 objectives. Targets were endorsed by AHS and Alberta Health as published in Year 2 of the AHS 2017-2020 Health Plan and Business Plan.

AHS monitors several additional measures using a broad range of indicators that span the continuum of care that include population and public health; primary care; continuing care; addiction, mental health; and cancer care; emergency department and surgery. AHS continues to monitor these additional measures to help support priority-setting and local decision-making. These additional measures are tactical as they inform the performance of an operational area or reflect the performance of key drivers of strategies not captured in the Health Plan.

The following pages provides zone and site level data for the performance measures.

PROVINCIAL TREND DASHBOARD
Q1 2018-19 Year-to-Date

AHS Performance Measure	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Quarter-to-Quarter Trend	2018-19 Target
Improve Patients' and Families Experiences								
Percentage Placed in Continuing Care within 30 Days	59.9%	59.6%	56.1%	51.8%	52.3%	56.8%	⇧	58%
Percentage of Alternate Level of Care (ALC) Patient Days	12.2%	13.5%	15.4%	17.4%	17.9%	16.4%	⇧	13.5%
Timely Access to Specialty Care – eReferral (# of specialties)	3	3	4	12	4	11	⇧	15 specialties
Patient Satisfaction with Hospital Experience (%)	81.8%	81.8%	82.4%	81.8%	n/a*	n/a*	⇨	85% (2017-18)
Addiction Outpatient Treatment Wait Time (in days)	15	13	15	13	n/a*	n/a*	⇧	12 days (2017-18)
Improve Patient and Population Outcomes								
Unplanned Medical Readmissions (%)	13.6%	13.7%	13.6%	13.5%	n/a*	n/a*	⇨	13.4% (2017-18)
Perinatal Mortality Rate per 1,000 - First Nations (Gap)	4.83	5.43	4.94	2.90	To be reported in Annual Report.		⇧	Reduce gap between First Nations and Non First Nations.
Hand Hygiene Compliance (%)	75%	80%	82%	85%	83%	87%	⇧	90%
Childhood Immunization Rate - DTaP-IPV-Hib (%)	78.3%	78.0%	78.3%	77.7%	78.3%	77.5%	⇨	82%
Childhood Immunization Rate – MMR (%)	87.6%	86.9%	87.4%	86.9%	87.0%	87.0%	⇨	89%
Improve the Experience and Safety of Our People								
AHS Workforce Engagement (average score)	n/a	n/a	3.46	The next survey is planned for 2019-20.				
Disabling Injury Rate (workers per 200,000 hours)	n/a	3.57	3.85	4.11	n/a*	n/a*	⇩	3.5 (2017-18)
Improve Financial Health and Value for Money								
Percentage of Nursing Units Achieving Best Practice Efficiency Targets (%)	n/a	20%	28%	38%	38%	36%	⇩	40%

n/a = data is not available

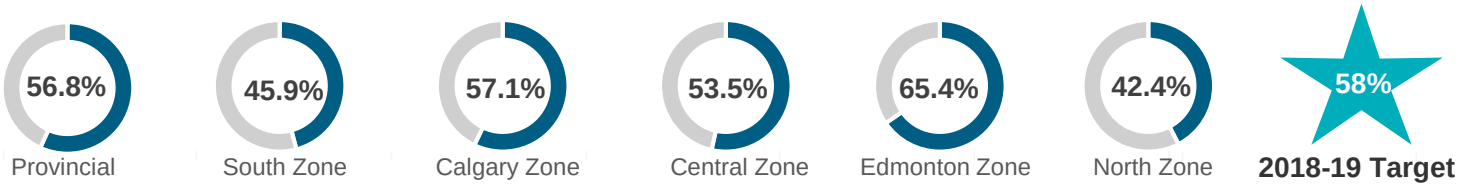
• Four measures are reported one quarter later and are therefore posted in subsequent quarters (Q4 data will be reported in Q1; Q1 is reported in Q2, and so on). Three measures rely on patient follow-up, generally after they have been discharged from care. One measure (Disabling Injury Rate) is reported one quarter later as data continues to accumulate as individual employee cases are closed.

Trend: ☆ Target Achieved ⇧ Improvement ⇨ Stable: ≤3% relative change compared to the same period last year ⇩ Area required additional focus

PEOPLE PLACED IN CONTINUING CARE WITHIN 30 DAYS

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

Percentage Placed in Continuing Care within 30 Days, Q1YTD 2018-19



Percentage Placed in Continuing Care within 30 Days Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**69.2%**	**59.9%**	**59.6%**	**56.1%**	**51.8%**	**52.3%**	**56.8%**	⇧	**58%**
South Zone	77.2%	59.5%	47.6%	45.9%	43.3%	46.8%	45.9%	⇨	58%
Calgary Zone	72.0%	57.1%	58.4%	57.4%	58.7%	56.9%	57.1%	⇨	58%
Central Zone	40.7%	54.6%	61.5%	60.3%	54.6%	58.1%	53.5%	⇩	58%
Edmonton Zone	78.4%	66.2%	64.5%	55.8%	48.7%	50.0%	65.4%	☆	58%
North Zone	62.8%	58.8%	58.7%	57.5%	43.9%	41.3%	42.4%	⇨	58%

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

Total Clients Placed

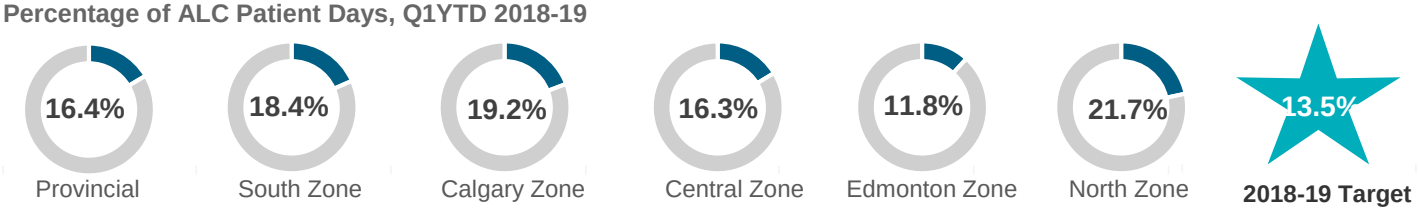
Zone	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	**7,879**	**7,963**	**7,927**	**2,115**	**2,053**
South Zone	887	925	905	218	233
Calgary Zone	2,722	2,438	2,632	759	638
Central Zone	1,060	1,352	1,236	303	327
Edmonton Zone	2,506	2,575	2,388	600	683
North Zone	704	673	766	235	172

Source: AHS Seniors Health Continuing Care Living Options Report, as of July 18, 2018

PERCENTAGE OF ALTERNATE LEVEL OF CARE PATIENT DAYS

This measure is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care in the hospital setting and the patient's care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

Percentage of ALC Patient Days, Q1YTD 2018-19



Percentage of ALC Patient Days Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**Provincial**	**10.1%**	**12.2%**	**13.5%**	**15.4%**	**17.4%**	**17.9%**	**16.4%**	⇧	**13.5%**
South Zone	**South Zone**	**6.9%**	**9.0%**	**12.6%**	**13.9%**	**15.7%**	**12.2%**	**18.4%**	⇩	**13.5%**
	Chinook Regional Hospital	5.0%	4.4%	7.8%	8.6%	12.3%	10.1%	21.9%	⇩	13.5%
	Medicine Hat Regional Hospital	9.2%	14.6%	18.9%	18.9%	22.0%	16.1%	14.3%	⇧	13.5%
	Other South Hospitals	7.1%	9.4%	11.5%	17.3%	11.6%	10.4%	16.0%	⇩	13.5%
Calgary Zone	**Calgary Zone**	**11.7%**	**15.2%**	**16.7%**	**16.9%**	**19.1%**	**19.4%**	**19.2%**	⇨	**13.5%**
	Alberta Children's Hospital	0.0%	0.2%	1.3%	1.2%	2.0%	1.3%	5.2%	☆	13.5%
	Foothills Medical Centre	11.5%	15.7%	14.7%	15.2%	19.1%	20.7%	18.5%	⇧	13.5%
	Peter Lougheed Centre	11.0%	14.6%	13.6%	16.8%	14.4%	13.6%	14.4%	⇩	13.5%
	Rockyview General Hospital	13.7%	16.2%	21.9%	22.2%	26.0%	26.8%	26.0%	⇧	13.5%
	South Health Campus	12.1%	14.4%	20.4%	17.6%	19.6%	17.4%	21.4%	⇩	13.5%
	Other Calgary Hospitals	17.5%	26.4%	27.2%	21.0%	21.9%	19.9%	23.3%	⇩	13.5%
Central Zone	**Central Zone**	**13.0%**	**13.1%**	**12.0%**	**15.3%**	**15.9%**	**15.1%**	**16.3%**	⇩	**13.5%**
	Red Deer Regional Hospital Centre	10.3%	11.4%	8.8%	12.4%	12.2%	11.6%	15.1%	⇩	13.5%
	Other Central Hospitals	14.9%	14.4%	14.3%	17.2%	18.3%	17.4%	17.2%	⇨	13.5%
Edmonton Zone	**Edmonton Zone**	**7.8%**	**9.1%**	**9.5%**	**14.0%**	**15.5%**	**15.2%**	**11.8%**	☆	**13.5%**
	Grey Nuns Community Hospital	8.7%	10.2%	9.2%	11.1%	10.8%	8.9%	7.2%	☆	13.5%
	Misericordia Community Hospital	8.0%	10.8%	12.8%	14.7%	17.3%	15.8%	15.7%	⇨	13.5%
	Royal Alexandra Hospital	8.4%	10.6%	11.0%	18.5%	18.6%	19.1%	15.2%	⇧	13.5%
	Stollery Children's Hospital	0.1%	0.0%	1.8%	0.6%	0.2%	0.0%	0.3%	☆	13.5%
	Sturgeon Community Hospital	10.7%	12.3%	12.3%	18.9%	22.5%	19.4%	18.8%	⇧	13.5%
	University of Alberta Hospital	6.8%	6.0%	6.2%	11.7%	15.3%	15.5%	9.9%	☆	13.5%
	Other Edmonton Hospitals	9.2%	11.8%	12.1%	12.1%	14.4%	15.8%	9.2%	☆	13.5%
North Zone	**North Zone**	**11.7%**	**13.8%**	**18.5%**	**16.4%**	**21.3%**	**28.4%**	**21.7%**	⇧	**13.5%**
	Northern Lights Regional Health Centre	9.4%	7.4%	18.5%	12.0%	8.0%	9.5%	29.2%	⇩	13.5%
	Queen Elizabeth II Hospital	8.5%	14.0%	20.4%	15.2%	26.0%	43.5%	21.4%	⇧	13.5%
	Other North Hospitals	13.2%	14.9%	17.9%	17.5%	21.9%	23.7%	19.9%	⇧	13.5%

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

Total ALC Discharges

Zone	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	**10,254**	**13,513**	**17,085**	**4,356**	**3,764**
South Zone	624	674	663	156	204
Calgary Zone	4,684	5,027	6,223	1,490	1,538
Central Zone	1,085	1,327	1,418	348	350
Edmonton Zone	3,046	5,518	7,704	2,064	1,431
North Zone	815	967	1,077	298	241

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of August 7, 2018
Notes:
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

Number of specialty services with eReferral Advice Request available.

Number of Specialty Services with eReferral Advice Request Available, Q1YTD 2018-19

Provincial | **2018-19 Target**

Specialty Services with eReferral Advice Request Available, Q1YTD 2018-19

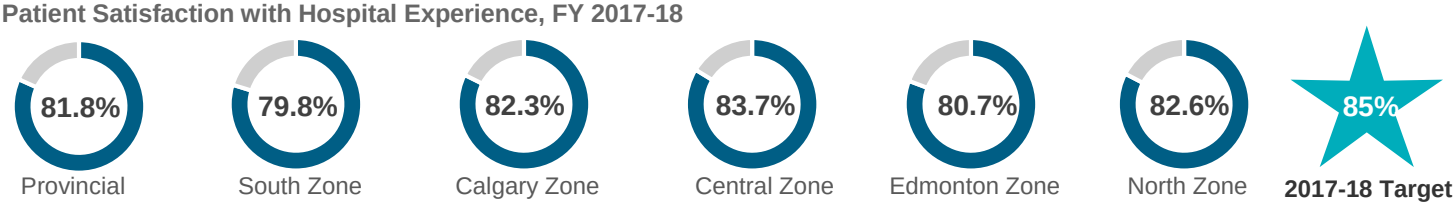
Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial	Total Year to Date 2018-19	Trend
Cardiology			1				**1**	
Chronic Pain Medicine		1					**1**	
Gastroenterology - Adult			1				**1**	
General Surgery - Breast		1					**1**	
Infectious Disease				1			**1**	
Obstetrics/Gynecology				1			**1**	
Ophthalmology – Adults & Pediatrics	n/a	n/a	n/a	n/a	n/a	1	**1**	
Otolaryngology			1				**1**	
Palliative Medicine		1					**1**	
Urology			1				**1**	
Urology - Pediatrics				1			**1**	
Total Specialties		**3**	**4**	**3**		**1**	**11**	⇧

Source: Netcare Repository, as of July 11, 2018
2018-19 reflects Fiscal Quarter 1 YTD data, unless specified otherwise.
n/a – not applicable

PATIENT SATISFACTION WITH HOSPITAL EXPERIENCE

This measure reflects patients' overall perceptions associated with the hospital where they received care. The higher the number, the better, as it demonstrates more patients are satisfied with their care in hospital.

Patient Satisfaction with Hospital Experience, FY 2017-18



Patient Satisfaction with Hospital Experience Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	2017-18 Target	2018-19 Target
Provincial	**Provincial**	**81.5%**	**81.8%**	**81.8%**	**82.4%**	**81.8%**	⇨	**85%**	**85%**
South Zone	**South Zone**	**81.7%**	**81.8%**	**80.9%**	**82.2%**	**79.8%**	⇩	**85%**	**85%**
	Chinook Regional Hospital	80.5%	76.6%	78.2%	82.3%	80.2%	⇨	85%	85%
	Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	81.3%	77.1%	⇩	85%	85%
	Other South Hospitals	83.5%	88.3%	87.2%	85.5%	85.3%	☆	85%	85%
Calgary Zone	**Calgary Zone**	**80.1%**	**83.2%**	**82.0%**	**83.0%**	**82.3%**	⇨	**85%**	**85%**
	Foothills Medical Centre	76.6%	80.8%	80.8%	80.3%	80.2%	⇨	85%	85%
	Peter Lougheed Centre	80.9%	79.9%	77.2%	78.7%	77.7%	⇨	85%	85%
	Rockyview General Hospital	82.9%	85.4%	81.7%	85.1%	83.6%	⇨	85%	85%
	South Health Campus	91.9%	89.7%	90.1%	90.9%	90.1%	☆	85%	85%
	Other Calgary Hospitals	79.3%	90.3%	92.9%	92.2%	92.9%	☆	85%	85%
Central Zone	**Central Zone**	**83.5%**	**84.8%**	**83.4%**	**85.0%**	**83.7%**	⇨	**85%**	**85%**
	Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	82.7%	81.5%	⇨	85%	85%
	Other Central Hospitals	84.5%	86.7%	84.8%	87.0%	85.7%	☆	85%	85%
Edmonton Zone	**Edmonton Zone**	**81.5%**	**80.3%**	**81.6%**	**80.8%**	**80.7%**	⇨	**85%**	**85%**
	Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.4%	85.5%	☆	85%	85%
	Misericordia Community Hospital	78.5%	75.3%	77.2%	79.8%	75.2%	⇩	85%	85%
	Royal Alexandra Hospital	79.9%	76.5%	77.3%	76.6%	77.8%	⇨	85%	85%
	Sturgeon Community Hospital	89.8%	87.6%	89.8%	88.0%	88.0%	☆	85%	85%
	University of Alberta Hospital	77.1%	80.2%	83.5%	80.4%	81.8%	⇨	85%	85%
	Other Edmonton Hospitals	70.9%	85.3%	86.3%	85.7%	84.8%	☆	85%	85%
North Zone	**North Zone**	**81.0%**	**80.6%**	**81.3%**	**83.2%**	**82.6%**	⇨	**85%**	**85%**
	Northern Lights Regional Health Centre	75.4%	74.7%	78.6%	82.2%	82.1%	⇨	85%	85%
	Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	80.3%	79.9%	⇨	85%	85%
	Other North Hospitals	83.4%	83.7%	83.5%	84.8%	84.0%	⇨	85%	85%

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

Total Eligible Discharges

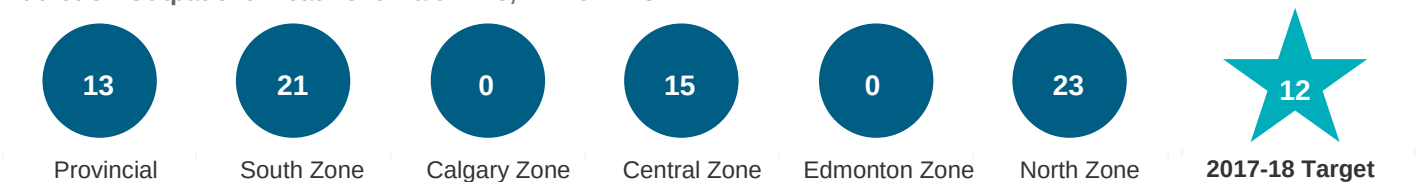
Zone	2015-16	2016-17	2017-18	Number of Completed Surveys 2017-18	Margin of Error (±) 2017-18
Provincial	**218,546**	**246,917**	**246,227**	**25,639**	**0.47%**
South Zone	19,737	19,840	19,642	2,086	1.72%
Calgary Zone	61,044	83,208	83,397	8,427	0.81%
Central Zone	29,272	29,531	29,238	3,221	1.27%
Edmonton Zone	82,559	89,005	87,951	8,957	0.82%
North Zone	25,934	25,333	25,999	2,948	1.37%

Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of July 19, 2018
Notes:
- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- The margin of errors were calculated using a normal estimated distribution for sample size greater than 10. If the sample size was less than 10, the Plus two & Plus four methods were used.
- Provincial and zone level results presented here are based on weighted data.
- Facility level results and All Other Hospitals results presented here are based on unweighted data.

WAIT TIME FOR ADDICTION OUTPATIENT TREATMENT (in days)

This measure represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

Addiction Outpatient Treatment Wait Time, FY 2017-18



Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	2017-18 Target	2018-19 Target
Provincial	**Provincial**	**18**	**15**	**13**	**15**	**13**	⇧	**12**	**11**
Urban									
	Calgary Zone	21	9	5	6	0	☆	12	11
	Edmonton Zone	17	14	0	0	0	☆	12	11
Rural									
	South Zone	13	20	21	26	21	⇧	12	11
	Central Zone	20	16	14	15	15	⇨	12	11
	North Zone	16	16	19	27	23	⇧	12	11

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

Outpatient Treatment Wait Time Trend by Zone (Average)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18
Provincial	**Provincial**	**7.0**	**6.5**	**5.8**	**7.3**	**6.3**
Urban						
	Calgary Zone	7.7	7.4	7.9	11.4	9.1
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4
Rural						
	South Zone	5.0	7.8	7.8	8.7	7.6
	Central Zone	7.3	6.2	6.0	6.2	5.9
	North Zone	7.5	7.3	8.2	11.1	10.4

Total Enrollments

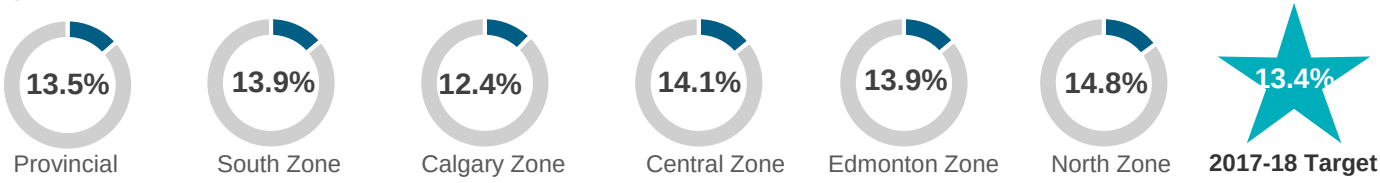
Zone	2015-16	2016-17	2017-18
Provincial	**18,330**	**18,033**	**17,870**
South Zone	1,760	1,818	1,736
Calgary Zone	4,617	4,455	4,383
Central Zone	3,467	3,560	3,719
Edmonton Zone	4,957	4,664	4,600
North Zone	3,529	3,536	3,432

Sources: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product, Clinical Activity Reporting Application (CARA), Geriatric Mental Health Information System (GMHIS), eClinician (for results since Jun 2015) as of July 18, 2018
Notes:
- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

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, FY 2017-18



Unplanned Medical Readmissions Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	2017-18 Target	2018-19 Target
Provincial	**Provincial**	**13.5%**	**13.6%**	**13.7%**	**13.6%**	**13.5%**	⇨	**13.4%**	**13.3%**
South Zone	**South Zone**	**14.1%**	**13.5%**	**14.2%**	**13.9%**	**13.9%**	⇨	**13.4%**	**13.3%**
	Chinook Regional Hospital	13.1%	13.5%	14.1%	13.2%	12.7%	☆	13.4%	13.3%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	13.8%	13.8%	⇨	13.4%	13.3%
	Other South Hospitals	15.0%	14.7%	14.4%	14.9%	15.4%	⇩	13.4%	13.3%
Calgary Zone	**Calgary Zone**	**12.2%**	**12.2%**	**12.3%**	**12.3%**	**12.4%**	☆	**13.4%**	**13.3%**
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.2%	☆	13.4%	13.3%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	13.1%	12.6%	☆	13.4%	13.3%
	Rockyview General Hospital	12.0%	11.9%	11.9%	12.0%	12.3%	☆	13.4%	13.3%
	South Health Campus	12.3%	12.3%	12.0%	11.3%	12.3%	☆	13.4%	13.3%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.2%	☆	13.4%	13.3%
Central Zone	**Central Zone**	**14.5%**	**14.9%**	**15.0%**	**14.9%**	**14.1%**	⇧	**13.4%**	**13.3%**
	Red Deer Regional Hospital Centre	14.1%	13.8%	13.9%	13.0%	13.0%	☆	13.4%	13.3%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	⇧	13.4%	13.3%
Edmonton Zone	**Edmonton Zone**	**13.5%**	**13.8%**	**13.6%**	**13.6%**	**13.9%**	⇨	**13.4%**	**13.3%**
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	12.7%	12.7%	☆	13.4%	13.3%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	⇧	13.4%	13.3%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	14.2%	⇩	13.4%	13.3%
	Sturgeon Community Hospital	12.3%	13.6%	13.4%	13.1%	13.6%	⇩	13.4%	13.3%
	University of Alberta Hospital	14.6%	14.5%	14.2%	14.4%	14.5%	⇨	13.4%	13.3%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	12.8%	11.9%	☆	13.4%	13.3%
North Zone	**North Zone**	**15.0%**	**15.3%**	**15.3%**	**15.2%**	**14.8%**	⇨	**13.4%**	**13.3%**
	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	14.3%	15.0%	⇩	13.4%	13.3%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.3%	11.5%	☆	13.4%	13.3%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.2%	⇨	13.4%	13.3%

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	2017-18
Provincial	**113,804**	**113,879**	**114,464**
South Zone	9,632	9,823	9,562
Calgary Zone	35,449	35,546	36,796
Central Zone	16,826	16,738	16,236
Edmonton Zone	37,646	37,667	37,748
North Zone	14,251	14,105	14,122

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of August 2, 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).
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

PERINATAL MORTALITY RATE AMONG FIRST NATIONS

Number of stillbirths (at 28 or more weeks gestation) plus the number of infants dying under 7 days of age divided by the sum of the number of live births plus the number of stillbirths of 28 or more weeks gestation for a given calendar year; multiplied by 1,000.

Perinatal Mortality Rate Gap, 2017-18

Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	Trend	2017-18 Target
First Nations	9.47	10.52	10.73	9.65	8.40	N/A	AHS' focus is to reduce gap between First Nations and Non-First Nations
Non-First Nations	4.98	5.69	5.30	4.71	5.50	N/A	
Rate Gap	**4.49**	**4.83**	**5.43**	**4.94**	**2.90**	⇧	

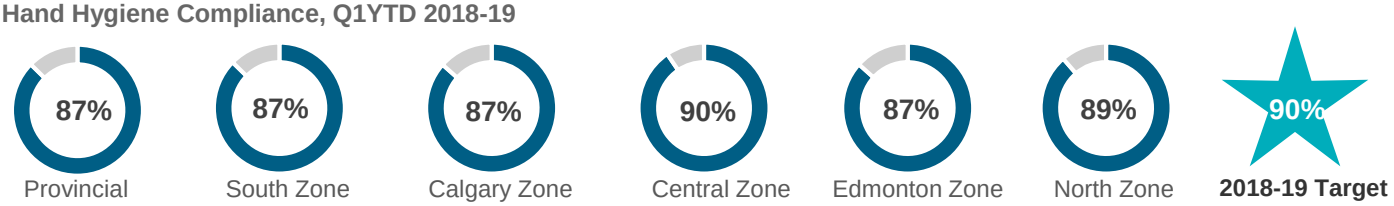
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

Source(s): Alberta Health, as of April 22, 2018
Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.

HAND HYGIENE COMPLIANCE

This measure is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

Hand Hygiene Compliance, Q1YTD 2018-19



Hand Hygiene Compliance Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**Provincial**	**66%**	**75%**	**80%**	**82%**	**85%**	**83%**	**87%**	⇧	**90%**
South Zone	**South Zone**	**78%**	**82%**	**82%**	**84%**	**80%**	**76%**	**87%**	⇧	**90%**
	Chinook Regional Hospital	81%	85%	82%	83%	78%	70%	89%	⇧	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	84%	82%	85%	⇧	90%
	Other South Hospitals	79%	85%	83%	83%	81%	76%	88%	⇧	90%
Calgary Zone	**Calgary Zone**	**59%**	**71%**	**78%**	**81%**	**84%**	**83%**	**87%**	⇧	**90%**
	Alberta Children's Hospital	57%	74%	77%	80%	79%	81%	91%	☆	90%
	Foothills Medical Centre	52%	66%	76%	83%	84%	84%	87%	⇧	90%
	Peter Lougheed Centre	62%	77%	85%	79%	80%	79%	86%	⇧	90%
	Rockyview General Hospital	62%	68%	74%	84%	88%	91%	90%	☆	90%
	South Health Campus	59%	59%	69%	76%	77%	80%	74%	⇩	90%
	Other Calgary Hospitals	63%	77%	80%	79%	85%	81%	88%	⇧	90%
Central Zone	**Central Zone**	**64%**	**74%**	**81%**	**78%**	**87%**	**79%**	**90%**	☆	**90%**
	Red Deer Regional Hospital Centre	75%	69%	78%	78%	85%	84%	88%	⇧	90%
	Other Central Hospitals	57%	77%	82%	78%	87%	77%	91%	☆	90%
Edmonton Zone	**Edmonton Zone**	**57%**	**74%**	**79%**	**83%**	**86%**	**86%**	**87%**	⇨	**90%**
	Grey Nuns Community Hospital	64%	75%	73%	83%	89%	87%	91%	☆	90%
	Misericordia Community Hospital	71%	77%	75%	80%	86%	85%	88%	⇨	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	86%	86%	85%	⇨	90%
	Stollery Children's Hospital	58%	75%	79%	80%	81%	81%	79%	⇨	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	88%	88%	87%	⇨	90%
	University of Alberta Hospital	43%	70%	74%	85%	88%	88%	89%	⇨	90%
	Other Edmonton Hospitals	58%	73%	79%	82%	86%	85%	88%	⇧	90%
North Zone	**North Zone**	**66%**	**81%**	**87%**	**88%**	**88%**	**87%**	**89%**	⇨	**90%**
	Northern Lights Regional Health Centre	56%	64%	88%	87%	82%	84%	90%	☆	90%
	Queen Elizabeth II Hospital	68%	91%	96%	91%	88%	88%	88%	⇨	90%
	Other North Hospitals	66%	74%	85%	88%	89%	87%	89%	⇨	90%

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

Total Observations *(excludes Covenant Sites)*

Zone	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	**396,272**	**383,975**	**332,578**	**93,504**	**75,324**
South Zone	39,185	38,314	18,270	4,452	6,109
Calgary Zone	183,110	162,423	128,616	39,989	22,758
Central Zone	45,103	35,952	38,974	10,108	9,634
Edmonton Zone	99,795	125,281	117,032	32,234	28,799
North Zone	29,079	22,005	29,686	6,721	8,024

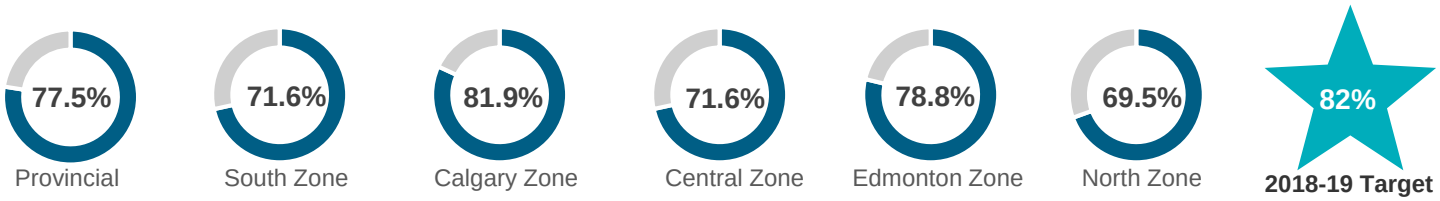
Source: AHS Infection, Prevention and Control Database, as of July 24, 2018
Notes:
- Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in spring (Q1 & Q2) and fall (Q3 & Q4). These are not included in the Edmonton Zone and Provincial totals.
- "Other Sites" include any hand hygiene observations performed at an AHS operated program, site, or unit including acute care, continuing care, and ambulatory care settings such as Cancer Control, Corrections, EMS, hemodialysis (e.g., NARP and SARP), home care, and public health.

CHILDHOOD IMMUNIZATION RATE

DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (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 immunized and protected from preventable childhood diseases.

Childhood Immunization Rate: DTaP-IPV-Hib, Q1YTD 2018-19



Childhood Immunization Rate: DTaP-IPV-Hib Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**77.6%**	**78.3%**	**78.0%**	**78.3%**	**77.7%**	**78.3%**	**77.5%**	⇨	**82%**
South Zone	64.6%	67.9%	65.7%	67.8%	70.0%	71.6%	71.6%	⇨	82%
Calgary Zone	81.4%	82.6%	81.5%	81.4%	79.8%	79.7%	81.9%	☆	82%
Central Zone	71.1%	71.1%	70.9%	70.6%	70.7%	71.1%	71.6%	⇨	82%
Edmonton Zone	84.0%	84.0%	84.6%	84.0%	82.9%	85.3%	78.8%	*	82%
North Zone	67.2%	66.6%	66.5%	67.7%	68.9%	68.2%	69.5%	⇨	82%

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	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	**54,267**	**55,138**	**56,208**	**14,378**	**14,350**
South Zone	4,104	4,157	4,271	1,163	1,070
Calgary Zone	19,602	20,424	20,862	5,268	5,388
Central Zone	6,240	5,833	5,661	1,556	1,392
Edmonton Zone	16,870	17,578	18,114	4,490	4,603
North Zone	7,451	7,146	7,300	1,901	1,897

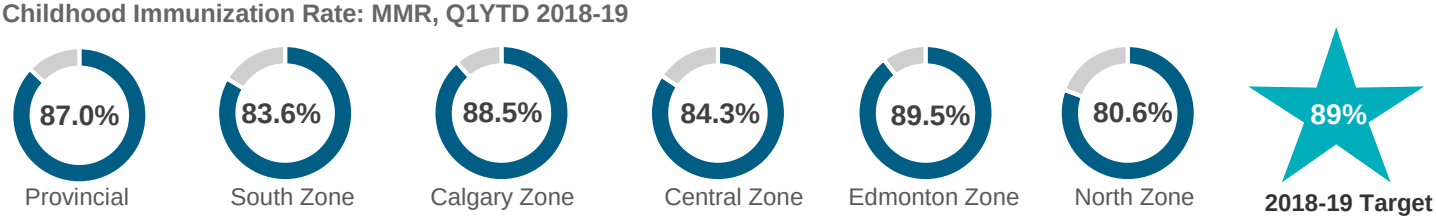
Source: Province-wide Immunization Program, Communicable Disease Control as of July 31, 2018
Notes:
- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.
*- * 2018-19 rates not comparable to previous years due to change in reporting system. Going forward the new system will provide a more accurate reflection of the rate.*

CHILDHOOD IMMUNIZATION RATE

MEASLES, MUMPS, RUBELLA (MMR)

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 immunized and protected from preventable childhood diseases.

Childhood Immunization Rate: MMR, Q1YTD 2018-19



Childhood Immunization Rate: MMR Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**86.7%**	**87.6%**	**86.9%**	**87.4%**	**86.9%**	**87.0%**	**87.0%**	⇨	**89%**
South Zone	81.1%	83.9%	78.8%	81.0%	82.1%	82.9%	83.6%	⇨	89%
Calgary Zone	88.3%	89.6%	89.2%	89.6%	87.9%	87.4%	88.5%	☆	89%
Central Zone	81.2%	80.8%	81.1%	82.3%	84.2%	85.0%	84.3%	⇨	89%
Edmonton Zone	91.7%	92.2%	91.9%	91.8%	90.5%	91.9%	89.5%	☆	89%
North Zone	79.6%	80.3%	78.5%	77.8%	79.6%	78.6%	80.6%	⇨	89%

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	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	**54,267**	**55,138**	**56,208**	**14,378**	**14,350**
South Zone	4,104	4,157	4,271	1,163	1,070
Calgary Zone	19,602	20,424	20,862	5,268	5,388
Central Zone	6,240	5,833	5,661	1,556	1,392
Edmonton Zone	16,870	17,578	18,114	4,490	4,603
North Zone	7,451	7,146	7,300	1,901	1,897

Source: Province-wide Immunization Program, Communicable Disease Control as of July 31, 2018

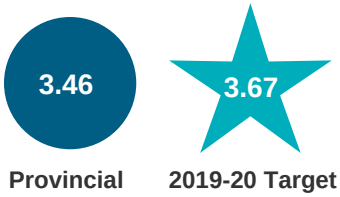
Notes:
- The target represented is the AHS' 2018-19 Target. Alberta Health has higher targets for both vaccines by two years of age.

AHS WORKFORCE ENGAGEMENT

Engagement refers to how committed an employee is to the organization, their role, their manager, and co-workers. High engagement correlates with higher productivity, safe patient care and willingness to give discretionary effort at work. Monitoring workforce engagement enables us to determine the effectiveness of processes/programs that support employee engagement and strengthen a patient safety culture.

The Engagement Rate is the mean score of the responses to the AHS' 'Our People Survey' which utilized a five-point scale, with one being 'strongly disagree' and five being 'strongly agree'. More than 46,000 individuals – including nurses, emergency medical services, support staff, midwives, physicians and volunteers – participated in the Our People Survey in 2016.

Our People Survey Results



AHS' workforce engagement was 3.46 on a five-point scale (5 indicates highly engaged). Based on a question asking how satisfied people are with AHS as a place to work: 57 per cent of respondents felt positively, 40 per cent felt neutral, and 3 per cent felt negatively. The next survey is planned for 2019-20 with a target of 3.67.

Employees	Volunteers	Physicians
57% were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction.	**90%** were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction.	**48%** were positive about the work they do at AHS and chose a 4 or 5 for overall satisfaction.

Source(s): AHS People, Legal, Privacy. http://insite.albertahealthservices.ca/2305.asp

DISABLING INJURIES IN AHS WORKFORCE

This measure is defined as the number of AHS workers injured seriously to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers. Our disabling injury rate enables us to identify Workplace Health & Safety (WHS) programs that provide AHS employees, volunteers and physicians with a safe and healthy work environment and keep them free from injury. The lower the rate, the fewer disabling injuries are occurring at work.

Disabling Injury Rate: FY 2017-18

Provincial **2017-18 Target**

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	Trend	2017-18 Target	2018-19 Target
Province	**Provincial**	**3.57**	**3.85**	**4.11**	⇩	**3.50**	**3.40**
Zone	South Zone Clinical Operations	3.57	3.50	3.75	⇩	3.50	3.40
	Calgary Zone Clinical Operations	3.55	3.88	4.57	⇩	3.50	3.40
	Central Zone Clinical Operations	3.88	4.12	4.91	⇩	3.50	3.40
	Edmonton Zone Clinical Operations	3.48	3.73	4.10	⇩	3.50	3.40
	North Zone Clinical Operations	4.35	3.75	4.10	⇩	3.50	3.40
Provincial Portfolios	Cancer Control	1.66	1.45	1.02	☆	3.50	3.40
	Capital Management	2.15	2.74	2.24	☆	3.50	3.40
	Collaborative Practice, Nursing & Health Profession	7.45	6.58	7.76	⇩	3.50	3.40
	Community Engagement and Communications	0.00	0.00	0.00	☆	3.50	3.40
	Contracting, Procurement & Supply Management	2.61	3.85	3.24	☆	3.50	3.40
	Diagnostic Imaging	1.85	2.86	3.57	⇩	3.50	3.40
	Emergency Medical Services	12.94	15.09	15.01	⇨	3.50	3.40
	Finance	0.16	0.33	0.50	☆	3.50	3.40
	Health Information Management	1.25	2.19	1.80	☆	3.50	3.40
	Information Technology (IT)	0.26	0.17	0.21	☆	3.50	3.40
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	☆	3.50	3.40
	Laboratory Services	1.26	1.63	2.22	☆	3.50	3.40
	Linen & Environmental Services	7.70	8.02	6.93	⇧	3.50	3.40
	Nutrition Food Services	5.86	5.29	5.52	⇩	3.50	3.40
	People, Legal, and Privacy	1.51	2.89	2.84	☆	3.50	3.40
	Pharmacy Services	1.05	1.69	1.22	☆	3.50	3.40
	Population Public & Indigenous Health	1.30	1.13	0.82	☆	3.50	3.40
	System Innovations and Programs	0.27	0.25	0.49	☆	3.50	3.40

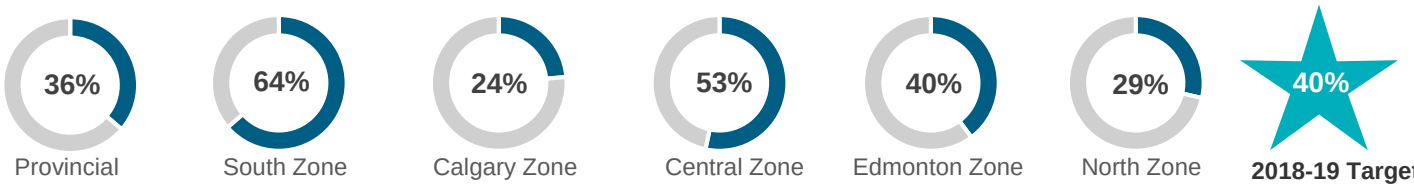
Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

Source: WCB Alberta and e-Manager Payroll Analytics (EPA), 2018-19 June YTD data is as of July 15, 2018; Data retrieval date: July 17, 2018
Notes:
- This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.
- Community Engagement & Communications and Internal Audit & Enterprise Risk Management reporting of "0.00" is accurate and reflects these two portfolios having very safe and healthy work environments.
- Quarterly results are reported year-to-date to align with AHS People, Legal and Privacy reporting to the AHS Human Resources Committee of the Board.

NURSING UNITS ACHIEVING BEST PRACTICE EFFICIENCY TARGETS

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

Percentage of Nursing Units Achieving Best Practice Efficiency Targets, Q1YTD 2018-19



Percentage of Nursing Units Achieving Best Practice Efficiency Targets

Zone Name	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	**20%**	**28%**	**38%**	**38%**	**36%**	⇩	**40%**
South Zone	63%	58%	61%	54%	64%	☆	40%
Calgary Zone	15%	20%	25%	29%	24%	⇩	40%
Central Zone	7%	14%	47%	29%	53%	☆	40%
Edmonton Zone	14%	29%	42%	41%	40%	☆	40%
North Zone	33%	33%	36%	43%	29%	⇩	40%

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

Source: AHS General Ledger (no allocations); Worked Hours - Finance consolidated trial balance, Patient Days – Adult & Child - Finance statistical General Ledger, as of July 31, 2018
Notes:
- Data quality issues were identified in historical data which potential over stated efficiencies. Work continues in data quality but historical data can't be retroactively corrected.
- Percentage of Nursing Units Achieving Best Practice Efficiency Targets measure noted deterioration in the North and Calgary Zones. Areas with lower number of nursing units (e.g., North Zone) will typically demonstrate more variation in this measure and will fluctuate quarter to quarter. Calgary Zone deteriorated slightly from the same period as last year (29% in Q1 2017-18 compared to 24% in 2018-19) resulting in a focus on nursing units working on balancing staffing levels and occupancy fluctuations to meet best practice targets.