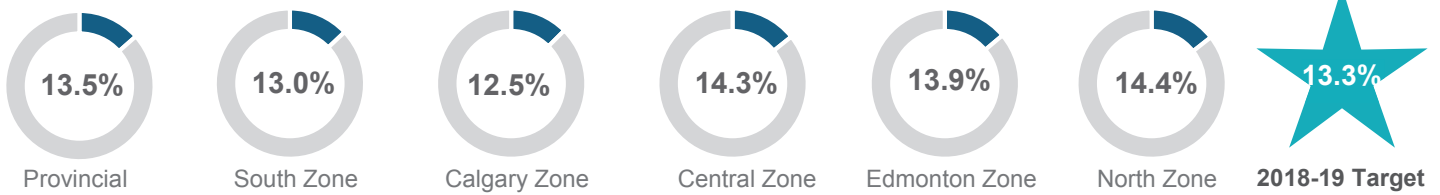


The measure is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

### Unplanned Medical Readmissions, Q1YTD 2018-19



### Unplanned Medical Readmissions 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
<b>Provincial</b>	<b>Provincial</b>	<b>13.5%</b>	<b>13.6%</b>	<b>13.7%</b>	<b>13.6%</b>	<b>13.6%</b>	<b>13.7%</b>	<b>13.5%</b>	↔	<b>13.3%</b>
<b>South Zone</b>	<b>South Zone</b>	<b>14.1%</b>	<b>13.5%</b>	<b>14.2%</b>	<b>13.9%</b>	<b>13.9%</b>	<b>12.8%</b>	<b>13.0%</b>	☆	<b>13.3%</b>
	Chinook Regional Hospital	13.2%	13.5%	14.1%	13.3%	12.7%	10.8%	11.3%	☆	13.3%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	13.8%	13.9%	13.6%	12.4%	☆	13.3%
	Other South Hospitals	15.0%	14.7%	14.4%	14.9%	15.4%	14.2%	16.1%	↓	13.3%
<b>Calgary Zone</b>	<b>Calgary Zone</b>	<b>12.2%</b>	<b>12.2%</b>	<b>12.3%</b>	<b>12.3%</b>	<b>12.4%</b>	<b>12.5%</b>	<b>12.5%</b>	☆	<b>13.3%</b>
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.4%	12.3%	11.9%	12.0%	☆	13.3%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	13.1%	12.6%	12.6%	12.2%	☆	13.3%
	Rockyview General Hospital	12.0%	11.9%	11.9%	12.0%	12.3%	13.1%	12.7%	☆	13.3%
	South Health Campus	12.3%	12.3%	12.0%	11.3%	12.3%	13.2%	13.8%	↓	13.3%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.4%	12.3%	13.1%	☆	13.3%
	<b>Central Zone</b>	<b>Central Zone</b>	<b>14.5%</b>	<b>14.9%</b>	<b>15.0%</b>	<b>14.9%</b>	<b>14.1%</b>	<b>15.5%</b>	<b>14.3%</b>	↑
Red Deer Regional Hospital Centre	14.0%	13.8%	13.9%	13.0%	13.0%	14.9%	13.4%	↑	13.3%	
Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	15.7%	14.7%	↑	13.3%	
<b>Edmonton Zone</b>	<b>Edmonton Zone</b>	<b>13.5%</b>	<b>13.8%</b>	<b>13.6%</b>	<b>13.6%</b>	<b>13.9%</b>	<b>14.0%</b>	<b>13.9%</b>	↔	<b>13.3%</b>
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	12.7%	12.6%	13.5%	14.1%	↓	13.3%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	13.6%	14.0%	↓	13.3%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	14.2%	14.0%	13.6%	↔	13.3%
	Sturgeon Community Hospital	12.3%	13.6%	13.4%	13.1%	13.7%	13.3%	16.1%	↓	13.3%
	University of Alberta Hospital	14.6%	14.6%	14.2%	14.4%	14.5%	14.8%	14.0%	↑	13.3%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	12.8%	12.0%	13.0%	12.0%	☆	13.3%
<b>North Zone</b>	<b>North Zone</b>	<b>15.0%</b>	<b>15.3%</b>	<b>15.3%</b>	<b>15.2%</b>	<b>14.8%</b>	<b>14.8%</b>	<b>14.4%</b>	↔	<b>13.3%</b>
	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	14.3%	15.0%	15.2%	13.4%	↑	13.3%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.3%	11.7%	11.5%	13.1%	☆	13.3%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.3%	15.2%	14.8%	↑	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	Q1YTD 2017-18	Q1YTD 2018-19
<b>Provincial</b>	<b>113,803</b>	<b>113,879</b>	<b>114,256</b>	<b>28,893</b>	<b>29,362</b>
South Zone	9,632	9,823	9,555	2,383	2,486
Calgary Zone	35,449	35,546	36,690	9,356	9,186
Central Zone	16,825	16,738	16,229	4,063	4,067
Edmonton Zone	37,646	37,667	37,667	9,487	9,996
North Zone	14,251	14,105	14,115	3,604	3,627

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of November 13, 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.

## 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

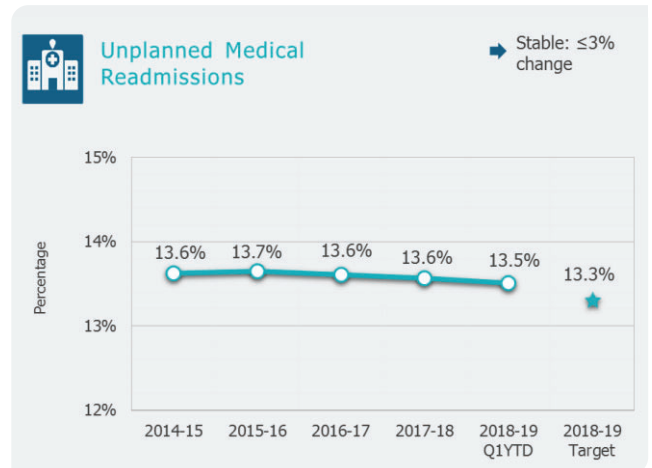
Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

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 Q1YTD 2018-19 compared to 13.7% in Q1YTD 2017-18.



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 province-wide 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 and a referral process in collaboration with Primary Care Networks.
- In Edmonton Zone, Royal Alexandra Hospital implemented improvements to care transitions that include real time notification of patient discharge to family physicians for timely post discharge follow-up. Spread to all medicine units will continue in Q3.
- 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. A plan detailing the scale and spread of the model for Phase 2 of provincial implementation has been submitted.

SCNs™ and operational teams 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). A comprehensive perioperative education package (print, videos, online information and standardized discharge instruction sheet) is used to promote consistency.

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. Most recently, the Breast Reconstruction ERAS was launched and is being implemented at Foothills Medical Centre in Calgary Zone.

- **Alberta 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.
- The **National Surgical Quality Improvement Program (NSQIP)** plans to expand 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 shortlist of ten potential innovations to implement and scale across AHS have been identified. Final submissions will be made in Q3.
- The launch of the **Partnership for Research and Innovation in the Health System (PRIHS)** 4 grant opportunity is well underway. Nine project proposals have been submitted for review.
- In partnership with Alberta Innovates, the SCNs™ are reviewing 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** in Q3 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 Q2 report.