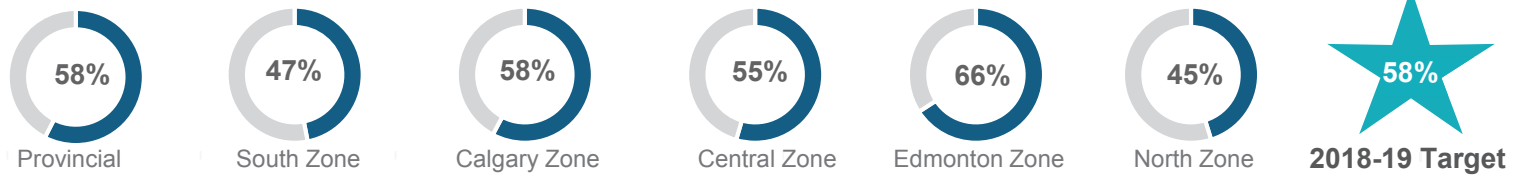


This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

Percentage Placed in Continuing Care within 30 Days, Q3YTD 2018-19



Percentage Placed in Continuing Care within 30 Days Trend

Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	69.2%	59.9%	59.6%	56.1%	51.8%	50.7%	57.5%	☆	58%
South Zone	77.2%	59.5%	47.6%	45.9%	43.3%	42.9%	46.9%	↑	58%
Calgary Zone	72.0%	57.1%	58.4%	57.4%	58.7%	57.5%	57.8%	☆	58%
Central Zone	40.7%	54.6%	61.5%	60.3%	54.6%	55.5%	54.5%	⇒	58%
Edmonton Zone	78.4%	66.2%	64.5%	55.8%	48.7%	45.5%	65.8%	☆	58%
North Zone	62.8%	58.8%	58.7%	57.5%	43.9%	44.0%	45.2%	⇒	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	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	7,879	7,963	7,927	5,814	5,992
South Zone	887	925	905	641	652
Calgary Zone	2,722	2,438	2,632	1,962	2,013
Central Zone	1,060	1,352	1,236	917	930
Edmonton Zone	2,506	2,575	2,388	1,726	1,873
North Zone	704	673	766	568	524

Source: AHS Seniors Health Continuing Care Living Options Report, as of January 17, 2019.

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.

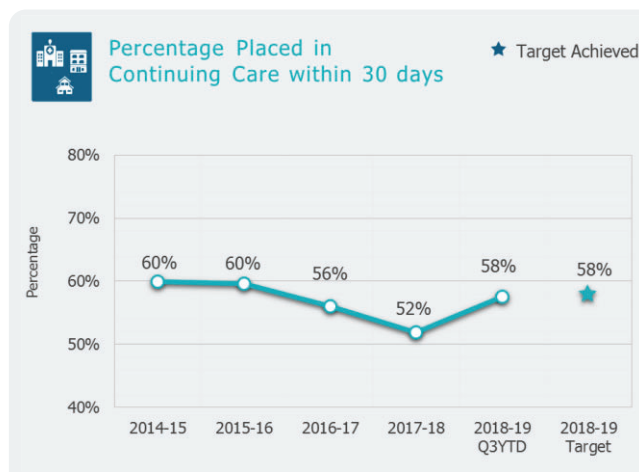
AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their health care service needs and lifestyles.

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 WE ARE DOING

Provincially, AHS achieved target with significant improvement, Calgary and Edmonton Zones achieved target and South Zone also improved in Q3.



Source: Meditech and Stratahealth Pathways

WHAT WE ARE DOING

Since April 2018, AHS has opened 1,099 new continuing care beds. In Q3, AHS opened 68 new continuing care beds. Since 2010, AHS has opened 7,295 new beds to support individuals who need community-based care and supports (including palliative).

AHS opened new continuing care facilities in Q3:

- Kahkiyow Keyhanow Elders Care Home (North Zone)
- Edmonton People in Need - Bridgeway 2 (new building, Edmonton Zone)

For 2018-19 Q3YTD (year-to-date), the average wait time for continuing care placement from acute/sub-acute care was 48 days compared to 52 days for the same period last year; an 8% improvement. The number of people waiting in acute/sub-acute care is 538 as of December 31, 2018 compared with 766 people waiting in the same period last year; a 30% improvement over last year.

For 2018-19 Q3YTD, there were 5,992 people placed into continuing care from acute/sub-acute care and community compared to 5,814 people for the same period last year. Of these, 37.8% (Q3 YTD) of clients were placed from the community compared to 33.9% from the same time last year.

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).

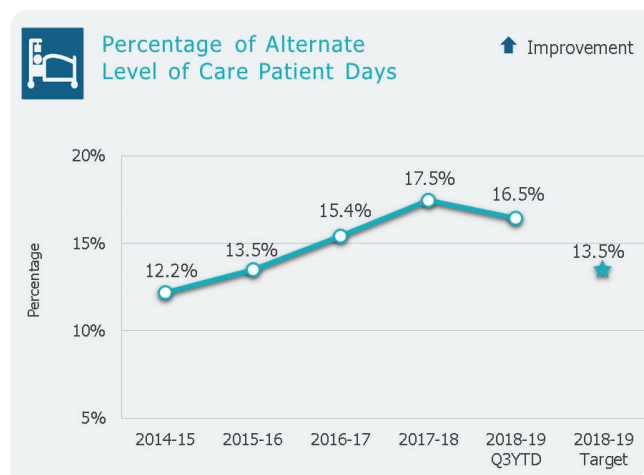
UNDERSTANDING THE MEASURE

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 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

Edmonton Zone achieved target with significant improvement towards target led by Grey Nuns Community Hospital and University of Alberta Hospital. Improvements were also noted in North Zone and Provincially.



Source: Discharge Abstract Database (DAD) - AHS Provincial

WHAT WE ARE DOING

Enhancing Care in the Community (ECC) is the roadmap for improving community-based care and services and reducing reliance on acute care services. The goal of ECC is to ensure that Albertans receive high quality care while we shift the focus of our current hospital-based care system to a community-based care focus. This way, we can provide patient-centred care within local communities, keeping Albertans out of hospital when not required. This, in turn, frees up beds for those who really need them.

Program Goal	Q3 Update
Expansion of Home Care Services and Palliative Care Services	
To enable people to live in their homes for longer.	Approx. 95% of planned staff have been hired. As a result of new staff, zones are reporting an increase in the number of clients who have had a home visit by a Case manager in the last 30 days.
Palliative Care Services	Approx. 32% of planned staff have been hired. A number of palliative education sessions have been completed with nurses, physicians and paramedics.
Emergency Medical Services Programs (Community Paramedic Teams, and Assess, Treat and Refer (ATR) processes)	
To offer treatments and services in the community to reduce use of emergency department and acute care services.	100% of planned staff have been hired for the ATR program and approx. 90% of planned staff have been hired for the Community Response Teams (CRTs). Rural CRTs are active in North, Central and South Zones with approximately 3,500 patient events so far in 2018-19.
Virtual Hospital in Edmonton Zone	
To deliver specialized transitional care by moving patients from hospital to community.	Approx. 50% of planned staff have been hired. There are 40 unique patients enrolled in the program with multiple health issues who are being supported with extended social, medical, pharmacological and system-wide case management in their homes.
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).	A Primary Care Stream Model is being tested involving a few home care clients and one physician. The program is currently managing issues related to community paramedic capacity, accessing and referring to community services and workflow issues due to the amount of time complex clients require.
Enhanced Respite Day Programs in North Zone	
To offer enhanced home care service options (including respite) to community clients.	Approx. 30% of planned staff have been hired. Active recruitment continues. Programs in Barrhead and Fairview opened in Q3. A respite program in LaCrete is expected to open in Q4.
Calgary Rural Palliative In-Home	
To increase equitable access for clients to palliative home care services in rural areas.	The program has served 53 new clients in 2018-19 (242 total year to date client days). The Calgary Program was selected to be spread through the Canadian Home Care Association.
Intensive Home Care	
To support clients in their homes while awaiting an alternate level of care.	Approx. 77% of planned staff have been hired. Programs are in implementation with clients being served but are not at full capacity.
Community Support Teams	
To support complex patients that require extensive interventions.	Approx. 86% of planned staff have been hired. All programs are reporting success with increased numbers of clients being seen as new staff are added to the programs and training is completed.

AHS continues to provide **Dementia Advice** through Health Link 811 affording Albertans equitable access to dementia supports across the province. The total number of referrals in 2018-19 Q3YTD (544) increased by 34% compared to the same period last year (359).

Community support beds have opened for Medically Fragile Children residing on a long-term basis at the Alberta Children’s Hospital. The first placement occurred in Q3. The Systems Navigator has been hired and the first child has been transitioned to a community home.