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, Q2YTD 2018-19













Calgary Zone

Central Zone Edmonton Zone North Zone

Patient Satisfaction with Hospital Experience Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	81.5%	81.8%	81.8%	82.4%	81.8%	81.7%	82.8%	$\Rightarrow$	85%
South Zone	South Zone	81.7%	81.8%	80.9%	82.2%	79.8%	79.7%	82.7%	①	85%
	Chinook Regional Hospital	80.5%	76.6%	78.2%	82.3%	80.2%	79.3%	80.4%	$\Rightarrow$	85%
	Medicine Hat Regional Hospital	80.7%	85.7%	81.3%	81.3%	77.1%	78.1%	83.1%	仓	85%
	Other South Hospitals	83.5%	88.3%	87.2%	85.5%	85.3%	84.8%	88.8%	☆	85%
Calgary Zone	Calgary Zone	80.1%	83.2%	82.0%	83.0%	82.3%	81.9%	83.5%	$\Rightarrow$	85%
	Foothills Medical Centre	76.6%	80.8%	80.8%	80.3%	80.2%	80.2%	82.6%	⇧	85%
	Peter Lougheed Centre	80.9%	79.9%	77.2%	78.7%	77.7%	75.6%	77.4%	$\Rightarrow$	85%
	Rockyview General Hospital	82.9%	85.4%	81.7%	85.1%	83.6%	83.3%	85.7%	$\stackrel{\wedge}{\simeq}$	85%
	South Health Campus	91.9%	89.7%	90.1%	90.9%	90.1%	90.2%	88.8%	$\stackrel{\wedge}{\Rightarrow}$	85%
	Other Calgary Hospitals	79.3%	90.3%	92.9%	92.2%	92.9%	93.0%	93.0%	$\stackrel{\wedge}{\simeq}$	85%
Central Zone	Central Zone	83.5%	84.8%	83.4%	85.0%	83.7%	84.1%	85.3%	$\stackrel{\wedge}{\Rightarrow}$	85%
	Red Deer Regional Hospital Centre	81.1%	83.0%	82.2%	82.7%	81.5%	82.9%	82.9%	$\Rightarrow$	85%
	Other Central Hospitals	84.5%	86.7%	84.8%	87.0%	85.7%	85.5%	87.4%	$\stackrel{\wedge}{\Rightarrow}$	85%
Edmonton Zone	Edmonton Zone	81.5%	80.3%	81.6%	80.8%	80.7%	81.2%	81.3%	$\Rightarrow$	85%
	Grey Nuns Community Hospital	86.4%	87.2%	86.1%	86.4%	85.5%	85.2%	85.4%	$\stackrel{\wedge}{\Rightarrow}$	85%
	Misericordia Community Hospital	78.5%	75.3%	77.2%	79.8%	75.2%	74.9%	77.7%	⇧	85%
	Royal Alexandra Hospital	79.9%	76.5%	77.3%	76.6%	77.8%	78.4%	79.4%	$\Rightarrow$	85%
	Sturgeon Community Hospital	89.8%	87.6%	89.8%	88.0%	88.0%	91.2%	82.9%	Û	85%
	University of Alberta Hospital	77.1%	80.2%	83.5%	80.4%	81.8%	81.7%	81.7%	$\Rightarrow$	85%
	Other Edmonton Hospitals	70.9%	85.3%	86.3%	85.7%	84.8%	86.2%	85.7%	$\stackrel{\wedge}{\sim}$	85%
North Zone	North Zone	81.0%	80.6%	81.3%	83.2%	82.6%	81.7%	83.2%	$\Rightarrow$	85%
	Northern Lights Regional Health Centre	75.4%	74.7%	78.6%	82.2%	82.1%	81.1%	79.6%	$\Rightarrow$	85%
	Queen Elizabeth II Hospital	76.0%	77.2%	78.6%	80.3%	79.9%	77.3%	82.0%	①	85%
	Other North Hospitals	83.4%	83.7%	83.5%	84.8%	84.0%	83.5%	85.0%	☆	85%

Trend Legend:

☆Target Achieved

☆Improvement ⇒Stable: ≤3% relative change compared to the same periodlast year

**Total Eligible Discharges** 

Zone	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19	Number of Completed Surveys Q2YTD 2018-19	Margin of Error (±) Q2YTD 2018-19
Provincial	218,546	246,917	246,227	123,232	124,390	12,921	0.65%
South Zone	19,737	19,840	19,642	9,810	9,767	1,034	2.31%
Calgary Zone	61,044	83,208	83,397	41,516	41,911	4,253	1.12%
Central Zone	29,272	29,531	29,238	14,715	14,430	1,595	1.74%
Edmonton Zone	82,559	89,005	87,951	44,103	45,216	4,550	1.13%
North Zone	25,934	25,333	25,999	13,088	13,066	1,489	1.90%

Source: AHS Canadian Hospital Consumer Assessment of Healthcare Providers and Systems (CH-CAHPS) Survey, as of January 30, 2019

- 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
- 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.

# 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

Central Zone achieved target with improvement towards target led by rural hospitals. Improvements were also noted in South Zone.



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.

AHS is working on a provincial Family Presence Policy. Visitors and family presence are integral to patient safety, the healing process, the patient's medical and psychological well-being, comfort and quality of life. Patients and their families are welcomed as full partners in care. Families provide pertinent information essential to the patient's care plan and should be respected and recognized for their knowledge and expertise about the patient and his/her care needs and preferences. A series of consultations were held in Q3 with staff, physicians and patients to discuss the policy and the supporting tools and resources.

Communications continues to support AHS' Patient First Strategy, including **Patient and Family Centered Care** (PFCC) Week and **What Matters to You** (WMTY) campaign.

- AHS celebrated PFCC Week (November 5-9, 2018) with Communications sharing content via podcasts, webinars and social media platforms. The theme was Family Presence.
- WMTY encourages meaningful conversations between patients/clients, caregivers, families and healthcare providers. Zones are investigating approaches to integrate WMTY conversations with patients.

In Q3 2018-19, **Health Link** received more than 178,000 calls, 18,000 more calls than in Q2, with Q3 coinciding with cold and flu season and winter holidays which leads to higher call volumes. The average wait time ranged from 1:33-2:40 minutes. The most frequent health concerns directed to Health Link in Q3 were gastrointestinal (GI)/abdominal symptoms, respiratory and chest symptoms, neurological symptoms and skin/hair localized symptoms.

Health Link has developed a robust social media communications program, tweeting using the hashtag #AHS811, to increase Albertans' awareness of health information resources that are available. They also partnered with HUTV to create dynamic new health information videos to reach Albertans at point of care, since weekly 230,000 Albertans sit in front of an HUTV screen while seeking healthcare. Videos on both Influenza and G.I. Illness were produced to educate Albertans in response to Q3 health concerns.

Health Link is a vital safety net for the public, especially when other options such as family doctor offices are closed, providing free telephone service 24/7 with access to nurse advice, general health information and health system navigation.

The implementation of Video Remote Interpretation (VRI) supports effective communication and reduces the risk of language barriers that may negatively impact patient care and experience. The number of VRI units that have been deployed remained constant at 11 as of Q3 2018-19. Significant clinician interest in this new technology is driving increased demand and an additional 5 units of this innovative technology will be placed in Q4.

Work is underway with Alberta Health to create a **Digital Strategy** for Alberta Health's Personal Health Record solution. Work continued in Q3 with design prototypes and scenario planning.

A patient/family advisor works with AHS to encourage partnership between those receiving health services and leaders, staff and healthcare providers to enhance the principles of patient and family centred care. Connect Care (AHS' provincial Clinical Information System) is utilizing patient and family advisors in all stages of project development. In Q3, the Connect Care Advisory Group recruited nine new advisors.

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. Subspecialties have been initiated and include

Emergency/Urgent Care, Women's and Children's Health and Mental Health.

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. Some examples include:

- South Zone has recruited new patient and family advisors for the Operating Room/Surgery Inpatient Patient Flow team. Advisors share insights and information about their experience to help improve the quality and safety of services we provide.
- Calgary Zone is revising the current Name Occupation
  Duty and nametag policy to ensure that diversity and
  inclusion is supported. An updated policy was
  released in Q3 Lesbian, Gay, Bisexual,
  Transgender/Two Spirit, Queer/Questioning
  (LGBTQ2S) with updated and inclusive language for
  LGBTQ2S populations.
- Central Zone is continuing to expanding the What Matters to You initiative. In Q3, patient surveys were conducted and results were shared with sites to address client feedback and make improvements.
- In Edmonton Zone, a Patient & Family Advisor (PFA)
   Orientation was developed and piloted with 15
   advisors. Orientation was developed based on feedback
   from Advisors. After completing orientation, PFAs
   reported having a better understanding of why AHS
   values the patient/family voice and how they can better
   use their voice to improve AHS.
- North Zone is expanding leader rounding to cover 22
  acute care sites. Leader rounding involves
  management attending clinical rounds to understand
  how staff are serving patients. The zone continues to
  purposefully recruit patient advisors to zone
  committees.

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. In Q3, almost 19,000 patients completed at least one Putting Patients First (PPF) screening, with a total of over 21,500 PPFs completed. PPF is a patient reported symptom screening tool which is used as part of a standard clinical assessment in cancer clinics to identify patients who require symptom management or support.

The Addiction and Mental Health Strategic Clinical Network is actively identifying initiatives that will improve child and youth addiction and mental health experiences and outcomes in the emergency department. In Q3, AHS continued to develop a new pathway to test alternative models of care for children and youth in the Emergency Department.