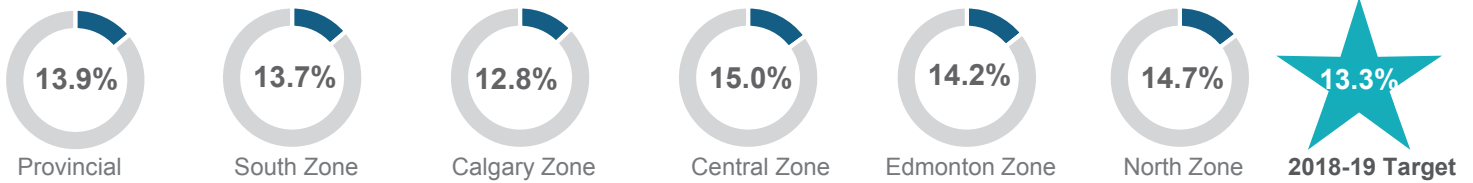


The measure is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

### Unplanned Medical Readmissions, Q2YTD 2018-19



### Unplanned Medical Readmissions 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
<b>Provincial</b>	<b>Provincial</b>	13.5%	13.6%	13.7%	13.6%	13.6%	13.9%	13.9%	↔	13.3%
<b>South Zone</b>	<b>South Zone</b>	14.1%	13.4%	14.2%	13.9%	13.9%	14.3%	13.7%	↑	13.3%
	Chinook Regional Hospital	13.1%	13.4%	14.0%	13.3%	12.7%	12.6%	11.7%	☆	13.3%
	Medicine Hat Regional Hospital	14.4%	12.4%	14.1%	13.8%	13.9%	14.6%	13.7%	↑	13.3%
	Other South Hospitals	15.0%	14.7%	14.5%	14.9%	15.5%	16.0%	16.3%	↔	13.3%
<b>Calgary Zone</b>	<b>Calgary Zone</b>	12.2%	12.2%	12.3%	12.3%	12.5%	12.5%	12.8%	☆	13.3%
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.3%	12.4%	12.5%	☆	13.3%
	Peter Lougheed Centre	12.0%	12.3%	12.8%	13.1%	12.6%	13.0%	12.4%	☆	13.3%
	Rockyview General Hospital	12.0%	11.9%	12.0%	12.1%	12.4%	12.6%	13.1%	☆	13.3%
	South Health Campus	12.3%	12.3%	12.0%	11.4%	12.3%	12.0%	14.1%	↓	13.3%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.4%	12.5%	11.8%	☆	13.3%
	<b>Central Zone</b>	<b>Central Zone</b>	14.4%	14.9%	15.0%	14.8%	14.2%	14.8%	15.0%	↔
Red Deer Regional Hospital Centre	14.0%	13.8%	14.0%	13.0%	13.1%	13.7%	13.8%	↔	13.3%	
Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	15.3%	15.5%	↔	13.3%	
<b>Edmonton Zone</b>	<b>Edmonton Zone</b>	13.5%	13.8%	13.6%	13.6%	13.9%	14.2%	14.2%	↔	13.3%
	Grey Nuns Community Hospital	12.7%	12.3%	13.2%	12.7%	12.7%	13.5%	14.6%	↓	13.3%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	14.3%	15.4%	↓	13.3%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	14.2%	14.4%	14.0%	↑	13.3%
	Sturgeon Community Hospital	12.3%	13.7%	13.4%	13.1%	13.8%	13.7%	16.1%	↓	13.3%
	University of Alberta Hospital	14.6%	14.5%	14.2%	14.4%	14.5%	14.7%	13.9%	↑	13.3%
	Other Edmonton Hospitals	13.4%	12.7%	11.9%	12.9%	12.0%	12.8%	12.4%	☆	13.3%
<b>North Zone</b>	<b>North Zone</b>	15.0%	15.3%	15.3%	15.2%	14.8%	15.2%	14.7%	↑	13.3%
	Northern Lights Regional Health Centre	13.4%	12.8%	13.3%	14.2%	15.0%	15.2%	14.5%	↑	13.3%
	Queen Elizabeth II Hospital	12.7%	11.9%	13.3%	13.3%	11.7%	11.9%	11.8%	☆	13.3%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	15.3%	15.7%	15.2%	↑	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	Q2YTD 2017-18	Q2YTD 2018-19
<b>Provincial</b>	<b>114,313</b>	<b>114,401</b>	<b>114,721</b>	<b>56,701</b>	<b>57,290</b>
South Zone	9,688	9,885	9,598	4,807	4,801
Calgary Zone	35,594	35,712	36,842	18,207	18,106
Central Zone	16,898	16,811	16,299	7,957	7,816
Edmonton Zone	37,859	37,853	37,830	18,692	19,571
North Zone	14,274	14,140	14,152	7,038	6,996

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of February 5, 2019

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).  
 - Implementation of CIHI's 2018 CMG grouper resulted in minor changes to the number of qualified medical discharges (episodes) for historical fiscal years. This change has had negligible impact on the adjusted medical readmission rates at the zone/province level.

## 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

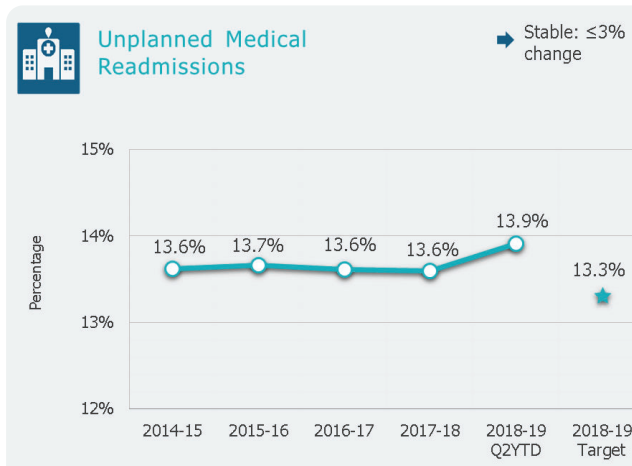
Although readmission may involve external factors, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including discharge planning and continuity of services after discharge.

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

Calgary Zone achieved target with improvements noted in South and North Zones. There are a number of initiatives in place across the province that are addressing the unplanned readmission rate. These include working with PCN's in ensuring services for complex discharges are in place and fostering multidisciplinary collaboration on discharge planning.



Source: AHS Provincial Discharge Abstract Database (DAD). Implementation of 2018 Case Mix Grouping resulted in minor changes for historical years. This change has had negligible impact on the adjusted medical readmission rates.

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:

- In Edmonton Zone, Royal Alexandra Hospital is rolling out the “Solve it forward” process to all acute medicine units. The process facilitates a safer transition to home by notifying the patient’s family physician about discharge from hospital so that appropriate and timely follow-up can be taken.
- 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.
- Zones implemented clinical care pathways through the SCNs™ – Chronic Obstructive Pulmonary Disease (COPD) and heart failure, hip and knee replacement pathway, and delirium in intensive care units.

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 was completed and shared with stakeholders.
- 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. The program has increased the proportion of same-day mastectomies to 44% 2018-19 (Q2YTD 2018-19) (compared to 22% in 2016-17 and 34% in 2017-18).
- 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.

Work is ongoing to support non-cancer **surgical priorities** in each zone with additional capacity for Cardiac (Calgary Zone), Orthopedic (Edmonton, Central and South Zones) and Cataract (North Zone) surgeries.

SCNs are implementing initiatives that impact wait times and access, reduce variation in practice, decrease length of stay and increase quality surgical care provincially:

- 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 and Misericordia Community Hospital in Edmonton 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)** expanded from five sites in 2017-18 to 14 sites. 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. An independent adjudication panel reviewed ten applications in Q3. Recommendations will be discussed with the steering committee in Q4.
- The launch of the **Partnership for Research and Innovation in the Health System (PRIHS) 4** grant opportunity is well underway. Project proposals were reviewed in Q3 and results will be released in Q4.
- In partnership with Alberta Innovates, the SCNs™ are reviewing PRIHS projects to recommend for spread and scaling of practices in the health system.

A unique collaboration between provincial stakeholders in neurosciences, rehabilitation (for all conditions), and vision health was officially launched this past November in the form of AHS' sixteenth Strategic Clinical Network (SCN) – **Neurosciences, Rehabilitation & Vision**. More than 60 stakeholders, including representatives from AHS leadership, Alberta Health, academic partners and patient advisors, attended a special launch event.

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