

AHS Report on Performance FY 2018-19

TIMELY ACCESS TO SPECIALTY CARE

When Advice Request is enabled within eReferral, a referring provider can send an Advice Request asking for guidance or advice to a non-urgent question. Advice requests will allow the specialty service to reply back to the request within 5 days. The advice provided may suggest a referral be submitted or provide guidance for ongoing management of the patient's condition.

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



Provincial



2018-19 Target

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

Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Province	Total Year to Date 2018-19	Trend
Cardiology		✓	✓				1	
Chronic Pain Medicine		✓					1	
Community Pediatrics		✓					1	
Gastroenterology – Adult*			✓				-	
General Surgery – Breast		✓					1	
Infectious Disease				✓			1	
Neurology		✓					1	
Obstetrics/Gynecology – Maternal Fetal Medicine				✓			1	
Ophthalmology – Adult						✓	1	
Ophthalmology – Pediatrics						✓	1	
Otolaryngology			✓				1	
Palliative Care Medicine		✓					1	
Urology – Adult*			✓				-	
Total Specialties Enabled in at least one Zone/Province							12	

* Historically, these specialties were already enabled in zones in 2017-18.

The following specialties were available for eReferral in 2017-18 and prior:

Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Province	Total Specialties
Addiction and Mental Health – Opiate Agonist Therapy						✓	1
Endocrinology		✓					1
Gastroenterology – Adult	✓	✓	✓	✓	✓		1
General Internal Medicine		✓					1
Nephrology		✓		✓			1
Neurosurgery – Spinal		✓					1
Obstetrics/Gynecology		✓					1
Oncology – Breast Cancer	✓	✓	✓	✓	✓		1
Oncology – Lung Cancer	✓	✓	✓	✓	✓		1
Orthopedic Surgery – Hip and Knee Joint Replacement	✓	✓	✓	✓	✓		1
Pulmonary Medicine		✓					1
Urology – Adult				✓			1
Total Specialties Enabled in at least one Zone/Province in 2017-18 and prior							12

Source: Netcare Repository, as of May 2, 2019.

Improve Patients' and Families' Experiences

Objective 2: Making 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, patients and their families, 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 physicians and clinical support staff the ability to create, submit, track and manage referrals electronically.

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 (eReferral) 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.

HOW WE ARE DOING

With zone engagement, 12 new specialty services implemented eReferral Advice Request in 2018-19, for a total of 24 specialties to date.

The target of 15 specialty services for 2018-19 was not met despite strong interest from specialty groups. Already limited AHS information technology (IT) resources, including infrastructure and testing and development environments, have been re-prioritized to focus on Connect Care and has had an impact on AHS' ability to onboard more specialties in a timely way.

This work will continue into 2019-20 with a focus on increasing awareness, training new users, evaluation, and implementing additional specialties. E-mail notifications to providers with referral status updates will go live by summer 2019.

WHAT WE ARE DOING

In 2018-19, 7,013 **eReferral Advice Requests** were received by triage facilities; this is an increase of more than 40% compared to the same period last year (5,000). Of the Advice Requests completed, 40% were provided with advice to continue managing in the community, 58% required a referral, and 2% did not have sufficient information to receive advice.

As of August 1, 2018 a provincial system for health referral information went live. The **Alberta Referral Directory (ARD)** is a secure, online directory that healthcare providers can use to easily access all referral information; which makes identifying and selecting the right consultant and/or service easier which will mean less delays for both providers and patients. As of March 31, 2019, 3,040 services have up-to-date profiles in the ARD; this represents a 62% improvement from the same period last year.

Primary Healthcare

Primary Care Networks (PCNs) develop solutions to meet the primary healthcare needs of the local communities they serve. There are now 41 PCNs operating throughout Alberta with more than 3,800 family physicians and more than 1,000 other health practitioners involved.

AHS is working with its provincial, zone and local partners in implementing the **Primary Care Network (PCN) Governance Framework** through the development of Zone PCN Service Plans. The framework aligns PCNs and zones to allow for a better, integrated health system. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health, and frail elderly. A companion guide with tools and resources from each service planning stream has been completed. Zone PCN Committees are working on implementing Opioid Response initiatives.

AHS is working with Alberta Health to improve patient attachment across the zones. **The Central Patient Attachment Registry (CPAR)** is a provincial system that shows the relationship between a primary provider and their patients. CPAR will improve continuity of care by promoting stronger ongoing relationships with all members of the care team, improving information sharing and enhancing care coordination. Each zone is working with PCNs to better coordinate patient connections to family physicians.

In May 2018, the Sylvan Lake Community Health Centre was reclassified as an Advanced Ambulatory Care Service (AACS) facility. This health centre will provide both scheduled and unscheduled access to primary care services for this rapidly growing community. AACS facilities are intended to meet the needs of patients with unscheduled health needs, particularly when care is required within 24 hours.

The **Primary Health Care Integration Network (PHCIN)** is focused on improving transitions of care between primary healthcare providers and acute care, emergency departments, specialized services, and other community services.

- In February 2019, the PHCIN published a three-year plan (Transformational Roadmap) for further integration of health, social and community supports in Alberta.
- Development of a pathway and service model to support Home-to-Hospital-to-Home (H2H2H) transitions, Keeping Care in the Community and Primary Care-to-Specialty-and-Back is ongoing. This work is being done across the province for consistency in approach.
 - **Home – to – Hospital – to – Home transitions:** As patients transition from their family doctor to the hospital and back to home again, there needs to be a transfer of support and information that transitions alongside them. Poor transitions have a negative impact on patients and families, put patients at greater risk of poor health outcomes, and increase the likelihood of avoidable emergency department and hospital use. Ensuring a patient's primary care provider is part of the care team from admission to discharge is part of a system where patients are supported throughout the continuum of care.
 - **Keeping Care in the Community** simply means considering the community a person lives in and the supports available in that community while planning care. AHS continues to work with partners to create messaging and resources that promote continuity with a family physician/nurse practitioner and team.
 - **Primary Care – to – Specialty – and – Back:** There is a growing gap between specialty care capacity and the needs and expectations of the public. Long specialty wait times contribute to issues such as increased stress levels, worsening conditions, and avoidable trips to the hospital. It also impacts access to primary care services and limits availability of emergency and hospital services. Improvements can be achieved by offering advice from doctor to doctor, using the knowledge and skills of other health providers, and finding new ways to help people manage their conditions.
- AHS is collaborating with Mount Royal University in Calgary to establish a **Design Lab** with the Primary Health Care program 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.

Work continues on the **Patients Collaborating with Teams (PaCT)** initiative which helps primary care teams to better support patients to maintain their health by establishing new innovation hubs, where PCNs can test ideas. In 2018-19, additional resources were developed and disseminated to clinics. Content was focused on collaborative goal setting and action planning, care coordination, sharing information with other clinical teams, and team optimization.

CancerControl Alberta

Progress on capital projects continues to be made for improving infrastructure to address future capacity needs.

- As of March 31, 2019, the construction of the Calgary Cancer Centre continues to make great progress, remaining on budget and on time. Excavation and foundations have been completed and most of the concrete for the underground parkade has been poured. The new healthcare facility and academic centre will provide cancer services in southern Alberta.
- The Grande Prairie Cancer Centre, part of the new Grande Prairie Regional Hospital project, is proceeding with minor delays related to construction.

A replacement **linear accelerator (Linac)** was installed and operationalized to support cancer treatment in 2018-19 at the Tom Baker Cancer Centre (TBCC) in Calgary. Two additional Linac's at TBCC and one at the Cross Cancer Institute (CCI) in Edmonton are also in the process of being replaced. A linear accelerator is the device most commonly used for radiation treatments.

All of the community and supportive care positions have been filled to support increased access to specialty cancer services as well as support for patients waiting for cancer surgery, systemic therapy, radiation therapy, and supportive care. In 2018-19, CancerControl Alberta saw a 4.5% increase in the number of patient visits compared to last year; radiation therapy visits increased by 6% and system therapy visits increased by 8% over the previous year. The operating hours of some treatments have been extended to support growing patient volumes.

- As of March 2019, approximately 62% of patients were having surgery within the appropriate time frame compared to 50% in January 2018. This means that over 60% of all patients that require cancer surgery are now receiving timely cancer surgery and getting their surgery when needed.
- Wait lists have been reduced by approximately 7% since baseline. There has also been an increase of 13% in patients receiving cancer surgery within recommended wait times.

AHS continues to implement **End of Treatment and Transition of Care** processes across the province for patients who have completed cancer treatment and are returning to a family physician. Improvements have been made in eight early stage, curative populations (breast, prostate, testicular, cervical, endometrial, Hodgkin's lymphoma, B-cell lymphoma, and colorectal).

Emergency Medical Services (EMS)

EMS works with health, community, and public safety partners to provide quality services in Alberta. Emergency response and inter-facility transfers are provided by ground ambulance, non-ambulance transfer vehicles, and rotary and fixed-wing air ambulance with service coordinated through call-taking and dispatch resources.

Implementation for EMS' **Mobile Integrated Health Team Program** became fully operational in all five zones in 2018-19. The program provides short-term, community based, non-emergent medical support to vulnerable populations such as frail elderly, individuals aging in place, or persons with disabilities who are at risk of a hospital admission. The program aims to improve health and reduce reliance on acute care services. There are 29 community response teams.

Targets for EMS response times for life threatening events in rural and remote areas were met in 2018-19. Results for communities with a population greater than 3,000 slightly exceeded target of 15 minutes by 39 seconds and metro/urban communities slightly exceeded target of 12 minutes by three seconds. Variance from baseline is within expected limits.

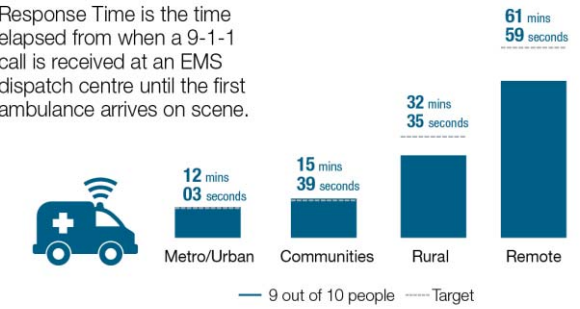
The time to dispatch of the first ambulance (includes verifying the emergency location, identifying the closest ambulance and alerting the ambulance crew) remained stable compared to last year.

Work continues on the helipad upgrade in Jasper with final drawings under review. Helipad upgrades in Medicine Hat and Fort McMurray were completed and in operation in 2018-19.

AHS publicly posts EMS-specific measures in a performance dashboard available on the AHS public website. These measures reflect areas within EMS that are important measurements of patient safety and care.

EMS Response Times for Life Threatening Events

Response Time is the time elapsed from when a 9-1-1 call is received at an EMS dispatch centre until the first ambulance arrives on scene.



Time to Dispatch First Ambulance



Target was achieved for rural and remote response times and time to dispatch first ambulance.