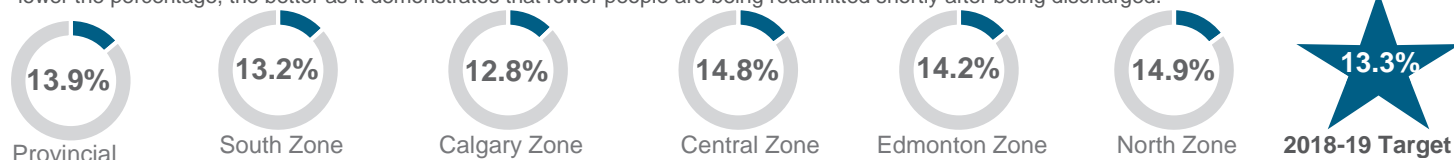


AHS Report on Performance FY 2018-19

UNPLANNED MEDICAL READMISSIONS

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 Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	13.5%	13.6%	13.7%	13.6%	13.6%	13.7%	13.9%	⇔	13.3%
South Zone	South Zone	14.1%	13.4%	14.2%	13.9%	13.9%	14.3%	13.2%	☆	13.3%
	Chinook Regional Hospital	13.1%	13.4%	14.0%	13.3%	12.7%	13.2%	11.9%	☆	13.3%
	Medicine Hat Regional Hospital	14.4%	12.4%	14.1%	13.8%	13.9%	13.9%	13.1%	☆	13.3%
	Other South Hospitals	15.0%	14.7%	14.5%	14.9%	15.5%	16.0%	15.3%	↑	13.3%
Calgary Zone	Calgary Zone	12.2%	12.2%	12.3%	12.3%	12.5%	12.6%	12.8%	☆	13.3%
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	12.3%	12.4%	12.6%	☆	13.3%
	Peter Lougheed Centre	12.0%	12.3%	12.8%	13.1%	12.6%	12.7%	12.5%	☆	13.3%
	Rockyview General Hospital	12.0%	11.9%	12.0%	12.1%	12.4%	12.9%	13.1%	☆	13.3%
	South Health Campus	12.3%	12.3%	12.0%	11.4%	12.3%	12.3%	13.7%	↓	13.3%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	13.4%	13.2%	12.0%	☆	13.3%
Central Zone	Central Zone	14.4%	14.9%	15.0%	14.8%	14.2%	14.5%	14.8%	⇔	13.3%
	Red Deer Regional Hospital Centre	14.0%	13.8%	14.0%	13.0%	13.1%	13.2%	14.0%	↓	13.3%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	14.6%	15.0%	15.2%	⇔	13.3%
Edmonton Zone	Edmonton Zone	13.5%	13.8%	13.6%	13.6%	13.9%	13.9%	14.2%	⇔	13.3%
	Grey Nuns Community Hospital	12.7%	12.3%	13.2%	12.7%	12.7%	13.1%	14.6%	↓	13.3%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.2%	14.4%	15.6%	↓	13.3%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.1%	14.2%	14.2%	13.8%	⇔	13.3%
	Sturgeon Community Hospital	12.3%	13.7%	13.4%	13.1%	13.8%	13.8%	15.3%	↓	13.3%
	University of Alberta Hospital	14.6%	14.5%	14.2%	14.4%	14.5%	14.5%	14.2%	⇔	13.3%
	Other Edmonton Hospitals	13.4%	12.7%	11.9%	12.9%	12.0%	11.8%	12.4%	☆	13.3%
North Zone	North Zone	15.0%	15.3%	15.3%	15.2%	14.8%	15.0%	14.9%	⇔	13.3%
	Northern Lights Regional Health Centre	13.4%	12.8%	13.3%	14.2%	15.0%	15.2%	13.7%	↑	13.3%
	Queen Elizabeth II Hospital	12.7%	11.9%	13.3%	13.3%	11.7%	11.5%	11.5%	☆	13.3%
	Other North Hospitals	15.5%	16.1%	15.9%	15.6%	15.3%	15.5%	15.6%	⇔	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	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	114,313	114,401	114,719	85,685	86,227
South Zone	9,688	9,885	9,598	7,248	7,057
Calgary Zone	35,594	35,712	36,842	27,617	27,574
Central Zone	16,898	16,811	16,298	12,151	11,744
Edmonton Zone	37,859	37,853	37,829	28,120	29,465
North Zone	14,274	14,140	14,152	10,549	10,387

**National Comparison:
Alberta ranks
5 (tied) out of 10**

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of May 3, 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.

Improve Patient and Population Health Outcomes

Objective 5: Improving health outcomes through clinical best practices.

WHY THIS IS IMPORTANT

AHS strives to improve health outcomes through clinical best practices by supporting the work of our Strategic Clinical Networks™ (SCNs™), increasing capacity for evidence-informed practice and gaining better access to health information.

AHS PERFORMANCE MEASURE

Unplanned Medical Readmissions is the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This excludes admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer.

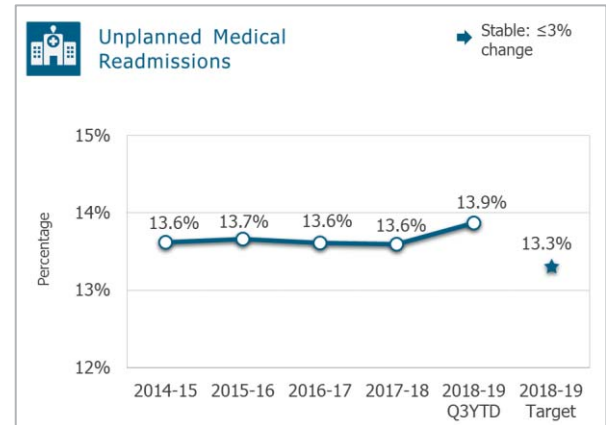
UNDERSTANDING THE MEASURE

Although readmission may involve complex 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.

The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after discharge. The most recent data is a quarter behind the reporting period due to various reporting system timelines.

HOW WE ARE DOING



Source: Discharge Abstract Data (DAD) – AHS Provincial

Unplanned medical hospital readmission rates have remained relatively stable year-over-year but target was not achieved. In 2018-19, AHS designed several care pathways that will be implemented in 2019-20. In most cases, medical readmissions are caused by patients with complex health needs, such as chronic obstructive pulmonary disease (COPD), heart failure (HF) and pneumonia. AHS' work on the COPD/HF pathways will help drive improvement.

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**. These initiatives provide 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.

Clinical Pathway

Better Outcomes, Healthy Albertans

Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations to maximize quality of care, efficient use of resources and improve transitions of care.

SCNs™ have developed a total of 19 clinical care pathways, of which 74% have been implemented across the province. Many of our pathways focus on improving co-ordination of care between acute, primary and community care.

Trans Cranial Magnetic Stimulation • Hip & Knee Care Clinical • Hip Fracture • Rectal Cancer Clinical • Breast Cancer • Head and Neck Cancer Perioperative • Heart Failure • Provincial Delirium • Diabetic Foot Care • Inpatient Diabetes Management: Basal Bolus Insulin Therapy • Early Hearing Detection and Intervention • Provincial Antenatal • Perinatal E-Mental Health • Pediatric Concussion • Child with Complex Care Needs • Postpartum and Newborn • Neonatal Abstinence • Neonatal Palliative Care • Indigenous Perinatal • Chronic Obstructive Pulmonary Disease • Elder Friendly Care in Acute Sites • Appropriate Use of Antipsychotics in Designated Supportive Living • Enhanced Recovery after Surgery (various programs)

Strategic Clinical Networks™ (SCN)

Our Strategic Clinical Networks™ use readmission rates to measure success and improve outcomes for patients. This information helps us develop clinical best practices.

SCNs™ bring together clinicians, researchers, patients, and policymakers to drive innovation and research, standardize care, share best practices, improve access to services, and improve health system sustainability.

Since 2013, AHS has expanded from six to 16 SCNs™.

- Addiction and Mental Health
- Bone and Joint Health
- Cancer
- Cardiovascular Health and Stroke
- Critical Care
- Diabetes, Obesity And Nutrition
- Digestive Health
- Emergency
- Kidney Health
- Maternal Newborn Child & Youth
- Neurosciences, Rehabilitation & Vision (NEW!)
- Population, Public and Indigenous Health
- Primary Health Care Integration Network
- Respiratory Health
- Seniors Health
- Surgery

SCNs™ are continually embarking on innovative initiatives to help reduce inappropriate variation, apply consistent clinical standards, and improve health outcomes, many of which are cited throughout this report. Additional highlights for 2018-19 include:

- The Kidney SCN™ transitioned the **Starting Dialysis on Time at Home on the Right Therapy (START)** project to operations. START maximizes the safe and effective use of peritoneal dialysis, ensures patients are starting dialysis at the appropriate time, improves outcomes and experiences, and reduces healthcare costs.
- The **Provincial Breast Health Initiative**, part of the Cancer SCN™, will improve breast cancer care through design of provincial pathways to reduce diagnostic delays and unnecessary testing which facilitates faster recovery after surgery. A comprehensive perioperative education package is used to promote consistency. Patient outcomes were improved with an increase in the proportion of same-day mastectomies to 49% in Q3 YTD 2018-19 compared to the same period last year (41%) and 27% in Q3 YTD 2016-17.
- The **Elder Friendly Care (EFC)** initiative, part of the Seniors Health 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 has been implemented in 10 acute care sites across the province that provide care to 36% of all acute care patients who are over 85 years of age. The project team continues to spread the work to additional acute care locations.
- The objective of the **Chronic Obstructive Pulmonary Disease and Heart Failure (COPD/HF) Care Pathway** is to improve care across the continuum from hospital admission through discharge into the community and primary care settings. COPD and HF account for the highest hospital admission rates of all chronic diseases in Alberta. Individuals

with these conditions experience long hospital stays, readmissions to hospital, and frequent emergency room visits.

Work is ongoing to support non-cancer surgical priorities in each zone with additional capacity by performing more surgeries 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. The program is implemented at nine sites for surgeries in gynecology, breast reconstruction, major head and neck, liver, urinary bladder, colorectal, pancreas, and gynecology oncology.
- The **Alberta Coding Access Targets for Surgery (ACATS)** initiative was successfully completed and transitioned to operations in all five zones with implementation for scheduled surgeries complete at 40 surgical sites in the province (AHS and Covenant Health) and to contracted non-hospital surgical facilities. ACATS is an Alberta-developed, standardized coding system to help prioritize scheduled surgeries offered at facilities throughout the province, depending on a patient's diagnosis and level of urgency. It is the only provincial patient-focused emergency and urgent surgical triage system in Canada.
- The **National Surgical Quality Improvement Program (NSQIP)** expanded from five sites in 2017-18 to 14 sites. Improvements in post-operative outcomes included a reduction in complication rates and re-admission rates, and improved patient safety. As a result, there was a reduction in associated healthcare 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. Funding was awarded to five innovation projects in 2018-19.
- **Partnership for Research and Innovation in the Health System (PRIHS) 4** grants awarded funding for six new projects in January 2019. ERAS and ARCH PRIHS projects continue to be implemented and spread.

A unique collaboration between provincial stakeholders in neurosciences, rehabilitation (for all conditions), and vision health was officially launched in November in the form of AHS' 16th SCN™ – **Neurosciences, Rehabilitation & Vision SCN™**. Strategic planning with stakeholders is underway towards the development of the Transformational Roadmap that outlines the mission, strategic objectives, and priority areas.