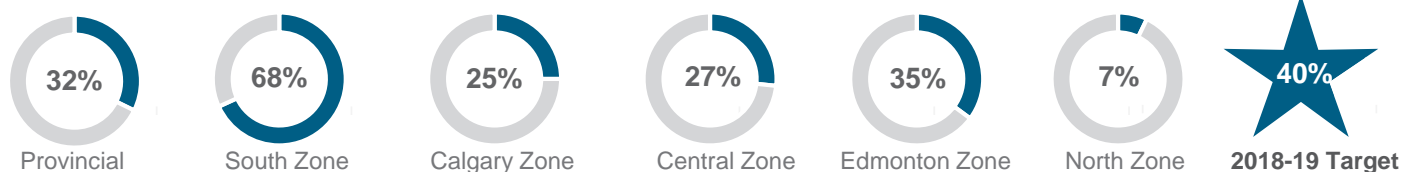


AHS Report on Performance FY 2018-19

NURSING UNITS ACHIEVING BEST PRACTICE EFFICIENCY TARGETS

This measure is defined as the percentage of nursing units at the 16 busiest sites meeting Operational Best Practice (OBP) labour efficiency targets. A higher percentage means more efficiencies have been achieved across AHS.

Percentage of Nursing Units Achieving Best Practice Efficiency Targets, FY 2018-19



Percentage of Nursing Units Achieving Best Practice Efficiency Targets

Zone Name	2015-16	2016-17	2017-18	2018-19	Trend	2018-19 Target
Provincial	20%	28%	38%	32%	↓	40%
South Zone	63%	58%	61%	68%	☆	40%
Calgary Zone	15%	20%	25%	25%	⇔	40%
Central Zone	7%	14%	47%	27%	↓	40%
Edmonton Zone	14%	29%	42%	35%	↓	40%
North Zone	33%	33%	36%	7%	↓	40%

Trend Legend: ☆Target Achieved ↑Improvement ⇔Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

Source: AHS General Ledger (no allocations); Worked Hours - Finance consolidated trial balance, Patient Days – Adult & Child - Finance statistical General Ledger, as of May 2, 2019

Notes:
- Data quality issues were identified in historical data which potentially overstated efficiencies. While improvements to data quality continue to be made, historical data cannot be retroactively corrected.

Improve Financial Health and Value for Money

Objective 11: Improving efficiencies through implementation of operational and clinical best practices while maintaining or improving quality and safety.

WHY THIS IS IMPORTANT

AHS is supporting strategies to improve efficiencies related to clinical effectiveness and appropriateness of care, operational best practice, and working with partners to support service delivery. AHS is making the most effective use of finite resources while continuing to focus on quality of care.

AHS PERFORMANCE MEASURE

Nursing Units Achieving Best Practice Efficiency Targets is defined as the percentage of nursing units at the 16 busiest sites meeting operational best practice (OBP) efficiency targets.

UNDERSTANDING THE MEASURE

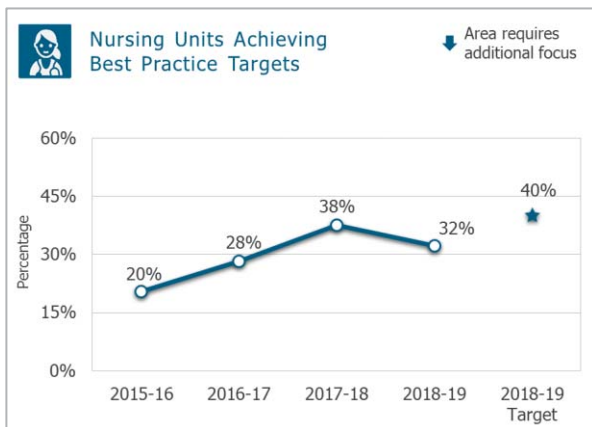
Operational best practice is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future.

This initiative is focusing on the 16 largest hospitals in Alberta, including clinical support services and corporate services.

Using comparative data from across the county, AHS has developed OBP targets for nursing inpatient units. These targets are designed to achieve more equitable service delivery across the province with the measure used to monitor leadership's ability to meet the targets and reduce variations in the cost of delivering high quality services at AHS' sites.

A higher percentage means more efficiencies have been achieved across AHS.

HOW WE ARE DOING



Source: AHS Finance Statistical General Ledger (STAT GL)

Improving efficiencies through the implementation of OBP, while maintaining or improving quality and safety, is a journey of continuous improvement. Since 2015-16, the 16 busiest hospitals in Alberta have implemented OBP efficiencies. Results for Q4 2018-19 (January – March 2019) demonstrated 41% compliance provincially, which means that we met target in that quarter. AHS is committed to continue improvements in 2019-20 to achieve target as well as demonstrate more efficiencies.

WHAT WE ARE DOING

Operational Best Practice (OBP) compares healthcare delivery costs within Alberta, as well as with healthcare systems across Canada, to ensure we are efficient and focused on quality care and to achieve more equitable service delivery across the province.

Ongoing improvements are necessary to ensure health services for Albertans are sustainable into the future and resources are appropriately directed where they are needed most.

Clinical Best Practices

Strategic Clinical Networks™ (SCNs™) have demonstrated increased efficiencies, improved health outcomes, and reduced costs across Alberta by generating innovation and implementing best evidence into practice.

SCNs™ are required to be effective and efficient in identifying clinical best practices, as well as demonstrate their return on investment, and how they are helping AHS improve outcomes for Albertans. For example, a peer reviewed medical journal published that the NSQIP pilot showed that, for every dollar invested in this initiative, about \$4.30 in savings was achieved. This program will be expanded to all hospitals.

Appropriateness of Care

Appropriateness is described as the proper or correct use of health services, products and resources. Inappropriate care can involve the overuse, underuse and/or misuse of health services, products and resources. The aim of clinical appropriateness is to improve patient care while, at the same time, driving better value for our health care dollars. In some cases this may mean doing less of some things and in other cases it may mean doing more.

Our partners are from all over the health system such as the SCNs, operations, Alberta Health, Alberta Medical Association and many others.

- **Advanced diagnostic imaging** tests, such as CT scans, MRIs and ultrasounds have dramatically changed the way patients are diagnosed and treated. Over the last year DI has successfully decreased unwarranted CT lumbar spine exams by almost 9%. In addition, there has been a reduction in MRIs for chronic knee pain of 4.8%. Work is underway to scale and spread the knee initiative. These decreases demonstrate improved efficiencies, wait times, and financial savings.
- Work is continuing on the initiative to eliminate unnecessary pre-operative chest x-rays for low-risk procedures with a provincial working group finalizing recommendations and planning a communication based intervention. For patients, this means they will not be exposed to unnecessary radiation. For the health system, this will result in cost avoidance and time savings.

- **Pharmacy Services** has implemented initiatives to improve the use of drugs that maintain or improve patient care while having a lower system cost. Examples include reduced use of select drugs, using prefilled syringes to reduce the risk of errors and a provincial initiative to properly identify and treat asymptomatic bacteriuria patients has shown at targeted sites to significantly reduce urine tests and decrease in antibiotic use.
- Alberta Public Laboratories, in collaboration with the Physician Learning Program and the Health Quality Council of Alberta (HQCA), started to develop a laboratory-specific audit and feedback tool that provided feedback to physicians to ensure that they were appropriately utilizing lab testing, thus ensuring the patient received the correct test at the right time.
- In 2018-19, Alberta Public Laboratories worked to reduce the Antinuclear Antibody (ANA) screening test in patients without specific signs or symptoms of systemic lupus erythematosus (SLE) or another connective tissue disease (CTD).
- The **Cardiovascular Health & Stroke SCN™** is conducting an initiative aimed at reducing low-value cardiovascular investigations to provide higher quality care at lower costs with an initial focus on provincial ECG use. This means higher quality cardiovascular care at lower cost.
- Work continued in partnership with the **Digestive Health SCN™** to increase appropriate use of proton pump inhibitors (PPI). The SCN™ is working with the HQCA and the Physician Learning Program to develop and report on quality indicators and to develop decision support tools for primary care physicians, pharmacists, and patients. Pharmacy Services is addressing PPI use in the emergency departments.
- The **Diabetes, Obesity and Nutrition SCN™** is continuing work to improve inpatient diabetes management through improved glycemetic management for people with diabetes in acute care settings, including reduction of hyperglycemic events and, in doing so, provide better quality at lower costs.
- The **Cardiovascular Health and Stroke SCN™** and Diagnostic Imaging are working on an initiative to drive appropriate usage of computed tomography (CT) angiography (CTA) with stroke/ transient ischemic attacks (TIAs) across the province. This involves assessing CTA usage for minor stroke and TIAs to identify practice variation and opportunities for standardization.
- The **Digestive Health SCN™** is developing a provincial policy and initiating a project to implement the use of the Canada – Global Rating Scale (C-GRS) to improve colonoscopy quality and patient outcomes. Poor colonoscopy quality can lead to higher rates of colorectal cancers.

AHS plays a key role on the Appropriateness and Evidence-Based Improvements Committee (AEBIC) that is co-chaired by Alberta Health and the Alberta Medical Association and includes AHS and the College of Physicians and Surgeons of Alberta. AHS in collaboration with health system stakeholders has identified a framework that illustrates how clinical appropriateness initiatives can be implemented in acute care.

Provincial Laboratory Services

In 2018-19, the province consolidated lab services into an AHS wholly-owned subsidiary called Alberta Public Laboratories.

Diagnostic laboratory results inform the majority of patient care decisions and are a critical factor in decisions made every day for patients. An integrated, provincial lab system is a cost-effective, efficient model that will bring together similar diagnostic services and research under one organization for better collaboration and improved integration to improve the quality and timeliness of care for Albertans.

The new Chief Executive Officer (CEO), Board Chair, and Board Members commenced duties in September 2018.

Service Planning

Zone Healthcare Planning lays out a roadmap for transforming our health system to better meet the needs of Albertans. Zone Healthcare Plans were completed in Central Zone and Calgary Zone and posted on the AHS website. Plans were developed following extensive consultations with our health advisory councils, patient and family advisors, community members, partners, volunteers, physicians and staff.

The plans describe the current state of healthcare in the zone, the case for change, and detailed strategies and initiatives to transform the system. Implementation plans have been established.

AHS was engaged in a number of planning activities in 2018-19 to support service delivery, for example:

- Chronic Pain Implementation Plan (South and Edmonton Zones)
- Indigenous Health Action Plan (South, Calgary and Central Zones)
- Red Deer Regional Hospital Centre Capital Needs Assessment and Clinical Service Plan (Central Zone)
- Rehabilitation and Restorative Pillars of Care (Edmonton Zone)
- Grande Prairie and Area Service Plan (North Zone)