

AHS Report on Performance

Q3 2019-20

TIMELY ACCESS TO SPECIALTY CARE

DEFINITION: The number of physician specialty services implemented with eReferral Advice Request.

WHY THIS IS IMPORTANT: When Advice Request is enabled within eReferral, a referring provider can send a request asking for guidance on a non-urgent clinical question. Advice Requests will allow the specialty service to reply back to the request within five calendar days. The advice provided may suggest a referral be submitted or provide guidance for ongoing management of the patient's condition. Having more specialists providing advice for non-urgent questions and being able to do so in an electronic format may provide patients with care sooner, prevent them from waiting for an appointment they don't need, and support them better while they are waiting for an appointment.

Number of Specialty Services Added to eReferral Advice Request in Q3YTD 2019-20



Q3YTD 2019-20

2019-20 Target

Zone and/or Provincially Enabled Specialties

Specialty	Prior to 2017-18	2017-18	2018-19	Q3YTD 2019-20
Family Medicine - Transgender Care				✓
Psychiatry – Child and Adolescent				✓
Cardiology			✓	
Chronic Pain Medicine			✓	
Community Pediatrics			✓	
General Surgery*			✓	
Infectious Disease			✓	
Neurology			✓	
Obstetrics/Gynecology - Maternal Fetal Medicine			✓	
Ophthalmology – Adult			✓	
Ophthalmology – Pediatrics			✓	
Otolaryngology			✓	
Palliative Care Medicine			✓	
Urology – Pediatrics			✓	
Addiction and Mental Health – Opiate Agonist Therapy		✓		
Endocrinology		✓		
Gastroenterology – Adult		✓		
General Internal Medicine		✓		
Neurosurgery – Spinal		✓		
Obstetrics/Gynecology		✓		
Pulmonary Medicine		✓		
Urology – Adult		✓		
Nephrology	✓			
Oncology – Breast Cancer	✓			
Oncology – Lung Cancer	✓			
Orthopedic Surgery – Hip and Knee Joint Replacement	✓			
Total Enabled	4	8	12	2

Number of eReferral Advice Requests Received

	Prior to 2017-18	2017-18	2018-19	Q3YTD 2019-20
Total Advice Requests Received	98	4,934	7,013	3,862

Source: Netcare Repository and Access Improvement as of January 22, 2020

* In June 2018, General Surgery was added to eReferral Advice Request. Due to the breadth of General Surgery procedures, Advice Requests for General Surgery were specified as breast-only issues (i.e. General Surgery (Breast health)). In October 2019, six other General Surgery reasons for referral were added to eReferral Advice Request. To avoid unnecessary confusion, (Breast Health) was removed and now all General Surgery reasons for referral are referred to as General Surgery.

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 which 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 to 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 do not need, provide them with care sooner, and improve support 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.

HOW WE ARE DOING

In Q3, General Surgery participation was expanded to Edmonton Zone. There are a total of 26 specialties enabled to date.

In Q3, 28 training sessions provided extensive support to teach existing users to access and interpret data related to their advice response time, referral volumes, wait times, and clinic utilization. Ongoing work will largely focus on maintenance and improvement of existing advice request volumes while AHS prepares to onboard surgical specialties in alignment with the Alberta Surgical Initiative.

WHAT WE ARE DOING

As of Q3YTD, more than 3,800 eReferral Advice Requests were received by triage facilities. Of the Advice Requests completed, 48% were provided with advice to continue managing in the community which eliminates the need for an in-person specialist appointment. As of Q3YTD, more than 10,800 Consult Requests were received, which is a 527% increase from the same period last year (1,723).

Consultation is an important part of healthcare. Accurate and effective communication between primary care physicians and specialists is essential for safe, high-quality referral and consultation processes. **Quality Referral Evolution (QuRE)** is a collaborative initiative designed to make consultation and referral communication skills a part of medical education programs in Alberta. Work continues with the Form Management team to integrate QuRE content into the AHS Generic Referral form. Reference guides are available to support primary care providers and clerks to use the QuRE-informed referral form in their electronic medical records.

Centralized intake models provide a single point of access to related healthcare services and provides Albertans with reasonable, timely, and appropriate access to the care they need. An assessment of current surgical clinic intake processes continued in Q3 to support the work of the Alberta Surgical Initiative.

Primary Healthcare

Primary Care Networks (PCNs) develop solutions to meet the primary healthcare needs of the local communities they serve. There are 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 to implement the **Primary Care Network (PCN) Governance Framework** which enhances the delivery and accountability of integrated primary and community care services including consistent processes and standards for services. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health, and frail elderly.
- In order to support this work, **Zone PCN Service Plans** have been developed and endorsed by Alberta Health. These plans aim to align services to the healthcare needs of the local population. Some key areas of focus include specialty access, addiction and mental health, care transitions, and opioid responses.

The **Primary Health Care Integration Network (PHCIN)** finds and shares leading practices to achieve a more integrated health system across Alberta. This includes identifying collaborative solutions so Albertans experience seamless care transitions, accelerating the spread and scale of initiatives showing significant system improvement, and advancing innovation.

- As of Q3YTD, there were 104 advisors enrolled in the **Virtual Patient Engagement Network (VPEN)** which launched in Q1. Approximately 30% of advisors have already been actively engaged in primary care initiatives and consultations.
- AHS continues to develop provincial pathways and service models to support consistency of care and care transitions.

- **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. In Q3, care staff provided feedback and recommendations on the pathway implementation strategy. Transition guidelines continue to go through socialization and approval processes and are expected to be completed in Q4.
- **Keeping Care in the Community:** AHS is committed to partnering with patients and families to facilitate care planning that takes into consideration the community a person lives in and the supports available in that community to better serve our clients. In Q3, a Chronic Condition Disease Prevention and Management (CCDPM) task group led by Alberta Health, which included representation from AHS, gathered information on CCDPM programs and services being offered in PCNs across the province. Results will be used to identify opportunities to improve the CCDPM care we provide in the community including patient and community engagement in planning for local programs and services.
- **Primary and Specialty Care Coordination and Access** (formerly Primary Care – to – Specialty – and – Back): Long specialty wait times contribute to increased stress levels, worsening conditions, and avoidable trips to the hospital. A provincial strategy is in development to encourage knowledge and skill sharing between health providers and to find innovative ways to reduce demand for specialist care by building capacity in primary care and the patient's medical home. Design workshops and planning sessions continued in Q3.

CancerControl Alberta

Progress continues on capital projects to improve infrastructure that will be necessary to address future capacity needs.

- The **Calgary Cancer Centre** project remains on time and on budget. The new healthcare facility and academic centre will provide cancer services in southern Alberta. As of Q3, construction work is now up to Level 9 (for context, there are 13 levels above ground and five below ground) and work on the exterior of the building, such as glass installation, has begun
- Construction on the **Grande Prairie Cancer Centre** continues as scheduled. In Q3, site visits were held for vendors and other stakeholders and millwork commenced in some areas. The cancer centre is part of the new Grande Prairie Regional Hospital project.

AHS is committed to improving **access to specialty cancer services** as well as support for patients waiting for cancer surgery, systemic therapy, radiation therapy, and supportive care. The number of CancerControl patient visits in Q3YTD (531,401) increased by 6% compared to the same period last year (501,780). Radiation therapy visits increased by 5% and systemic therapy visits increased by 12% compared to the same period last year.

- A multidisciplinary team is implementing Mainstreaming, which enables medical oncologists and breast surgeons to facilitate genetic testing for eligible breast cancer and ovarian patients. This reduces the need for multiple appointments, decreases wait time for disclosure of test results, and creates capacity for genetic counselors.

A standardized **End of Treatment and Transfer of Care** process is used 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). In Q3, sites began drafting processes to support the use of after-treatment booklets and to encourage attendance at after-treatment classes. Standard letter sets, which provide consistency when handing off care to primary care providers, were built into clinical software for ease of use.

A **linear accelerator (Linac)** is the device most commonly used for radiation treatments. As of Q3, all new Linac equipment at the Tom Baker Cancer Centre (TBCC) in Calgary is installed and fully operational. The final Linac at the Cross Cancer Institute (CCI) in Edmonton is on track to be operationalized in Q4. This life saving equipment supports improved access to cancer treatment.

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.

- In Q3, EMS participated in an engagement session with the Province's panel examining supervised consumption sites.
- EMS participated in more than 15 community engagement sessions in Q3, including a post-wildfire review meeting.

In Q3, **EMS response times** met target for all geographic areas. 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 the same period last year (1 minute 23 seconds in both time periods). There were 437,397 EMS events in Q3YTD.

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