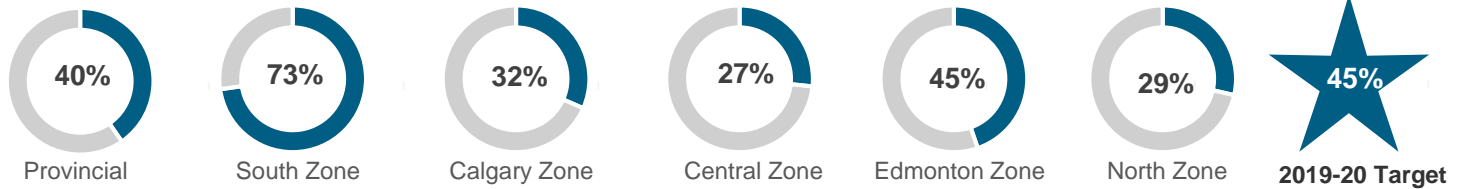


**DEFINITION:** The percentage of nursing units at the 16 busiest sites meeting Operational Best Practice (OBP) labour efficiency targets.

**WHY THIS IS IMPORTANT:** Operational best practice is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future. 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 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.

**Percentage of Nursing Units Achieving Best Practice Efficiency Targets, Q3YTD 2019-20**



**Percentage of Nursing Units Achieving Best Practice Efficiency Targets**

Zone Name	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19*	Q3YTD 2019-20	Trend	2019-20 Target
	Prior methodology was utilized.							
Provincial	20%	28%	38%	32%	n/a	40%	↑	45%
South Zone	63%	58%	61%	68%	n/a	73%	☆	45%
Calgary Zone	15%	20%	25%	25%	n/a	32%	↑	45%
Central Zone	7%	14%	47%	27%	n/a	27%	⇌	45%
Edmonton Zone	14%	29%	42%	35%	n/a	45%	☆	45%
North Zone	33%	33%	36%	7%	n/a	29%	↑	45%

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 January 28, 2020

Notes:  
\* A change in the methodology used to calculate results in 2018-19 and 2019-20 makes prior data (2016-17 and 2017-18) not comparable. The performance measure target (45%) is calculated using the percentage of nursing units achieving individualized unit-level best practice targets. Previously, nursing unit-level targets were automatically adjusted quarterly based on the data set. Nursing unit-level targets are now set for 2 years to allow enough time to make changes in staffing levels to achieve targets. Unit-level targets, which are utilized to calculate the performance measure target (45%), will be re-evaluated every two years. This change in methodology does not impact the current performance measure target (45%) as outlined in the Health Plan. Trends are based on comparison with FY 2018-19.

## 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) labour efficiency targets (i.e., staffing levels).

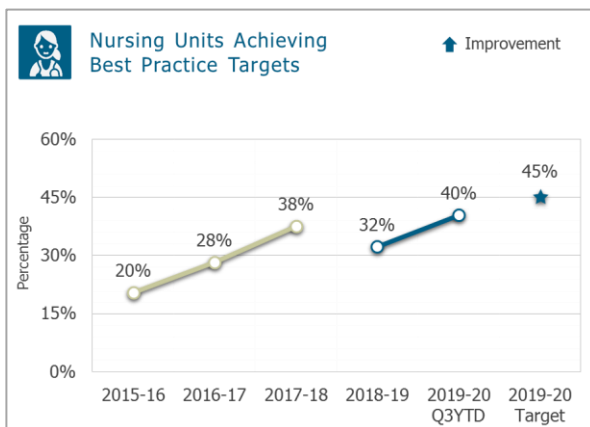
#### UNDERSTANDING THE MEASURE

Operational Best Practice (OBP) is one of the ways we can reduce costs while maintaining or improving care to ensure a sustainable future. OBP focuses on getting units to approved targets for key performance metrics such as worked hours per patient day and supply cost per patient day.

Using comparative data from across the county, AHS has developed 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.

This initiative is focusing on the 16 largest hospitals in Alberta, including clinical support services and corporate services. A higher percentage means more efficiencies have been achieved across AHS.

#### HOW WE ARE DOING



Source: AHS Finance Statistical General Ledger (STAT GL)  
 Note: There was a change in methodology in 2018-19; prior data is not directly comparable. See Appendix for more details on the methodology change.

While performance improved overall from the same period last year, target was not achieved in Q3. Results show that 40% of nursing units met unit-level staffing targets with South Zone and Edmonton Zone achieving target in Q3. AHS is committed to continue improvements to achieve target and demonstrate more efficiencies. Improving efficiencies through the implementation of OBP, while maintaining or improving quality and safety, is a journey of continuous improvement.

#### WHAT WE ARE DOING

##### Operational Best Practices

Operational Best Practice (OBP) compares healthcare delivery costs within Alberta, as well as with healthcare systems across Canada, to ensure efficiencies, improve quality of care, and achieve more equitable service delivery across the province.

Ongoing improvements are necessary to ensure health services are sustainable into the future and resources are appropriately directed where they are needed most. Through this process, AHS has identified variations in the cost of delivering services at different sites which provides opportunities for improvement.

##### 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.

- The **Cardiovascular Health & Stroke SCN™** is expanding an initiative aimed at reducing low-value cardiovascular investigations to provide higher quality care at lower costs. An electrocardiogram (EKG) testing guide has been established to support initiative roll-out in Q4. Future work will focus on nuclear testing and coronary catheterization.
- The **Digestive Health SCN™** continues to develop initiatives to reduce the inappropriate use of proton pump inhibitors (PPI), which reduce stomach acid production. In Q3, materials were developed in partnership with the Physician Learning Program to support initiative implementation in primary care settings.
- The **Diabetes, Obesity and Nutrition SCN™** has implemented a multi-faceted provincial quality improvement initiative to improve inpatient glycemc management across Alberta. In Q3, a provincial pediatric glycemc management policy was developed by the multidisciplinary provincial working group.

- The **Cardiovascular Health and Stroke SCN™** and Diagnostic Imaging are working on an initiative to drive appropriate usage of computed tomography angiography (CTA) with stroke/transient ischemic attacks (TIAs) across the province. Data and measure systems continue to be developed in anticipation of initiative roll-out in Q4.
- The **Digestive Health SCN™** continues to develop a provincial policy 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. In Q3, 43 of 50 sites that provide endoscopy services participated in the fall C-GRS survey. Survey results aim to help endoscopy teams prioritize quality improvement initiatives and support action plan development for site-specific activities.

### **Appropriateness of Care**

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.

- **Advanced diagnostic imaging** tests, such as CT scans, MRIs, and ultrasounds have dramatically changed the way patients are diagnosed and treated. While these services are beneficial for the investigation and diagnosis of certain conditions, Diagnostic Imaging (DI) is working with ordering clinicians to encourage the use of practice guidelines which ensure imaging tests are clinically appropriate, and therefore necessary, before submitting a requisition. The number of unwarranted CT lumbar spine exams in Q3YTD (2,697) decreased by 18% compared to the same period last year (3,304). The number of MRIs for chronic knee pain in Q3YTD (14,237) remained stable compared to the same period last year (14,488).
- **Pharmacy Services** continues to identify opportunities to implement drug-related efficiencies to ensure our patients are receiving optimal drug therapies in a cost-saving manner.
  - In Q3, AHS transitioned to a more cost effective supplier of Clozapine, an antipsychotic medication, which has resulted in significant cost savings.
  - AHS is exploring the therapeutic appropriateness of Ondansetron, a medication used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, surgery, and gastroenteritis. Usage and costing audit results are expected to be available in Q4.
  - Pharmacy Services, working with Physician Learning Services and the Improving Health Outcomes Together (IHOT) team, continued the implementation of an initiative to promote **antimicrobial stewardship** by ensuring only symptomatic patients are being tested for urinary tract infections. A 17% reduction in urine culture ordering has been sustained at the Foothills Medical Centre (FMC) emergency department pilot site. Work commenced in Q3 to roll the program out to additional interested sites.