

Objective 1: Expand community-based and home care options in the most appropriate setting.

To provide excellent healthcare experiences and to meet the needs of Alberta's growing and aging population, AHS strives to provide Albertans with care where they want it most: in their homes and communities. AHS is expanding continuing care options, increasing continuing care capacity and standardizing and enhancing home care to ensure clients are cared for in the most appropriate settings.

PERFORMANCE RESULTS SUMMARY



Percentage Placed in Continuing Care Within 30 Days

This measure monitors the percentage of people who move from hospitals and communities into community-based continuing care settings. The **higher the percentage the better**, as it demonstrates availability of long-term care or designated supportive living beds. As of Q2YTD, the percentage placed in continuing care within 30 days (68.3%) improved by five per cent compared to the same period last year (64.8%).



Percentage of Alternate Level of Care (ALC) Patient Days

This measure monitors the percentage of days a hospital bed is occupied by a patient who no longer needs acute care services while they wait to be discharged to a more appropriate setting (called ALC days). The **lower the percentage the better**, as it demonstrates system capacity that meets population needs and suggests appropriate care transitions. As of Q2YTD, the percentage of ALC days (13.6%) improved by nine per cent compared to the same period last year (14.9%).

ACTIONS AND ACHIEVEMENTS

One of the ways AHS is supporting patients and their families to be healthy, well and independent is by continuing to enhance community-based care so that care is provided at home or in the community whenever possible.

- The COVID-19 pandemic helped identify shared spaces as a risk factor for virus transmission. There are approximately 6,800 continuing care spaces across the province where more than one resident shares a room and bathroom. The AHS Continuing Care Infrastructure Modernization Plan aims to decrease shared rooms, enhance fire and life safety features and upgrade HVAC systems.
 - As of September 30, 2021, AHS had completed discussions with more than 150 sites across the province to solicit information regarding their plans and ideas for replacement or refurbishment. Ward rooms with three or more residents have been eliminated as of September 2021. A prioritization methodology for site modernization is being developed to inform future capital grant opportunities in collaboration with Alberta Health.
- The AHS palliative and end-of-life care (PEOLC) integrated capacity plan aims to create a coordinated approach to planning and implementing PEOLC services across acute care, home care and hospice. A report was developed and submitted to Alberta Health for consideration earlier this year.
- In collaboration with community partners and agencies, AHS has supported the development and implementation of 15 active projects to address the needs of individuals living with dementia in communities across the province. For example, AHS implemented the Sensory Therapeutic Enhancement Project (STEP) in North Zone in Q1, which addresses some of the behavioural and psychological symptoms of dementia by improving access to meaningful sensory tools and activities. The project promotes safe and enriching care settings where social, psychological, cognitive, emotional and recreational care needs can be met.
- AHS offers physiotherapy services for Albertans with specific physical concerns to help improve their function through AHS outpatient facilities or contracted community clinics.

- A new service model for outpatient and community physiotherapy has been developed to promote standardization across the province and improve access to services. As of September 30, 2021, 14 contracted sites in Red Deer and North Zone areas have implemented standardized services. Implementation in Calgary Zone and Edmonton Zone is expected in 2022.
- Pediatric Rehabilitation and Mental Health and Addiction teams are collaborating to enhance community-based services and strategies to address gaps for child and youth services. A final grant proposal for Child and Youth Health Services was submitted to Alberta Health in Q2. AHS also completed additional planning work related to concurrent services, workforce, evaluation and communication.
- The provision of quality healthcare requires effective and safe communication between patients and care providers. In support of long-COVID recovery, AHS developed a FAQ document for use in communities across the province. The digital document was translated into 12 languages and published online in Q2 to ensure equitable access to information.

AHS continues to work with independent providers to develop long-term care and designated supportive living spaces in the community.

- To keep pace with population growth and aging, AHS needs to remain focused on increasing community capacity. Teams continue to commission approved spaces as quickly and as safely as possible. As of September 30, 2021, AHS had opened 368 net new continuing care beds to support individuals who need community-based care and supports. AHS also opened four new continuing care facilities in Central, North and Calgary Zones.
- From April to September 2021, AHS closed 22 temporary surge beds in Calgary Zone and permanently contracted 15 surge beds in North Zone. There are five temporary surge beds remaining which are expected to close in Q3. The focus this year has been on expediting the commissioning of approved new continuing care spaces to the extent possible.

Home care provides personal and healthcare services to help clients remain in their homes for as long as possible. AHS continues to increase capacity for home care supports in communities across Alberta.

- AHS is working with Alberta Health and Alberta Seniors and Housing to develop a social prescribing project to address the clinical and social needs of seniors living in community. Social prescribing is a holistic approach that empowers healthcare providers to refer clients to community-serving organizations as part of the care-planning process. Social prescribing is expected to delay placements into higher levels of care, reduce caregiver burnout, improve overall quality of life, simplify system navigation and access, and build collaboration and capacity among home care and social services. Phase 1 is currently being implemented in the Edmonton Zone.
- The Rural Palliative Care In-Home Funding Program supports the provision of end-of-life care in rural and remote areas so clients can remain at home instead of being admitted to hospital. From April 1, 2021 to September 30, 2021, 81 clients had been served by the program. Of the clients who have died while accessing the program, 72 per cent were able to pass away in the comfort of their own home.

AHS actively reviews and seeks to improve existing processes that review and respond to feedback from patients and families. Working with Alberta Health and the Health Quality Council of Alberta (HQCA), AHS has taken steps to strengthen the patient complaints process to ensure it is fair, responsive and accessible. Although call volumes in the first half of 2021-22 remained above pre-pandemic levels, Patient Relations teams have improved the number of concerns addressed within 30 days beyond pre-pandemic results. As of Q2YTD, no investigations have been opened by the Alberta Ombudsman, which indicates that AHS is appropriately managing concerns in accordance with the *Patient Concerns Resolution Process Regulation* (Alberta Regulation 2016/28).

PERCENTAGE PLACED IN CONTINUING CARE WITHIN 30 DAYS

Measure Definition:

The percentage of clients admitted to a continuing care living option (designated supportive living levels 3, 4, 4-dementia or long-term care) within 30 days of being assessed and approved for placement.

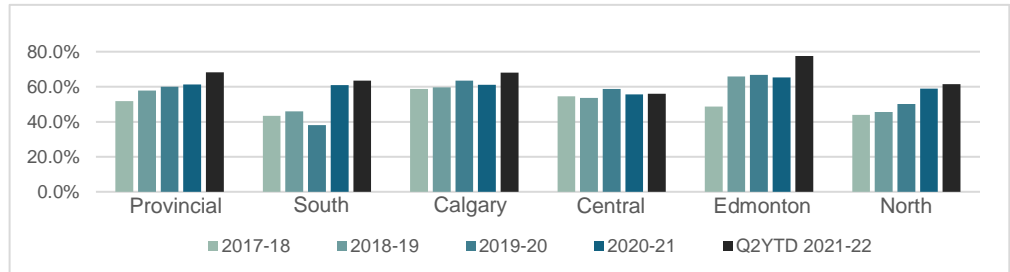
Why It's Important:

This measure monitors the percentage of people who move from hospitals and communities into community-based continuing care settings. The higher the percentage the better, as it demonstrates availability of long-term care or designated supportive living beds.

Performance Summary:

68.3%
Provincial
Q2YTD 2021-22

Trend: ▲
(Compared to the same period last year)



Percentage Placed in Continuing Care within 30 Days - Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	51.8%	57.9%	60.0%	61.3%	68.0%	64.8%	67.1%	68.3%	↑
South Zone	43.3%	45.9%	38.0%	61.0%	63.6%	62.2%	62.1%	63.5%	↔
Calgary Zone	58.7%	59.6%	63.5%	61.1%	62.7%	63.6%	66.5%	68.0%	↑
Central Zone	54.6%	53.7%	58.8%	55.7%	69.8%	58.8%	53.5%	56.0%	↓
Edmonton Zone	48.7%	65.9%	66.8%	65.3%	77.1%	73.3%	75.9%	77.6%	↑
North Zone	43.9%	45.5%	50.1%	58.9%	63.6%	56.5%	66.2%	61.4%	↑

Total Clients Placed

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	7,927	8,098	8,521	7,427	1,595	3,447	2,240	4,463
South Zone	905	908	870	947	214	429	264	488
Calgary Zone	2,632	2,668	2,757	2,399	499	1,143	714	1,397
Central Zone	1,236	1,312	1,468	1,156	278	565	333	668
Edmonton Zone	2,388	2,525	2,685	2,231	428	997	731	1,493
North Zone	766	685	741	694	176	313	198	417

Source: AHS Seniors Health Continuing Care Living Options Report, as of October 25, 2021.