

Objective 5: Focus on health promotion through increased prevention of disease and injury.

AHS will collaborate with Alberta Health, patients, families and communities to improve the health of the population by preventing disease, illness and injury; managing chronic diseases; improving access to cancer screening, early detection and follow-up; protecting populations from health risks; and promoting healthy public policies, environments and behaviours.

PERFORMANCE RESULTS SUMMARY



Total Alberta Residents Who Received COVID-19 Vaccination

This measure represents a cumulative count of Albertans who had received at least one dose of COVID-19 vaccine by the end of the reporting period. The **higher the number the better**, as it demonstrates better vaccination coverage across the province. As of Q2YTD, the number of people who had received COVID-19 vaccine (3.09M) increased by 14 per cent compared to Q1YTD 2021-22 (2.71M).



Hand Hygiene Compliance Rate

This measure monitors the percentage of opportunities in which healthcare workers clean their hands during the course of patient care, according to the Canadian Patient Safety Institute's "Four Moments of Hand Hygiene". The **higher the percentage the better**, as it demonstrates more healthcare workers are completing appropriate hand hygiene practices. Hand hygiene compliance has been steadily improving since 2017-18 with sustained results through the COVID-19 pandemic. As of Q2YTD, the hand hygiene compliance rate (92%) remained stable compared to the same period last year (91%).

ACTIONS AND ACHIEVEMENTS

Pandemic Response

AHS continues to proactively manage the COVID-19 pandemic with a focus on reducing its spread through the implementation of initiatives that address community education, testing, responding to complaints related to public health orders, case investigation, contact tracing in high-risk settings, and outbreak preparedness and management.

- Working with clinicians, operational leaders, researchers and other experts, AHS continues to support Albertans in the fight against COVID-19 by providing timely and important information in areas such as immunization eligibility, vaccination records, hospital capacity and public health measures. An important element of this work is identifying and correcting misinformation, in addition to detecting emerging trends and areas of concern for Albertans.
- Population and Public Health teams continue to complete case investigation, contact tracing and outbreak management activities, in alignment with

direction from Alberta Health, to meet evolving pandemic needs. In July 2021, contact tracing was discontinued except in high-risk outbreak settings. In fall 2021, AHS continued to work with Alberta Education and schools to notify contacts of cases who attended school while infectious.

- As of Q2YTD, 172,565 new cases of COVID-19 had been identified and 177,970 case investigations were completed. AHS also managed more than 1,880 new outbreaks in all settings. Ninety-eight per cent of unique cases were contacted within 48 hours of Communicable Disease Control receiving a positive COVID-19 test, supporting timely communication of isolation requirements and contact tracing.
- As of Q2YTD, 20,486 complaints were responded to and closed by Public Health Inspectors and 262 Seniors' congregate settings received site preparedness assessments (SPA). SPA visits assessed AHS contracted adult care sites related to their client care, safety practices and their

infection prevention and control practices including compliance with relevant public health orders.

- In Q2, AHS supported implementation of the Alberta Vaccine Booking System with pharmacies, Health Link and AHS services. The system supports both COVID-19 and influenza vaccine appointments. Vaccine eligibility criteria and system functionality continue to be updated in alignment with direction from provincial immunization programs.
- Indigenous Peoples living in Alberta have poorer health outcomes than non-Indigenous Albertans and this disparity becomes even more concerning during times of crisis, such as the COVID-19 pandemic. Working with Alberta Health, AHS is addressing access, vaccine hesitancy and health system mistrust through Indigenous vaccine clinics that support off-reserve and off-settlement First Nations, Métis and Inuit populations. As of September 30, 2021, 48 clinics were operational across the province. AHS continues to coordinate community access to personal protective equipment to nearly 100 First Nations communities, Tribal Councils, Métis Settlements, Friendship Centres and other Indigenous organizations.
- AHS is collaborating with Alberta Health, the University of Alberta and zone stakeholders to implement a provincial approach to managing the long-COVID rehabilitation needs of Albertans. AHS developed and implemented practice tools to safely screen and provide services for patients presenting with ongoing symptoms after COVID-19 infection. Public websites (e.g., Getting Healthy after COVID-19) have been developed and launched to provide timely information and resources for patients and care providers. Work is also underway to disseminate information to vulnerable populations such as persons experiencing homelessness and ethnic minorities.

Immunizations

AHS collaborates with Alberta Health, patients, families and communities to protect Albertans from a number of vaccine-preventable diseases through the promotion of initiatives that aim to increase childhood and influenza immunization rates.

- Influenza immunization is the most effective way to prevent the flu and its complications. AHS continues to focus on increasing immunization rates for children under five years old and their families, high-risk populations, including seniors, people experiencing homelessness and marginalized persons who are most at risk for morbidity and mortality due to influenza disease. Influenza vaccine will become available in Q3.
- While many public health resources continue to be redirected to the pandemic response, AHS continues to provide infant and preschool immunizations, prioritizing appointments at two, four, six and 12 months of age. Implementation of the Childhood Immunization Action Plan (ChIP) has been deferred.

Cancer Care

Early diagnosis of pre-cancer and cancer results in less advanced disease, more effective treatment options, and better survival and quality of life outcomes. As a result of the COVID-19 pandemic, there was a decrease in the screening and diagnosis of cancer in Alberta. AHS is implementing strategies to recover cancer screening and diagnostic follow-up to pre-pandemic levels.

- An outreach strategy focused on un/under-screened populations has been developed by Outreach Programs. The strategy is expected to launch in Q3 and includes a social media campaign, animated videos and a health provider information package.
- Care pathways have been developed and implemented for colorectal cancer and lymphoma to expedite diagnosis and access to supports in the community for patients with high-risk symptoms. Implementation is complete in both urban zones. Pathway expansion is underway in rural zones.
- In partnership with Indigenous communities and organizations, AHS continues to fund and support 12 community-led cancer prevention and screening projects. Project work includes developing care pathways, building trusting and sustainable relationships, fostering supportive relationships (i.e., sharing circles, mentorship), and providing information sharing and evaluation support. All project work aims to be culturally-safe and informed by traditional and local practices.

In partnership with MyHealth Alberta, AHS continues to enhance a web-based platform for province-wide primary and secondary prevention programs. Work continues to integrate population and public health websites under Healthier Together (part of the MyHealth Alberta online platform). Three new programs are expected to be added this fiscal year.

- The Healthier Together Schools website launched in April 2021 as the new virtual hub for AHS school health promotion. Since launching, the website has received more than 4,500 views from 2,821 unique visitors. The most popular pages were parent newsletters, teacher resource lists and action cards related to healthy eating and physical activity.

Preventable Harm

Preventing harm during the delivery of care is one way to ensure a safe and positive experience for patients and families interacting with the healthcare delivery system. Some initiatives aimed at reducing preventable harm are highlighted below.

- AHS continues to promote improvement initiatives that engage and empower healthcare workers to improve hand hygiene practices. For example, the provincial Personal Protective Equipment (PPE) Safety Coach program is a program that supports reduced transmission of infectious diseases in healthcare settings through peer-to-peer feedback and guidance on the proper selection and use of PPE, including appropriate hand hygiene practices when donning and doffing equipment. AHS continues to implement the program in acute and continuing care settings across the province. Nearly 1,400 coaches have been trained as of September 30, 2021.
- Antimicrobial stewardship is an interdisciplinary activity that aims to optimize antibiotic use through targeted, evidence informed and measurable initiatives to effectively manage infections while preserving the value of antimicrobials. As a result of an evidence-based evaluation that determined bacterial co-infection is rare with COVID-19, order sets and care pathways removed options to select antibiotics, which reduced the unnecessary use of antibiotics. AHS teams continue to actively assess emerging COVID-19 drug therapies for possible use in Alberta.

- The AHS Patient Safety Plan aims to foster a culture of safety by creating processes and tools to ensure safe and reliable systems and services that are supported by evidence and a spirit of continuous learning and quality improvement. AHS initiated a thematic analysis of all Quality Assurance Reviews over a three-year period to identify patient safety hazards across the organization. More than 330 patient-safety events and 1,295 recommendations were reviewed and coded under 21 themes. This information will be used to promote organization-wide learning and reduce future harm.
- The AHS Shared Patient Equipment Cleaning Program provides a standard approach and method to clean and disinfect shared patient equipment to help prevent the spread of infections within healthcare settings. Implemented in 2018-19, the program provides consistency to ensure the right people are performing the right work, that clinical staff know which equipment is clean, and that the correct disinfectants are being used to increase the efficacy of cleaning processes.
- AHS and Alberta Health continue to work with healthcare providers in all zones to ensure a consistent approach to disease-outbreak reporting, notification and management. This year, non-enteric outbreak management continued to focus primarily on COVID-19 outbreaks across all levels and types of care facilities, group homes, childcare facilities, schools, workplaces, events, community-based organizations and private social gatherings.

Injury Prevention

Teams across AHS develop and support strategies and programs that are designed to reduce and prevent injuries such as falls, unintentional poisonings, and motor vehicle and water-related injuries.

- The Fragility and Stability Program reduces the rate of secondary hip fracture related to osteoporosis and provides evidence-based care when fracture occurs. In May 2021, the Medicine Hat Regional Hospital became the eleventh site to implement the program.
- AHS has implemented the Primary Care Nutrition Pathway for Adults Aged 65+ (co-developed with the Canadian Malnutrition Task Force) to improve prevention, detection and treatment of malnutrition in

community settings. In the first half of 2021-22, communities in the Central Zone implemented the pathway and completed approximately 200 nutrition risk screens. Approximately 60 per cent of patients were at nutrition risk and received information and resources, or were referred to additional services to mitigate risk. Pathway spread and evaluation is ongoing.

Chronic Conditions

Preventing and managing chronic conditions and diseases involves a coordinated system of supports across the continuum of care. AHS continues to reduce and prevent chronic diseases and conditions through the development and implementation of primary prevention initiatives.

- People who smoke or vape are at higher risk of COVID-19 virus transmission and developing severe outcomes. AHS continues to increase access to cessation supports, including free access to the virtual QuitCore program and nicotine-replacement therapies. An advanced tobacco-intervention workshop is also available for healthcare professionals to build skills and knowledge in support of patient cessation goals.
- Timely access to gastroenterology specialty care is an issue across Alberta. Integrating care is vital to reduce wait times for patients with non-urgent indications. Nine digestive health primary care pathways are now available online to increase visibility and adoption by primary care providers. The pathways cover a variety of topics including chronic abdominal pain, irritable bowel syndrome and gastroesophageal reflux disease.
- The Disease-Inclusive Pathway for Transitions in Care (ADAPT) project will create a common care transitions pathway for Albertans with complex chronic conditions. The team is engaging with key stakeholders and is working with data teams to create reports in Connect Care to support this work. ADAPT will implement three components of the home-to-hospital-to-home guideline: admission notification, transition planning and follow-up to primary care.

AHS is working with Alberta Health and Primary Care Networks to action recommendations made by the Office of the Auditor General related to chronic disease

management. A brief audit is underway to verify implementation of improvements related to continuity of care, coordinated care planning, joint service planning, care transitions, and monitoring and evaluation. As part of the overall implementation strategy, AHS made improvements to structures and processes that support overall system quality and efficiency, while enabling collaborative practices across the continuum of care.

Implementation continues on the commitments in the five Zone Primary Care Network Health Service Plans, which were completed in Q4 last year. The Zone PCN Service Plan submission timeline has been extended to accommodate for the templates and guidelines to be revised. Progress reporting is expected to begin later this year.

Health Equity

AHS is committed to working with our partners towards health equity for Indigenous Peoples and communities, by creating opportunities for co-developed community-based prevention and promotion initiatives.

- The Honouring Life program provides funding for the development of community-led projects that aim to increase local capacity for suicide prevention through life promotion and personal development supports for Indigenous youth. Culture Camps were held in communities across the province to increase youths' exposure to local and traditional practices such as arts, sports, medicine teachings and storytelling. Attendees reported an improved sense of self and well-being, and stronger connections among peer groups, families and community networks. In the first half of 2021-22, AHS expanded supports to two new North Zone communities, and extended eight existing contracts. In total, 62 programs have been approved and funded in 54 communities since the program launched in 2018.
- Planning and development of the Indigenous 1-800 Support Line pilot program is well underway. Operated by Health Link, the dedicated support line provides a safe and respectful place for Indigenous Peoples living in Alberta to receive culturally-informed guidance and health system navigation that fosters understanding and trust. Phone lines will be staffed by qualified Indigenous Listeners who will be enabled to walk-along with clients who are referred to additional services, improving continuity and

safety. The first phase will be implemented in select areas of North Zone in Q4.

- Another piece of this initiative is the Indigenous Patient Concerns and Experience (IPCE) project that aims to improve the patient concerns experience for Indigenous Peoples by examining awareness, access and cultural supports related to the concerns resolution process. AHS has recently implemented changes to the Feedback and Concerns Tracking database to include categories for concerns related to discrimination.
- AHS is partnering with three First Nations to develop community supports and provide care closer to home for people living with cancer. In the first half of 2021-22, the team supported the community of Maskwacis to develop a support group for community members. A community resource with local and provincial information is in development. Priority identification is ongoing with Stoney-Nakoda and Kainai.
- AHS continues to support First Nations and Métis Settlements to assess their needs, identify local opportunities, set priorities and take action with community and health partners to promote health and well-being. Currently, seven Métis Settlements are actively engaged in the Indigenous Alberta Healthy Communities Approach which engaged more than 200 community members in activities and programs in the first half of 2021-22, with 68 per cent of participants reporting improved knowledge of risk factors.

counselling based on individual need. The number of Test and Treat visits in Q1 and Q2 (1,663) increased by 77 per cent compared to the same period last year (942) and included visits within correctional facilities across the province.

- AHS is working together with the Fort McMurray First Nation Reserve in North Zone to provide Test and Treat services in the community. Outreach services were also reestablished in Fort McMurray through the Mark Amy Treatment Centre after being suspended due to COVID-19.
- The ECHO+ program aims to increase screening and supports for treatment of Hepatitis C and STBBIs for Indigenous communities in Alberta. Engagement efforts continue to adapt to community needs during the pandemic, including a shift to virtual learning sessions and biweekly case meetings. In the first half of 2021-22, a pocket-sized booklet on Hepatitis C was co-designed with Indigenous stakeholders to increase awareness and decrease stigma. The booklet was translated into Cree, Dene and Blackfoot, and features cultural graphics. Booklet distribution will begin in Q3.

Sexually Transmitted and Blood Borne Infections

Sexually Transmitted and Blood Borne Infections (STBBIs) are a considerable cause of morbidity in Alberta. To minimize the impact of infection on the well-being of Albertans, AHS continues to promote initiatives aimed at decreasing the rates of syphilis and other sexually transmitted infections.

- AHS is expanding outreach services to reduce sexually transmitted and blood borne infections in Alberta. Partner Notification Nurses play an important role in contact tracing and follow-up for those who have been exposed to an STBBI. Nurses encourage testing and provide information and

HAND HYGIENE COMPLIANCE

Measure Definition:

The percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed for compliance with hand hygiene practices according to the Canadian Patient Safety Institute's four moments of hand hygiene.

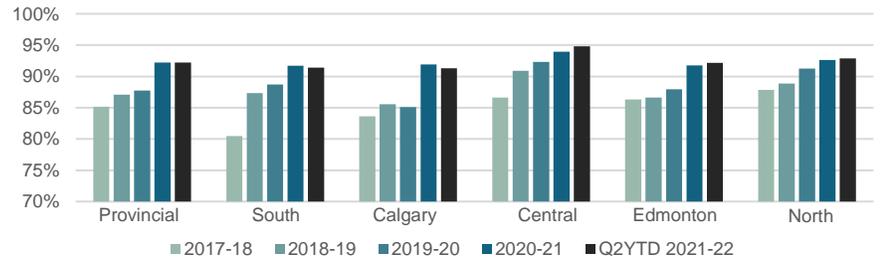
Why It's Important:

Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

Performance Summary:

92%
Provincial
Q2YTD 2021-22

Trend: 
(Compared to the same period last year)



Hand Hygiene Compliance - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22	Improvement Trend
Provincial	Provincial	85%	87%	88%	92%	n/a	91%	92%	92%	↔
South Zone	South Zone	80%	87%	89%	92%	n/a	92%	91%	91%	↔
	Chinook Regional Hospital	78%	87%	87%	91%	n/a	91%	90%	90%	↔
	Medicine Hat Regional Hospital	84%	88%	90%	95%	n/a	95%	93%	94%	↔
	Other South Hospitals	81%	87%	90%	90%	n/a	91%	91%	92%	↔
Calgary Zone	Calgary Zone	84%	86%	85%	92%	n/a	91%	91%	91%	↔
	Alberta Children's Hospital	79%	81%	82%	88%	n/a	84%	90%	89%	↑
	Foothills Medical Centre	84%	85%	83%	91%	n/a	90%	91%	92%	↔
	Peter Lougheed Centre	80%	85%	88%	92%	n/a	90%	89%	88%	↔
	Rockyview General Hospital	88%	91%	90%	94%	n/a	94%	95%	95%	↔
	South Health Campus	77%	76%	82%	88%	n/a	85%	91%	90%	↑
	Other Calgary Hospitals	85%	88%	89%	95%	n/a	95%	91%	90%	↓
Central Zone	Central Zone	87%	91%	92%	94%	n/a	94%	95%	95%	↔
	Red Deer Regional Hospital Centre	85%	88%	89%	92%	n/a	92%	92%	94%	↔
	Other Central Hospitals	87%	92%	93%	94%	n/a	95%	95%	95%	↔
Edmonton Zone	Edmonton Zone	86%	87%	88%	92%	n/a	91%	93%	92%	↔
	Grey Nuns Community Hospital	89%	92%	92%	95%	n/a	n/a	94%	94%	□
	Misericordia Community Hospital	86%	88%	89%	93%	n/a	n/a	95%	95%	□
	Royal Alexandra Hospital	86%	85%	87%	91%	n/a	90%	93%	93%	↑
	Stollery Children's Hospital	81%	80%	85%	91%	n/a	95%	92%	92%	↔
	Sturgeon Community Hospital	88%	83%	85%	86%	n/a	85%	90%	92%	↑
	University of Alberta Hospital	88%	89%	87%	91%	n/a	89%	93%	92%	↑
	Other Edmonton Hospitals	86%	88%	90%	93%	n/a	93%	93%	92%	↔
North Zone	North Zone	88%	89%	91%	93%	n/a	91%	94%	93%	↔
	Northern Lights Regional Health Centre	82%	88%	94%	93%	n/a	95%	94%	93%	↔
	Queen Elizabeth II Hospital	88%	81%	86%	95%	n/a	100%	93%	84%	↓
	Other North Hospitals	89%	90%	91%	92%	n/a	90%	94%	93%	↑

Total Observations

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	334,427	321,850	316,284	161,179	n/a	51,622	58,534	112,929
South Zone	18,277	26,212	28,987	16,575	n/a	5,255	6,253	11,778
Calgary Zone	128,687	114,673	124,099	53,712	n/a	18,248	18,879	38,573
Central Zone	39,162	41,865	38,977	23,241	n/a	6,321	8,649	15,273
Edmonton Zone	118,566	108,016	95,715	49,410	n/a	17,368	19,178	36,696
North Zone	29,735	31,084	28,506	18,241	n/a	4,430	5,575	10,609

Source: AHS IPC Surveillance and Standards, as of October 26, 2021; Covenant Health Infection Prevention and Control, as of October 6, 2021.

Notes:

- Covenant Health sites (Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing hand hygiene compliance. These are available twice a year in spring (Q1) and fall (Q3). These are not included in the Edmonton Zone and Provincial totals.
- "Other Sites" include any hand hygiene observations collected at an AHS operated program, site, or unit including acute care, continuing care, and ambulatory care settings such as Cancer Care Alberta, Corrections, EMS, Hemodialysis, Home Care, and Public Health.
- Hand hygiene data reporting for 2020/21-Q1 was suspended due to the interruption of data collection activities during the COVID-19 pandemic.