

Objective 6: Improve health outcomes and access to safe, high-quality services for Albertans living in smaller communities, including Indigenous communities.

Working jointly with Alberta Health and healthcare providers, AHS is committed to a 10-year vision of creating a more integrated healthcare delivery system that provides local services that are co-designed with patients, families and communities. This includes efficiently and effectively delivering health services that respond to the needs of Albertans living in smaller communities, including Indigenous communities, which have unique cultural, economic and geographic characteristics.

PERFORMANCE RESULTS SUMMARY



Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rate

This measure monitors hospitalizations for medical conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital. The **lower the rate the better**, as it demonstrates effective primary care and community-based management of these conditions. As of Q2YTD, the ACSC hospitalization rate per 100,000 Alberta residents (245) deteriorated by five per cent compared to the same period last year (234).

ACTIONS AND ACHIEVEMENTS

AHS continues to work closely with Alberta Health and local stakeholders to better meet the health needs of smaller communities across the province, including First Nations and Métis Settlements.

- Improvements through the Grande Prairie Cancer Centre are enhancing the experiences of patients with cancer in Northern Alberta. AHS is expanding capacity for Indigenous Cancer Patient Navigation to support patients and families not currently admitted to hospital by advocating for patients, supporting traditional practices, locating services and resources, and answering questions. A new Navigator will be available at the Grande Prairie Cancer Center later this year.
- In response to the 2018 Métis Settlements Community Health Assessment Survey, AHS is supporting the development and implementation of mobile health solutions to improve health outcomes. In Q2, AHS collaborated with the Métis Settlements Health Board, TELUS Health Solutions and several teams across the organization to initiate the co-customization process. This milestone is the first stage of a three-year Métis Settlements Initiative project which aims to diminish systemic barriers, enhance integration and service coordination, and improve continuity of care. Progress on this work has been impacted by the COVID-19 pandemic.
- AHS is working with academic partners to support a University of Calgary-led program that builds provider capacity in rural areas. Grow Your Nurse supports students living in smaller communities to complete programs virtually, with clinical labs and placements supported by local AHS facilities. Earlier this year, a cohort of seven students from Wainwright completed their practicum in High Level and Fort Vermillion, resulting in six hires. A three-student psychiatric practicum is ongoing in Fort McMurray with hiring expected in Q3. Planning continues to offer the program in more communities.
- AHS initiated a campaign to support the hiring of skilled medical professionals across rural Alberta. As of October 31, 2021, the new rural careers webpage has received 22,000 views. More than 500 candidates have been interviewed, with approximately 45 per cent meeting the minimum geographic requirement. Sixty-nine applicants received second interviews with the hiring manager, resulting in 36 hires for rural communities across the province.

- Established in 2014, the Indigenous Wellness Program Alternate Relationship Plan (ARP) compensates physicians for providing health services in Indigenous communities across the province. Dedicated in-community supports aim to alleviate some of the stresses of emergency and hospital-based care by addressing problems earlier, in a more appropriate and culturally-safe manner. As of Q2, 22 communities are being served by 62 physicians under this ARP. Work continues to improve access in northern areas.
- Supported through the Alberta Surgical Initiative (ASI), the Edson Healthcare Centre launched a new cataract surgical program in Q1. The program allows more surgical and specialist services to be accessed closer to home for Albertans living in North Zone. The program will be expanded to urogynecology in Q3.
- In South Zone, a bursary from the Alberta Therapeutic Recreation Association is funding art kits for a virtual art therapy group. The kits will be provided to approximately 60 clients with financial, transportation, or health-related barriers. Clients who participate in the program demonstrate a 20 per cent average increase in well-being over the course of 12 months.
- The Step Up Step Down program in Central Zone continues to provide intensive mental health treatment supports for youth aged 13 to 17 and their families. The program involves patients and families in treatment-planning decisions and leverages the strengths of a multidisciplinary care team to help youth succeed at home, in school and in their communities. As of Q2YTD, 20 patients have received care through the live-in program and 38 clients have been seen through the outpatient program.

AHS continues to work with Alberta Health to refine our service planning approach, including making improvements to communication and engagement strategies, identifying opportunities for local decision-making and reviewing expenditures and investments across communities to support government equity policy decisions. For example, AHS is in the early planning stages with zones to complete service plans

for small communities but progress has been significantly impacted by system pressures related to the COVID-19 pandemic. A midwifery model is also in development as part of functional planning for the new La Crete Integrated Health Centre, which will open in approximately five years.

Working with Alberta Health and Primary Care Networks, AHS continues to develop and test models of care within primary health care. In the first half of 2021-22, a primary care physician compensation model and community readiness analysis was completed to support future changes. In collaboration with Home Care, Primary Health Care (PHC) teams are identifying opportunities for service integration. PHC is also working with Addiction and Mental Health on an integrated planning framework to ensure a unified vision and collective action.

AMBULATORY CARE SENSITIVE CONDITION (ACSC) HOSPITALIZATION RATE

Measure Definition:

The age-standardized hospitalization rate per 100,000 Alberta residents for conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital.

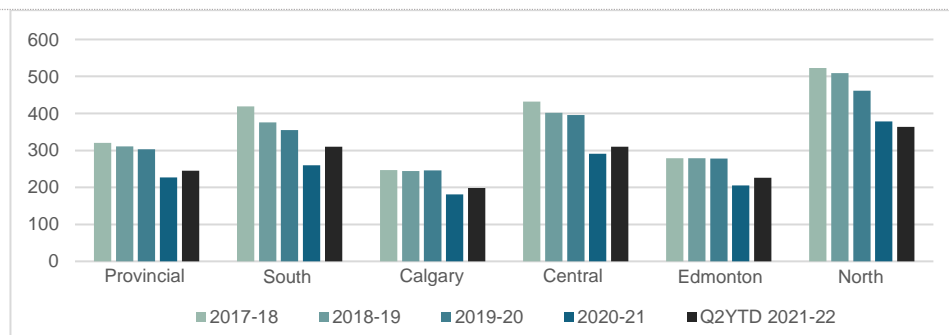
Why It's Important:

Appropriate care leads to better overall patient health as well as better utilization of resources by avoiding unnecessary hospitalizations. The lower the rate the better, as it demonstrates effective primary care and community-based management of these conditions.

Performance Summary:

245
per 100,000
Provincial
Q2YTD 2021-22

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



Variance Explanation:

Creating a more integrated healthcare delivery system ensures that care is provided in the right setting. The increase in hospitalizations for ACSCs when compared to the same period last year, may be due to overall lower hospital volumes in 2020-21 which have started to recover in 2021-22. This increase might also be the result of Albertans not seeking timely care during earlier stages of the COVID-19 pandemic which contributes to exacerbated conditions and higher acuity when presenting for care.

Most Recent National Comparison (2019-20):

Using a similar definition, Alberta ranked 4th among nine provinces for fewest admissions for ambulatory care sensitive conditions per 100,000 (AB = 237; Canada = 251; Best Performing Province = 221 (BC) (CIHI, 2020-21)).

ACSC Hospitalization Rate (annualized) - 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	320	311	303	227	237	234	241	245	↓
South Zone	419	376	355	260	262	273	299	310	↓
Calgary Zone	247	244	246	181	185	184	190	198	↓
Central Zone	432	402	396	291	297	297	315	310	↓
Edmonton Zone	279	279	278	205	221	212	225	226	↓
North Zone	523	509	462	379	405	402	359	363	↑

Total ACSC Hospitalizations

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q2YTD 2020-21	Q1YTD 2021-22	Q2YTD 2021-22
Provincial	12,624	12,567	12,600	9,603	2,455	4,889	2,565	5,246
South Zone	1,227	1,128	1,071	789	195	408	232	476
Calgary Zone	3,723	3,795	3,950	2,980	740	1,493	785	1,645
Central Zone	2,018	1,905	1,904	1,404	355	706	380	747
Edmonton Zone	3,503	3,611	3,704	2,787	735	1,419	772	1,571
North Zone	2,153	2,128	1,971	1,643	430	863	396	807

Source: AHS Provincial Discharge Abstract Database (DAD), Patient/Care-Based Funding Population database, as of November 4, 2021, and Postcensal Canadian population estimate (2011) – Statistics Canada (Standard population).

Notes:

- Results may change due to data updates in the source information system or revisions to the measure's inclusion and exclusion criteria.
- Zone separation is based on residency zone, not facility zone.
- The rate is age-standardized to the 2011 Canadian population and represents the number of ACSC hospitalizations that would be expected per 100K population if the age distribution of Alberta residents was similar to the Canadian population in 2011.