

UNPLANNED MENTAL HEALTH READMISSIONS

Measure Definition:

The percentage of occurrences of a non-elective (unplanned) readmission to an acute care hospital for selected mental illnesses within 30 days of a patient being discharged for any of the selected mental illnesses.

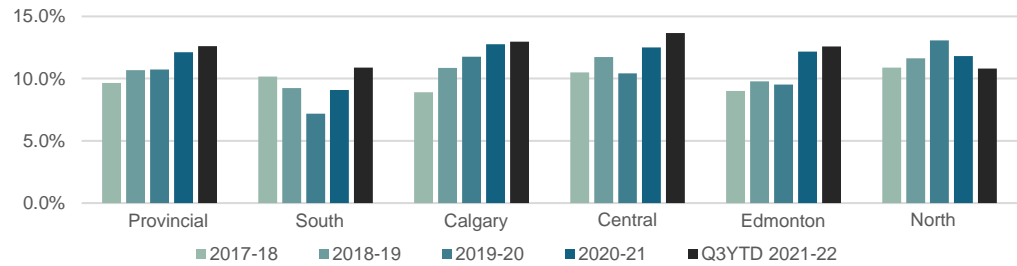
Why It's Important:

Hospital care for mental illnesses aims to stabilize acute symptoms with subsequent care and support being provided through outpatient and community programs. Monitoring readmissions can help evaluate the appropriateness of discharges and follow-up community care. The lower the percentage the better, as it demonstrates fewer patients are being readmitted after discharge.

Performance Summary:

12.6%
Provincial
Q3YTD 2021-22

Result: **Deteriorated**
(Compared to the same period last year)



Unplanned Mental Health Readmissions – Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q3YTD 2020-21	Q3YTD 2021-22	Result
Provincial	9.6%	10.7%	10.7%	12.1%	12.1%	12.6%	Deteriorated
South Zone	10.2%	9.2%	7.2%	9.1%	9.4%	10.9%	Deteriorated
Calgary Zone	8.9%	10.9%	11.8%	12.8%	12.7%	13.0%	Stable
Central Zone	10.5%	11.7%	10.4%	12.5%	11.8%	13.7%	Deteriorated
Edmonton Zone	9.0%	9.8%	9.5%	12.2%	12.2%	12.6%	Stable
North Zone	10.9%	11.6%	13.1%	11.8%	12.1%	10.8%	Improved

Total Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q3YTD 2020-21	Q3YTD 2021-22
Provincial	19,320	21,461	23,203	23,179	17,124	18,406
South Zone	1,960	2,060	2,262	2,154	1,602	1,545
Calgary Zone	6,508	7,819	8,604	8,881	6,457	7,151
Central Zone	3,339	3,507	3,989	3,791	2,798	3,061
Edmonton Zone	4,614	5,254	5,569	5,735	4,262	4,904
North Zone	2,899	2,821	2,779	2,618	2,005	1,745

Source: AHS Provincial Discharge Abstract Database (DAD), as of April 29, 2022.

Notes:

- This indicator is reported a quarter later due to requirements to follow-up with patients after the end of the reporting quarter.
- This indicator measures the risk-adjusted rate of readmission to hospital for patients discharged with selected mental illnesses.
- The methodology is adapted from the 2015 CIHI methodology and uses a constant 2018-19 Canadian average rate for adjustment calculations. Historical data has been restated using this methodology.
- Results are reported as "improved" if there is a 3% or greater relative change in a desirable direction when compared to the same time period last year; "deteriorated" if the 3% or greater relative change is in an undesirable direction; otherwise results are reported as "stable".

Goal 1: Improve the Experiences of Patients and Families

Objective 2: Improve sustainability and integration of addiction and mental health care in communities and across the service continuum.

Addiction and mental health (AMH) conditions involve a complex interplay of genetics, personality, childhood experiences, trauma and social determinants of health. These factors result in a diverse range of needs that require comprehensive, culturally-appropriate, well-coordinated and integrated recovery-oriented services within AHS and with partner organizations and ministries.

Actions and Achievements

Enhance access to AMH services

- Referral pathways have been developed to improve transitions and collaboration between the AMH Helpline and other Health Link teams. As of March 31, 2022, more than 64,300 calls were answered by the AMH Helpline.
- The Youth Community Support Program provides a step-down service for youth with complex mental health diagnoses and their families who are discharged from acute inpatient mental health settings. In 2021-22, 75 clients accessed these services. All youth involved in the program demonstrated improved mental health and decreased reliance on emergency services during and after their time in the program.
- Personalized Community Care (PCC) is a provincially-accessed, community-based placement and treatment program for youth up to 19 years of age who are receiving child intervention services. The PCC program

supports youth to stabilize and recover from mental health crises through intensive treatment to improve their functioning and well-being. This is a joint initiative with Alberta Health and Children's Services. In 2021-22, the program admitted three clients in Calgary and three clients in Edmonton.

- The *Protection of Children Abusing Drugs Act* (PChAD) is an Alberta law that helps children under the age of 18 whose use of alcohol or drugs will likely cause significant psychological, social or physical harm to themselves or others. AHS provides a 10-day inpatient program aimed at detoxifying, stabilizing and assessing each patient to ensure appropriate supports are identified for youth prior to discharge. In 2021-22, admissions to the program (617) increased by 28 per cent compared to the same period last year (479).

Offer community-based supports in response to the opioid crisis and other emerging needs

- AHS Opioid Dependency Programs clinics provide a variety of treatment services and supports to individuals with opioid use disorder, including opioid agonist therapy, addiction counselling and referral to other community-based services. In 2021-22, AHS enhanced psychosocial services in these clinics, serving more than 6,400 clients across the province.
- The Virtual Opioid Dependency Program works with corrections and law enforcement agencies to enable treatment transitions for clients released from incarceration. In January 2022, a new Low Barrier, Urgent Access team was created to facilitate rapid assessment and treatment initiation in police detention units, supervised consumption services sites and shelters.

- AHS supports opioid response needs through community-based programs that enable holistic Indigenous wellness. In Edmonton, teams facilitated community outreach related to Hepatitis C treatment. In Calgary, the Sheldon M. Chumir Health Centre provided planning support, including offering in-home response services for patients in Siksika Nation.
- Working with community partners, the Provincial Family Violence Treatment Program aims to deliver consistent, comprehensive assessment and treatment services to prevent intimate partner violence. As of March 31, 2022, the program was operational in 25 rural, remote and Indigenous communities across the province. In 2021-22, a pilot expansion site was initiated in Pincher Creek with services delivered by Lethbridge Family Services.

Expand the use of virtual care technology to support AMH care

- AHS supports access to community programs by enabling virtual connections between patients and providers. In 2021-22, AHS used technology to improve emergency and acute psychiatry (Calgary, South and North Zones) and AMH group therapy in Medicine Hat.
- Through engagement with Primary Care Networks, AHS implemented centralized virtual access to AMH assessment, screening and intake in rural Alberta. The program encompasses coordinated intake, clinical decision support and engagement with community service providers.
- A program was implemented in Central Zone to provide crisis support to youth aged 13 to 17. The program includes virtual at-home options and integrates care with other service providers such as schools, counsellors and physicians. Approximately 1,000 unique youth patients visit the emergency room in Central Zone for addiction and mental health issues each year. So far, the program has diverted 127 cases from emergency and hospital.

- AHS continues to develop and offer public resources and tools to support mental health wellness skill-building and resilience. This year, more than 10,000 Albertans registered with Togetherall (a free, online peer-to-peer mental health community) and more than 61,500 people have subscribed to the Text4Hope and Text4Mood programs, which send advice and encouragement via text.

Provide psychosocial supports to respond to the impact of COVID-19

- AHS offers interactive workshops to the public on resilience and stress. HeartMath participants learn about the impact of emotions on the body and develop skills to address stress through communication, decision-making and basic breathing techniques. In 2021-22, 87 virtual workshops were delivered to more than 1,700 participants.
- Through Psychological First Aid (PFA) training, AHS staff and community members learn how to recognize signs of distress, offer help without judgment or assumptions, connect to available resources and implement responder self-care strategies. AHS developed a PFA refresher course focused on the pandemic and in 2021-22, 139 PFA webinars were delivered to more than 2,400 participants.

Establish more addiction treatment spaces

- In 2021-22, AHS increased capacity by 221 beds (including medical detox, social detox, residential treatment and residential recovery) in Fort Macleod, Lethbridge, Medicine Hat, Calgary, Drumheller, Edmonton and Cold Lake.

Performance Results Summary

Unplanned Mental Health Readmissions

2017-18	2018-19	2019-20	2020-21	Q3YTD 2020-21	Q3YTD 2021-22
9.6%	10.7%	10.7%	12.1%	12.1%	12.6%

Source: AHS Provincial Discharge Abstract Database (DAD), as of April 29, 2022.

- This measure monitors the percentage of patients who are unexpectedly readmitted to hospital within 30 days of discharge following mental health care. Monitoring readmissions can help evaluate the appropriateness of discharges and follow-up community care. The **lower the percentage the better**, as it demonstrates appropriate discharge planning and follow-up community care.
- As of Q3YTD, the percentage of unplanned mental health readmissions (12.6%) **deteriorated** by four per cent compared to the same period last year (12.1%). This indicator is reported a quarter later due to requirements to follow-up with patients after the end of the reporting quarter.

- Alberta remains better than the national average for this measure. The national data also shows an increasing trend in mental health readmissions across most provinces. The impacts of COVID-19 may be contributing to this change. Emerging research is showing that the pandemic has had significant mental health impacts in some populations, youth in particular, and AHS saw increased emergency and inpatient utilization for AMH concerns throughout most of 2021. Current initiatives to expand access to community services are underway, which are expected to reduce pressures in this area and readmissions will be monitored as part of ongoing assessment of performance.
- Using a similar definition, Alberta ranked 2nd among nine provinces for the lowest 30-day readmission for mental illness (AB = 13.0%; Canada = 14.2%; Best Performing Province = 12.0%) (CIHI, 2020-21).