

PERCENTAGE OF SCHEDULED CATARACT SURGERIES PERFORMED WITHIN CIHI BENCHMARK

Measure Definition:

The percentage of scheduled cataract surgeries performed within clinically recommended timeframes, using the Canadian Institute for Health Information (CIHI) benchmark of 112 days. The wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.

Why It's Important:

AHS is committed to ensuring that all Albertans receive timely access to sustainable surgical services without compromising safety and quality. Performing surgeries within recommended timeframes support improved health outcomes and patient satisfaction. The higher the percentage the better, as it demonstrates more procedures are being completed within clinically recommended timeframes.

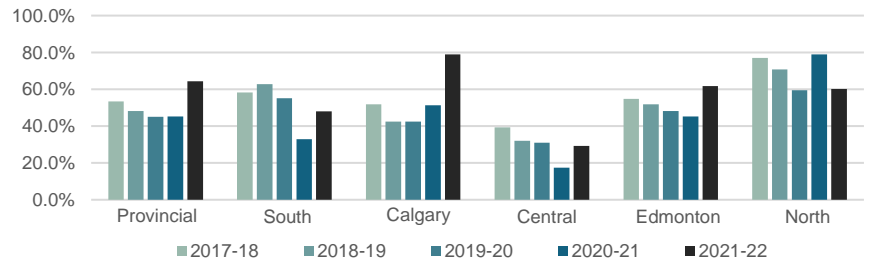
Performance Summary:

64.2%

Provincial
2021-22

Result: **Improved**

(Compared to the same period last year)



Percentage of Cataract Surgeries Performed within CIHI Benchmarks (112 Days) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	2021-22	Result
Provincial	53.3%	48.2%	45.1%	45.3%	64.2%	Improved
South Zone	58.2%	62.8%	55.1%	32.9%	48.0%	Improved
Calgary Zone	51.7%	42.4%	42.4%	51.3%	78.9%	Improved
Central Zone	39.4%	32.1%	30.9%	17.3%	29.2%	Improved
Edmonton Zone	54.7%	51.7%	48.2%	45.3%	61.8%	Improved
North Zone	77.0%	70.7%	59.5%	79.0%	60.2%	Deteriorated

Total Cataract Surgeries Performed

Zone	2017-18	2018-19	2019-20	2020-21	2021-22
Provincial	24,393	24,824	27,370	27,342	29,682
South Zone	1,811	1,891	1,832	1,910	1,963
Calgary Zone	8,605	8,584	10,843	11,272	11,441
Central Zone	2,779	2,812	2,692	2,825	2,920
Edmonton Zone	9,944	10,116	10,997	10,304	12,564
North Zone	1,254	1,421	1,006	1,031	794

Source: Data extracted from hospital operation room data: PICIS, VAX, Meditech, the Alberta Wait Times Reporting (AWTR) website, and Surgical Facilities Contracts (Bill 11) database, as of April 26, 2022.

Notes:

- Data include elective and scheduled cases for first eyes only.
- Data include surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.
- Calgary Zone data for 2021-22 may be incomplete because of a delay in receiving complete contracted surgical facility data.
- Surgical volumes and wait times were impacted by COVID-19 in 2020-21 and 2021-22.
- 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 2: Improve Patient and Population Health Outcomes

Objective 4: Implement the Alberta Surgical Initiative and reduce CT and MRI wait times.

Wait-time reduction is a key area of focus for AHS. To address increasing surgical wait times, AHS and Alberta Health worked together to develop the Alberta Surgical Initiative (ASI) in 2019 to improve access to surgical care. Similarly, the Diagnostic Imaging CT and MRI Action Plan was developed to manage challenges related to growing demand in CT and MRI services.

Actions and Achievements

Progress the COVID-19 Surgery Recovery Plan

- Wave 4 of the pandemic impacted scheduled surgery activity and the wait-list. AHS implemented a provincial surgery resumption framework in October 2021 to guide progressive reinstatement of surgical activity in all zones. The wait-list for scheduled surgery has been stabilized and progressively improving since late November 2021.
- AHS' surgery recovery plan was refreshed in February 2022 after Wave 5 of the pandemic. Surgery wait-list and volume modeling were completed and aligned with operational planning to deliver recovery volumes in the upcoming 2022-23 fiscal year. Recovery (return to pre-pandemic status) is expected by March 31, 2023.

Implement strategies to mitigate surgical delays

- AHS continues to prioritize those patients that are waiting the longest and those that are the sickest. Weekly reviews of scheduled surgery waitlists are completed based on a standardized coding system to prioritize scheduled surgeries. Additional analytical tools to support wait-list management are in development.
- All surgeries that were postponed or delayed during pandemic waves 1-5 have been rebooked.

Advance the Alberta Surgical Initiative

- All projects within the ASI are active and advancing. However, overall progress has been slowed by the pandemic and additional time will be required to achieve ASI targets.
- Innovative surgery workforce strategies have been established to ensure AHS has the skilled workforce available to recover from the pandemic and reduce wait-lists. AHS will increase anesthesia service capacity and draw upon the skills and expertise of respiratory therapists (RTs). Under the new model, one anesthesiologist will oversee two or three surgeries, with one RT providing anesthesia service in each room for cases where minimal sedation is required. This is a key approach to addressing anesthesia workforce shortages and enabling RTs to work to their full scope of practice.
- The AHS Specialty Access Bundle is a consolidation of Alberta Surgical Initiative projects related to improving patient safety, experience and flow between primary care, specialty care and back. The bundle will leverage progress made by existing programs

and coordinate the implementation of several projects, including a provincially-aligned model for non-urgent telephone and electronic specialist advice. Planned work will standardize and simplify the referral process for healthcare providers and the public.

Maximize surgical volumes in chartered surgical facilities (CSF)

- Long-term CSF planning has progressed, including expanded contracted volumes with a focus on ophthalmology and orthopedics. New ophthalmology contracts for Calgary and Edmonton were negotiated for April 1, 2022. Orthopedics interim contracts for Calgary and Edmonton were in place for April 1, 2022. This process uses a request for proposal (RFP) model which is an open and transparent process that yields competitive pricing while ensuring positive patient experience, quality and safety. Additional information on CSFs can be found in the Appendix.

Proceed with the CT/MRI Implementation Plan to reduce CT and MRI wait times

- In 2021-22, AHS increased volumes of completed CT exams (508,071) by 10 per cent compared to the same period last year (462,443), and increased volumes of completed MRI exams (235,241) by 14 per cent compared to the same period last year (205,793).
- In 2021-22, a pilot program aimed at reducing MRIs in surgical assessment of chronic shoulder pain was launched at the Sturgeon Primary Care Network in Edmonton Zone. Clinics utilizing the new tool are actively referring patients for orthopedic surgery without unneeded imaging. This aligns with best practice clinical recommendations.
- In alignment with Choosing Wisely recommendations, Edmonton and South Zones implemented improvements to reduce the number of knee MRIs in patients aged 55 and older with known osteoarthritis to ensure that MRI exams on the wait-list are necessary and beneficial. More than 100 low-value MRIs have been avoided to date.

Performance Results Summary

Percentage of Scheduled Cataract Surgeries Performed Within CIHI Benchmark*

2017-18	2018-19	2019-20	2020-21	2021-22
53.3%	48.2%	45.1%	45.3%	64.2%

Source: Data extracted from hospital operation room data: PICIS, VAX, Meditech, the Alberta Wait Times Reporting (AWTR) website, and Surgical Facilities Contracts (Bill 11) database, as of April 26, 2022.

- Data include elective and scheduled cases for first eyes only.

- Data include surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.

- This measure monitors the percentage of scheduled cataract surgeries performed within the Canadian Institute for Health Information's (CIHI) benchmark of 112 days. Performing surgeries within recommended timeframes supports improved health outcomes and patient satisfaction. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes.
- As of Q4YTD, the percentage of cataract surgeries completed within 112 days (64.2%) **improved** by 42 per cent compared to the same period last year (45.3%).
- More cataract surgeries were performed this year, with an increased percentage performed within the CIHI benchmark of 112 days. This improvement reflects the implementation of the Alberta Surgical Initiative including increasing volumes in ophthalmology contracts with Chartered Surgical Facilities (CSFs).
- Using a similar definition, Alberta ranked 4th among the 10 provinces for the highest percentage of cataract surgeries meeting the pan-Canadian benchmark of 16 weeks (AB = 64%; Canada = 66%; Best Performing Province = 76%) (CIHI Apr-Sep 2021).

Percentage of Scheduled Hip Surgeries Performed Within CIHI Benchmark*

2017-18	2018-19	2019-20	2020-21	2021-22
70.5%	68.5%	65.5%	51.6%	51.1%

Source: Data extracted from hospital operating room data: PICIS, VAX, Meditech Operating Room Module and Alberta Wait Time Reporting, as of April 26, 2022.

- Data include elective and scheduled cases only.

- Data include surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.

- This measure monitors the percentage of scheduled hip surgeries performed within the CIHI benchmark of 182 days. Performing surgeries within recommended timeframes supports improved health outcomes and patient satisfaction. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes.
- As of Q4YTD, the percentage of hip surgeries completed within 182 days (51.1%) remained **stable** compared to the same period last year (51.6%).
- Using a similar definition, Alberta ranked tied for 3rd among the 10 provinces for the highest percentage of hip replacements meeting the pan-Canadian benchmark of 26 weeks (AB = 59%; Canada = 65%; Best Performing Province = 75%) (CIHI Apr-Sep 2021).

Percentage of Scheduled Knee Surgeries Performed Within CIHI Benchmark*

2017-18	2018-19	2019-20	2020-21	2021-22
64.6%	65.0%	61.5%	43.3%	39.7%

Source: Data extracted from hospital operating room data: PICIS, VAX, Meditech Operating Room Module and Alberta Wait Time Reporting, as of April 26, 2022.

- Data include elective and scheduled cases only.

-Data include surgeries performed within Alberta Health Services (including faith-based sites) and at contracted surgical facilities.

- This measure monitors the percentage of scheduled knee surgeries performed within the CIHI benchmark of 182 days. Performing surgeries within recommended timeframes supports improved health outcomes and patient satisfaction. The **higher the percentage the better**, as it demonstrates more procedures are being completed within clinically recommended timeframes.
- As of Q4YTD, the percentage of knee surgeries completed within 182 days (39.7%) **deteriorated** by eight per cent compared to the same period last year (43.3%).
- AHS is grateful for the patience of all Albertans who had their surgeries delayed as we took necessary steps to ensure our healthcare delivery system was prepared to respond to COVID-19. Decreasing wait times continues to be a priority for Alberta, and ASI strategies to improve wait times will be embedded throughout surgery recovery planning and implementation. Additional investments for these procedures is also occurring through the ASI including an expansion of orthopedic procedures including hip and knee arthroplasty through chartered surgical facilities.
- Using a similar definition, Alberta ranked 4th among the 10 provinces for the highest percentage of knee replacements meeting the pan-Canadian benchmark of 26 weeks (AB = 49%; Canada = 59%; Best Performing Province = 71%) (CIHI Apr-Sep 2021).

*Note: The cataract, hip and knee surgery wait time interval used for comparison with the benchmark is the time a patient is assessed by a specialist as medically, physically able and willing to receive surgery to the date the surgery is performed.