

AMBULATORY CARE SENSITIVE CONDITION (ACSC) HOSPITALIZATION RATE

Measure Definition:

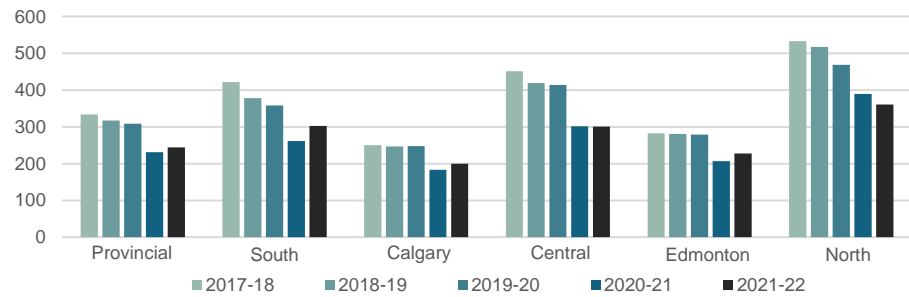
The age-standardized hospitalization rate per 100,000 Alberta residents for conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital.

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:

244
per 100,000 residents
Provincial
2021-22
Result: **Deteriorated**
(Compared to the same period last year)



ACSC Hospitalization Rate (annualized) - Trend

Zone	2017-18	2018-19	2019-20	2020-21	2021-22	Result
Provincial	333	317	308	231	244	Deteriorated
South Zone	422	378	358	262	302	Deteriorated
Calgary Zone	250	247	248	183	199	Deteriorated
Central Zone	451	419	414	301	301	Stable
Edmonton Zone	282	281	279	207	228	Deteriorated
North Zone	532	517	469	389	361	Improved

Total ACSC Hospitalizations

Zone	2017-18	2018-19	2019-20	2020-21	2021-22
Provincial	12,980	12,719	12,724	9,660	10,483
South Zone	1,226	1,128	1,071	789	923
Calgary Zone	3,722	3,793	3,950	2,979	3,324
Central Zone	2,084	1,966	1,962	1,429	1,449
Edmonton Zone	3,505	3,607	3,701	2,786	3,182
North Zone	2,154	2,127	1,969	1,644	1,563

Source: AHS Provincial Discharge Abstract Database (DAD), Alberta Health Population Estimate database, as of May 2, 2022, 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.
- Provincial total hospitalizations include those with unknown zone records.
- 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.
- 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 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 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.

Actions and Achievements

Work with Alberta Health to better meet the health needs of smaller communities

- Indigenous Cancer Patient Navigators support patients and families by advocating for patients, supporting traditional practices, and locating services and resources. This year, three navigators completed nearly 3,000 visits with 318 Indigenous patients through the Grande Prairie Cancer Centre, Cross Cancer Institute (Edmonton) and the Tom Baker Cancer Centre (Calgary).

- AHS has continued its targeted recruitment efforts to support the hiring of skilled healthcare workers across rural Alberta. As of March 31, 2022, the rural careers webpage had received over 44,500 views and more than 350 candidates showed interest in rural opportunities. This resulted in the placement of 106 healthcare workers.
- Established in 2014, the Indigenous Wellness Program Alternate Relationship Plan (ARP) compensates physicians for providing health services in Indigenous communities across the province. As of March 31, 2022, 22 communities were being served by 67 physicians under this ARP. Physicians have provided more than 30,700 visits at 20 facilities throughout Alberta (17 First Nation health centres and 3 urban clinics).

Work with Alberta Health to refine our service planning approach with communities across Alberta

- AHS is in the early planning stages with zones to complete service plans for small communities but progress was impacted by system pressures related to the COVID-19 pandemic.
- Long-range service plans for several programs operating in small communities across the province have been developed, including North Zone addiction and mental health and South Zone cardiac clinical services. A plan for provincial EMS is also in development, which supports the EMS 10-Point Plan.

Work with Alberta Health and PCNs to develop and test models of care within primary health care to support chronic disease prevention and management.

- In 2021-22, a primary care physician compensation model and community readiness analysis was completed to support future changes. AHS completed data analysis and identified priority communities for AH's new workforce model.

Performance Results Summary

Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rate

2017-18	2018-19	2019-20	2020-21	2021-22
333	317	308	231	244

Source: AHS Provincial Discharge Abstract Database (DAD), Patient/Care-Based Funding Population database, as of May 2, 2022; Postcensal Canadian population estimate (2011) – Statistics Canada (Standard population).

- Provincial total hospitalizations include those with unknown zone records.

- 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.

- This measure monitors hospitalizations per 100,000 Alberta residents for medical conditions where appropriate ambulatory care could potentially prevent or reduce the need for admission to hospital. 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.
- As of Q4YTD, the ACSC hospitalization rate per 100,000 Alberta residents (244) **deteriorated** by six per cent compared to the same period last year (231).
- 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 multiple factors including overall lower hospital volumes in 2020-21 starting 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.
- 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) (CIHI, 2020-21).