



Alberta Health Services Performance Report

December 2009

**Compiled by
Data Integration, Measurement and Reporting**

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Introduction

Reporting our Performance: December

Consistent with our values of accountability and transparency, this December 2009 report is our second release of detailed measures demonstrating the performance of Alberta Health Services in managing our provincial health system.

The health of every Albertan is at the centre of our patient-focused system. Providing good quality care and good preventive services to the people of Alberta and to do so in a manner that is financially sustainable is the primary focus of Alberta Health Services.

Transforming our provincial health system is an enormous task, one that requires specific targets, and action plans to achieve our three primary goals of quality, accessibility, and sustainability. Our future success will be measured by the health and satisfaction levels of Albertans.

From the baseline set in our first [report](#), which included data representative of the end of regionalization, our transition to a provincial health system and the inaugural months of Alberta Health Services, this second release builds on that data, and also details the significant gains realized through the concerted efforts of health care teams throughout the province. Still, we have much work to do.

The measures presented here track our current and projected performance in a broad range of indicators that span the continuum of care including primary care, continuing care, population and public health, and acute (hospital based) care. In addition, they touch upon various dimensions of quality and utilization such as timeliness, effectiveness, efficiency, satisfaction rates and others.

Our transition to a single provincial health service has provided significant challenges in collecting this data. Former health regions had used different definitions and different ways of collating data which meant that the data were not compatible and didn't allow accurate or fair comparisons. We've taken time to resolve many of these discrepancies to ensure the data we present today are comparable, accurate and representative of our performance across the province.

The release of this second report confirms our commitment to provide information to the public on a quarterly basis. Over time, as we continue our work on data integrity across the province, we will expand this information as additional indicators become available. Enhancements to the report's structure and format will also be considered as needs dictate.

Dr. Stephen Duckett
President & Chief Executive Officer

How to Read this Report

Alberta Health Services delivers care in five zones which reflect differences in population and geography.

Some measures contained in this report are broken down by zones to allow for comparison. In other cases metrics by facility will be presented based on peer groupings for like facilities. For instance, we will group all tertiary or teaching hospitals together for reporting purposes. This does not necessarily reflect exclusive complexity as many sites will perform complex care and tertiary facilities will also deliver care in routine cases.

Where available, data are presented for up to three years, from fiscal 2006/07 through to the first quarter of fiscal 2009/10 (April-June, 2009). Detailed activity and quality snapshots data on hospital, emergency and urgent care for the province have been presented with the most recent available quarterly data. Wait time measures are available for selected procedures in the second quarter of fiscal year 2009/10 (July-September, 2009).

The development of a report like this is a learning process. At this early stage of integrating information from twelve former health organizations, it is important to note that variations in indicators across sites or zones can reflect both performance differences as well as differences in record keeping methods. As we work to develop reporting consistencies, retrospective changes in indicator results from one report to another may occur. These changes are anticipated as we enhance the integration of information, implement standard approaches to measurement and work towards more consistent record keeping across the province. Improvements on this front are ongoing, though much work remains to be done.

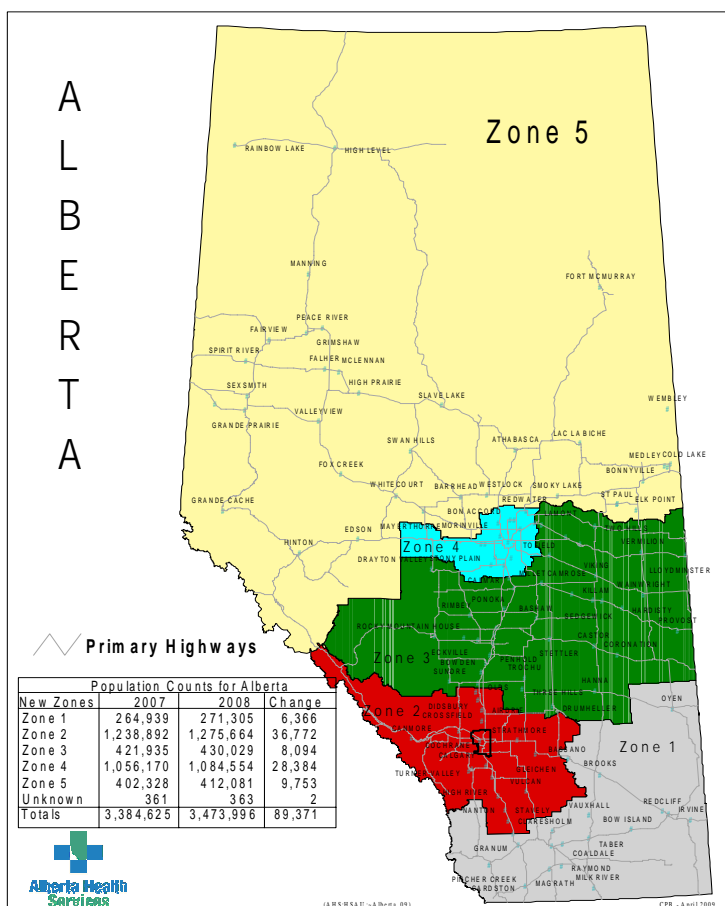
The data included in this report are derived within Alberta Health Services, Alberta Health and Wellness, the Health Quality Council of Alberta (HQCA), the Canadian Institute of Health Information (CIHI), and Stats Canada.

System Descriptions

Alberta Health Services Zones and Peer Hospitals

Alberta Health Services delivers care in geographic zones which reflect differences in population and geography. Some measures contained in this report are broken down by zones to allow for comparison.

In other cases metrics by facility will be presented based on peer groupings for like facilities. For instance, we will group all tertiary or teaching hospitals together for reporting purposes. This does not necessarily reflect exclusive complexity as many sites will perform complex care and tertiary facilities will also deliver care in routine cases.



Population by Age and Zone for Alberta in 2008

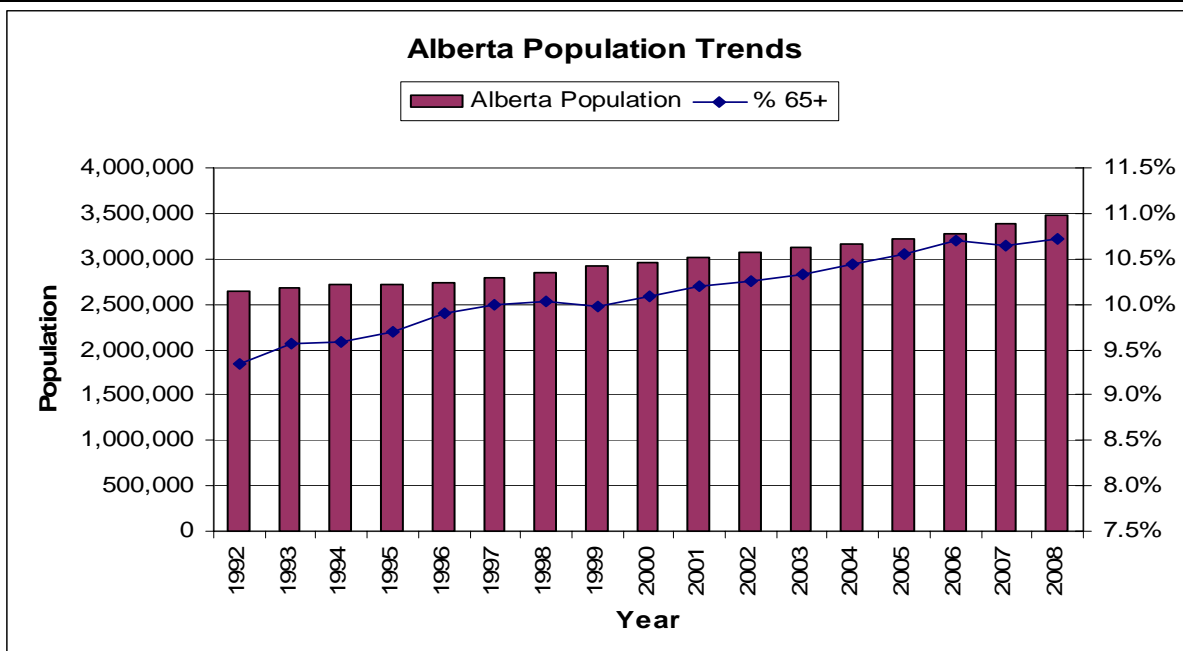
It is important to understand that the different geographical regions represent different population distributions and this will impact the services offered, demand for those services and the health issues within the local populations. To understand this context within the report, the population figures are provided here for 2008.

Planning for healthcare delivery to the growing population of older adults in Alberta will be a key challenge for the Alberta Health Services and the province.

A population's size and age composition impact the health status of a region and its need for health services. Population data also provide the "denominators" used to calculate rates for most health and social indicators.

The demographic characteristics vary across zones. The Calgary Zone is younger as compared to Edmonton, with 9.7% of the Calgary population being population over 65, and 11.2% of the Edmonton population being over 65 years of age. The Central and South Zones are the older with 12.9% and 13.4% of the population over 65 respectively. The North Zone is the youngest with 8.6% of the population over 65. Alberta has been growing steadily since 1992 with an absolute growth of over 820,000 individuals over the period. It has also aged over the period, with the population over 65 increasing from 9.3% in 1992 to 10.7% in 2008.

Age Group	Zone					
	North	Edmonton	Central	Calgary	South	Total
< 1	6,724	14,536	5,929	17,717	4,037	48,943
1 to 9	54,145	114,930	49,732	140,382	32,496	391,685
10 to 19	64,104	142,328	62,227	164,361	38,687	471,707
20 to 44	152,936	405,032	145,005	497,372	91,617	1,291,962
45 to 64	98,742	285,995	111,516	332,473	68,170	896,896
65+	35,402	121,686	55,602	123,277	36,286	372,253
% 65+	8.6%	11.2%	12.9%	9.7%	13.4%	10.7%
Unknown	28	47	18	82	12	187
Total	412,081	1,084,554	430,029	1,275,664	271,305	3,473,633



Hospital Care Context and Activity

Inpatient activity provides a context for hospital based reporting. Sites across the province serve different population sizes and have varying demands for services. The number of patients discharged by the facility in that quarter is a measure of activity. This can include patients with very short and very long stays.

The days of care delivered is measured by the total number of days the patients are in care. Patients admitted and discharged on the same day are counted as having received one day of care. All others in care for more than a day are calculated by the number of days from admission to discharge. These calculations assist in determining the average length of stay (LOS). The resulting average LOS becomes a measure of resource utilization for that facility.

There are many reasons why the average length of stay might vary. Complex procedures, subacute and psychiatric conditions will typically be associated with longer hospital stays, as will stays associated with care later in life. Women admitted to hospital to give birth will typically have short stays so hospitals reporting a high number of births may also see a relatively lower average length of stay.

The length of stay needs to be understood in the context of the patient mix and procedures performed at that facility. Within this context, the average length of stay provides an indication of complexity of patients served within a particular hospital. Complexity as well as operational efficiency are two potential reasons why certain facilities may exhibit a lower average length of stay as compared to other sites in the same peer group.

Inpatient Activity Snapshot: Quarter 1 2009/10 (Apr 1 to Jun 30, 2009)

-Total Discharges, Total Patient Days, Average Length of Stay, and Number of Babies Born at Alberta Facilities

Peer Group	Hospital	Hospital Discharges (Separations)	Total Patient Days	Average Length of Stay	Babies Born
Teaching	Alberta Children's Hospital	1,740	9,149	5.3	0
	Foothills Medical Centre	10,263	89,870	8.8	1,418
	Stollery Children's Hospital	1,917	11,210	5.8	0
	University of Alberta Hospital	5,473	56,363	10.3	0
	Total	19,393	166,592	8.6	1,418
Large Urban	Grey Nuns Community Hospital	5,765	35,186	6.1	1,486
	Misericordia Community Hospital	4,360	29,774	6.8	739
	Peter Lougheed Centre	7,403	47,764	6.5	1,449
	Rockyview General Hospital	8,377	53,956	6.4	1,580
	Royal Alexandra Hospital	9,305	66,537	7.2	1,323
	Total	35,210	233,217	6.6	6,577
Non-Hospital Surgical Facility	Health Resources Centre	281	836	3.0	0
	Total	281	836	3.0	0
Psychiatric	Alberta Hospital Edmonton	243	40,353	166.1	0
	Claresholm Centre for Mental Health and Addictions	44	6,813	154.8	0
	Raymond Care Centre	na	na	na	na
	Southern Alberta Forensic Psychiatric Centre	74	2,566	34.7	0
	The Centennial Centre for Mental Health and Brain Injury	410	20,808	50.8	0
	Total	na	na	na	na
Regional	Chinook Regional Hospital	3,754	22,291	5.9	636
	Medicine Hat Regional Hospital	3,001	17,890	6.0	408
	Northern Lights Regional Health Centre	na	na	na	na
	Queen Elizabeth II Hospital	2,640	12,759	4.8	460
	Red Deer Regional Hospital Centre	4,918	32,799	6.7	699
	Total	na	na	na	na
Specialty	Cross Cancer Institute	331	4,239	12.8	0
	Glenrose Rehabilitation Hospital	419	25,406	60.6	0
	Total	750	29,645	39.5	0
Subacute	Bashaw Care Centre	8	88	11.0	0
	Capital Care Grandview	226	2,813	12.4	0
	Capital Care Norwood	284	12,557	44.2	0
	Carewest Dr. Vernon Fanning Centre	124	8,568	69.1	0
	Carewest Glenmore Park	277	12,898	46.6	0
	Carewest Sarcee	36	2,020	56.1	0
	Edmonton General Continuing Care Centre	144	3,856	26.8	0
	Good Samaritan Dr. Gerald Zetter Care Centre	14	906	64.7	0
	St. Joseph's Auxiliary Hospital	25	1,040	41.6	0
	St. Michael's Health Care Centre	58	2,646	45.6	0
	St. Michael's Long Term Care Centre	11	630	57.3	0
	Youville Auxiliary Hospital (Grey Nuns) of St. Albert	3	136	45.3	0
	Total	1,210	48,158	39.8	0

Peer Group	Hospital	Hospital Discharges (Separations)	Total Patient Days	Average Length of Stay	Babies Born
Suburban / Rural	Athabasca Healthcare Centre	201	1,378	6.9	7
	Barrhead Healthcare Centre	446	2,243	5.0	44
	Bassano Health Centre	41	254	6.2	0
	Beaverlodge Municipal Hospital	190	1,516	8.0	14
	Big Country Hospital	74	394	5.3	6
	Bonnyville Healthcare Centre	448	2,407	5.4	70
	Bow Island Health Centre	75	703	9.4	0
	Boyle Health Care Centre	114	1,179	10.3	0
	Brooks Health Centre	415	2,532	6.1	5
	Canmore General Hospital	403	1,583	3.9	77
	Cardston Health Centre	304	1,346	4.4	4
	Central Peace Health Complex	76	592	7.8	0
	Claresholm General Hospital	150	1,442	9.6	0
	Cold Lake Healthcare Centre	419	1,778	4.2	86
	Consort Hospital and Care Centre	48	173	3.6	0
	Coronation Hospital and Care Centre	68	433	6.4	0
	Crowsnest Pass Health Centre	172	1,429	8.3	6
	Daysland Health Centre	317	2,343	7.4	32
	Devon General Hospital	95	1,133	11.9	0
	Didsbury District Health Services	103	797	7.7	0
	Drayton Valley Hospital and Care Centre	209	2,485	11.9	17
	Drumheller Health Centre	406	2,238	5.5	71
	Edson Healthcare Centre	250	1,621	6.5	29
	Elk Point Healthcare Centre	107	697	6.5	0
	Fairview Health Complex	199	1,482	7.4	5
	Fort Saskatchewan Health Centre	387	2,897	7.5	44
	Fox Creek Healthcare Centre	17	201	11.8	0
	George McDougall-Smoky Lake Healthcare Centre	143	962	6.7	0
	Grimshaw/Berwyn and District Community Health Centre	na	na	na	na
	Grande Cache Community Health Complex	64	1,289	20.1	0
	Hanna Health Centre	170	1,275	7.5	4
	Hardisty Health Centre	35	275	7.9	0
	High Prairie Health Complex	219	2,167	9.9	8
	High River General Hospital	476	2,319	4.9	151
	Hinton Healthcare Centre	340	2,253	6.6	72
	Innisfail Health Centre	162	2,019	12.5	0
	Killam Health Care Centre	46	540	11.7	0
	Lacombe Hospital and Care Centre	395	2,525	6.4	42
	Lamont Health Care Centre	114	1,317	11.6	0
	Leduc Community Hospital	451	5,763	12.8	0
Manning Community Health Centre	128	824	6.4	0	
Mayerthorpe Healthcare Centre	140	1,064	7.6	0	

Peer Group	Hospital	Hospital Discharges (Separations)	Total Patient Days	Average Length of Stay	Babies Born
Suburban /Rural (continued)	Mineral Springs Hospital	428	1,066	2.5	8
	Northwest Health Centre	na	na	na	na
	Oilfields General Hospital	96	1,680	17.5	0
	Olds Hospital and Care Centre	437	2,720	6.2	56
	Our Lady of the Rosary Hospital	25	285	11.4	0
	Peace River Community Health Centre	494	2,203	4.5	100
	Pincher Creek Health Centre	239	1,520	6.4	28
	Ponoka Hospital and Care Centre	345	2,217	6.4	18
	Provost Health Centre	201	1,066	5.3	31
	Raymond Health Centre	132	843	6.4	8
	Redwater Health Centre	116	1,069	9.2	0
	Rimbey Hospital and Care Centre	140	1,321	9.4	11
	Rocky Mountain House Health Centre	306	2,248	7.3	49
	Sacred Heart Community Health Centre	237	1,230	5.2	19
	Seton - Jasper Healthcare Centre	78	765	9.8	0
	Slave Lake Healthcare Centre	262	1,687	6.4	23
	St. Joseph's General Hospital	167	2,180	13.1	0
	St. Mary's Hospital	741	5,245	7.1	62
	St. Theresa General Hospital	na	na	na	na
	St. Therese - St. Paul Healthcare Centre	434	2,384	5.5	41
	Stettler Hospital and Care Centre	274	1,630	5.9	39
	Strathmore District Health Services	188	2,035	10.8	0
	Sturgeon Community Hospital	3,089	14,520	4.7	767
	Sundre Hospital and Care Centre	176	1,237	7.0	19
	Swan Hills Healthcare Centre	27	63	2.3	0
	Taber Health Centre	229	1,417	6.2	30
	Three Hills Health Centre	176	1,694	9.6	19
	Tofield Health Centre	129	1,379	10.7	0
	Two Hills Health Centre	109	1,808	16.6	0
	Valleyview Health Centre	109	1,089	10.0	4
	Vermilion Health Centre	124	1,304	10.5	2
	Viking Health Centre	271	1,210	4.5	33
	Vulcan Community Health Centre	101	778	7.7	0
	Wabasca/Desmarais Healthcare Centre	81	316	3.9	1
	Wainwright Health Centre	289	1,685	5.8	36
	Westlock Healthcare Centre	463	3,120	6.7	49
	WestView Health Centre - Stony Plain	350	2,122	6.1	75
	Wetaskiwin Hospital and Care Centre	971	5,825	6.0	68
	Whitecourt Healthcare Centre	257	1,309	5.1	26
	William J. Cadzow - Lac La Biche Healthcare Centre	365	1,805	4.9	49
		Total	na	na	na
Grand Total		na	na	na	na

na – indicates 2009/10 Q1 data not available at time of reporting

Emergency and Urgent Care Context and Activity Snapshot

The Canadian Triage and Acuity Scale (CTAS) is a tool used to assess patients triaged at Emergency Departments and Urgent Care facilities. The scale is based on an acuity level between 1 and 5.

Patients requiring immediate intervention and possibly resuscitation are assessed as CTAS level 1.

CTAS 2 (emergent) and 3 (urgent) categories represent patients needing more timely attention than those categorized as CTAS 4 (less urgent) and 5 (non-urgent).

When a CTAS level is not recorded a value of 9 (unknown) is subsequently assigned to the patient. Given this occurrence, the sum of percentages of patients seen at that site with CTAS levels 1 through 5 may not total to 100%.

It's important to note that due to differences in data collection, record keeping and reporting processes across the twelve former health regions, the assignment of CTAS levels can vary significantly. As a result, CTAS data cannot be compared reliably across sites.

This data collection issue has been recognized by AHS and plans are being developed to standardize CTAS allocation in the future as a means of improving data reliability and comparability. Potential approaches include common teaching/educational standards, use of common computerized decision support tools, and/or implementation of standardized presenting complaint lists for Emergency Department data collection.

This table presents the total number of emergency department visits and the percentage of patients in triaged groups of CTAS 1, CTAS 2 and 3 and CTAS 4 and 5.

Higher acuity patients form a greater proportion of the visits to emergency departments in urban centers as seen by the high proportion of lower CTAS scores and percent admitted.

Urgent Care Centres are medical facilities for people who have unexpected but not life-threatening health concerns requiring same-day treatment. The Urgent Care team is comprised of nurses, doctors, and other health care providers. Urgent Care Centres operate separately from hospitals.

Community Ambulatory Care Centres provide diagnosis and treatment for illnesses and injuries for unscheduled patients who require immediate medical attention for non-life-threatening conditions. Community Ambulatory Care Centres operate separately from hospitals.

Emergency Department, Urgent Care, and Ambulatory Care Centre Snapshot: Quarter 1 2009/10 (Apr 1 to Jun 30, 2009)

- Total Visits, Percentage of patients in groups of CTAS 1, CTAS 2 and 3 and CTAS 4 and 5

Peer Group	Site	Visits	Percent CTAS 1	Percent CTAS 2 and 3	Percent CTAS 4 and 5	Percent Admits
Teaching	Alberta Children's Hospital	15,468	0.3%	54.6%	45.1%	6%
	Foothills Medical Centre	17,167	1.1%	82.1%	16.9%	24%
	Stollery Children's Hospital	6,784	0.5%	71.9%	27.7%	14%
	University of Alberta Hospital	13,862	1.1%	67.0%	31.9%	23%
	Peer Group Aggregate	53,281	0.8%	68.9%	30.4%	17%
Large Urban	Grey Nuns Community Hospital	15,200	0.4%	73.3%	26.3%	11%
	Misericordia Community Hospital	12,837	0.3%	70.1%	29.6%	11%
	Peter Lougheed Centre	17,900	0.8%	77.7%	21.5%	14%
	Rockyview General Hospital	17,510	0.4%	83.6%	16.0%	18%
	Royal Alexandra Hospital	16,281	0.9%	72.6%	26.5%	19%
	Peer Group Aggregate	79,728	0.6%	75.9%	23.5%	15%
Large Urban Ambulatory	Northeast Community Health Centre	13,059	0.1%	45.1%	54.8%	na
	Peer Group Aggregate	13,059	0.1%	45.1%	54.8%	na
Urgent Care Centre	Health First Strathcona	4,472	na	na	na	na
	Sheldon M Chumir Centre	12,887	0.0%	33.5%	66.5%	na
	South Calgary Health Centre	12,269	0.0%	34.4%	65.6%	na
	Peer Group Aggregate	29,628	na	na	na	na
Regional	Chinook Regional Hospital	12,029	0.2%	27.4%	65.3%	12%
	Medicine Hat Regional Hospital	9,769	0.2%	34.5%	64.7%	12%
	Northern Lights Regional Health Centre	na	na	na	na	na
	Queen Elizabeth II Hospital	12,471	0.2%	35.5%	55.5%	8%
	Red Deer Regional Hospital Centre	15,041	0.4%	50.0%	49.4%	14%
	Peer Group Aggregate	49,310	na	na	na	na
Community Ambulatory Care Centre	Airdrie Regional Health Centre	7,325	0.0%	20.2%	76.3%	na
	Breton Health Centre	9	0.0%	0.0%	22.2%	na
	Coaldale Health Centre (classification pending)	263	0%	0.0%	0.0%	na
	Okotoks Health and Wellness Centre	7,413	0.0%	18.8%	79.3%	na
	Piyami Community Health Centre	557	0%	0.0%	0.0%	na
	Rainbow Lake Health Centre	na	na	na	na	na
	St.Mary's Health Care Centre	38	0.0%	2.6%	97.4%	na
	Peer Group Aggregate	na	na	na	na	na
Suburban/Rural	Athabasca Healthcare Centre	3,031	0.3%	12.7%	69.7%	5%
	Barrhead Healthcare Centre	5,849	0.2%	19.8%	64.6%	4%
	Bassano Health Centre	725	0.0%	13.7%	83.7%	3%
	Beaverlodge Municipal Hospital	5,648	0.0%	3.8%	40.4%	2%
	Big Country Hospital	1,317	0.1%	8.4%	89.0%	4%
	Bonnyville Healthcare Centre	6,673	0.1%	28.3%	64.4%	4%
	Bow Island Health Centre	1,956	0.3%	11.6%	72.6%	3%

Peer Group	Site	Visits	Percent CTAS 1	Percent CTAS 2 and 3	Percent CTAS 4 and 5	Percent Admits
Suburban/ Rural (continued)	Boyle Healthcare Centre	1,352	0.1%	14.9%	72.7%	7%
	Brooks Health Centre	7,560	0.2%	23.3%	75.8%	4%
	Canmore General Hospital	4,334	0.1%	22.8%	73.0%	4%
	Cardston Health Centre	3,118	0.2%	15.0%	81.9%	7%
	Central Peace Health Complex	1,923	0.2%	9.0%	36.7%	3%
	Claresholm General Hospital	2,658	0.2%	7.6%	84.3%	4%
	Cold Lake Healthcare Centre	7,840	0.1%	11.9%	76.5%	3%
	Consort Hospital and Care Centre	539	0.0%	6.9%	83.9%	7%
	Coronation Hospital and Care Centre	1,134	0.2%	4.8%	71.7%	5%
	Crowsnest Pass Health Centre	1,733	0.7%	8.1%	61.2%	6%
	Daysland Health Centre	1,565	0.0%	9.3%	86.6%	8%
	Devon General Hospital	3,579	0.1%	8.6%	85.1%	2%
	Didsbury District Health Services	3,436	0.1%	15.5%	72.8%	2%
	Drayton Valley Hospital and Care Centre	4,899	0.2%	18.4%	78.5%	3%
	Drumheller Health Centre	3,959	0.2%	9.8%	78.0%	4%
	Edson Healthcare Centre	4,854	0.2%	13.8%	74.3%	3%
	Elk Point Healthcare Centre	1,421	0.1%	15.6%	80.1%	5%
	Fairview Health Complex	5,260	0.0%	2.7%	14.7%	3%
	Fort Saskatchewan Health Centre	5,584	0.1%	22.4%	69.1%	4%
	Fox Creek Healthcare Centre	1,709	0.1%	11.9%	51.3%	1%
	George McDougall - Smoky Lake Healthcare Ctr	1,169	0.3%	11.0%	82.8%	10%
	Grande Cache Community Health Complex	2,105	0.0%	4.0%	31.8%	2%
	Hanna Health Centre	999	0.0%	8.4%	79.3%	10%
	Hardisty Health Centre	652	0.0%	12.1%	86.5%	3%
	High Prairie Health Complex	4,226	0.1%	16.0%	57.7%	4%
	High River General Hospital	5,444	0.1%	31.0%	55.3%	2%
	Hinton Healthcare Centre	3,099	0.1%	23.6%	73.8%	5%
	Innisfail Health Centre	3,841	0.1%	11.6%	75.4%	3%
	Killam Health Care Centre	1,166	0.1%	14.8%	81.3%	4%
	Lacombe Hospital and Care Centre	6,184	0.2%	11.2%	76.7%	5%
	Lamont Health Care Centre	1,474	0.3%	20.1%	73.7%	4%
	Leduc Community Hospital	6,398	0.1%	44.9%	55.0%	4%
	Manning Community Health Centre	2,283	0.0%	6.9%	70.2%	4%
Mayerthorpe Healthcare Centre	3,591	0.1%	23.1%	66.5%	3%	
Mineral Springs Hospital	2,571	0.1%	24.5%	73.4%	4%	
Northwest Health Centre	na	na	na	na	na	
Oilfields General Hospital	3,392	0.1%	25.9%	69.0%	2%	
Olds Hospital and Care Centre	3,748	0.1%	14.2%	69.1%	5%	
Our Lady of the Rosary Hospital	903	0.1%	4.9%	71.9%	2%	

Peer Group	Site	Visits	Percent CTAS 1	Percent CTAS 2 and 3	Percent CTAS 4 and 5	Percent Admits
Suburban/ Rural (continued)	Peace River Community Health Centre	5,720	0.3%	11.1%	41.1%	4%
	Pincher Creek Health Centre	2,232	0.3%	12.5%	42.9%	6%
	Ponoka Hospital and Care Centre	4,323	0.4%	10.0%	67.3%	7%
	Provost Health Centre	1,304	0.1%	15.3%	79.9%	9%
	Raymond Health Centre	2,127	0.1%	10.2%	68.7%	4%
	Redwater Health Centre	1,785	0.2%	19.3%	73.9%	5%
	Rimbey Hospital and Care Centre	1,942	0.0%	10.9%	55.7%	5%
	Rocky Mountain House Health Centre	7,412	0.1%	29.0%	64.6%	2%
	Sacred Heart Community Health Centre	2,287	0.2%	7.6%	63.5%	7%
	Seton - Jasper Healthcare Centre	1,676	0.0%	16.6%	76.9%	3%
	Slave Lake Healthcare Centre	4,439	0.1%	9.8%	89.6%	4%
	St.Joseph's General Hospital	3,036	0.4%	20.6%	72.2%	4%
	St.Mary's Hospital	4,071	0.3%	37.7%	62.0%	8%
	St.Theresa General Hospital	na	na	na	na	na
	St.Therease - St. Paul Healthcare Centre	5,205	0.2%	23.9%	65.8%	6%
	Stettler Hospital and Care Centre	3,375	0.1%	7.5%	74.1%	3%
	Strathmore District Health Services	8,064	0.1%	28.8%	66.0%	2%
	Surgeon Community Hospital	11,560	0.3%	55.9%	43.8%	7%
	Sundre Hospital and Care Centre	2,527	0.0%	12.7%	69.4%	5%
	Swan Hills Healthcare Centre	964	0.1%	5.3%	93.6%	2%
	Taber Health Centre	2,091	0.4%	9.2%	83.3%	5%
	Three Hills Health Centre	3,652	0.0%	9.9%	69.4%	3%
	Tofield Health Centre	1,799	0.2%	15.3%	72.8%	5%
	Two Hills Health Centre	1,398	0.0%	17.5%	82.1%	5%
	Valleyview Health Centre	4,213	0.1%	6.5%	67.1%	2%
	Vermilion Health Centre	2,139	0.2%	11.7%	77.7%	3%
	Viking Health Centre	1,676	0.0%	11.2%	81.8%	8%
	Vulcan Community Health Centre	1,201	0.7%	10.7%	58.6%	4%
	Wabasca/Desmarais Healthcare Centre	2,280	0.1%	8.6%	83.5%	2%
	Wainwright Health Centre	4,475	0.1%	6.9%	88.2%	4%
	WestView Health Centre - Stony Plain	8,574	0.2%	36.7%	63.1%	2%
	Westlock Healthcare Centre	4,364	0.1%	16.8%	67.7%	5%
Wetaskiwin Hospital and Care Centre	8,225	0.1%	19.6%	75.2%	6%	
Whitecourt Healthcare Centre	4,153	0.2%	21.6%	65.3%	4%	
William J.Cadzow - Lac La Biche Healthcare Ctr	3,789	0.0%	18.0%	80.0%	7%	
Peer Group Aggregate	na	na	na	na	na	
Rural Ambulatory	Fort MacLeod Health Centre	943	0.2%	17.9%	67.7%	na
	Grimshaw/Berwyn & Dist. Community Health Ctr	3,691	0.1%	6.7%	61.1%	na
	Milk River Health Centre	619	0.2%	18.9%	47.7%	na
	Peer Group Aggregate	5,253	0.1%	10.1%	60.7%	na
Grand Total		na	na	na	na	na

na – indicates 2009/10 Q1 data not available at time of reporting.

Performance Measures

Waiting Times – Acute Care Procedures

Coronary Artery Bypass Graft (CABG) Wait times: Percentage meeting Target, Median Wait Time and 90th Percentile Wait Time

Wait times for surgical procedures are an indicator of access to the health care system and a reflection of efficient use of resources. Wait times are for elective procedures.

Wait time is calculated from the date of cardiac catheterization to the date the CABG was completed.

As urgency ratings for CABG procedures are not consistently applied across the two centres included in this table (Foothills Medical Centre and University of Alberta Hospital). Results should be interpreted with caution.¹

AHS CABG* Wait Time Performance Quarter 2(Jul 1 to Sep 30, 2009)

Urgent Target = 1 week, Semi-Urgent Target = 2 weeks, Non-Urgent Target = 6 weeks

Site	Urgency Rating	# Patients (Q2 9/10)	% That Met Target Previous Quarter (Q1 09/10)	% That Met Target Current Quarter (Q2 09/10)	Number of weeks by which 50% of patients had their surgery (Q2 09/10)	Number of weeks by which 90% of patients had their surgery (Q2 09/10)
Foothills Medical Centre	Urgent	57	80%	57%	0.9	2.1
University of Alberta Hospital	Urgent	84	39%	26%	1.4	2.4
Foothills Medical Centre	Semi-Urgent	25	67%	70%	1.4	2.6
University of Alberta Hospital	Semi-Urgent	11	0%	0%	3.6	5.0
Foothills Medical Centre	Non-Urgent	63	42%	44%	13.3	31.0
University of Alberta Hospital	Non-Urgent	88	13%	12%	11.8	32.3
Total		328				

* CABG only procedures

¹ Discussions between Calgary and Edmonton in the areas of Cardiology and CV Surgery have been initiated at the Alberta Cardiac Tertiary Care Committee. Agreement on definitions will be reached at the Alberta Cardiac Tertiary Committee.

Primary Elective Total Hip and Knee Replacement Wait Times: Percentage meeting Benchmark, Median Wait Time and 90th Percentile Wait Time

Wait times for surgical procedures are an indicator of access to the health care system and a reflection of efficient use of resources. Wait times are for scheduled procedures.

Wait times are commonly used as indicators of the efficiency of the system. A variety of factors can impact the wait times such as the demographics of the population, treatment patterns of physicians, the number of emergency surgeries, which have higher priorities in use of resources, nurse shortages, or job action (Statistics Canada). Knee and Hip replacement surgery has the potential to result in considerable improvement in functional status, pain relief, as well as other gains in health-related quality of life (CIHI).

Primary Elective Hip Replacements Quarter 2(Jul 1 to Sep 30, 2009)

Benchmark = 26 weeks Target 26–30 weeks

Site	# Completed (Q2 09/10)	% Meeting Provincial Territorial Benchmark Previous Quarter (Q1 09/10)	% Meeting Provincial Territorial Benchmark Current Quarter (Q2 09/10)	Number of weeks by which 50% of patients had their surgery (Q2 09/10)	Number of weeks by which 90% of patients had their surgery (Q2 09/10)
Foothills Medical Centre	27	88%	82%	12.7	30.9
Health Resource Centre	100	93%	97%	8.4	16.2
Misericordia Community Hospital	54	68%	54%	25.6	54.7
Peter Lougheed Centre	59	87%	93%	13.1	25.3
Royal Alexandra Hospital	141	69%	72%	15.7	47.3
Red Deer Regional Hospital	49	95%	90%	11.9	24.7
Rockyview General Hospital	51	90%	82%	14.9	37.1
University of Alberta Hospital	28	93%	96%	13.9	22.3
Total	509	83%	82%	13.2	35.7

Primary Elective Knee Replacements Quarter 2(Jul 1 to Sep 30, 2009)

Benchmark = 26 weeks Target 26-45 weeks (includes Unicondylar Knee Replacements)

Site	# Completed (Q2 09/10)	% Meeting Provincial Territorial Benchmark Previous Quarter (Q1 09/10)	% Meeting Provincial Territorial Benchmark Current Quarter (Q2 09/10)	Number of weeks by which 50% of patients had their surgery (Q2 09/10)	Number of weeks by which 90% of patients had their surgery (Q2 09/10)
Foothills Medical Centre	22	81%	82%	17.3	32.6
Health Resource Centre	93	96%	96%	10.2	21.0
Misericordia Community Hospital	92	41%	53%	40.2	80.0
Peter Lougheed Centre	80	77%	90%	15.8	26.8
Royal Alexandra Hospital	234	58%	62%	17.1	66.9
Red Deer Regional Hospital	99	89%	90%	13.3	26.7
Rockyview General Hospital	88	80%	77%	16.3	35.4
University of Alberta Hospital	34	89%	94%	13.8	26.2
Total	742	72%	76%	15.7	46.9

Timeliness of Care in Tertiary Oncology Facilities: Percentage meeting Target, Median Wait Time and 90th Percentile Wait Time

Wait times are an important measure of how quickly people are getting access to cancer care. They indicate Alberta Health Services' ability to meet the needs of cancer patients.

Wait times are commonly used as indicators of the efficiency of the system. A variety of factors can impact wait times such as the demographics of the population, treatment patterns of physicians, the number of emergency surgeries, which have higher priorities in use of resources, timing of first treatment, tumour site, and decisions to postpone treatment for medical or personal reasons.

Time Period 1: Referral to First Consult Q2(Jul 1 to Sep 30, 2009)

For patients with a confirmed cancer diagnosis, the number of days between the date that a referral was received from a physician outside a cancer facility (eg, family physician or surgeon) to the date that the first consult with an oncologist occurred. Target = 4 weeks

Facility	Type of First Consult	Number of patients who had their first consult (Q2 09/10)	% That Met Target Previous Quarter (Q1 09/10)	% That Met Target Current Quarter (Q2 09/10)	Number of weeks by which 50% of patients had their first consult (Q2 09/10)	Number of weeks by which 90% of patients had their first consult (Q2 09/10)
Cross Cancer Institute	Medical Oncologist ²	758	70%	56%	3.3	6.3
Cross Cancer Institute	Radiation Oncologist	732	70%	60%	2.9	9.3
Tom Baker Cancer Centre ²	Medical Oncologist	827	82%	77%	2.7	5.7
Tom Baker Cancer Centre ²	Radiation Oncologist	467	75%	71%	2.6	5.9
Total	<i>Medical Oncologist</i>	1,585	77%	67%	2.9	6.1
Total	<i>Radiation Oncologist</i>	1,199	72%	64%	2.7	8.3

Time Period 2: Ready-to-Treat to First Radiation Therapy Q2(Jul 1 to Sep 30, 2009)

The number of days from the date the patient is physically ready to commence treatment to the date the patient receives his/her first radiation therapy. Target = 4 weeks

Facility	Type of First Treatment	Number patients who started radiation therapy (Q2 9/10)	% Meeting Provincial Territorial Benchmark (within 4 wks) Previous Quarter (Q1 09/10)	% Meeting Provincial Territorial Benchmark (within 4 wks) Current Quarter (Q2 09/10)	Number of weeks by which 50% of patients had their first treatment (Q2 09/10)	Number of weeks by which 90% of patients had their first treatment (Q2 09/10)
Cross Cancer Institute	Radiation Therapy	941	70%	68%	2.1	6.0
Tom Baker Cancer Centre ³	Radiation Therapy	752	77%	81%	2.0	4.7
Total	<i>Radiation Therapy</i>	1,693	73%	74%	2.1	5.6

² Medical Oncologist – includes Medical Oncologists and Surgical/Gyne Oncologists

³ TBCC includes the Holy Cross Site

2009/10 Children's Mental Health Access Standards

These results only include a portion of cases seen throughout the addiction and mental health continuum. The reported cases are especially limited for the Edmonton and Calgary Zones. Quarterly fluctuations such as those in this report are expected. Of the data reported, it is nonetheless noteworthy that a significant portion of children have their first appointment within 7 days (36% of enrolled children in Quarter 2 (Jul 1– Sep 30, 2009)). On the other extreme, 28% waited over a month, and 7% waited over 3 months (Q2). It is anticipated that implementing the Children's Mental Health Plan will improve access for children's mental health services.

Children seen within 30 Days at Community Mental Health Clinics

Overall (any level of urgency)	Quarter 1 09/10	Quarter 2 09/10
Number of children enrolled in the quarter	1,069	1,220
Number of children seen within 30 days	767	878
% seen within 30 days	72%	72%

Health Zone Quarterly Results

Health Zone (Service Provision)	Quarter 1 09/10		Quarter 2 09/10	
	Enrolled	% seen within 30 days	Enrolled	% seen within 30 days
South*	120	77%	88	96%
Calgary	181	66%	341	70%
Central	281	88%	254	84%
Edmonton	195	54%	193	47%
North	292	70%	344	73%

*These data include all scheduled, urgent and emergent cases. Excludes data from Lethbridge area of the South Zone.

Notes:

1. These data are limited to children enrolled in programs at community mental health clinics across Alberta, excluding those clinics from the Lethbridge area of the South Zone.
2. These data are most readily available, and when data from other areas of the mental health continuum become consistently available, the results will be updated.
3. These data include all scheduled, urgent and emergent cases.

Performance Measures Length of Stay - Emergency and Urgent Care

Emergency Department Length of Stay – 14 high volume sites

The Emergency Department (ED) length of stay (LOS) is the time from when a patient is registered until they are discharged or enter the hospital (leave the emergency department). Registration time represents the time when the patient registration information is entered and verified.

The top 14 Emergency Department sites in terms of high patient volume (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding waiting times in Emergency. These sites include:

1. University of Alberta Hospitals (Edmonton) (including Stollery Children's Hospital)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)

It is important to understand the extent to which patients are waiting in EDs, because waiting for care can result in delays to treatment for individual patients and reduced efficiency in the flow of patients that require admission from the ED onto an inpatient ward. There is some evidence to indicate that a relationship exists between patient flow through the ED and delays in care. For example, delays in some door-to-treatment times have been found in recent studies to be associated with ED overcrowding or longer ED wait times (Statistics Canada).

Cases are grouped into complicated and uncomplicated in this analysis since the resources utilized and the time required to provide care is expected to be quite different. Patients with a more serious initial assessment (CTAS 1, 2 or 3) or those that require admission to a hospital are classified as complicated cases as they are more likely to require more tests, complexity of care, waiting for consults or surgery, or admission to an available bed. Patients without a serious initial assessment (CTAS 4 and 5) and that are not admitted are classified as uncomplicated cases.

The median (50th percentile) wait times and 90th percentile wait times presented in the following table provide an indication of the ED length of stay (LOS) for a certain percentage of patients. The median refers to the number of hours under which 50% of patients complete their ED stay. The 90th percentile refers to the number of hours under which 90% of patients complete their ED stay.

Emergency Department Length of Stay – High Volume Sites: Quarter 1 2009/10 (Apr 1 to Jun 30, 2009)

Peer Group	Site	90th percentile Time in Hours ED LOS for Uncomplicated Cases	Median Time in Hours ED LOS for Uncomplicated Cases	90th percentile Time in Hours ED LOS for Complicated Cases (7 day window)	Median Time in Hours ED LOS for Complicated Cases (7 day window)
Teaching	Alberta Children's Hospital	5.1	2.8	7.2	3.6
	Foothills Medical Centre	6.6	2.9	16.3	5.6
	Stollery Children's Hospital	5.2	2.3	10.5	3.4
	University of Alberta Hospital	8.3	3.5	20.4	6.2
Large Urban	Grey Nuns Community Hospital	4.9	1.9	17	4.5
	Misericordia Community Hospital	4.5	1.7	13.3	3.7
	Peter Lougheed Centre	6	2.9	13.6	4.7
	Rockyview General Hospital	5	2	14.2	4.6
	Royal Alexandra Hospital	9.9	4.5	20.4	6.7
Large Urban Ambulatory	Northeast Community Health Centre	5.3	2.6	7.2	3.3
Regional	Chinook Regional Hospital	4.7	2.2	6.9	3.3
	Northern Lights Regional Health Ctr	na	na	na	na
	Queen Elizabeth II Hospital	5.7	2.2	8.3	3.3
	Red Deer Regional Hospital Centre	4.2	2	18.1	4.7
Suburban / Rural	Sturgeon Community Hospital	5.5	2.6	11.2	4
Overall	14+ high volume site aggregate	na	na	na	na

na – indicates 2009/10 Q1 data not available at time of reporting.

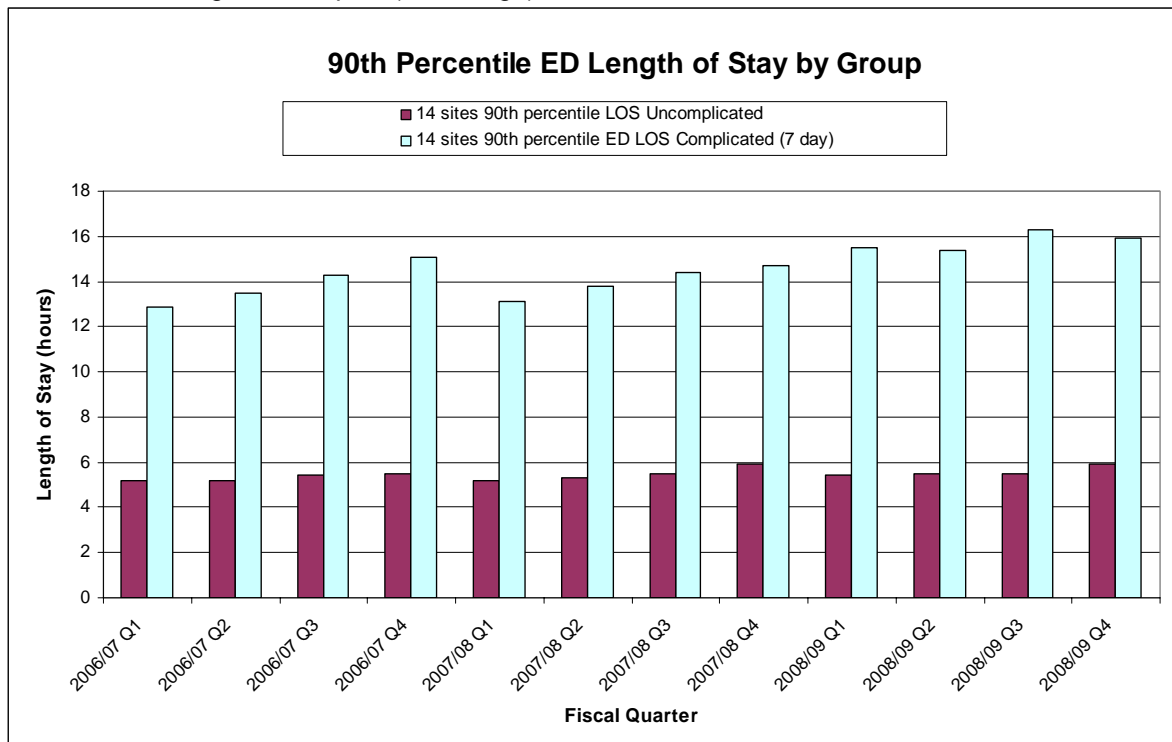
90th Percentile Emergency Department Length of Stay for Uncomplicated and Complicated Cases – High Volume Sites

The Emergency Department (ED) length of stay (LOS) is the time from when a patient is registered until they are discharged or enter the hospital (leave the ED). Patients with a more serious initial assessment (CTAS 1, 2, or 3) or requiring admission to hospital are classified as complicated cases as they are more likely to require more test, complexity of care, waiting for consults or surgery, or admission to an available bed. Patients without a serious initial assessment (CTAS 4 or 5) and that are not admitted are classified as uncomplicated cases and generally require fewer resources.

The 90th percentile refers to the number of hours under which 90% of patients complete their ED stay. That is, patients experience an ED LOS equal to or shorter than this 90% of the time.

The top 14 volume sites (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding wait times in Emergency. The sites include:

1. University of Alberta Hospitals (Edmonton) (including Stollery Children's Hospital)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)



2009/10 Q1 data not available for all sites at time of reporting

Emergency Department Length of Stay and Left without Being Seen Rates: Quarter 1 2009/10 (Apr 1 to Jun 30, 2009)

The Emergency Department (ED) length of stay (LOS) is the time from when a patient is registered until they are discharged or enter the hospital (leave ED). Registration time represents the time when the patient registration information is entered and verified. The ED LOS can be significantly different for patients treated and discharged from emergency than for those subsequently admitted. The additional time for admitted patients includes time for care and consultation for complex conditions as well as time associated with waiting for assignment and movement to an inpatient bed. A target is ED LOS of less than 4 hours for discharged patients with a goal to have 90% or more of these patients having a LOS of less than 4 hours. For admitted patients a goal is to have 90% or more moved to an inpatient space in less than 8 hours. Some limitations exist to determine times accurately. Left without being seen (LWBS) includes patients that left without seeing a physician or left against medical advice or prior to treatment. Urban centres have a longer length of stay in both categories resulting in a higher proportion of LWBS.

Percentage of discharged patients where the length of stay is less than 4 hours and percentage of admitted patients where the length of stay was less than 8 hours in Emergency. Percentage LWBS represents patients left without being seen by a physician as well as any who left against medical advice.

Peer Group	Site	ED Visits	% Discharged With ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percent ED visits LWBS
Teaching	Alberta Children's Hospital	15,468	68%	71%	5.9%
	Foothills Medical Centre	17,167	45%	34%	6.4%
	Stollery Children's Hospital	6,784	71%	44%	4.5%
	University of Alberta Hospital	13,862	44%	29%	6.8%
	Peer Group Aggregate	53,281	56%	37%	6.1%
Large Urban	Grey Nuns Community Hospital	15,200	58%	26%	7.7%
	Misericordia Community Hospital	12,837	68%	31%	5.6%
	Peter Lougheed Centre	17,900	52%	28%	7.5%
	Rockyview General Hospital	17,510	57%	33%	3.1%
	Royal Alexandra Hospital	16,281	32%	24%	11.7%
	Peer Group Aggregate	79,728	53%	28%	7.1%
Large Urban Ambulatory	Northeast Community Health Centre	13,059	69%	na	9.2%
	Peer Group Aggregate	13,059	69%	na	9.2%
Urgent Care Centre	Health First Strathcona	4,472	na	na	0.0%
	Sheldon M Chumir Centre	12,887	76%	na	8.9%
	South Calgary Health Centre	12,269	81%	na	6.5%
	Peer Group Aggregate	29,628	79%	na	6.5%
Regional	Chinook Regional Hospital	12,029	82%	87%	4.4%
	Medicine Hat Regional Hospital	9,769	83%	88%	4.5%
	Northern Lights Regional Health Centre	na	na	na	na
	Queen Elizabeth II Hospital	12,471	74%	na	8.3%
	Red Deer Regional Hospital Centre	15,041	71%	40%	4.9%
	Peer Group Aggregate	na	77%	67%	na

Peer Group	Site	ED Visits	% Discharged With ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percent ED visits LWBS
Community Ambulatory Care Centre	Airdrie Regional Health Centre	7,325	96%	na	5.8%
	Breton Health Centre	9	100%	na	0.0%
	Coaldale Health Centre (classification pending)	263	100%	na	0.8%
	Okotoks Health and Wellness Centre	7,413	89%	na	1.8%
	Piyami Community Health Centre	557	100%	na	0.9%
	Rainbow Lake Health Centre	na	na	na	na
	St.Mary's Health Care Centre	38	100%	na	0.0%
	Peer Group Aggregate	na	na	na	na
Suburban/ Rural	Athabasca Healthcare Centre	3,031	95%	86%	0.9%
	Barrhead Healthcare Centre	5,849	97%	98%	1.8%
	Bassano Health Centre	725	93%	56%	2.1%
	Beaverlodge Municipal Hospital	5,648	78%	93%	1.6%
	Big Country Hospital	1,317	95%	85%	0.5%
	Bonnyville Healthcare Centre	6,673	99%	87%	1.9%
	Bow Island Health Centre	1,956	98%	88%	0.6%
	Boyle Healthcare Centre	1,352	95%	na	2.2%
	Brooks Health Centre	7,560	99%	98%	1.9%
	Canmore General Hospital	4,334	86%	78%	3.0%
	Cardston Health Centre	3,118	94%	92%	2.3%
	Central Peace Health Complex	1,923	93%	87%	0.8%
	Claresholm General Hospital	2,658	82%	67%	0.4%
	Cold Lake Healthcare Centre	7,840	99%	97%	1.8%
	Consort Hospital and Care Centre	539	96%	94%	0.0%
	Coronation Hospital and Care Centre	1,134	88%	95%	0.3%
	Crowsnest Pass Health Centre	1,733	83%	85%	0.6%
	Daysland Health Centre	1,565	97%	95%	0.5%
	Devon General Hospital	3,579	93%	19%	1.5%
	Didsbury District Health Services	3,436	94%	84%	2.9%
	Drayton Valley Hospital and Care Centre	4,899	95%	72%	1.6%
	Drumheller Health Centre	3,959	65%	97%	1.4%
	Edson Healthcare Centre	4,854	92%	90%	2.0%
	Elk Point Healthcare Centre	1,421	98%	98%	0.1%
	Fairview Health Complex	5,260	48%	93%	2.5%
	Fort Saskatchewan Health Centre	5,584	87%	47%	3.5%
	Fox Creek Healthcare Centre	1,709	56%	50%	0.6%
	George McDougall - Smoky Lake Healthcare Centre	1,169	92%	na	1.2%
	Grande Cache Community Health Complex	2,105	95%	90%	0.4%

Peer Group	Site	ED Visits	% Discharged with ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percent ED visits LWBS
Suburban / Rural (continued)	Hanna Health Centre	999	83%	91%	0.0%
	Hardisty Health Centre	652	96%	89%	1.1%
	High Prairie Health Complex	4,226	93%	75%	7.5%
	High River General Hospital	5,444	73%	41%	4.4%
	Hinton Healthcare Centre	3,099	90%	86%	1.3%
	Innisfail Health Centre	3,841	93%	94%	1.1%
	Killam Health Care Centre	1,166	74%	53%	4.9%
	Lacombe Hospital and Care Centre	6,184	91%	93%	2.5%
	Lamont Health Care Centre	1,474	93%	61%	1.0%
	Leduc Community Hospital	6,398	94%	58%	3.7%
	Manning Community Health Centre	2,283	91%	86%	1.1%
	Mayerthorpe Healthcare Centre	3,591	89%	100%	0.6%
	Mineral Springs Hospital	2,571	92%	90%	1.7%
	Northwest Health Centre	na	na	na	na
	Oilfields General Hospital	3,392	94%	82%	2.1%
	Olds Hospital and Care Centre	3,748	86%	95%	1.1%
	Our Lady of the Rosary Hospital	903	84%	53%	0.3%
	Peace River Community Health Centre	5,720	59%	95%	2.4%
	Pincher Creek Health Centre	2,232	83%	75%	1.9%
	Ponoka Hospital and Care Centre	4,323	94%	96%	2.8%
	Provost Health Centre	1,304	91%	95%	1.1%
	Raymond Health Centre	2,127	95%	96%	0.1%
	Redwater Health Centre	1,785	94%	76%	2.1%
	Rimbey Hospital and Care Centre	1,942	93%	71%	0.8%
	Rocky Mountain House Health Centre	7,412	89%	77%	5.5%
	Sacred Heart Community Health Centre	2,287	98%	99%	1.4%
	Seton - Jasper Healthcare Centre	1,676	86%	94%	0.5%
	Slave Lake Healthcare Centre	4,439	93%	84%	1.3%
	St. Joseph's General Hospital	3,036	94%	97%	1.4%
	St. Mary's Hospital	4,071	92%	84%	1.5%
	St. Theresa General Hospital	na	na	na	na
	St. Therese - St. Paul Healthcare Centre	5,205	95%	96%	3.3%
	Stettler Hospital and Care Centre	3,375	96%	89%	1.5%
	Strathmore District Health Services	8,064	75%	83%	3.2%
Sturgeon Community Hospital	11,560	62%	31%	6.2%	
Sundre Hospital and Care Centre	2,527	89%	96%	1.7%	
Swan Hills Healthcare Centre	964	98%	89%	0.1%	
Taber Health Centre	2,091	96%	97%	1.7%	

Peer Group	Site	ED Visits	% Discharged With ED LOS < 4 hours	% Admitted with ED LOS < 8 hours	Percent ED visits LWBS
Suburban / Rural (continued)	Three Hills Health Centre	3,652	67%	80%	1.8%
	Tofield Health Centre	1,799	89%	79%	1.1%
	Two Hills Health Centre	1,398	92%	90%	1.4%
	Valleyview Health Centre	4,213	75%	97%	2.0%
	Vermilion Health Centre	2,139	93%	92%	0.3%
	Viking Health Centre	1,676	97%	96%	0.4%
	Vulcan Community Health Centre	1,201	92%	92%	0.6%
	Wabasca/Desmarais Healthcare Centre	2,280	95%	96%	1.5%
	Wainwright Health Centre	4,475	97%	96%	1.5%
	WestView Health Centre - Stony Plain	8,574	66%	6%	8.3%
	Westlock Healthcare Centre	4,364	93%	81%	0.4%
	Wetaskiwin Hospital and Care Centre	8,225	91%	87%	4.0%
	Whitecourt Healthcare Centre	4,153	36%	95%	0.0%
	William J.Cadzow - Lac La Biche Healthcare Centre	3,789	98%	100%	1.4%
Peer Group Aggregate		na	na	na	na
Rural Ambulatory	Fort MacLeod Health Centre	943	90%	na	2.8%
	Grimshaw/Berwyn and District Community Health Ctr	3,691	79%	na	0.8%
	Milk River Health Centre	619	87%	na	0.8%
	Peer Group Aggregate		5,253	82%	na
All Sites Aggregate		na	na	na	na

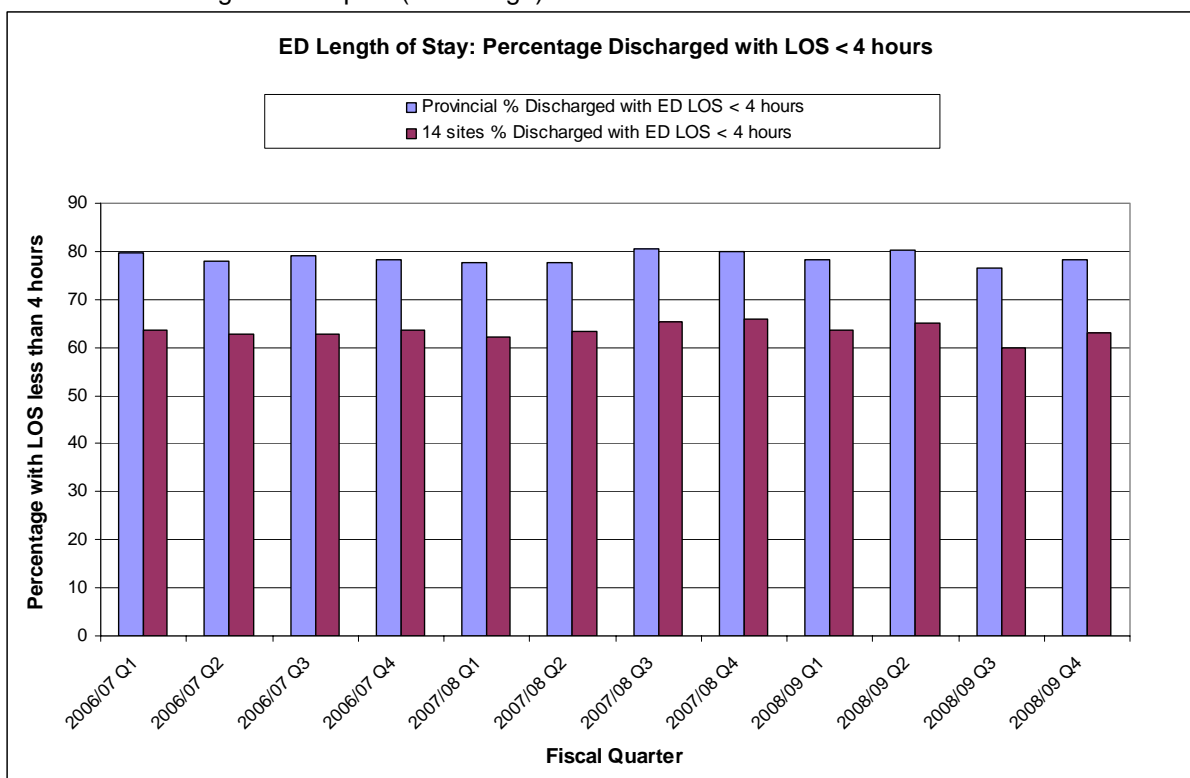
na – indicates 2009/10 Q1 data not available at time of reporting

Percentage of Emergency Department Length of Stay within Target Time for Discharged and Admitted Patients – Provincial and 14 High Volume Sites

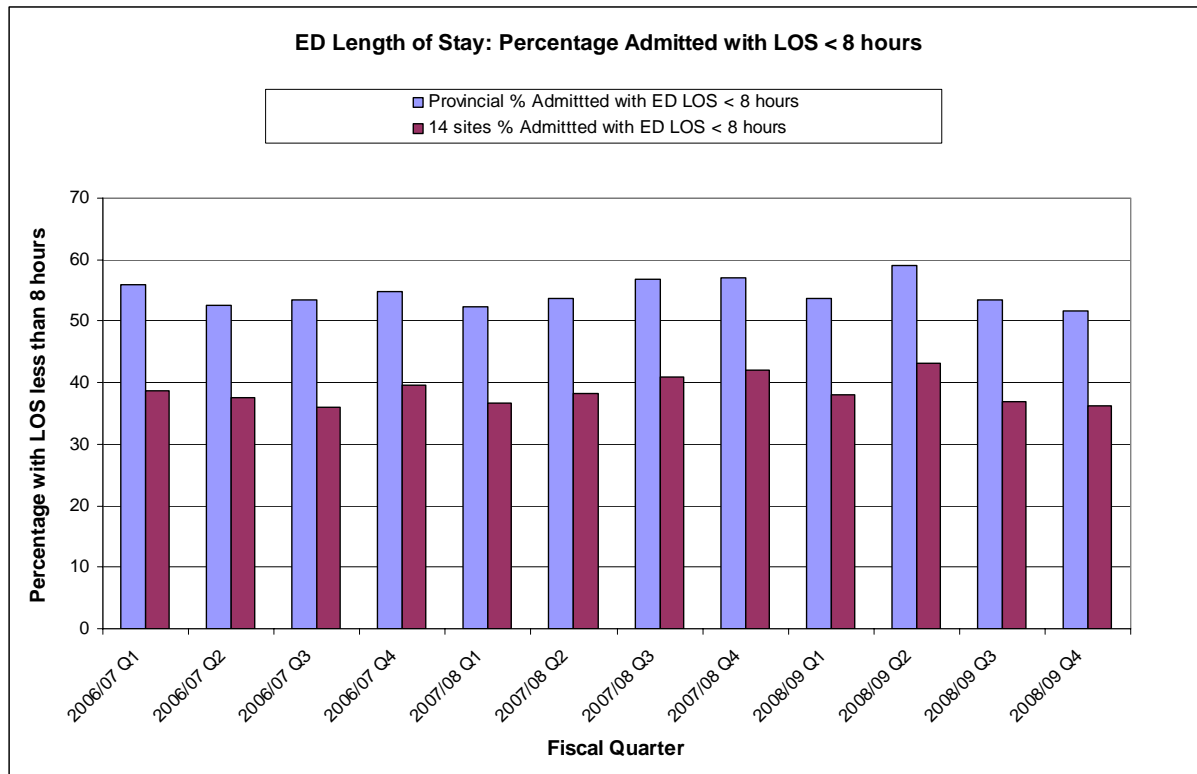
The Emergency Department (ED) length of stay (LOS) is the time from when a patient is registered until they are discharged or enter the hospital (leave ED). Registration time represents the time when the patient registration information is entered and verified. A target is an ED LOS of less than 4 hours for discharged patients with a goal to have 90% or more of these patients having an LOS of less than 4 hours. For admitted patients a goal is to have 90% or more moved to an inpatient space in less than 8 hours. Some limitations exist to determine times accurately.

The top 14 volume sites (annual visits greater than 40,000 in 2006/07) have been identified as improvement targets regarding wait times in Emergency. The sites include:

1. University of Alberta Hospitals (Edmonton) (including Stollery Children's Hospital)
2. Misericordia Community Hospital (Edmonton)
3. Royal Alexandra Hospital (Edmonton)
4. Grey Nuns Community Hospital (Edmonton)
5. Sturgeon Community Hospital (Edmonton)
6. Northeast Community Health Centre (Edmonton)
7. Foothills Medical Centre (Calgary)
8. Rockyview General Hospital (Calgary)
9. Peter Lougheed Centre (Calgary)
10. Alberta Children's Hospital (Calgary)
11. Northern Lights Regional Health Centre (Fort McMurray)
12. Red Deer Regional Hospital (Red Deer)
13. Queen Elizabeth II Hospital (Grande Prairie)
14. Chinook Regional Hospital (Lethbridge)



2009/10 Q1 data not available for all sites at time of reporting.



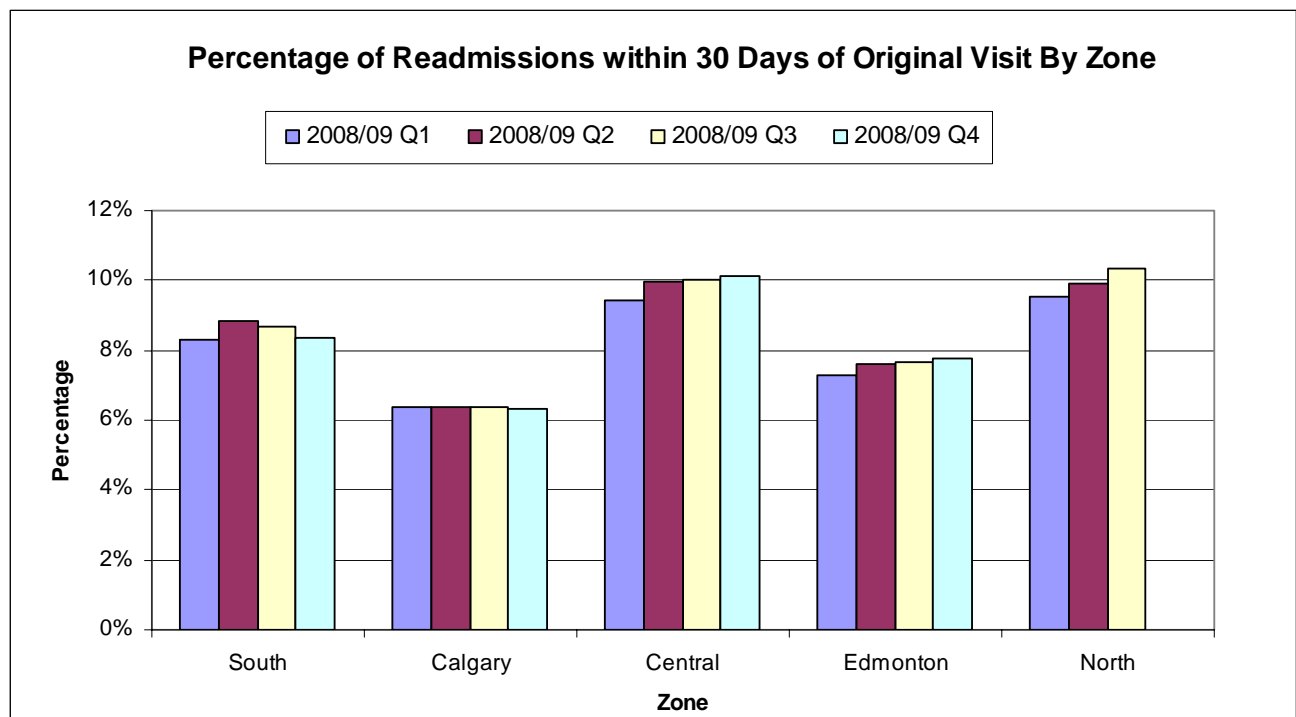
2009/10 Q1 data not available for all sites at time of reporting.

Performance Measures Acute Care

Percentage of Patients with a Hospital Readmission within 30 Days

Readmission rates provide one measure of the quality of care. The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care. All causes of readmissions are reported and are not necessarily due to related conditions.

Readmissions remain relatively steady across the zones.



2008/09 Q4 results are not available for North Zone due to the unavailability of data for 2009/10 Q1

Percentage of Patients with a Hospital Readmission within 30 Days for Teaching, Large Urban and Regional Peer Groups

Readmission rates provide one measure of the quality of care. The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care. All causes of readmissions are reported and are not necessarily be due to related conditions.

Site rates have been stable over the year. It should be noted that the two hospitals with the highest 30 day readmission rates (University of Alberta and Stollery Children's) also have the highest Case Mix Indices (CMI) among the teaching, urban and regional hospitals. A higher CMI is an indication that the hospital treats patients with more complex conditions.

Peer Group	Site	Quarter 1 2008/09 (Apr 1 to Jun 30, 2008)	Quarter 2 2008/09 (Jul 1 to Sep 30, 2008)	Quarter 3 2008/09 (Oct 1 to Dec 31 2008)	Quarter 4 2008/09 (Jan 1 to Mar 31, 2009)	Overall
Teaching	Alberta Children's Hospital	7.5%	6.6%	7.5%	7.4%	7.3%
	Foothills Medical Centre	7.1%	7.2%	7.1%	7.4%	7.2%
	Stollery Children's Hospital	9.5%	9.3%	9.8%	10.8%	9.9%
	University of Alberta Hospital	11.0%	11.2%	11.4%	10.6%	11.1%
Large Urban	Grey Nuns Community Hospital	5.2%	5.7%	5.2%	5.9%	5.5%
	Misericordia Community Hospital	5.6%	5.7%	6.0%	5.8%	5.8%
	Peter Lougheed Centre	6.1%	5.9%	6.1%	5.6%	5.9%
	Rockyview General Hospital	5.5%	5.6%	5.2%	5.2%	5.4%
	Royal Alexandra Hospital	7.3%	7.7%	7.5%	8.0%	7.6%
Regional	Chinook Regional Hospital	7.2%	6.9%	7.7%	6.4%	7.0%
	Medicine Hat Regional Hospital	7.6%	8.7%	8.1%	8.3%	8.2%
	Northern Lights Regional Health Centre	8.0%	6.6%	6.0%	na	na
	Queen Elizabeth II Hospital	6.4%	6.1%	6.6%	na	na
	Red Deer Regional Hospital Centre	6.9%	7.1%	7.8%	8.3%	7.5%

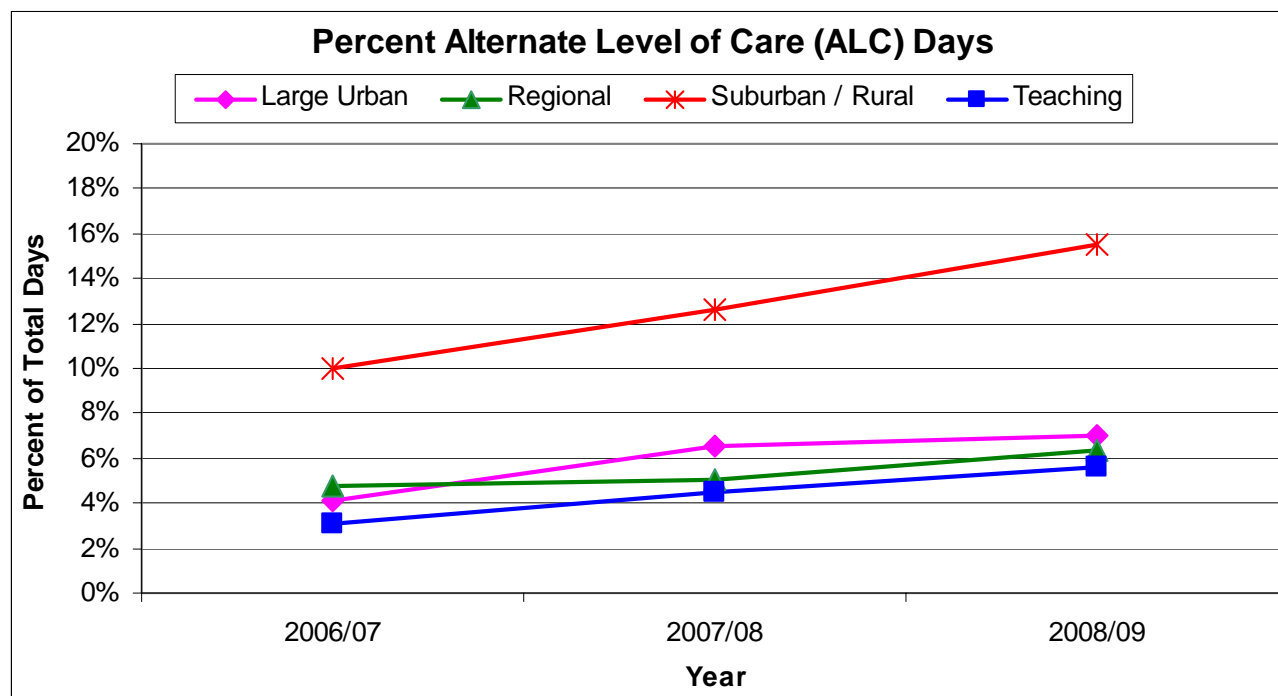
na – indicates 2009/10 Q1 data not available at time of reporting

Percentage of Alternate Level of Care (ALC) Days by Year by Type of Hospital

ALC identifies a patient who has completed the acute care phase of his/her treatment but remains in an acute care bed. It requires a medical decision with documentation by a physician (or designated other) that the patient occupying an acute care hospital bed is well enough to be cared for elsewhere and is awaiting placement for an alternative level of service such as Long Term Care, Designated Assisted Living (DAL), Personal Care Home (PCH), Psychiatric Facility, Rehabilitation Facility, Hospice, Senior's Lodge etc. Patients waiting in an acute care bed due to social circumstances (e.g. waiting for transportation, home renovations), need community support (e.g. Home Care) or boarder babies/moms would also qualify as ALC. Excludes patients convalescing, post intervention, being treated in a step down unit, designated as sub-acute or out on a pass while continuing to receive acute services.

Calgary adult urban facilities record ALC days for patients waiting for Long Term Care, Designated Assisted Living (DAL) or Personal Care Home (PCH) as per Transition Services.

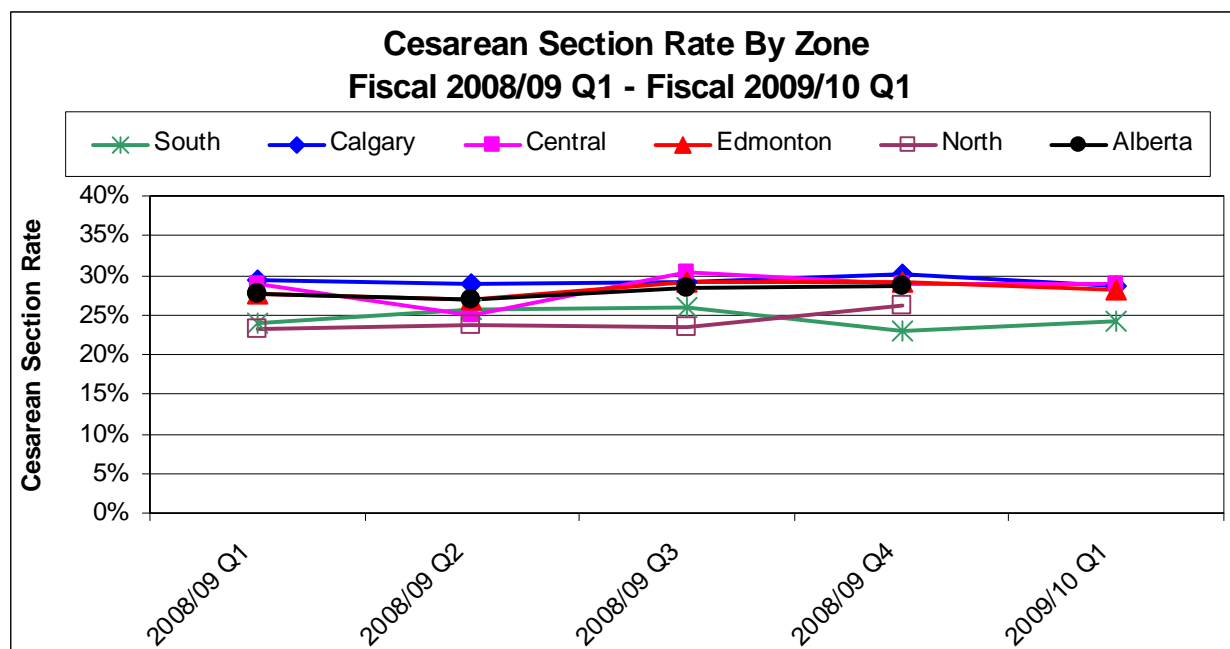
This indicator is designed to assess the processes that ensure patients are cared for in the most appropriate setting. It identifies the proportion of patients who are occupying acute care beds due to the unavailability of services in more appropriate settings. Maintaining a lower percent of ALC days requires aggressive management and placement of the most complex patients. ALC days have been increasing. Factors contributing to this can include increasing age, decreasing capacity in care facilities, and changes in proportion of acute services now offered elsewhere.



Caesarean Section Rate by Zone and Quarter

Caesarean section rates provide information on the frequency of surgical birth deliveries relative to all modes of birth delivery. Since Caesarean section delivery increases maternal morbidity/mortality and is associated with higher costs, Caesarean section rates are often used to monitor clinical practices with an implicit assumption that lower rates indicate more appropriate and more efficient care (CIHI Health Indicators Report, 2009). This is not suggesting the rate should be zero as it is recognized that there are often cases where Caesarian section is the recommended mode of delivery (e.g. when the health of the fetus or the mother is deemed to be at risk).

Guidelines defining the appropriate indications for Caesarean section are available from the Society of Obstetricians and Gynecologists of Canada. A higher rate would be expected in Edmonton and Calgary because they are referral centres for high risk pregnancies. We see fairly consistent rates across the province.



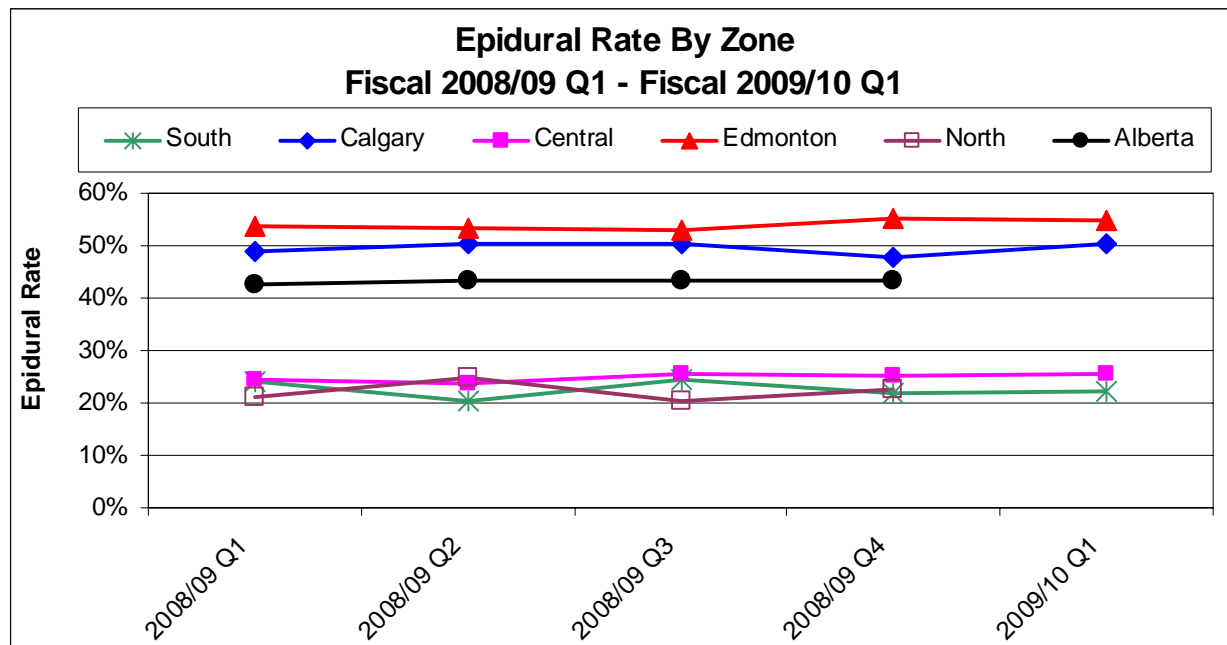
2009/10 Q1 data not available at time of reporting for the North Zone which affects the Alberta total overall

Epidural Rate by Zone and Quarter

This indicator represents the percent of women delivering babies in acute care hospitals where an epidural anesthetic was used.

Epidural use is considered an effective and relatively safe method of pain control in labour. Epidural analgesia can be associated with lengthening the first and second stages of labour and increasing the rates of assisted vaginal birth. Differing rates of use of epidurals may have contributing factors including distribution of type of care provider in the jurisdiction, availability of technology and maternal expectations.

We see a higher rate of use of epidural amongst births in Calgary and Edmonton Zones and a lower and consistent rate amongst the remaining zones.



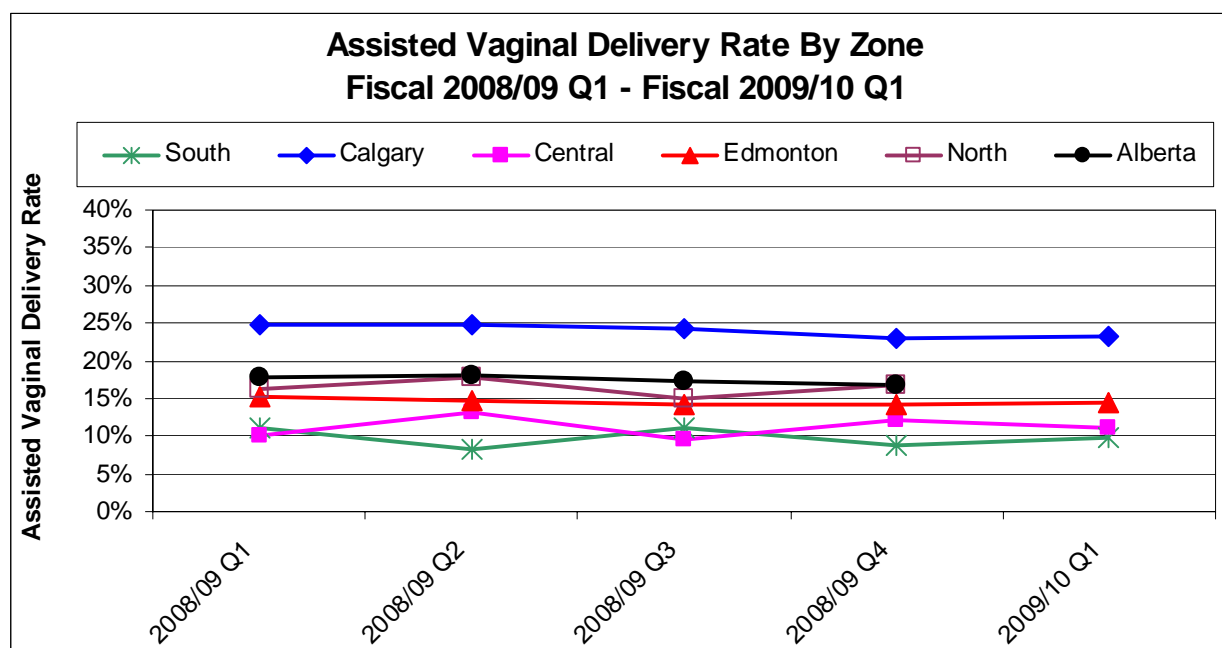
2009/10 Q1 data not available at time of reporting for the North Zone which affects the Alberta total overall

Assisted Vaginal Delivery Rate by Zone and Quarter

This indicator represents the percent of women delivering babies vaginally in acute care hospitals by means of forceps extraction, vacuum extraction or a combination of the two.

Assisted vaginal birth by vacuum or forceps is an appropriate and effective obstetrical intervention in certain clinical situations when intervention in the second stage of labour is required. Assisted vaginal birth may be indicated by conditions of the fetus or of the mother and include; fetal heart rate abnormalities in labour, maternal medical conditions and or inadequate progress of labour. Women who have experienced an assisted vaginal birth are at greater risk for soft tissue perineal trauma. Fetal/neonatal complications following assisted vaginal birth include fetal scalp lacerations and trauma, facial nerve palsy, intracranial and retinal hemorrhage, and hyperbilirubinemia (newborn jaundice).⁴

We see consistent rates over the reported time period across the zones with a higher rate of assisted vaginal delivery in Calgary.



2009/10 Q1 data not available at time of reporting for the North Zone which affects the Alberta total overall

⁴ SOGC Clinical Practice Guideline for Operative Vaginal Birth (August 2004)

Performance Measures Continuing Care

Alberta Health Services is working with Alberta Health & Wellness and Alberta Seniors and Community Support with a goal to providing Albertans with the right care in the right place.

This table reflects individual patients who have been assessed and approved and are waiting in acute or sub-acute facilities for continuing care placement. This includes people waiting for long term care and supportive living levels 3 and 4. The numbers provide end-of-quarter "snapshots".

The data regarding patients waiting in acute care for continuing care are currently compiled separately in the nine former health regions. The data reported here include adjustments received from former health regions that were made in light of calculation discrepancies uncovered during the compilation of this report. Adjustments for the former Northern Lights Region still need to be fully validated.

We are seeing a trend of increasing numbers of patients waiting with the biggest increases in Calgary, Central and Edmonton.

SOURCE: Alberta Health and Wellness "Snapshots" of the Wait List at the end of the Quarter

Patients Waiting in Acute Care for Continuing Care by Zone: Fiscal Year 2008/09 to Quarter 1 2009/10

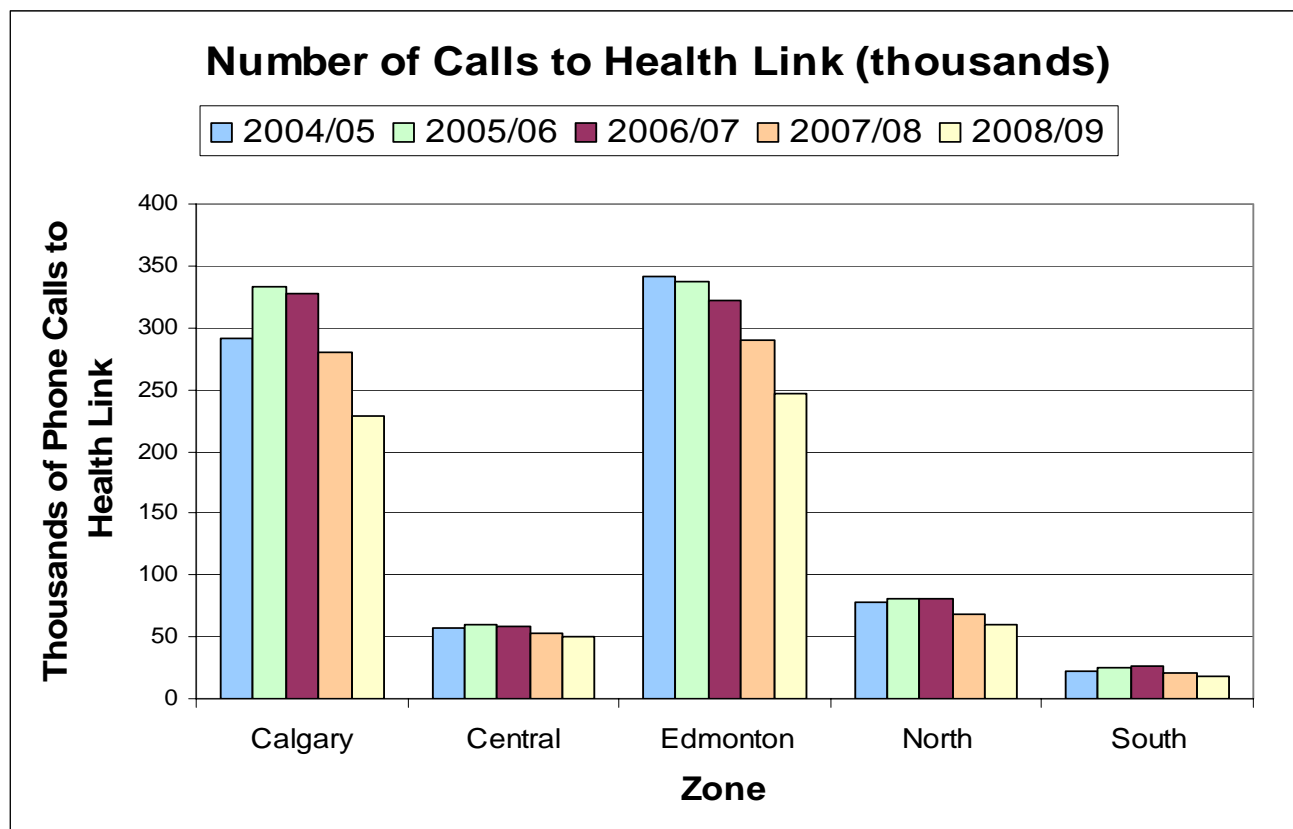
Zone	Quarter 1 2008/09 (Apr. 1 to Jun. 30, 2008)	Quarter 2 2008/09 (Jul. 1 to Sep. 30, 2008)	Quarter 3 2008/09 (Oct. 1 to Dec. 31 2008)	Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)	Average of quarterly "snapshots" 2008/09 Fiscal Year	Quarter 1 2009/10 (Apr. 1 to Jun. 30, 2009)	Quarter 2 2009/10 (Jul 1 to Sep 30, 2009)
South	26	64	30	47	42	34	25
Calgary	237	241	274	231	246	276	331
Central	67	79	83	79	77	72	127
Edmonton	230	269	255	182	234	198	274
North	105	89	108	117	105	135	113
Provincial Total	665	742	750	656	703	715	870

Performance Measures Primary Care

Number of Calls in thousands to Health Link Alberta by Zone and Year

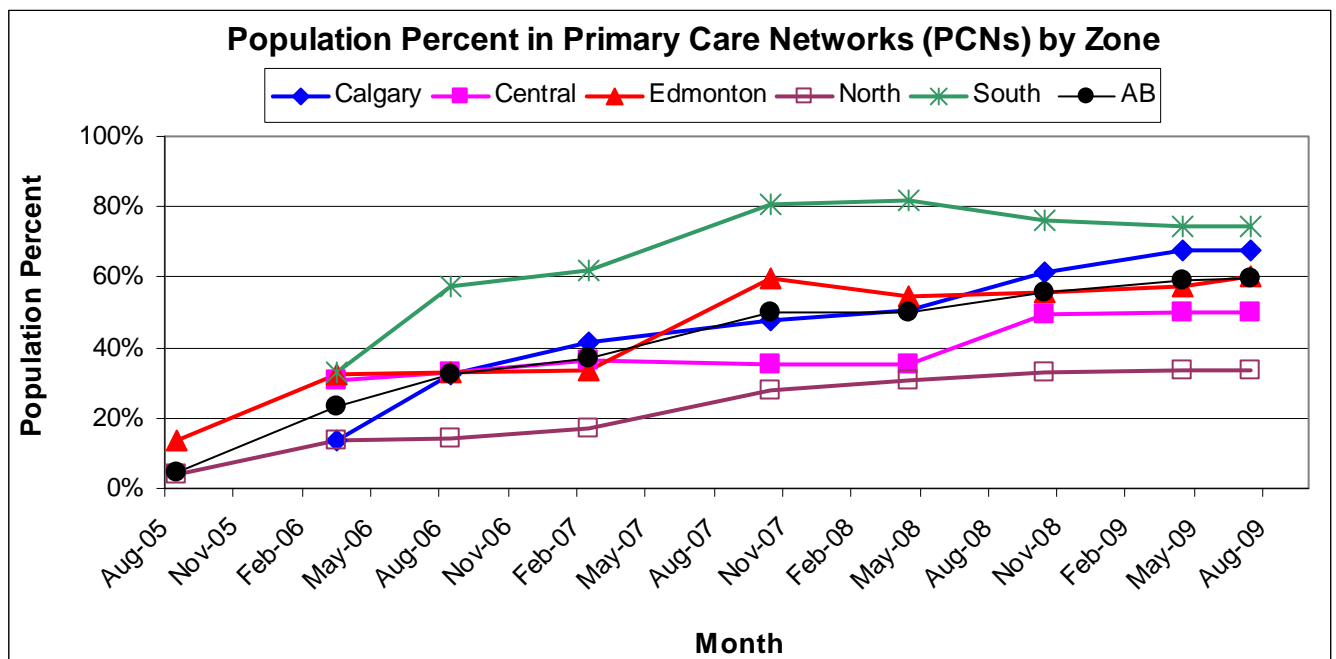
Health Link Alberta is a 24 hour a day, seven day a week telephone health advice service answered by registered nurses that anyone in the Alberta Health Services can access. The goal is to give health care consumers a greater role in managing their own health so they can make informed decisions about their health situations and what health care resources to use from their own homes. The decreasing numbers in calls to Health Link are primarily related to changes in the annual flu campaign each fall and improved access to required information on the web. A concerted effort to direct the public to websites in Edmonton and Calgary occurred beginning in 2007/08.

The decreasing numbers in calls to Health Link may be attributed to greater public reliance on Web based resources.



Percentage of Alberta Population in Primary Care Networks (PCNs)

In a Primary Care Network (PCN), a group of family doctors and other Alberta Health Services health care professionals coordinate health services for patients. A PCN can be comprised of one clinic with many physicians and support staff, or several physicians in several clinics across a health zone. Each network has the flexibility to develop local programs and provide services in ways that meet the specific needs of patients. The use was increasing to November 2008 reflecting newly available PCN's, since that time the percentage has stabilized.



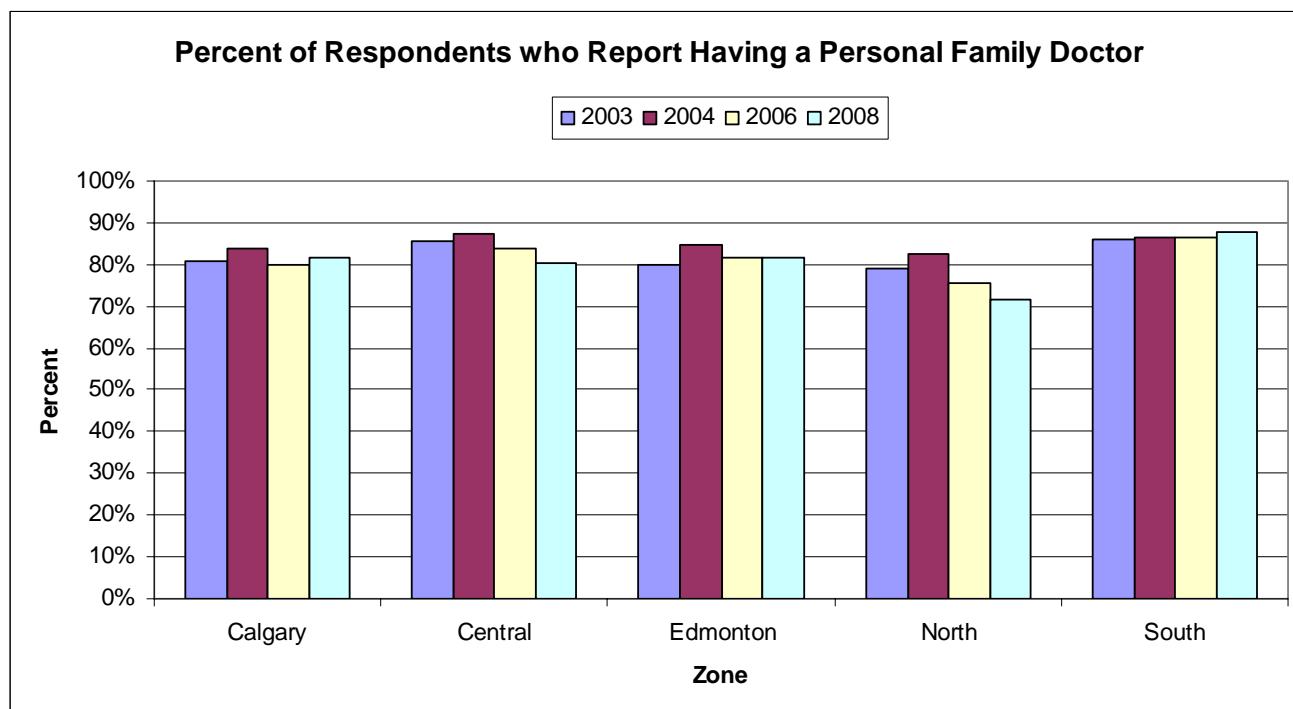
Percent of Respondents Who Report Having a Personal Family Doctor by Zone and Year (Provincial Survey)

This measure serves as an indicator of access to primary care.

Survey question: Do you currently have a personal family doctor who you regularly see for most of your health care needs? I'm speaking of a family doctor and not a specialist.

Physician to population ratios are used to support health human resource planning. While physician density ratios are useful indicators of changes in physician numbers relative to the population, they do not necessarily reflect whether health provider resources are adequate. Various factors influence whether the supply of physicians is appropriate, such as: distribution and location of physicians within a region or province; physician type (i.e., family medicine physicians vs. specialists); level of service provided (full time vs. part time); physician age and gender; population's access to hospitals, health care facilities, technology and other types of health care providers available; population needs (demographic characteristics and health problems); and society's perceptions and expectations. (CIHI)

SOURCE: Satisfaction with Health Care Services: A survey of Albertans, 2008. Health Quality Council of Alberta. Page 71. Most recent values are for the 2008 cycle of the survey.



Hospitalization Rates for Ambulatory Care Sensitive Conditions (ACSC) measured per 100,000 population younger than 75 years of age by Zone and Year

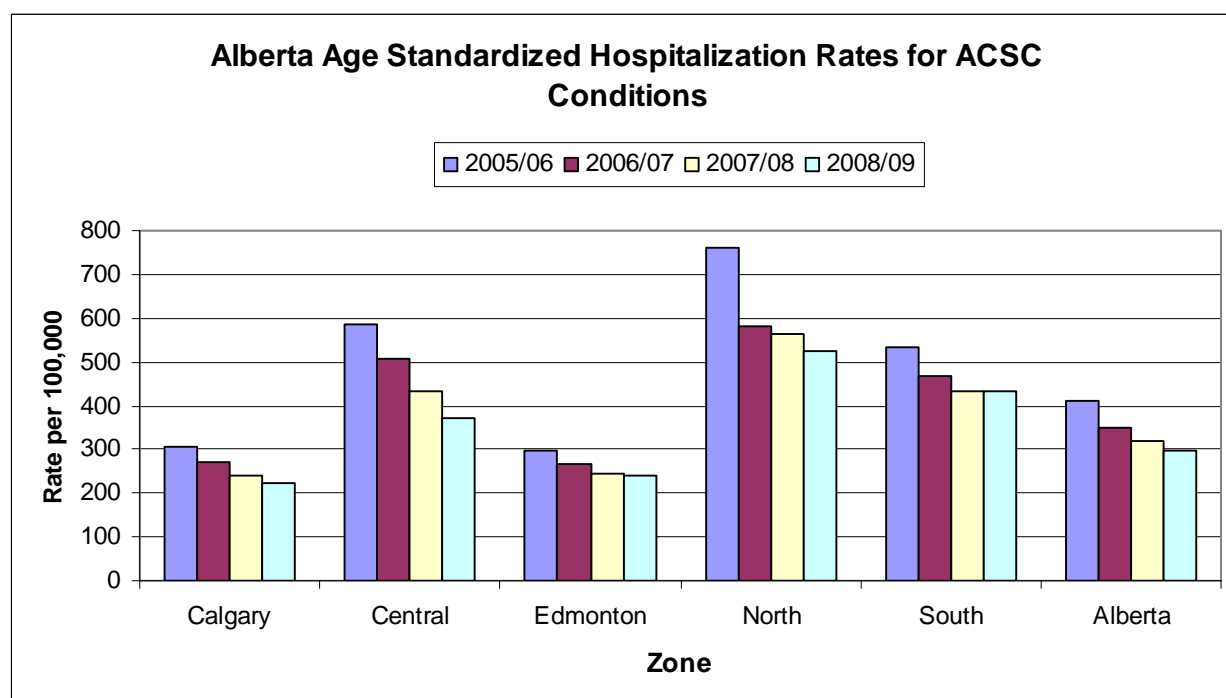
Ambulatory Care Sensitive Conditions (ACSC) are conditions where appropriate ambulatory care may prevent or reduce the need for hospitalization. These conditions include *Angina, Asthma, COPD, Diabetes, Grand Mal Seizures/Epileptic Convulsions, Heart Failure/Pulmonary Edema and Hypertension*.

While not all admissions for these conditions are avoidable, appropriate ambulatory care in the community could potentially prevent the onset, control an acute episodic illness or condition, or manage these types of chronic conditions. In addition to improving the health of the patient, this could have an impact on health spending for chronic illnesses in Canada.

Hospitalization for an ACSC is considered to be a measure of access to appropriate primary health care. A disproportionately high rate of ACSC is presumed to reflect problems in obtaining access to appropriate primary care (CIHI).

Here the hospitalization rates are age standardized using Alberta Registry Population Data, Provincial Inpatient Discharge (DAD) Abstract Data, 1991 Census Data.

There has been a steady decline in all zones, most markedly in the north and central regions.

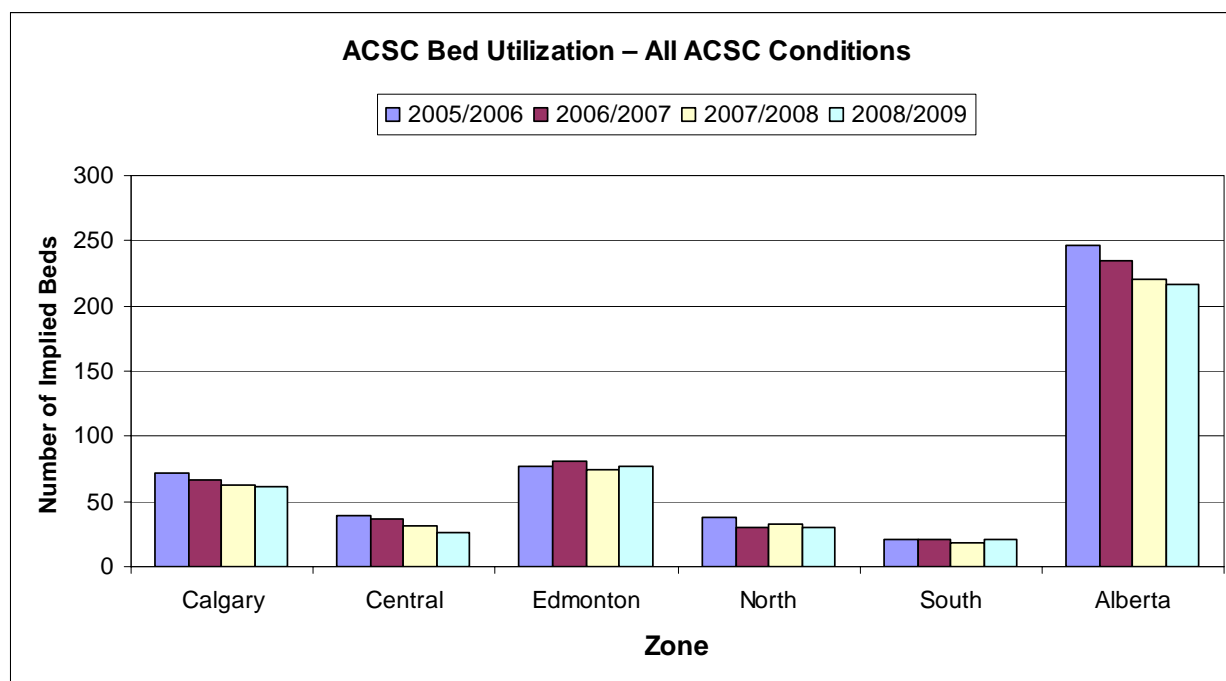


Bed Utilization* due to Ambulatory Care Sensitive Conditions by Zone and Year

Ambulatory Care Sensitive Conditions (ACSC's) are defined as conditions where appropriate ambulatory care may prevent or reduce the need for hospitalization. Ambulatory care sensitive conditions include; *Angina, Asthma, COPD, Diabetes, Grand Mal Seizures/Epileptic Convulsions, Heart Failure/Pulmonary Edema and Hypertension.*

Hospitalization for an ACSC is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care (CIHI).

There has been an overall decrease, which is potentially attributable to available capacity to better manage these conditions in the community.



* Bed Utilization Numbers are based on 90% Occupancy Rate for the inpatient bed days actually utilized and are suggestive of the number of beds potentially being used solely as a result of these conditions. Put another way, the "number of implied beds" represents those beds that would be available to the health care system if no Ambulatory Care Sensitive Conditions were admitted to hospital.

Performance Measures Population Health

Immunization Coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib at 1 Year of Age by Zone

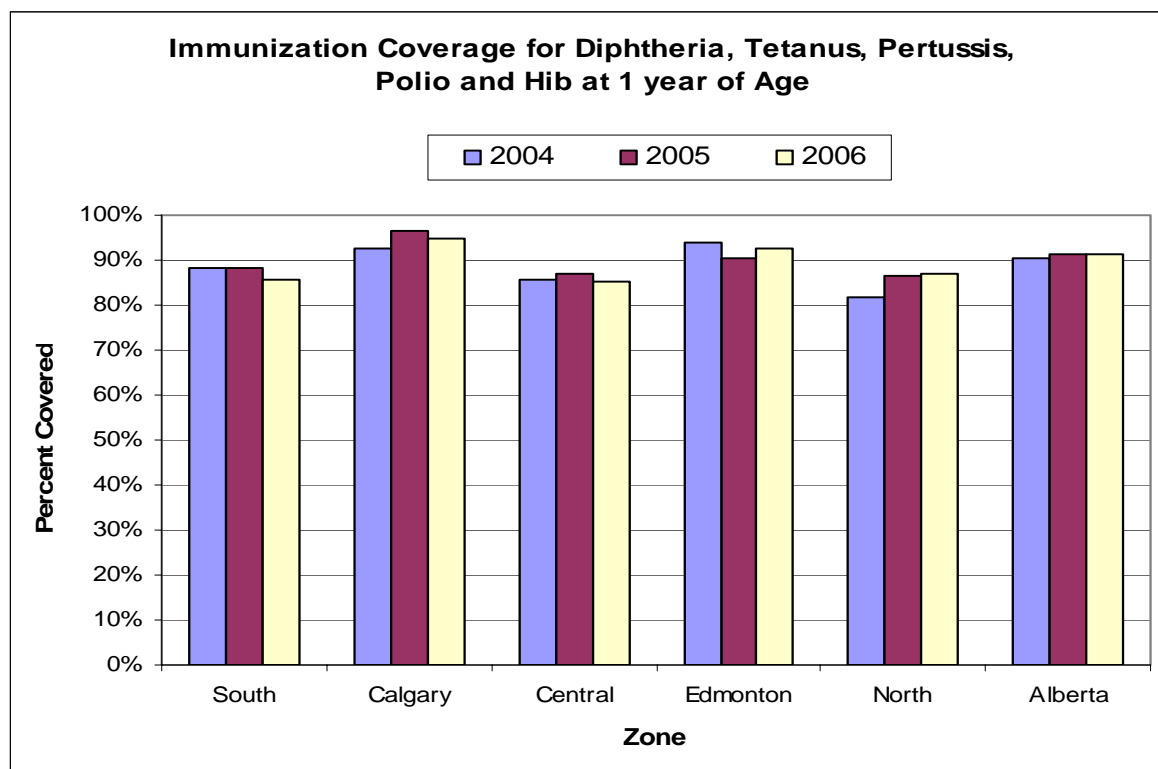
Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

Childhood immunization coverage rates contain the percentage of children covered for Diphtheria, Tetanus, Pertussis, Polio and Hib (Haemophilus influenzae type B) at 1 and 2 years of age (see next graph for immunization at 2 years). Recommended coverage by 1 year of age includes 3 doses of diphtheria, tetanus and pertussis vaccine; at least 2 doses of polio vaccine; and 3 doses of *haemophilus influenzae* type b vaccine. This coverage is typically obtained over three visits at 2, 4, and 6 months of age.

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunizations on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

Immunization coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib (Haemophilus influenzae type B) at 1 year is over 90% provincially, which is slightly below the provincial target of 95% (Alberta Immunization Strategy 2007-2017).

SOURCE: Alberta Health and Wellness Interactive Health Data Application



Immunization coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib at 2 years of age by Zone

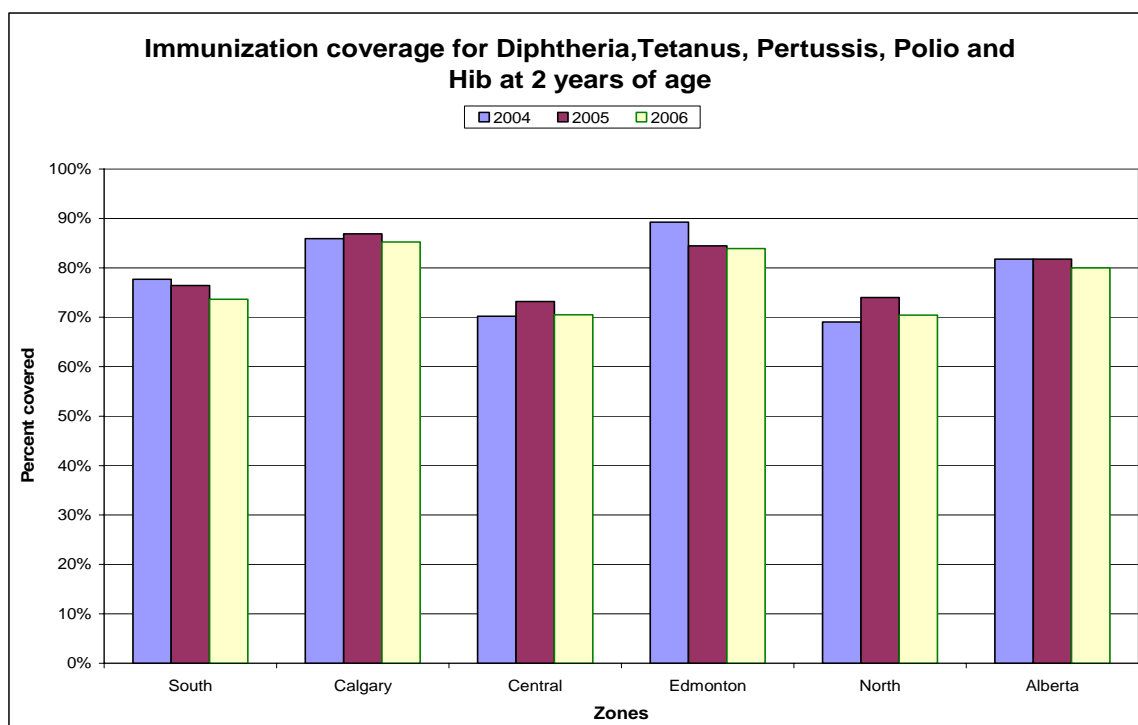
Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

Childhood immunization coverage rates contain the percentage of children covered for Diphtheria, Tetanus, Pertussis, Polio and Hib (*Haemophilus influenzae* type B) at 1 and 2 years of age (see previous graph for immunization at 1 year). Recommended coverage by 2 years of age includes 4 doses of diphtheria, tetanus and pertussis vaccine; at least 3 doses of polio vaccine; and 4 doses of *haemophilus influenzae* type b vaccine. This coverage is typically obtained over four visits, including those at 2, 4, and 6 months of age, plus an additional booster at 18 months of age.

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunization on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

Immunization coverage for Diphtheria, Tetanus, Pertussis, Polio and Hib (*Haemophilus influenzae* type B) at 2 years of age year is roughly 80%, which is below the provincial target of 97% (Alberta Immunization Strategy 2007-2017). One potential reason for lower rates at 2 years of age (as compared to those at 1 year) may relate to the fact that parental leave has ended and many parents have returned to work thus restricting their options for attending clinic visits. In addition, the interval between recommended vaccines is longer than the 2 month interval in the primary series; as such, some parents may not book the additional follow-up visits leading to missed 18 month boosters.

Source: Alberta Health and Wellness Interactive Health Data Application



Immunization Coverage for Measles, Mumps and Rubella at 2 Years of Age by Zone

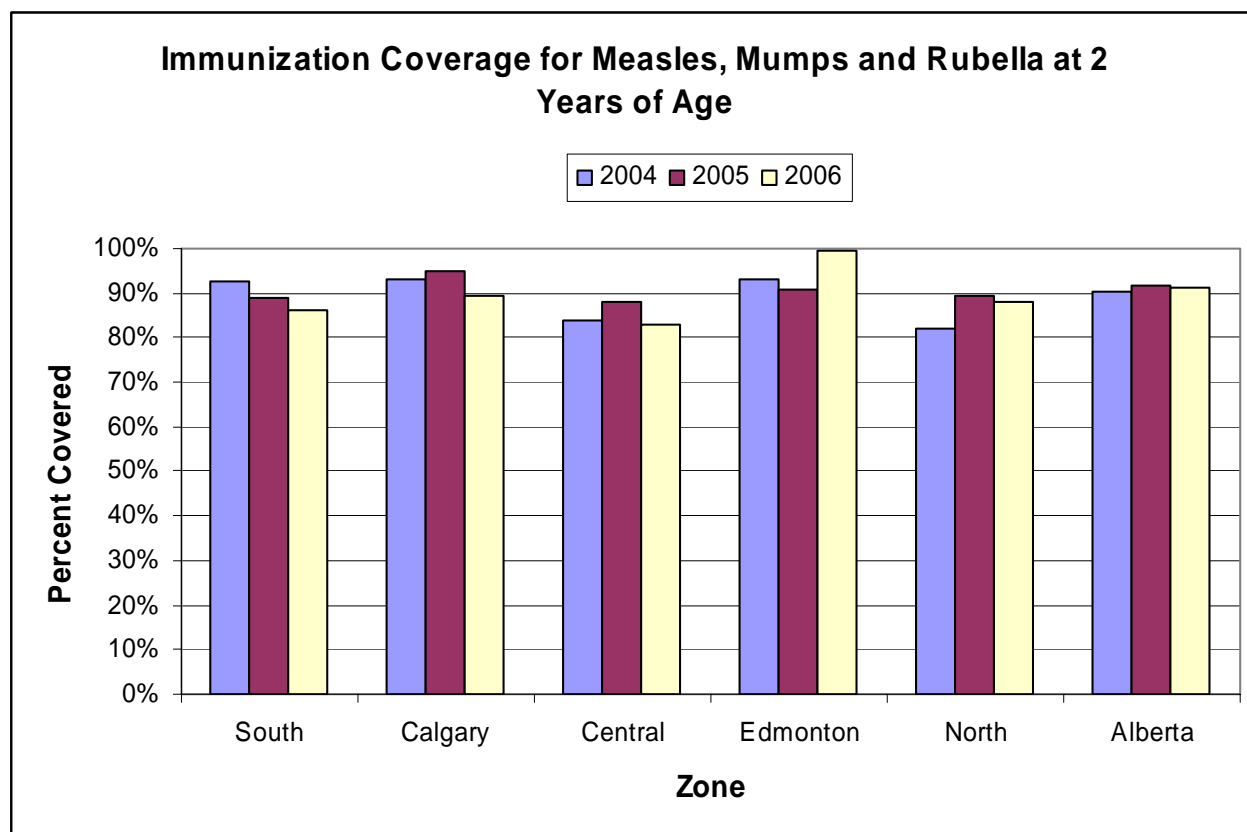
Immunization is an important, cost-effective and successful public health intervention. In the last century vaccines have saved more lives than any other health measure. A high rate of immunization can help ensure that the incidence of the covered childhood diseases remains low and outbreaks are controlled.

Childhood immunization coverage rates contain the percentage of children covered for Measles, Mumps and Rubella at 2 years of age.

Data on immunizations comes from regional health authorities and the First Nations Inuit and Health Branch (FNIHB) of Health Canada. Data from FNIHB is aggregate and it is possible to double count First Nations children who receive immunization on and off reserve. Children in Lloydminster may receive immunizations from Saskatchewan Health and may be missing from the numerator count.

Immunization coverage for Measles, Mumps and Rubella at 2 years of age year is roughly 90%, which is below the provincial target of 98% (Alberta Immunization Strategy 2007-2017).

Source: Alberta Health and Wellness Interactive Health Data Application



Immunization Coverage for Seniors Influenza Immunization by Zone

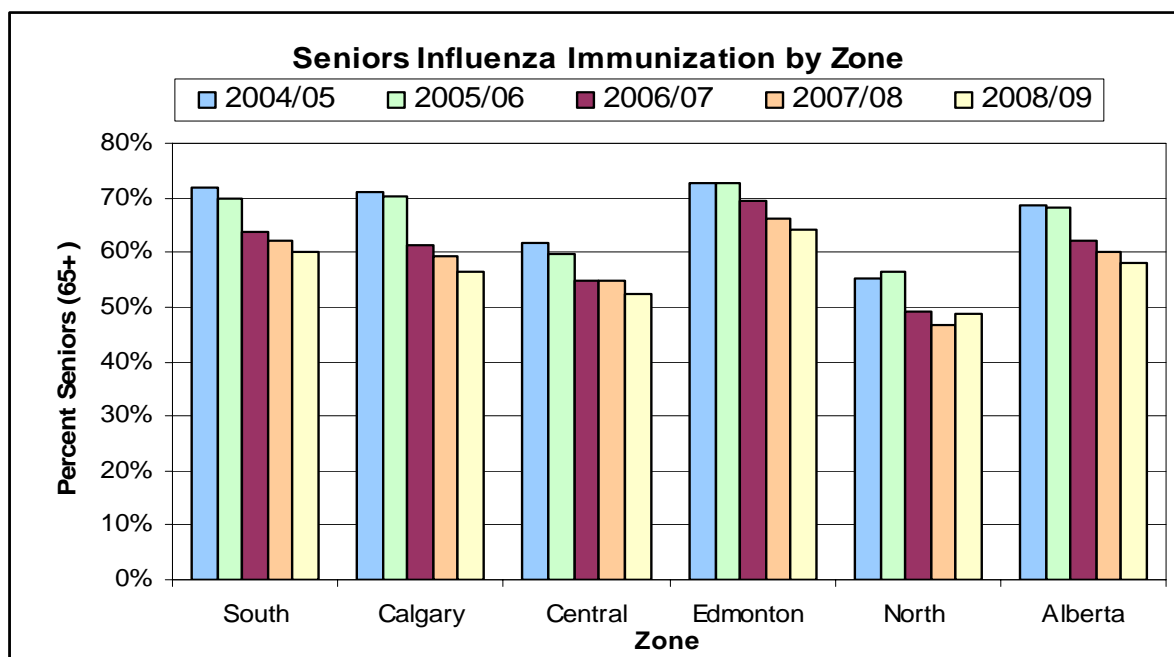
Influenza infections are not typically problematic in healthy individuals, particularly adults and older children, but can lead to serious complications, such as pneumonia and death in young children, the elderly, and those with chronic conditions. Evidence from cohort studies and randomized trials demonstrates that influenza vaccination prevents pneumonia, hospitalization for pneumonia by and mortality in those with pneumonia. Under-utilization of influenza vaccination in Alberta seniors is associated with increased utilization of health services for community-acquired pneumonia⁵.

Seniors immunization coverage rates contain the percentage of adults 65 years of age and older on June 30th of the fiscal year who obtained an immunization for influenza during the immunization season.

Only immunizations provided by AHS are included in these coverage rates. These rates exclude pharmacy delivered immunizations, First Nations and Inuit Health Branch of Health Canada delivered immunizations, and Saskatchewan delivered immunizations.

Declining rates of immunization may be due to a reduction in public messaging communicating the need for annual influenza immunization for all seniors, including the healthy younger seniors. There is also a recognized need to dispel myths related to influenza immunization. Some seniors may fear adverse reactions to the vaccine or mistakenly believe that the vaccine is either ineffective or unnecessary.

Source: Alberta Influenza Vaccine Utilization by Regional Health Authority (RHA) Report



⁵ Jin, Yan, Carriere, K. C., Predy, G., Johnson, D. H., & Marrie, T. J. (2003) The Association Between Influenza Immunization Coverage Rates and Hospitalization for Community acquired Pneumonia in Alberta. *Canadian Journal of Public Health*, 94(5), 341-345.

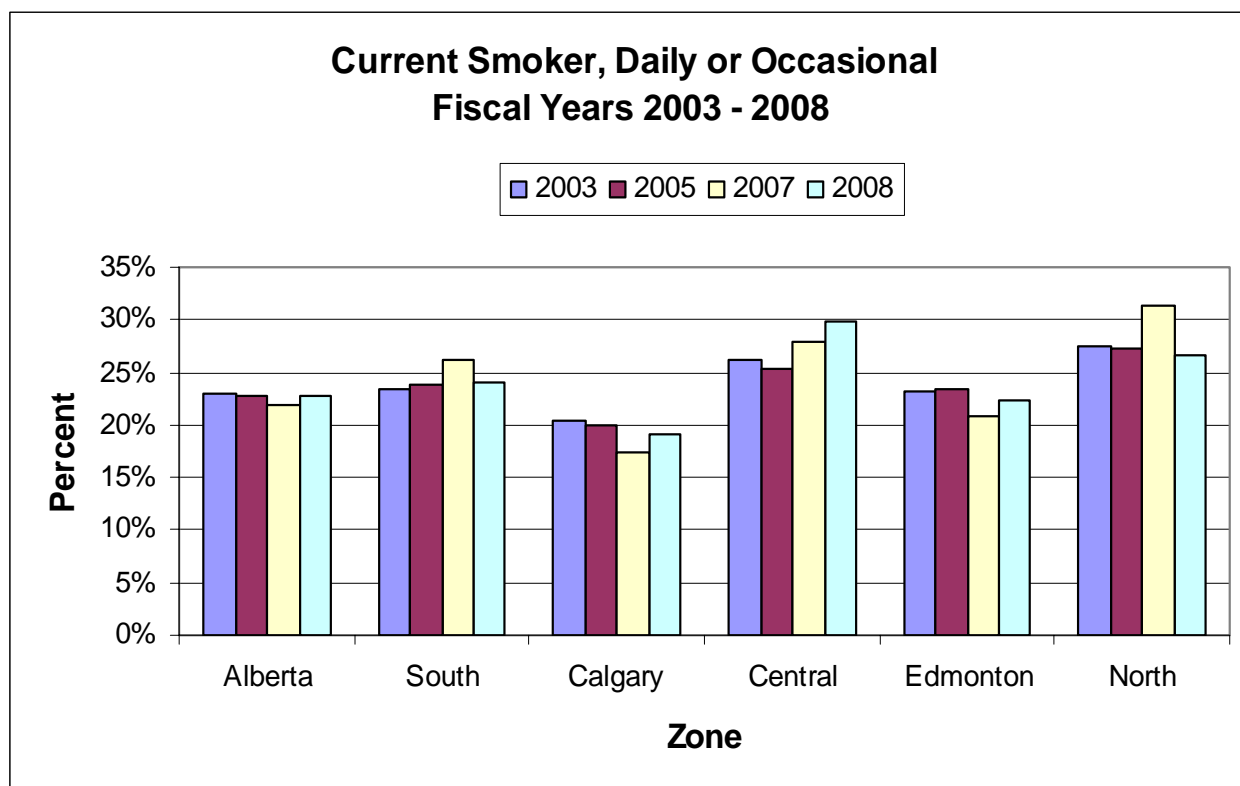
Daily Smoker and Daily/Occasional Smoker Based on the Canadian Community Health Survey (CCHS) by Zone and Year

Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease and other conditions. Smoking is an important and preventable cause of death and disease.

All CCHS data are weighted; this is so the data are representative of the population covered and not just the sample itself.

Smoking rates were highest in Central and North Zones, and lowest in Calgary Zone.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)



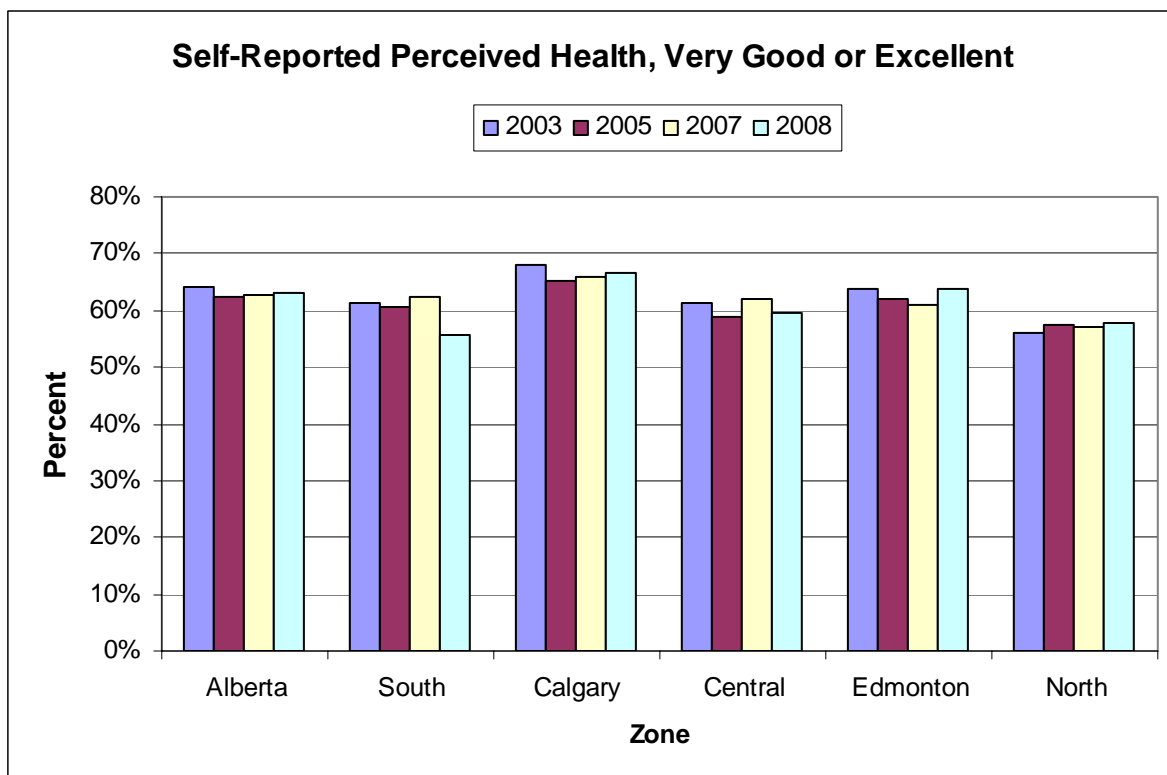
Self-Reported Health of Very Good or Excellent by Zone and Year

Health means not only the absence of disease or injury but also the presence of physical, mental and social well-being. Perceived health refers to the perception of a person's health in general, either by that person, or, in the case of proxy response, by the person responding.

Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves, and social and mental function.

Self-reported health rates were lowest in the North and highest in the Calgary Zone. As a Province, however, Alberta ranks as the highest in Canada on this particular metric (refer to the Alberta-Canada Comparison tables at the end of this report, page 63).

Source: Statistics Canada, Canadian Community Health Survey (CCHS)



Self-Reported Adult Obesity Rates by Zone and Year

The BMI (body mass index, which is determined by weight in kilograms divided by height in meters squared) is used as an indicator of healthy and unhealthy weight. (A person with a BMI greater than 30 may be considered obese.)

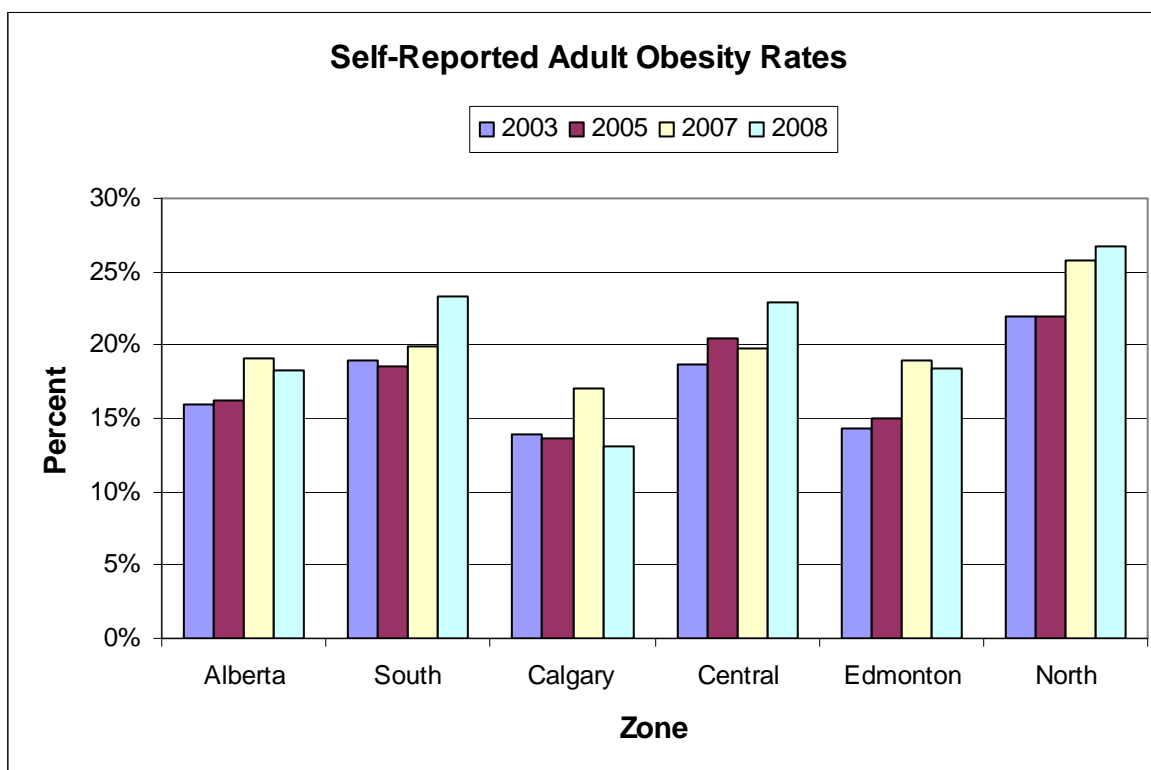
According to the World Health Organization (WHO) and Health Canada guidelines, the following BMI categories are associated with certain health risk levels: normal weight = least health risk; underweight and overweight = increased health risk; obese class I = high health risk; obese class II = very high health risk; obese class III = extremely high health risk.

In 2008, 17.2% of Canadians aged 18 or older (roughly 4.2 million adults) reported height and weight that classified them as obese. From 2003 to 2008, obesity among men rose from 16.0% to 18.3%, and among women, from 14.5% to 16.2%.

When those who were considered overweight were included in the percentages, 58.6% of Canadian men and 43.5% of women were at increased health risk because of excess weight. The rates of those who were overweight were stable from 2003 to 2008.

The self-reported adult obesity rates were highest in the North Zone and lowest in the Calgary Zone.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

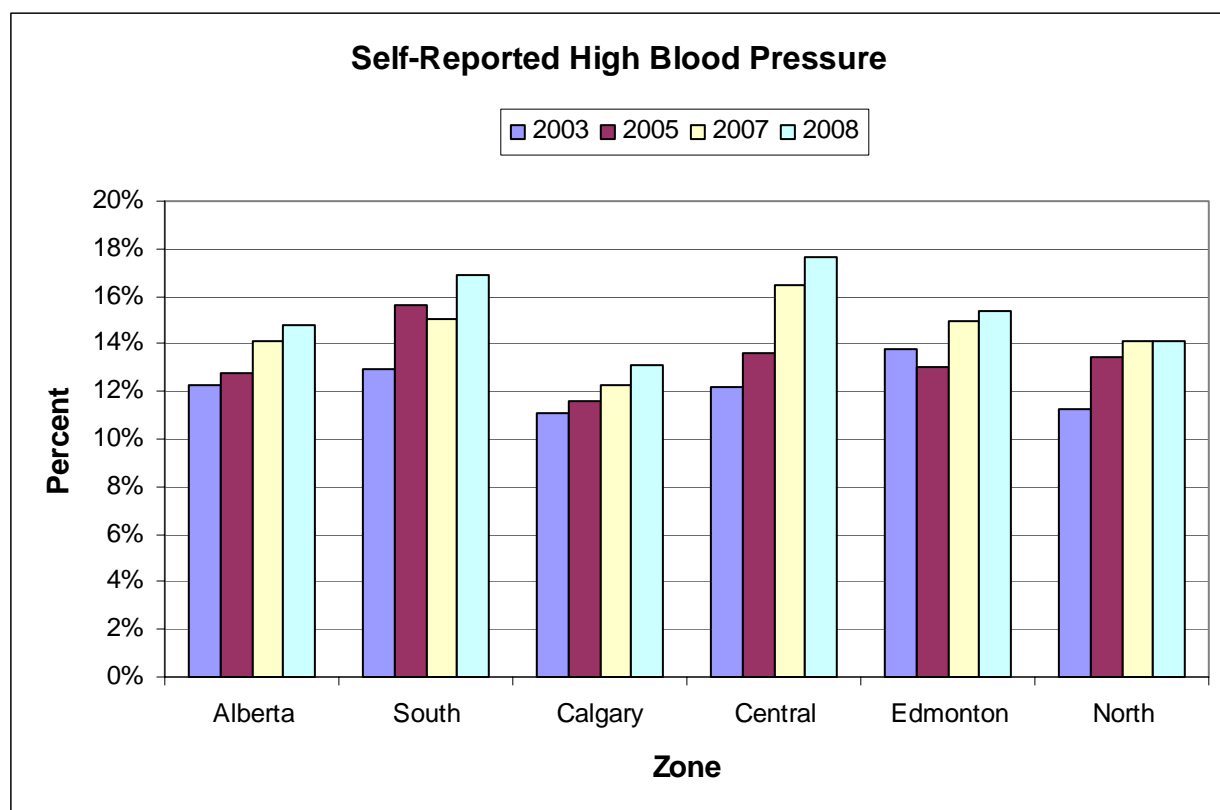


Self-Reported High Blood Pressure by Zone and Year

High blood pressure, also known as hypertension, can cause stroke, heart attack, and heart and kidney failure. It can narrow and block arteries and strain and weaken the body's organs.

Nationally, in 2008, 16.4% of Canadians aged 12 or older reported that they had high blood pressure. This was not a significant change from 2007, but was a significant increase from 2005.

The percent of self-reported high blood pressure has shown a steady increase, most notably in the Central zone.

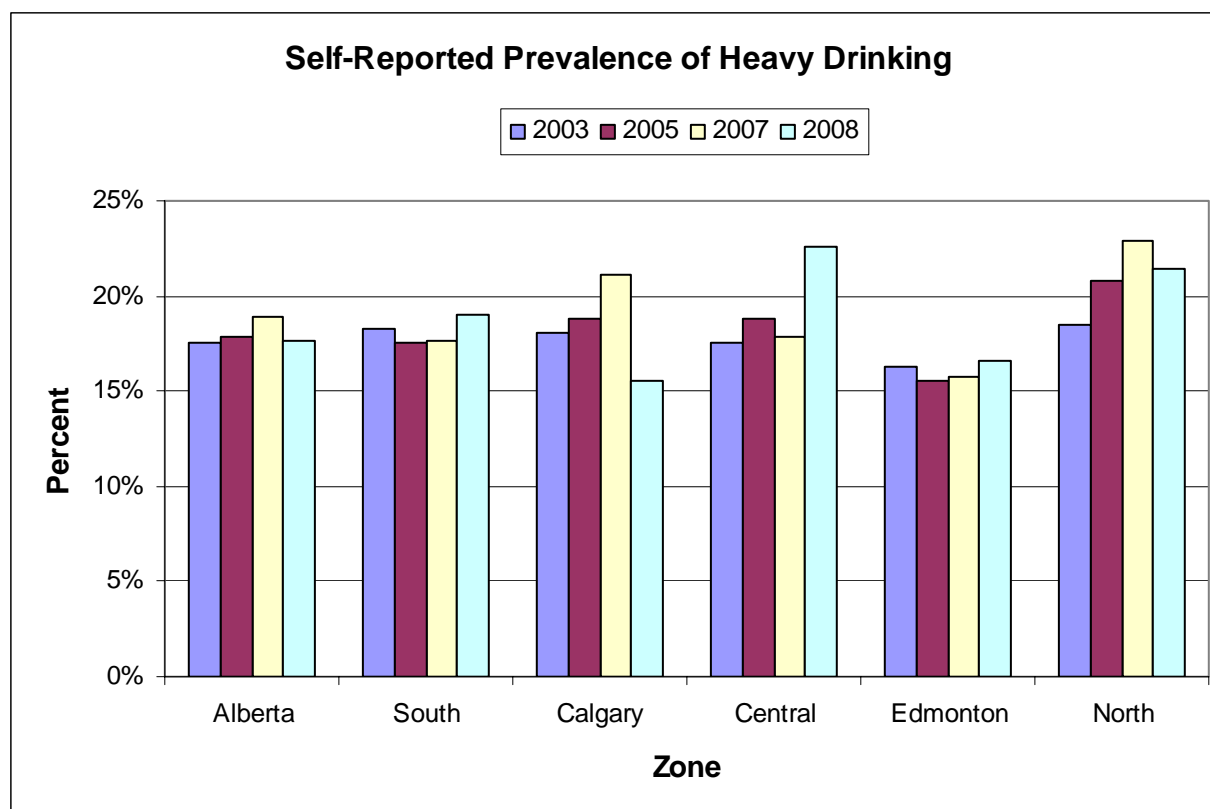


Self-Reported Prevalence of Heavy Drinking by Zone and Year

Heavy drinking refers to consuming five or more drinks per occasion, at least 12 times a year. This level of alcohol consumption can have serious health and social consequences, especially when combined with other behaviors such as driving while intoxicated.

Nationally, in 2008, 24.1% of men and 9.6% of women reported heavy drinking. In every province and territory and in every age group, a higher proportion of men than women reported heavy drinking, with the exception of 12- to 15-year-olds, where there was no significant difference between the sexes. Men aged 18 to 19 (44.4%) and 20 to 34 (39.1%) were the most likely to report heavy drinking.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

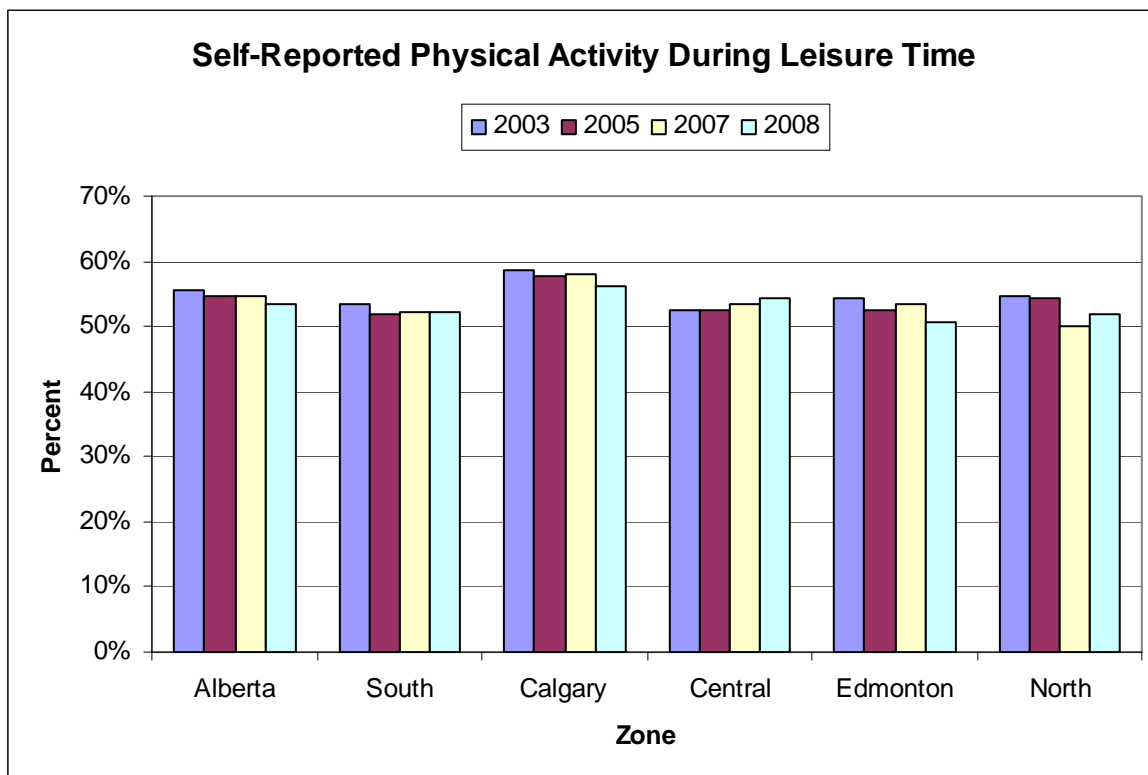


Self-Reported Physical Activity During Leisure Time, Active or Moderately Active by Zone and Year

The health benefits of physical activity include a reduced risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress, and anxiety.

The percent of self-reported physical activity during leisure time was highest in the Calgary Zone.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

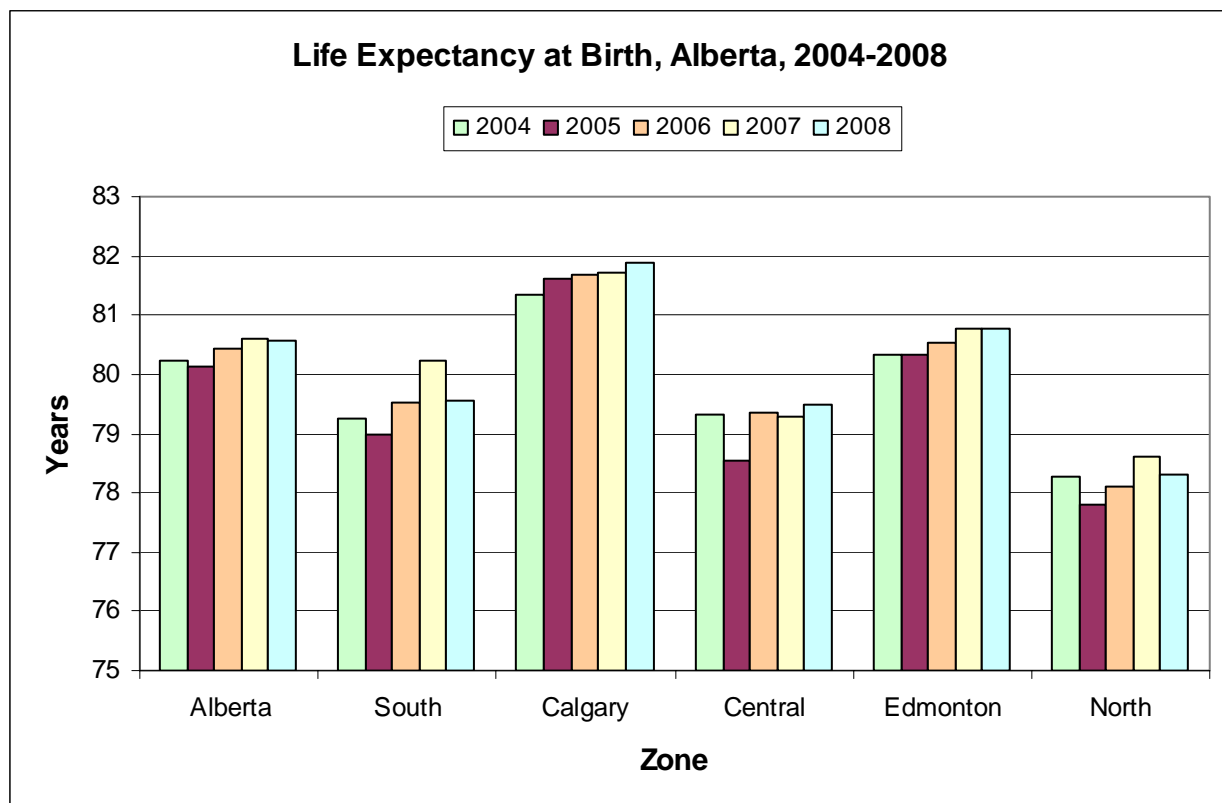


Life Expectancy at Birth by Zone and Year

Life expectancy is a population health measure. It can be interpreted as the average number of years that those in a hypothetical birth cohort would live if subjected to the current mortality conditions throughout the rest of their lives.

Life expectancy is a widely used indicator of the health of a population. It measures quantity rather than quality of life.

Source: Alberta Health & Wellness Interactive Health Data Application



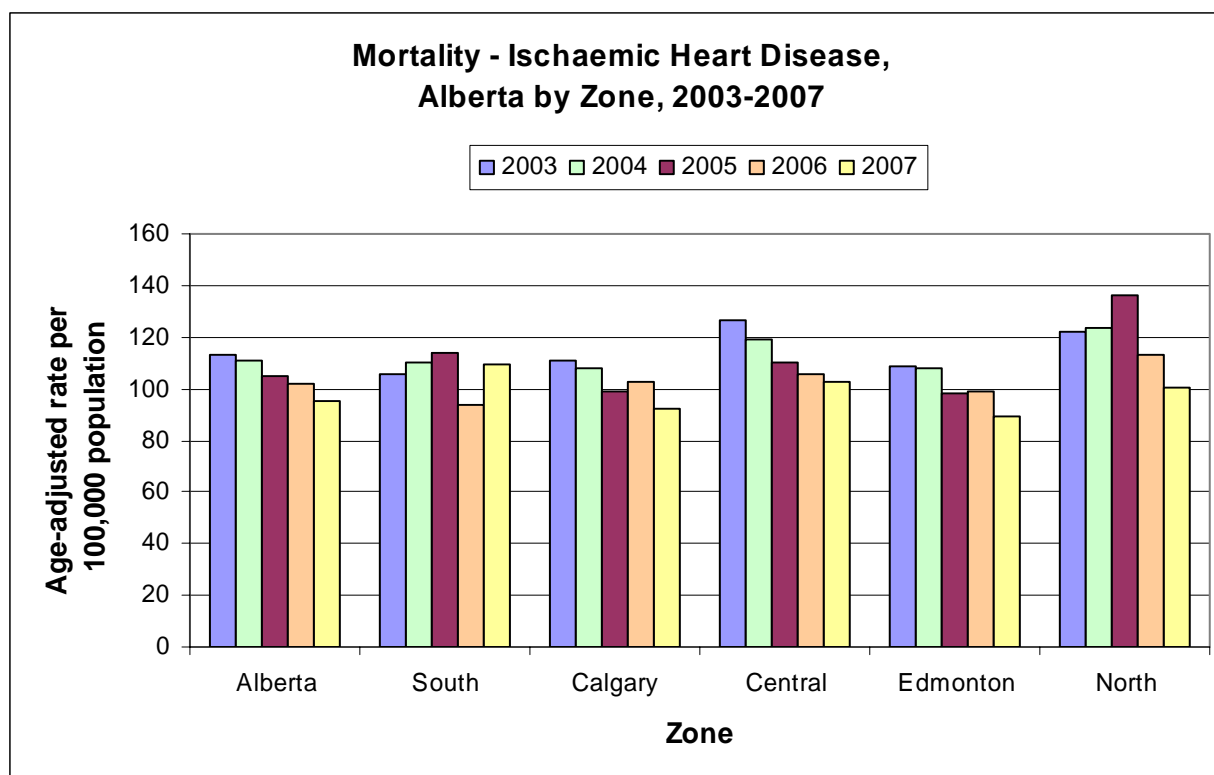
Mortality Rates for Alberta and Its Zones by Cause of Death 2003 to 2007 by Zone and Year

The age-adjusted mortality rates by cause of death measure the rate at which deaths occur in a given population due to a certain cause. The potential confounding effects of different age structures across geographic boundaries or years are reduced when comparing rates that have been age-adjusted.

Age-adjusted mortality rates indicate the overall health of the population and are similar to what is measured by life expectancy. Age-adjusted rates (as opposed to crude rates) allow for comparisons between health regions, provinces, and countries.

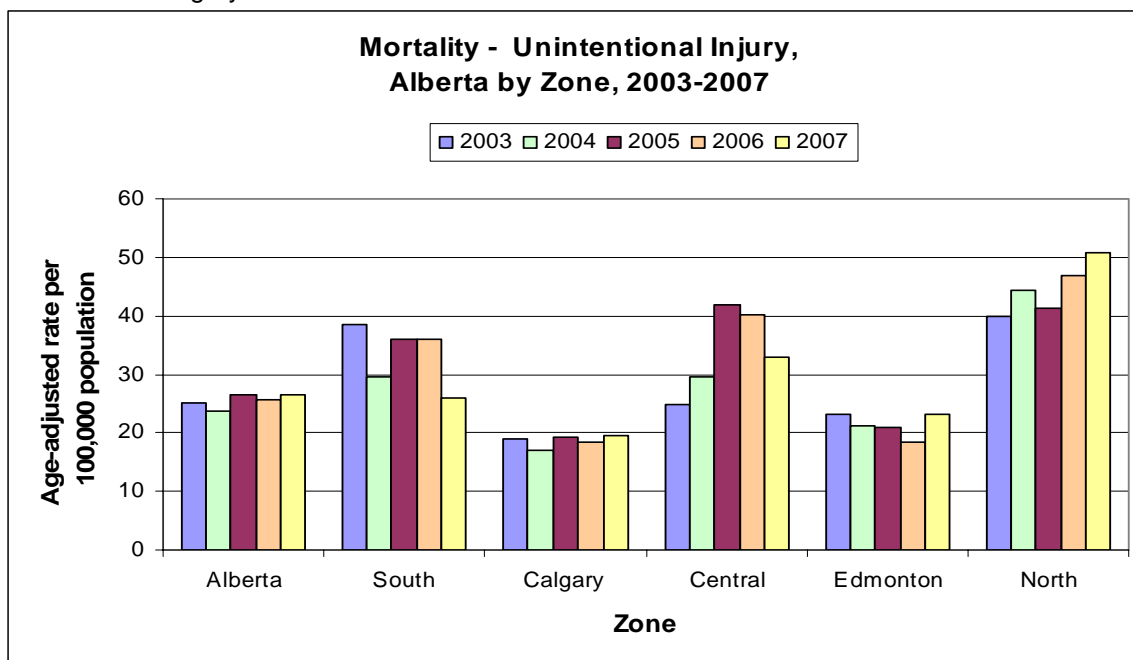
The mortality rates for Alberta overall have been decreasing for Ischaemic Heart Disease.

Source: Alberta Health & Wellness Interactive Health Data Application

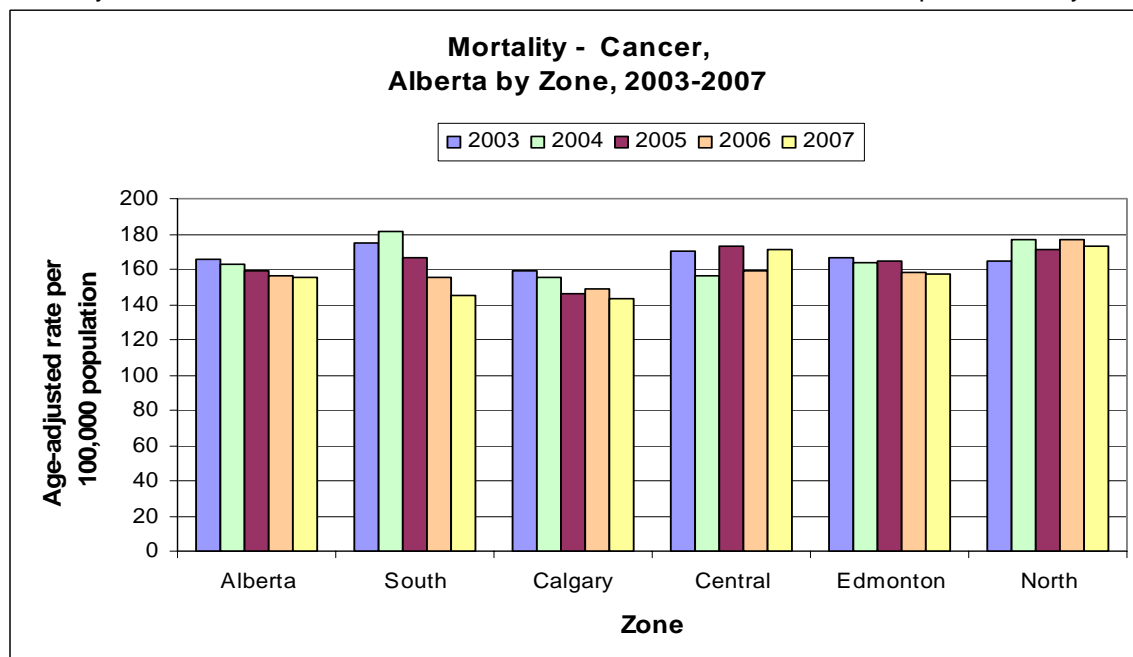


Mortality Rates for Alberta and Its Zones by Cause of Death 2003 to 2007 by Zone and Year

The mortality rates for unintentional injury were highest on average in the North, Central and South Zones and lower in the Calgary and Edmonton Zones.

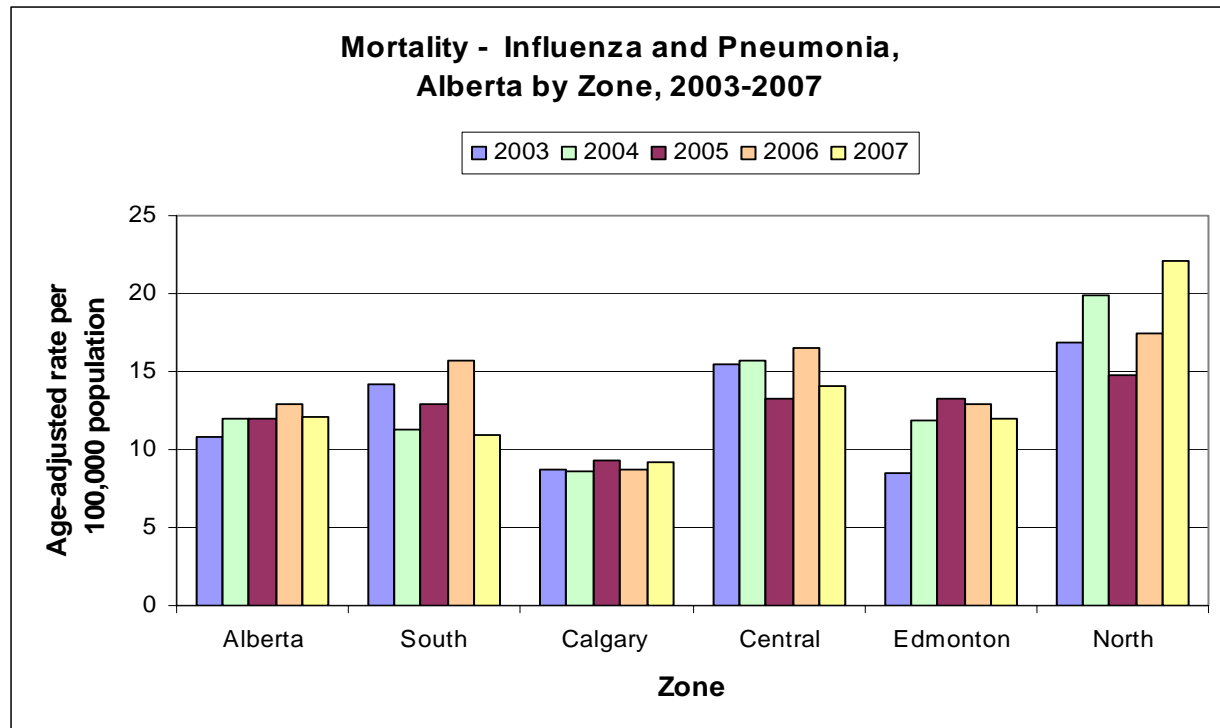


The mortality rates for cancer for Alberta overall have shown a decrease over the past several years.



Mortality Rates for Alberta and Its Zones by Cause of Death 2003 to 2007 by Zone and Year

The mortality rates for Influenza and Pneumonia were highest in the North Zone and lowest Calgary.



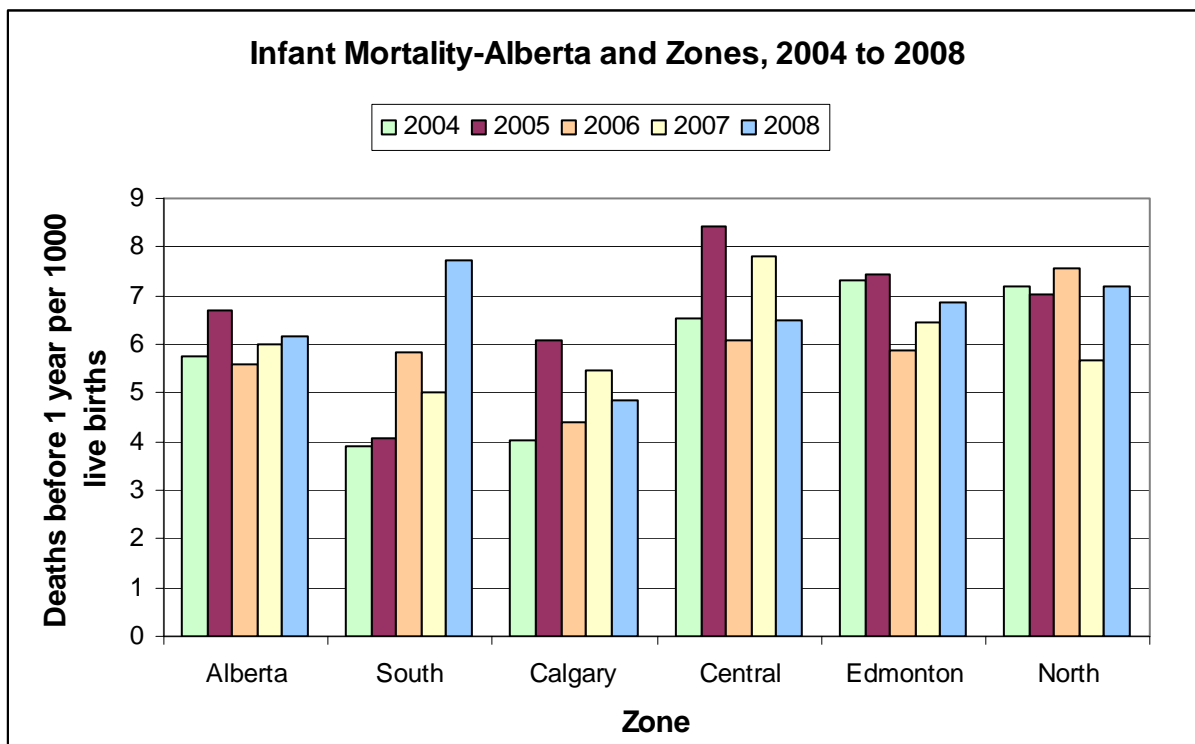
Infant Mortality Rate by Zone and Year

The infant mortality rate is the rate at which infants (age < 1 year) die over a given year based on live births during that year.

Infant mortality rate is a long-established measure not only of child health, but also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

The infant mortality rate is highly variable across the province.

Source: Alberta Health & Wellness Interactive Health Data Application



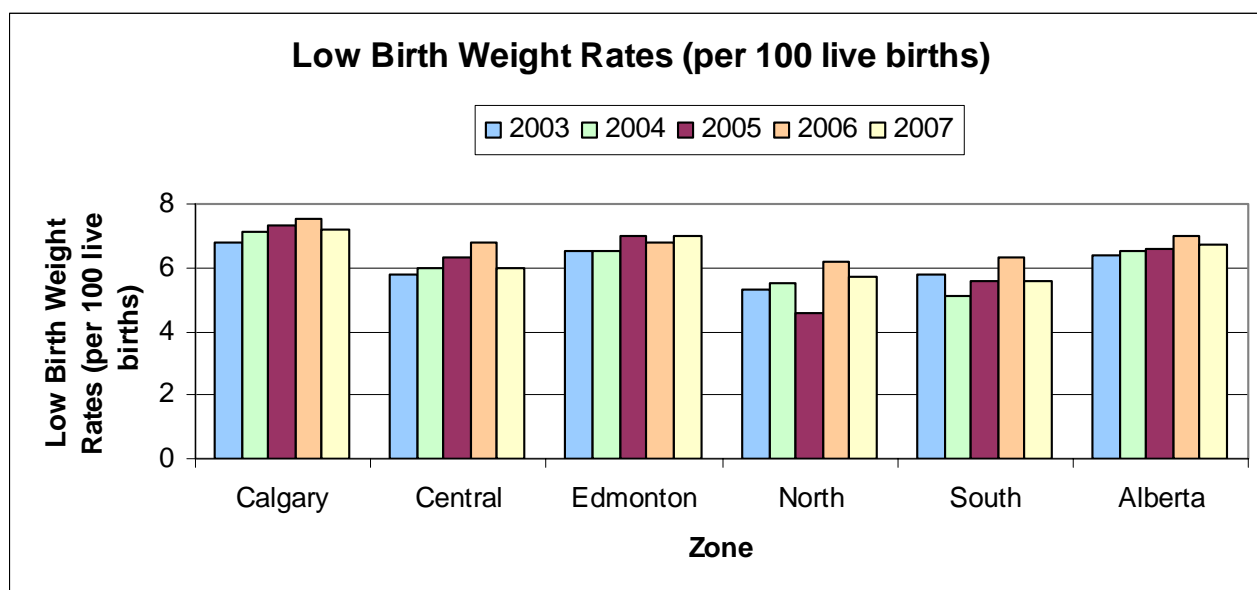
Low Birth Weight Rate by Zone and Year

Low birth weight (LBW) is defined as a birth weight of less than 2500 grams, regardless of gestational age or cause of low birth weight. LBW may occur as a result of being born prematurely, inadequate growth, or a combination of both. Perinatal morbidity and mortality are more frequent in LBW infants than in infants weighing 2500 grams or greater. In 2007, 85.2% of perinatal deaths were <2500 grams at birth. LBW is also an important determinant of childhood morbidity.

Low birth weight rates are calculated per 100 live births. Low birth weight information by zone is reported by population (place of residence of the mother) as opposed to where the birth occurred and includes live births <500 grams.

Rates are marginally higher in the Calgary and Edmonton Zones.

Source: Alberta Perinatal Health Program (APHP)⁶



⁶ The Alberta Perinatal Health Program collects Pregnancy and birth information from the provincial delivery record completed for each birth that occurs in Alberta. To facilitate provincial reporting all hospital facilities where women give birth, and the Registered Midwives attending out of hospital births in Alberta, submit this information to the APHP

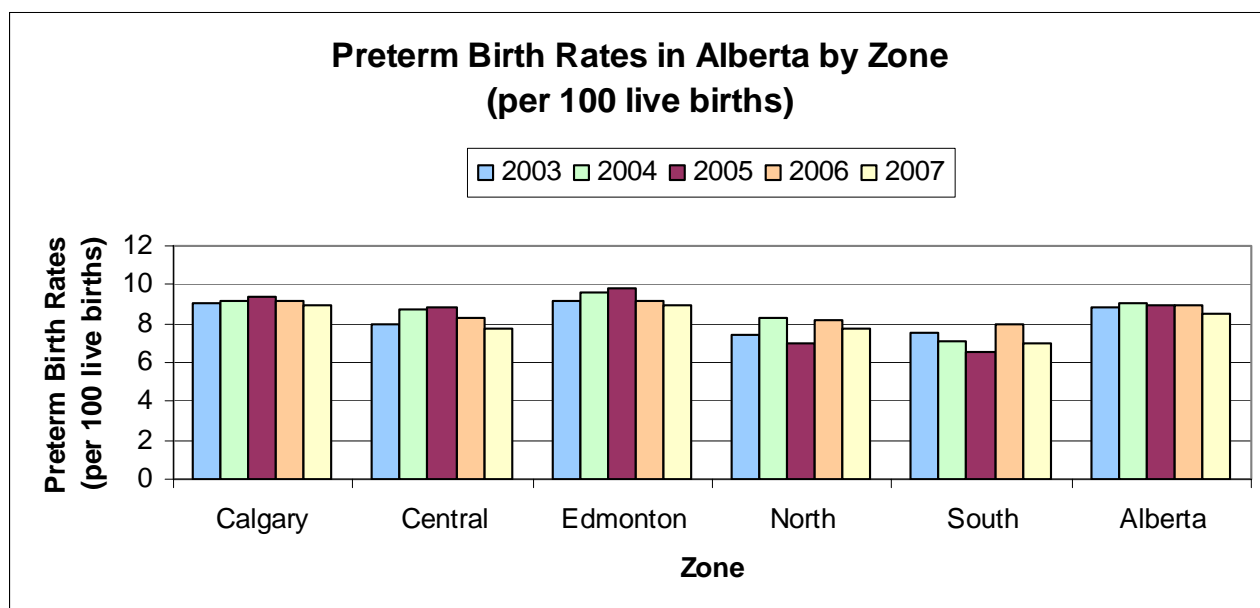
Preterm Birth Rate by Zone and Year

Preterm birth is defined as a birth occurring before the start of the 37th week of gestation. Preterm birth is an important determinant of perinatal and infant mortality. In 2007, gestational age less than 37 weeks accounted for 80% of neonatal deaths (death before 28 days of life). Risk factors for preterm birth are complex and multiple. Higher or lower maternal age, multiple gestation pregnancy, intrauterine infection, parity, ethnicity, maternal smoking and pre-existing health problems are found to be important contributing factors. Known risk factors may only partially explain the reasons for preterm births. Prediction and prevention of preterm births still remain a challenge in clinical practice and research.

Prior to 2005 preterm birth rates were increasing in both Canada and Alberta, but at a faster rate in Alberta. In 2007 the preterm birth rate in Alberta decreased to 8.5 per 100 live births. Preterm birth information by zone is reported by population (place of residence of the mother) as opposed to where the birth occurred.

Rates are marginally higher in the Calgary and Edmonton Zones.

Source: Alberta Perinatal Health Program (APHP)⁷



⁷ The Alberta Perinatal Health Program collects pregnancy and birth information from the provincial delivery record completed for each birth that occurs in Alberta. To facilitate provincial reporting all hospital facilities where women give birth, and the Registered Midwives attending out of hospital births in Alberta, submit this information to the APHP.

Perinatal Mortality Rate by Zone and Year

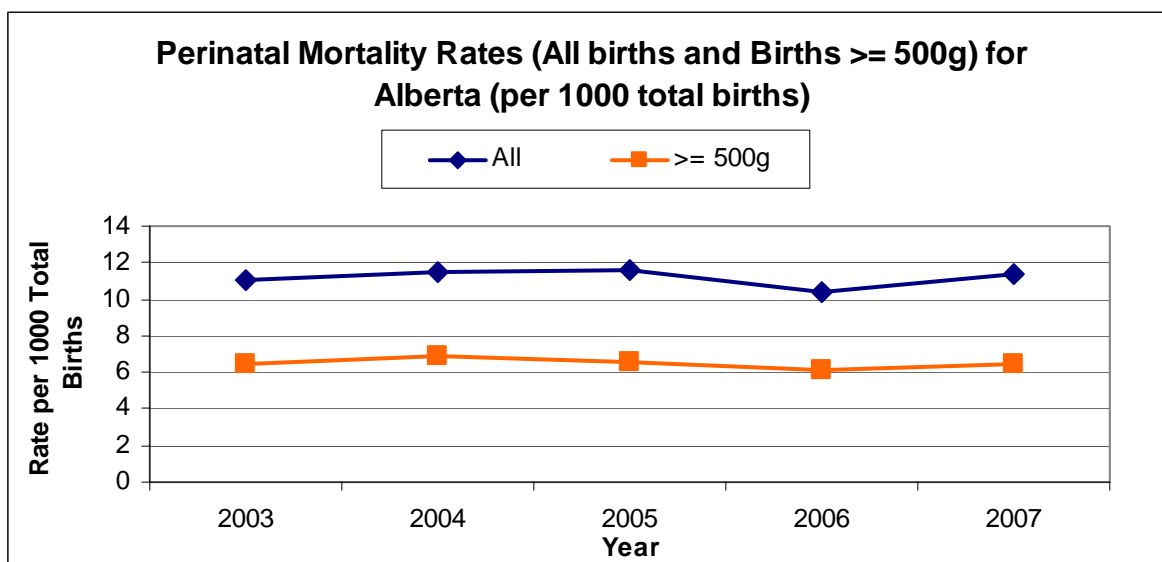
Perinatal deaths include stillbirths and early neonatal deaths (death before 7 days of life). Neonatal deaths and stillbirths have many common causes and determinants. Perinatal mortality rate refers to the number of perinatal deaths per 1,000 total births.

Perinatal mortality surveillance provides important information needed to improve the health status of pregnant women, new mothers and newborns. The information allows decision makers to identify problems, track temporal and geographic trends and disparities which can influence public health policy and practice.

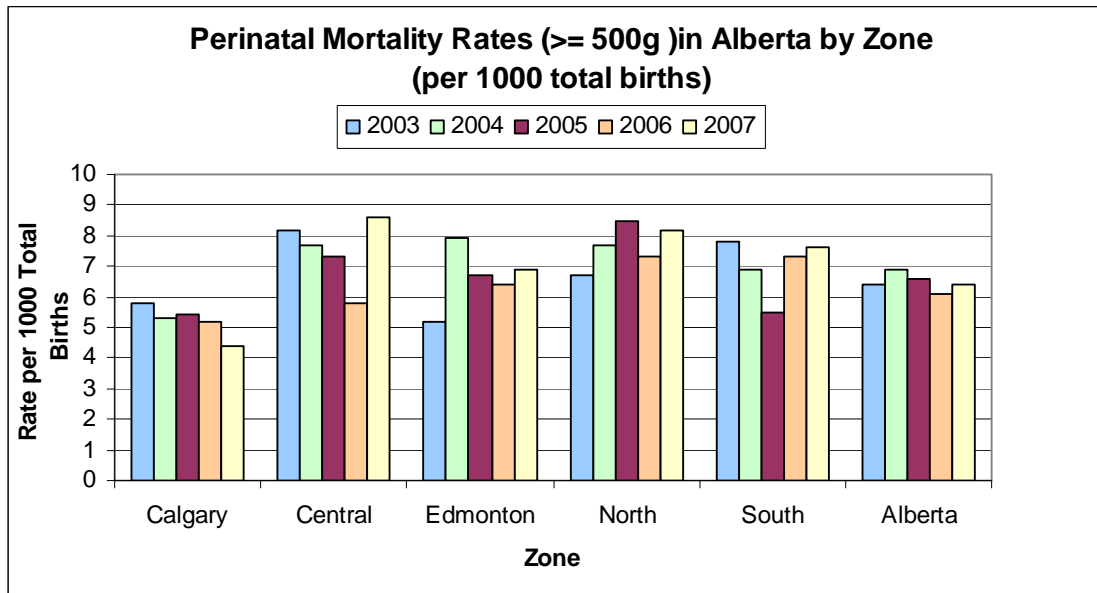
Perinatal mortality rates by zone are reported by population (place of residence of the mother) as opposed to where the birth occurred. Due to the potential inconsistency in the interpretation of registration requirements for births under 500 grams birth weight, adjusted rates excluding birth weights <500 grams are presented.

Caution should be used when interpreting fluctuation in rates within each zone and comparison among zones due to the small number of mortality cases.

Source: Alberta Perinatal Health Program (APHP)⁸



⁸ The Alberta Perinatal Health Program collects pregnancy and birth information from the provincial delivery record completed for each birth that occurs in Alberta. To facilitate provincial reporting all hospital facilities where women give birth, and the Registered Midwives attending out of hospital births in Alberta, submit this information to the APHP.



Hospital Separations for Injury by Zone and Year

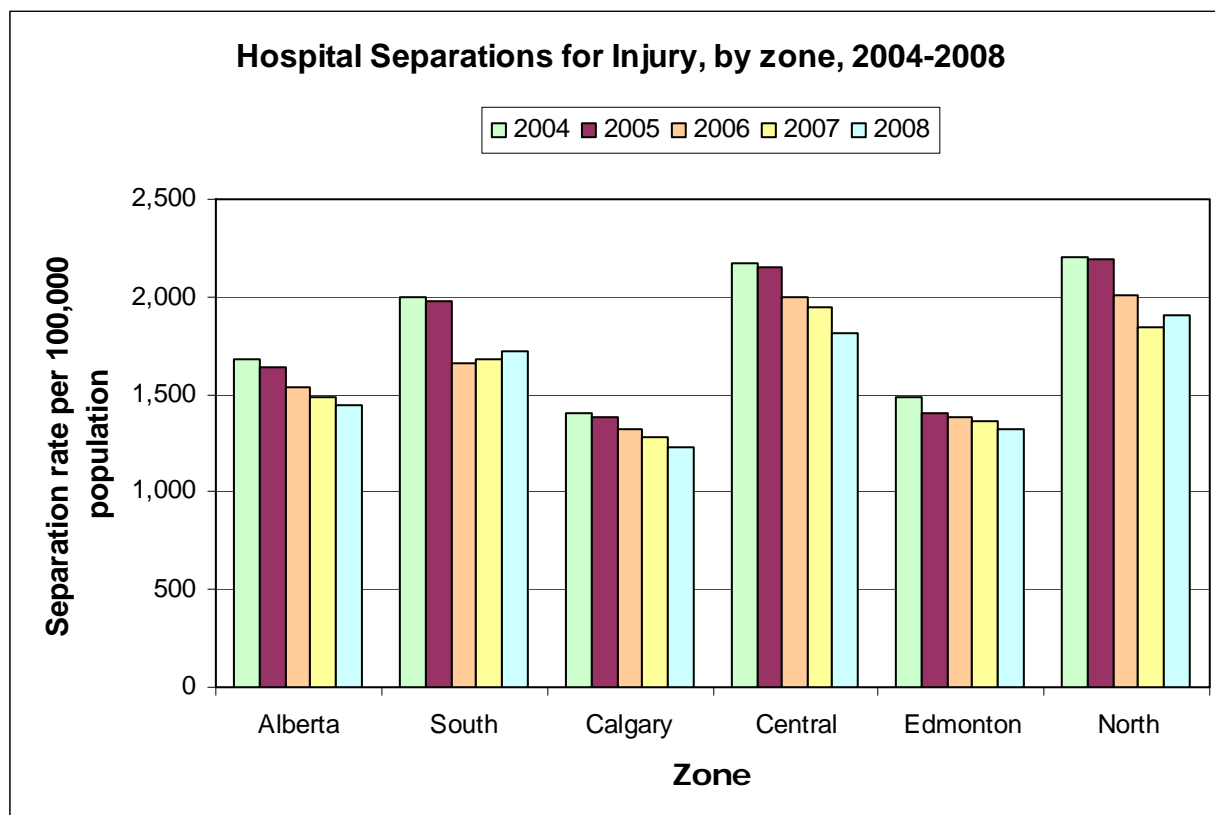
Injuries require a significant amount of health care resources and may be preventable to some extent.

Data were available for each of the former Regional Health Authorities. Age-standardized rates were weighted by the population for the new zones.

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources. (CIHI)

The hospital separation rate for injury has been decreasing overall. It is highest in the predominantly rural zone.

Source: Alberta Health and Wellness Interactive Health Data Application



Hospital Separations for Motor Vehicle Traffic Injuries by Zone and Year

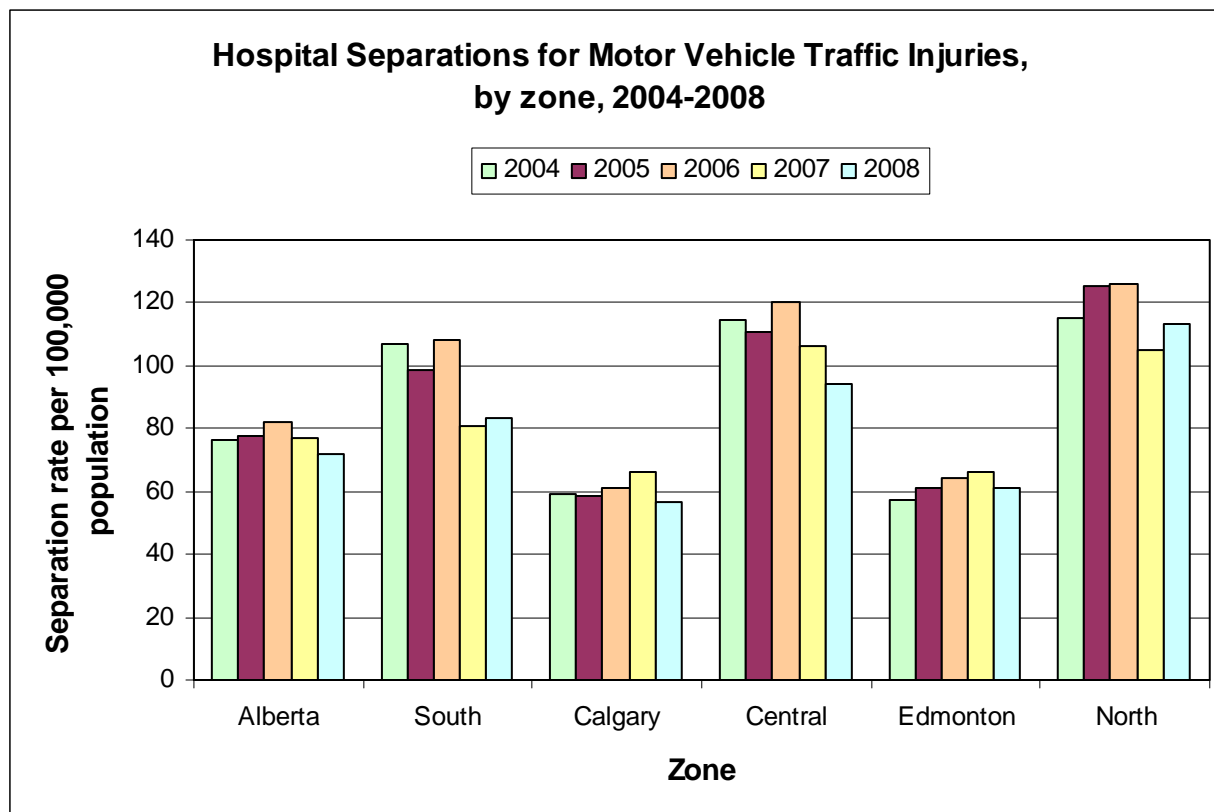
Injuries require a significant amount of health care resources and may be preventable to some extent.

Data were available for each of the former Regional Health Authorities. Age-standardized rates were weighted by the population for the new zones.

This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources. (CIHI)

The hospital separation rate for motor vehicle traffic injuries is consistent with the collision rates in rural versus urban communities.

Source: Alberta Health and Wellness Interactive Health Data Application



Acceptability – System Satisfaction

HQCA - Satisfaction with Health Care Services: A Survey of Albertans, 2008

Gathering information on the patient experience through client surveys is an essential component of performance measurement in health systems that are truly focused on being responsive to the needs of their clients.

Satisfaction with Health Care Services: A survey of Albertans, 2008. Health Quality Council of Alberta. Most recent values are for the 2008 cycle of the survey. Overall, ratings of satisfaction with quality and access to health services are modest, and have remained stable over time with small improvements being reported in satisfaction with health care and satisfaction with emergency department services. Among those who have self-reported as having had a serious complaint in the past year, a small percentage (19%) report being satisfied with how the complaint was handled.

<i>Measure</i>	<i>Zone/Provincial</i>	<i>Year</i>			
		2003	2004	2006	2008
Access to Health Care (% easy and very easy)	North	39%	41%	39%	39%
	Edmonton	40%	47%	50%	47%
	Central	53%	49%	48%	50%
	Calgary	41%	45%	46%	45%
	South	46%	49%	40%	52%
	Provincial Average	44%	46%	46%	46%
Overall Quality of Health Care Received (% good and excellent rating)	North	N/A	N/A	66%	66%
	Edmonton	N/A	N/A	75%	75%
	Central	N/A	N/A	77%	77%
	Calgary	N/A	N/A	73%	71%
	South	N/A	N/A	75%	78%
	Provincial Average	N/A	N/A	73%	74%
Satisfaction with Health Care (% satisfied and very satisfied)	North	N/A	48%	50%	54%
	Edmonton	N/A	53%	59%	62%
	Central	N/A	55%	62%	64%
	Calgary	N/A	50%	57%	57%
	South	N/A	55%	59%	65%
	Provincial Average	N/A	52%	58%	60%
Access to ED Services (% easy and very easy)	North	42%	49%	50%	51%
	Edmonton	48%	48%	42%	48%
	Central	65%	59%	60%	65%
	Calgary	37%	44%	44%	46%
	South	45%	53%	53%	55%
	Provincial Average	46%	50%	48%	51%

Satisfaction with ED Services (% satisfied and very satisfied)	North	45%	53%	53%	54%
	Edmonton	53%	51%	45%	53%
	Central	65%	62%	58%	65%
	Calgary	46%	40%	51%	58%
	South	51%	53%	50%	61%
	Provincial Average	50%	50%	51%	58%
Measure	Zone/Provincial	Year			
		2003	2004	2006	2008
Unexpected Harm (% reporting having experienced (or family) unexpected harm while receiving healthcare in Alberta)	North	15%	14%	14%	8%
	Edmonton	15%	12%	12%	11%
	Central	12%	14%	10%	9%
	Calgary	14%	13%	14%	10%
	South	14%	13%	14%	10%
	Provincial Average	14%	13%	13%	10%
Zone Level Reporting Unavailable for Below					
Inpatient Quality of Care (% good and excellent rating)	Provincial Average	N/A	N/A	76%	80%
Inpatient Access to Care (% easy and very easy)	Provincial Average	N/A	N/A	76%	80%
Access to Health Link (% who called in past year)	Provincial Average	N/A	35%	39%	33%
Satisfaction with Health Link (% satisfied and very satisfied)	Provincial Average	N/A	77%	78%	73%
Access to Public MRI received (% easy and very easy)	Provincial Average	N/A	N/A	56%	59%
Satisfaction with MRI received (% satisfied and very satisfied)	Provincial Average	N/A	N/A	79%	89%
Serious Complaints (% indicating serious complaint in past year)	Provincial Average	15%	15%	14%	13%
Satisfaction With Handling of Complaint (% satisfied and very satisfied)	Provincial Average	21%	15%	24%	19%

Alberta-Canada Comparison

Indicator	Time Period	Alberta	Canadian Average	Lowest Province	Highest Province	Relative Difference Canadian Average	Source
ACCESS							
Wait time for hip fracture surgery - same/next day - Both sexes (Risk-adjusted rate) (Percentage)	2007-2008	61.9	62.5*	48.2	67.7	-1.0%	3
Wait time for hip fracture surgery - same/next day/day after - Both sexes (Risk-adjusted rate) (Percentage)	2007-2008	83.5	83.3*	73.8	89.3	0.2%	3
Hip Replacement 20+ - Both sexes (Age-standardized rate / 100,000)	2007-2008	110	109*	81	120	0.9%	3
Knee Replacement 20+ - Both sexes (Age-standardized rate / 100,000)	2007-2008	174	179*	116	196	-2.9%	3
General/Family Physicians - Both sexes (Rate / 100,000)	2007	108	99	85	116	8.3%	3
Specialist Physicians - Both sexes (Rate / 100,000)	2007	90	94	58	113	-4.4%	3
Newborns born in Facility (2007) (Average Length of Stay - days)	2007	2.5	2.9*†	2.5	3.8	-16.0%	2
Regular medical doctor (12+years) (Percentage)	2008	80.5	84.4	72.7	94.2	-4.8%	5
EFFECTIVENESS - CLINICAL							
Acute Myocardial Infarction Readmission - Both sexes (Risk-adjusted rate) (Percentage)	2005-2008	4	5.1*	4	6.4	-27.5%	3
Asthma Readmission - Both sexes (Risk-adjusted rate %)	2005-2008	3.8	4.5*	2.5	6.6	-18.4%	3
30-Day Acute Myocardial Infarction In-hospital Mortality - Both sexes (Risk-adjusted rate) (Percentage)	2005-2008	7.8	9.4*	7.8	11.3	-20.5%	3
30-Day Stroke In-hospital Mortality - Both sexes (Risk-adjusted rate %)	2005-2008	16.7	18*	13.5	23.4	-7.8%	3
EFFECTIVENESS - MAINTAINING HEALTH							
Hospitalized Acute Myocardial Infarction Event - Both sexes (Age-standardized rate/100,000)	2007-2008	221	219*	169	351	0.9%	3
Hospitalized Stroke Event - Both sexes (Age-standardized rate / 100,000)	2007-2008	124	130*	121	155	-4.8%	3
Injury Hospitalization - Both sexes (Age-standardized rate / 100,000)	2007-2008	732	541*	430	809	26.1%	3
Hospitalized Hip Fracture Event - Both sexes (Age-standardized rate / 100,000)	2007-2008	483	486*	476	601	-0.6%	3
Infant mortality rate (Rate per 1000 live births)	2006	5.3	5	2.1	6.1	5.7%	4
Low Birth Weight Rate (< 2500 grams excluding < 500 grams) (Percentage)	2007-2008	6.5	6.0*†	4.7	6.5	7.7%	1
Low Birth Weight Rate (< 2500 grams) (Percentage)	2007-2008	6.6	6.1*†	4.8	6.6	7.6%	1
5 or more drinks on one occasion, at least once a month in the past year (12+years) (Percentage)	2008	17.6	16.7	15.5	22.3	5.1%	5
Current smoker, daily or occasional (12+years) (Percentage)	2008	22.7	21.4	18.6	25.1	5.7%	5
Diabetes, self reported (12+years) (Percentage)	2008	4.7	5.9	4.7	8.8	-25.5%	5

Indicator	Time Period	Alberta	Canadian Average	Lowest Province	Highest Province	Relative Difference Canadian Average	Source
ACCESS							
High blood pressure, self-reported (12+years) (Percentage)	2008	14.8	16.4	14.7	20.4	-10.8%	5
Perceived health, very good or excellent (12+years) (Percentage)	2008	63	58.9	54.1	63	6.5%	5
Physical activity during leisure-time, moderately active or active (12+years) (Percentage)	2008	53.4	50.6	43.6	58.7	5.2%	5
Body mass index, self-reported, adult (18 years and over), obese (12+years) (Percentage)	2008	18.3	17.2	13.5	27.4	6.0%	5
Females 50-69 with no mammogram for at least 2 years (Percentage)	2008	30.5	28.9	29.3	47.4	5.2%	5
Persons age 65+ who report having received an influenza vaccination in past year (Percentage)	2008	60.9	66.6	51.1	75.9	-9.4%	5
EFFECTIVENESS - SAFETY							
In-hospital Hip Fracture - Both sexes (Risk-adjusted rate / 1,000)	2005-2008	1	0.8*	0.6	1.1	20.0%	3
APPROPRIATENESS							
Ambulatory Care Sensitive Conditions Hospitalizations (2006 Revision) - Both sexes (Age-standardized rate / 100,000)	2007-2008	328	326*	281	576	0.6%	3
Total Caesarean Section Rate (% of women delivering in acute care)	2007-2008	27.9	27.7*	20.1	31.7	0.7%	3
Assisted Delivery Rate (Forceps) Among Vaginal Deliveries (Percentage)	2007-2008	3.9	3.7*†	2.3	5.2	5.1%	1
Assisted Delivery Rate (Overall) Among Vaginal Deliveries (Percentage)	2007-2008	17.1	14.5*†	6.3	17.1	15.0%	1
Assisted Delivery Rate (Vacuum Extraction) Among Vaginal Deliveries (Percentage)	2007-2008	12.1	10.0*†	3.6	12.5	17.3%	1
Epidural Rate for All Deliveries (Percentage)	2007-2008	42.3	44.0*†	28.4	50.4	-4.0%	1
Epidural Rate for Vaginal (Percentage)	2007-2008	48.4	47.1*†	29.4	58.2	2.7%	1
Primary Caesarean Section Rate (Percentage)	2007-2008	19.7	19.5*†	13.4	22.8	1.1%	1
Primary Caesarean Section Rate (< 35 years) (Percentage)	2007-2008	18.8	18.6*†	12.9	22.3	0.9%	1
Primary Caesarean Section Rate (>= 35 years) (Percentage)	2007-2008	24.9	23.7*†	17.3	30.5	4.7%	1
Repeat Caesarean Section (Percentage)	2007-2008	81.2	83.1*†	68.7	92.4	-2.4%	1
APPROPRIATENESS - SATISFACTION							
Patient satisfaction with most recent hospital care received in past 12 months aged 15 and over (Percentage)	2007	82.1	81.7	79.3	88.5	0.5%	5
Patient satisfaction with any health care services received in past 12 months (Percentage)	2007	82.7	86.3	82.2	88.1	-4.4%	5

* - Does not include Quebec

† - Canadian average estimated using 2007 population weighted averaging

HEALTH EXPENDITURES							
Provincial per capita spending on	Time Period	Alberta	Canadian Average	Lowest Province	Highest Province	Relative Difference Canadian Average	Source
Hospitals	2008 (projected)	\$1,561.30	\$1,290.31	\$1,157.09	\$1,932.87	17.4%	6
Other Institutions	2008 (projected)	\$235.10	\$380.95	\$235.10	\$680.54	-62.0%	6
Physicians	2008 (projected)	\$702.44	\$668.83	\$531.19	\$735.88	4.8%	6
Other Professionals	2008 (projected)	\$44.29	\$21.57	\$6.46	\$44.29	51.3%	6
Drugs	2008 (projected)	\$258.79	\$285.87	\$207.08	\$318.82	-10.5%	6
Capital	2008 (projected)	\$254.98	\$163.09	\$90.93	\$254.98	36.0%	6
Public Health	2008 (projected)	\$418.55	\$269.74	\$130.00	\$418.55	35.6%	6
Administration	2008 (projected)	\$57.47	\$56.31	\$25.36	\$110.91	2.0%	6
Other Health Spending	2008 (projected)	\$284.52	\$193.18	\$85.95	\$284.52	32.1%	6
Total	2008 (projected)	\$3,817.44	\$3,329.85	\$3,005.68	\$3,962.27	12.8%	6
Hospitals	2006 (actual)	\$1,398.58	\$1,173.18	\$1,060.64	\$1,609.94	16.1%	6
Other Institutions	2006 (actual)	\$196.06	\$353.79	\$196.06	\$587.71	-80.4%	6
Physicians	2006 (actual)	\$574.77	\$591.07	\$452.59	\$658.78	-2.8%	6
Other Professionals	2006 (actual)	\$38.08	\$19.03	\$6.09	\$38.08	50.0%	6
Drugs	2006 (actual)	\$225.16	\$252.97	\$175.09	\$290.70	-12.4%	6
Capital	2006 (actual)	\$246.93	\$151.52	\$60.86	\$251.19	38.6%	6
Public Health	2006 (actual)	\$382.94	\$219.00	\$100.28	\$382.94	42.8%	6
Administration	2006 (actual)	\$52.70	\$47.51	\$21.86	\$98.15	9.8%	6
Other Health Spending	2006 (actual)	\$212.26	\$164.91	\$68.48	\$244.98	22.3%	6
Total	2006 (actual)	\$3,327.49	\$2,972.98	\$2,690.84	\$3,327.49	10.7%	6

Sources

1. CIHI: Childbirth Indicator Results by Place of Residence and Fiscal Year
2. CIHI: Newborns Born in Reporting Facility
3. CIHI: Health Indicator 2009
4. Statistics Canada
5. Statistics Canada: Canadian Community Health Survey (CCHS)
6. Canadian Institute for Health Information (CIHI) - *National Health Expenditures Trends 1975-2008*