Alberta Health Services

Performance Report

September 2010

Prepared by

Data Integration, Measurement and Reporting

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Choice and Quality for Seniors

Enabling Our People / Enabling One Health System

Introduction

Reporting our performance: Fiscal Year 2010-2011

Consistent with our values of accountability and transparency, this first quarter report for fiscal year 2010 - 2011 releases detailed measures demonstrating the performance of Alberta Health Services (AHS) in managing our provincial health system.

Providing quality care and preventative health services to every Albertan is at the centre of our patient-focused health system. Transforming the way we deliver health services across the province continues to be an enormous task, one that requires specific targets, and action plans to achieve our three primary goals of quality, accessibility, and sustainability.

With the release of each report (this is our fifth), we reaffirm our commitment to provide information to the public on a quarterly basis about how well we're doing, and where we need to improve. While the indicators presented here measure our progress to date, the most important measure of our success in the future will be the health and satisfaction levels of Albertans.

What's being measured?

AHS delivers health services in five zones, each differing in population and geography. 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.

What's different?

The start of our new fiscal year brings a focus on new initiatives and new indicators of performance. The indicators in this report align with the 2010-2015 Health Plan, though others are included as well. Future quarterly reports may include additional indicators as available, and appropriate.

The new format to this report emphasizes performance targets. Setting both short and long term goals for performance and monitoring our progress in reaching these goals are fundamental to achieving higher levels of service quality. The targets that appear in this report were developed in close consultation with Alberta Health and Wellness and included clinical consultation and national benchmark comparisons, which have been used to set the pace of improvement as well as the goal.

Targets and indicators will not be static. We have a number of measures in development which will, over time, give us a better understanding of our performance as a whole - focusing on population health, quality, access and sustainability. Reviewing indicators by zone and/or site will also allow us to look at equity across the province. Going forward, performance targets will be used to gauge the effectiveness of new strategies for improvement. Some strategies will work, others may not. By identifying the most effective and efficient strategies for improvement and then expanding them more broadly across the Province we will achieve our goals for service excellence.

Integrating information from twelve former health organizations presented significant challenges in our first year of reporting: variations in indicators across sites or zones reflected differences in definitions, performance and in record keeping methods. Many of those differences have been resolved – although there is still much work to do.

Dr. Stephen Duckett, President & Chief Executive Officer, Alberta Health Services

How to read this report

The style of this report represents substantial changes over previous quarters. It's easier to understand, easier to use, streamlines information and is aligned with the 2010-2015 Health Plan and other reports internal to AHS (e.g. Quality and Patient Safety Dashboard, and Human Resources Dashboard).

Information is at your fingertips in a new "dashboard" view that's user friendly. The new point-and-click drill down features help you better understand the meaning of the data provided, and allows access to more detailed data by zone or site (as appropriate to the specific indicator). You'll also have access to detailed definitions and one-page narrative descriptions of each indicator with comments on existing performance, actions being taken by AHS, and other information. To provide context, refer to the available Treatment Level Activity Report which indicate activity within AHS, including Covenant sites. The performance dashboard uses a simple "traffic light" method to indicate how AHS is performing relative to the 2010/11 targets established for each indicator. A "green light" is used when actual performance is at or better than target; a "yellow light" represents performance within an acceptable range of target (within 10 per cent relative to target); and a "red light" indicates where performance is beyond an acceptable range from target (10 per cent or more beyond target). As well, "trend" indicators show if performance is getting better, worse, or remains stable across previous reporting periods (anything within 5 per cent is deemed to be stable).

The development of a report like this is a learning process. As we continue our work to develop reporting consistencies across the province, retrospective changes in indicator results from one reporting period 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. 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, and Statistics Canada.

AHS Performance Dashboard

Performance trend over last reporting period†
- ⬆ Performance is improving
- ➡ Performance is stable
- ⬇ Performance is worsening

Status
- ■ Performance is at or better than 2010/11 target, continue to monitor
- △ Performance is within acceptable range of 2010/11 target (≤10%), monitor and take action as appropriate
- ● Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress

T1◊	Fre-quency‡	Performance Measure	Actual (Period 1)	Actual (Period 2)	Actual (Period 3)	Actual (Period 4¥)	Period 4¥ Reported	Target (2010/11)	Target (5 Year)	Trend	Status
		Staying Healthy / Improving Population Health									
◊	A	Life Expectancy	80.4	80.6	80.6	81.1	2009	tbd	tbd	➡	na
◊	A	Potential Years of Life Lost (per 1000)	50.8	50.5	50.3	47.3	2009	tbd	tbd	⬆	na
	A	Colorectal Cancer Screening Participation Rate	tbd	tbd	tbd	35.5%	2008	tbd	55%	na*	na
	A	Breast Cancer Screening Participation Rate	tbd	tbd	55.1%	55.9%	2008 - 2009	tbd	62%	➡	na
	A	Cervical Cancer Screening Participation Rate	tbd	71.2%	71.4%	70.7%	Jan 07-Dec 09	tbd	75%	➡	na
		Building a Primary Care Foundation									
◊	A	Seniors (65+) Influenza Immunization Rate	62% (2006)	62% (2007)	58%	56%	2009/10	75%	75%	➡	●
◊	A	Children (6 to 23 months) Influenza Immunization Rate	52% (2006)	52% (2007)	43% (2008/09)	16%	2009/10	75%	75%	⬇	●
◊	A	Childhood Immunization Rates for DTaP	81.8%	80.0%	83.8%	83.8%	2008	95%	97%	➡	●
◊	A	Childhood Immunization Rates for MMR	91.6%	91.0%	88.5%	89.3%	2008	95%	98%	➡	△
	SA	Albertans Enrolled in a Primary Care Network (%)	56%	59%	61%	64%	2010/11 August 2010	75%	90%	➡	●
◊	Q	Admissions for Ambulatory Care Sensitive Conditions (rate per 100,000)	77	68	71	73	Q4 2009/10	76 (304 annual)	280 annual	➡	■
◊	Q	Family Practice Sensitive Conditions (% of ED visits)	28.2%	26.7%	27.1%	27.6%	Q4 2009/10	27%	22%	➡	△
	Q	Health Link Wait Time (% answered in ≤ 2 minutes)	64.4%	67.5%	72.3%	77.0%	Q1 2010/11	80%	90% <= 1 minute	⬆	△
◊	Q	Children Receiving Community Mental Health Treatment within 30 Days	75%	73%	81%	75%	Q4 2009/10	85%	92%	⬇	●

†Trend is based on report period 4 compared to report period 3. A change of 5% or more is interpreted as improving/worsening. Less than 5% total is interpreted as stable.
◊Indicates "Tier 1" measures that are attached to the 2010 – 2015 Health Plan.
‡Frequency codes: Q – quarterly, A – annually (may be fiscal year or calendar year), SA – semi-annually. Note Fiscal year for Canadian Healthcare organizations begins April 1 and ends March 31.
¥ Period 4 is the most current data available and is used to determine status. Period 1 represents the earliest reported period on the dashboard for that measure.
* Trend for these measures cannot be determined until subsequent data is available.
✓Indicates data points that have been updated since the previous report.

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	ǂ Interim target pending confirmation. Status based on interim 2010/11 target.										
		Improving Access, Reducing Wait Times									
◊	Q	Urgent CABG Wait Time (90th percentile in weeks)	2.3	2.4	2.4	1.7	Q1 2010/11	1.5	1	⬆	△
◊	Q	Semi-urgent CABG Wait Time (90th percentile in weeks)	4.7	6.6	8.1	6.2	Q1 2010/11	5	2	⬆	●
◊	Q	Scheduled CABG Wait Time (90th percentile in weeks)	31.3	31.1	29.7	28.0	Q1 2010/11	15	6	⬆	●
◊	Q	Hip Replacement Surgery Wait Time (90th percentile in weeks)	36.5	36.8	35.8	35.7	Q1 2010/11	28	14	➡	●
◊	Q	Knee Replacement Surgery Wait Time (90th percentile in weeks)	50.0	53.6	44.1	48.1	Q1 2010/11	42	14	⬇	●
◊	Q	Cataract Surgery Wait Time (90th percentile in weeks)	39.1	41.0	45.1	45.3	Q1 2010/11	36	14	➡	●
◊	Q	Wait Time for All Other Scheduled Surgery (90th percentile in weeks)	23.9	25.6	25.1	24.6	Q1 2010/11	to be developed	14	➡	n a
◊	Q	Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks)	8.3	7.0	6.9	5.4	Q1 2010/11	4	2	⬆	●
◊	Q	Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)	5.6	5.3	5.3	3.7	Q1 2010/11	4	4	⬆	■
◊	Q	Discharged ED Length of Stay (% within 4 hours) (16 Higher Volume EDs)	62%	63%	65%	62%	Q4 2009/10	70%	90%	➡	●
◊	Q	Discharged ED Length of Stay (% within 4 hours) (All Sites)	80%	81%	81%	80%	Q4 2009/10	82%	90%	➡	●
◊	Q	Admitted ED Length of Stay (% within 8 hours) (15 Higher Volume EDs)	38%	39%	39%	36%	Q4 2009/10	45%	90%	⬇	●
◊	Q	Admitted ED Length of Stay (% within 8 hours) (All Sites)	50%	50%	50%	48%	Q4 2009/10	55%	90%	➡	●
◊		Never (Adverse) Events	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q3 2010/11								
◊		Hospital Acquired MRSA Infection Rate	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								
◊		Surgical Site Infection Rate	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q2 2012/13								
		Central Venous Catheter Bloodstream Infection Rate	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								

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		Choice and Quality for Seniors									
◊	Q	People Waiting in Acute/Sub-acute Beds for Continuing Care Placement	879	742	707	777	Q1 2010/11	400	250	⬇	●
◊	Q	People Waiting in Community for Continuing Care Placement	1,027	999	1,039	1,098	Q1 2010/11	975	750	⬇	●
◊		Length of Stay in Acute/Sub-acute Beds for Continuing Care Placement	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q2 2010/11								
◊		Number of Home Care Clients	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q2 2010/11								
		Enabling Our People / Enabling One Health System									
◊	Q	Headcount to FTE Ratio	1.57	1.57	1.57	1.57	Q1 2010/11	1.63	1.59	➡	■
◊	Q	Registered Nurse Graduates Hired by AHS (%)	na	na	na	43%	Q1 2010/11	70% by year end	70% by year end	na*	●
◊	A	Disabling Injury Rate	na	na	na	1.34 (first six months)	Jan to Jun 2010	2.41	1.5	na	●
◊	A	Staff Overall Engagement	na	na	na	35%	2009/10 (base)	43%	78%	na*	●
◊	A	Physician Overall Engagement	na	na	na	26%	2009/10 (base)	43%	78%	na*	●
		Full-time to Part-time Clinical Worker Ratio	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q2 2010/11								
		Employee Absenteeism Rate	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								
		Overtime Hours to Paid Hours Ratio	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								
◊	Q	Number of Netcare Users	tbd	9,409	10,093	10,439	Q1 2010/11	11,575	na	➡	△
◊	Q	Patient Satisfaction - Acute Care	na	na	na	82.5%	Q4 2009/10	80%	85%	na*	△
◊		Patient Satisfaction - Addictions and Mental Health	Measurement strategy and targets under development; reporting for this indicator is to be determined.								
		Patient Commendations	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								
		Patient Concerns Open with Patient Concerns Office	Measurement strategy and targets under development; reporting for this indicator is anticipated to begin in Q4 2010/11								

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Treatment Level Activity Report

Activity Measure	2008/09 Q1	2008/09 Q2	2008/09 Q3	2008/09 Q4	2008/09 Fiscal Year	2009/10 Q1	2009/10 Q2	2009/10 Q3	2009/10 Q4	2009/10 Fiscal Year
Number of Hospital Discharges (by Site)	91,724	87,820	88,358	89,490	357,392	92,920	89,642	89,683	90,069	362,314
Average Hospital Length of Stay (Days) (by Site)	6.7	6.9	7.0	7.2	6.9	6.9	6.8	7.1	7.1	7.0
Per Cent of Alternate Level of Care (ALC) Days	7.0%	8.4%	8.8%	9.3%	8.4%	8.2%	8.9%	10.9%	9.2%	9.3%
Number of Hospital Births	12,858	13,202	12,056	12,111	50,227	13,085	13,440	12,230	11,983	50,738
Number of Emergency Department Visits (by Site)	481,654	487,403	465,943	486,151	1,921,151	501,681	494,295	482,636	474,181	1,952,793
Number of Urgent Care Service (UCS) Visits	22,048	27,334	26,287	27,850	103,519	29,638	29,850	29,376	36,550	125,414
Number of Health Link Calls	205,076	200,696	238,012	220,456	864,240	205,649	190,883	433,586	200,074	1,030,192
Number of Total Primary Hip Replacements	680	602	741	726	2,749	774	640	806	909	3,129
Number of Total Primary Knee Replacements	1,018	813	969	1,011	3,811	1,078	871	1,059	1,118	4,126
Number of Cataract Surgeries	7,636	6,115	7,167	6,751	27,669	7,313	6,024	5,900	8,390	27,627
Number of MRI Exams	40,274	38,543	38,295	40,612	157,724	41,302	40,432	38,960	45,254	165,948
Number of Lab Tests	14,095,185	13,715,593	14,008,880	14,686,352	56,506,010	15,143,422	14,401,121	14,382,996	15,207,661	59,135,200

Notes:

1. The above figures exclude Grimshaw/Berwyn and District Community Health Centre as inpatient data abstracts are not submitted.
2. Average Hospital Length of Stay (Days) includes acute, subacute and Alternate Level of Care (ALC) days.
3. Alternate Level of Care (ALC) Days is the per cent of total hospital days. Use with caution as classification of ALC days is not standardized throughout the province.
4. Number of Emergency Department Visits excludes the following facilities: Breton Health Centre, Coaldale Health Centre, Rainbow Lake Health Centre, St. Mary's Health Care Centre (Trochu).
5. Number of Urgent Care Service (UCS) Visits: Figures are based on the certification effective dates below.
   - Airdrie Regional Health Centre 18-Dec-2009
   - Health First Strathcona 01-May-2008
   - Okotoks Health and Wellness Centre 17-Mar-2010
   - Sheldon M Chumir Centre 01-Apr-2008
   - South Calgary Health Centre 01-May-2008
6. Lab Tests: Volumes are not comparable to numbers reported in previous periods (prior to April 2009). Figures include tests performed in non-AHS facilities.
7. Number of MRI Exams: Figures include exams performed by Covenant Health DI sites and outsourced exams.

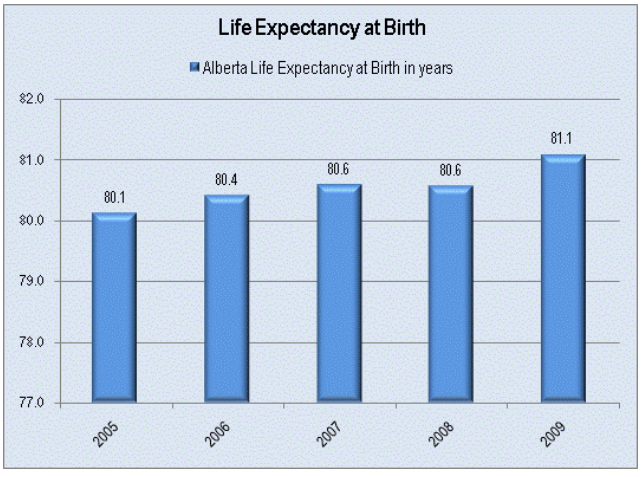
Life Expectancy

WHAT IS BEING MEASURED?
Life expectancy is the number of years from birth a person would be expected to live based on mortality statistics.

WHY IS THIS IMPORTANT?
Life expectancy at birth is an indicator of the health of a population, measuring the number of years lived rather than the quality of life.

WHAT IS THE TARGET?
Alberta Health Services targets an increase in life expectancy in a manner consistent with the Canadian average, with the goal of being above the national average.

Over the next five years, there is an expectation that disparities in life expectancy throughout various AHS zones in the province will decrease, and that there will be an increase in life expectancy among First Nations populations.



Source: Alberta Health & Wellness

PERFORMANCE STATUS	TARGET
Performance improvement observed since last reported period.	Not Specified
	ACTUAL 81.1 years

HOW ARE WE DOING?
There is significant disparity in life expectancy between Alberta Health Services urban and rural zones. Life expectancy in the North is about two years less than for the average Albertan. As well, a child born in the Edmonton Zone can expect to live a year less than a child born in Calgary. Differences in health status and determinants of health are also evident between rural and urban areas.

WHAT ACTIONS ARE WE TAKING?
Alberta Health Services is working to improve population health through integrating health promotion and disease and injury prevention programs with other health care delivery services, and better co-ordination between health and other government and municipal sectors.

WHAT ELSE DO WE KNOW?
The leading causes of death are cancer, ischemic heart diseases, cerebrovascular diseases, chronic lower respiratory diseases and accidents. Almost 60 per cent of the deaths in Alberta are due to cancer and circulatory diseases. These causes of death need to be carefully considered to determine opportunities to improve life expectancy.

WANT TO KNOW MORE?
Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?
Life expectancy in Alberta is marginally below the national average. This is a change from previous years, as in the past, life expectancy was higher than the national average.

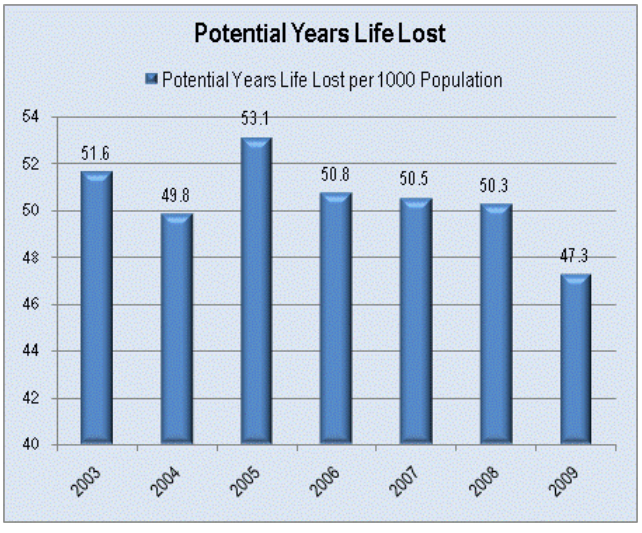
Performance Measure Update

Potential Years of Life Lost

WHAT IS BEING MEASURED?
Potential years of life lost (PYLL) is the number of years of life "lost" per 1,000 population when a person dies from any cause before age 75. For example, if a person died at age 25, then 50 years of life has been lost. The total potential years of life lost is divided by the total population under age 75.

WHY IS THIS IMPORTANT?
PYLL is an indicator of premature mortality that gives greater weight to causes of death that occur at a younger age than to those at older ages. It emphasizes the loss of life at an early age and the causes of early deaths such as cancer, injury and cardiovascular disease. For example, the death of a person 40 years old contributes 1 death and 35 PYLL; whereas the death of a 70-year old contributes 1 death but only 5 years to PYLL.

WHAT IS THE TARGET?
There is an expectation that PYLL will be monitored, and that improvements will be seen in PYLL over the next five years.



Source: Alberta Health & Wellness

PERFORMANCE STATUS	TARGET
Performance improvement observed since last reported period.	Not Specified
	ACTUAL 47.3 years

HOW ARE WE DOING?
In 2009, there was an improvement in PYLL with a drop from 50.3 years per 1,000 population in 2008 to 47.3 years per 1,000 population in 2009.

WHAT ACTIONS ARE WE TAKING?
Alberta Health Services in working to improve population health through integrating health promotion and disease and injury prevention programs with other health care delivery services, and better co-ordination between health and other government and municipal sectors.

WHAT ELSE DO WE KNOW?
PYLL rates for Alberta are calculated by cause of death as follows: all causes, cancer, colorectal cancer, lung cancer, diseases of the circulatory system, ischaemic heart diseases, cerebrovascular disease (stroke), diseases of the respiratory system, external causes (injury), unintentional injury, land transport and intentional self-harm (suicide).

WANT TO KNOW MORE?
Information will be made available by zone.

Detailed indicator definition will be available.

HOW DO WE COMPARE?
Using a similar definition, Alberta ranked 3rd among the 10 provinces for PYLL (Statistics Canada, 2001).

Colorectal Cancer Screening Participation Rate

WHAT IS BEING MEASURED?

The colorectal cancer (CRC) screening participation rate measures the percentage of Albertans between the ages of 50 and 74 years who have had at least one of the following tests for screening: a Fecal Occult Blood Test (FOBT) within the last two years, a flexible sigmoidoscopy within the last five years, or a colonoscopy within the last ten years.

Screening refers to the use of a test for a person without symptoms or signs of colorectal cancer.

WHY IS THIS IMPORTANT?

Death from colorectal cancer is 90 per cent preventable if the disease is caught at early stages. There is substantial evidence that organized colorectal cancer screening can reduce the mortality and incidence of colorectal cancer, and will significantly reduce the suffering and substantial costs of end stage colorectal cancer treatment.

WHAT IS THE TARGET?

The Alberta target is for 55 percent of individuals to have had a Fecal Occult Blood Test (FOBT) within the last two years, a flexible sigmoidoscopy within the last five years, or a colonoscopy within the last ten years by 2015. A target of 67 per cent has been set for 2020.

Targets are currently under review.

Table: Percentage of population aged 50-74 who are up to date for colorectal cancer screening (2008)

Province	Screening Rate (%)
Alberta	35.5%

Source: Canadian Community Health Survey (CCHS) 2008

PERFORMANCE STATUS

Performance target for 2010/11 has not been established for comparison.

TARGET in development

ACTUAL (2007-09) 35.5%

HOW ARE WE DOING?

The 2008 Canadian Community Health Survey (CCHS) showed 35.5 per cent of Albertans between the ages of 50 and 74 years reported having a fecal test within the past two years, or flexible sigmoidoscopy or colonoscopy within the past five years.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services is in the process of implementing a provincial, population based colorectal cancer screening program to improve early detection of colorectal cancer. A provincial colorectal cancer screening database will also be developed to provide direct, timely and more accurate information on colorectal cancer screening participation.

WHAT ELSE DO WE KNOW?

The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individuals' knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions, therefore annual reporting would provide more meaningful information.

As with other population surveys, CCHS provides cross-sectional data with information self-reported and/or recalled. Data quality issues from survey methodology may exist.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?

Using a similar definition, Alberta ranked fourth among the 10 provinces for self-reported colorectal cancer screening (Statistics Canada, 2008). The Canadian average was 40 per cent.

Breast Cancer Screening Participation Rate (%)

WHAT IS BEING MEASURED?

The breast cancer screening participation rate measures the percentage of women in Alberta between the ages of 50 and 69 years who have had a breast screening mammogram in the last two years (biennially).

Women who are not eligible for screening mammograms are included in the data. That is, women who have had breast cancer, breast symptoms, breast implants,or prophylactic bilateral mastectomies are not removed. This leads to a slight underestimate in the screening mammogram participation rate.

WHY IS THIS IMPORTANT?

Adequate participation in breast cancer screening is essential for reductions in mortality for women between the ages of 50 and 69 years. Regular screening following clinical practice guidelines can identify unsuspected breast cancer at a stage when early intervention can positively affect the outcome. The goal is to reduce breast cancer mortality through early detection when treatment is more likely to be effective.

WHAT IS THE TARGET?

The Alberta target is for 70 per cent of eligible women 50 to 69 years of age to have a screening mammogram at least biennially by 2020. The 2010 target is 55 per cent.

Targets are currently under review.

Table: Percentage of women 50-69 who have a screening mammogram at least biennially

	Target Population (Alberta)	Number of Women Screened	Screening Rate (%)
2007 - 2008	354,216	195,005	55.1%
2008 - 2009	371,359	207,617	55.9%

Source: Alberta Breast Cancer Screening Program (ABCSP) and Alberta Health and Wellness (AHW).

PERFORMANCE STATUS

Performance target for 2010/11 has not been established for comparison.

TARGET
in development

ACTUAL
55.9%
(2008 – 2009)

HOW ARE WE DOING?

During the two-year period between January 2008 and December 2009, 55.9 per cent of women aged 50 to 69 years received a screening mammogram. The rate for 2009 and 2010 is not available.

WHAT ACTIONS ARE WE TAKING?

The Alberta Breast Cancer Screening Program (ABCSP) is coordinated by Alberta Health Services in partnership with the Alberta Society of Radiologists. The ABCSP supports women by sending invitation letters and brochures to unscreened women and by sending results and recommendations after their screening mammograms. In the near future, the ABCSP will begin sending reminders when women are overdue for screening mammograms. Visit screeningforlife.ca for more information.

WHAT ELSE DO WE KNOW?

In order to more accurately reflect the way in which the population receives screening mammography, the ABCSP is working with the Public Health Agency of Canada, Canadian Breast Cancer Screening Initiative to evaluate a biennial mammography utilization indicator that might include bilateral diagnostic mammograms in addition to screening mammograms.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Using a similar definition, Alberta tied for first among the 10 provinces for self-reported mammography (Statistics Canada, 2008).

Performance Measure Update

Cervical Cancer Screening Participation Rate

WHAT IS BEING MEASURED?

The cervical cancer screening participation rate measures the percentage of women between the ages of 21 and 69 years who have had a Pap test in the last three years.

Women who are not eligible for Pap tests due to hysterectomy are included in the data. This leads to a slight underestimate in the Pap test screening participation rate.

WHY IS THIS IMPORTANT?

Research indicates that over 90 per cent of cervical cancers can be cured when detected early and treated. Widespread Pap testing in Alberta over the past 40 years has resulted in a significant reduction in cervical cancer mortality. Nevertheless, failure to be screened, and under screening, remain the most important risk factors for cervical cancer in Alberta women. There is also strong evidence of disparities in coverage across Alberta by geography, socioeconomic status and ethnicity. Cervical cancer is almost entirely preventable through the effective application of cervical screening and human papillomavirus (HPV) immunization.

WHAT IS THE TARGET?

The Alberta target is for 70 per cent of eligible women 21 to 69 years of age to have a Pap test every three years.

Targets are currently under review.

Table: Percentage of women aged 21-69 who have had a Pap test at least every three years

Time Period	Target Population (Alberta)	Number of Women Screened	Screening Rate (%)
2005-2007	1,061,565	755,682	71.2%
2006-2008	1,095,468	782,421	71.4%
2007-2009	1,133,789	802,137	70.7%

Source: Extracted from AHW FFS data

PERFORMANCE STATUS

Performance target for 2010/11 has not been established for comparison.

TARGET in development

ACTUAL (2007-09) 70.7%

HOW ARE WE DOING?

During the three-year period between January 2007 and December 2009, 70.7 per cent of eligible women aged 21 to 69 years received a screening Pap test. This screening rate meets the Alberta Health Services target rate of 70 per cent.

WHAT ACTIONS ARE WE TAKING?

The Alberta Cervical Cancer Screening Program (ACCSP) is coordinated by Alberta Health Services in partnership with healthcare providers. The ACCSP mails Pap test results to women. The program also sends reminder letters if women are overdue for their next Pap test. The program operates in some parts of Alberta and will expand throughout the province in the near future. Visit screeningforlife.ca for areas in which the ACCSP currently sends letters.

WHAT ELSE DO WE KNOW?

Pap test coverage tends not to be evenly distributed, with coverage rates of less than 40 per cent in some communities.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Using a similar definition, Alberta ranked fourth among the 10 provinces for self-reported cervical cancer screening (Statistics Canada, 2005).

Seniors (65+) Influenza Immunization Rate

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 75%

ACTUAL 56%

WHAT IS BEING MEASURED?

The percentage of seniors aged 65 and older who have received the seasonal influenza vaccine during the previous influenza season (Oct 2009 through Apr 2010).

Data on immunizations comes from Alberta Health Services Zones and the First Nations and Inuit Health (FNIH), Health Canada, Alberta Region. Seniors in Lloydminster primarily receive immunizations from Saskatchewan Health and are likely missing from the numerator count. The Lloydminster population has been removed from the denominator.

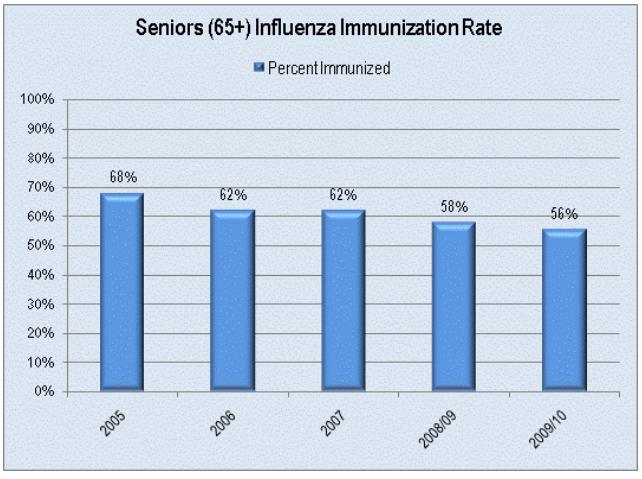
WHY IS THIS IMPORTANT?

A high rate of seasonal influenza immunization among seniors will reduce the incidence of complications and death associated with influenza disease in this population.

Providing influenza immunization to eligible Albertans is a major activity of the public health system. A high rate of coverage will reduce the impact of disease on the healthcare system.

WHAT IS THE TARGET?

The Alberta Health and Wellness target is for 75 per cent of seniors 65 years of age and older to have received one dose of seasonal influenza vaccine.



Source: Alberta Health & Wellness

HOW ARE WE DOING?

The Alberta Health Services seasonal influenza immunization rate for seniors aged 65 and older is 56 per cent. The rate is below the Alberta Health and Wellness target of 75 per cent.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services has developed a communication plan outlining to the public the importance of influenza immunization. Strategies have been developed to improve access at current delivery locations and vaccine will be provided at sites where seniors frequent.

Wide spread distribution of vaccine to other immunization providers such as physicians and pharmacists, to enhance access to seasonal influenza vaccine has been implemented.

WHAT ELSE DO WE KNOW?

A high rate of coverage will reduce the impact of disease on the healthcare system during influenza season, including physician and emergency department visits, and hospitalizations.

The lower immunization rate for 2009/10 may be due to seniors choosing the pandemic H1N1 vaccine component because it was known to be the circulating strain.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?

Using a similar definition, Alberta ranked fifth among the 10 provinces for self-reported influenza immunization (Statistics Canada, 2009).

Children (6 to 23 Months) Influenza Immunization Rate

WHAT IS BEING MEASURED?

The percentage of children between the ages of six and 23 months who have received the recommended doses of seasonal influenza vaccine is measured.

Immunization data is representative of four Alberta Health Services Zones (South, Calgary, Central and Edmonton). Data is not complete for 2009/10 due to issues with the Immunization coverage rate reporting system (MediTech) in parts of the province. Data is also not available from First Nations and Inuit Health (FNIH), Health Canada, Alberta Region.

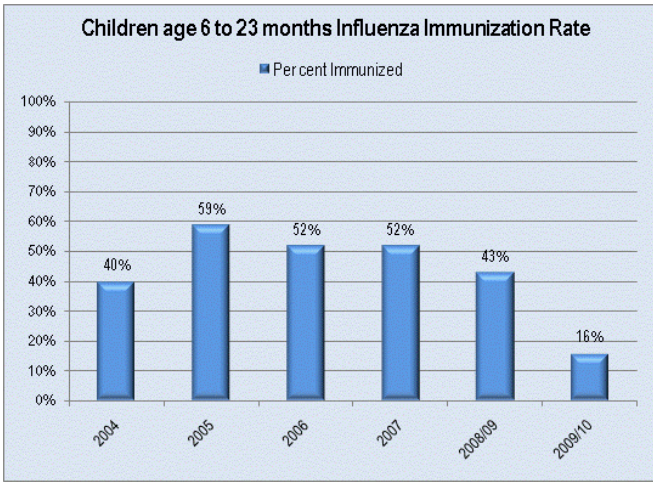
WHY IS THIS IMPORTANT?

A high rate of seasonal influenza immunization among children reduce the incidence of complications and death associated with influenza disease and reduce the spread of disease to older age groups during the influenza season.

Providing influenza immunizations to eligible Albertans is a major activity of the public health system. A high rate of coverage will reduce the impact of disease on the healthcare system.

WHAT IS THE TARGET?

The Alberta Health and Wellness target is for 75 percent of children aged six to 23 months to have received the recommended doses of seasonal influenza vaccine.



Source: Alberta Health & Wellness and Alberta Health Services

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 75%

ACTUAL 16% (2009/10)

HOW ARE WE DOING?

The Alberta Health Services seasonal influenza immunization rate for children between the ages of six and 23 months was 16 per cent for 2009/10. The rate is below the Alberta target of 75 per cent.

WHAT ACTIONS ARE WE TAKING?

Efforts are continuing to streamline the process of reporting for this indicator. Methods to enhance public knowledge regarding benefits of receiving the seasonal influenza vaccine are being investigated. Seasonal influenza vaccine will be offered to children during routine visits to Child Health Clinics.

The recommendation for infant and child annual influenza immunization is fairly new. Alberta Health Services is looking at strategies to promote immunization through physicians and parents.

WHAT ELSE DO WE KNOW?

Children receiving influenza vaccine for the first time require two doses. Poor uptake for the needed second dose is common. The 2009/10 rate is believed to be lower than previous years as many parents chose to have their children receive only the pandemic H1N1 vaccine.

Methods of data collection have been inconsistent in previous years and rates are not directly comparable. Alberta Health Services is working with Alberta Health and Wellness to standardize data collection and reporting of this indicator.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?

Limited comparable data is available. In 2007, Manitoba reported 22 percent of children were complete for their influenza vaccination by the age of two years.

Performance Measure Update

Childhood Immunization Rate

Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B

WHAT IS BEING MEASURED?

Childhood immunization rates for Diphtheria, Tetanus and Pertussis (DTaP) measures the percentage of children who have received the required number of doses of DTaP vaccine by two years of age.

Data on children receiving combined components of the DTaP-IPV-Hib vaccine is currently not available from all zones. As coverage rates for DTaP-IPV and Hib are reported separately in some Zones, DTaP is used as the proxy measure.

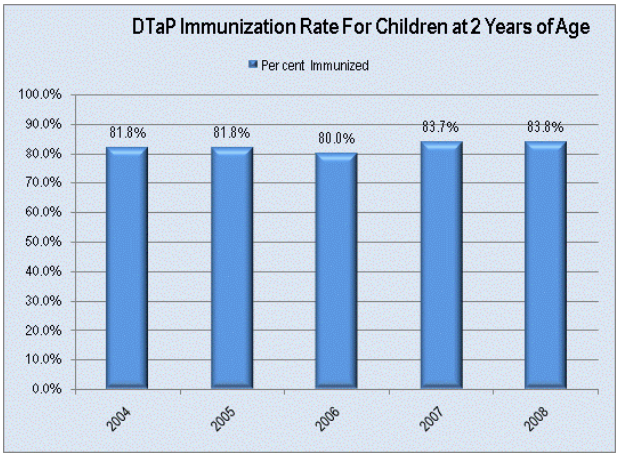
Data on immunizations comes from Alberta Health Services Zones and the First Nations and Inuit Health (FNIH), Health Canada, Alberta Region.

WHY IS THIS IMPORTANT?

A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of coverage is needed to protect the entire community from outbreaks of the disease.

WHAT IS THE TARGET?

The Alberta Health and Wellness, Business Plan target is for 95 percent of children to have received the required number of doses of DTap-IPV-Hib vaccine by two years of age.



Source: Alberta Health & Wellness and Alberta Health Services

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET	ACTUAL
95%	83.8%

HOW ARE WE DOING?

The Alberta Health Services DTaP immunization rate for children by two years of age for 2008 is 83.8 per cent. This rate is below the Alberta Health and Wellness target of 95 per cent. The rate for 2009 is not available.

WHAT ACTIONS ARE WE TAKING?

Every zone within Alberta Health Services uses a delayed monitoring system to identify children who are not up to date for routine immunizations. Public Health contacts families of children with delayed immunizations to remind them and schedule needed immunizations through clinic appointments. Additional clinics are added as needed across the zones to accommodate children with delayed immunizations. Front line staff maintains a listing of eligible children in their service area including births, immunization due dates, movement in and out of the Zone, and other reasons for delayed immunization.

WHAT ELSE DO WE KNOW?

There are pockets of low immunization across the province. Specific strategies need to be developed to increase the immunization rate closer to the target by identifying why some children are not immunized, to increase access and modify existing immunization delivery programs to best suit the local population.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Limited comparable data is available. In 2007, Manitoba reported 73.3 per cent of children were complete for DTaP, 88.0 per cent for Polio and 79.3 per cent for Hib by the age of two years.

Performance Measure Update

Childhood Immunization Rate for Measles, Mumps, Rubella

WHAT IS BEING MEASURED?

The childhood immunization rate for Measles, Mumps and Rubella (MMR) measures the percentage of children who have received the required number of doses of MMR vaccine by two years of age.

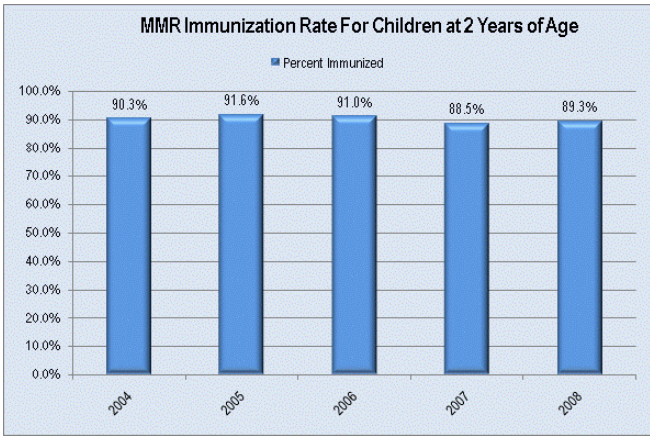
Data on immunizations comes from Alberta Health Services Zones and the First Nations and Inuit Health (FNIH), Health Canada, Alberta Region.

WHY IS THIS IMPORTANT?

A high rate of immunization for a population can help ensure that the incidence of childhood diseases remains low and outbreaks are controlled. Providing immunizations for childhood diseases is a major activity of the public health system. Immunizations protect children and adults from a number of diseases, some of which can be fatal or produce permanent disabilities. A high rate of coverage is needed to protect the entire community from outbreaks of the disease.

WHAT IS THE TARGET?

The Alberta Health and Wellness, Business Plan target is for 95 per cent of children to have received the required number of doses of MMR vaccine by two years of age.



Source: Alberta Health & Wellness and Alberta Health Services

PERFORMANCE STATUS

Performance is within acceptable range of 2010/11 target, monitor and take action as appropriate.

TARGET: 95%

2008 ACTUAL: 89.3%

HOW ARE WE DOING?

The Alberta Health Services 2008 MMR immunization rate for children at two years of age is 89.3 per cent. This is below the Alberta target of 95 per cent. The rate for 2009 is not yet available.

WHAT ACTIONS ARE WE TAKING?

Every zone within Alberta Health Services uses a delayed monitoring system to identify children who are not up to date for routine immunizations. Public Health contacts families of children with delayed immunizations to remind them and schedule needed immunizations through clinic appointments. Additional clinics are added as needed across the zones to accommodate children with delayed immunizations. Front line staff maintains a listing of eligible children in their service area including births, immunization due dates, movement in and out of the Zone, and other reasons for delayed immunization.

WHAT ELSE DO WE KNOW?

The decrease in immunization coverage from the previous year is very serious. There are pockets of low immunization across the province. Specific strategies need to be developed to increase immunization rates closer to the target by identifying why some children are not immunized, to increase access and modify existing immunization delivery programs to best suit the local population.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Limited comparable data is available. In 2007, Manitoba reported 86.5 per cent of children were complete for Measles, 86.4 per cent for Mumps and 86.4 per cent for Rubella by two years.

Albertans Enrolled in a Primary Care Network (%)

WHAT IS BEING MEASURED?

The percentage of Albertans enrolled in a Primary Care Network (PCN) measures the proportion of Albertans who are attached to a physician working within a PCN.

WHY IS THIS IMPORTANT?

A PCN is an arrangement between a group of family physicians and Alberta Health Services to provide and coordinate a comprehensive set of primary health care services to patients. Primary Care is the care individuals receive at the first point of contact with the healthcare system. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion.

WHAT IS THE TARGET?

Alberta Health Services has established a target of 75 per cent of Albertans enrolled in a PCN.

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
75%

ACTUAL
64%
April 2010

HOW ARE WE DOING?

The percentage of Albertans enrolled in a PCN is below the target of 75 per cent.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services provides coordination for the Access Improvement Measures (AIM) program and supports two AIM collaboratives. A conference was held on July 6, 2010 with 250 people invited (50 per cent physicians) to address key steps in enhancing primary care in Alberta. An ongoing literature search on primary care models has found nearly 700 papers. Working groups will receive a summary of the literature search and highlights of the conference in late summer or early fall, 2010.

WHAT ELSE DO WE KNOW?

Alberta Health Services is working to apply and advance a patient-focused model of primary health care that offers care in the community, and provides a team-based health care provider approach.

WANT TO KNOW MORE?

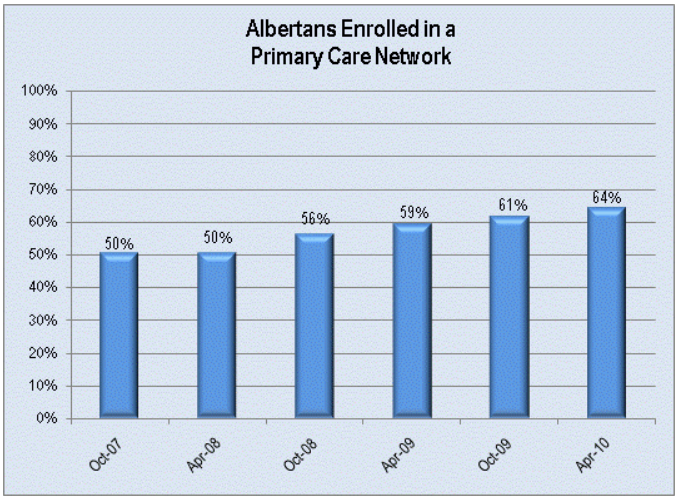
Information is available by zone.

Detailed indicator definition is available.

Reference: Primary Care Initiative Program Office

HOW DO WE COMPARE?

Alberta ranked ninth among the 10 provinces for self-reports of having a regular medical doctor. Alberta ranked fifth among the 10 provinces in terms of number of family physicians per 100,000 population (Statistics Canada, 2009).



Source: Alberta Health & Wellness

Admissions for Ambulatory Care Sensitive Conditions

WHAT IS BEING MEASURED?

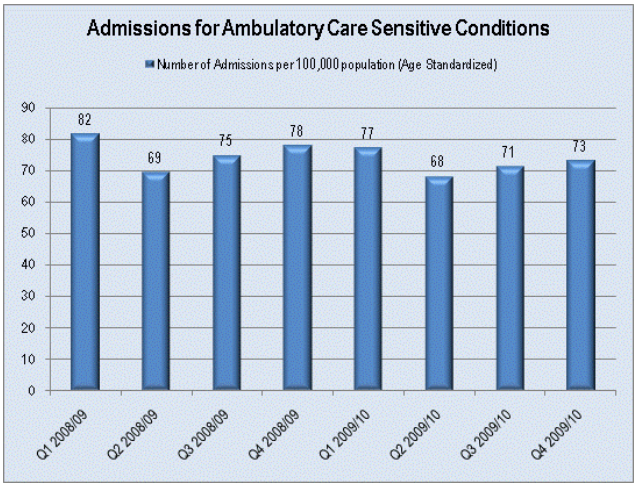
Admissions for Ambulatory Care Sensitive Conditions (ACSCs) measures the acute care hospitalization rate for Albertans younger than age 75 years, per 100,000 population, presenting with one or more of the following seven chronic conditions: angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, heart failure and pulmonary edema, and hypertension.

WHY IS THIS IMPORTANT?

Hospitalization of a person with an ACSC is considered a measure of access to primary health care services. A disproportionately high ACSC rate is presumed to reflect problems accessing appropriate care in the community. It is assumed that appropriate care could prevent the onset of this type of illness or condition, control an acute illness or condition, or manage a chronic disease or condition, preventing an avoidable admission to an acute care facility.

WHAT IS THE TARGET?

An annual target of 304 (76 per quarter) ACSC admissions per 100,000 population under age 75 years, has been established for 2010/11. As large variations exist in the rate of hospitalization for these conditions across Canada, the "right" target is not yet known. (CIHI Health Indicators 2009).



Source: AHS Discharge Abstract Database

PERFORMANCE STATUS

Performance is at or better than 2010/11 target, continue to monitor.

TARGET
76 admissions per 100,000

ACTUAL
73 admissions per 100,000

HOW ARE WE DOING?

While there has been a slight increase in overall ACSC admissions in the most recent quarter, performance is better than target. The rate has been better than target over the last three quarters. This improvement has been noticed most markedly in the North, Central and South Zones. The annual ACSC rate for the 2009/10 fiscal year is 285 per 100,000 population under age 75 years.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services is supporting improved chronic disease management to assist primary care providers in helping patients to manage their chronic conditions. An Alberta approach to integrated chronic disease registries is being developed to provide better access to information about chronic disease and better manage care for those patients.

A Provincial Case Management Committee has also been established and a Primary Care Network (PCN) utilization report has been developed to provide PCNs and AHS Zones with utilization data for these diagnoses to enable improved management of conditions.

WHAT ELSE DO WE KNOW?

PCN participation in the Alberta Access, Improvement, Measures (AIM) program results in reduced wait times and increased access to primary care.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Using a similar definition, Alberta ranked third among the 10 provinces for lowest admissions for ambulatory care sensitive conditions (CIHI 2008/09).

Performance Measure Update

Family Practice Sensitive Conditions

WHAT IS BEING MEASURED?
Family practice sensitive conditions report the per cent of emergency department (ED) and urgent care visits for health conditions that may be appropriately managed at a family physician's office. Examples of included conditions are: conjunctivitis and migraine. See the detailed indicator definition (currently pending approval) for full list of included conditions.

WHY IS THIS IMPORTANT?
Treatment when appropriate at family physician offices allows for proper follow up and better patient outcomes. The expectation is that more effective provision of primary care services would result in improvement in this measure.

WHAT IS THE TARGET?
Alberta Health Services has established the target for family practice sensitive conditions at 27 per cent of ED or urgent care visits.

PERFORMANCE STATUS

Performance is within acceptable range of 2010/11 target (**≤10%**), monitor and take action as appropriate.

TARGET
27%
of ED/UCC visits

ACTUAL
27.6%
of ED/UCC visits

HOW ARE WE DOING?
The percentage of family practice sensitive conditions is slightly above the Alberta Health Services target of 27 per cent of ED or urgent care visits for the most recent quarter.

WHAT ACTIONS ARE WE TAKING?
A Provincial Case Management committee has been established. A utilization report produced by Data Integration, Measurement and Reporting (DIMR) provides Primary Care Networks (PCNs) and Zones, with data on ED, urgent care, and inpatient visits by diagnosis codes. DIMR is developing an interpretive guide for the report. PCN data will also be provided with PCN approval.

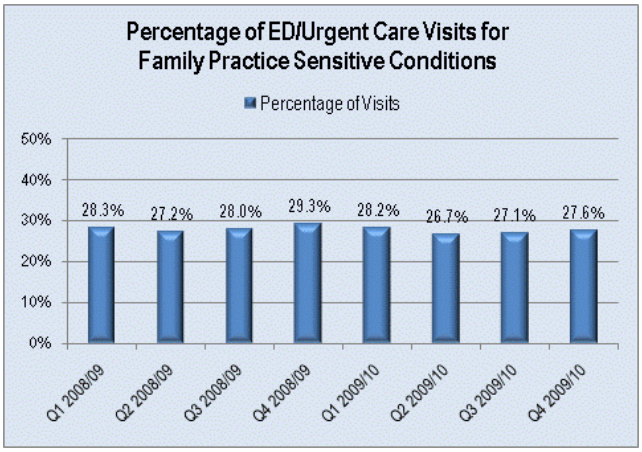
WHAT ELSE DO WE KNOW?
This indicator may be affected by access and continuity of primary care. See indicator: Albertans Enrolled in a Primary Care Network. Also see: Admissions for Ambulatory Care Sensitive Conditions.

WANT TO KNOW MORE?
Information is available by zone.

Detailed indicator definition is available.

Further information on this indicator is available from the Health Quality Council of Alberta (HCQA) Measuring & Monitoring for Success report.

HOW DO WE COMPARE?
National benchmark comparisons are not available.



Source: Provincial Ambulatory (ED/Urgent Care) Abstract Data

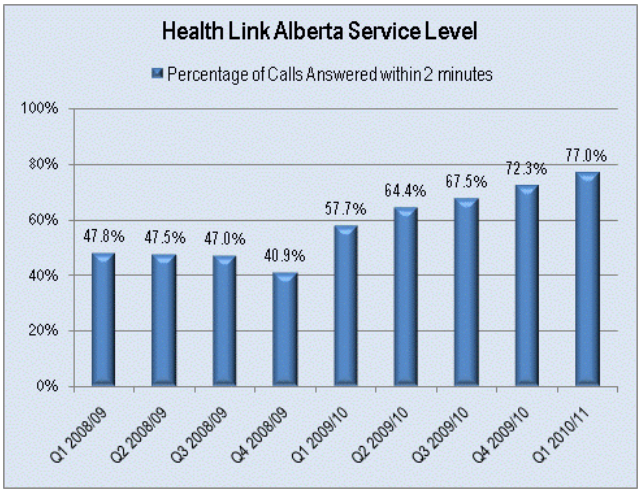
Performance Measure Update

Health Link Alberta Service Level (% answered within 2 minutes)

WHAT IS BEING MEASURED?
Health Link Alberta Service Level measures the percentage of calls to Health Link Alberta that are answered within two minutes.

WHY IS THIS IMPORTANT?
One of Health Link Alberta's goals is to help people make informed decisions about their health situation and about the care that is appropriate for their symptoms. Slow response times would discourage some callers.

WHAT IS THE TARGET?
Alberta Health Services has established a target of 80 per cent of calls to be answered within two minutes.



Source: Health Link Alberta, Nortel Contact Centre Management 6.0

PERFORMANCE STATUS

Performance is within acceptable range of 2010/11 target (**≤10%**), monitor and take action as appropriate.

TARGET 80%

ACTUAL 77.0%

HOW ARE WE DOING?
The percentage of Health Link Alberta calls answered within two minutes was 77.0 per cent for Q1 2010/11. This is slightly lower than the target of 80 per cent.

WHAT ACTIONS ARE WE TAKING?
Technological improvements are being explored, such as "transfer to next available agent." Work is underway to provide health content for the Personal Health Portal project, on track for an early 2011 launch. This will provide a reliable alternative source of health information for Albertans.

WHAT ELSE DO WE KNOW?
Historically, callers perceive the wait time as very good to excellent when the targeted average of two minutes is met.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?
National benchmark comparisons are not available.

Children Receiving Community Mental Health Treatment within 30 Days (%)

WHAT IS BEING MEASURED?

The percent of children receiving community mental health treatment within 30 days measures the percent of children under the age of 18 referred for non-urgent mental health services who received face-to-face assessment with a mental health therapist within a 30 day period.

The data includes all scheduled, urgent and emergent cases and is limited to children enrolled in programs at community mental health clinics across Alberta, excluding those clinics from the Lethbridge area of the South Zone.

WHY IS THIS IMPORTANT?

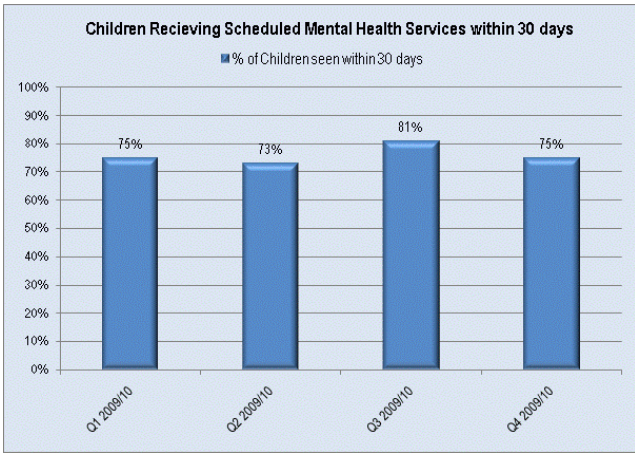
Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

The 2010/11 target for children receiving community mental health treatment within 30 days is 85 per cent. Provincial wait-time standards reflect the maximum time children should wait to receive mental health services in Alberta.

HOW ARE WE DOING?

Currently, AHS is not meeting the 85 per cent target of referred children receiving a face-to-face assessment within 30 days. Results are anticipated to improve with the implementation of subsequent years of the Children's Mental Health Plan for Alberta: Three Year Action Plan (2008/11).



Source: AHS Mental Health Services

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 85%

ACTUAL 75%

WHAT ACTIONS ARE WE TAKING?

The Children's Mental Health Plan (CMHP) supports a coordinated and collaborative approach to optimizing the mental health and well-being of children up to 24 years of age and their families, and to improve access to mental health care. Moreover, the plan aims to enhance access to children's mental health services and decrease wait-times by building local capacity and implementing innovative mental health strategies for Alberta's children and youth. Implementations of 23 actions in the CMHP Detailed Action Plan are proceeding.

A request by AHS for an extension to the CMHP Grant Service Agreement to the year 2013 was submitted to Alberta Health and Wellness for consideration.

Under CMHP Action 13 - Mental Health Capacity Building Enhancement/Expansion, all AHS Zones have identified new sites or extensions to existing mental health capacity building sites.

WHAT ELSE DO WE KNOW?

There appears to be some seasonal and geographic variation in the results reported for this measure. With further analysis the results may inform these apparent differences.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Currently, Alberta is the only province with access standards for children's mental health, as such, there is no comparable information from other provinces regarding the wait times for children to receive community mental health treatment.

Coronary Artery Bypass Graft (CABG) Wait Time for Urgent Category (Urgency Level I)

WHAT IS BEING MEASURED?

Coronary artery bypass graft (CABG) wait time is calculated as the time from the date of cardiac catheterization to the date surgery was completed. If a cardiac catheterization was not performed, the wait time is calculated from the date of alternate imaging, or from the date of cardiology referral to surgery.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included. Urgency levels for patients are determined during peer-reviewed physician rounds in Edmonton, and by guidelines reviewed by surgeons in Calgary. Patients whose urgency level changed are excluded.

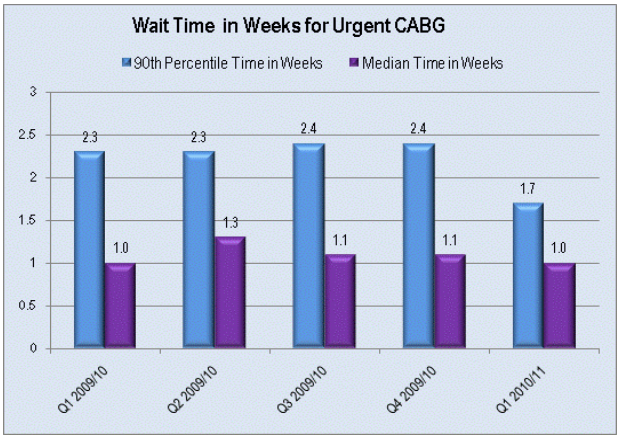
The 90th percentile is the time it takes in weeks for 90 percent of patients to have had their surgery. Median wait time is the point at which 50 percent of patients have had their surgery.

WHY IS THIS IMPORTANT?

Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency I CABG surgeries is within two weeks. The AHS target for 2010/11 is one and a half weeks for Urgent CABG surgeries.



Source: AHS Open Heart Waitlist Database (Edmonton), VELOS, APPROACH and OR data from ORIS (Calgary)

PERFORMANCE STATUS

Performance is within acceptable range of 2010/11 target (≤10%), monitor and take action as appropriate

TARGET
1.5 weeks

ACTUAL
1.7 weeks

HOW ARE WE DOING?

The wait time for Urgent CABG surgery is somewhat longer than the AHS target, but within range for the benchmark. Improvement was seen in the most recent quarter. As there is variation across the province in how definitions of urgency are applied and data is collected, the actual wait time may differ from reported.

WHAT ACTIONS ARE WE TAKING?

The Cardiac Network is setting priorities for reducing wait times and has established a province-wide definition for measurement of wait times for CABG surgery, including data collection.

WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure patients are assigned a wait time that matches the seriousness of their condition. Patients are given an earlier date should their condition change while awaiting their previously assigned surgical date.

WANT TO KNOW MORE?

Information is available for sites performing this surgery.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included when available. Currently work is being undertaken to establish comparable interprovincial definitions.

Coronary Artery Bypass Graft (CABG) Wait Time for Semi-Urgent Category (Urgency II)

WHAT IS BEING MEASURED?

Coronary artery bypass graft (CABG) wait time is calculated as the time from the date of cardiac catheterization to the date surgery was completed. If a cardiac catheterization was not performed, the wait time is calculated from the date of alternate imaging, or from the date of cardiology referral to surgery.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included. Urgency levels for patients are determined during peer-reviewed physician rounds in Edmonton, and by guidelines reviewed by surgeons in Calgary. Patients whose urgency level changed are excluded.

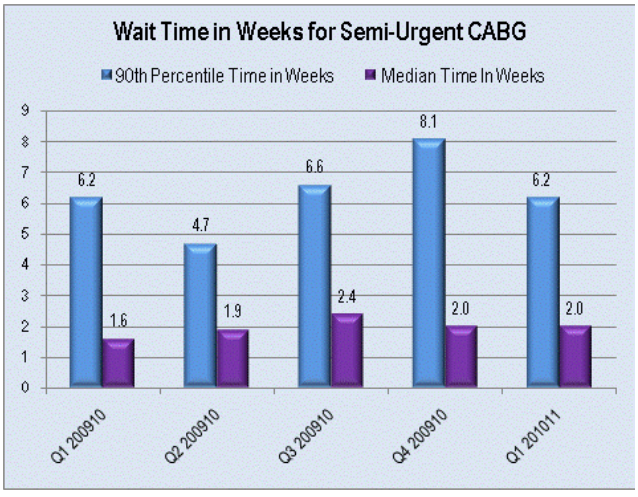
The 90th percentile is the time it takes in weeks for 90 percent of patients to have had their surgery. Median wait time is the point at which 50 percent of patients have had their surgery.

WHY IS THIS IMPORTANT?

Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency II CABG surgeries is within six weeks. The AHS target for 2010/11 is five weeks for semi-urgent CABG surgeries.



Source: AHS Open Heart Waitlist Database (Edmonton), VELOS, APPROACH and OR data from ORIS, the OR database (Calgary)

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
5 weeks

ACTUAL
6.2 weeks

HOW ARE WE DOING?

The wait time for Semi-Urgent CABG surgery is longer than both the AHS target and the benchmark. As there is variation across the province in how definitions of urgency are applied and data is collected, the actual wait time may differ from reported.

WHAT ACTIONS ARE WE TAKING?

The Cardiac Network is setting priorities for reducing wait times and has established a province-wide definition for measurement of wait times for CABG surgery, including data collection.

WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure that patients are assigned a wait time that matches the seriousness of their condition. Patients are given an earlier date should their condition change while they are awaiting their previously assigned surgical date.

WANT TO KNOW MORE?

Information is available for sites performing this surgery.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included when available. Currently work is being undertaken to establish comparable interprovincial definitions.

Coronary Artery Bypass Graft (CABG) Wait Time for Scheduled Category (Urgency III)

WHAT IS BEING MEASURED?

Coronary artery bypass graft (CABG) wait time is calculated as the time from the date of cardiac catheterization to the date surgery was completed. If a cardiac catheterization was not performed, the wait time is calculated from the date of alternate imaging, or from the date of cardiology referral to surgery.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included. Urgency levels for patients are determined during peer-reviewed physician rounds in Edmonton, and by guidelines reviewed by surgeons in Calgary. Patients whose urgency level changed are excluded.

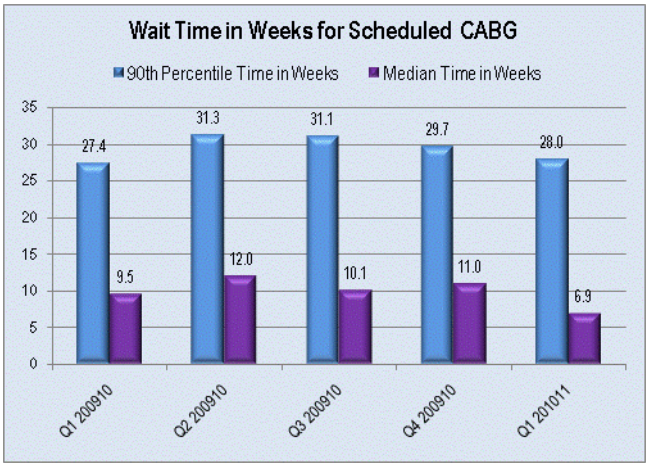
The 90th percentile is the time it takes in weeks for 90 percent of patients to have had their surgery. Median wait time is the point at which 50 percent of patients have had their surgery.

WHY IS THIS IMPORTANT?

Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency III CABG surgeries is within 26 weeks. The AHS target for 2010/11 is 15 weeks.



Source: AHS Open Heart Waitlist Database (Edmonton), VELOS, APPROACH and OR data from ORIS, the OR database (Calgary)

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
15 weeks

ACTUAL
28.0 weeks

HOW ARE WE DOING?

The wait time for Scheduled CABG surgery is significantly longer than the AHS target, and slightly longer than the benchmark. As there is variation across the province in how definitions of urgency are applied and data is collected, the actual wait time differs from reported.

WHAT ACTIONS ARE WE TAKING?

The Cardiac Network is setting priorities for reducing wait times and has established a province-wide definition for measurement of wait times for CABG surgery, including data collection.

WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure that patients are assigned a wait time that matches the seriousness of their condition. Patients are given an earlier date should their condition change while they are awaiting their previously assigned surgical date.

WANT TO KNOW MORE?

Information is available for sites performing this surgery.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included when available. Currently work is being undertaken to establish comparable interprovincial definitions.

Hip Replacement Wait Time

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
28 weeks

ACTUAL
35.7 weeks

WHAT IS BEING MEASURED?

Hip replacement wait time is the time from the date the patient and clinician agreed to hip replacement (arthroplasty) surgery as the treatment option of choice, to the date surgery was completed.

Only scheduled, elective hip replacements are included in this measure. Emergency cases are not included in the calculation.

The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their surgery.

WHY IS THIS IMPORTANT?

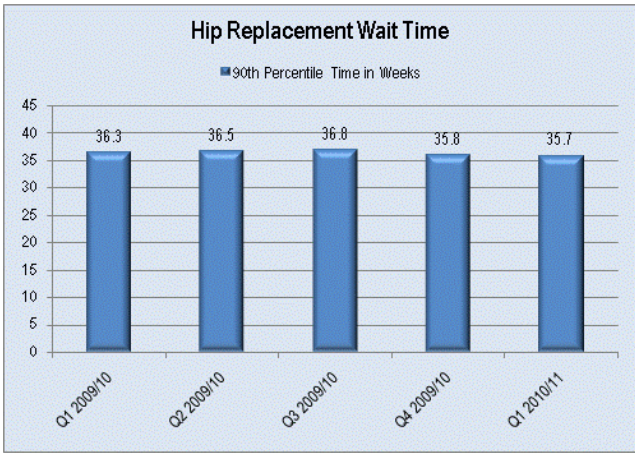
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

The provincial/territorial benchmark for hip replacement surgeries is within 26 weeks. The Alberta target for 2010/11 is 28 weeks.

HOW ARE WE DOING?

The wait time for hip replacement surgery is significantly longer than the target. As there is variation across the province in how definitions of urgency are applied and data is collected, the actual wait time may be less than reported. Alberta Health Services is developing standard definitions for measurement of wait times, to improve the accuracy of the measure for future reports.



Source: *AHS; DIMR from Site Surgery Wait List and Surgical Databases*

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services is implementing the Hip Arthroplasty Care Pathway in all facilities across Alberta.

A Transformational Improvement Program (TIP) focused on improving access, and reducing wait times has been launched.

Additional hip arthroplasties were completed as part of the surgical blitz in Q1 of 2010/11.

WHAT ELSE DO WE KNOW?

Currently this measure reports on the wait time from decision date to surgical date. Provincial wait time definitions from primary care referral to surgical date have been approved by the Bone & Joint Clinical Network, for implementation across the Province.

WANT TO KNOW MORE?

Information is available by site.

Detailed indicator definition is available. Definition will be revised for future reporting.

HOW DO WE COMPARE?

Using a similar measure, Alberta ranked fifth among nine provinces for hip replacement surgery wait times (CIHI, 2009).

Performance Measure Update

Knee Replacement Wait Time

WHAT IS BEING MEASURED?
Knee replacement wait time is the time from the date the patient and clinician agreed to knee replacement (arthroplasty) surgery as the treatment option of choice, to the date surgery was completed.

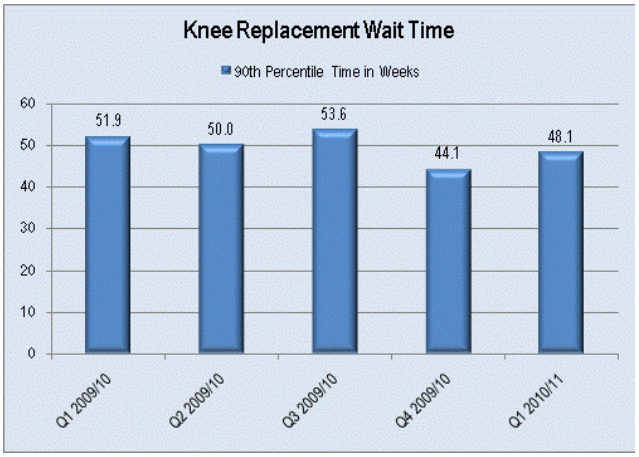
Only scheduled, elective knee replacements are included in this measure. Emergency cases are not included in the calculation.

The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their surgery.

WHY IS THIS IMPORTANT?
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?
The provincial/territorial benchmark for knee replacement surgeries is within 26 weeks. The Alberta target for 2010/11 is 42 weeks.

HOW ARE WE DOING?
The wait time for knee replacement surgery is longer than the target. As there is variation across the province in how definitions of urgency are applied and data is collected, the actual wait time may be less than reported. Alberta Health Services is developing standard definitions for measurement of wait times, to improve the accuracy of the measure for future reports.



Source: AHS, DIMR from Site Surgery Wait List and Surgical Databases

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET	ACTUAL
42 weeks	48.1 weeks

WHAT ACTIONS ARE WE TAKING?
Alberta Health Services is implementing the Knee Arthroplasty Care Pathway in all facilities across Alberta.

A Transformational Improvement Program (TIP) focused on improving access, reducing wait times has been launched.

Additional knee arthroplasties were completed as part of the surgical blitz in Q1 of 2010/11.

WHAT ELSE DO WE KNOW?
Currently this measure reports on the wait time from decision date to surgical date, Provincial waiting time definitions from primary care referral to surgical date have been approved by the Bone & Joint Clinical Network for implementation across the Province.

WANT TO KNOW MORE?
Information is available by site.

Detailed indicator definition is available. Definition will be revised for future reporting.

HOW DO WE COMPARE?
Using a similar measure, Alberta ranked fourth among nine provinces for knee replacement surgery wait times (CIHI, 2009).

Performance Measure Update

Cataract Surgery Wait Time

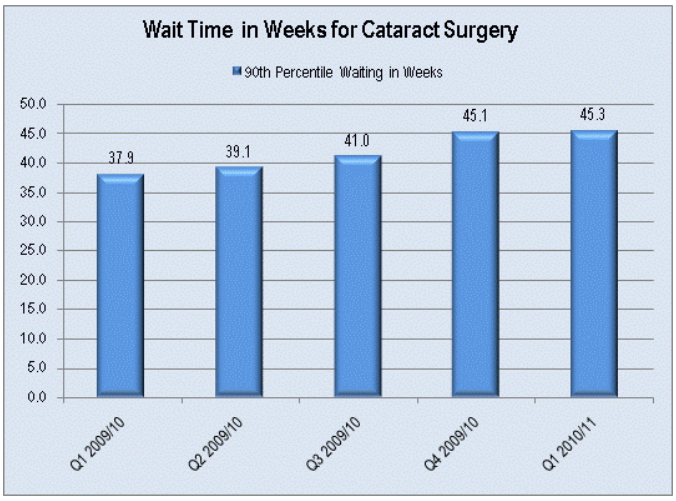
WHAT IS BEING MEASURED?
Cataract surgery wait time is defined as the time from the date when the patient and clinician agreed to cataract surgery as the treatment option of choice, to the date the surgery was completed.

Only the first eye cataract surgery is included in the measure. Patients who voluntarily delayed their procedure, those who had a scheduled follow-up procedure, and those that received emergency care are excluded from the measure.

The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their surgery.

WHY IS THIS IMPORTANT?
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?
The provincial/territorial benchmark for high risk cataract surgeries is within 16 weeks. The Alberta target for 2010/11 is 36 weeks.



Source: Alberta Health & Wellness

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
36 weeks

ACTUAL
45.3 weeks

HOW ARE WE DOING?
The 90th percentile wait time for Cataract Surgery for Q1 2010/11 was 45.3 weeks which exceeds the target time of 36 weeks. An improvement is anticipated in Q2 for 2010/11 with additional surgeries performed as part of the surgical blitz.

WHAT ACTIONS ARE WE TAKING?
A Transformational Improvement Program (TIP) focused on improving access, reducing wait times has been launched.

Additional cataract surgeries were completed as part of the surgical blitz in Q1 of 2010/11.

An additional 3,540 cataract surgeries have been approved provincially in 2010/11, with 70 per cent assigned to Calgary and the remaining 30 per cent to Edmonton. The impact of these additional procedures on equalizing wait times in the province will be monitored and will guide future decisions.

WHAT ELSE DO WE KNOW?
Cataract surgery wait times are significantly longer in Calgary than elsewhere within the province.

WANT TO KNOW MORE?
Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?
Using a similar measure, Alberta ranked 10th among 10 provinces for cataract surgery wait times (CIHI, 2009).

Other Scheduled Surgery Wait Time

PERFORMANCE STATUS

Performance target for 2010/11 has not been established for comparison.

TARGET
TBD

ACTUAL
24.6 weeks

WHAT IS BEING MEASURED?

Wait time for other scheduled surgery is defined as the time from the date when the patient and clinician agreed to surgery as the treatment option of choice, to the date the surgery was completed.

Only scheduled surgeries are included in this measure. Patients who voluntarily delayed their procedure, those who had a scheduled follow-up procedure, and those that received emergency care are excluded from the measure.

All other scheduled surgeries exclude Coronary Artery Bypass Graft (CABG), hip replacement, knee replacement and cataract surgeries.

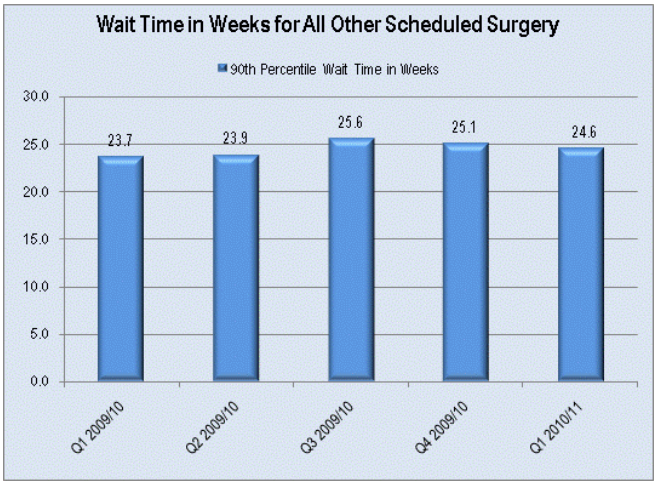
The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their surgery.

WHY IS THIS IMPORTANT?

Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

WHAT IS THE TARGET?

No wait time target for other scheduled surgeries has been defined for 2010/11. Baseline will be established and confirmed in 2010/11 (wait time methodology).



Source: Alberta Health & Wellness

HOW ARE WE DOING?

Using latest developed measurement methodology (under review) 90th percentile wait times for other surgeries was 24.6 weeks for Q1 2010/11. Q1 figures exclude contracted surgical facilities data; figures will be revised as data becomes available.

WHAT ACTIONS ARE WE TAKING?

A Transformational Improvement Program (TIP) focused on improving access, reducing wait times has been launched.

Additional surgeries were completed as part of the surgical blitz in Q1 of 2010/11.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Radiation Therapy Wait Time
Referral to First Consultation (Radiation Oncologist)

WHAT IS BEING MEASURED?

Referral to consultation by radiation oncologist wait time is the time from the date that a referral was received from a physician outside a cancer facility to the date that the first consult with a radiation oncologist occurred.

Currently this data is only collected on patients referred to a tertiary cancer facility (Cross Cancer Institute in Edmonton, Tom Baker Cancer Centre or Holy Cross in Calgary). There is a project underway to collect these data at four additional cancer centres that provide consultations to patients in Lethbridge, Medicine Hat, Red Deer, and Grand Prairie.

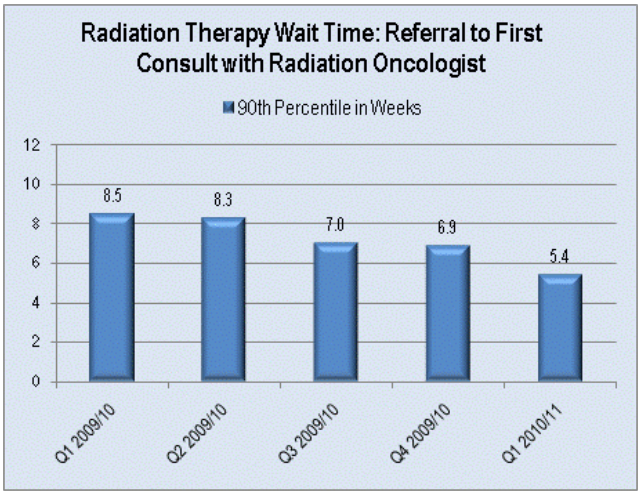
The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their first consult.

WHY IS THIS IMPORTANT?

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

WHAT IS THE TARGET?

The Alberta target for referral to radiation oncologist consultation is four weeks for 90 per cent of patients.



Source: EBI-2009-009 – Timeliness of care – referral to first consult by consult type and facility

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
4 weeks

ACTUAL
5.4 weeks

HOW ARE WE DOING?

Wait times from cancer referral to consultation by radiation oncologists are outside the target. However, in the majority of tumour groups, patients are seen within the target timeline. This wait time has decreased from 7.0 weeks in Q3 2009/10 to 5.4 weeks in Q1 2010/11.

WHAT ACTIONS ARE WE TAKING?

The recent recruitment of oncologists in all disciplines has already impacted this wait time and will have a greater impact in the next three months. The opening of the Lethbridge Cancer Centre will also positively impact the wait time over the next year.

WHAT ELSE DO WE KNOW?

Sometimes referrals are missing important medical information cancer specialists require before they meet with the patient. This causes delays. We are working with referring physicians to improve this situation.

WANT TO KNOW MORE?

Information is available by site.

Detailed indicator definition is available.

HOW DO WE COMPARE?

National benchmark comparisons are not currently available but are under development. Ontario targets 14 days from the time between a referral to a specialist to the time of consult with the patient. Current trends indicate that 60 to 75 per cent of patients are seen within this target (Cancer Care Ontario, 2010).

Performance Measure Update

Radiation Therapy Wait Time
Ready-to-Treat to First Radiation Therapy

PERFORMANCE STATUS

Performance is at or better than 2010/11 target, continue to monitor.

TARGET
4 weeks

ACTUAL
3.7 weeks

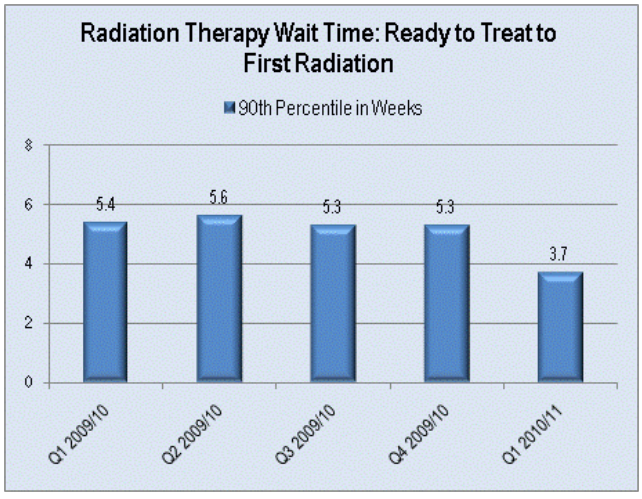
WHAT IS BEING MEASURED?
Ready-to-treat to first radiation therapy wait time is the time from the date the patient was physically ready to commence treatment to the date that the patient received his/her first radiation therapy.

Currently this data is only reported on patients who receive radiation therapy at the Cross Cancer Institute in Edmonton and the Tom Baker Cancer Centre in Calgary. The data apply only to patients receiving external beam radiation therapy (i.e. brachytherapy is not included).

The 90th percentile is the time it takes in weeks for 90 per cent of patients to have had their first treatment after being assessed as ready for treatment.

WHY IS THIS IMPORTANT?
Wait times are an important measure of how quickly people are getting access to cancer care. They reflect the ability of Alberta Health Services to meet the needs of cancer patients.

WHAT IS THE TARGET?
The provincial/territorial benchmark for radiation treatment is that patients will receive the first treatment within four weeks (28 days) of being ready to treat. The Alberta target is four weeks.



Source: EBI -2009-002 Radiation Therapy Time From Ready to Treat to First Radiation Treatment by Institution

HOW ARE WE DOING?
The proportion of patients receiving radiation therapy within the expected time period is better than the target. Significant improvement was observed between Q4 2009/10 and Q1 2010/11.

WHAT ACTIONS ARE WE TAKING?
The Radiation Therapy Corridor project will increase the capacity for AHS to provide radiation therapy services, and will introduce additional flexibility in where those services are provided. Three additional radiation therapy treatment sites are being developed that will provide services in Lethbridge, Red Deer and Grande Prairie. All three sites require significant capital development. The Lethbridge site began operation in June 2010. Planning for the Red Deer site is underway and is scheduled to open in the fall of 2012. The Grande Prairie site is scheduled for completion 2013/14.

WHAT ELSE DO WE KNOW?
Alberta Health Services is reviewing benchmark work done by Provincial/Territory Governments in 2005, and reported in October 2009.

WANT TO KNOW MORE?
Information is available by site.

Detailed indicator definition is available.

HOW DO WE COMPARE?
From April to September 2009, four of seven provinces submitting wait time data reported 90th percentile wait times at or below the four week target (CIHI, 2010).

Patients Discharged from Emergency Department or Urgent Care Centre within 4 hours (%) (16 Higher Volume EDs)

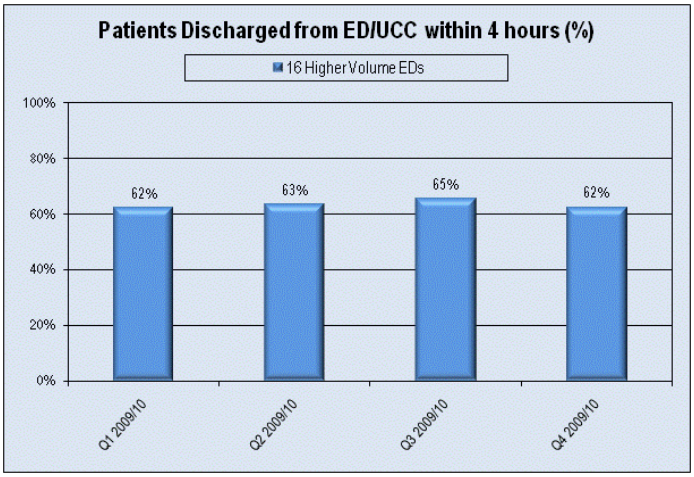
WHAT IS BEING MEASURED?

Patients discharged from an Emergency Department (ED) or Urgent Care Centre (UCC) measures the length of time from the first documented time after arrival at the ED/UCC, whether triage or registration, to the time they are discharged. The percentage of patients discharged whose length of stay in ED/UCC is less than four hours is reported.

Patients who leave without being seen, leave against medical advice, are admitted as an inpatient to the same facility, or die before or during the ED visit, are not included in this measure.

Sites in this grouping are based on criterion of high volume or in a category of teaching, large urban and regional emergency centre include:

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



Source: AHS Ambulatory Care Reporting System Data

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 70%

ACTUAL 62%

WHY IS THIS IMPORTANT?

The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

WHAT IS THE TARGET?

Alberta Health Services has established a target of 70 per cent of patients discharged within four hours for the 16 higher volume EDs.

HOW ARE WE DOING?

In Q4 2009/2010, 62 per cent of patients at the 16 higher volume EDs were discharged within four hours. This is below the 70 per cent 2010/11 target.

WHAT ACTIONS ARE WE TAKING?

Current initiatives include: The Regional Emergency Patient Access and Coordination system (Calgary), Rapid Assessment Zones (Edmonton and Calgary Zone urban acute care hospitals), Surge Capacity Triggers in the ED and Full Capacity Protocols (Calgary and Edmonton hospitals), The Chinook Regional Hospital Flow initiative, and process improvement at the Royal Alexandra Hospital and University of Alberta Hospitals to improve wait times, care quality and through-put.

WHAT ELSE DO WE KNOW?

Reasons for variation of length of stay across sites include complexity of patients, capacity limitations, operational efficiency and access to other primary care options (family physicians, walk-in clinics).

WANT TO KNOW MORE?

Information is available by site.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Patients Discharged from Emergency Department or Urgent Care Centre within 4 hours (%) (All Sites)

WHAT IS BEING MEASURED?

Patients discharged from an Emergency Department (ED) or Urgent Care Centre (UCC) measures the length of time from the first documented time after arrival at the ED/UCC, whether triage or registration, to the time they are discharged. The percentage of patients discharged whose length of stay in ED/UCC is less than four hours is reported.

Patients who leave without being seen, leave against medical advice, are admitted as an inpatient to the same facility, or die before or during the ED visit, are not included in this measure.

This measure is presented for all ED/UCC sites.

WHY IS THIS IMPORTANT?

The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

WHAT IS THE TARGET?

Alberta Health Services has established a target of 82 per cent of patients discharged within four hours for all sites.

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target, take action and monitor progress.

TARGET	ACTUAL
82%	80%

HOW ARE WE DOING?

In Q4 2009/2010, 80 per cent of patients presenting and subsequently discharged at ED/UCC sites within four hours, or slightly less than target.

WHAT ACTIONS ARE WE TAKING?

The Regional Emergency Patient Access and Coordination system in Calgary monitors patient volumes, incoming EMS volumes and patient acuity. The Edmonton and Calgary Zone urban acute care hospitals have established Rapid Assessment Zones to assess, monitor and expedite patient care. The Royal Alexandra Hospital and the University of Alberta Hospital are using process improvement techniques to improve wait times, care quality and through-put. Surge Capacity Triggers in the ED and Full Capacity Protocols are in place across Calgary and Edmonton hospitals. The Chinook Regional Hospital Flow initiative is using process improvement methodology to improve access and patient flow.

WHAT ELSE DO WE KNOW?

There are many reasons why ED/UCC length of stay may vary across sites, including complexity of patients, limitations (treatment spaces, staffing), operational efficiency and access to other primary care options (family physicians, walk-in clinics).

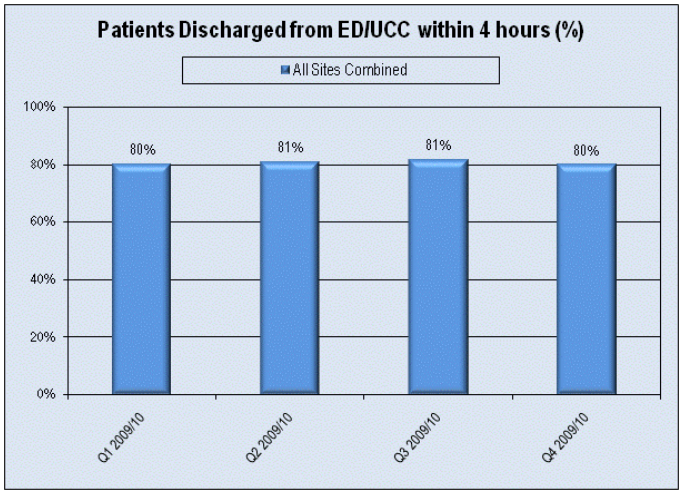
WANT TO KNOW MORE?

Information is available by zone and site.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.



Source: AHS Ambulatory Care Reporting System Data

Patients Admitted from Emergency Department within 8 hours (%) (15 Higher Volume EDs)

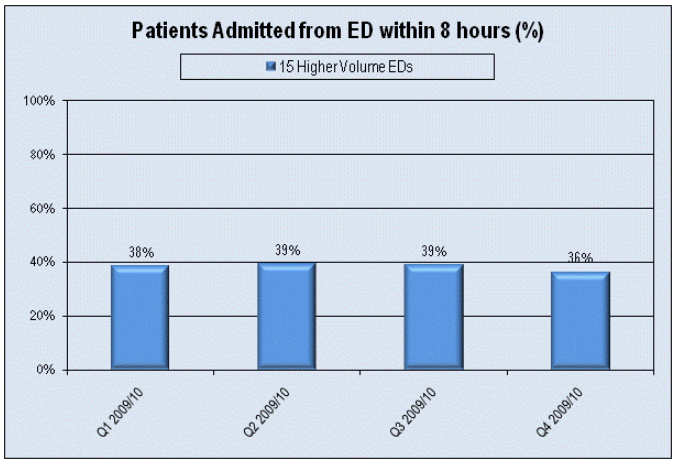
WHAT IS BEING MEASURED?

The total time patients spend in an Emergency Department (ED) before decision to admit is calculated from the first documented time after arrival at emergency, whether triage or registration, until the time they enter the hospital as an inpatient. The percentage of admitted patients whose length of stay in ED is less than eight hours is reported.

This measure does not apply to Urgent Care Centre (UCC) facilities as these facilities do not have inpatient spaces to receive admitted patients.

Sites in this grouping are based on criterion of high volume or in a category of teaching, large urban and regional emergency centre include:

1. University of Alberta Hospitals (Edmonton)
2. Stollery Children's Hospital (Edmonton)
3. Misericordia Community Hospital (Edmonton)
4. Royal Alexandra Hospital (Edmonton)
5. Grey Nuns Community Hospital (Edmonton)
6. Sturgeon Community Hospital (St. Albert)
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)
15. Medicine Hat Regional Hospital (Medicine Hat)



Source: AHS Ambulatory Care Reporting System Data

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 45%

ACTUAL 36%

WHY IS THIS IMPORTANT?

ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent can be a measure of access to the health care system and a reflection of efficient use of resources.

WHAT IS THE TARGET?

AHS has established a target of 45 per cent of patients admitted leaving the ED within eight hours for the 15 higher volume EDs.

HOW ARE WE DOING?

In Q4 2009/10 36 per cent of admitted patients at the 15 higher volume EDs left the ED within eight hours. This is below the target of 45 per cent.

WHAT ACTIONS ARE WE TAKING?

Demonstration projects are underway to evaluate different approaches in the delivery of ED services, including changes to staff mix, work flow and technology to reduce ED patient wait times. EDs are also working collaboratively with other sectors to help patients avoid unnecessary ED visits, and to admit patients to acute care more quickly.

WHAT ELSE DO WE KNOW?

Reasons for length of stay variation across sites include the complexity of patient conditions presenting to ED, capacity limitations, as well as operational efficiency. The demand for ED services can vary also significantly between sites and/or communities as a result of access to other primary care options (e.g. family physicians, walk-in clinics).

WANT TO KNOW MORE?

Information is available by site.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Patients Admitted from Emergency Department within 8 hours (%) (All Sites)

WHAT IS BEING MEASURED?

The total time patients spend in an Emergency Department (ED) before decision to admit, is calculated from the first documented time after arrival at emergency, whether for triage or registration, until the time they enter the hospital as an inpatient. The percentage of admitted patients whose length of stay in ED is less than eight hours is reported. The performance for the 15 highest volume teaching, large urban and regional ED sites as well as the average performance across all AHS sites combined is measured.

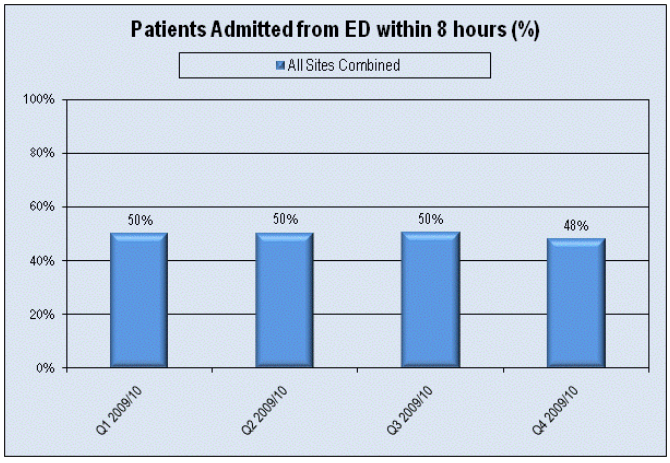
This measure does not apply to Urgent Care Centres (UCCs) as these facilities do not have inpatient spaces to receive admitted patients.

WHY IS THIS IMPORTANT?

ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent by a patient in an ED can be a measure of access to the health care system and a reflection of efficient use of resources.

WHAT IS THE TARGET?

Alberta Health Services has established a target for all ED sites combined of 55 per cent of patients admitted leaving the ED within eight hours. This indicator may be too aggregated to clearly indicate the quality of services being provided. In the future, the indicator will be separated into three components: a) triage to ED disposition (consult request): as a measure of ED efficiency; b) consult request to bed request: as a measure of consulting service responsiveness; and c) bed request to arrival on unit: as a measure of inpatient bed access. The target for this composite indicator would be eight hours (4/2/2).



Source: AHS Ambulatory Care Reporting System Data

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 55%

ACTUAL 48%

HOW ARE WE DOING?

In Q4 2009/10, 48 per cent of admitted patients left the ED within eight hours. This is below the target of 55 per cent.

WHAT ACTIONS ARE WE TAKING?

A number of demonstration projects are underway to evaluate different approaches in the delivery of ED services, including changes to staff mix, work flow and technology to effectively and efficiently reduce ED patient wait times. EDs are also working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits, and to admit patients to acute care more quickly.

WHAT ELSE DO WE KNOW?

There are many reasons why length of stay may vary across sites. Examples include the complexity of patient conditions presenting to ED, capacity limitations (e.g. treatment spaces, staffing levels) as well as operational efficiency. In addition, the demand for ED services can vary significantly between sites and/or communities as a result of access to other primary care options (e.g. family physicians, walk-in clinics).

WANT TO KNOW MORE?

Information is available by site and zone.

Detailed definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

People Waiting in Acute/Sub-Acute Beds for Continuing Care Placement

WHAT IS BEING MEASURED?

People waiting in acute/sub-acute (hospital) beds for continuing care placement is a count of the number of persons who have been assessed and approved for placement in continuing care, who are waiting in a hospital acute care or sub-acute bed. This includes acute care palliative and acute mental health. The numbers presented represent a snapshot of the last day of the reporting period.

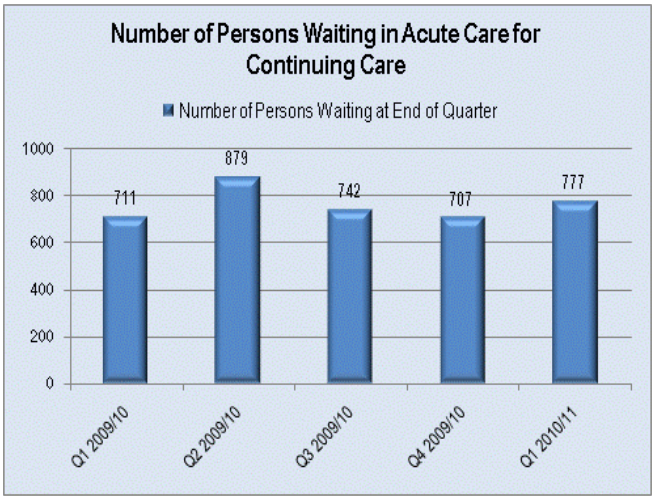
WHY IS THIS IMPORTANT?

Access to continuing care services is a significant issue in Alberta. As such, a focused, multiple-strategy approach is needed to provide both seniors and persons with disabilities more options for quality accommodations specific to their service needs and lifestyles.

By reducing the number of people waiting in a hospital environment for continuing care, we will be able to improve patient flow throughout the system, provide more appropriate care to meet patient needs, decrease wait times and deliver care in a more cost effective manner.

WHAT IS THE TARGET?

The target for 2010/11 is for 400 or fewer people to be waiting in acute/sub-acute (hospital) beds for continuing care placement. This is a decrease from the baseline of 700 in 2008/09.



Source: AHS "Snapshots" of the Wait List at the end of the month

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 400

ACTUAL 777

HOW ARE WE DOING?

The number of people waiting in acute/sub-acute (hospital) beds for continuing care placement is significantly higher than the target level of 400.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services recently announced the addition of more than 3,000 continuing care beds over the next three years, beginning with 1,100 new beds opening in 2010/11.

Admission Guidelines for Publicly Funded Continuing Care Living Options were implemented across the province. Home and Supportive Living Case Managers were trained in their application. A working group was established to review areas of ambiguity in the guidelines.

Effective March 31, 2010, all clients on wait lists were evaluated using the new guidelines. Alberta Health Services collects and monitors this data monthly.

WHAT ELSE DO WE KNOW?

The decisions made by the working group reviewing areas of ambiguity in the guidelines will be posted on the internal staff Alberta Health Services website for reference by case managers.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

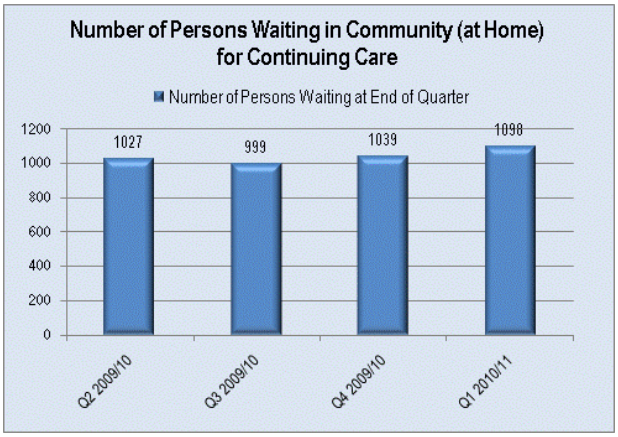
Performance Measure Update

People Waiting in Community for Continuing Care Placement

WHAT IS BEING MEASURED?
People waiting in community for continuing care placement is a count of the number of persons who have been assessed and approved for placement in continuing care, and are waiting in the community (at home). The numbers presented are a snapshot of the last day of the reporting period.

WHY IS THIS IMPORTANT?
Access to continuing care services is a significant issue in Alberta. As such, a focused, multiple-strategy approach is needed to provide both seniors and persons with disabilities more options for quality accommodations specific to their service needs and lifestyles.

WHAT IS THE TARGET?
The target for 2010/11 is for 975 or fewer people to be waiting in the community (at home) for continuing care placement. This is a decrease from the baseline of 1,065 in 2008/09.



Source: AHS "Snapshots" of the Wait List at the end of the quarter

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET 975

ACTUAL 1,098

HOW ARE WE DOING?
The number of people waiting in the community (at home) for continuing care placement is above the target.

There has been a slight decrease in the number of people waiting in community (at home) for continuing care from the baseline of 1,065 in 2008/09 to 1,039 in the last quarter of 2009/10.

WHAT ACTIONS ARE WE TAKING?
Alberta Health Services recently announced the addition of more than 3,000 continuing care beds over the next three years, beginning with 1,100 new beds opening in 2010/11.

Admission Guidelines for Publicly Funded Continuing Care Living Options were implemented across the province. Home and Supportive Living Case Managers were trained in their application. A working group was established to review areas of ambiguity in the guidelines.

Effective March 31, 2010, all clients on wait lists were evaluated using the new guidelines. AHS collects and monitors this data monthly.

WHAT ELSE DO WE KNOW?
The decisions made by the working group reviewing areas of ambiguity in the guidelines will be posted on the internal staff AHS website for reference use by case managers.

WANT TO KNOW MORE?
Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?
No national benchmark comparisons were found.

Performance Measure Update

Head Count to FTE Ratio

PERFORMANCE STATUS

Performance is at or better than 2010/11 target, continue to monitor.

TARGET 1.63

ACTUAL 1.57

WHAT IS BEING MEASURED?

The Head Count to FTE (Full-Time Equivalent) Ratio is the number of people employed by Alberta Health Services for every 1 FTE. A full-time equivalent is the number of hours that represent what a full time employee would work over a given time period, for example a year or a pay period.
The measure is calculated as the number of unique/discrete individuals employed by Alberta Health Services divided by the reported assigned FTE level for all employees. A lower ratio reflects optimization of workforce.

WHY IS THIS IMPORTANT?

The performance of our health care system is directly related to the people who provide care and services to the citizens and communities we serve. This measure also supports workforce efficiencies and indicates better ability to effectively manage scheduling and productivity challenges.

WHAT IS THE TARGET?

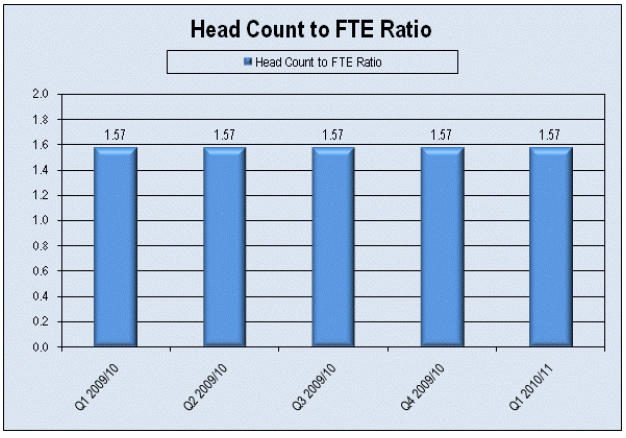
Alberta Health Services has established a 2010/11 target head count to FTE ratio of 1.63.

HOW ARE WE DOING?

In 2009/10 the head count to FTE ratio was 1.65. In Q1 of 2010/11 the ratio was 1.57.

WHAT ACTIONS ARE WE TAKING?

The new collective agreement concluded with United Nurses of Alberta includes new provisions for the regularization of the direct nursing workforce. These provisions are intended to support initiatives and strategies to increase the FTE ratio.



Source: Alberta Health Services Human Resources

Note: A new computational methodology was introduced by Human Resources beginning with this report (Q1 2010/11); 2009/10 quarterly figures have been recalculated using the new methodology.

Consultation options are being developed to identify principles and guidelines for growing and maintaining a sustainable workforce plan.

WHAT ELSE DO WE KNOW?

The head count includes full-time, part-time and casual employees. The FTE includes full-time, part-time and casual employees even though casual employees have no assigned FTE.

Note that this measure does not include the Capital Care Group, Calgary Laboratory Services or Carewest entities even though these are wholly owned entities of Alberta Health Services. Some employees currently not on Alberta Health Services pay systems may not be included (e.g., Emergency Medical Services).

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?

This measure is not benchmarked externally.

Performance Measure Update

Registered Nurse Graduates Hired by AHS (%)

WHAT IS BEING MEASURED?

The percentage of Registered Nurse (RN) graduates hired by Alberta Health Services measures the estimated number of RN graduates for the given year and the number of AHS hires that are likely to be new university/college registered nursing graduates.

As the actual number of graduates for a given year is not known until November, the number of graduates from the previous year is used.

WHY IS THIS IMPORTANT?

The performance of our health care system is directly related to the ability of Alberta Health Services to sustain the delivery of nursing care services, by utilizing a locally educated nursing workforce. A commitment has been made in the 2010/13 United Nurses of Alberta (UNA) collective agreement stating Alberta Health Services will hire a minimum of 70 per cent of Alberta nursing graduates annually.

WHAT IS THE TARGET?

Consistent with the UNA collective agreement, Alberta Health Services has established a target of 70 per cent of Alberta graduates hired annually in 2010/11.

HOW ARE WE DOING?

In Q1 of 2010/11 673 of 1,582 nursing graduates were hired by Alberta Health Services. As the number of RN graduates for the previous year are not available until November, the number of graduates from 2008/09 is used. This represents 43 per cent of new hires in the Q1. While the number of RN hires will vary each quarter due to many factors, the goal of 70 per cent of hires will be met with an average of 17.5 per cent of graduates hired per quarter. Therefore, for the first quarter, this metric is meeting target expectations.

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%).

TARGET
70%
by year end

ACTUAL
43%
(2010/11 Q1)

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services Human Resources Workforce Planning is developing a modeling process to identify future demand and workforce gaps to determine the local supply of RN graduates necessary.

Alberta Health Services has reduced out of province and international recruitment at this time to focus on recruiting Alberta graduates.

Reduced controls on external hiring and the hiring approval process will also assist in recruiting new Alberta RN graduates.

WHAT ELSE DO WE KNOW?

Alberta Health Services does not currently track the source of new hires. This measure refers to those nurses compensated at a Step One level, and may include RNs who's previous experience has not yet been verified for step increments. Once experience is verified, adjustments will be made. Data values will be updated as available.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?

This measure is not benchmarked externally.

Performance Measure Update

Disabling Injury Rate

WHAT IS BEING MEASURED?
The number of disabling injury claims per 100 AHS workers is calculated as: the number of disabling injury claims accepted from Alberta Health Services by the Workers' Compensation Board (WCB) in Alberta multiplied by 100 and divided by Alberta Health Services person-years.

WHY IS THIS IMPORTANT?
The performance of our health care system is directly related to the health and wellness of the people who provide care and services. Alberta Health Services is committed to enabling staff to deliver high quality and safe care by providing the appropriate supports, such as education, a safe and supportive work environment and the required tools.

WHAT IS THE TARGET?
Alberta Health Services has established a 2010 target of 2.41 disabling injury claims per 100 workers. This corresponds to a target rate of 1.205 after the first six months of a year.

HOW ARE WE DOING?
In 2009, the disabling injury rate was 2.83 per 100 workers. In the first six months of 2010, the disabling injury rate was 1.34 per 100 workers.

WHAT ACTIONS ARE WE TAKING?
Alberta Health Services is developing and implementing a Strategy for Workplace Health and Safety (WHS). The Strategy is comprised of three components: Culture, WHS Management System and WHS structure. It includes the development of a CSA compliant Management System, the establishment of an internal responsibility system, leadership development and mentoring related to health, safety and wellness, and the implementation of a stakeholder engagement and communication program. This initiative is a three to five year undertaking.

PERFORMANCE STATUS

Performance is outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET
1.205
after six months

ACTUAL
1.34
(Jan – Jun 2010)

Work currently in process includes Incident Management, Disability Management, Hazard and Risk Assessment, Legislative Schedule with two codes of Practice, Employee Wellness Strategy and WHS Inspections.

The Workplace Health and Safety Stakeholder Engagement Framework has been developed, and a Union Workplace Health and Safety Stakeholder Committee formed, with the first meeting held in June 2010.

WHAT ELSE DO WE KNOW?
The data for this measure is provided by WCB Alberta and is a measure of the calendar year rather than the fiscal year. Previous years are not available by quarter or other time sub-sets. From 2010 forward, WCB Alberta will provide quarterly data.

Caution must be used when comparing this measure over time as it is reported cumulatively throughout the calendar year (Q1 = 3 months of data, Q2 = 6 months, etc). Starting in 2011, quarterly intervals will be comparable.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?
In 2009, the disabling injury rate for Alberta Health Services was slightly better than the industry average. However, as an industry, healthcare's disabling injury rate is about average when compared with all Alberta industries.

Performance Measure Update

Staff Overall Engagement (%)

WHAT IS BEING MEASURED?

Staff overall engagement measures the percent of Alberta Health Services employees (excluding physicians and volunteers) who report they are favorably engaged at work. To determine the level of staff engagement, Alberta Health Services undertook a workforce engagement survey in January/February 2010.

Results were calculated as the number of positive category responses (strongly agree or agree), divided by the total number of responses across all categories (strongly agree, agree, neutral, disagree, strongly disagree, not applicable) to the survey's seven engagement questions:

1. I am proud to tell others I am associated with Alberta Health Services.
2. I am optimistic about the future of Alberta Health Services.
3. Alberta Health Services inspires me to do my best work.
4. I would recommend Alberta Health Services to a friend as a great place to work.
5. My work provides me with sense of accomplishment.
6. I can see a clear link between my work and Alberta Health Services long-term objectives.
7. Overall, I am satisfied with Alberta Health Services.

WHY IS THIS IMPORTANT?

The engagement of the Alberta Health Services workforce is critical to the delivery of safe and quality health services to Albertans, and to the success of the organization. Studies have shown an engaged workforce results in improved performance, retention, productivity and patient satisfaction.

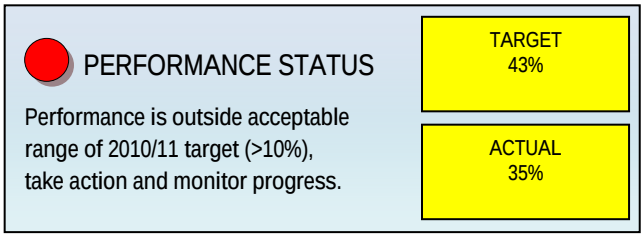
WHAT IS THE TARGET?

Alberta Health Services has established a 2010/11 target of 43 per cent of employees reporting they are favorably engaged at work.

HOW ARE WE DOING?

Of the employees responding to the 2009/10 engagement survey, 35 per cent reported that they were favorably engaged.

The results of this first workforce engagement survey will serve as a baseline on which to assess future performance. Subsequent surveys are planned to occur every two years.



WHAT ACTIONS ARE WE TAKING?

The comprehensive Workforce and Physician/ Practitioner Engagement Plan was finalized and presented to the Chief Executive Officer.

The Workforce Engagement Steering Committee met for the first time. An external company conducted focus group sessions and identified opportunities for improvement. Executives have dedicated time to meet with groups of employees to discuss the results of the survey and solicit ideas for improvement. Senior Vice Presidents and Vice Presidents have developed department specific action plans. Performance Agreements for 2010/11 include an employee engagement initiative.

WHAT ELSE DO WE KNOW?

Timing of the survey may have had an impact on both the results, as well as the low response rate for employees (21 per cent). Uncertainties related to Alberta Health Services budget, the implementation of a vacancy management process, the potential for staff layoffs, and other factors occurring at the time of the survey, could have influenced the survey results.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

The survey was administered by an external third party provider (TalentMap). Based on engagement data drawn from 28 Canadian healthcare organizations (40 per cent from Western Canada), TalentMap's Healthcare Benchmark for overall engagement is 76 per cent. This is significantly higher than the Alberta Health Services employee engagement survey result.

Performance Measure Update

Physician Overall Engagement (%)

WHAT IS BEING MEASURED?

Physician overall engagement measures the percent of physicians associated with Alberta Health Services who report they are favorably engaged at work. To determine the level of physician engagement, Alberta Health Services undertook a workforce engagement survey in January/February of 2010.

Results were calculated as the number of positive category responses (strongly agree or agree), divided by the total number of responses across all categories (strongly agree, agree, neutral, disagree, strongly disagree, not applicable) to the survey's seven engagement questions:

8. I am proud to tell others I am associated with Alberta Health Services.
9. I am optimistic about the future of Alberta Health Services.
10. Alberta Health Services inspires me to do my best work.
11. I would recommend Alberta Health Services to a friend as a great place to work.
12. My work provides me with sense of accomplishment.
13. I can see a clear link between my work and Alberta Health Services long-term objectives.
14. Overall, I am satisfied with Alberta Health Services.

WHY IS THIS IMPORTANT?

The engagement of the Alberta Health Services physician community is critical to the delivery of safe and quality health services to Albertans and to the success of the organization. Studies have shown an engaged workforce results in improved performance, retention, productivity and patient satisfaction.

WHAT IS THE TARGET?

Alberta Health Services has established a 2010/11 target of 43 per cent of the physician community reporting they are favorably engaged at work.

HOW ARE WE DOING?

Of the physicians responding to the 2009/10 engagement survey, 26 per cent reported they were favorably engaged.

The results of this first workforce engagement survey will serve as a baseline on which to assess future performance. Subsequent surveys are planned to occur every two years.

PERFORMANCE STATUS

Performance outside acceptable range of 2010/11 target (>10%), take action and monitor progress.

TARGET	ACTUAL
43%	26%

WHAT ACTIONS ARE WE TAKING?

The comprehensive Workforce and Physician/ Practitioner Engagement Plan was finalized.

Representatives of the Office of the Chief Medical Officer joined the Alberta Clinician Council and the Engagement Working Group to facilitate an integrated approach to physicians with the staff and clinicians of AHS.

The Workforce Engagement Steering Committee met for the first time.

An external company conducted focus group sessions and identified opportunities for improvement.

Department-specific action plans have been developed.

Performance Agreements for 2010/11 include an employee engagement initiative.

WHAT ELSE DO WE KNOW?

The timing of the survey may have had an impact on both the poor results, as well as the low response rate for physicians (12 per cent). Uncertainties related to Alberta Health Services budget, the implementation of a vacancy management process, the potential for staff layoffs, and other factors occurring at the time of the survey, could have influenced the survey results.

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

The survey was administered by an external third party provider (TalentMap). Based on engagement data drawn by from 28 Canadian healthcare organizations (40 per cent from Western Canada), TalentMap's Healthcare Benchmark for overall engagement is 76 per cent. This is significantly higher than the Alberta Health Services physician engagement survey result.

Number of Netcare Users

WHAT IS BEING MEASURED?

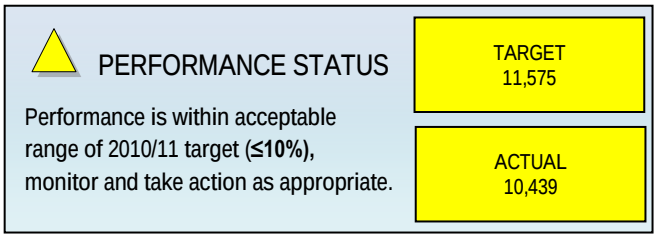
Number of Netcare Users measures the number of physician and nurse users who access the Alberta Netcare Electronic Health Record (EHR) system across the continuum of care.

WHY IS THIS IMPORTANT?

The Alberta Netcare EHR Portal improves patient care by providing up-to-date information immediately at the point of care. Making basic patient information available to health service providers supports better care decisions and improves patient safety.

WHAT IS THE TARGET?

Alberta Health Services has established a target of a 15 per cent increase in Netcare users from 2009/10 to 2010/11



HOW ARE WE DOING?

The peak quarterly number of nurses and physicians accessing Netcare was 10,439 in Q1 of 2010/11. This represents a 3.6 per cent increase over the previous quarter.

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services is working to improve the quality and cost-effectiveness of health care service delivery through the electronic management and use of medical information. They are moving towards common systems and capabilities in order to provide standardization around common processes, tools and information.

WHAT ELSE DO WE KNOW?

Alberta Netcare EHR Portal is a highly secure system that protects patient privacy and complies with the *Health Information Act* (HIA).

WANT TO KNOW MORE?

Information is available by zone.

Detailed indicator definition is available.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

Patient Satisfaction
Adult Acute Care

WHAT IS BEING MEASURED?
Patient satisfaction adult acute care measures the percentage of adults aged 18 years and older discharged from acute care facilities (hospitals) who rate their overall stay as 8, 9 or 10 on a 0 to 10 scale, where 0 is the worst hospital possible and 10 is the best.

WHY IS THIS IMPORTANT?
Gathering perceptions and feedback from individuals who use hospital acute care services is a critical aspect of measuring progress and improving the health system. This measure reflects overall patient perceptions associated with the hospital where they received care and is derived from a well-established Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS).

WHAT IS THE TARGET?
Alberta Health Services has established a target of 80 per cent of patients rating their overall hospital stay as 8, 9 or 10.

HOW ARE WE DOING?
The percentage of adults rating their overall hospital stay as 8, 9 or 10 is slightly less than the target of 80 per cent.

In Q4 2009/10 1,890 HCAHPS telephone surveys were completed with patients who were discharged from hospitals in the Edmonton and Calgary zones resulting in 1,879 valid answers for this question regarding overall rating of their hospital experience. Of these respondents, 82.5 per cent rated their overall hospital experience as 8 to 10.

WHAT ACTIONS ARE WE TAKING?
A provincial patient concerns database, Feedback and Concerns Tracking (FACT) system, has been implemented.

PERFORMANCE STATUS

Performance is at or better than 2010/11 target, continue to monitor.

TARGET
80%

ACTUAL
82.5% (Q4 2009/10)

HCAHPS is being implemented province-wide, allowing Alberta Health Services to report by province, zone and site. Over time data will be collected in a variety of ways to reflect patient experience.

WHAT ELSE DO WE KNOW?
The HCAHPs survey has not been validated for patients with psychiatric diagnoses. An indicator specific to Patient Satisfaction within Addictions and Mental Health is under development.

A sample of patients are contacted within six weeks of their hospital discharge date and interviewed via telephone. The HCAHPS survey includes a number of questions related to all aspects of a patient's hospital stay. The survey also includes a question for the respondent to provide an overall rating of their hospital experience. This exact question is "using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best, what number would you use to rate this hospital?" The results for this specific question are reported as the percentage of respondents rating their overall experience as 8 to 10.

WANT TO KNOW MORE?

Detailed indicator definition is available.

HOW DO WE COMPARE?
Alberta ranked ninth among the 10 provinces for satisfaction with hospital services received in 2007 (Statistics Canada, 2007).