Alberta Health Services

Performance Report

March 2011

(New measures and measures with data updates only)

Prepared by

Data Integration, Measurement and Reporting

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Enabling Our People / Enabling One Health System

Introduction

Alberta Health Services is on a journey to become the best publicly-funded health-care system in Canada.

The start of this journey begins with knowledge and ambition: knowledge of how our services compare to the best, and ambition to improve the quality of our services and the health of Albertans.

In this report we are examining both. We are measuring our performance near the start of this journey, and we are measuring our progress towards the targets, which Alberta Health Services (AHS) established in partnership with Alberta Health and Wellness, and through consultation with clinical leaders and a review of national benchmarks.

The targets are intentionally ambitious. Setting goals for performance and monitoring our progress in reaching these goals are fundamental to transforming the health-care system.

The report also links performance targets to our five Transformational Improvement Programs to help us ensure we are making the right improvements and are putting our resources in the right places.

Reporting our performance: October 1 – December 31, 2010

Designed to gauge performance and drive improvement, this report provides a snapshot in time and shows us where we are performing well and areas where we need to take action to improve.

A few areas where AHS is on track to reaching the annual target include: Health Link Alberta call answer wait times, patient satisfaction rates in hospitals, heart bypass surgery wait times (semi-urgent cases), access to radiation therapy (ready-to-treat status until first treatment), and the percentage of children receiving community-based mental health treatment within 30 days.

We are also responding to a number of priority areas with immediate and aggressive actions to improve performance. These areas include: emergency department lengths of stay, access to continuing care beds, and wait times for hip replacements, knee replacements, and cataract surgeries.

Highlights of actions underway to improve performance in these priority areas:

- Ongoing implementation of new Emergency Department (ED) surge capacity protocols to provide additional capacity when demands on Emergency and across the health system reach critical thresholds. When reached, the new protocols trigger immediate action to reduce wait times. To support the new protocols, AHS is creating new surge capacity and opening 49 additional beds in Edmonton and 32 in Calgary. These beds, opening by March 2011, will help ensure that ED physicians and staff have back-up beds and resources to quickly ease capacity pressures.
- Adding more than 200 new hospital beds by March 2011. This is in addition to the surge capacity beds which are part of the new ED protocols. More open hospital beds will reduce ED length of stay for many patients requiring admission.
- Informing Albertans about their care options. Many Albertans visit the ED for illness and injuries that could be treated by a family doctor, at a drop-in clinic or an urgent care centre.
- Adding up to 1,300 continuing care beds by the end of March 2011. This additional capacity allows us to free up hospital beds currently occupied by Albertans whose health needs would be better met outside of the hospital. More open hospital beds will help improve ED length of stay for many patients requiring admission.

- Increasing home care spending in an effort to keep seniors safe, healthy and independent in their homes and reduce the number of avoidable ED visits.
- Implementing care pathways for patients requiring hip or knee replacement. This involves a central intake of referrals and offering a “next available surgeon and site” option to interested patients. The project is now underway in all 12 facilities performing hip and knee replacements.
- Increasing cataract surgeries: funding allocation to complete an additional 3,400 cataract procedures from January to March 2011 will directly address wait times.

In addition to these high priority areas, there are others that also require more attention and action. These are highlighted in the report and information on actions being taken can be found in the summary page for each measure.

In order to transform the way we deliver health services across the province, we need a vision for the future, transparent and accountable action plans, reliable measures, and specific targets. We need to know how well we are doing and where we need to improve. And, as we make improvements, we need an ongoing process to measure effectiveness.

More than just numbers, this report is a dynamic road map for the future and an essential tool to reach our goal of becoming the best publicly-funded health-care system in Canada.

With the release of each quarterly report, AHS reaffirms our commitment to provide timely and relevant information to the public. While the figures 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.

For more information on actions we are taking and the programs we have in place to transform our health system, I encourage you to visit our website at www.albertahealthservices.ca.

Dr. Chris Eagle, Acting President & Chief Executive Officer, Alberta Health Services

What's being measured?

Alberta Health Services (AHS) delivers health services in five zones, each with different populations and geography. The measures presented here track our current and projected performance in a broad range of indicators that span the continuum of care. They include primary care, continuing care, population and public health, and acute (hospital-based) care. In addition, they touch upon various dimensions of quality such as timeliness, effectiveness, efficiency, satisfaction rates and others.

How to read this report

This report is easier to understand, easier to use, streamlines information and is aligned with both the 2010-2015 Health Plan and Becoming the Best: Alberta's 5-Year Health Action Plan, and other AHS reports such as the Quality and Patient Safety Dashboard and the Human Resources Dashboard.

Information is at your fingertips in the "dashboard" which provides an at-a-glance view of all performance measures and allows you to see trends over time. The point-and-click drill-down features help you better understand the meaning of the data provided, and allows access to more detailed information by zone or site (as appropriate to the specific indicator).

You'll also have access to detailed definitions and one-page descriptions of each of indicator with comments on existing performance, actions being taken by AHS to improve performance, and other information.

The performance dashboard uses a "traffic light" method to show how AHS is performing relative to 2010-11 targets. Each indicator where quarterly updates are available has been compared to a prorated quarterly target as opposed to the year-end target. The prorated target simply allows us to see where we are this quarter relative to where we would expect to be. This "staggering" of targets throughout the year allows us to determine whether we are achieving the level of performance at the rate we expected.

A "green light" is used when actual performance is at or better than the prorated target; a "yellow light" represents performance within an acceptable range of the target (we are at least within 75 per cent of where we were expected to be), and a "red light" shows where performance is beyond an acceptable range. A green or yellow light can also be changed to red if the trends indicate there is risk of achieving our performance goals for the end of the year.

For indicators measured annually rather than quarterly, they are evaluated against the year-end target, where performance within 10 per cent is considered an acceptable range, resulting in a "yellow light."

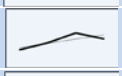
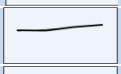
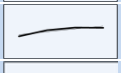
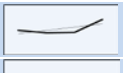
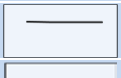
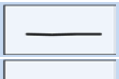
Data availability for quarterly updates varies due to data source differences. Most of the quarterly performance measures in this report are updated to Quarter 3. For those indicators reporting Quarter 2 data, the following table explains why there is a one quarter reporting lag in each case.

Quarterly Measures with a One Quarter Reporting Lag	Data Timeline Clarification
• Admissions for Ambulatory Sensitive Conditions • Family Practice Sensitive Conditions • Patients Discharged from ED/UCC within 4 hours (16 Higher • Volume EDs) • Patients Discharged from ED/UCC within 4 hours (All Sites) • Patients Admitted from ED within 8 hours (15 Higher Volume EDs) • Patients Admitted from ED within 8 hours (All Sites)	These measures rely on data that are pulled and coded from multiple information sources including paper charts. Full coding, data submission and integration is available for reporting approximately 2-3 months after the end of a reporting period.
• Number of Home Care Clients	This measure pulls from disparate data systems making the data available for reporting approximately 45 days after the end of the reporting period.
• Patient Satisfaction - Acute Care	For this survey, patients are called up to six weeks after they leave the hospital. Data are then prepared and analyzed for reporting. This means patient experience information for a particular quarter is available approximately 2 months after the end of a reporting period.

Data included in this report come from Alberta Health Services, Alberta Health and Wellness, Health Quality Council of Alberta, and Statistics Canada.

AHS Performance Dashboard

Status	
■	Performance is at or better than target, continue to monitor
△	Performance is within acceptable range of target, monitor and take action as appropriate
●	Performance is outside acceptable range of target, take action and monitor progress

Tier 1◊	Performance Measure	Reporting Period	Actual Performance	Year to Date Target	Status	Trend	Annual Target
	Building a Primary Care Foundation						
	Albertans Enrolled in a Primary Care Network (%)	Oct 2010	68%	na	●		75%
◊	Admissions for Ambulatory Care Sensitive Conditions (rate per 100,000 Population)	Q2 2010/11	68	76 (quarterly)	■		304 (annually)
◊	Family Practice Sensitive Conditions (% of ED visits)	Q2 2010/11	26.8%	27.3%	■		27%
	Health Link Wait Time (% answered within 2 minutes)	Q3 2010/11	79.7%	76.3%	■		80%
◊	Children Receiving Community Mental Health Treatment within 30 Days (%)	Q3 2010/11	82%	82.8%	△		85%
	Improving Access, Reducing Wait Times						
◊	Urgent CABG Wait Time (90th percentile in weeks)	Q3 2010/11	1.9	1.7	△		1.5
◊	Semi-urgent CABG Wait Time (90th percentile in weeks)	Q3 2010/11	3.9	5.5	■		5.0
◊	Scheduled CABG Wait Time (90th percentile in weeks)	Q3 2010/11	21.4	19	●		15.0
◊	Hip Replacement Surgery Wait Time (90th percentile in weeks)	Q3 2010/11	42.9	30.3	●		28
◊	Knee Replacement Surgery Wait Time (90th percentile in weeks)	Q3 2010/11	49.7	44.3	●		42
◊	Cataract Surgery Wait Time (90th percentile in weeks)	Q3 2010/11	45.9	37.3	●		36
◊	Other Scheduled Surgery Wait Time (90th percentile in weeks)	Q3 2010/11	27.1	tbd	na		tbd
◊	Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks)	Q3 2010/11	6.3	4.9	●		4
◊	Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)	Q3 2010/11	3.9	4.4	■		4
◊	Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume EDs) £	Q2 2010/11	62%	66%	●		70%
◊	Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £	Q2 2010/11	80%	81%	△		82%
◊	Patients Admitted from ED within 8 hours (%) (15 Higher Volume EDs) £	Q2 2010/11	39%	41%	△		45%
◊	Patients Admitted from ED within 8 hours (%) (All Sites) £	Q2 2010/11	52%	52%	■		55%

◊Indicates "Tier 1" measures that are attached to the 2010 – 2015 Health Plan.
£The Weekly ED Length of Stay (LOS) being published separate from this report are based upon a subset of the sites identified in the current ED LOS data definitions where more timely data is readily available. There is currently a three month time lag in obtaining information from alternate data sources that allow for a more complete provincial picture. AHS is currently working on integrating the data to support these measures using more timely data sources. Data are accurate to ±2%.

Status	
■	Performance is at or better than target, continue to monitor
△	Performance is within acceptable range of target, monitor and take action as appropriate
●	Performance is outside acceptable range of target, take action and monitor progress

Tier 1◊	Performance Measure	Reporting Period	Actual Performance	Year to Date Target	Status	Trend	Annual Target
	Choice and Quality for Seniors						
◊	People Waiting in Acute/Sub-acute Beds for Continuing Care Placement	Q3 2010/11	660	490	●		400
◊	People Waiting in Community for Continuing Care Placement	Q3 2010/11	1,077	987	●		975
◊	Average Wait Time in Acute/Sub-Acute Care for Continuing Care (Days)	Q3 2010/11	59	tbd	na		tbd
◊	Number of Home Care Clients∞	Q2 2010/11	50,996	na	na	na*	tbd
	Enabling Our People / Enabling One Health System						
◊	Headcount to FTE Ratio	Q3 2010/11	1.58	na	■		1.63
◊	Registered Nurse Graduates Hired by AHS (%)	Q3 2010/11	73.5%	53%	■	na	70% by year end
◊	Disabling Injury Rate	2010	2.99	na	●	na	2.41
	Full-time to Part-time Clinical Worker Ratio	Q3 2010/11	0.98	na	na	na*	tbd
◊	Number of Netcare Users	Q3 2010/11	11,571	11,198	■		11,575
◊	On Budget: Year to Date	Dec 2010	$383M	na	■	na	0
◊	Patient Satisfaction - Acute Care	Q2 2010/11	84.6%	na	■	na*	80%
	Albertans Reporting Unexpected Harm	2010	9%	na	■		9%
	Patient Satisfaction Emergency Department	2010	59%	na	na	na*	tbd
	Patient Satisfaction Health Care Services Personally Received	2010	62%	na	△		65%
	Patient Satisfaction Mental Health Services	2010	78%	na	na	na*	tbd
	Rating of Care Nursing Home Family	2008	8.1	na	na	na*	tbd
	Rating of Care Nursing Home Resident	2008	8.1	na	na	na*	tbd

◊Indicates "Tier 1" measures that are attached to the 2010 – 2015 Health Plan.
* Trend for these measures cannot be determined until subsequent data is available.
∞ Number of Home Care Clients – Q2 2010/11 data estimated for North Zone.

Alberta Health Services

Treatment Level Activity Report

Activity Measure	2008/09 Fiscal Year	2009/10 Q1	2009/10 Q2	2009/10 Q3	2009/10 Q4	2009/10 Fiscal Year	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	2010/11 Fiscal Year
Number of Hospital Discharges[1] (by Site)	357,392	92,920	89,642	89,683	90,069	362,314	92,634	89,129	88,800*		
Average Hospital Length of Stay (Days) [1,2] (by Site)	6.9	6.9	6.8	7.1	7.1	7.0	6.8	6.9	7.0*		
Per Cent of Alternate Level of Care (ALC) [1,3] Days	8.4%	8.2%	8.9%	10.9%	9.2%	9.3%	8.2%	9.8%	na**		
Number of Hospital Births[1]	50,227	13,085	13,440	12,230	11,983	50,738	12,882	12,984	11,800*		
Number of Emergency Department Visits[4] (by Site)	1,921,151	501,685	494,297	482,639	474,182	1,952,803	491,959	491,158	472,100*		
Number of Urgent Care Service (UCS) Visits[5]	103,519	29,638	29,850	29,376	36,550	125,414	44,209	40,027*	38,500*		
Number of Health Link Calls	864,240	205,649	190,883	433,586	200,074	1,030,192	175,319	167,602	203,281		
Number of Total Primary Hip Replacements[6]	2,749	774	640	806	909	3,129	832	666	na**		
Number of Total Primary Knee Replacements[6]	3,811	1,078	871	1,059	1,118	4,126	1,225	896	na**		
Number of Cataract Surgeries	27,682	7,320	6,024	6,650	8,607	28,601	7,295	6,851*	na**		
Number of MRI Exams[7]	157,724	41,302	40,432	38,960	45,254	165,948	44,905	43,249	40,394		
Number of CT Exams[8]	418,373	91,584	88,972	84,801	85,424	350,781	88,683	87,485	77,670		
Number of Lab Tests[9]	56,506,010	15,143,422	14,401,121	14,382,996	15,207,661	59,135,200	15,833,877	14,942,683	15,263,436		

Notes:

* Q3 2010/11 figures are preliminary, rounded to nearest 100 for all sites pending data verification.
* Q2 2010/11 figures are preliminary pending data verification.

na** Measures of ALC and for specific procedures rely on data that are pulled and coded from multiple information sources including paper charts. Full coding, data submission and integration is available for reporting approximately 2-3 months after the end of a reporting period.

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. Number of Total Primary Hip Replacements and Number of Total Primary Knee Replacements data source is inpatient data abstracts reported as of discharge date.
7. Number of MRI Exams: Figures include exams performed by Covenant Health DI sites and outsourced exams.
8. Number of CT Exams: Figures include exams performed by Covenant Health DI sites. CT exam count converted to new (lower) exam values effective April 1, 2009 for all regions except former Capital Health.
9. Lab Tests: Volumes are not comparable to numbers reported in previous periods (prior to April 2009). Figures include tests performed in non-AHS facilities.

Performance Measure Update

Albertans Enrolled in a Primary Care Network (%)

Data updated twice yearly.
Most current data is October 2010.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010/11 TARGET: 75%

ACTUAL: 68%
October 2010

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.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

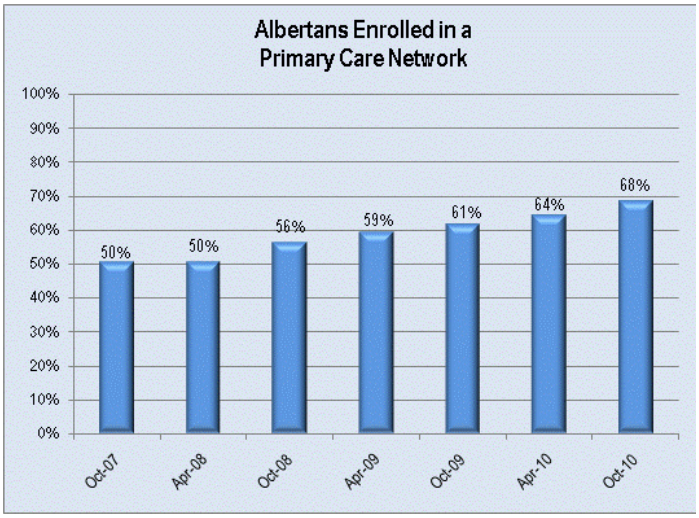
A PCN is an arrangement between a group of family physicians and Alberta Health Services to provide and coordinate a comprehensive set of primary health care services to patients. Primary Care is the care individuals receive at the first point of contact with the healthcare system. Patients receive care 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 for 2010/11.

HOW ARE WE DOING?

The percentage of Albertans enrolled in a PCN is 68 per cent as of October 2010, which is below the 2010/11 target of 75 per cent.



Source: Alberta Health & Wellness; Apr 2010 figure is a preliminary calculation from AHS.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: An environmental scan of PCN programs and services has been completed, along with the current and forecasted distribution of team members. A preliminary review of current PCN practices to expand patient access to primary health care teams as compared to best practice (literature review) has also been completed.

Subsequent actions planned: The PCN teams will identify and build on current best practices to develop targeted initiatives for linking unattached patients to primary care teams. In addition, a menu of PCN support resources will be developed to maximize the effectiveness of the teams in meeting patient needs.

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.

Information is available by zone.

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 = 80.6 per cent, Best Performing Province = 92.8 per cent (Nova Scotia), Canada = 84.9 per cent (Statistics Canada, 2009). Alberta ranked fifth among the 10 provinces in terms of number of family physicians per 100,000 population. Alberta = 112, Best Performing Province = 119 (Nova Scotia), Canada = 101 (Canadian Institute for Health Information, 2008)

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

Admissions for Ambulatory Care Sensitive Conditions

PERFORMANCE STATUS

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

2010/11 TARGET: 304
admissions per 100,000
Q2 TARGET: 76

Q2 ACTUAL: 68
admissions per 100,000

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.

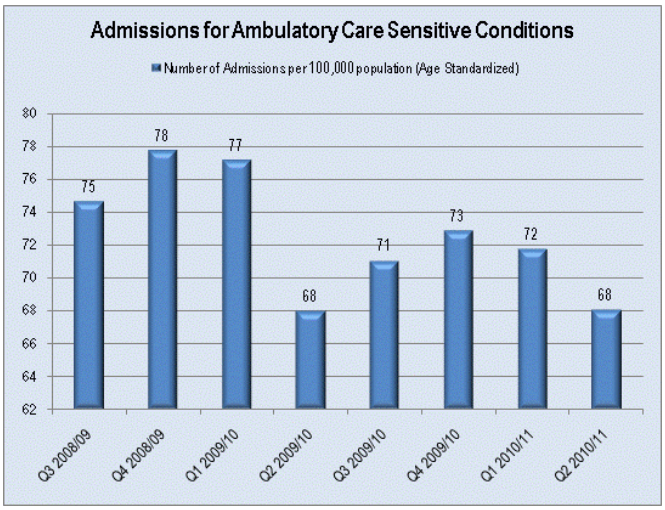
Detailed indicator definition is available.

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

HOW ARE WE DOING?

There has been a slight decrease in overall ACSC admissions in the most recent quarter, performance is better than target. The rate has been better than target over the last several 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 of population under age 75 years.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A review of programs in the province with success in treating chronic disease has been completed, with the goal to enabling equal access to such programs. A high-level review of diabetes services offered in each zone has been completed. Clinical targets for diabetes initiatives have been validated with diabetes specialists.

Subsequent actions planned: A more detailed review of services and supports available in communities will assist in service planning. Strategies are to be developed for addressing the diabetes needs of individuals living in rural and remote communities. Steps have begun to develop a long term strategy for management and prevention of obesity. Development of a provincial chronic disease registry project continues with an initial focus on diabetes.

WHAT ELSE DO WE KNOW?

Participation from Patient Care Networks in the Alberta Access, Improvement, Measures (AIM) program is expected to reduce wait times and increase access to primary care.

Information is available by zone.

HOW DO WE COMPARE?

Using a similar definition, Alberta ranked third among the 10 provinces for lowest admissions for ambulatory care sensitive conditions. Alberta = 308, Best Performing Province = 279 (British Columbia), Canada = 320 (CIHI 2008/09)

Performance Measure Update

Family Practice Sensitive Conditions

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

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

2010/11 TARGET: 27% of ED/UCC visits
Q2 TARGET: 27%

Q2 ACTUAL: 26.8% of ED/UCC visits

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.

Detailed indicator definition is available.

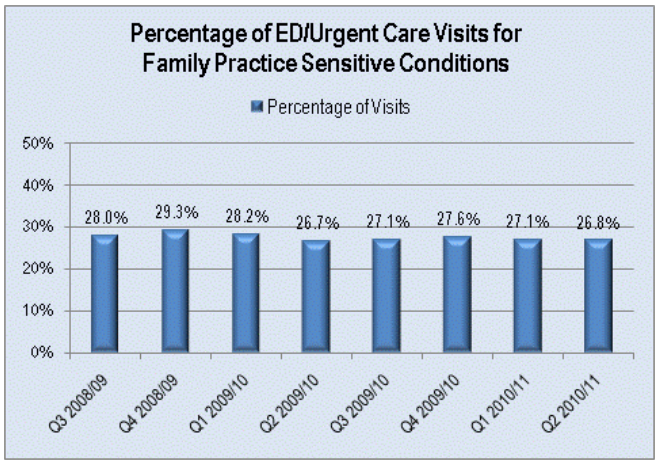
Further information on this indicator is available from the Health Quality Council of Alberta (HCQA) Measuring & Monitoring for Success report.

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.



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

HOW ARE WE DOING?

The percentage of family practice sensitive conditions is slightly below 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?

Actions completed to date: Broad consultations completed and recommendations identified by Primary Care Model group meetings. The successful Access Improvement Measures (AIM) Program was extended through additional grant funding and hiring of a director. Needs of diverse and vulnerable populations are being addressed through completion of a comprehensive review and report of "Good & Promising Primary Care and Chronic Disease Management Practices" as well as development of cross-cultural competency and skills development tools for healthcare providers.

Subsequent actions planned: Physician and Primary Care Network (PCN) consultation regarding model development to take place. Consultation with zone PCN leaders on model will be completed and communication plans developed. Four additional AIM collaboratives will be rolled out in the next 12 months.

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.

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

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

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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.

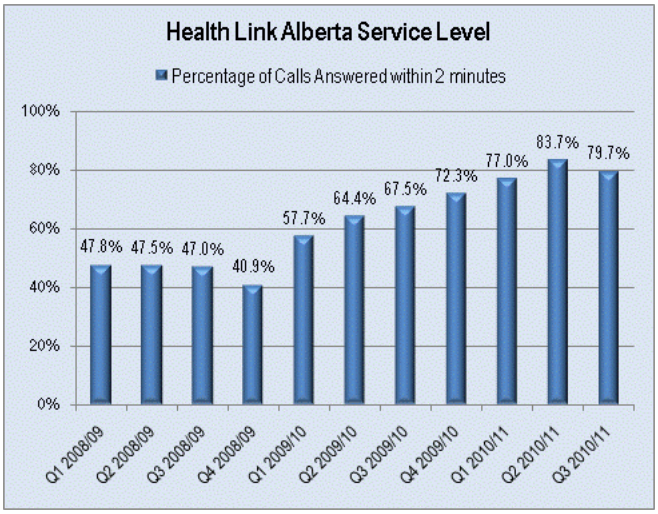
Detailed indicator definition is available.

WHAT IS THE TARGET?

Alberta Health Services has established a 2010/11 annual target of 80 per cent of calls to be answered within two minutes.

HOW ARE WE DOING?

The percentage of Health Link Alberta calls answered within two minutes was 79.7 per cent for Q3 2010/11.



Source: Health Link Alberta, Nortel Contact Centre Management 6.0

PERFORMANCE STATUS

Performance is at or better than target, continue to monitor

2010/11 TARGET: 80%
Q3 TARGET: 76.3%

Q3 ACTUAL: 79.7%

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A review of the volume and types of calls placed to Health Link Alberta was completed. This review identified a need to increase the Information and Referral staff complement. Recruitment for such staff is ongoing, with casual and part-time staff being utilized as required in order to fill vacant shifts in the interim.

Subsequent actions planned: The increased Information and Referral staffing plan is targeted for completion by March 31, 2011. A plan for technology upgrades will also be developed to assist with improving the Health Link Alberta wait time target. As well, a comprehensive 5-year plan for Health Link Alberta will be developed in 2011.

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.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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

PERFORMANCE STATUS

Performance is within acceptable range, monitor and take action as appropriate.

2010/11 TARGET: 85%
Q3 TARGET: 82.8%

Q3 ACTUAL: 82%

WHAT IS BEING MEASURED?

The percentage of children receiving community mental health treatment within 30 days measures the per cent of children under the age of 18 referred for 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.

These results exclude some enrolments that have not been completed within the selected time period.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

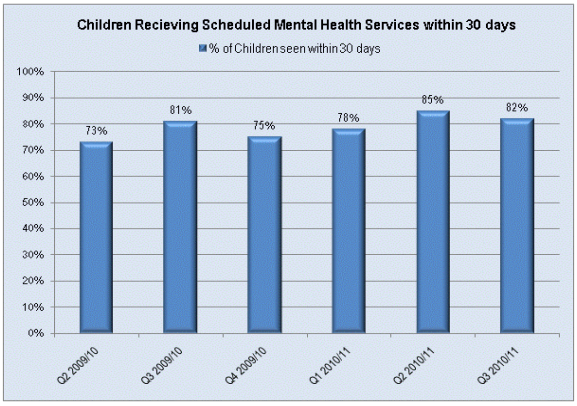
Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

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 meeting the 85 per cent target of referred children receiving a face-to-face assessment within 30 days. Results are anticipated to further 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

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A total of 39 Mental Health Capacity Building projects have been implemented through the province with a total of 11 sites funded through the Children's Mental Health Plan (CMHP). All CMHP Strategies have been implemented. These initiatives are designed to enhance access to mental health services in schools and communities across the province. 70 per cent of the positions being recruited have been filled thus far. Partnerships established between AHS and stakeholder organizations that provide services to at-risk youth and young adults 12 to 24. Mentoring and training of staff in stakeholder organizations ongoing.

Subsequent actions planned: Continue with the implementation of the CMHP including recruitment. Mentoring needs of current contracted partner organizations to be identified. Knowledge exchange and sharing activities to continue.

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.

Information is available by zone.

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.

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010

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

PERFORMANCE STATUS

Performance is within acceptable range, monitor and take action as appropriate.

2010/11 TARGET: 1.5
Q3 TARGET: 1.73 weeks

Q3 ACTUAL: 1.9 weeks

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 per cent of patients to have had their surgery. Median wait time is the point at which 50 per cent of patients have had their surgery.

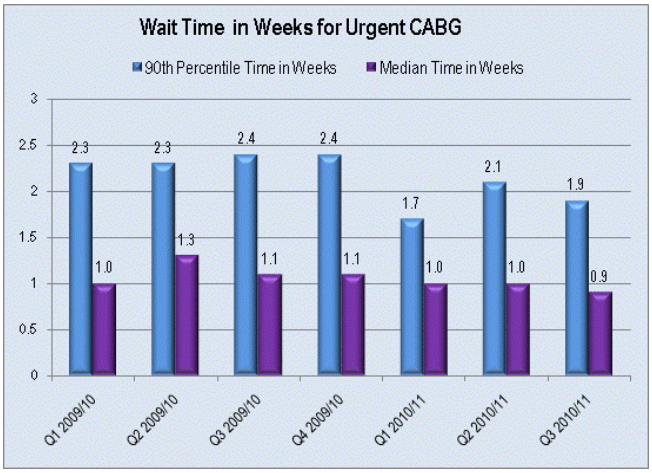
Detailed indicator definition is available.

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),

HOW ARE WE DOING?

The wait time for urgent CABG surgery is somewhat longer than target.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Recruitment for an additional cardiac surgeon in Edmonton has begun. A computerized "flagging" system has been developed to identify patients who are close to exceeding the allowable wait time in their applicable urgency category (to be piloted January-March, 2011). As well, implementation of an improved triage and booking process for urgent cases was initiated in December, 2010. Wait time definitions have also been refined and standardized between Calgary and Edmonton to ensure accurate and consistent reporting of data.

Subsequent actions planned: Additional surgeries will occur following recruitment for another cardiac surgeon. Development also continues on a reporting system to identify surgeons' wait times and identify outliers currently on their list.

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.

Information is available for sites performing this surgery.

HOW DO WE COMPARE?

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

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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 per cent of patients to have had their surgery. Median wait time is the point at which 50 per cent of patients have had their surgery.

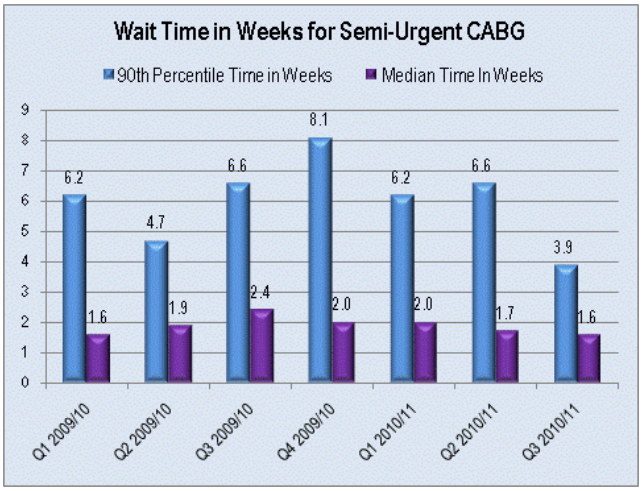
Detailed indicator definition is available.

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 at or better than target, continue to monitor.

2010/11 TARGET: 5.0
Q3 TARGET: 5.5 weeks

Q3 ACTUAL: 3.9 weeks

HOW ARE WE DOING?

Significant improvement has been seen since the last quarter on the wait time for semi-urgent CABG surgery and performance is now better than target.
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WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Recruitment for an additional cardiac surgeon in Edmonton has begun. A computerized "flagging" system has been developed to identify patients who are close to exceeding the allowable wait time in their applicable urgency category (to be piloted January-March, 2011). Wait time definitions have also been refined and standardized between Calgary and Edmonton to ensure accurate and consistent reporting of data.

Subsequent actions planned: Additional surgeries will occur following recruitment for another cardiac surgeon. Development also continues on a reporting system to identify surgeons' wait times and identify outliers currently on their list.

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.

Information is available for sites performing this surgery.

HOW DO WE COMPARE?

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

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

20010/11 TARGET: 15 .0
Q3 TARGET: 19.0 weeks

Q3 ACTUAL: 21.4 weeks

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 per cent of patients to have had their surgery. Median wait time is the point at which 50 per cent of patients have had their surgery.

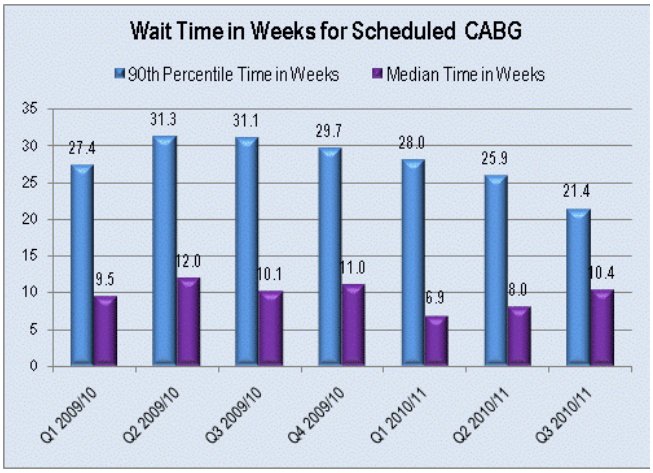
Detailed indicator definition is available.

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)

HOW ARE WE DOING?

Although the wait time for scheduled CABG surgery has improved over the last year, it is still significantly longer than target.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Recruitment for an additional cardiac surgeon in Edmonton has begun. A computerized "flagging" system has been developed to identify patients who are close to exceeding the allowable wait time in their applicable urgency category (to be piloted January-March, 2011). Wait time definitions have also been refined and standardized between Calgary and Edmonton to ensure accurate and consistent reporting of data.

Subsequent actions planned: Additional surgeries will occur following recruitment for another cardiac surgeon. Development also continues on a reporting system to identify surgeons' wait times and identify outliers currently on their list. As well, changes are planned to the referral and triage process for urgency level III cases in order to improve access.

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.

Information is available for sites performing this surgery.

HOW DO WE COMPARE?

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

Performance Measure Update

Hip Replacement Wait Time

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010/11 TARGET: 28.0
Q3 TARGET: 30.3 weeks

Q3 ACTUAL: 42.9 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.

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

WHY IS THIS IMPORTANT?

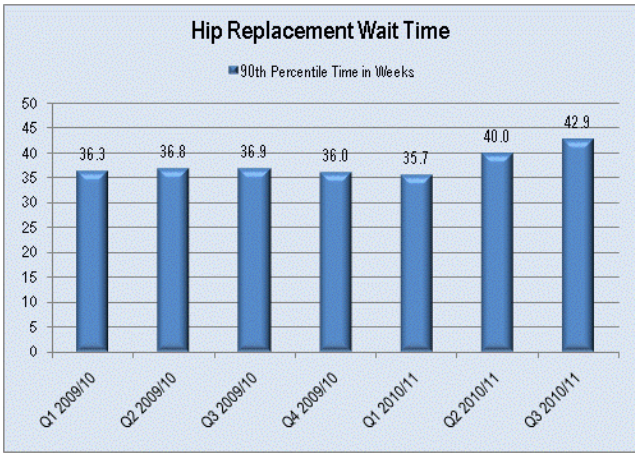
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

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?

Actions completed to date: A new central intake process has been established in all 5 zones across Alberta. Hip replacement surgeries at the Royal Alexandra Hospital (RAH) in Edmonton have been transferred to the Orthopedic Surgery Centre (OSC), a new 56 bed, 4 operating room facility located in the RAH campus which was built with the specific purpose of providing high volume throughput, improved efficiency and decreased length of stay (LOS) for joint replacements. As well, the initial 6-month report on the provincial improvement plan to reduce surgical wait times has shown excellent progress in most sites, with reductions in LOS as well as improvements in quality.

Subsequent actions planned: Results from the provincial improvement plan will continue to be shared across all teams, including reports of ongoing improvements. University of Alberta Hospital hip replacement cases will be steadily transitioned to the OSC beginning April, 2011. As well, a web-based application to connect family physicians and central intake will be developed in the months ahead.

WHAT ELSE DO WE KNOW?

Currently this measure reports on the wait time from decision date to surgical date. A broader wait time framework for all specialties is being developed by AHS with the collaboration of the Bone and Joint Clinical Network.

Information is available by site.

HOW DO WE COMPARE?

Using a similar measure in 2009, Alberta ranked fifth among nine provinces for hip replacement surgery wait times. Alberta = 35.7 weeks, Best Performing Province = 22.9 weeks (Ontario) (CIHI, 2009)

Performance Measure Update

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

Knee Replacement Wait Time

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010/11 TARGET: 42
Q3 TARGET: 44.3 weeks

Q3 ACTUAL: 49.7 weeks

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.

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

WHY IS THIS IMPORTANT?

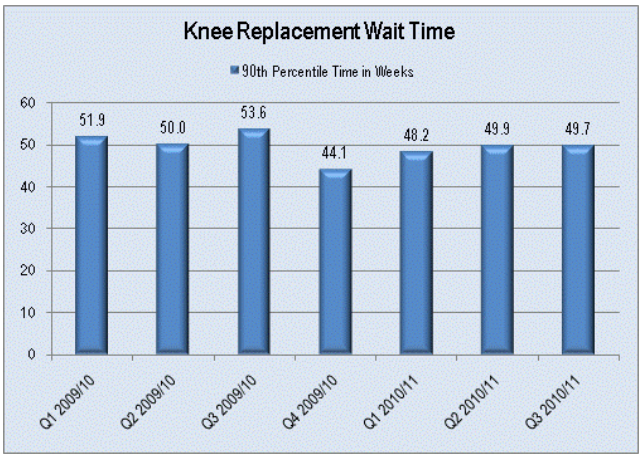
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

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

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A new central intake process has been established in all 5 zones across Alberta. Knee replacement surgeries at the Royal Alexandra Hospital in Edmonton have been transferred to the Orthopedic Surgery Centre (OSC), a new 56 bed, 4 operating room facility located in the Royal Alexandra Hospital campus which was built with the specific purpose of providing high volume throughput, improved efficiency and decreased length of stay (LOS) for joint replacements. Early improvements have been realized. As well, the initial 6-month report on the provincial improvement plan to reduce surgical wait times has shown excellent progress in most sites, with reductions in LOS as well as improvements in quality.

Subsequent actions planned: Results from the provincial improvement plan will continue to be shared across all teams, including reports of ongoing improvements. University of Alberta Hospital knee replacement cases will be steadily transitioned to the OSC beginning April, 2011. As well, a web-based application to connect family physicians and central intake will be developed in the months ahead.

WHAT ELSE DO WE KNOW?

Currently this measure reports on the wait time from decision date to surgical date. A broader wait time framework for all specialties is being developed by AHS with the collaboration of the Bone and Joint Clinical Network.

Information is available by site.

HOW DO WE COMPARE?

Using a similar measure in 2009, Alberta ranked fourth among nine provinces for knee replacement surgery wait times. Alberta = 50.3 weeks, Best Performing Province = 26.3 weeks (Ontario) (CIHI, 2009

Performance Measure Update

Cataract Surgery Wait Time

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

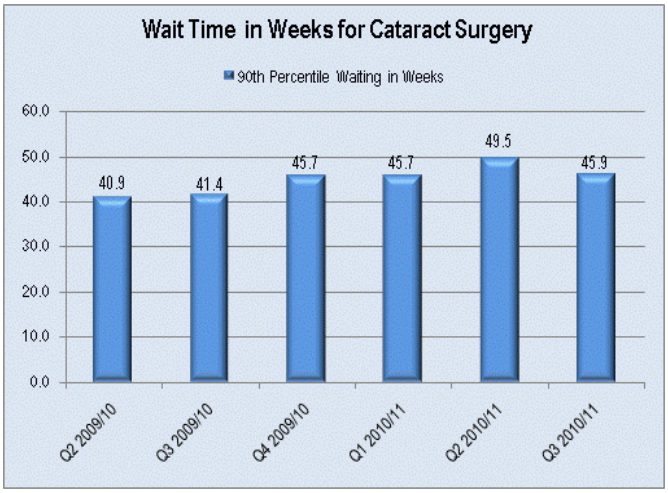
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

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.

HOW ARE WE DOING?

The preliminary result for 90th percentile wait time for Cataract Surgery for Q3 2010/11 was 45.9 weeks which exceeds the target time of 36 weeks. An improvement is anticipated in Q4 for 2010/11 with additional surgeries performed as part of the surgical blitz. The result for Q2 2010/11 has been adjusted.



Source: Alberta Health & Wellness

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010/11 TARGET: 36 weeks
Q3 TARGET: 37.3

Q3 ACTUAL: 45.9 weeks

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Expansion of cataract surgeries in Calgary from 8,500 in 2009/10 to 10,000 in 2010/11 continues (Calgary had the highest backlog of cases). On top of this planned increase, an additional 1,000 surgeries were completed as part of a surgical blitz between July-October to further reduce cataract wait times.

Subsequent actions planned: Continued ramp-up in Calgary to meet the base target of 10,000 cataract surgeries by March 31, 2011. For the period January-March, 2011, 1,750 cataract procedures have been allocated to Calgary and 1,425 cataract procedures have been allocated to Edmonton.

WHAT ELSE DO WE KNOW?

Cataract surgery wait times are significantly longer in Calgary than elsewhere within the province.

Information is available by zone.

HOW DO WE COMPARE?

Using a similar measure, Alberta ranked 10th among 10 provinces for cataract surgery wait times. Alberta = 38.6 weeks, Best Performing Province = 14.9 weeks (Ontario) (CIHI, 2009)

Performance Measure Update

Other Scheduled Surgery Wait Time

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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.

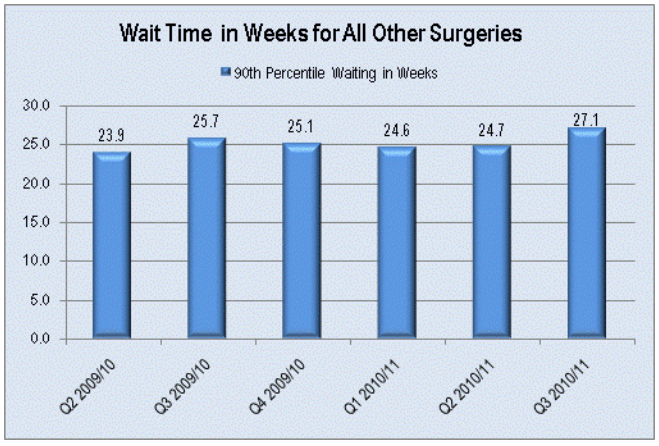
Detailed indicator definition is available.

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. Targets will be set in 2011/12.



Source: Alberta Health & Wellness

PERFORMANCE STATUS

Performance target for 2010/11 is not yet established.

2010/11 TARGET: (to be developed)

Q3 ACTUAL: 27.1 weeks

HOW ARE WE DOING?

Using latest developed measurement methodology (under review) 90th percentile wait times for other surgeries was 27.1 weeks for Q3 2010/11. Q3 figures include incomplete contracted surgical facilities data; figures will be revised as data becomes available.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A Transformational Improvement Program (TIP) focused on improving access and reducing wait times was launched (Other Surgeries falls under the scope of this Program).

Subsequent actions planned: Additional surgeries are planned as part of an overall surgical blitz prior to March, 2011.

WHAT ELSE DO WE KNOW?

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010/11 TARGET: 4
Q3 TARGET: 4.9 weeks

Q3 ACTUAL: 6.3 weeks

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 collected on patients referred to a tertiary cancer facility (Cross Cancer Institute in Edmonton, Tom Baker Cancer Centre or Holy Cross in Calgary). As of Q3 2010/11, data is also collected on patients referred to Jack Ady Cancer Centre in Lethbridge. There is a project underway to collect these data at three additional cancer centres that provide consultations to patients in Medicine Hat, Red Deer, and Grande Prairie.

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

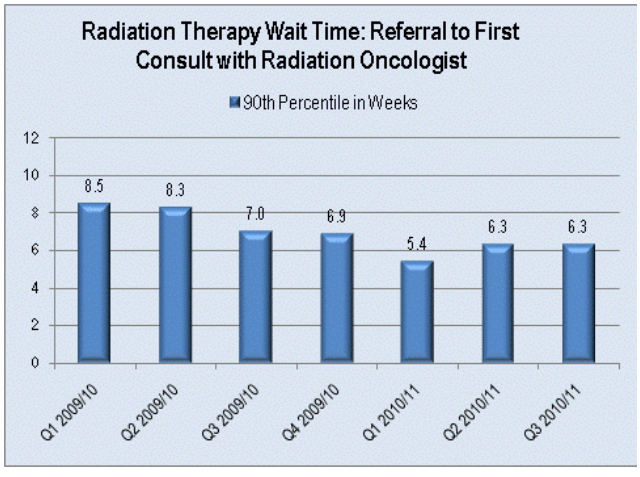
Detailed indicator definition is available.

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
Note: Jack Ady Cancer Centre (Lethbridge) data is included as of Q3 2010/11.

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. The wait time is 6.3 weeks in Q3 2010/11.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: The First Contact program teams are well established. Phased implementation was initiated in September 2010 at the Tom Baker Cancer Centre and in November 2010 at the Cross Cancer Institute. The first phase will be limited to two tumour programs at each of the Cross Cancer Institute and Tom Baker Cancer Centre.

Subsequent actions planned: By the end of February 2011, the Lung tumour group navigation services will be established and operational. Provincially, planning is in progress partnering with Primary Care Networks, referring specialists and Family Physicians to further coordinate and streamline the referral and navigation services.

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.

Information is available by site.

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

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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

PERFORMANCE STATUS

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

2010/11 TARGET: 4
Q3 TARGET: 4.4 weeks

Q3 ACTUAL: 3.9 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 reported on patients who receive radiation therapy at the Cross Cancer Institute in Edmonton, the Tom Baker Cancer Centre in Calgary, and the Jack Ady Cancer Centre in Lethbridge. 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.

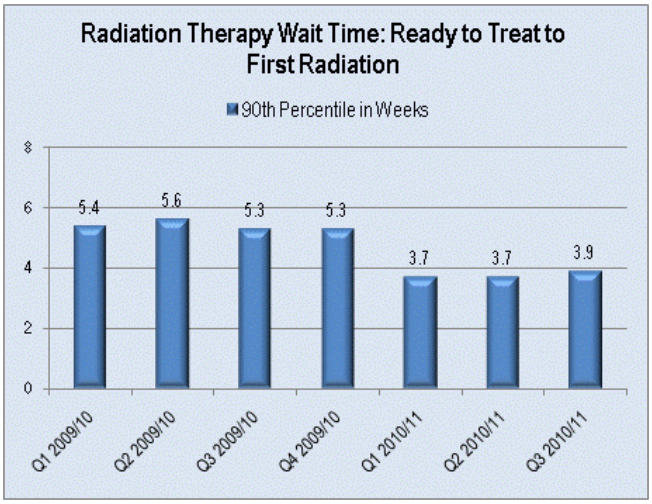
Detailed indicator definition is available.

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 of being ready to treat. The Alberta target is less than four weeks (27 days).



Source: EBI -2009-002 Radiation Therapy Time From Ready to Treat to First Radiation Treatment by Institution
Note: Jack Ady Cancer Centre (Lethbridge) data is included as of Q3 2010/11.

HOW ARE WE DOING?

The proportion of patients receiving radiation therapy within the expected time period is better than the target. Significant improvement has occurred since Q4 2009/10. The Q3 2010/11 90th percentile time was 3.9 weeks.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Two linear accelerators and one CT simulator are installed, commissioned, and in use in Lethbridge. All approved positions are filled. A second permanent Radiation Oncologist is scheduled to start July 1, 2011 with the position currently filled by a Radiation Oncologist hired in a in a *locum tenens* arrangement effective December 1,2010. With the full staff and Radiation Oncology complement onsite; tumour sites treated have expanded effective January 2011 to include colorectal cancer along with breast, prostate, and palliative patients.

Subsequent actions planned: Continue with plans to open the Central Alberta Cancer Centre in Red Deer in 2013. Lethbridge to begin implementation of Intensity Modulated Radiation Therapy treatment to begin in early 2011 as well as expansion of tumour sites treated to included lung cancer patients in April to June 2011.

WHAT ELSE DO WE KNOW?

Alberta Health Services is reviewing benchmark work done by Provincial/Territory Governments in 2005, and reported in October 2009.

Information is available by site.

HOW DO WE COMPARE?

Using a similar measure, Alberta ranked sixth among seven provinces for radiation therapy wait times. Alberta = 5.4 weeks, Best Performing Province = 3.0 weeks (Ontario) (CIHI, 2009)

Performance Measure Update

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

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress. Risk of not achieving 2010/11 target assessed as high.

2010/11 TARGET: 70%
Q2 TARGET: 66%

Q2 ACTUAL: 62%

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 to the time they are discharged (16 higher volume EDs). 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. Site-specific data for all 16 facilities are listed here.

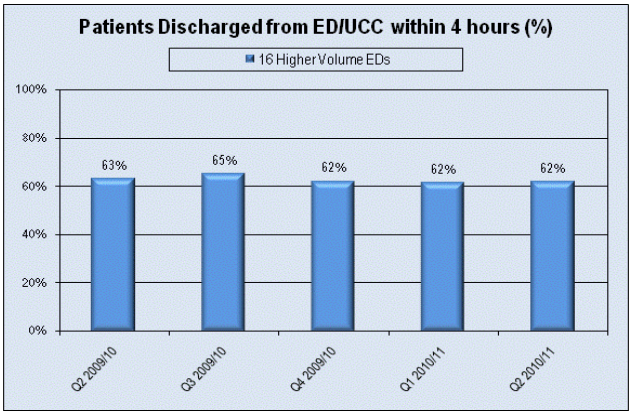
Detailed indicator definition is available.

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 2010/11 target of 70 per cent of patients discharged within four hours for the 16 higher volume EDs.



Source: Calgary and Edmonton Emergency Department Information System Data (REDIS,EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)

HOW ARE WE DOING?

In Q2 2010/11, 62 per cent of patients at the 16 higher volume EDs were discharged within four hours. This is below the target.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Process improvements projects continue across the province to reduce wait times, enhance throughput and improve care quality. As well, "over capacity" protocols and escalation plans have been implemented recently in Edmonton and Calgary to manage periods of peak pressures.

Subsequent actions planned: In addition to ongoing process improvement efforts, EDs are working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits and return home with appropriate services so as to minimize return visits. As an example, programs will be designed to enable seniors to return home with added home care support after an ED visit rather than be hospitalized.

Correction: The December 2010 report noted incorrectly that eleven new treatment rooms had been opened at the Stollery Childrens' ED in Edmonton. In fact, this is not scheduled for completion until March, 2012 and a total of twelve spaces will be added.

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).

Information is available by site.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

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

PERFORMANCE STATUS

Performance is within acceptable range of target, monitor and take action as appropriate

2010/11 TARGET: 82%
Q2 TARGET: 81%

Q2 ACTUAL: 80 %

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 to the time they are discharged (all sites). 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 ED/UCC measure is presented for all sites.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

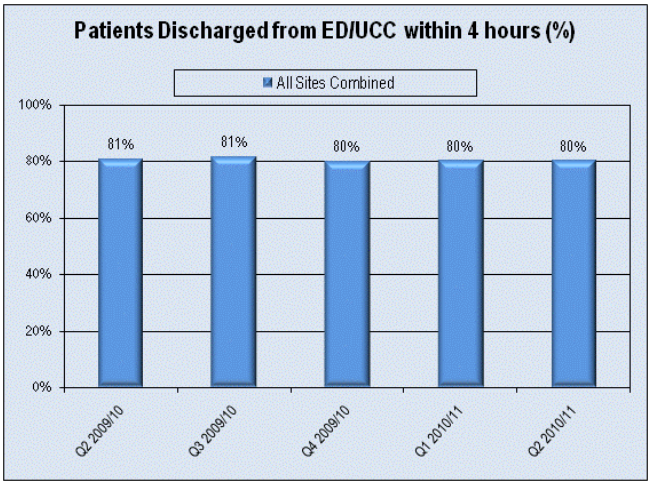
The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

WHAT IS THE TARGET?

Alberta Health Services has established a target for 2010/11 of 82 per cent of patients discharged within four hours for all sites.

HOW ARE WE DOING?

In Q2 2010/11, 80 per cent of patients presenting and subsequently discharged at ED/UCC sites within four hours.



Source: Calgary and Edmonton Emergency Department Information System Data (REDIS,EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Process improvements projects continue across the province to reduce wait times, enhance throughput and improve care quality. As well, "over capacity" protocols and escalation plans have been implemented recently in Edmonton and Calgary to manage periods of peak pressures.

Subsequent actions planned: In addition to ongoing process improvement efforts, EDs are working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits and return home with appropriate services so as to minimize return visits. As an example, programs will be designed to enable seniors to return home with added home care support after an ED visit rather than be hospitalized.

Correction: The December 2010 report noted incorrectly that eleven new treatment rooms had been opened at the Stollery Childrens' ED in Edmonton. In fact, this is not scheduled for completion until March, 2012 and a total of twelve spaces will be added.

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).

Information is available by zone and site.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Performance Measure Update

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

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

Performance is within acceptable range of target, monitor and take action as appropriate

2010/11 TARGET: 45%
Q2 TARGET: 41%

Q2 ACTUAL: 39%

WHAT IS BEING MEASURED?

The total time patients spend in an Emergency Department (ED) is calculated from the first documented time after arrival at emergency until the time they enter the hospital as an inpatient (15 higher volume EDs). 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. Site-specific data for all 15 facilities are listed here.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

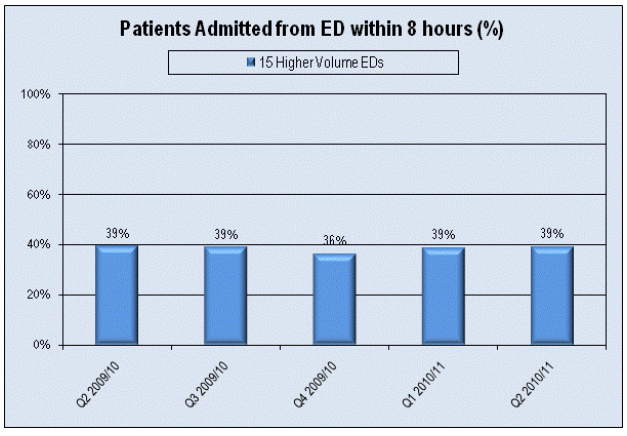
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent can be a measure of access to the health care system and a reflection of efficient use of resources.

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 for 2010/11.

HOW ARE WE DOING?

In Q2 2010/11, 39 per cent of admitted patients at the 15 higher volume EDs left the ED within eight hours.



Source: Calgary and Edmonton Emergency Department Information System Data (REDIS,EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: "Over capacity" protocols and escalation plans have been implemented in Edmonton and Calgary to manage periods of peak pressures. As well, 201 new hospital beds have been opened in Calgary/Edmonton as of December 31, 2010 to improve patient flow.

Subsequent actions planned: EDs are working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits and return home with appropriate services so as to minimize return visits. Additional hospital beds will be opened with a view to meeting the target of 360 new spaces by June/2011. New software will be implemented to make hospital discharges more efficient and timely. As well, an evaluation framework will be developed to measure the success of the two new Medical Assessment Units at reducing ED length of stay.

Correction: The December 2010 report noted incorrectly that eleven new treatment rooms had been opened at the Stollery Childrens' ED in Edmonton. In fact, this is not scheduled for completion until March, 2012 and a total of twelve spaces will be added.

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).

Information is available by site.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Performance Measure Update

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

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

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

2010/11 TARGET: 55%
Q2 TARGET: 52%

Q2 ACTUAL: 52%

WHAT IS BEING MEASURED?

The total time patients spend in an Emergency Department (ED) is calculated from the first documented time after arrival at emergency until the time they enter the hospital as an inpatient (all sites). 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.

Detailed definition is available.

WHY IS THIS IMPORTANT?

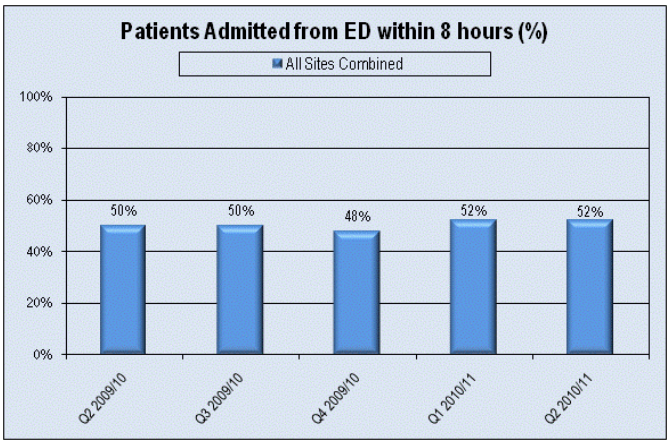
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent by a patient in an ED can be a measure of access to the health care system and a reflection of efficient use of resources.

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.

HOW ARE WE DOING?

In Q2 2010/11, 52 per cent of admitted patients left the ED within eight hours.



Source: Calgary and Edmonton Emergency Department Information System Data (REDIS,EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: "Over capacity" protocols and escalation plans have been implemented in Edmonton and Calgary to manage periods of peak pressures. As well, 201 new hospital beds have been opened in Calgary/Edmonton as of December 31, 2010 to improve patient flow.

Subsequent actions planned: EDs are working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits and return home with appropriate services so as to minimize return visits. Additional hospital beds will be opened with a view to meeting the target of 360 new spaces by June/2011. New software will be implemented to make hospital discharges more efficient and timely. As well, an evaluation framework will be developed to measure the success of the two new Medical Assessment Units at reducing ED length of stay.

Correction: The December 2010 report noted incorrectly that eleven new treatment rooms had been opened at the Stollery Childrens' ED in Edmonton. In fact, this is not scheduled for completion until March, 2012 and a total of twelve spaces will be added.

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).

Information is available by site and zone.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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.

Detailed indicator definition is available.

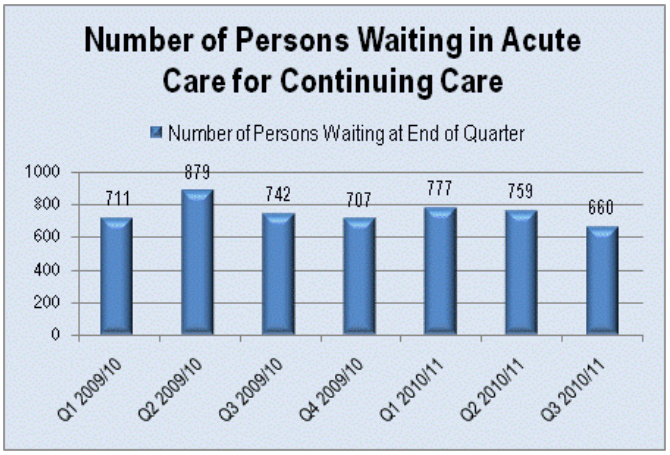
WHY IS THIS IMPORTANT?

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, take action and monitor progress.

2010/11 TARGET: 400
Q3 TARGET: 490

Q3 ACTUAL: 660

HOW ARE WE DOING?

At the end of Q3 2010/11, 660 people were waiting in acute/sub-acute (hospital) beds for continuing care placement, which is above the target of 400.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: 752 new continuing care spaces were staffed and in operation across the province as of December 31, 2010. This represents the number of beds that were actually occupied by patients.

Note: The December 2010 report noted that 772 new continuing care spaces were added between April 1 and September 30, 2010; however, this total represents the number of spaces that had been contracted for use, not necessarily those which were actually occupied by patients (i.e. some beds were vacant pending staffing being secured).

Subsequent actions planned: Additional continuing care spaces will be added to meet this year's target of 1,100-1,300 new spaces by March 31, 2011. Planning is also underway to identify additional strategies to reduce the number of persons waiting in acute/sub-acute beds for continuing care.

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.

Information is available by zone.

HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

Performance Measure Update

People Waiting in Community for Continuing Care Placement

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

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

2010/11 TARGET: 975
Q3 TARGET: 987

Q3 ACTUAL: 1,077

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.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

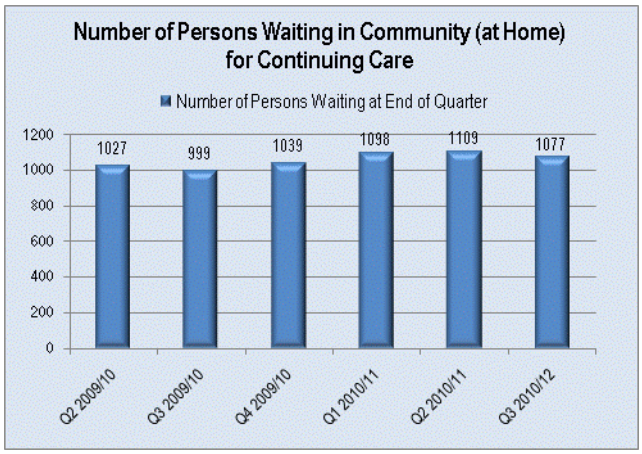
Access to continuing care services is a significant issue in Alberta. As such, a focused, multiple-strategy approach is needed to provide both seniors and persons with disabilities more options for quality accommodations specific to their service needs and lifestyles.

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.

HOW ARE WE DOING?

At the end of Q3 2010/11, 1,077 people were waiting in the community (at home) for continuing care placement, which is above the target of 975.



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

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: 752 new continuing care spaces were staffed and in operation across the province as of December 31, 2010. This represents the number of beds that were actually occupied by patients.

Note: The December 2010 report noted that 772 new continuing care spaces were added between April 1 and September 30, 2010; however, this total represents the number of spaces that had been contracted for use, not necessarily those which were actually occupied by patients (i.e. some beds were vacant pending staffing being secured).

Subsequent actions planned: Additional continuing care spaces will be added to meet this year's target of 1,100-1,300 new spaces by March 31, 2011. Planning is also underway to identify additional strategies to reduce the number of persons waiting in the community for continuing care.

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.

Information is available by zone.

HOW DO WE COMPARE?

No national benchmark comparisons were found.

Performance Measure Update

Average Wait Time in Acute/Sub-Acute Care for Continuing Care

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	Q3 ACTUAL: 58

WHAT IS BEING MEASURED?

Average Wait Time in Acute/Sub-Acute Care for Continuing Care measures the average number of days between an individual being assessed and approved for continuing care placement and their admission date to a Long Term Care Facility or Supportive Living space. Currently, summary data is provided by nine former health regions and collated.

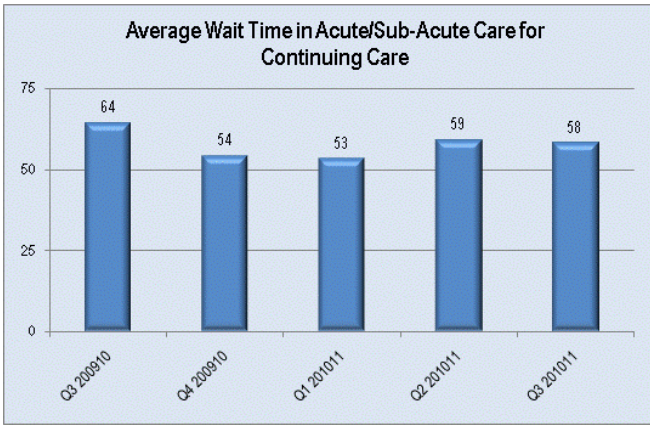
The average wait time may be overstated by days spent waiting in the Community prior to admission (i.e. only a portion of the wait was spent in Acute/Sub-acute Care), as well as "delay" days in Acute/Sub-acute Care (i.e. days where hospitalization is required due to an individual becoming medically unstable – continuing care placement is delayed until their medical condition stabilizes).

Detailed indicator definition is currently in development.

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 wait time and 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, and deliver care in a more cost effective manner.



Source: Continuing Care Wait Time Data
Note: Figures will be revised as available.

WHAT IS THE TARGET?

Targets are currently being developed for this indicator.

HOW ARE WE DOING?

The average wait time in acute/sub-acute care for continuing care was 58 days in Q3 of 2010/11.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: 752 new continuing care spaces were staffed and in operation across the province as of December 31, 2010. This represents the number of beds that were actually occupied by patients.

Note: The December 2010 report noted that 772 new continuing care spaces were added between April 1 and September 30, 2010; however, this total represents the number of spaces that had been contracted for use, not necessarily those which were actually occupied by patients (i.e. some beds were vacant pending staffing being secured).

Subsequent actions planned: Additional continuing care spaces will be added to meet this year's target of 1,100-1,300 new spaces by March 31, 2011. Planning is also underway to identify additional strategies to reduce waiting time for continuing care (e.g. expanding the role of transition coordinators, facilitating advanced discharge planning with patients and their families).

WHAT ELSE DO WE KNOW?

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

Number of Home Care Clients

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	Q2 ACTUAL: 50,996

WHAT IS BEING MEASURED?

Number of Home Care Clients measures the number of unique / individual clients served during the reporting period. This includes all clients in all age groups within former categories of short term, long term, and palliative, as well as day programs, Supportive Living Level 1, and Supportive Living Level 2.

Detailed indicator definition is currently in development.

WHY IS THIS IMPORTANT?

As the population ages, providing seniors with access to services and supports to remain healthy and independent as long as possible has never been more important. Enhancing support services and offering more choice and care options to Albertans in their homes is a key strategy to enable individuals to "age in the right place".

WHAT IS THE TARGET?

Targets are currently being developed for this indicator.

HOW ARE WE DOING?

The number of unique / individual Home Living Clients was 50,996 in Q2 of 2010/11.

Table: Number of Home Care Clients

Time Period	Home Care Clients
Q1 2010/11	51,073
Q2 2010/11	50,996

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Plans have been approved to expand Home Care hours to allow at least 3,000 more people to receive Home Care services (e.g. through increased funding for Home Care service providers, enhancing existing services, as well as expanding eligibility for Home Care support). Home Care coordinators in the Emergency Department (ED) have also been established to assess and coordinate the needs of patients and their families and to facilitate safe discharge from ED.

Subsequent actions planned: Implementation will continue to meet the goal of expanding Home Care to at least 3,000 more people by March, 2012. Planning is also underway to enhance the level and amount of Home Care support to existing and future clients (e.g. increasing the dollars available for short-term Home Care services to support patients' transition from hospital/ED to their home living environment, providing 24/7 telephone access to a Home Care case coordinator, increasing available Home Care services on weekends/holidays).

WHAT ELSE DO WE KNOW?

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

Head Count to FTE Ratio

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

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 AHS divided by the reported assigned FTE level for all employees. A lower ratio (lower number of head count to FTE) reflects optimization of workforce.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

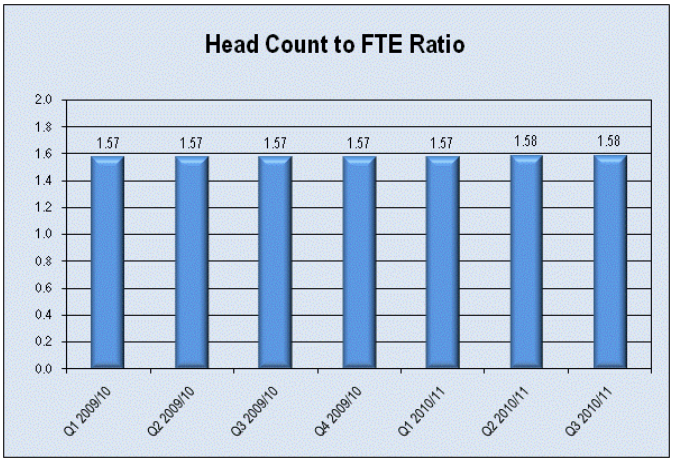
The performance of our health care system is directly related to the people who provide care and services to the citizens and communities we serve. This measure also supports workforce efficiencies and indicates better ability to effectively manage scheduling and productivity challenges.

WHAT IS THE TARGET?

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

HOW ARE WE DOING?

In 2009/10 the head count to FTE ratio was 1.57. In Q1 2010/11 the ratio was 1.57. In Q2 and Q3 2010/11 the ratio was 1.58.



Source: Alberta Health Services Human Resources

PERFORMANCE STATUS

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

2010/11 TARGET: 1.63

Q3 ACTUAL: 1.58

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A health workforce summit was held in November 2010 with over 100 front line clinicians, managers, union leaders, regulators and educators to build on consultations that have occurred across the province about AHS' workforce planning priorities and actions going forward. Consensus was achieved to move forward on issues such as retention and recruitment, the efficient utilization of the clinical workforce and shaping future workforce requirements.

Subsequent actions planned: A Strategic Clinical Workforce Plan will be developed by March, 2011. This plan is imperative in identifying the most effective head count to FTE mix.

WHAT ELSE DO WE KNOW?

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

This measure could be skewed due to a reduction in the casual workforce rather than the creation of fuller employer opportunities.

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

HOW DO WE COMPARE?

This measure is not benchmarked externally.

Performance Measure Update

Registered Nurse Graduates Hired by AHS (%)

Data updated quarterly.
Most current data for year to date to end Q3 2010/11.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

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

2010/11 TARGET: 70%
Q3 TARGET: 52.5%

Q3 ACTUAL:
Total: 73.5%
Non-Casual: 27.6%

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 hires 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.

Detailed indicator definition is available.

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 positions annually. If 70% of Alberta nursing student graduates are not hired into regular or temporary positions of greater than six month, the UNA Joint Committee will examine the reasons.

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 in 2010/11. The percent of graduates hired into non-casual positions will also be reported.

HOW ARE WE DOING?

As the number of RN graduates for the previous year are not available until November, the number of graduates from 2008/09 is used. Alberta Advanced Education reported there were 1,582 Alberta nursing graduates in 2008/09.

By the end of December 2010 (Q3 of 2010/11) Alberta Health Services hired 1,162 (73.5%) nursing graduates. Of these, 436 (27.6%) were hired into non-casual positions.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Progress on various initiatives include: initiation of a "Transitional Grad Nurse Program", commencement of a targeted recruitment initiative to retain the current new graduates and attract future classes, early development of a Northern Recruitment Strategy to encourage new graduates to apply for job opportunities outside of the major urban centres, as well as early development of professional practice and specialty-specific orientations to support new hires. In addition, grant funding has been received for a multi-stakeholder provincial steering committee – *"The Successful Transition of the Newly Graduated Nurse"* – to develop a resource tool kit to support the successful transition of new graduates to the workplace.

Subsequent actions planned include implementing the Transitional Grad Nurse Program, continuing with the targeted recruitment plan for new graduates, enhancing the recruitment strategy and actively marketing job opportunities with AHS for new graduates, implementing the professional practice orientation, and implementing the Northern Recruitment Strategy with a view to building upon it to attract new graduates in rural areas.

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 new grads from outside Alberta as well as RNs whose 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.

HOW DO WE COMPARE?

This measure is not benchmarked externally.

Performance Measure Update

Disabling Injury Rate

Data updated quarterly.
Most current data is completes 2010.
Data updated since Dec 2010 report.

PERFORMANCE STATUS

Performance is outside acceptable range, take action and monitor progress.

2010 TARGET: 2.41

Jan-Dec 2010(12 Months)
ACTUAL: 2.99

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.

Detailed indicator definition is available.

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 represents a 15% reduction in the disabling injury rate for the calendar year.

HOW ARE WE DOING?

In 2009, the disabling injury rate was 2.83. In 2010 the disabling injury rate was 2.99. This represents a 5% increase in the disabling injury rate.

Table: Disabling Injury Claims per 100 Workers

Time Period	Disabling Injury Rate
2009	2.83
2010	2.99

Source: Alberta Health Services and Alberta Workers' Compensation Board (WCB)

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Over 500 staff have been trained and over 100 ceiling lifts have been installed in acute care environments in two Zones as part of the Safe Client Handling Program. As well, Workplace Health and Safety improvement plans are being implemented across AHS.

Subsequent actions planned: Implementation of Safe Client Handling Program will continue. As well, the 2011-2012 Workplace Health and Safety Improvement Plan will be communicated to senior leaders.

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.

The calendar year rate (AHS Q3) may be adjusted by WCB in the first quarter of 2011 once WCB conducts the yearly reconciliation. WCB will adjust for the additional 2010 transactions to year end and will calculate person years based on actual rather than estimated payroll.

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.

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

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

Full-time to Part-time Clinical Worker Ratio

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	Q3 ACTUAL: 0.98

WHAT IS BEING MEASURED?

The Full-time to Part-time Clinical Worker Ratio is the number of full-time clinical people employed by Alberta Health Services for every one part-time employee.

A full-time employee is one who is hired to work the full specified annual hours of work. A part-time employee is one who is hired to work for scheduled shifts, and whose hours of work are less than the specified annual hours of work.

A clinical worker is one coded to 712, 713, 714 or 715 of the MIS Primary Chart of Accounts:

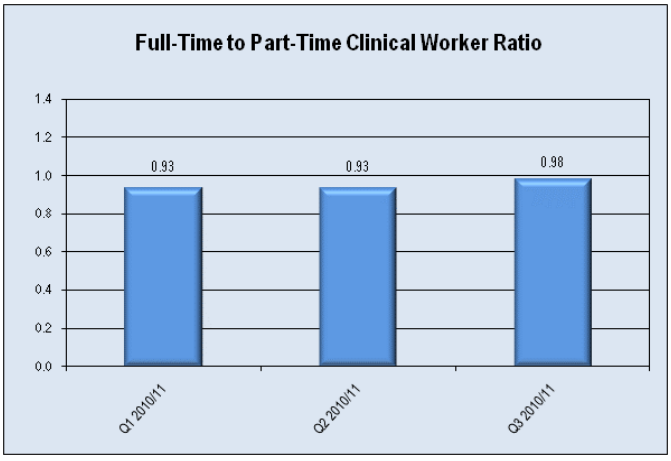
- 712XXXXXX–NURSING INPATIENT/RESIDENT SERVICES
- 713XXXXXX–AMBULATORY CARE SERVICES
- 714XXXXXX–DIAGNOSTIC & THERAPEUTIC SERVICES
- 715XXXXXX–COMMUNITY & SOCIAL SERVICES

The measure is calculated as the number of unique/discrete clinical individuals employed by Alberta Health Services in full-time positions divided the number of unique/discrete clinical individuals employed by Alberta Health Services in part-time positions. A higher ratio (higher number of full-time to part-time clinical workers) reflects optimization of workforce.

Detailed indicator definition is available.

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 supports the clinical workforce efficiencies and indicates better ability to effectively manage scheduling and productivity challenges.



Source: Alberta Health Services Human Resources

WHAT IS THE TARGET?

Alberta Health Services has not yet established a 2010/11 target full-time to part-time clinical worker ratio. The target will be reviewed through the Strategic Clinical Workforce Plan by March, 2011.

HOW ARE WE DOING?

In 2009/10 the full-time to part-time clinical worker ratio was 0.92. In Q1 and Q2 of 2010/11 the ratio was 0.93. In Q3 of 2010/11 the ratio was 0.98 which is a positive trend.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A health workforce summit was held in November 2010 with over 100 front line clinicians, managers, union leaders, regulators and educators to build on consultations that have occurred across the province about AHS' workforce planning priorities and actions going forward.

Subsequent actions planned: Stakeholder engagement and feedback will occur on a working paper to address the supply and demand issues for Registered Nurses, Licensed Practical Nurses and Health Care Aides. Output from this process will be incorporated into the Strategic Clinical Workforce Plan, currently targeted for completion in March, 2011. This plan is imperative in identifying the most effective full-time to part-time clinical worker ratio.

WHAT ELSE DO WE KNOW?

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).

Information will be available by zone.

HOW DO WE COMPARE?

This measure is not benchmarked externally.

Performance Measure Update

Number of Netcare Users

Data updated quarterly.
Most current data is Q3 2010/11.
Data updated since Dec 2010 report.

WHAT IS BEING MEASURED?

The number of Netcare Users measures the number of physicians and nurses who access the Alberta Netcare Electronic Health Record (EHR) system across the continuum of care.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

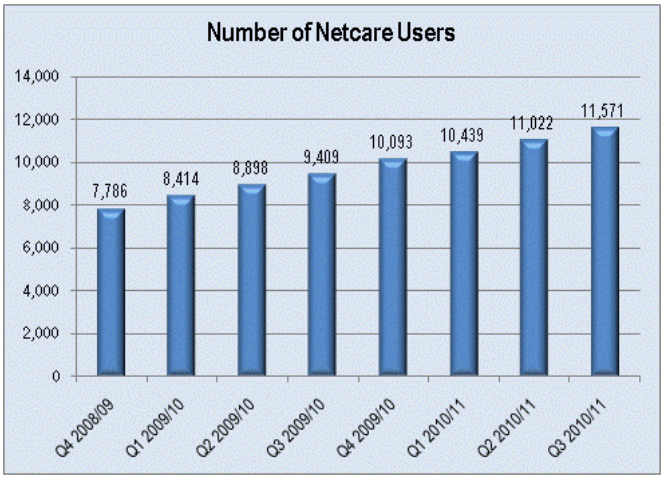
The Alberta Netcare EHR Portal improves patient care by providing up-to-date information immediately at the point of care. Making basic patient information available to health service providers supports better care decisions and improves patient safety.

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 11,571 in Q3 of 2010/11. This represents a 5 per cent increase over the previous quarter.



Source: Alberta Netcare Portal

PERFORMANCE STATUS

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

2010/11 TARGET: 11,575
Q3 TARGET: 11,198

Q3 ACTUAL: 11,571

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Increasing amount of data available from all Zones within Netcare (additional transcribed reports from rural and Calgary zone were added in December, 2010).

Subsequent actions planned: The addition of transcribed reports from Calgary zone, Diagnostic Imaging reports from Calgary zone, PACS images from the entire province and Patient Events from Calgary and Rural zones is in progress with an anticipated completion of June, 2011.

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).

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

On Budget: Year to Date

New measure March 2011.
Data updated quarterly.
Most current data to end Q3 2010/11.

WHAT IS BEING MEASURED?

On Budget: Year to Date is an outcome measure that compares the AHS approved accumulated surplus (deficit) against the actual accumulated surplus values for the current reporting period.

An accumulated surplus arises when, for all fiscal periods to from inception to date, the total operating surpluses exceed the total operating deficits. Operating surpluses (deficits) are the excess (deficiency) of revenues over expenses.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

AHS measures the accumulated surplus in order to identify any areas where the actual performance is changing relative to budget. This enables AHS to identify required changes in its operating plans to expand on positive outcomes or correct potential issues.

The Provincial Government has provided AHS with a five year Health Action Plan funding commitment from which AHS will provide future health care services to Albertans. Over this time period AHS must monitor its operating surpluses closely in order to ensure that the five year funding commitments are not exceeded and to ensure budget sustainability into the future. The annual funding limits from the Government are fixed per the plan and as such AHS must ensure that its planned expenses do not exceed these funding commitments. Knowing the AHS funding targets for the next five years allows AHS to make long term plans while maintaining budget control.

WHAT IS THE TARGET?

AHS has established a budgeted accumulated surplus as at March 31, 2011, of $0. AHS is committed to have an accumulated surplus greater than $0 at the end of the five years.

Table: Accumulated surplus (deficit) in $Millions as at:

	Actual/Budgeted
June 30, 2010 - actual	(385)
September 30, 2010 - actual	268
December 31, 2010 - actual	383
March 31, 2011 - budgeted	0

Source: *Unaudited Quarterly Financial Statements for the Six Months Ended Dec 31st. 2010.*

PERFORMANCE STATUS

Performance is at or better than quarterly target, continue to monitor.

2010/11 TARGET ACCUMULATED SURPLUS: $0

Q3 ACTUAL ACCUMULATED SURPLUS: $383 M

HOW ARE WE DOING?

At December 31, 2010, the third quarter resulted in a $383 M actual accumulated surplus over the $0 budgeted year to date surplus at March 31, 2011.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: From its inception, AHS has worked to establish consistent and comprehensive financial reporting across the organization. In view of staying on budget each year, AHS has developed mandatory Budget Monitoring Reports for the Executive Committee. AHS has also worked to improve our culture of accountability by creating a Program Governance Office to track progress of our major initiatives and identify investment opportunities.

Subsequent actions planned: We are currently implementing a process that will continuously monitor budgeted long term costs and revenues to ensure AHS meets the accumulated surplus greater than $0 target at the end of the five year funding agreement. Implementation of an AHS integrated full service budget and planning module is also in progress.

WHAT ELSE DO WE KNOW?

The third quarter $383 million accumulated surplus is due primarily to the one-time $527 million funding provided by the provincial government to cover the prior years' accumulated deficit.

Quarterly updates for actual values are available once the AHS Board of Directors has approved the AHS financial statements for release.

The approved AHS Operating Budget and Business Plan as well as the AHS Quarterly Financial Statements can be obtained from the www.albertahealthservices.ca website.

HOW DO WE COMPARE?

National benchmark comparisons are not applicable.

Performance Measure Update

Patient Satisfaction Adult Acute Care

Data updated quarterly.
Most current data is Q2 2010/11.
Data updated since Dec 2010 report.

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 eight, nine or ten on a zero to ten scale, where zero is the worst hospital possible and ten is the best.

Detailed indicator definition is available.

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 eight, nine or ten.

HOW ARE WE DOING?

The percentage of adults rating their overall hospital stay as eight, nine or ten is above the target of 80 per cent.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Change approved for an improved sampling format so that all sites are surveyed within a year (proportional random sampling done for each hospital to address the changing strategic and quality needs of the organization).

Year 2010/11	Q1	Q2
Number of Respondents	1581	1515
Valid Answers	1573	1509
Number of Sites	29	29
Rated experience as 8 to 10	84.5%	84.6%

PERFORMANCE STATUS

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

2010/11 TARGET: 80%

Q2 2010/11 ACTUAL: 84.6%

Subsequent actions planned: The intent of the organization is to develop over time multiple ways to collect actionable data which reflects patient experience and to use this data to monitor and improve patient experiences.

Evidence tells us that practicing patient centred care increases patient satisfaction. There are a number of strategies underway to improve patient experience, including appropriate education to further integrate Patient Centered Care within the organization. Improvement initiatives vary at the local level, and programs able to demonstrate excellence across the organization are sharing key learnings to spread good practice.

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.

The numbers reported for Q1 and Q2 are un-weighted frequencies and proportions. A weighting plan is currently being developed to correct for the disproportionate sampling and this may impact the reported results once it is in place for Q3.

HOW DO WE COMPARE?

Comparable HCAHPS data from other provinces are not available. Using a similar measure Alberta ranked ninth among the 10 provinces for satisfaction with hospital services received in 2007. Alberta = 78.5 per cent, Best Performing Province = 87.8 percent (New Brunswick), Canada = 81.5 per cent (Statistics Canada, 2007). Using a similar measure Alberta ranked 10th among the 10 provinces for satisfaction with their last hospital stay for one or more nights. Alberta = 75 per cent, Best Performing Province = 90 per cent (Prince Edward Island), Canada = 79 per cent (Angus Reid 2009-2010)

Performance Measure Update

Albertans Reporting Unexpected Harm

New measure March 2011.
Data updated every two years.
Most current data 2010.

PERFORMANCE STATUS

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

2010/11 TARGET: 9%

2010 ACTUAL: 9.0%

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asks Albertans about unexpected harm in the Health Services Satisfaction Survey, which is conducted every two years. The most recent report was released in 2010 and is based on data collected between February and May 2010.

Unexpected harm measures the per cent of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

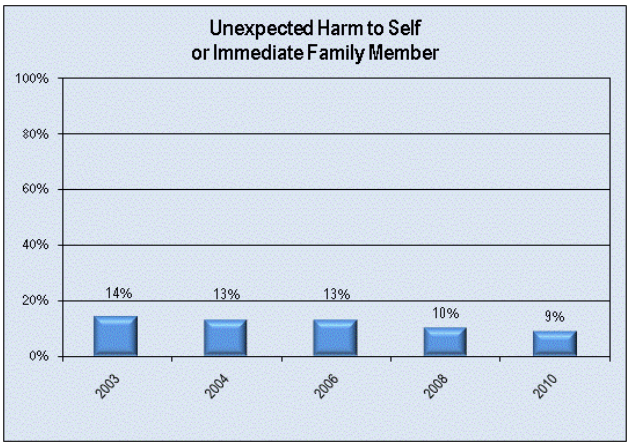
Patient experience with adverse events is a high level indicator of system safety. Unlike complications, which may occur as an expected risk of some treatments, unexpected harm can affect a patient's health and/or quality of life and can result in additional or prolonged treatment, pain or suffering, disability or death.

WHAT IS THE TARGET?

Based on previous survey data, AHS has established a 2010/11 target of 9 per cent for the per cent of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.

HOW ARE WE DOING?

The per cent of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year is at the target of 9 per cent.



Source: Health Quality Council of Alberta (HQCA) Health Services Satisfaction Survey

Note: This measure applies only to adults aged 18 years and over who used health care services in Alberta in the past year.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: A Safe Surgery Checklist has been introduced in all AHS hospitals that perform surgery. As well, a Safe Injection Practice initiative has been launched to enhance awareness and knowledge on all practices related to safe injection.

Subsequent actions planned: A province-wide reporting and learning system will be in place across the province by April, 2011 (this will enable any staff member or physician to report a patient safety related adverse event, close call or hazard). Policies/procedures for disclosing harm to patients, and also for the management of serious adverse events will be implemented. Additional education on safe injection practices will be rolled out to healthcare providers who administer injections. Measurement and action plans for controlling specific hospital-acquired infections (e.g. MRSA, C-difficile, central venous catheter bloodstream infections) will also be implemented in 2011 and 2012.

WHAT ELSE DO WE KNOW?

The origins of unexpected harm are complex and the contributing factors are not always clear. Further analysis is necessary in order to guide future decisions and to gain an understanding of what has occurred. Though it may be impossible to eliminate unexpected harm entirely, it is feasible to continually learn and improve systems and processes in order to minimize harm.

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

New measure March 2011.
Data updated every two years.
Most current data 2010.

Patient Satisfaction Emergency Department

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	2010 ACTUAL: 59%

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asks Albertans about their satisfaction with Emergency Department in the Health Services Satisfaction Survey, which is conducted every two years. The most recent report was released in 2010 and is based on data collected between Feb to May 2010.

Patient satisfaction Emergency Department measures the per cent of Albertans who were satisfied (4 or 5 out of 5) with their or a close family member's services at an emergency department in the past year.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

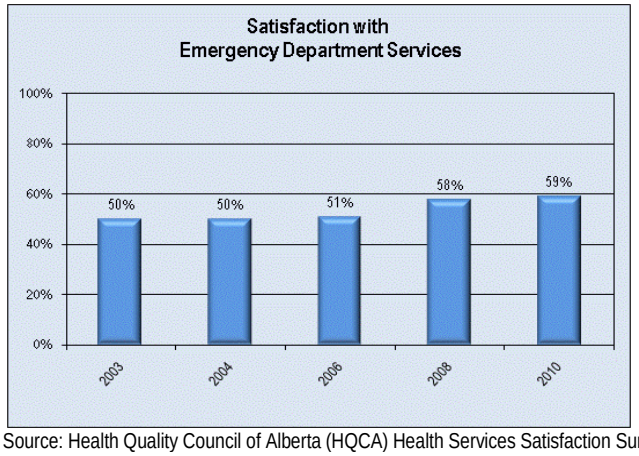
Patient satisfaction with the emergency department is a crucial and critical dimension of quality; it is a high level indicator of the structure, process and outcome of care in emergency departments. The information provides insights into the consequences of policy and strategic changes from the perspective of a key health care partner - Albertans.

WHAT IS THE TARGET?

Alberta Health Services has not yet established a 2010/11 target for patient satisfaction with the emergency department.

HOW ARE WE DOING?

In 2010 59 per cent of Albertans were satisfied with their or a close family member's services at an emergency department in the past year.



Source: Health Quality Council of Alberta (HQCA) Health Services Satisfaction Survey

Note: This measure applies only to adults aged 18 years and over who had gone to an emergency department in the past year for an illness or injury for themselves or a close family member.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: "Over capacity" protocols and escalation plans have been implemented to manage periods of peak pressures in ED. As well, 201 new hospital beds have been opened in Calgary/Edmonton as of December 31, 2010 to improve patient flow.

Subsequent actions planned: EDs are working collaboratively with other sectors to help patients avoid unnecessary (avoidable) ED visits and return home with appropriate services so as to minimize return visits. Additional hospital beds will be opened with a view to meeting the target of 360 new spaces by June/2011. New software will be implemented to make hospital discharges more efficient and timely.

WHAT ELSE DO WE KNOW?

Research conducted with Calgary emergency department users identified public expectations of emergency department care. These included: staff communication with patients; appropriate waiting times; the triage process; information management; quality of care; and improvement to existing services. These expectations were held similarly by those who had recently used the emergency department and those who had not. The authors also concluded that "emergency department care providers understand some, but not all, of the public's expectations. (Watt, Wertzler and Brannan. 2005. *Patient expectations of emergency care: phase I – a focus group study*. Canadian Journal of Emergency Medicine).

Information is available by zone

HOW DO WE COMPARE?

Alberta ranked ninth among the 10 provinces for satisfaction with hospital emergency rooms. Alberta = 55 per cent, Best Performing Province = 67 per cent (British Columbia), Canada = 56 per cent (Angus Reid, 2009-2010).

Performance Measure Update

New measure March 2011.
Data updated every two years.
Most current data 2010.

Patient Satisfaction
Health Care Services Personally Received

PERFORMANCE STATUS

Performance is within acceptable range, monitor and take action as appropriate.

2010/11 TARGET: 65%

2010 ACTUAL: 62%

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asks Albertans about satisfaction with health care services in the Health Services Satisfaction Survey, which is conducted every two years. The most recent report was released in 2010 and is based on data collected between February and May 2010.

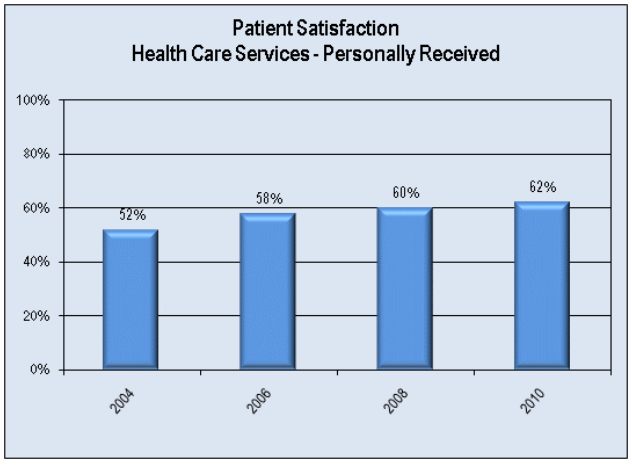
Patient Satisfaction Health Care Services Personally Received measures the per cent of Albertans who were satisfied (4 or 5 out of 5) with the health care services they personally received in Alberta within the past year.

Health care services include personal family doctor, other health care professionals at family doctor's office, community walk-in clinics, specialists, MRI, other diagnostic imaging, pharmacists, emergency departments, inpatient hospital services, outpatient hospital services and mental health services.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

Patient satisfaction with health care services received is a crucial and critical dimension of quality; it is an indicator of the structure, process and outcome of care in Alberta's health care system. The information provides high level insights into the consequences of policy and strategic changes from the perspective of a key health care partner - Albertans.



Source: Health Quality Council of Alberta (HQCA) Health Services Satisfaction Survey

Note: This measure applies only to adults aged 18 years and over who used health care services in Alberta in the past year.

WHAT IS THE TARGET?

Alberta Health Services has established a 2010/11 target of 65 per cent of Albertans who were satisfied with the health care services they personally received in Alberta within the past year.

HOW ARE WE DOING?

The per cent of Albertans who were satisfied with the health care services they personally received in Alberta within the past year was 62% (below target).

WHAT ACTIONS ARE WE TAKING?

Alberta Health Services is undertaking focused improvement activities in access areas including Emergency Room and Primary Care Physician as well as specialty services such as Cancer Treatment and Surgery.

WHAT ELSE DO WE KNOW?

From the public's perspective, access – the ease of obtaining health care services – continues to be the most important factor associated with their overall satisfaction with health care services received.

Information is available by zone.

HOW DO WE COMPARE?

Alberta ranked 10th among the 10 provinces for satisfaction with health care services received. Alberta = 81.0 per cent, Best Performing Province = 90.5 per cent (New Brunswick), Canada = 85.7 per cent (Statistics Canada, 2007)

Performance Measure Update

New measure March 2011.
Data updated every two years.
Most current data 2010.

Patient Satisfaction
Mental Health Services

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	2010 ACTUAL: 78%

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asks Albertans about satisfaction with mental health services in the Health Services Satisfaction Survey, which is conducted every two years. The most recent report was released in 2010 and is based on data collected between February and May 2010.

Patient Satisfaction Mental Health Services measures the per cent of Albertans who were satisfied (4 or 5 out of 5) with the mental health services they received from a therapist, counsellor, family doctor, psychologist, or psychiatrist.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

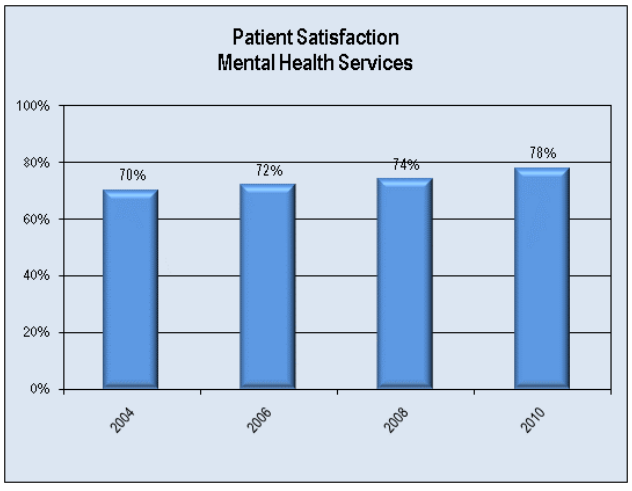
Patient satisfaction with mental health services is a crucial and critical dimension of quality; it is a high level indicator of the structure, process and outcome of care. The information provides insights into the consequences of policy and strategic changes from the perspective of a key health care partner - Albertans.

WHAT IS THE TARGET?

Alberta Health Services has not yet established a 2010/11 target for patient satisfaction with mental health services.

HOW ARE WE DOING?

In 2010 78 per cent of Albertans were satisfied with the mental health services they received.



Source: Health Quality Council of Alberta (HQCA) Health Services Satisfaction Survey

Note: This measure applies only to adults aged 18 years and over who used mental health care services in Alberta in the past year.

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: The 106 Bed Geriatric Psychiatry Program from Alberta Hospital Edmonton (AHE) has been relocated to Villa Caritas, with plans to expand the program. The clinical pathway for adult depression in primary care is complete and has been piloted in one family physician office with four family physicians (66 patient enrolments to date). Access to mental health services in corrections centres has been increased through the recruitment of additional staff and provision of training to corrections staff to enhance their understanding and awareness of addiction and mental health issues amongst the offender population. Partnerships have been established between AHS and stakeholder organizations that provide services to at-risk youth and young adults aged 12 to 24. Mentoring and training of staff in stakeholder organizations is also ongoing.

Subsequent actions planned: An additional 44 mental health beds will be opened at Villa Caritas by March, 2011. The clinical pathway for adult depression will spread to four family physician offices to five Primary Care Networks in the Calgary Zone by March, 2011 with further deployment to other zones in 2011 and 2012. A menu of professional development courses to address urgent needs is also planned to roll out late in 2011.

WHAT ELSE DO WE KNOW?

Information is available by zone.

HOW DO WE COMPARE?

National benchmark comparisons are not available.

Performance Measure Update

New measure March 2011.
Data updated every three years.
Most current data 2008.

Rating of Care
Nursing Home – Family

PERFORMANCE STATUS	2010/11 TARGET: TBD
Performance Target for 2010/11 has not been established for comparison.	2008 ACTUAL: 8.1

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asked family members of Alberta nursing home residents about their rating of the care in the Alberta Long Term Care Family Experience Survey. The first report was released in 2008 and is based on a survey from October 2007. The next report is scheduled for release later in 2011.

Rating of Care Nursing Home – Family measures the overall family rating of care at Alberta nursing homes, on a scale from 0 to 10. The average score is reported.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

This global rating of care is an overall judgment by family members about the quality of care provided to their loved one. We know this rating is significantly influenced by the specific issues captured in the complete survey, and we also see there is considerable performance variation in this rating between facilities in the province. It is most relevant and important for facility level results. Low performing facilities will need to improve for the provincial aggregate score to improve. Average or high performing facilities will need to maintain their performance. Low performing facilities should learn from high performing facilities.

WHAT IS THE TARGET?

Alberta Health Services has not yet established a 2010/11 target for the average overall family rating of care at Alberta nursing homes.

HOW ARE WE DOING?

In 2008 the average overall family rating of care at Alberta nursing homes was 8.1, on a scale from 0 to 10.

Table: Global Rating of Care at the Nursing Home (2008)

Province	Average Score
Alberta	8.1

Source: Health Quality Council of Alberta (HQCA) Alberta Long Term Care Family Experience Survey

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: Family contact information contributed from majority of continuing care centres (157) to HQCA to implement Family Satisfaction with Long-term Care Survey.

Subsequent actions planned: Analyze results from Long Term Care Family Experience Survey including comparison with 2007 survey. Develop provincial summary report and reports for each site and organization. Identify strengths and opportunities for quality improvement. Determine instrument(s) and budget for Home Care and Supportive Living surveys. Explore use of interRAI Quality of Life Survey. Implement surveys on a rotating 3 year basis, dependent on budget approval

WHAT ELSE DO WE KNOW?

High level surveys and aggregate results do not capture the unique nature of individual family experiences and the sometimes significant challenges and issues they face.

We know that smaller facilities and facilities in small communities are pre-disposed to better performance in terms of family and resident experience ratings. Despite this, there is still considerable variation in performance between facilities which are comparable in size and location.

HOW DO WE COMPARE?

National benchmark comparisons are not currently available. The survey instrument is available in the public domain and has been adopted in part by the Ontario Government and Ontario Quality Council, future benchmarks and comparisons are likely possible.

Performance Measure Update

Rating of Care
Nursing Home – Resident

New measure March 2011.
Data update not yet scheduled.
Most current data 2008.

WHAT IS BEING MEASURED?

The Health Quality Council of Alberta (HQCA) asked residents of Alberta nursing homes about their rating of the care in the Alberta Long Term Care Resident Experience Survey. The first report was released in 2008 and is based on a survey conducted between June and August of 2007. The next Alberta Long Term Care Resident Experience Survey has not yet been scheduled.

Rating of Care Nursing Home – Resident measures the overall resident rating of care at Alberta nursing homes, on a scale from 0 to 10, the average score is reported.

Detailed indicator definition is available.

WHY IS THIS IMPORTANT?

This global rating of care is an overall judgment by residents about the quality of care provided. We know this rating is significantly influenced by the specific issues captured in the complete survey, and we also see there is considerable performance variation in this rating between facilities in the province. It is most relevant and important for facility level results. Low performing facilities will need to improve for the provincial aggregate score to improve. Average or high performing facilities will need to maintain their performance. Low performing facilities should learn from high performing facilities.

WHAT IS THE TARGET?

Alberta Health Services has not yet established a 2010/11 target for the average overall resident rating of care at Alberta nursing homes.

HOW ARE WE DOING?

In 2008 the average overall resident rating of care at Alberta nursing homes was 8.1, on a scale from 0 to 10.

Table: Overall Care Rating (2008)

Province	Average Score
Alberta	8.1

Source: Health Quality Council of Alberta (HQCA) Alberta Long Term Care Resident Experience Survey

PERFORMANCE STATUS

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

2010/11 TARGET: TBD

2008 ACTUAL: 8.1

WHAT ACTIONS ARE WE TAKING?

Actions completed to date: 200 beds were opened at Michener Hill in Red Deer. Provincial education for behavioural and symptom management was undertaken with three rural communities receiving training on best practices in nursing care to older adults. A review of access to specialized geriatric consultative services was also completed.

Subsequent actions planned: A report on the financial barriers to obtaining timely Living Option access will be completed in early 2011. As well, the current training program will be reviewed to develop a distributive model of education that will spread best practices in a more efficient way.

WHAT ELSE DO WE KNOW?

Due to cognitive issues, only about 35 per cent of Long Term Care residents are capable of completing an interview. The result is very small sample sizes at the facility level. It is likely that no measurement process in this population could avoid this problem.

High level surveys and aggregate results do not capture the unique nature of individual resident experiences and the sometimes significant challenges and issues they face.

We know that smaller facilities and facilities in small communities are pre-disposed to better performance in terms of family and resident experience ratings. Despite this, there is still considerable variation in performance between facilities which are comparable in size and location.

HOW DO WE COMPARE?

National benchmark comparisons are not currently available. The survey instrument is available in the public domain and has been adopted in part by the Ontario Government and Ontario Quality Council, future benchmarks and comparisons are likely possible.