# Alberta Health Services

# Q2 Performance Report

# 2012/13

## Prepared by

## Data Integration, Measurement and Reporting

## December 13, 2012

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**Provide More Choice for Continuing Care**



**Build One Health System**



**Quality and Patient Safety**

# Introduction

This performance report has been constructed to demonstrate the progress of Alberta Health Services (AHS) towards meeting the targets and 5-year priorities as outlined in the 2012-2015 Health Plan.

AHS is structured around three key goals which continue to drive our organization's strategic direction: Quality, Access and Sustainability. We believe that our success will ultimately be measured by the health and wellness of Albertans, their ability to access the system, and our ability to meet these goals in a sustainable manner. These long range, overarching goals are developed into specific objectives on an annual basis, and progress is tracked through performance measures.

### AHS Responds with Multi-faceted Plan

In February, 2012, AHS responded to three directives issued by the Minister of Health, prompting further examination of acute care utilization and sustainability. As a result, AHS has developed a multi-faceted approach to improve overall access, quality, and sustainability for the future. We are redesigning the health care delivery system to focus on primary care, appropriate utilization of system resources, and optimal care pathways as a means to manage acute care occupancy and enhance continuing care options.

To address these targets, AHS front-line staff and clinicians in all aspects of health care, from admission to discharge to home care, have accelerated the implementation of more than 45 major initiatives. Results include increased capacity in acute care and mental health services, new continuing care beds, and the development of a new discharge planning process currently being piloted to enable patients to better transition from acute care to home. These inter-related initiatives are the foundation for a go-forward plan that focuses on adding continuing care capacity and reducing acute care occupancy in the future.

This work will continue over to the end of the fiscal year. To date, approximately $76 million has been budgeted to accelerate the implementation of these projects directly connected to the directives.

### Measuring our Effectiveness

As we move forward, we have placed a high value on ensuring we have measurement systems in place to assess the effectiveness in meeting our performance measures. We have developed a system to measure how we are doing by looking across six dimensions of health care: accessibility, appropriateness, efficiency, effectiveness, safety, and acceptability. We are also examining the well-being of populations across the life cycle from early childhood to youth, adult, and seniors.

On a quarterly basis, we do a thorough analysis of our performance measures to help us see where we are excelling and where we need to improve. There are measures of performance where Alberta is the best, or among the best, performing provinces, which are not included in this report. This is not because they are less important; it is because they require less attention in our goal of becoming the best performing health care system in the country. This quarterly report is focused very much on the areas where we need to improve and it is intended to be a transparent account of areas to improve, and reflects our continued commitment and effort to move toward those goals

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**Today's Performance**

When we look at Quarter 2 of 2012/13, we can see that improvements in a significant number of areas when comparing performance year-over-year. It is important to make comparisons on a year to year basis, versus comparing only consecutive quarters, as it provides a more accurate picture of trends and removes the variations that can occur from seasonal influences. As an organization, we remain committed to building on our performance through quality improvement and innovation, and strive towards the goal of delivering the type of health care system demanded, and deserved, by Albertans.

While we have seen great progress to date in these areas, there is still work ahead to achieve these very ambitious targets, which were deliberately set very high. The targets – how far and how fast – were set in consultation with clinical leaders, Alberta Health (AH), and a review of national benchmarks. Our 5-year Health Action Plan provides a road map on major strategies and initiatives to deliver on these targets.

AHS continues to increase throughputs in many areas. The table below provides insight into capacity changes that have occurred in support of the targeted performance measures.

**Increases in Throughput**

| Volumes | YTD Volume Q2 2010/11 | YTD Volume Q2 2011/12 | YTD Volume Q2 2012/13 | 2011/12 to 2012/13 Per cent change |
|---|---|---|---|---|
| Number of Total Hip Replacement Surgeries | 2,122 | 2,239 | 2,491 | 11.25% |
| Number of Total Knee Replacement Surgeries | 2,411 | 2,657 | 2,900 | 9.15% |
| Number of Cataract Surgeries | 14,840 | 16,708 | 17,188 | 2.87% |
| Number of Emergency Department and Urgent Care Centre Visits | 1,071,516 | 1,110,854 | 1,168,466 | 5.19% |
| Number of Hospital Discharges | 181,780 | 188,182 | 192,258 | 2.17% |
| Number of EMS Events | 188,654 | 196,196 | 207,116 | 5.57% |
| Number of MRI / CT Exams | Comparable Volume not available | 249,189 | 258,722 | 3.83% |
| Number of People Placed from Acute / Sub-Acute Beds into Continuing Care | 2,289 | 2,406 | 2,499 | 3.87% |

When looking at performance reported this quarter and comparing it to the performance one year ago, many measures are demonstrating improvement since last year with some measures demonstrating significant improvement. These include:

- Hip and Knee Replacement Wait Times continue to decrease compared to the prior year and the current 35.0 week year-to-date wait time for hip replacements is lower than it has been for the past 2 years. Hip replacement wait time is currently at 35.0 weeks, down from 41.4 weeks last year, a 16 per cent improvement.

- Knee replacements are at their lowest point in the past two years with a quarterly wait time of 39.3 weeks.
- Radiation Therapy Access (ready-to-treat to first therapy) continues to maintain wait times at 3.1 weeks which surpasses the target of 4.0 weeks for 2012/13.
- Radiation Therapy Access (referral to 1st consult) has improved to 4.9 weeks from 6.0 weeks a year ago.
- The number of Registered Nurses Hired by AHS is greater year-to-date than last year. AHS is projecting that 78 per cent of the available Alberta nursing graduates will be hired into non-casual positions by the end of the current Fiscal year.
- Cataract Surgery Wait Times have seen an improvement from 41.4 weeks for Q2 year-to-date 2011/12 to 29.7 weeks for Q2 year-to-date 2012/13 (28 per cent improvement) and are approaching the target of 25.0 weeks.
- The Number of People Waiting in Acute / Sub-Acute Beds for Continuing Care Placement has dropped from 675 a year ago to 557 now, a 17.5 per cent drop. The Number of People Waiting in Community for Continuing Care Placement has dropped from 1,140 a year ago to 938 now, a decrease of 17.7 per cent.
- The workforce measure of Headcount to FTE Ratio (1.53 in Q2 this fiscal year vs. 1.57 in Q2 last fiscal year) continues to show improvement and is better than the target of 1.61.

Looking at indicators with both a current year-to-date result and a prior year-to-date result on the provincial dashboard, 64 per cent of the indicators show improvement over the prior year and of those, 42 per cent show improvement of more than 5 per cent.

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

- The focus on increased arthroscopic surgeries has seen an increase in the number of hip and knee surgeries done in Q2, even taking into account the summer operating room (OR) closures. This has resulted in a decrease to the wait times. The surgical and referral wait lists are being reviewed and monitored with a focus on target volumes so that the March 31, 2013 surgery levels will be met.
- AHS reduced the number of hospital patients awaiting placement for continuing care, lowered hospital occupancy rates, and developed a provincial discharge policy in response to three Ministerial directives issued earlier this year, all of which will have an impact on ED flow.
- One of the three Ministerial Directives of February 2012 is to reduce the average weekly inpatient bed occupancy rates to ninety-five per cent at seven key urban hospitals. This will help to reduce congestion in the Emergency Department (ED).
    - Capacity was added in acute care, continuing care, and mental health. Six of the seven facilities have seen a substantial reduction in patients assessed and waiting. This reduction ranged between 15 and 40 per cent. Three of seven facilities achieved the target for occupancy.
    - In Calgary, the South Health Campus is opening inpatient beds in spring 2013. When these open, there will be a significant impact on hospital capacity in the Calgary area.
- AHS continues to add continuing care beds. Since April 2012, AHS has opened 304 new continuing care beds (70 in Edmonton and 126 in Calgary). Additional capacity is planned to open by the end of March 2013. This is part of an ongoing goal to open 5,300 new continuing care beds over five years. To date, AHS has opened 2,461 beds, representing almost 50% of target.

- This additional capacity allows us to free up hospital beds currently occupied by Albertans whose health needs would be better met in an environment other than an acute or sub-acute hospital or facility. Increased availability of hospital beds will help improve ED length of stay for many patients requiring admission.

- AHS is ramping up efforts to hire more full-time nurses, including new graduates. Work undertaken by AHS to ensure the right staff is in place at the right time will result in increased workforce sustainability and better continuity of care for patients.
    - Within the next five years, eight per cent of the AHS workforce – approximately 5,700 clinical employees – could retire. This includes 2,200 RNs and RPNs. Health systems across Canada are facing the same situation. With projected retirement rates and expected demands for increased health services, an additional 35,000 clinical workers will be required in five years. Increasing the percentage of full-time positions will help AHS significantly decrease that number.

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

This report provides us with a snapshot of what we are accomplishing and where we can improve. But it's more than just numbers; it provides a guide as we move forward and is an essential tool to reach our goal of becoming the best-performing 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 overall satisfaction of Albertans. We want to acknowledge the efforts of AHS physicians, staff, and volunteers in driving improvements to our service delivery. They are the ones that are making the direct difference in the kind of care that is being delivered to 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, President & Chief Executive Officer, Alberta Health Services*

## What's being measured?

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. Among others, these measures touch upon various dimensions of quality such as timeliness, effectiveness, efficiency, and satisfaction rates.

## Assessment of data quality

AHS has initiated a formal process to assess the quality of the performance measures listed in this report, with priority given to the Tier 1 measures highlighted in the 2012-2015 Health Plan. The Data Quality and Operational Readiness (DQOR) review process involves multiple stakeholders in an assessment of the people, processes, and information systems responsible for reporting on a given performance measure which, depending on the measure, can take between three to six months to complete. DQOR assessments have been completed for: Hip and Knee Replacement Surgery Wait Times, ED Length of Stay for both admitted and discharged patients within the higher volume EDs, and Continuing Care Wait Lists and Times.

An informal assessment of data quality has been conducted for all performance measures included in this report. Operational areas were asked to complete a questionnaire using a subset of items from the formal DQOR review process. Where complete, the results of this informal assessment have been translated into one of the following statements:

- An internal review of the data quality indicates a very high level of confidence with no known issues.
- An internal review of the data quality indicates a high level of confidence with limited issues.
- An internal review of the data quality indicates a moderate level of confidence with some known minor issues.
- An internal review of the data quality indicates an acceptable level of confidence with known issues.
- An internal review of the data quality indicates a questionable level of confidence with known issues.

## How to read this report

This report contains a high-level system (provincial) dashboard which offers a summary view of AHS performance against the targets we have established for 2012/13. This provincial dashboard shows the target for the 2012/13 year and the actual year to date performance for the second quarter ending September 30, 2012. The dashboard also compares performance between the last two quarters and compares this quarter's year-to-date performance against the year-to-date performance from the same quarter last year. If the 'stretch' target has been missed, we would still seek to demonstrate improvement from one period to another enabling us to confidently make the right changes to our health system. Each of these three comparisons uses a common "traffic light" method to illustrate how we are doing, as follows:

1. **Quarter Two Year-to-Date Actual to Prorated Target Comparison:** For the second report of the fiscal year, we compare the year-to-date results (April – September, 2012) against the prorated target. The prorated target is where we would expect to be, halfway through the year as we move from the prior year's target to the current year's target at the end of the year.

   A green square is used when actual performance is at, or is better than, the prorated target. A yellow triangle represents performance within an acceptable range of the target (the result has moved at least 75 per cent of the way towards where it is expected to be), and a red circle shows where performance is beyond an acceptable range. A green square or yellow triangle can also be changed to a red circle if the trends indicate there is risk of not achieving our performance goals for the end of the year.

   Indicators measured annually rather than quarterly are evaluated against the year-end target where performance within 10 per cent of the target is considered an acceptable range, resulting in a yellow triangle.

2. **Consecutive Period Comparison (quarterly or semi-annual measures only):** Here we compare each measure's value to the previous reporting period, either on a quarterly or semi-annual basis. A green square indicates we are doing better, a dashed line indicates no significant change (within 5 per cent), and a red circle indicates we are not doing as well.

3. **Prior Quarterly Year-to-Date Comparison:** Here we compare each measure's year-to-date (April – September, 2012) value to the previous year's year-to-date value for quarter two. A green square indicates we are doing better, a dashed line indicates no significant change (within 5 per cent), and a red circle indicates we are not doing as well.

In addition to the provincial dashboard, a zone comparison dashboard has been included to allow for an at-a-glance view of performance against the provincial targets across each zone (the five geographies providing integrated health services).

Individual zone dashboards are included as well (following the same format as the provincial dashboard), which present each zone's performance against the provincial targets. It should be noted that some performance measures have not been allocated to the zone level due to the nature of a provincial service delivery model.

Following the dashboard views, you also have access to one-page descriptions of each indicator with additional access to detailed definitions, comments on existing performance, actions being taken by AHS to improve performance, more detailed information by zone or site (as appropriate to the specific indicator), and other useful information.

### Measurement additions and removal

For the Q2 2012/13 Performance Report, the measure "Average Wait Time in Acute / Sub-Acute Care for Continuing Care" has been removed. The measure "Percentage of assessed and waiting patients placed in continuing care within 30 days" is now being used in place as it was felt that the newer measure is more representative of activity.

Also, the measure "Hand Hygiene" has been added to the Q2 2012/13 report.

### Data lag

Data availability for quarterly updates varies due to data source differences. All but six of the quarterly performance measures in this report are updated to the second quarter (July – September, 2012) and second quarter year-to-date (April – September, 2012). For those indicators reporting first quarter 2012/13 data (April – June, 2012), the following table explains the reasons for the one quarter reporting lag:

| Quarterly Measures with a One Quarter Reporting Lag | Data Timeline Clarification |
|---|---|
| • Patient Satisfaction – Acute Care | This measure is generated from survey data, where patients are called up to six weeks after they leave the hospital. Data are then prepared and analyzed for reporting. This results in data being available approximately two months after the end of each quarter. |
| • Patient Satisfaction – Emergency Department | This measure is generated from survey data, where patients are called up to six weeks after their Emergency Department visit. Data are then prepared and analyzed for reporting. This results in data being available approximately two months after the end of each quarter. |
| Infection Prevention and Control measures:<br>• Central Venous Catheter Bloodstream Infection Rate<br>• Hospital-acquired Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infections (BSI)<br>• *Clostridium difficile* Infection | These measures currently undergo a more rigorous internal review process at both the zone and provincial level prior to results being released. |
| • 30 Day All Cause Unplanned Readmission Rate | Readmission rates are attributed to the quarter in which a patient is originally discharged from a hospital. This requires that patients be tracked for readmission 30 days after the end of a quarter. Data are lagged by a quarter for this reason. |

## Data updates

This report contains the most currently available data for all performance measures. In addition to those measures updated quarterly, several other measures are updated on a less frequent basis. These measures are detailed as follows with a timeline for their next anticipated update:

| Performance Measure | Reporting Frequency | Next Update |
|---|---|---|
| • Life Expectancy | Annual | Q4, 2012/13 |
| • Potential Years of Life Lost | Annual | Q4, 2012/13 |
| • Colorectal Cancer Screening Rate | Annual | Q4, 2012/13 |
| • Breast Cancer Screening Participation Rate | Annual | Q4, 2012/13 |
| • Cervical Cancer Screening Participation Rate | Annual | Q4, 2012/13 |
| • Seniors Influenza Immunization Rate | Annual | Q4, 2012/13 |
| • Children's Influenza Immunization Rate | Annual | Q4, 2012/13 |
| • Childhood Immunization Rate for DTaP | Annual | Q3, 2012/13 |
| • Childhood Immunization Rate for MMR | Annual | Q3, 2012/13 |
| • Albertans Enrolled in a Primary Care Network | Semi-annual | Q4, 2012/13 |
| • Rating of Care Nursing Home – Family | Every 3 years | 2013/14 |
| • Staff Overall Engagement | Every 2 years | 2014 |
| • Medical Staff Overall Engagement | Every 2 years | 2014 |
| • Patient Satisfaction – Addiction and Mental Health | Annual | Q4, 2012/13 |
| • Albertans Reporting Unexpected Harm | Annual | 2012/13 |
| • Patient Satisfaction – Health Care Personally Received | Annual | 2012/13 |
| • Hand Hygiene | Annual | Q2 2013/14 |

## Data sources

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

# AHS Performance Dashboard Q2 2012/13

## Provincial Dashboard

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Year-to-Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 81.6 2010 | Improvement | | 81.9 2011 | ■ | | | | 81.6 2010 | ▬ |
| ◊Potential Years Life Lost (per 1,000 population) | 44.8 2010 | Improvement | | 43.3 2011 | ■ | | | | 44.8 2010 | ▬ |
| Colorectal Cancer Screening Participation Rate | 43.0% 2009 | 55% 2015 | | 57.0% 2011 | ■ | | | | 43.0% 2009 | ■ |
| Breast Cancer Screening Participation Rate | 57.3% 2009-2010 | 55% - 62% 2010-2015 | | 54.8% 2010-2011 | ▲ | | | | 57.3% 2009-2010 | ▬ |
| Cervical Cancer Screening Participation Rate | 67.9% 2008-2010 | 70% - 75% 2010-2015 | | 65.0% 2009-2011 | ▲ | | | | 67.9% 2008-2010 | ▬ |
| | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 58.9% 2010-2011 | 75% | | 60.8% 2011-2012 | ● | | | | 58.9% 2010-2011 | ■ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 26.6% 2010-2011 | 75% | | 29.9% 2011-2012 | ● | | | | 26.6% 2010-2011 | ■ |
| ◊Childhood Immunization Rates for DTaP | 77.0% 2009 | 97% | | 73.1% 2010 | ● | | | | 77.0% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 86.7% 2009 | 98% | | 85.7% 2010 | ● | | | | 86.7% 2009 | ▬ |
| Albertans Enrolled in a Primary Care Network (%) | 75% Apr 2012 | tbd | | 77% Oct 2012 | na | 77% Oct 2012 | 75% Apr 2012 | ▬ | 74% Oct 2011 | ■ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 278 2011/12 | 282 | | 278 Annualized 2012/13 | ■ | 73 Q2 2012/13 | 70 Q1 2012/13 | ▬ | 276 Annualized 2011/12 | ▬ |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 26.4% 2011/12 | 23% | 24.0% | 25.4% Q2 YTD 2012/13 | ● | 25.2% Q2 2012/13 | 25.6% Q1 2012/13 | ▬ | 26.3% Q2 YTD 2011/12 | ▬ |
| Health Link Wait Time (% answered within 2 minutes) | 81.0% 2011/12 | 80% | 80.0% | 81.1% Q2 YTD 2012/13 | ■ | 79.7% Q2 2012/13 | 82.6% Q1 2012/13 | ▬ | 83.2% Q2 YTD 2011/12 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 76% 2011/12 | 92% | 91% | 74% Q2 YTD 2012/13 | ● | 73% Q2 2012/13 | 75% Q1 2012/13 | ▬ | 71% Q2 YTD 2011/12 | ▬ |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Urgent CABG Wait Time (90th percentile in weeks) | 1.9 2011/12 | 1.0 | 1.0 | 1.7 Q2 YTD 2012/13 | ● | 2.1 Q2 2012/13 | 1.6 Q1 2012/13 | ● | 2.0 Q2 YTD 2011/12 | ■ |
| ◊ Semi-urgent CABG Wait Time (90th percentile in weeks) | 6.2 2011/12 | 2.0 | 2.0 | 3.7 Q2 YTD 2012/13 | ● | 3.7 Q2 2012/13 | 3.6 Q1 2012/13 | ▬ | 8.0 Q2 YTD 2011/12 | ■ |
| ◊ Scheduled CABG Wait Time (90th percentile in weeks) | 28.8 2011/12 | 6.0 | 6.0 | 27.1 Q2 YTD 2012/13 | ● | 25.7 Q2 2012/13 | 31.0 Q1 2012/13 | ■ | 25.8 Q2 YTD 2011/12 | ● |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

# Q2 2012/13 AHS Performance Dashboard

(continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Year-to-Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 39.8 2011/12 | 22.0 | 24.5 | 35.0 Q2 YTD 2012/13 | 🔴 | 35.2 Q2 2012/13 | 34.9 Q1 2012/13 | ▬ | 41.4 Q2 YTD 2011/12 | 🟩 |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 48.0 2011/12 | 28.0 | 31.5 | 43.0 Q2 YTD 2012/13 | 🔴 | 39.3 Q2 2012/13 | 44.5 Q1 2012/13 | 🟩 | 49.2 Q2 YTD 2011/12 | 🟩 |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 35.1 2011/12 | 25.0 | 27.5 | 29.7 Q2 YTD 2012/13 | 🔴 | 27.1 Q2 2012/13 | 31.9 Q1 2012/13 | 🟩 | 41.4 Q2 YTD 2011/12 | 🟩 |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 25.9 2011/12 | tbd | na | 25.4 Q2 YTD 2012/13 | na | 24.6 Q2 2012/13 | 26.1 Q1 2012/13 | 🟩 | 25.7 Q2 YTD 2011/12 | ▬ |
| ◊ Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks) | 5.3 2011/12 | 3.0 | 3.5 | 4.9 Q2 YTD 2012/13 | 🔴 | 5.0 Q2 2012/13 | 4.4 Q1 2012/13 | 🔴 | 6.0 Q2 YTD 2011/12 | 🟩 |
| ◊ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks) £ | 3.1 2011/12 | 4.0 | 4.0 | 3.1 Q2 YTD 2012/13 | 🟩 | 3.1 Q2 2012/13 | 3.1 Q1 2012/13 | ▬ | 3.6 Q2 YTD 2011/12 | 🟩 |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 65% 2011/12 | 80% | 78% | 65% Q2 YTD 2012/13 | 🔴 | 64% Q2 2012/13 | 65% Q1 2012/13 | ▬ | 66% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 80% 2011/12 | 86% | 85% | 80% Q2 YTD 2012/13 | 🔴 | 80% Q2 2012/13 | 80% Q1 2012/13 | ▬ | 81% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 45% 2011/12 | 75% | 68% | 47% Q2 YTD 2012/13 | 🔴 | 45% Q2 2012/13 | 48% Q1 2012/13 | 🔴 | 46% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 55% 2011/12 | 75% | 70% | 56% Q2 YTD 2012/13 | 🔴 | 55% Q2 2012/13 | 58% Q1 2012/13 | ▬ | 56% Q2 YTD 2011/12 | ▬ |
| **Provide More Choice for Continuing Care** | | | | | | | | | | |
| ◊ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 467 Mar 2012 | 350 | 363 | 557 Sep 2012 | 🔴 | 557 Sep 2012 | 459 Jun 2012 | 🔴 | 675 Sep 2011 | 🟩 |
| ◊ People Waiting in Community for Continuing Care Placement | 1,002 Mar 2012 | 850 | 875 | 938 Sep 2012 | 🔴 | 938 Sep 2012 | 907 Jun 2012 | ▬ | 1,140 Sep 2011 | 🟩 |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 64% 2011/12 | tbd | na | 69% Q2 YTD 2012/13 | na | 64% Q2 2012/13 | 72% Q1 2012/13 | 🔴 | 63% Q2 YTD 2011/12 | 🟩 |
| ◊ Number of Home Care Clients | 104,089 2011/12 | tbd | na | 82,366 Q2 YTD 2012/13 | na | | | | 78,847 Q2 YTD 2011/12 | ▬ |
| ◊ Rating of Care Nursing Home - Family | 71.0% 2007/08 | tbd | na | 73.4% 2010/11 | na | | | | 71.0% 2007/08 | ▬ |

Notes

◊ Indicates "Tier 1" measures attached to the 2012 – 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%.

[a] Cataract Surgery Wait Time data for Q4 and 2011/12 are preliminary pending validation.

# Q2 2012/13 AHS Performance Dashboard

(continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Year-to-Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Build One Health System** | | | | | | | | | | |
| ◊ Head Count to FTE Ratio | 1.55<br>2011/12 | 1.61 | 1.61 | 1.53<br>Q2 YTD 2012/13 | ■ | 1.53<br>Q2 2012/13 | 1.54<br>Q1 2012/13 | ▬ | 1.57<br>Q2 YTD 2011/12 | ▬ |
| ◊ Registered Nurse Graduates Hired by AHS (%)<br>- All Hires<br>- Non-Casual | 98%+<br>67%<br>Mar 2012 | 70%<br>70% | | 98%+<br>78%<br>Q2 2012/13 Projected | ■<br>■ | | | | | |
| ◊ Disabling Injury Rate | 3.83<br>2011/12 | 1.80 | 1.80 | 3.62<br>Q2 2012/13 Projected | ● | | | | | |
| ◊ Staff Overall Engagement (%) | 35%<br>2009/10 | 54%<br>2011/12 | | 52%<br>2011/12 | ▲ | | | | 35%<br>2009/10 | ■ |
| ◊ Medical Staff Overall Engagement (%) | 26%<br>2009/10 | 54%<br>2011/12 | | 39%<br>2011/12 | ● | | | | 26%<br>2009/10 | ■ |
| Direct Nursing Average Full Time Equivalency | 0.60<br>2011/12 | 0.65 | 0.65 | 0.61<br>Q2 YTD 2012/133 | ● | 0.61<br>Sep 2012 | 0.60<br>Jun 2012 | ▬ | 0.59<br>Sep 2011 | ▬ |
| Absenteeism | 12.04<br>2011/12 | 11.95 | 11.95 | 11.76<br>Q2 YTD Annualized | ■ | 11.34<br>Q2 Annualized | 12.17<br>Q1 Annualized | ■ | 11.26<br>Q2 YTD 2011/12 Annulaized | ▬ |
| Overtime Hours to Paid Hours Ratio | 1.98%<br>2011/12 | 1.67% | 1.67% | 2.05%<br>Q2 YTD 2012/13 | ● | 1.95<br>Q2 2012/13 | 2.16<br>Q1 2012/13 | ■ | 1.88%<br>Q2 YTD 2011/12 | ● |
| Labour Cost per Worked Hour | $51.39<br>2011/12 | tbd | na | $54.30<br>Q2 YTD 2012/13 | na | 54.30<br>Q2 2012/13 | $53.93<br>Q1 2012/13 | ▬ | $51.07<br>Q2 YTD 2011/12 | ● |
| ◊ Number of Netcare Users | 14,605<br>2011/12 | 16,066 | 15,335 | 16,898<br>Q2 YTD 2012/13 | ■ | 16,898<br>Q2 2012/13 | 16,374<br>Q1 2012/13 | ▬ | 12,994<br>Q2 YTD 2011/12 | ■ |
| On Budget: Year to Date | $6M<br>Surplus 2011/12 | $65M<br>Deficit | na | $11M<br>Surplus Sep 2012 | na | $11M<br>Sep 2012 | $5M<br>Jun 2012 | ▬ | na*<br>Sep 2011 | na |
| ◊ Adherence to 5 Year Budgeted Government Funding | 9.5%<br>2010/11 | 1.5% | 1.5% | 0.9%<br>2011/12 | ■ | | | | 9.5%<br>2010/11 | na |

Notes

◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

* Accounting methodology changed from Canadian Generally Accepted Accounting Principles (CGAAP) to Canadian Public Sector Accounting Standards (PSAS). For the year ended March 31, 2013 so prior year comparison is not available.

# Q2 2012/13 AHS Performance Dashboard
(continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Year-to-Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Quality and Patient Safety** | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 84% 2011/12 | tbd | na | 82% Q1 YTD 2012/13 | na | 82% Q1 2012/13 | 82% Q4 2011/12 | ▬ | 85% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | 93.0% 2010/11 | tbd | | 92.3% 2011/12 | na | | | | 93.0% 2010/11 | ▬ |
| Percentage of Patient Feedback as Commendations | 10.28% 2011/12 | tbd | | 9.73% Q2 YTD 2012/13 | na | 8.70% Q2 2012/13 | 10.59% Q1 2012/13 | ● | 9.6% Q2 YTD 2011/12 | ▬ |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 0.52% 2011/12 | tbd | | 0.66% Q2 YTD 2012/13 | na | 0.29% Q2 2012/13 | 0.96% Q1 2012/13 | ■ | 0.62% Q2 YTD 2011/12 | ● |
| ◊ Albertans Reporting Unexpected Harm | 8.7% 2010 | 9% | | 12.2% 2011 | ● | | | | 8.7% 2010 | ● |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | 68% | tbd | na | 68% | na | 68% | 66% | ▬ | 70% | ▬ |
| Pediatric | 81% 2011/12 | tbd | na | 83% Q1 2012/13 | na | 83% Q1 2012/13 | 77% Q4 2011/12 | ■ | 78% Q1 YTD 2011/12 | ■ |
| ◊ Patient Satisfaction Health Care Services Personally Received | 62% 2010 | tbd | | 67% 2011 | na | | | | 61% 2010 | ■ |
| Central Venous Catheter Bloodstream Infection Rate | 0.93 2011/12 | tbd | na | 1.05 Q1 YTD 2012/13 | na | 1.05 Q1 2012/13 | 0.73 Q4 2011/12 | ● | 1.55 Q1 YTD 2011/12 | ■ |
| ◊ Methicillin-Resistant Staphylococcus aureus – Bloodstream Infection | 0.18 2011/12 | tbd | na | 0.12 Q1 YTD 2012/13 | na | 0.12 Q1 2012/13 | 0.11 Q4 2011/12 | ● | 0.17 Q1 YTD 2011/12 | ■ |
| C-Difficile Infection Rate – Hospital Acquired | 4.1 2011/12 | tbd | na | 3.8 Q1 YTD 2012/13 | na | 3.8 Q1 2012/13 | 4.4 Q4 2011/12 | ■ | 3.9 Q1 YTD 2011/12 | ▬ |
| Hand Hygiene | 50.0% 2010/11 | tbd | | 58.4% 2011/12 | na | | | | 50.0% 2010/11 | ■ |
| 30 Day Unplanned Readmission Rate | 8.1% 2011/12 | tbd | na | 8.2% Q1 YTD 2012/13 | na | 8.2% Q1 2012/13 | 8.2% Q4 2011/12 | ▬ | 8.0% Q1 YTD 2011/12 | ▬ |
| ◊Surgical Site Infection Rate | Measurement strategy and targets under development. Reporting for this indicator is anticipated to begin in 2013/14 | | | | | | | | | |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

**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

**Period Comparative Performance**
- ■ Current period performance is better than comparative period
- ▬ Current period performance is within 5% of comparative period
- ● Current period performance is worse than comparative period

# Zone Comparison Dashboard 2012/13

## Year-to-Date (Apr-Sep)

| Performance Measure | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | All AHS | YTD Prorated Target (Apr-Sep 2012/13) | AHS Annual Target 2012/13 |
|---|---|---|---|---|---|---|---|---|
| **Staying Healthy / Improving Population Health** | | | | | | | | |
| Life Expectancy | 81.1 (2011) | 83.4 (2011) | 80.5 (2011) | 81.9 (2011) | 79.4 (2011) | 81.9 (2011) | | Improvement |
| Potential Years of Life Lost (per 1,000 Population) | 48.7 (2011) | 33.9 (2011) | 50.2 (2011) | 44.7 (2011) | 57.6 (2011) | 43.3 (2011) | | Improvement |
| Colorectal Cancer Screening Participation Rate | Measure not reported at Zone level. | | | | | 57.0% (2011) | | 55% (2015) |
| Breast Cancer Screening Participation Rate | 58.4% (2010-2011) | 55.3% (2010-2011) | 52.0% (2010-2011) | 54.5% (2010-2011) | 52.6% (2010-2011) | 54.8% (2010-2011) | | 55% - 62% (2010-2015) |
| Cervical Cancer Screening Participation Rate | 69.4% (2009-2011) | 60.7% (2009-2011) | 66.1% (2009-2011) | 58.2% (2009-2011) | 62.6% (2009-2011) | 65.0% (2009-2011) | | 70% - 75% (2010-2015) |
| **Strengthen Primary Health Care** | | | | | | | | |
| Seniors (65+) Influenza Immunization Rate | 62.3% (2011-2012) | 63.4% (2011-2012) | 54.3% (2011-2012) | 63.9% (2011-2012) | 51.5% (2011-2012) | 60.8% (2011-2012) | | 75% |
| Children (6 to 23 Months) Influenza Immunization Rate | 28.5% (2011-2012) | 37.6% (2011-2012) | 27.0% (2011-2012) | 27.0% (2011-2012) | 20.3% (2011-2012) | 29.9% (2011-2012) | | 75% |
| Childhood Immunization Rates for DTaP | 67.1% (2010) | 77.6% (2010) | 65.0% (2010) | 74.6% (2010) | 66.7% (2010) | 73.1% (2010) | | 97% |
| Childhood Immunization Rates for MMR | 83.9% (2010) | 86.5% (2010) | 83.3% (2010) | 88.0% (2010) | 81.0% (2010) | 85.7% (2010) | | 98% |
| Albertans Enrolled in a Primary Care Network (%) | 84% (Oct 2012) | 82% (Oct 2012) | 70% (Oct 2012) | 74% (Oct 2012) | 68% (Oct 2012) | 77% (Oct 2012) | | tbd |
| Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 356 (Annualized 2012/13) | 218 (Annualized 2012/13) | 366 (Annualized 2012/13) | 236 (Annualized 2012/13) | 458 (Annualized 2012/13) | 278 (Annualized 2012/13) | | 282 |
| Family Practice Sensitive Conditions (% of ED visits) | 27.2% (YTD (Apr-Sep)) | 19.1% (YTD (Apr-Sep)) | 30.8% (YTD (Apr-Sep)) | 14.3% (YTD (Apr-Sep)) | 37.5% (YTD (Apr-Sep)) | 25.4% (YTD (Apr-Sep)) | 24% | 23% |
| Health Link Wait Time (% answered within 2 minutes) | Measure not reported at Zone level. | | | | | 81.1% (YTD (Apr-Sep)) | 80% | 80% |
| Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 94% (YTD (Apr-Sep)) | 66% (YTD (Apr-Sep)) | 93% (YTD (Apr-Sep)) | 51% (YTD (Apr-Sep)) | 73% (YTD (Apr-Sep)) | 74% (YTD (Apr-Sep)) | 91% | 92% |
| **Improve Access and Reduce Wait Times** | | | | | | | | |
| Urgent CABG Wait Time (90th percentile in weeks) | np | 2.2 (YTD (Apr-Sep)) | np | 1.6 (YTD (Apr-Sep)) | np | 1.7 (YTD (Apr-Sep)) | 1 | 1 |
| Semi-urgent CABG Wait Time (90th percentile in weeks) | np | 3.5 (YTD (Apr-Sep)) | np | 6.5 (YTD (Apr-Sep)) | np | 3.7 (YTD (Apr-Sep)) | 2 | 2 |
| Scheduled CABG Wait Time (90th percentile in weeks) | np | 34.3 (YTD (Apr-Sep)) | np | 18.8 (YTD (Apr-Sep)) | np | 27.1 (YTD (Apr-Sep)) | 6 | 6 |
| Hip Replacement Surgery Wait Time (90th percentile in weeks) | 37.1 (YTD (Apr-Sep)) | 35.0 (YTD (Apr-Sep)) | 22.3 (YTD (Apr-Sep)) | 33.9 (YTD (Apr-Sep)) | 45.5 (YTD (Apr-Sep)) | 35.0 (YTD (Apr-Sep)) | 24.5 | 22 |
| Knee Replacement Surgery Wait Time (90th percentile in weeks) | 47.8 (YTD (Apr-Sep)) | 34.7 (YTD (Apr-Sep)) | 24.6 (YTD (Apr-Sep)) | 41.0 (YTD (Apr-Sep)) | 51.2 (YTD (Apr-Sep)) | 43.0 (YTD (Apr-Sep)) | 31.5 | 28 |
| Cataract Surgery Wait Time (90th percentile in weeks) | 43.4 (YTD (Apr-Sep)) | 30.6 (YTD (Apr-Sep)) | 20.0 (YTD (Apr-Sep)) | 27.7 (YTD (Apr-Sep)) | 32.9 (YTD (Apr-Sep)) | 29.7 (YTD (Apr-Sep)) | 27.5 | 25 |

‡ Interim target pending confirmation. Status based on interim target.
np - service not provided. CABG procedures not currently provided in South, Central and North Zones; Radiation Therapy not currently provided in Central and North Zones.

# Zone Comparison Dashboard 2012/13 Year-to-Date (Apr-Sep)

(continued)

| Performance Measure | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | All AHS | YTD Prorated Target (Apr-Sep 2012/13) | AHS Annual Target 2012/13 |
|---|---|---|---|---|---|---|---|---|
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 23.1 YTD (Apr-Sep) | 26.0 YTD (Apr-Sep) | 23.4 YTD (Apr-Sep) | 25.7 YTD (Apr-Sep) | 26.9 YTD (Apr-Sep) | 25.4 YTD (Apr-Sep) | na | tbd |
| Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks) | 3.9 YTD (Apr-Sep) | 5.1 YTD (Apr-Sep) | np | 4.3 YTD (Apr-Sep) | np | 4.9 YTD (Apr-Sep) | 3.5 | 3.0 |
| Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks) | 1.0 YTD (Apr-Sep) | 3.6 YTD (Apr-Sep) | np | 3.0 YTD (Apr-Sep) | np | 3.1 YTD (Apr-Sep) | 4.0 | 4.0 |
| Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume EDs) £ | 80% YTD (Apr-Sep) | 62% YTD (Apr-Sep) | 70% YTD (Apr-Sep) | 58% YTD (Apr-Sep) | 80% YTD (Apr-Sep) | 65% YTD (Apr-Sep) | 78% | 80% |
| Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 88% YTD (Apr-Sep) | 75% YTD (Apr-Sep) | 89% YTD (Apr-Sep) | 64% YTD (Apr-Sep) | 91% YTD (Apr-Sep) | 80% YTD (Apr-Sep) | 85% | 86% |
| Patients Admitted from ED within 8 hours (%) (15 Higher Volume EDs) £ | 86% YTD (Apr-Sep) | 47% YTD (Apr-Sep) | 39% YTD (Apr-Sep) | 37% YTD (Apr-Sep) | 62% YTD (Apr-Sep) | 47% YTD (Apr-Sep) | 68% | 75% |
| Patients Admitted from ED within 8 hours (%) (All Sites) £ | 87% YTD (Apr-Sep) | 48% YTD (Apr-Sep) | 70% YTD (Apr-Sep) | 37% YTD (Apr-Sep) | 83% YTD (Apr-Sep) | 56% YTD (Apr-Sep) | 70% | 75% |
| **Provide More Choice for Continuing Care** | | | | | | | | |
| People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 37 Sep 2012 (Target = 13) | 215 Sep 2012 (Target = 129) | 47 Sep 2012 (Target = 48) | 199 Sep 2012 (Target = 121) | 59 Sep 2012 (Target = 54) | 557 Sep 2012 (Target = 363) | 363 | 350 |
| People Waiting in Community for Continuing Care Placement | 66 Sep 2012 (Target = 51) | 456 Sep 2012 (Target = 394) | 120 Sep 2012 (Target = 105) | 181 Sep 2012 (Target = 230) | 115 Sep 2012 (Target = 87) | 938 Sep 2012 (Target = 875) | 875 | 850 |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 85% YTD (Apr-Sep) | 70% YTD (Apr-Sep) | 59% YTD (Apr-Sep) | 73% YTD (Apr-Sep) | 39% YTD (Apr-Sep) | 69% YTD (Apr-Sep) | na | tbd |
| Number of Home Care Clients | 8,457 YTD (Apr-Sep) | 23,741 YTD (Apr-Sep) | 12,671 YTD (Apr-Sep) | 28,528 YTD (Apr-Sep) | 8,969 YTD (Apr-Sep) | 82,366 YTD (Apr-Sep) | na | tbd |
| Rating of Care Nursing Home Family | Measure not reported at Zone level. | | | | | 73.4% 2010/11 | na | tbd |
| **Build One Health System** | | | | | | | | |
| Head Count to FTE Ratio | Measure not reported at Zone level. | | | | | 1.53 Q2 YTD 2012/13 | 1.61 | 1.61 |
| Registered Nurse Graduates Hired by AHS (%) - All Hires | Measure not reported at Zone level. | | | | | 98%+ | | 70% |
| Registered Nurse Graduates Hired by AHS (%) - Non-Casual | | | | | | 78% Projected | | 70% |
| Disabling Injury Rate | Measure not reported at Zone level. | | | | | 3.62 YTD (Apr-Sep) Projected | 1.80 | 1.80 |
| Staff Overall Engagement (%) | 53% 2011/12 | 54% 2011/12 | 52% 2011/12 | 48% 2011/12 | 49% 2011/12 | 52% 2011/12 | | 54% 2011/12 |
| Medical Staff Overall Engagement (%) | 52% 2011/12 | 38% 2011/12 | 49% 2011/12 | 30% 2011/12 | 45% 2011/12 | 39% 2011/12 | | 54% 2011/12 |
| Direct Nursing Average Full Time Equivalency | Measure not reported at Zone level. | | | | | 0.61 YTD (Apr-Sep) | 0.65 | 0.65 |
| Absenteeism | Measure not reported at Zone level. | | | | | 11.76 YTD (Apr-Sep) | 11.95 | 11.95 |
| Overtime Hours to Paid Hours Ratio | Measure not reported at Zone level. | | | | | 2.05% YTD (Apr-Sep) | 1.67% | 1.67% |

**np** - service not provided. CABG procedures not currently provided in South, Central and North Zones; Radiation Therapy not currently provided in Central and North Zones.

**£**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. Data are accurate to ±2%.

# Zone Comparison Dashboard 2012/13 Year-to-Date (Apr-Sep)

(continued)

| Performance Measure | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | All AHS | YTD Prorated Target (Apr-Sep 2012/13) | AHS Annual Target 2012/13 |
|---|---|---|---|---|---|---|---|---|
| Labour Cost per Worked Hour | Measure not reported at Zone level. | | | | | $54.30 YTD (Apr-Sep) | na | tbd |
| Number of Netcare Users | Measure not reported at Zone level. | | | | | 16,898 YTD (Apr-Sep) | 15,335 | 16,066 |
| On Budget: Year to Date | Measure not reported at Zone level. | | | | | Results currently unavailable YTD (Apr-Sep) | na | tbd |
| Adherence to 5 Year Budgeted Government Funding | Measure not reported at Zone level. | | | | | 0.9% 2011/12 | 1.5% | 1.5% |
| **Quality and Patient Safety** | | | | | | | | |
| Patient Satisfaction – Adult Acute Care | 83% YTD (Apr-Sep) | 82% YTD (Apr-Sep) | 85% YTD (Apr-Sep) | 81% YTD (Apr-Sep) | 83% YTD (Apr-Sep) | 82% YTD (Apr-Sep) | na | tbd |
| Patient Satisfaction – Addictions and Mental Health | Measure not reported at Zone level. | | | | | 92.3% 2011/12 | na | tbd |
| Percentage of Patient Feedback as Commendations | 7.81% YTD (Apr-Sep) | 9.40% YTD (Apr-Sep) | 12.00% YTD (Apr-Sep) | 10.53% YTD (Apr-Sep) | 5.23% YTD (Apr-Sep) | 9.73% YTD (Apr-Sep) | na | tbd |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 2.25% YTD (Apr-Sep) | 1.03% YTD (Apr-Sep) | 0.00% YTD (Apr-Sep) | 0.16% YTD (Apr-Sep) | 1.07% YTD (Apr-Sep) | 0.66% YTD (Apr-Sep) | na | tbd |
| Albertans Reporting Unexpected Harm | na 2011 | na 2011 | na 2011 | na 2011 | na 2011 | 12.2% 2011 | | 9% |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | 67% | 71% | 74% | 70% | 57% | 68% | | tbd |
| Pediatric | na YTD (Apr-Jun) | na YTD (Apr-Jun) | na YTD (Apr-Jun) | na YTD (Apr-Jun) | na YTD (Apr-Jun) | 83% YTD (Apr-Jun) | | |
| Patient Satisfaction Health Care Services Personally Received | na 2011 | na 2011 | na 2011 | na 2011 | na 2011 | 67% 2011 | | tbd |
| Central Venous Catheter Bloodstream Infection Rate | Measure not reported at Zone level. | | | | | 1.05 YTD (Apr-Jun) | na | tbd |
| Methicillin-Resistant Staphylococcus aureus – Bloodstream Infection | Measure not reported at Zone level. | | | | | 0.12 YTD (Apr-Jun) | na | tbd |
| C-Difficile Infection Rate – Hospital Acquired | Measure not reported at Zone level. | | | | | 3.8 YTD (Apr-Jun) | na | tbd |
| Hand Hygiene | Measure not reported at Zone level. | | | | | 58.4% 2011/12 | na | tbd |
| 30 Day Unplanned Readmission Rate | 8.3% YTD (Apr-Jun) | 7.2% YTD (Apr-Jun) | 9.7% YTD (Apr-Jun) | 8.2% YTD (Apr-Jun) | 9.6% YTD (Apr-Jun) | 8.2% YTD (Apr-Jun) | na | tbd |

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

# AHS Performance Dashboard Q2 2012/13

## South Zone

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 80.3 2010 | improvement | | 81.1 2011 | ■ | | | | 80.3 2010 | ■ |
| ◊Potential Years Life Lost (per 1,000 population) | 49.6 2010 | improvement | | 48.7 2011 | ■ | | | | 49.6 2010 | ■ |
| Breast Cancer Screening Participation Rate | 59.2% 2009-2010 | 55-62% 2010-2015 | | 58.4% 2010-2011 | ■ | | | | 59.2% 2009-2010 | ● |
| Cervical Cancer Screening Participation Rate | 64.2% Jan 2008 - Dec 2010 | 70-75% 2010-2015 | | 69.4% Jan 2009 - Dec 2011 | ▲ | | | | 64.2% Jan 2008 - Dec 2010 | ■ |
| **Strengthen Primary Health Care** | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 59.1% 2010-2011 | 75% | | 62.3% 2011-2012 | ● | | | | 59.1% 2010-2011 | ■ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 20.1% 2010-2011 | 75% | | 28.5% 2011-2012 | ● | | | | 20.1% 2010-2011 | ■ |
| ◊Childhood Immunization Rates for DTaP | 73.6% 2009 | 97% | | 67.1% 2010 | ● | | | | 73.6% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 86.6% 2009 | 98% | | 83.9% 2010 | ● | | | | 86.6% 2009 | ▬ |
| Albertans Enrolled in a Primary Care Network (%) | 82% Apr 2012 | tbd | | 84% Oct 2012 | na | 84% Oct 2012 | 82% Apr 2012 | ▬ | 74% Apr 2011 | ■ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 362 2011/12 | 282 | | 356 Annualized 2012/13 | ● | 87 Q2 2012/13 | 95 Q1 2012/13 | ■ | | |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 28.5% 2011/12 | 23% | 24.0% | 27.2% Q2 YTD 2012/13 | ● | 26.9% Q2 2012/13 | 27.6% Q1 2012/13 | ▬ | 28.5% Q2 YTD 2011/12 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 94% 2011/12 | 92% | 91% | 94% Q2 YTD 2012/13 | ■ | 95% Q2 2012/13 | 93% Q1 2012/13 | ▬ | 94% Q2 YTD 2011/12 | ▬ |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 38.6 2011/12 | 22.0 | 24.5 | 37.1 Q2 YTD 2012/13 | ● | 38.2 Q2 2012/13 | 35.2 Q1 2012/13 | ● | 38.8 Q2 YTD 2011/12 | ▬ |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 50.6 2011/12 | 28.0 | 31.5 | 47.8 Q2 YTD 2012/13 | ● | 49.3 Q2 2012/13 | 46.6 Q1 2012/13 | ● | 50.4 Q2 YTD 2011/12 | ■ |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 43.0 2011/12 | 25.0 | 27.5 | 43.4 Q2 YTD 2012/13 | ● | 42.4 Q2 2012/13 | 43.4 Q1 2012/13 | ▬ | 47.4 Q2 YTD 2011/12 | ■ |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 23.6 2011/12 | tbd | na | 23.1 Q2 YTD 2012/13 | na | 21.1 Q2 2012/13 | 24.1 Q1 2012/13 | ■ | 24.1 Q2 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

# Q2 2012/13 AHS Performance Dashboard

## South Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| ◇ Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks) | 3.9 2011/12 | 3.0 | 3.5 | 3.9 Q2 YTD 2012/13 | ● | 3.9 Q2 2012/13 | 3.1 Q1 2012/13 | ● | 4.5 Q2 YTD 2011/12 | ■ |
| ◇ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks) £ | 1.4 2011/12 | 4.0 | 4.0 | 1.0 Q2 YTD 2012/13 | ■ | 1.0 Q2 2012/13 | 1.0 Q1 2012/13 | ▬ | 1.9 Q2 YTD 2011/12 | ■ |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 82% 2011/12 | 80% | 78% | 80% Q2 YTD 2012/13 | ■ | 82% Q2 2012/13 | 79% Q1 2012/13 | ▬ | 83% Q2 YTD 2011/12 | ▬ |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 89% 2011/12 | 86% | 85% | 88% Q2 YTD 2012/13 | ■ | 89% Q2 2012/13 | 88% Q1 2012/13 | ▬ | 90% Q2 YTD 2011/12 | ▬ |
| ◇ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 89% 2011/12 | 75% | 68% | 86% Q2 YTD 2012/13 | ■ | 84% Q2 2012/13 | 87% Q1 2012/13 | ▬ | 90% Q2 YTD 2011/12 | ● |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 3.9 2011/12 | 75% | 70% | 87% Q2 YTD 2012/13 | ■ | 86% Q2 2012/13 | 88% Q1 2012/13 | ▬ | 91% Q2 YTD 2011/12 | ▬ |
| **Provide More Choice for Continuing Care** | | | | | | | | | | |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 11 Mar 2012 | 13 | 13 | 37 Sep 2012 | ● | 37 Sep 2012 | 26 Jun 2012 | ● | 22 Sep 2011 | ● |
| ◇ People Waiting in Community for Continuing Care Placement | 71 Mar 2012 | 50 | 51 | 66 Sep 2012 | ● | 66 Sep 2012 | 63 Jun 2012 | ▬ | 61 Sep 2011 | ● |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 80% 2011/12 | tbd | na | 85% Q2 YTD 2012/13 | na | 82% Q2 2012/13 | 89% Q1 2012/13 | ● | 73% Q2 2011/12 | ■ |
| ◇ Number of Home Care Clients | 10,790 2011/12 | tbd | na | 8,457 Q2 YTD 2012/13 | na | | | | 8,134 Q2 2011/12 | ▬ |
| **Build One Health System** | | | | | | | | | | |
| ◇ Staff Overall Engagement (%) | 35% 2009/10 | 68% | | 53% 2011/12 | na | | | | 35% 2009/10 | ■ |
| ◇ Medical Staff Overall Engagement (%) | 20% 2009/10 | 68% | | 52% 2011/12 | na | | | | 20% 2009/10 | ■ |

Notes

◇ Indicates "Tier 1" measures attached to the 2012 – 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%.

* Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed – data for this measure are reportable as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

# Q2 2012/13 AHS Performance Dashboard

## South Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Quality and Patient Safety** | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 78% 2011/12 | tbd | na | 83% Q1 YTD 2012/13 | na | 83% Q1 2012/13 | 80% Q4 2011/12 | ▬ | 86% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | na | tbd | | na | na | na | na | na | na | na |
| Percentage of Patient Feedback as Commendations | na | tbd | na | 7.81% Q2 YTD 2012/13 | na | 8.15% Q2 2012/13 | 7.44% Q1 2012/13 | ■ | na | na |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 1.24% 2011/12 | tbd | na | 2.25% Q2 YTD 2012/13 | na | 0.00% Q2 2012/13 | 4.81% Q1 2012/13 | ■ | 1.6% Q2 YTD 2011/12 | ● |
| ◊ Albertans Reporting Unexpected Harm | na | 9% | | na | na | | | | 8% 2010 | na |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | na | tbd | | 67% Q1 YTD 2012/13 | na | 67% Q1 2012/13 | 64% Q4 2011/12 | ■ | 69% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction Health Care Services Personally Received | 66% 2010 | 68% | | na | na | | | | 66% 2010 | na |
| 30 Day Unplanned Readmission Rate | 8.6% 2011/12 | tbd | na | 8.3% YTD (Apr-Jun) | na | 8.3% Q1 2012/13 | 8.7% Q4 2011/12 | ▬ | 8.2% Q1 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
^ Patient Satisfaction – Adult Acute Care – sampling strategy changed as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

**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

**Comparative Performance**
- ■ Current period performance is better than comparative period
- ▬ Current period performance is within 5% of comparative period
- ● Current period performance is worse than comparative period

# AHS Performance Dashboard Q2 2012/13

## Calgary Zone

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 82.9 2010 | improvement | | 83.4 2011 | ■ | | | | 82.9 2010 | ■ |
| ◊Potential Years Life Lost (per 1,000 population) | 37.0 2010 | improvement | | 33.9 2011 | ■ | | | | 37.0 2010 | ■ |
| Breast Cancer Screening Participation Rate | 58.5% 2009-2010 | 55-62% 2010-2015 | | 55.3% 2010-2011 | ■ | | | | 58.5% 2009-2010 | ● |
| Cervical Cancer Screening Participation Rate | 72.7% Jan 2008 - Dec 2010 | 70-75% 2010-2015 | | 60.7% Jan 2009 – Dec 2011 | ● | | | | 72.7% Jan 2008 - Dec 2010 | ● |
| **Strengthen Primary Health Care** | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 62.2% 2010-2011 | 75% | | 63.4% 2011-2012 | ● | | | | 62.2% 2010-2011 | ▬ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 37.9% 2010-2011 | 75% | | 37.6% 2011-2012 | ● | | | | 37.9% 2010-2011 | ▬ |
| ◊Childhood Immunization Rates for DTaP | 80.5% 2009 | 97% | | 77.6% 2010 | ● | | | | 80.5% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 86.7% 2009 | 98% | | 86.5% 2010 | ● | | | | 86.7% 2009 | ▬ |
| Albertans Enrolled in a Primary Care Network (%) | 80% Apr 2012 | tbd | | 82% Oct 2012 | na | 82% Oct 2012 | 80% Apr 2012 | ▬ | 80% Oct 2011 | ▬ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 214 2011/12 | 282 | | 218 Annualized 2012/13 | ■ | 59 Q2 2012/13 | 52 Q1 2012/13 | ● | | |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 20.2% 2011/12 | 23% | 24.0% | 19.1% Q2 YTD 2012/13 | ■ | 19.0% Q2 2012/13 | 19.3% Q1 2012/13 | ▬ | 20.1% Q2 YTD 2012/13 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 71% 2011/12 | 92% | 91% | 66% Q2 YTD 2012/13 | ● | 69% Q2 2012/13 | 62% Q1 2012/13 | ■ | 76% Q2 YTD 2011/12 | ● |

Notes
◊ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.
* Trend for these measures cannot be determined until subsequent data is available

# Q2 2012/13 AHS Performance Dashboard
## Calgary Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Urgent CABG Wait Time (90th percentile in weeks) | 2.0 2011/12 | 1.0 | 1.0 | 2.2 Q2 YTD 2012/13 | ● | 2.5 Q2 2012/13 | 1.6 Q1 2012/13 | ● | 2.1 Q2 YTD 2011/12 | ● |
| ◊ Semi-urgent CABG Wait Time (90th percentile in weeks) | 3.9 2011/12 | 2.0 | 2.0 | 3.5 Q2 YTD 2012/13 | ● | 3.2 Q2 2012/13 | 3.6 Q1 2012/13 | ■ | 3.7 Q2 YTD 2011/12 | ■ |
| ◊ Scheduled CABG Wait Time (90th percentile in weeks) | 33.8 2011/12 | 6.0 | 6.0 | 34.3 Q2 YTD 2012/13 | ● | 31.5 Q2 2012/13 | 34.6 Q1 2012/13 | ■ | 31.4 Q2 YTD 2011/12 | ● |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 30.1 2011/12 | 22.0 | 24.5 | 35.0 Q2 YTD 2012/13 | ● | 36.1 Q2 2012/13 | 34.1 Q1 2012/13 | ● | 30.0 Q2 YTD 2011/12 | ● |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 34.9 2011/12 | 28.0 | 31.5 | 34.7 Q2 YTD 2012/13 | ● | 34.7 Q2 2012/13 | 34.7 Q1 2012/13 | ▬ | 34.0 Q2 YTD 2011/12 | ▬ |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 38.3 2011/12 | 25.0 | 27.5 | 30.6 Q2 YTD 2012/13 | ● | 28.1 Q2 2012/13 | 32.1 Q1 2012/13 | ■ | 46.1 Q2 YTD 2011/12 | ■ |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 26.4 2011/12 | tbd | na | 26.0 Q2 YTD 2012/13 | na | 24.9 Q2 2012/13 | 26.9 Q1 2012/13 | ■ | 26.6 Q2 YTD 2011/12 | ▬ |
| ◊ Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks) | 6.3 2011/12 | 3.0 | 3.5 | 5.1 Q2 YTD 2012/13 | ● | 5.0 Q2 2012/13 | 5.1 Q1 2012/13 | ▬ | 7.0 Q2 YTD 2011/12 | ■ |
| ◊ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks) £ | 3.4 2011/12 | 4.0 | 4.0 | 3.6 Q2 YTD 2012/13 | ■ | 3.1 Q2 2012/13 | 3.7 Q1 2012/13 | ■ | 3.7 Q2 YTD 2011/12 | ▬ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 62% 2011/12 | 80% | 78% | 62% Q2 YTD 2012/13 | ● | 61% Q2 2012/13 | 63% Q1 2012/13 | ▬ | 62% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 74% 2011/12 | 86% | 85% | 75% Q2 YTD 2012/13 | ● | 74% Q2 2012/13 | 75% Q1 2012/13 | ▬ | 75% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 44% 2011/12 | 75% | 68% | 47% Q2 YTD 2012/13 | ● | 45% Q2 2012/13 | 49% Q1 2012/13 | ● | 45% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 46% 2011/12 | 75% | 70% | 48% Q2 YTD 2012/13 | ● | 46% Q2 2012/13 | 50% Q1 2012/13 | ● | 47% Q2 YTD 2011/12 | ▬ |

Notes

◊ Indicates "Tier 1" measures attached to the 2011 – 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%.

# Q2 2012/13 AHS Performance Dashboard
## Calgary Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Provide More Choice for Continuing Care** | | | | | | | | | | |
| ◊ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 188 Mar 2012 | 119 | 129 | 215 Sep 2012 | ● | 215 Sep 2012 | 166 Jun 2012 | ● | 317 Sep 2011 | ■ |
| ◊ People Waiting in Community for Continuing Care Placement | 519 Mar 2012 | 384 | 394 | 456 Sep 2012 | ● | 456 Sep 2012 | 448 Jun 2012 | ▬ | 608 Sep 2011 | ■ |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 58% 2011/12 | tbd | na | 70% Q2 YTD 2012/13 | na | 74% Q2 2012/13 | 67% Q1 2012/13 | ■ | 62% Q2 YTD 2011/12 | ■ |
| ◊ Number of Home Care Clients | 29,385 2011/12 | tbd | na | 23,741 | na | | | | 22,283 Q2 YTD 2011/12 | ▬ |
| **Build One Health System** | | | | | | | | | | |
| ◊ Staff Overall Engagement (%) | 33% 2009/10 | 68% | | 54% 2011/12 | na | | | | 33% 2009/10 | ■ |
| ◊ Medical Staff Overall Engagement (%) | 27% 2009/10 | 68% | | 38% 2011/12 | na | | | | 27% 2009/10 | ■ |
| **Quality and Patient Safety** | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 83% 2010/11 | tbd | na | 82% Q1 YTD 2012/13 | na | 82% Q1 2012/13 | 84% Q4 2011/12 | ▬ | 83% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | na | tbd | | na | na | | | | na | na |
| Percentage of Patient Feedback as Commendations | na | tbd | na | 9.40% Q2 YTD 2012/13 | na | 9.52% Q2 2012/13 | 9.30% Q1 2012/13 | ● | na | na |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 0.80% 2011/12 | tbd | na | 1.03% Q2 YTD 2012/13 | na | 0.53% Q2 2012/13 | 1.40% Q1 2012/13 | ● | 0.94% Q2 YTD 2011/12 | ■ |
| ◊ Albertans Reporting Unexpected Harm | na | 9% | | na | na | | | | 10% 2010 | na |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | na | tbd | na | 71% Q1 YTD 2012/13 | na | 71% Q1 2012/13 | 72% Q4 2011/12 | ▬ | 70% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction Health Care Services Personally Received | 60% 2010 | 68% | | na | na | | | | 60% 2010 | na |
| 30 Day Unplanned Readmission Rate | 7.1% 2011/12 | tbd | 6.1% | 7.2% Q1 YTD 2012/13 | na | 7.2% Q1 2012/13 | 7.2% Q4 2011/12 | ▬ | 7.1% Q1 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.
* Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed – data for this measure are reportable as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).
^ Patient Satisfaction – Adult Acute Care – sampling strategy changed as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

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

Period Comparative Performance
■ Current period performance is better than comparative period
▬ Current period performance is within 5% of comparative period
● Current period performance is worse than comparative period

# AHS Performance Dashboard Q2 2012/13

## Central Zone

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 80.7 2010 | improvement | | 80.5 2011 | ▲ | | | | 80.7 2010 | ▬ |
| ◊Potential Years Life Lost (per 1,000 population) | 51.4 2010 | improvement | | 50.2 2011 | ■ | | | | 51.4 2010 | ■ |
| Breast Cancer Screening Participation Rate | 53.4% 2009-2010 | 55 - 62% 2010-2015 | | 52.0% 2010-2011 | ▲ | | | | 53.4% 2009-2010 | ▬ |
| Cervical Cancer Screening Participation Rate | 62.3% Jan 2008 - Dec 2010 | 70 - 75% 2010-2015 | | 66.1% 2009 - 2011 | ▲ | | | | 62.3% Jan 2008 – Dec 2010 | ■ |
| **Strengthen Primary Health Care** | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 53.9% 2010-2011 | 75% | | 54.3% 2011-2012 | ● | | | | 53.9% 2010-2011 | ▬ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 21.9% 2010-2011 | 75% | | 27.0% 2011-2012 | ● | | | | 21.9% 2010-2011 | ■ |
| ◊Childhood Immunization Rates for DTaP | 72.0% 2009 | 97% | | 65.0% 2010 | ● | | | | 72.0% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 85.2% 2009 | 98% | | 83.3% 2010 | ● | | | | 85.2% 2009 | ▬ |
| Albertans Enrolled in a Primary Care Network (%) | 69% Apr 2012 | tbd | | 70% Oct 2012 | na | 69% Apr 2012 | 69% Oct 2011 | ▬ | 66% Apr 2011 | ▬ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (rate per 100,000 Population) | 344 2011/12 | 282 | | 366 Annualized 2012/13 | ● | 90 Q2 2012/13 | 96 Q1 2012/13 | ■ | | |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 32.0% 2011/12 | 23% | 24.0% | 30.8% Q2YTD 2012/13 | ● | 30.5% Q2 2012/13 | 31.2% Q1 2012/13 | ▬ | 31.7% Q2 YTD 2011/12 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 95% 2011/12 | 92% | 91% | 93% Q2 YTD 2012/13 | ■ | 96% Q2 2012/13 | 92% Q1 2012/13 | ▬ | 94% Q2 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
* Trend for these measures cannot be determined until subsequent data is available

# Q2 2012/13 AHS Performance Dashboard
## Central Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 31.4 2011/12 | 22.0 | 24.5 | 22.3 Q2 YTD 2012/13 | ■ | 23.0 Q2 2012/13 | 19.7 Q1 2012/13 | ● | 31.3 Q2 YTD 2011/12 | ■ |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 32.7 2011/12 | 28.0 | 31.5 | 24.6 Q2 YTD 2012/13 | ■ | 20.7 Q2 2012/13 | 26.7 Q1 2012/13 | ■ | 33.3 Q2 YTD 2011/12 | ■ |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 24.4 2011/12 | 25.0 | 27.5 | 20.0 Q2 YTD 2012/13 | ■ | 19.3 Q2 2012/13 | 21.6 Q1 2012/13 | ■ | 27.1 Q2 YTD 2011/12 | ■ |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 25.1 2011/12 | tbd | na | 23.4 Q2 YTD 2012/13 | na | 22.9 Q2 2012/13 | 24.1 Q1 2012/13 | ▬ | 25.0 Q2 YTD 2011/12 | ■ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 69% 2011/12 | 80% | 70% | 70% Q2 YTD 2012/13 | ● | 70% Q2 2012/13 | 70% Q1 2012/13 | ▬ | 70% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 90% 2011/12 | 86% | 85% | 89% Q2 YTD 2012/13 | ■ | 89% Q2 2012/13 | 90% Q1 2012/13 | ▬ | 90% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 43% 2011/12 | 75% | 68% | 39% Q2 YTD 2012/13 | ● | 37% Q2 2012/13 | 42% Q1 2012/13 | ● | 48% Q2 YTD 2011/12 | ● |
| ◊ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 71% 2011/12 | 75% | 70% | 70% Q2 YTD 2012/13 | ■ | 69% Q2 2012/13 | 71% Q1 2012/13 | ▬ | 73% Q2 YTD 2011/12 | ▬ |
| | | | | | | | | | | |
| ◊ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 48 Mar 2012 | 48 | 48 | 47 Sep 2012 | ■ | 47 Sep 2012 | 36 Jun 2012 | ● | 60 Sep 2011 | ■ |
| ◊ People Waiting in Community for Continuing Care Placement | 104 Mar 2012 | 105 | 105 | 120 Sep 2012 | ● | 120 Sep 2012 | 107 Jun 2012 | ● | 103 Sep 2011 | ● |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 66% 2011/12 | tbd | na | 59% Q2 YTD 2012/13 | na | 56% Q2 2012/13 | 62% Q1 2012/13 | ● | 65% Q2 YTD 2011/12 | ● |
| ◊ Number of Home Care Clients | 16,388 2011/12 | tbd | na | 12,671 | na | | | | 12,058 Q2 YTD 2011/12 | ▬ |
| **Enabling Our People / Enabling One Health System** | | | | | | | | | | |
| ◊ Staff Overall Engagement (%) | 35% 2009/10 | 68% | | 52% 2011/12 | na | | | | 35% 2009/10 | ■ |
| ◊ Medical Staff Overall Engagement (%) | 27% 2009/10 | 68% | | 49% 2011/12 | na | | | | 27% 2009/10 | ■ |

Notes

◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

£ 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%.

* Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed – data for this measure are reportable as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

# Q2 2012/13 AHS Performance Dashboard
## Central Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Quality and Patient Safety** | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 86% 2011/12 | tbd | na | 85% Q1 YTD 2012/13 | na | 85% Q1 2012/13 | 84% Q4 2011/12 | ▬ | 88% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | na | tbd | | na | na | | | | na | na |
| Percentage of Patient Feedback as Commendations | na | tbd | na | 12.00% Q2 YTD 2012/13 | na | 10.19% Q2 2012/13 | 13.78% Q1 2012/13 | ● | na | na |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 0.54% 2011/12 | tbd | na | 0.00% Q2 YTD 2012/13 | na | 0.00% Q2 2012/13 | na | na | 0.36% Q2 YTD 2011/12 | ■ |
| ◊ Albertans Reporting Unexpected Harm | na | 9% | | na | na | | | | 8% 2010 | na |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | na | tbd | | 74% Q1 YTD 2012/13 | na | 74% Q1 2012/13 | 67% Q4 2011/12 | ■ | 75% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction Health Care Services Personally Received | na | 68% | | na | na | | | | 66% 2010 | na |
| 30 Day Unplanned Readmission Rate | 9.8% 2011/12 | tbd | na | 9.7% Q1 YTD 2012/13 | na | 9.7% Q1 2012/13 | 9.7% Q4 2011/12 | ▬ | 9.4% Q1 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
^ Patient Satisfaction – Adult Acute Care – sampling strategy changed as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

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

Comparative Performance
- ■ Current period performance is better than comparative period
- ▬ Current period performance is within 5% of comparative period
- ● Current period performance is worse than comparative period

# AHS Performance Dashboard Q2 2012/13

## Edmonton Zone

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 81.8 2010 | improvement | | 81.9 2011 | ▲ | | | | 81.8 2010 | ▬ |
| ◊Potential Years Life Lost (per 1,000 population) | 45.7 2010 | improvement | | 44.7 2011 | ■ | | | | 45.7 2010 | ■ |
| Breast Cancer Screening Participation Rate | 56.6% 2009-2010 | 55 - 62% 2010-2015 | | 54.5% 2010-2011 | ▲ | | | | 56.6% 2009-2010 | ▬ |
| Cervical Cancer Screening Participation Rate | 67.9% Jan 2008 - Dec 2010 | 70 - 75% 2010-2015 | | 58.2% 2009-2011 | ● | | | | 67.9% Jan 2008 - Dec 2010 | ● |
| **Strengthen Primary Health Care** | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 60.4% 2010-2011 | 75% | | 63.9% 2011-2012 | ● | | | | 60.4% 2010-2011 | ▬ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 20.2% 2010-2011 | 75% | | 27.0% 2011-2012 | ● | | | | 20.2% 2010-2011 | ■ |
| ◊Childhood Immunization Rates for DTaP | 77.2% 2009 | 97% | | 74.6% 2010 | ● | | | | 77.2% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 88.8% 2009 | 98% | | 88.0% 2010 | ● | | | | 88.8% 2009 | ▬ |
| Albertans Enrolled in a Primary Care Network (%) | 72% Apr 2012 | tbd | | 74% Oct 2012 | na | 74% Oct 2012 | 72% Apr 2012 | ▬ | 70% Oct 2011 | ■ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 241 2011/12 | 282 | | 236 Annualized 2012/13 | ■ | 63 Q2 2012/13 | 58 Q1 2012/13 | ● | | |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 14.5% 2011/12 | 23% | 24.0% | 14.3% Q2 YTD 2012/13 | ■ | 14.3% Q2 2012/13 | 14.3% Q2 2012/13 | ▬ | 14.3% Q2 YTD 2011/12 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 53% 2011/12 | 92% | 91% | 51% Q2 YTD 2012/13 | ● | 47% Q2 2012/13 | 55% Q1 2012/13 | ● | 38% Q2 YTD 2011/12 | ■ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
╪ Interim target pending confirmation. Status based on interim target.
* Trend for these measures cannot be determined until subsequent data is available

# Q2 2012/13 AHS Performance Dashboard
## Edmonton Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Urgent CABG Wait Time (90th percentile in weeks) | 1.9 2011/12 | 1.0 | 1.0 | 1.6 Q2 YTD 2012/13 | ● | 2.0 Q2 2012/13 | 1.4 Q1 2012/13 | ● | 1.9 Q2 YTD 2011/12 | ■ |
| ◊ Semi-urgent CABG Wait Time (90th percentile in weeks) | 7.5 2011/12 | 2.0 | 2.0 | 6.5 Q2 YTD 2012/13 | ● | 5.9 Q2 2012/13 | 6.8 Q1 2012/13 | ■ | 10.3 Q2 YTD 2011/12 | ■ |
| ◊ Scheduled CABG Wait Time (90th percentile in weeks) | 18.9 2011/12 | 6.0 | 6.0 | 18.8 Q2 YTD 2012/13 | ● | 16.8 Q2 2012/13 | 18.4 Q1 2012/13 | ■ | 20.7 Q2 YTD 2011/12 | ■ |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 48.0 2011/12 | 22.0 | 24.5 | 33.9 Q2 YTD 2012/13 | ● | 30.6 Q2 2012/13 | 35.3 Q1 2012/13 | ■ | 52.3 Q2 YTD 2011/12 | ■ |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 55.6 2011/12 | 28.0 | 31.5 | 41.0 Q2 YTD 2012/13 | ● | 34.0 Q2 2012/13 | 45.6 Q1 2012/13 | ■ | 58.3 Q2 YTD 2011/12 | ■ |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 32.6 2011/12 | 25.0 | 27.5 | 27.7 Q2 YTD 2012/13 | ▲ | 22.9 Q2 2012/13 | 29.9 Q1 2012/13 | ■ | 38.0 Q2 YTD 2011/12 | ■ |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 25.7 2011/12 | tbd | na | 25.7 Q2 YTD 2012/13 | na | 24.9 Q2 2012/13 | 26.4 Q1 2012/13 | ■ | 25.3 Q2 YTD 2011/12 | ▬ |
| ◊ Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks) | 4.9 2011/12 | 3.0 | 3.5 | 4.3 Q2 YTD 2012/13 | ● | 5.1 Q2 2012/13 | 3.9 Q1 2012/13 | ● | 5.0 Q2 YTD 2011/12 | ■ |
| ◊ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks) £ | 3.0 2011/12 | 4.0 | 4.0 | 3.0 Q2 YTD 2012/13 | ■ | 3.1 Q2 2012/13 | 2.9 Q1 2012/13 | ● | 3.4 Q2 YTD 2011/12 | ■ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 65% 2011/12 | 80% | 78% | 58% Q2 YTD 2012/13 | ● | 57% Q2 2012/13 | 59% Q1 2012/13 | ▬ | 59% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 80% 2011/12 | 86% | 85% | 64% Q2 YTD 2012/13 | ● | 63% Q2 2012/13 | 65% Q1 2012/13 | ▬ | 66% Q2 YTD 2011/12 | ▬ |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 45% 2011/12 | 75% | 68% | 37% Q2 YTD 2012/13 | ● | 35% Q2 2012/13 | 39% Q1 2012/13 | ● | 32% Q2 YTD 2011/12 | ■ |
| ◊ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 55% 2011/12 | 75% | 70% | 37% Q2 YTD 2012/13 | ● | 35% Q2 2012/13 | 39% Q1 2012/13 | ● | 33% Q2 YTD 2011/12 | ■ |

Notes

◊ Indicates "Tier 1" measures attached to the 2012 – 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%.

# Q2 2012/13 AHS Performance Dashboard
## Edmonton Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Provide More Choice for Continuing Care** | | | | | | | | | | |
| ◊ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 143 Mar 2012 | 115 | 121 | 199 Sep 2012 | ● | 199 Sep 2012 | 166 Jun 2012 | ● | 202 Sep 2011 | ▬ |
| ◊ People Waiting in Community for Continuing Care Placement | 202 Mar 2012 | 230 | 230 | 181 Sep 2012 | ■ | 181 Sep 2012 | 193 Jun 2012 | ■ | 262 Sep 2011 | ■ |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 66% 2011/12 | tbd | na | 73% Q2 YTD 2012/13 | na | 64% Q2 2012/13 | 80% Q1 2012/13 | ● | 61% Q2 YTD 2011/12 | ■ |
| ◊ Number of Home Care Clients | 36,485 2011/12 | tbd | na | 28,528 | na | | | | 27,711 Q2 TYD 2011/12 | ▬ |
| **Build One Health System** | | | | | | | | | | |
| ◊ Staff Overall Engagement (%) | 37% 2009/10 | 68% | | 48% 2011/12 | na | | | | 37% 2009/10 | ■ |
| ◊ Medical Staff Overall Engagement (%) | 25% 2009/10 | 68% | | 30% 2011/12 | na | | | | 25% 2009/10 | ■ |
| | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 80%^ 2010/11 | tbd | na | 81% Q1 YTD 2012/13 | na | 81% Q1 2012/13 | 81% Q4 2012/13 | ▬ | 84% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | na | tbd | | na | na | na | na | na | na | na |
| Percentage of Patient Feedback as Commendations | na | tbd | na | 10.53% Q2 YTD 2012/13 | na | 8.37% Q2 2012/13 | 12.04% Q1 2012/13 | ● | na | na |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 0.35% 2011/12 | tbd | na | 0.16% Q2 YTD 2012/13 | na | 0.00% Q2 2012/13 | 0.31% Q1 2012/13 | ■ | 0.37% Q2 YTD 2011/12 | ■ |
| ◊ Albertans Reporting Unexpected Harm | na | 9% | | na | na | | | | 9% 2010 | na |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | na | tbd | na | 70% Q1 YTD 2012/13 | na | 70% Q1 2012/13 | 64% Q4 2011/12 | ■ | 69% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction Health Care Services Personally Received | na | tbd | na | na | na | | | | 65% 2010 | na |
| 30 Day Unplanned Readmission Rate | 8.1% 2011/12 | tbd | na | 8.2% Q1 YTD 2012/13 | na | 8.2% Q1 2012/13 | 8.4% Q4 2012/13 | ▬ | 7.9% Q1 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
^ Patient Satisfaction – Adult Acute Care – sampling strategy changed as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

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

Period Comparative Performance
■ Current period performance is better than comparative period
▬ Current period performance is within 5% of comparative period
● Current period performance is worse than comparative period

# AHS Performance Dashboard Q2 2012/13

## North Zone

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Staying Healthy / Improving Population Health** | | | | | | | | | | |
| ◊Life Expectancy | 79.8 2010 | improvement | | 79.4 2011 | ▲ | | | | 79.8 2010 | ▬ |
| ◊Potential Years Life Lost (per 1,000 population) | 56.8 2010 | improvement | | 57.6 2011 | ▲ | | | | 56.8 2010 | ▬ |
| Breast Cancer Screening Participation Rate | 54.7% 2009-2010 | 55 - 62% 2010-2015 | | 52.6% 2010-2011 | ▲ | | | | 54.7% 2009-2010 | ▬ |
| Cervical Cancer Screening Participation Rate | 59.5% Jan 2008 - Dec 2010 | 70 - 75% 2010-2015 | | 62.6% Jan 2009 – Dec 2011 | ● | | | | 59.5% Jan 2008 – Dec 2010 | ■ |
| **Strengthen Primary Health Care** | | | | | | | | | | |
| ◊Seniors (65+) Influenza Immunization Rate | 48.8% 2010-2011 | 75% | | 51.5% 2011-2012 | ● | | | | 48.8% 2010-2011 | ▬ |
| ◊Children (6 to 23 Months) Influenza Immunization Rate | 17.5% 2010-2011 | 75% | | 20.3% 2011-2012 | ● | | | | 17.5% 2010-2011 | ▬ |
| ◊Childhood Immunization Rates for DTaP | 72.6% 2009 | 97% | | 66.7% 2010 | ● | | | | 72.6% 2009 | ● |
| ◊Childhood Immunization Rates for MMR | 83.5% 2009 | 98% | | 81.0% 2010 | ● | | | | 83.5% 2009 | ● |
| Albertans Enrolled in a Primary Care Network (%) | 68% Apr 2012 | tbd | | 68% Apr 2012 | na | 68% Apr 2012 | 66% Oct 2011 | ▬ | 63% Apr 2011 | ■ |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population) | 468 2011/12 | 282 | | 458 Annualized 2012/13 | ● | 117 Q2 2012/13 | 117 Q1 2012/13 | ▬ | | |
| ◊Family Practice Sensitive Conditions (% of ED visits) | 38.2% 2011/12 | 23% | 24.0% | 37.5% Q2 YTD 2012/13 | ● | 37.2% Q2 2012/13 | 37.8% Q1 2012/13 | ▬ | 38.3% Q2YTD 2011/12 | ▬ |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled | 68% 2011/12 | 92% | 91% | 73% Q2 YTD 2012/13 | ● | 74% Q2 2012/13 | 77% Q1 2011/12 | ▬ | 66% Q2 YTD 2011/12 | ■ |
| **Improve Access and Reduce Wait Times** | | | | | | | | | | |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks) | 49.7 2011/12 | 22.0 | 24.5 | 45.5 Q2 YTD 2012/13 | ● | 47.5 Q2 2012/13 | 44.3 Q1 2012/13 | ● | 51.7 Q2 YTD 2011/12 | ■ |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks) | 51.9 2011/12 | 28.0 | 31.5 | 51.2 Q2 YTD 2012/13 | ● | 51.9 Q2 2012/13 | 49.7 Q1 2012/13 | ▬ | 51.3 Q2 YTD 2011/12 | ▬ |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks) | 55.7 2011/12 | 25.0 | 27.5 | 32.9 Q2 YTD 2012/13 | ● | 20.9 Q2 2012/13 | 46.1 Q1 2012/13 | ■ | 53.6 Q2 YTD 2011/12 | ■ |
| Other Scheduled Surgery Wait Time (90th percentile in weeks) | 25.4 2011/12 | tbd | na | 26.9 Q2 YTD 2012/13 | na | 27.0 Q2 2012/13 | 26.8 Q1 2012/13 | ▬ | 23.7 Q2 YTD 2011/12 | ● |

Notes

◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.

╪ Interim target pending confirmation. Status based on interim target.

* Children (6 to 23 Months) Influenza Immunization Rate – Data not available for North Zone.

# Q2 2012/13 AHS Performance Dashboard
## North Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume) £ | 79% 2011/12 | 80% | 78% | 80% Q2 YTD 2012/13 | ■ | 81% Q2 2012/13 | 79% Q1 2012/13 | ▬ | 80% Q2 YTD 2011/12 | ▬ |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (All Sites) £ | 90% 2011/12 | 86% | 85% | 91% Q2 YTD 2012/13 | ■ | 91% Q2 2012/13 | 91% Q1 2012/13 | ▬ | 91% Q2 YTD 2011/12 | ▬ |
| ◇ Patients Admitted from ED within 8 hours (%) (15 Higher Volume) £ | 66% 2011/12 | 75% | 68% | 62% Q2 YTD 2012/13 | ● | 64% Q2 2012/13 | 61% Q1 2012/13 | ■ | 68% Q2 YTD 2011/12 | ● |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites) £ | 84% 2011/12 | 75% | 70% | 83% Q2 YTD 2012/13 | ■ | 84% Q2 2012/13 | 83% Q1 2012/13 | ▬ | 85% Q2 YTD 2011/12 | ▬ |
| | | | | | | | | | | |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement | 77 Mar 2012 | 56 | 54 | 59 Sep 2012 | ■ | 59 Sep 2012 | 65 Jun 2011 | ■ | 74 Sep 2011 | ■ |
| ◇ People Waiting in Community for Continuing Care Placement | 106 Mar 2012 | 82 | 87 | 115 Sep 2012 | ● | 115 Sep 2012 | 96 Jun 2012 | ● | 106 Sep 2011 | ● |
| Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed | 49% 2011/12 | tbd | na | 39% Q2 YTD 2012/13 | na | 27% Q2 2012/13 | 48% Q1 2012/13 | ● | 44% Q2 YTD 2011/12 | ● |
| ◇ Number of Home Care Clients | 11,041 2011/12 | tbd | na | 8,969 | na | | | | 8,661 Q2 YTD 2011/12 | ▬ |
| | | | | | | | | | | |
| ◇ Staff Overall Engagement (%) | 41% 2009/10 | 68% | | 49% 2011/12 | na | | | | 41% 2009/10 | ■ |
| ◇ Medical Staff Overall Engagement (%) | 27% 2009/10 | 68% | | 45% 2011/12 | na | | | | 27% 2009/10 | ■ |

Notes

◇ Indicates "Tier 1" measures attached to the 2012 – 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%.

* Per cent of Patients Placed in Continuing Care within 30 Days of Being Assessed – data for this measure are reportable as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

# Q2 2012/13 AHS Performance Dashboard
## North Zone (continued)

| Performance Measure | Previous Year Results | Year-to-Date Actual to Target Comparison | | | | Consecutive Period Comparison | | | Prior Year Comparison | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2012/13 Annual Target* | Provincial Year To Date Prorated Target | Year-to-Date Performance | Status | Current Period Performance | Previous Period Performance | Comparative Performance | Previous Year-to-Date Performance | Comparative Performance |
| **Quality and Patient Safety** | | | | | | | | | | |
| ◊ Patient Satisfaction – Adult Acute Care | 82% 2010/11 | tbd | na | 83% Q1 YTD 2012/13 | na | 83% Q1 YTD 2012/13 | 82% Q4 YTD 2011/12 | ▬ | 83% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction - Addictions and Mental Health (AHS) | na | tbd | | na | na | | | | na | na |
| Percentage of Patient Feedback as Commendations | na | tbd | na | 5.23% Q2 YTD 2023/13 | na | 4.97% Q2 2012/13 | 5.49% Q1 2012/13 | na | na | na |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 0.16% 2011/12 | tbd | na | 1.07% Q2 YTD 2012/13 | na | 1.44% Q2 2012/13 | 0.70% Q1 2012/13 | ● | 0.00% | ● |
| ◊ Albertans Reporting Unexpected Harm | na | 9% | | na | na | | | | 8% 2010 | na |
| Patient Satisfaction Emergency Department (15 Higher Volume) Adult | na | tbd | | 57% Q1 YTD 2012/13 | na | 57% Q1 2012/13 | 58% Q4 2011/12 | ▬ | 55% Q1 YTD 2011/12 | ▬ |
| ◊ Patient Satisfaction Health Care Services Personally Received | na | 68% | | na | na | | | | 53% 2010 | na |
| 30 Day Unplanned Readmission Rate | 9.5% 2011/12 | tbd | na | 9.6% Q1 YTD 2012/13 | na | 9.6% Q1 YTD 2012/13 | 9.3% Q4 YTD 2011/12 | ▬ | 9.7% Q1 YTD 2011/12 | ▬ |

Notes
◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.
^ Patient Satisfaction – Adult Acute Care – sampling strategy changed as of Q3 2010/11; 2010/11 data represents the partial year, beginning in Q3 (Oct 2010-Mar 2011).

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

Period Comparative Performance
- ■ Current period performance is better than comparative period
- ▬ Current period performance is within 5% of comparative period
- ● Current period performance is worse than comparative period

Alberta Health Services

# Quick Facts

| Activity Measure | 2010/11 Fiscal Year | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | 2011/12 Fiscal Year | 2012/13 Q1 | 2012/13 Q2 | 2012/13 Q3 | 2012/13 Q4 | 2012/13 YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Hospital Discharges[1] (by Site) | 364,052 | 95,600 | 92,582 | 92,690 | 95,254 | 376,126 | 96,923 | 95,335 | | | 192,258 |
| Hospital Days | 2,544,850 | 648,417 | 623,724 | 661,483 | 668,883 | 2,602,507 | 662,382 | 633,632 | | | 1,296,014 |
| Average Hospital Length of Stay (Days)[1,2] (by Site) | 7.0 | 6.8 | 6.7 | 7.1 | 7.0 | 6.9 | 6.8 | 6.6 | | | 6.7 |
| Per Cent of Alternate Level of Care (ALC)[1,3] Days | 9.0% | 7.1% | 7.4% | 8.3% | 7.2% | 7.5% | 10.0% | 9.8% | | | 9.9% |
| Number of Hospital Births[1] | 49,756 | 12,894 | 13,104 | 12,007 | 12,095 | 50,101 | 12,888 | 13,732 | | | 26,620 |
| Number of Emergency Department Visits[4] (by Site) | 1,942,003 | 502,987 | 508,802 | 502,931 | 514,505 | 2,029,225 | 524,309 | 541,393 | | | 1,065,702 |
| Number of Urgent Care Centre (UCC) Visits[5] | 177,297 | 49,913 | 49,152 | 47,984 | 49,219 | 196,268 | 50,778 | 51,986 | | | 102,764 |
| Number of Health Link Calls | 758,971 | 189,135 | 174,190 | 203,008 | 199,813 | 766,146 | 180,592 | 179,433 | | | 360,025 |
| Number of Total Hip Replacements[6] | 4,466 | 1,206 | 1,033 | 1,309 | 1,321 | 4,869 | 1,362 | 1,129 | | | 2,491 |
| Number of Elective Hip Replacements[7] | 3,235 | 900 | 773 | 925 | 1,015 | 3,613 | 1,045 | 793 | | | 1,838 |
| Number of Total Knee Replacements[6] | 4,990 | 1,436 | 1,221 | 1,488 | 1,651 | 5,796 | 1,605 | 1,295 | | | 2,900 |
| Number of Elective Knee Replacements[7] | 4,895 | 1,434 | 1,217 | 1,406 | 1,659 | 5,716 | 1,589 | 1,259 | | | 2,848 |
| Number of Cataract Surgeries[8] | 33,781 | 8,545 | 8,163 | 10,296 | 9,555 | 36,559 | 9,451 | 7,737 | | | 17,188 |
| Number of MRI Exams[9] | 177,422 | 41,016 | 40,642 | 40,787 | 44,200 | 166,645 | 42,957 | 42,423 | | | 85,380 |
| Number of CT Exams[10] | 333,163 | 82,878 | 84,653 | 82,543 | 84,540 | 334,614 | 87,179 | 86,163 | | | 173,342 |
| Number of Lab Tests[11] | 61,357,627 | 16,483,608 | 15,743,839 | 16,092,350 | 16,928,228 | 65,248,025 | 17,320,679 | *16,517,428 | | | 33,838,107 |
| Number of EMS Events[12] | 377,280 | 96,500 | 99,696 | 98,760 | 99,008 | 393,964 | 101,361 | 105,755 | | | 207,116 |

Access notes for interpretation here.

# Performance Measure Update

## Life Expectancy

Data updated annually.
Most current data are 2011.
Next data update expected for 2012/13 Q4 report.

PERFORMANCE STATUS

Performance improvement observed since last reported period.

TARGET: Improvement

2011 ACTUAL: 81.9 years

### WHAT IS BEING MEASURED?

Life Expectancy is the number of years from birth a person would be expected to live based on mortality statistics.

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

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

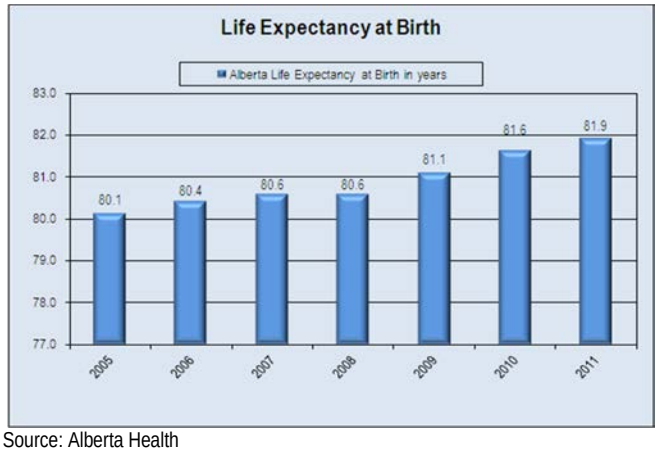
### WHAT IS THE TARGET?

Alberta Health Services (AHS) targets an increase in life expectancy in a manner consistent with the Canadian average, with the goal of being above the national average.

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

### HOW ARE WE DOING?

There has been significant improvement in life expectancy for Albertans as a whole with life expectancy steadily increasing since 2005. There is significant disparity in life expectancy between urban and rural zones. Life expectancy in the north is about two and a half years less than for the average Albertan. A child born in the Edmonton Zone can expect to live a year and a half less than a child born in Calgary. Differences in health status and determinants of health are also evident between rural and urban areas.




Source: Alberta Health

### WHAT ACTIONS ARE WE TAKING?

Recent health promotion initiatives that have been piloted – and will be expanded in the future – include programs for community and family-based obesity prevention and weight management, as well as quitting smoking (e.g. promotion of an "Alberta quits" helpline and website, tobacco cessation training delivered to over 1,200 health professionals, and establishment of group cessation programs in communities). More broadly, Alberta Health Services is working to improve population health through integrating health promotion and disease and injury prevention programs with other health care delivery services, and better coordination between health and other government and municipal sectors.

### WHAT ELSE DO WE KNOW?

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

Information is available by zone and First Nations status.

### HOW DO WE COMPARE?

Using a similar definition, Alberta ranked fourth among the 10 provinces for life expectancy. Alberta = 80.7, Best Performing Province = 81.7 (British Columbia), Canada = 81.1 (Statistics Canada 2007/2009).

Alberta Health Services

# Performance Measure Update

## Potential Years of Life Lost

Data updated annually.
Most current data are 2011.
Next data update expected for 2012/13 Q4 report.

PERFORMANCE STATUS

Performance improvement observed since last reported period.

TARGET: Improvement

2011 ACTUAL: 43.3 years

### WHAT IS BEING MEASURED?

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

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

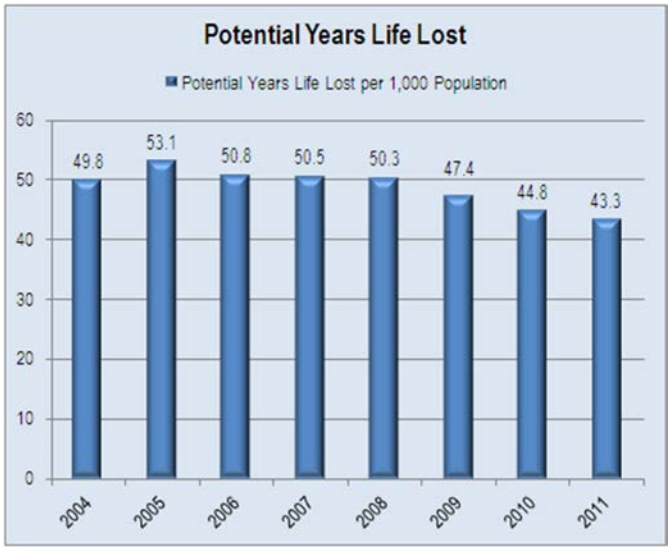
PYLL is an indicator of premature mortality that gives greater weight to causes of death that occur at a younger age than to those at older ages. It emphasizes the loss of life at an early age and the causes of early deaths such as cancer, injury and cardiovascular disease. For example, the death of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

### WHAT IS THE TARGET?

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

### HOW ARE WE DOING?

In 2011, there was an improvement in PYLL with a drop from 44.8 years per 1,000 population in 2010 to 43.3 years per 1,000 population in 2011.




Source: Alberta Health

### WHAT ACTIONS ARE WE TAKING?

Recent health promotion initiatives that have been piloted – and will be expanded in the future – include programs for community and family-based obesity prevention and weight management, as well as quitting smoking (e.g. promotion of an "Alberta quits" helpline and website, tobacco cessation training delivered to over 1,200 health professionals, and establishment of group cessation programs in communities). Implement programs that promote healthier birth outcomes, breastfeeding, and child and maternal health. More broadly, Alberta Health Services is working to improve population health through integrating health promotion and disease and injury prevention programs with other health care delivery services, and better coordination between health and other government and municipal sectors.

### WHAT ELSE DO WE KNOW?

PYLL rates for Alberta are calculated by cause of death as follows: all causes, cancer, colorectal cancer, lung cancer, diseases of the circulatory system, ischaemic heart diseases, cerebrovascular diseases (stroke), diseases of the respiratory system, external causes (injury), unintentional injury, land transport and intentional self-harm (suicide). Enhance programs to reduce falls in children and seniors. Support provincial strategies to reduce the risk of transportation related deaths and injuries in Alberta.

Information is available by zone and sex.

### HOW DO WE COMPARE?

Using a similar definition, Alberta ranked sixth among the 10 provinces for PYLL. Alberta = 48.7, Best Performing Province = 41.6 (Ontario), Canada = 45.5 (Statistics Canada, 2005/2007).

# Performance Measure Update

## Colorectal Cancer Screening Participation Rate

Data updated annually.
Most current data are 2011.
Next data update expected for 2012.

### PERFORMANCE STATUS

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

2015 TARGET: 55%

2011 ACTUAL: 57.0%

### WHAT IS BEING MEASURED?

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

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

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

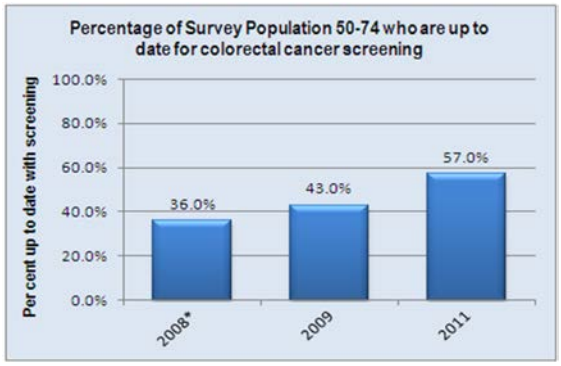
Death from colorectal cancer is 90 per cent preventable if the disease is caught at early stages. There is substantial evidence that organized colorectal cancer screening can reduce the mortality and incidence of colorectal cancer, and will significantly reduce the suffering and substantial costs of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

### WHAT IS THE TARGET?

The Alberta 2015 target is for 55 per cent of targeted individuals to have had a FOBT within the last two years, a flexible sigmoidoscopy within the last five years, or a colonoscopy within the last ten years. A target of 67 per cent has been set for 2020.

### HOW ARE WE DOING?

The 2011 Colon Cancer Screening rate in Alberta was 57.0 per cent, this is a substantial improvement over the 2009 rate of 43.0 per cent.




* Source: Canadian Community Health Survey (CCHS) 2008.
Source: Colon Cancer Screening in Canada Survey by Canadian Partnership Against Cancer (CPAC).

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Colonoscopy volumes are increasing and work is ongoing to align practices with the use of a single, highly sensitive and non-invasive test that reduces dependency on colonoscopy services. The Fecal Immunochemical Test (FIT) is a fecal occult blood test that is 75% sensitive for colorectal cancer.

**Subsequent actions planned:** We will continue to develop access, infrastructure and capacity for a comprehensive colorectal cancer screening program including expanding screening-related colonoscopy capacity across the province. Implementation of a comprehensive primary care engagement campaign will be undertaken to educate physicians about the validity of the FIT test as an entry-level screening test and to align practices.

### WHAT ELSE DO WE KNOW?

The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individual's knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions, therefore annual reporting will be provided.

### HOW DO WE COMPARE?

The 2011 Colon Cancer Screening in Canada Survey by Canadian Partnership Against Cancer (CPAC) showed 57.0 per cent of Albertans between the ages of 50 and 74 years are up to date for colorectal cancer screening. This is a substantial improvement over the 2009 rate of 43.0%.

# Breast Cancer Screening Participation Rate

Data updated annually.
Most current data are 2010-2011.
Next data update expected for 2012/13 report.

PERFORMANCE STATUS

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

2010 - 2015 TARGET: 55% - 62%

2010-2011 ACTUAL: 54.8%

## WHAT IS BEING MEASURED?

The Breast Cancer Screening Participation Rate measures the percentage of women in Alberta between the ages of 50 and 69 years who have had a breast screening mammogram in the last two years (biennially).

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

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

## WHY IS THIS IMPORTANT?

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

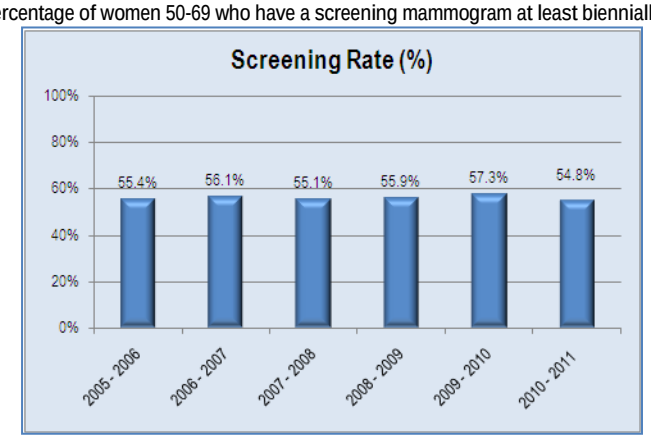
## WHAT IS THE TARGET?

The Alberta target is for 62 per cent of eligible women, 50 to 69 years of age, to have a screening mammogram at least biennially by 2015.

## HOW ARE WE DOING?

During the two-year period between January 2010 and December 2011, 54.8 per cent of women aged 50 to 69 years received a screening mammogram. This result is just short of the lower end of the 2010 – 2015 target range.

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




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

## WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Enhancements to the Alberta Breast Cancer Screening Program have been completed to facilitate reminders to physicians and women when follow-up of abnormal results are overdue. This program now provides reminders to women who are overdue for breast cancer screening. An AHS program called Screen Test, which provides breast cancer screening to rural communities with two mobile screening vehicles now visits more than 100 rural communities annually. This includes Aboriginal and Hutterite communities; and can perform up to 23,000 screening mammograms each year. The mobile breast screening service is supported by two Screen Test fixed-sites - one at Kingsway Mall in Edmonton, the other at Holy Cross Hospital in Calgary. These help serve unique populations, like immigrant communities within city limits. **Subsequent actions planned:** We will continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program. All Zones are involved in the development of a community action strategy for cancer screening. The goal of the community action strategy is to increase cancer screening rates for under screened groups at the community level through support to AHS Zones to increase cancer screening within each Zone and strengthen existing community action activities with community organizations.

## WHAT ELSE DO WE KNOW?

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

## HOW DO WE COMPARE?

Using a similar definition, Alberta tied with New Brunswick for first among the 10 provinces for self-reported mammography. Alberta = 74.0 per cent, Best performing province = 74.0 per cent (Alberta and New Brunswick), Canada = 72.5 per cent (Statistics Canada, 2008)

# Performance Measure Update

## Cervical Cancer Screening Participation Rate

Data updated annually.
Most current data are 2009 - 2011.
Next data update expected for 2012/13 report.

PERFORMANCE STATUS

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

2010- 2015 TARGET: 70% - 75%

2009-2011 ACTUAL: 65.0%

### WHAT IS BEING MEASURED?

The Cervical Cancer Screening Participation Rate measures the percentage of women between the ages of 21 and 69 years who have had a Pap test in the last three years.

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

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

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

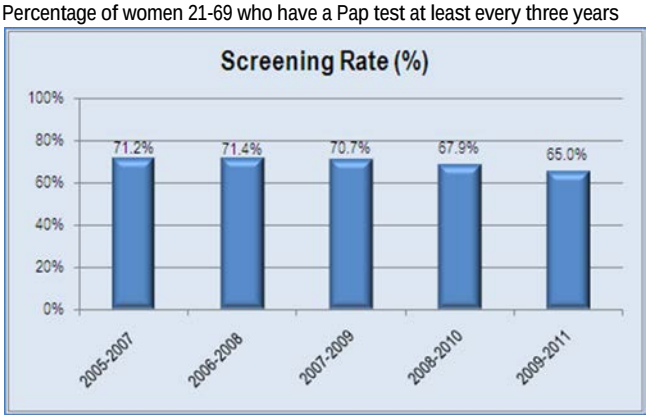
### WHAT IS THE TARGET?

The target for 2010 - 2015 is 70 per cent to 75 per cent.

### HOW ARE WE DOING?

During the three-year period between January 2009 and December 2011, 65.0 per cent of eligible women aged 21 to 69 years received a screening Pap test. While this is below target, the screening percentage has been affected by new screening guidelines introduced in 2009 (see note below graph).

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




Source: Extracted from AHW FFS data.

(3)The trend in cervical cancer screening participation reflects implementation of the 2009 Guideline for Screening for Cervical Cancer in Alberta. Previous guidelines recommended annual screening for all women 21-69 years. The three revisions in the 2009 guidelines that affect screening participation are as follows:

- Screening is no longer recommended for women who have never been sexually active;
- Women should not be screened until approximately three years after becoming sexually active;
- Many women can extend their screening interval to three years

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** The AHS Alberta Cervical Cancer Screening Program reminder system was expanded province wide as of April 2012 to include reminders to physicians and women when follow-up of abnormal cervical cancer screening results is overdue. All Zones are receiving results letters (normal and abnormal) and work up letters (correspondence regarding follow up of abnormal results). Also, Calgary, Edmonton and North Zones are receiving additional letter types including invitation letters and recall letters (reminder regarding overdue for regular screening). In addition, work is ongoing in specialized clinics to focus on high risk women such as new immigrants or women who are not able to access the service through a primary care physician.

**Subsequent actions planned:** We are continuing to expand the Alberta Cervical Cancer Screening Program correspondence components province wide to South and Central Zones to phase in invitation and recall letters. All Zones are involved in the development of a community action strategy for cancer screening. The goal of the community action strategy is to increase cancer screening rates for under screened groups at the community level through support to AHS Zone to increase cancer screening within each Zone and strengthening existing community action activities with community organizations.

### WHAT ELSE DO WE KNOW?

Pap test coverage tends to be unevenly distributed within Alberta, with coverage rates of less than 40 per cent in some communities.

Information is available by zone.

### HOW DO WE COMPARE?

Using a similar definition, Alberta ranked seventh among the 10 provinces for self-reported cervical cancer screening. Alberta = 80.3 per cent, Best Performing Province = 83.2 per cent (Manitoba), Canada = 78.5 per cent (Statistics Canada, 2008).

Data updated annually.
Most current data are 2011/12.
Next data update expected for 2012/13.

## Seniors (65+) Influenza Immunization Rate

PERFORMANCE STATUS

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

2011/12 TARGET: 75%

2011/12 ACTUAL: 60.8%

### WHAT IS BEING MEASURED?

The percentage of seniors aged 65 and older who have received the seasonal influenza vaccine during the previous influenza season (October 2011 to end of season).

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

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

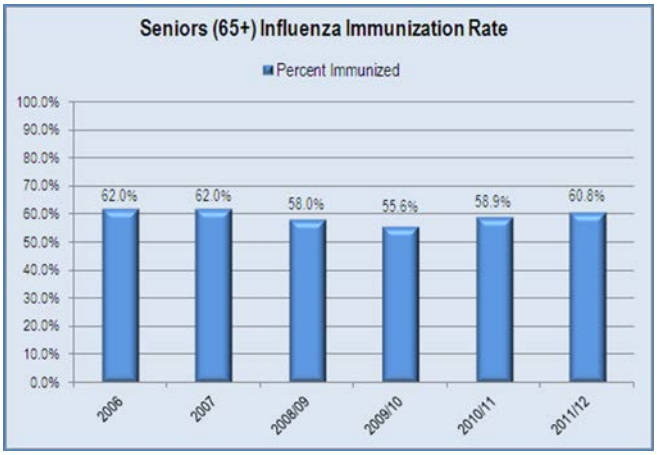
A high rate of seasonal influenza immunization among seniors will reduce the incidence of complications and death associated with influenza disease in this population. A high rate of coverage will reduce the impact of disease on the healthcare system.

### WHAT IS THE TARGET?

The Alberta Health (AH) target is for 75 per cent of seniors 65 years of age and older to have received the seasonal influenza vaccine.

### HOW ARE WE DOING?

The seasonal influenza immunization rate for seniors aged 65 and older for 2011/12 is 60.8 per cent as of May 26, 2012. While slightly better than the 2010/11 rate of 58.9 per cent, it is below the overall target of 75 per cent. There has been steady improvement since 2009/10.




Source: Alberta Health and Alberta Health Services.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Venues for public clinics have been selected and booked for fall 2012. Clinics are set to start in mid October. There is an overall drive to expand access for seniors to influenza immunizations across the province.

**Subsequent actions planned:** Continue to execute against the 2012/13 plans within each zone including monitoring of the update of vaccine and subsequent adjustment of programs and services accordingly.

### WHAT ELSE DO WE KNOW?

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

Information is available by zone.

As detailed in the indicator definition, this indicator is based upon the influenza season and therefore considers doses delivered from October through to the end of season. Due to late outbreaks this year, doses continued to be delivered into May so the figures reported here reflect an end of season of May 26th.

### HOW DO WE COMPARE?

Using a separate definition, determined to be similar across provinces, Alberta ranked third among the 10 provinces for self-reported influenza immunization. Alberta = 67.6 per cent, Best Performing Province = 75.0 per cent (Nova Scotia), Canada = 64.4 per cent (Statistics Canada, 2011).

# Performance Measure Update

## Children (6 to 23 Months) Influenza Immunization Rate

Data updated annually.
Most current data are 2011/12.
Next data update expected for 2012/13.

PERFORMANCE STATUS

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

2011/12 TARGET: 75%

2011/12 ACTUAL: 29.9%

### WHAT IS BEING MEASURED?

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

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

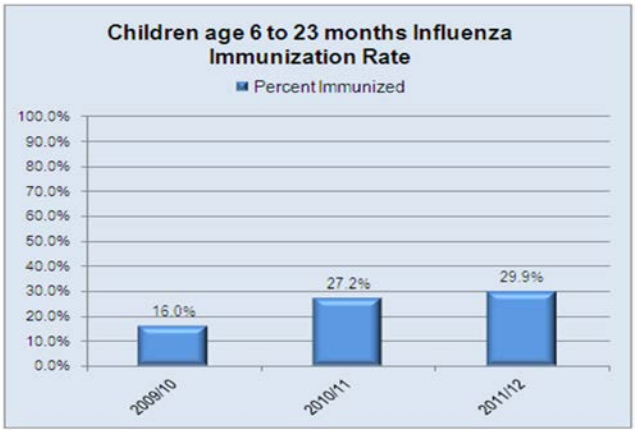
A high rate of seasonal influenza immunization among children reduces the incidence of complications and death associated with influenza disease and reduces the spread of disease to older age groups during the influenza season. A high rate of coverage will reduce the impact of disease on the health care system.

### WHAT IS THE TARGET?

The Alberta Health (AH) target is for 75 per cent of children aged six to 23 months to have received the recommended doses of seasonal influenza vaccine.

### HOW ARE WE DOING?

The influenza immunization rate for children between the ages of 6 to 23 months was 29.9 per cent for 2011/12 which, while better than the 2010/11 rate of 27.2 per cent, remains below target of 75 per cent. Over the past 2 years, since 2009/10, the immunization rate has nearly doubled.




Source: Alberta Health (AH) and Alberta Health Services (AHS)
Notes for 2009/10: Immunization data is representative of four Alberta Health Services (AHS) Zones (South, Calgary, Central and Edmonton). Data is not complete due to issues with the Immunization coverage rate reporting system (MediTech) in parts of the province. Data is also not available from First Nations and Inuit Health (FNIH), Health Canada, Alberta Region. Methodology was corrected 2009/10 forward to reflect children requiring two doses for immunity.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Venues for public clinics have been selected and booked for fall 2012. Clinics are set to start in mid October. There is an overall drive to expand access for children and their families to influenza immunizations across the province.

**Subsequent actions planned:** Continue to execute against the 2012/13 plans within each zone including monitoring of the update of vaccine and subsequent adjustment of programs and services accordingly.

### WHAT ELSE DO WE KNOW?

Children receiving influenza vaccine for the first time require two doses. Poor uptake for the needed second dose is common. Methods of data collection have been inconsistent in previous years and rates are not directly comparable. AHS is working with AH to standardize data collection and reporting of this indicator.

Information is available by zone.

As detailed in the indicator definition, this indicator is based upon the influenza season and therefore considers doses delivered from October through to end of season. For 2011/12 end of season was up until May 26th.

### HOW DO WE COMPARE?

Limited comparable data is available.

# Performance Measure Update

## Childhood Immunization Rate Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza type B

Data updated annually.
Most current data are 2010.
Next data update expected for Q4 2012/13 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 97%

2010 ACTUAL: 73.1%

### WHAT IS BEING MEASURED?

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

As coverage rates for DTaP-IPV and Hib are reported separately in some zones, DTaP is used as the proxy measure. Data on immunizations comes from AHS Zones and the First Nations and Inuit Health (FNIH), Health Canada, Alberta Region.

Detailed indicator definition is available.

A data quality assessment is not available for this data at this time.

### WHY IS THIS IMPORTANT?

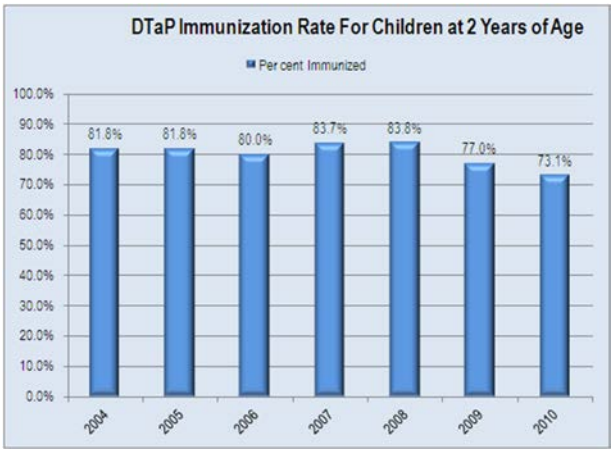
A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities.

### WHAT IS THE TARGET?

The Alberta Health (AH) target is for 97 per cent of children to have received the required number of doses of DTap-IPV-Hib vaccine by two years of age.

### HOW ARE WE DOING?

The DTaP immunization rate for children up to two years of age for 2010 was 73.1 per cent (below target). This is a decrease from previous years.




Source: Alberta Health and Alberta Health Services
http://www.health.alberta.ca/health-info/IHDA.html

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Each of the zones is targeting specific activities to increase the immunization rates. Examples include adding more "Well Child Clinics" to reduce wait times and meet increased demand; additional information and communications available for clients who decline vaccines; focus on under-immunized children and no-shows utilizing phone calls and community outreach, and booking the 2-month immunization at the time of a 2-week weight check.

**Subsequent actions planned:** A number of initiatives are underway to look at other methodologies of increasing immunization rates. This includes items such as evaluating and adapting the existing autodialer messaging for English as a second language (ESL) and / or non-English speaking families; reviewing immunization rates to target communities where rates are of concern, and developing a provincial survey for parents on immunization barriers. Develop and begin implementation of a co-ordinated plan to increase childhood immunizations and improve infrastructure and reporting supports to this work. This includes: survey of parents of immunized and un-immunized children to determine barriers to immunization; review of rates of immunization for children; explore options for new consent process.

### WHAT ELSE DO WE KNOW?

There are pockets of low immunization across the province.

Information is available by zone.

### HOW DO WE COMPARE?

Limited comparable data is available. In a study published in 2012, British Columbia reported that 75 per cent of children born in 2009 were up-to-date by two years of age for D/T/aP/IPV/HIB (BC Centre for Disease Control 2012). In 2007, Manitoba reported 73.3 per cent of children were complete for DTaP, 88.0 per cent for Polio and 79.3 per cent for Hib by the age of two years.

# Performance Measure Update

## Childhood Immunization Rate for Measles, Mumps, Rubella

Data updated annually.
Most current data are 2010.
Next data update expected for Q4 2012/13 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 98%

2010 ACTUAL: 85.7%

### WHAT IS BEING MEASURED?

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

Individual immunization events are reported by Alberta Health Services (AHS) Zones to Alberta Health (AH). First Nations Alberta Region reports aggregate data to Alberta Health.

Detailed indicator definition is available.
A data quality assessment is not available for this data at this time.

### WHY IS THIS IMPORTANT?

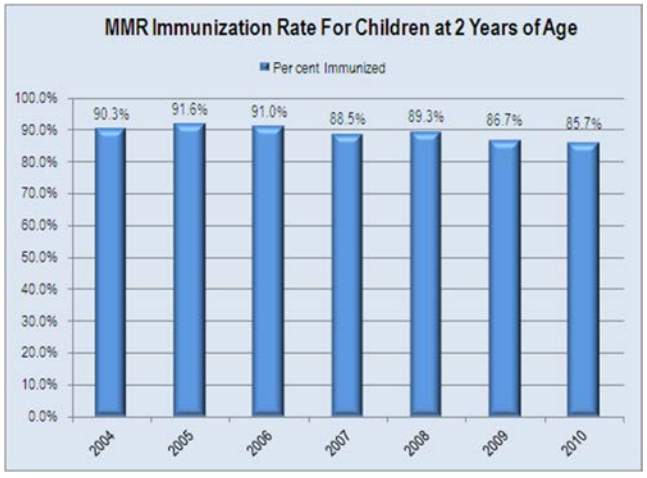
A high rate of immunization for a population can help ensure that the incidence of childhood diseases remains low and outbreaks are controlled. Immunizations protect children and adults from a number of diseases, some of which can be fatal or produce permanent disabilities.

### WHAT IS THE TARGET?

The AH business plan target is for 98 per cent of children to have received the required number of doses of MMR vaccine by two years of age.

### HOW ARE WE DOING?

The 2010 MMR immunization rate for children at two years of age is 85.7 per cent, below the target of 98 per cent.




Source: Alberta Health and Alberta Health Services
http://www.health.alberta.ca/health-info/IHDA.html

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Each of the zones is targeting specific activities to increase the immunization rates. Examples include adding more "Well Child Clinics" to reduce wait times and meet increased demand; additional information and communications available for clients who decline vaccines; focus on under-immunized children and no-shows utilizing phone calls and community outreach, and booking the 2-month immunization at the time of a 2-week weight check.

**Subsequent actions planned:** A number of initiatives are underway to look at other methodologies of increasing immunization rates. This includes items such as evaluating and adapting the existing autodialer messaging for English as a second language (ESL) and / or non-English speaking families; reviewing immunization rates to target communities where rates are of concern, and developing a provincial survey for parents on immunization barriers. Develop and begin implementation of a co-ordinated plan to increase childhood immunizations and improve infrastructure and reporting supports to this work. This includes: survey of parents of immunized and un-immunized children to determine barriers to immunization; review of rates of immunization for children; explore options for new consent process.

### WHAT ELSE DO WE KNOW?

There are pockets of low immunization across the province.

Information is available by zone.

### HOW DO WE COMPARE?

Limited comparable data is available. In a study published in 2012, British Columbia reported that 75 per cent of children born in 2009 were up-to-date by two years of age for MMR (BC Centre for Disease Control 2012). In 2007, Manitoba reported 86.5 per cent of children were complete for measles, 86.4 per cent for mumps and 86.4 per cent for rubella by two years.

# Performance Measure Update

## Albertans Enrolled in a Primary Care Network (%)

Data updated twice yearly.
Most current data are October 2012.
Next data update expected in April 2013.

PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

ACTUAL: 77% **(October 2012)**

### WHAT IS BEING MEASURED?

Access to primary care through Primary Care Networks is defined as the percentage of Albertans informally enrolled in a Primary Care Network as at March 31 of a given year.

The percentage of Albertans enrolled in a Primary Care Network (PCN) is determined by calculating the number of Albertans who are informally enrolled in a Primary Care Network (numerator) in a given fiscal year as a proportion of the total population covered by the Alberta Health Care Insurance Plan (denominator) as at March 31 of that year.

The measure definition and methodology used to calculate this measure have been reviewed and agreed upon by both AH and AHS and future reporting will align to this single methodology for reporting consistency.

Detailed indicator definition is available.

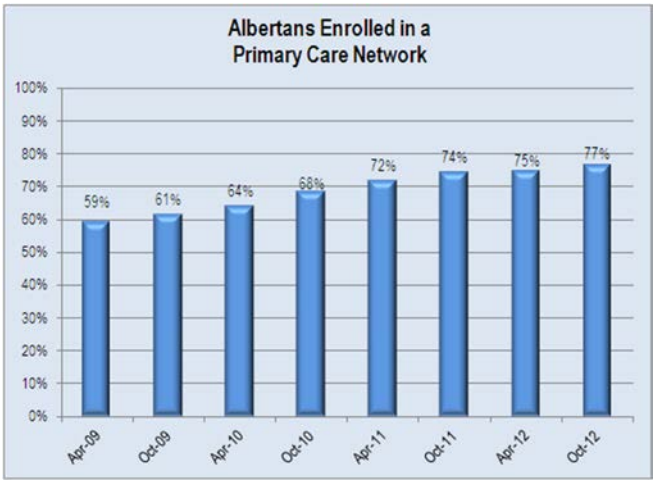
An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

A PCN is an arrangement between a group of family physicians and Alberta Health Services (AHS) 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?

Targets are currently being developed for this indicator.




Source: Alberta Health.

### HOW ARE WE DOING?

The percentage of Albertans enrolled in a PCN is 77 per cent as of October 2012 this is an increase from 75 per cent in April 2012.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date**: Over the past year, the number of Albertans enrolled in a PCN has increased to nearly 3 million. Currently, there are 40 PCNs in Alberta with 2 in the South Zone, 7 in Calgary Zone, 11 in Central Zone, 9 in Edmonton Zone and 11 in the North Zone.

**Subsequent actions planned**: Additional PCNs are being developed in the Central Zone including Peaks to Prairies (Olds & Sundre) and in Hinton (North Zone). Also, Vermilion is in the process of merging their PCN with Vegreville. Grande Cache PCN will begin operations shortly in the North Zone.

### WHAT ELSE DO WE KNOW?

AHS 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 = 79.7 per cent, Best Performing Province = 93.5 per cent (Nova Scotia), Canada = 84.7 per cent (Statistics Canada, 2011). Alberta ranked tied for fifth among the 10 provinces in terms of number of family physicians per 100,000 population. Alberta = 109, Best Performing Province = 119 (British Columbia), Canada = 104 (Canadian Institute for Health Information, 2010).

# Performance Measure Update

## Admissions for Ambulatory Care Sensitive Conditions

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

### PERFORMANCE STATUS

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

2012/13 TARGET: 282 admissions per 100,000

Q2 2012/13 ACTUAL: 278 (Annualized)

### 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.

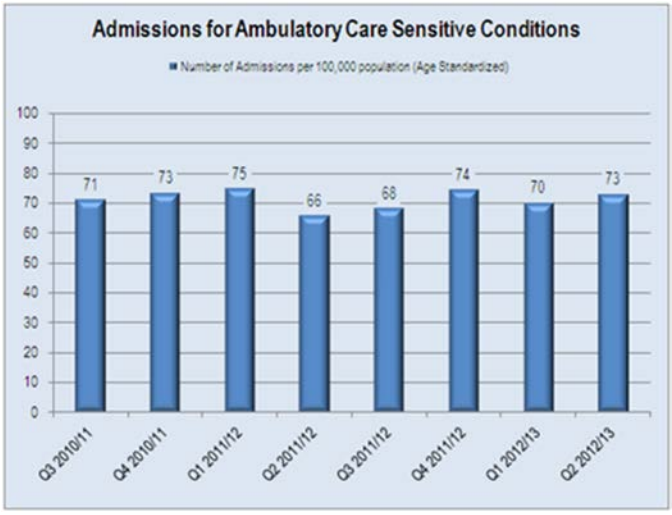
An internal review of the data quality indicates a high level of confidence with limited issues.

### 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 282 (71 per quarter) ACSC admissions per 100,000 population under age 75 years, has been established for 2012/13. As large variations exist in the rate of hospitalization for these conditions across Canada, the “most appropriate” target is not yet known (CIHI Health Indicators 2009).




Source: AHS Discharge Abstract Database

### HOW ARE WE DOING?

While there has been a slight increase in overall ACSC admissions in the most recent quarter, actual performance is better than target.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS, Family Care Clinics and Primary Care Networks continue to work on decreasing hospital admissions and Emergency visits by focusing on enhanced access, improved continuity of care, chronic disease management and health promotion. A program has been started to help Albertans manage chronic disease and maintain healthy weights by reaching Albertans through targeted communications. During 2012/13 this includes tobacco cessation, low risk drinking, healthy eating and active living.

**Subsequent actions planned:** Work is ongoing to recruit patients not yet attached to a physician, to continue enhanced access initiatives, and to improve the utilization of HealthLink. Continue to target communications to Albertans - 62 communities have expressed interest in participating in Thrive on Wellness – which focuses on healthy eating and active living to prevent cancer and chronic disease.

### WHAT ELSE DO WE KNOW?

Participation from PCNs in provincial quality improvement programs 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 fourth among the 10 provinces for lowest admissions for ambulatory care sensitive conditions. Alberta = 309, Best Performing Province = 263 (British Columbia), Canada = 299 (CIHI 2010/11).

# Performance Measure Update

## Family Practice Sensitive Conditions

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 23% of ED/UCC visits

YTD TARGET: 24.0%
ACTUAL: 25.4%
of ED/UCC visits
(Apr-Sep)

### WHAT IS BEING MEASURED?

Family Practice Sensitive Conditions report the percent 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.

An internal review of the data quality indicates a high level of confidence with limited issues.

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

### WHY IS THIS IMPORTANT?

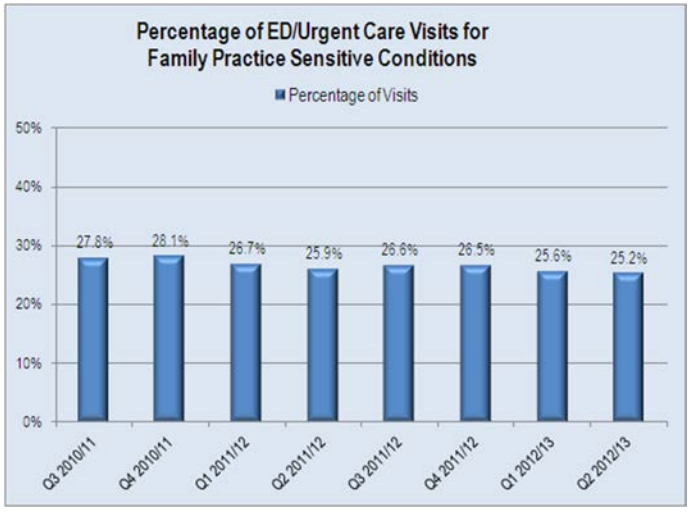
Treatment when appropriate at family physician offices allows for proper follow up and better patient outcomes. The expectation is that more effective provision of primary care services would result in improvement in this measure.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established the target for family practice sensitive conditions at 23 per cent of ED or urgent care visits.

### HOW ARE WE DOING?

The percentage of family practice sensitive conditions remains slightly above the target.




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

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Family Care Clinics (FCCs) opened their doors in Slave Lake, East Edmonton and East Calgary in April 2012. FCCs are an initiative of the Alberta Government designed to increase access to primary health care services for Albertans, particularly those who are under-served, require a family physician, and have chronic diseases and/or addiction and mental health needs.

With a strong focus on wellness, FCCs will offer individuals and families comprehensive care close to their home and will be integrated with other health services and community supports and programs.

FCCs will be different from traditional primary health care settings in that individuals won't be required to see a physician for access to many of the services offered within the FCC such as dietary advice, physiotherapy or addictions counselling.

**Subsequent actions planned:** Alberta Health Services is working to apply and advance a patient-focused, team-based model of primary health care that offers care in the community at all life stages. Interactive Continuity of Care Record – Chronic Disease Management (CDM) registry and care plan project beginning with a Point in Time Care Plan for patients with diabetes to be posted to NetCare. Future phases include additional chronic diseases and the ability to update at point of care across the continuum. Integration with primary care electronic medical records are a later phase along with patient access to the care plan through the personal health portal.

### 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 are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 80%

YTD TARGET: 80.0%
ACTUAL: 81.1%
**(Apr-Sep)**

### WHAT IS BEING MEASURED?

Health Link Alberta Service Level measures the percentage of calls to Health Link Alberta (HLA) 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 could discourage some callers.

Detailed indicator definition is available.

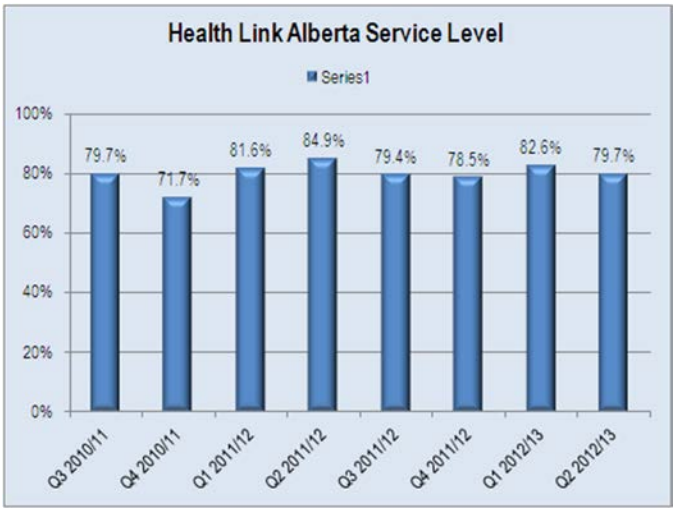
An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHAT IS THE TARGET?

Alberta Health Services has established a 2012/13 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 Q2 2012/13 and 81.1 per cent year-to-date which is better than the target of 80 per cent.




Source: Health Link Alberta, Nortel Contact Centre Management 6.0

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date**: Review of current operations for efficiencies in call management. A call referral process improvement project has been approved by the HLA provincial management team. An initial meeting has been held with Web IT to discuss business requirements for look up tools to assist with efficiency of information retrieval for staff. New nursing rotation implemented on Edmonton site September 24, 2012. This rotation better matches the scheduling of nursing staff to time of day when calls are presenting which will assist in maintenance of service level. Continue to enhance the self-service option of consumer health content on myhealth.alberta.ca. Work this quarter has included a review of more than 100 videos that will be added to the site in Q3.

**Subsequent actions planned**: New single HLA intranet is ready for launch. This site efficiently provides staff on both sites with standardized information they require to answer caller questions. Ongoing enhancements to the site have been identified and requirements gathering will begin in Q3.

### WHAT ELSE DO WE KNOW?

Historically, callers perceive the wait time as very good to excellent when the targeted service level of "80 per cent of calls are answered within 2 minutes" is met.

### HOW DO WE COMPARE?

National benchmark comparisons are not available.

# Performance Measure Update

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

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

PERFORMANCE STATUS

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

2012/13 TARGET: 92%

YTD TARGET: 91%
ACTUAL: 74%
(Apr-Sep)

### WHAT IS BEING MEASURED?

The percentage of Children Receiving Community Mental Health Treatment within 30 days - Scheduled measures the per cent of children under the age of 18 referred for mental health services who received a face-to-face scheduled assessment with a mental health therapist within a 30 day period.

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

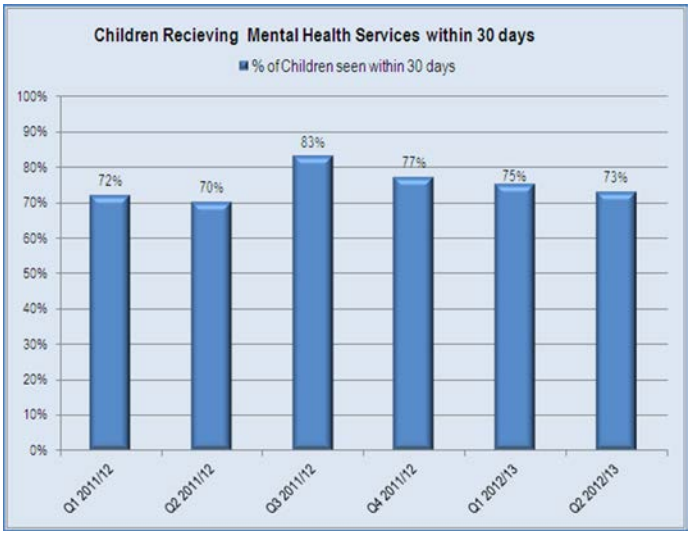
Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

### WHAT IS THE TARGET?

The 2012/13 target for children receiving community mental health treatment within 30 days is 92 per cent. Provincial wait time standards reflect the maximum time children should wait to receive mental health services in Alberta.

### HOW ARE WE DOING?

Currently, AHS is not meeting the 92 per cent target of referred children receiving a face-to-face assessment within 30 days.




Source: AHS Mental Health Services

Notes:

1. These results exclude some enrolments that have not been completed within the selected time period.
2. Results reported in this analysis may differ slightly from previous documents due to updates in datasets.
3. Age is calculated at time of service (enrolment date).

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Continue to expand Child and Adolescent Addiction and Mental Health Community Services. Secure appropriate clinical space in Edmonton Zone. Recruit additional mental health staff to fill existing vacancies. Continue participation in the Mental Health Centre Alberta AIM (Access, Improvement, Measures)) project to reduce average wait times.

**Subsequent actions planned:** Recruit additional mental health staff to fill existing vacancies. Provide training for generalist addiction and mental health clinicians in cognitive behavioural therapy in preparation for the Adolescent Depression Pathway roll-out in Calgary and to help decrease referrals to specialized child and adolescent mental health services.

### WHAT ELSE DO WE KNOW?

There appears to be some seasonal and geographic variation in the results reported for this measure.

Information is available by zone.

### HOW DO WE COMPARE?

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

# Performance Measure Update

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 1.0 week

YTD TARGET: 1.0 week
ACTUAL: 1.7 weeks (Apr-Sep)

### WHAT IS BEING MEASURED?

Coronary artery bypass graft (CABG) wait time definitions have been refined and standardized between Calgary and Edmonton to ensure accurate and consistent reporting of data.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included. 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.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

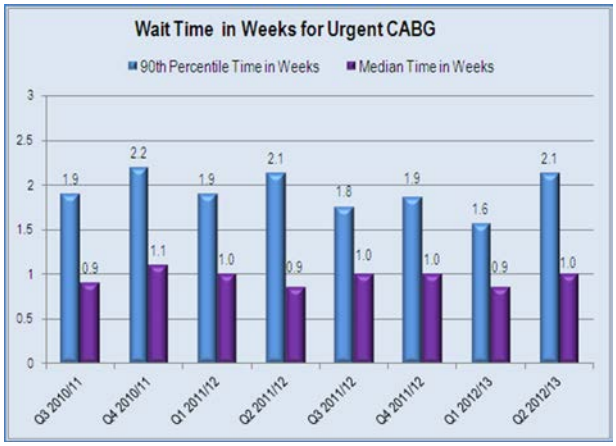
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency I CABG surgeries is within two weeks. The AHS 90th percentile target for 2012/13 is 1.0 week for urgent CABG surgeries.

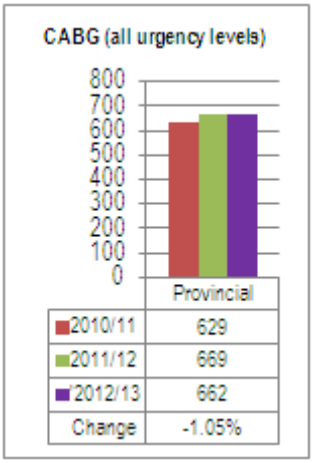
### HOW ARE WE DOING?

The wait time for urgent CABG surgery has increased between Q1 2012/13 and Q2 2012/13 and the year-to-date wait time remains longer than the annual target.




Source: AHS Open Heart Waitlist Database (Edmonton), VELOS and APPROACH (Calgary)

### WHAT ACTIONS ARE WE TAKING?




**Actions completed to date:** In Calgary, physician-led quality improvement projects are underway including: fast-tracked referral process; clinic utilization modified to ensure maximum use of available spaces; complex case rounds initiated and central referral for CABG cases pilot project,

In Edmonton, ongoing quality improvement work is occurring in the areas of Patient Flow, Patient Education, Operating Room Utilization and Surgical Site Infection, as well as improvement of the surgical wait time database. Edmonton is looking at a capital project to complete the build-out of shelled-in space for 6 Cardiovascular Intensive Care Unit (CVICU) beds for next year.

**Subsequent actions planned:** Planning to use a Nurse Navigator to allocate patients to surgeons to decrease variation in surgeon volume and to identify "protected" OR spots for CABG patients. Calgary is refining the "Ready to Treat" reporting from surgeons' offices to ensure consistency and simplification of process. Edmonton is continuing to monitor and improve the surgical wait time database, identifying strategies for continuous improvement. They are also implementing additional standards within the OR to reduce surgical infection rates.

### WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure patients are assigned an appropriate urgency level. Patients are reassessed and re-priorized should their condition change while awaiting their surgical procedure.

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.

# Performance Measure Update

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 2.0 weeks

YTD TARGET: 2.0 weeks
ACTUAL: 3.7 weeks
(Apr-Sep)

### WHAT IS BEING MEASURED?

Coronary artery bypass graft (CABG) wait time definitions have been refined and standardized between Calgary and Edmonton to ensure accurate reporting and consistency of data.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included. 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.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

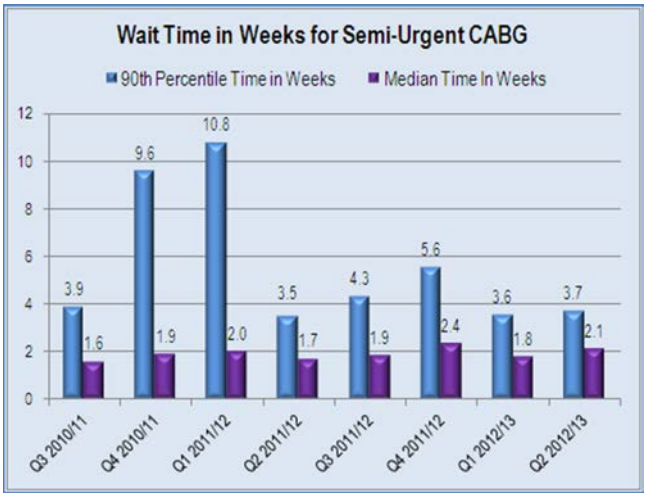
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency II CABG surgeries is within six weeks. The AHS 90th percentile target for 2012/13 is 2.0 weeks for semi-urgent CABG surgeries.

### HOW ARE WE DOING?

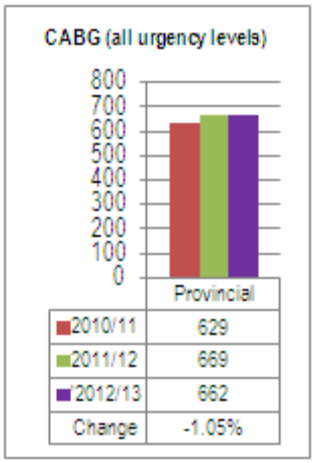
There was an increase in wait time for semi-urgent CABG surgery in the second quarter compared to the first quarter of 2012/13, and the year-to-date wait time remains longer than the annual target.




Source: AHS Open Heart Waitlist Database (Edmonton), VELOS and APPROACH (Calgary)

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** In Calgary, physician-led quality improvement projects are underway including: fast-tracked referral process; clinic utilization modified to ensure maximum use of available spaces; complex case rounds initiated and central referral for CABG cases pilot project, In Edmonton, ongoing quality improvement work is occurring in the areas of Patient Flow, Patient Education, Operating Room Utilization and Surgical Site Infection, as well as improvement of the surgical wait time database. Edmonton is looking at a capital project to complete the build-out of shelled-in space for 6 Cardiovascular Intensive Care Unit (CVICU) beds for next year.




| | Provincial |
|---|---|
| 2010/11 | 629 |
| 2011/12 | 669 |
| 2012/13 | 662 |
| Change | -1.05% |

**Subsequent actions planned:** Planning to use a Nurse Navigator to allocate patients to surgeons to decrease variation in surgeon volume and to identify "protected" OR spots for CABG patients. Calgary is refining the "Ready to Treat" reporting from surgeons' offices to ensure consistency and simplification of process. Edmonton is continuing to monitor and improve the surgical wait time database, identifying strategies for continuous improvement. They are also implementing additional standards within the OR to reduce surgical infection rates.

### WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure patients are assigned an appropriate urgency level. Patients are reassessed and re-priorized should their condition change while awaiting their surgical procedure.
Information is available by site.

### HOW DO WE COMPARE?

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

# Performance Measure Update

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 6.0 weeks

YTD TARGET: 6.0 weeks
ACTUAL: 27.1 weeks
(Apr-Sep)

### WHAT IS BEING MEASURED?

Since 2010, coronary artery bypass graft (CABG) wait time definitions have been refined and standardized between Calgary and Edmonton to ensure accurate and consistent reporting of data.

Only scheduled CABG surgeries on adults 18 years of age and older are included in this measure; emergency procedures are not included.

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.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

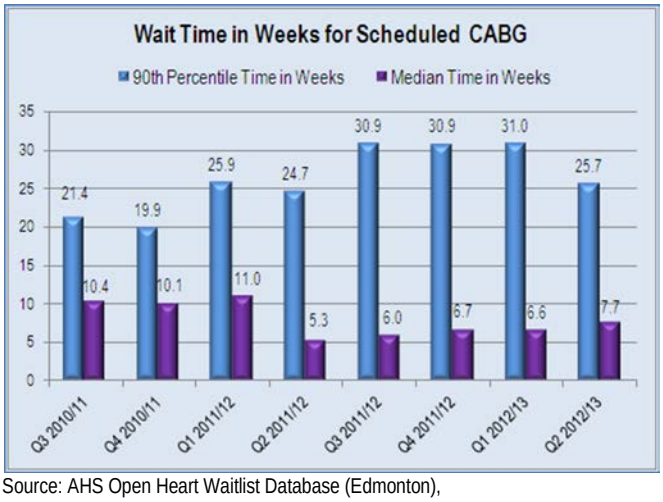
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency III CABG surgeries is within 26 weeks. The 2012/13 AHS 90th percentile target is 6.0 weeks.

### HOW ARE WE DOING?

The wait time for scheduled CABG surgery has dropped from 31.0 weeks in Q1 2012/13 to 25.7 weeks in Q2 2012/13, however, the year-to-date wait time is not achieving target.

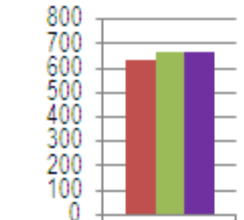



Source: AHS Open Heart Waitlist Database (Edmonton), VELOS and APPROACH (Calgary)

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** In Calgary, physician-led quality improvement projects are underway including: fast-tracked referral process; clinic utilization modified to ensure maximum use of available spaces; complex case rounds initiated and central referral for CABG cases pilot project,
In Edmonton, ongoing quality improvement work is occurring in the areas of Patient Flow, Patient Education, Operating Room Utilization and Surgical Site Infection, as well as improvement of the surgical wait time database. Edmonton is looking at a capital project to complete the build-out of shelled-in space for 6 Cardiovascular Intensive Care Unit (CVICU) beds for next year.

CABG (all urgency levels)




| | Provincial |
|---|---|
| 2010/11 | 629 |
| 2011/12 | 669 |
| 2012/13 | 662 |
| Change | -1.05% |

**Subsequent actions planned:** Planning to use a Nurse Navigator to allocate patients to surgeons to decrease variation in surgeon volume and to identify "protected" OR spots for CABG patients. Calgary is refining the "Ready to Treat" reporting from surgeons' offices to ensure consistency and simplification of process. Edmonton is continuing to monitor and improve the surgical wait time database, identifying strategies for continuous improvement. They are also implementing additional standards within the OR to reduce surgical infection rates.

### WHAT ELSE DO WE KNOW?

All patient conditions are carefully reviewed to ensure patients are assigned an appropriate urgency level. Patients are reassessed and re-priorized should their condition change while awaiting their surgical procedure.

Information is available by site.

### HOW DO WE COMPARE?

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

# Performance Measure Update

## Hip Replacement Wait Time

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 22.0 weeks

YTD TARGET: 24.5
ACTUAL: 35.0
(Apr – Sep)

### 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.

An in-depth data quality review on the hip surgery wait times revealed that the data are accurate within 1.0 per cent or ±0.5 weeks in the current quarter.

### WHY IS THIS IMPORTANT?

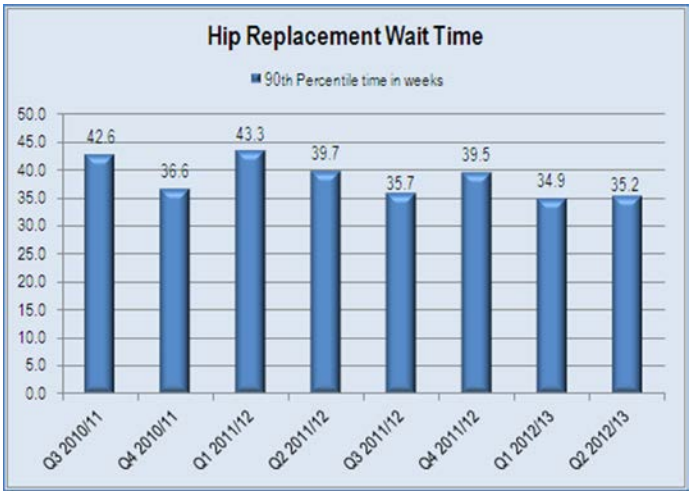
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for hip replacement surgeries for 2012/13 is within 22.0 weeks. The Alberta target for 2011/12 was 27.0 weeks.

### HOW ARE WE DOING?

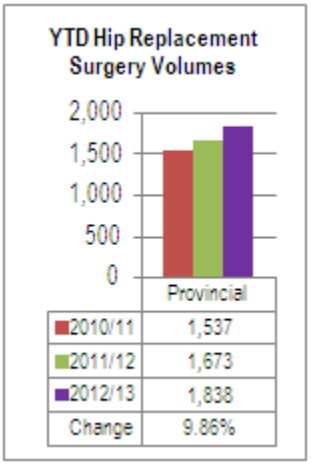
The wait time for hip replacement surgery in Q2 2012/13 was 35.2 weeks which has decreased from 2011/12 although still not at the target level.




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

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Target volumes for 2012/13 have been established for all zones. More hip replacement surgeries have been done year-to-date this year than over the past two fiscal years with a 9.9% increase in surgical volume. There is a continued focused approach to ensure that the existing wait lists are accurate and patients are receiving the appropriate care.




| | Provincial |
|---|---|
| 2010/11 | 1,537 |
| 2011/12 | 1,673 |
| 2012/13 | 1,838 |
| Change | 9.86% |

**Subsequent actions planned:** Process changes are being reviewed at on a zone-by-zone basis to increase efficiencies. Target volumes are being maintained to meet March 31, 2013 surgeries.

### WHAT ELSE DO WE KNOW?

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

### HOW DO WE COMPARE?

Using a similar measure in 2011, Alberta ranked fifth among the 10 provinces for hip replacement surgery wait times. Alberta = 41.1 weeks, Best Performing Province = 26.6 weeks (Ontario), Canada = 34.1 weeks (CIHI, 2011).

# Performance Measure Update

## Knee Replacement Wait Time

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 28.0 weeks

YTD TARGET: 31.5
ACTUAL: 43.0 weeks
(Apr – Sep)

### 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.

An in-depth data quality review on the knee surgery wait times revealed that the data are accurate within 2.7 per cent or ±1.3 weeks in the current quarter.

### WHY IS THIS IMPORTANT?

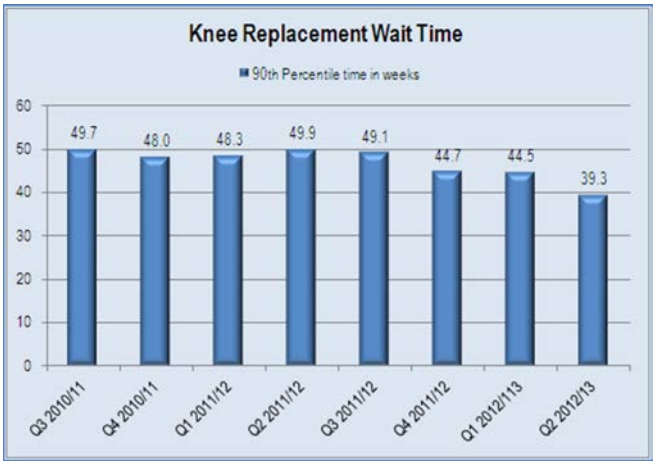
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for knee replacement surgeries is within 26.0 weeks. The Alberta target for 2012/13 is 28.0 weeks.

### HOW ARE WE DOING?

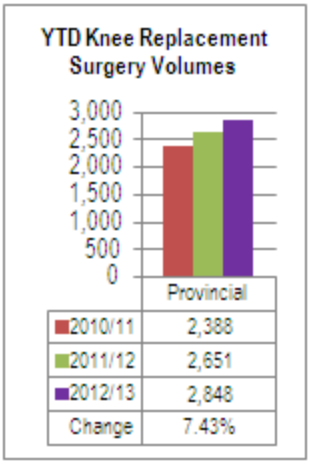
The wait time for knee replacement surgery in Q2 2012/13 was 39.3 weeks which has continued to improve since the prior year.




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

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Target volumes for 2012/13 have been established for all zones. More knee replacement surgeries have been done year-to-date than for the past two fiscal years with a 7.4% increase year-to-date in surgical volume. There is a continued focused approach to ensure that the existing wait lists are accurate and patients are receiving the appropriate care.




| | Provincial |
|---|---|
| 2010/11 | 2,388 |
| 2011/12 | 2,651 |
| 2012/13 | 2,848 |
| Change | 7.43% |

**Subsequent actions planned:** Process changes are being reviewed at on a zone-by-zone basis to increase efficiencies. Post-operative care standards are being implemented as per provincial hip and knee care pathway. Monitor volume performance of each site to ensure funded volumes are achieved.

### WHAT ELSE DO WE KNOW?

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

Information is available by site.

### HOW DO WE COMPARE?

Using a similar measure in 2011, Alberta ranked fifth among the 10 provinces for knee replacement surgery wait times. Alberta = 49.1 weeks, Best Performing Province = 31.3 weeks (Ontario), Canada = 39.7 weeks (CIHI, 2011).

# Performance Measure Update

## Cataract Surgery Wait Time

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report

PERFORMANCE STATUS

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

2012/13 TARGET: 25.0 weeks

YTD TARGET: 27.5
ACTUAL: 29.7 weeks
(Apr – Sep)

### 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. Calgary cataract wait times include patients who voluntarily delay their procedure.

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.

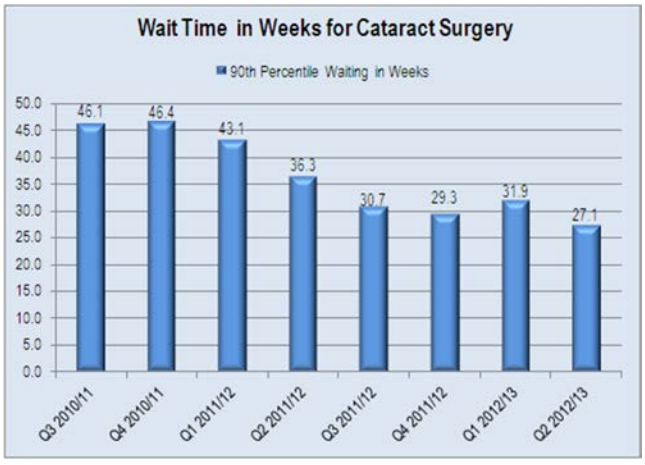
An internal review of the data quality indicates a questionable level of confidence with known issues.

### 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 16.0 weeks. The target for 2012/13 is 25.0 weeks, down from the 30-week target for 2011/12.

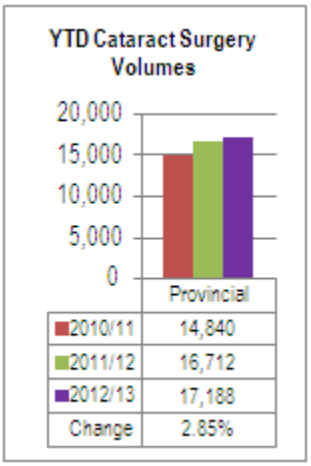



Source: Alberta Health.

### HOW ARE WE DOING?

The 90th percentile wait time for cataract surgery for Q2 2012/13 was 27.1 weeks which better than the prior quarter. The year-to-date wait time is 29.7 weeks which is longer than the target. There has been a steady decline in the cataract wait times over the past two years.

### WHAT ACTIONS ARE WE TAKING?




**Actions completed to date:** Increases to the number of cataract surgeries have continued to bring wait times down. There have been more than 17,000 cataract surgeries year-to-date which represents an increase of 2.9% in cataract surgery volume over the first half of last year. A pilot project to implement a standardized diagnosis-based priority system to book surgeries throughout the Province was sponsored by the Surgery Clinical Network. The goal of this project was to implement Adult Coding Access Targets for Surgery (aCATS) and Pediatric Canadian Access Targets for Surgery (pCATS).

**Subsequent actions planned:** There is a heightened emphasis on working on efficiencies and monitoring the wait lists. Completion of allocated cataract surgeries will continue across the province throughout 2012/13. Continue to implement aCATS provincially.

### WHAT ELSE DO WE KNOW?

Information is available by zone.

### HOW DO WE COMPARE?

Using a similar measure in 2011, Alberta ranked tenth among the 10 provinces for cataract surgery wait times. Alberta = 39.3 weeks, Best Performing Province = 17.3 weeks (Ontario), Canada = 21.1 weeks (CIHI, 2011).

# Performance Measure Update

## Other Scheduled Surgery Wait Time

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

YTD TARGET: tbd
ACTUAL: 25.4 weeks (Apr – Sep)

### WHAT IS BEING MEASURED?

Other Scheduled Surgery Wait Time 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.

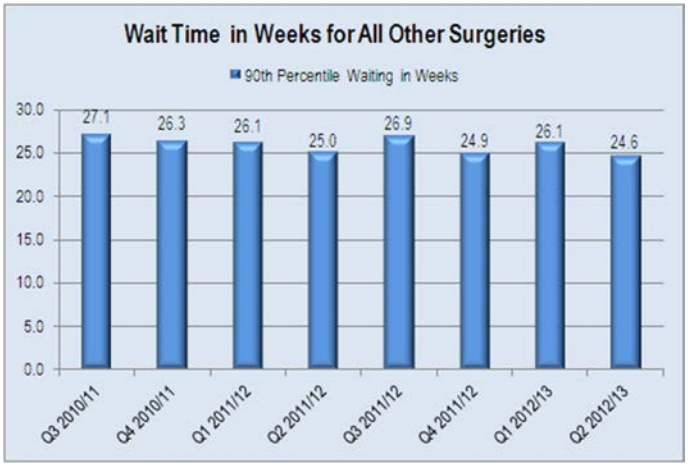
An internal review of the data quality indicates a questionable level of confidence with known issues.

### 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.



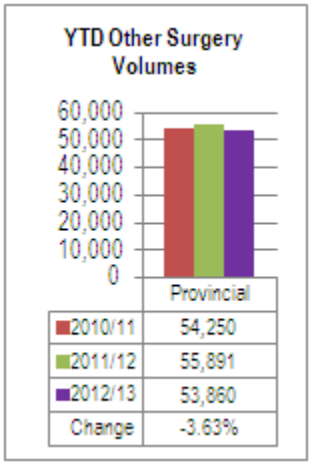

Source: Alberta Health

### HOW ARE WE DOING?

Using latest developed measurement methodology (under review), 90th percentile wait times for other surgeries was 24.6 weeks for Q2 2012/13 and 25.4 weeks year-to-date. The quarterly wait time is at its lowest level over the past 2 years.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date**: There has been a slight decrease in the number of surgeries year-to-date this year compared to a year ago. The goal of the Adult Coding Access Targets for Surgery (aCATS) project is to develop and implement a standardized diagnosis-based priority system to book surgeries across the continuum of surgical services offered throughout the province. The aCATS pilot is now live at nine pilot sites across all zones.




| | Provincial |
|---|---|
| 2010/11 | 54,250 |
| 2011/12 | 55,891 |
| 2012/13 | 53,860 |
| Change | -3.63% |

**Subsequent actions planned:** Going 'live' entails use of aCATS coding into the surgical booking process. This enables assignment of diagnosis and urgency access targets for all patients.

### WHAT ELSE DO WE KNOW?

Information is available by zone.

### HOW DO WE COMPARE?

National benchmark comparisons are not available.

# Performance Measure Update

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 3.0 weeks

YTD TARGET: 3.5 weeks
ACTUAL: 4.9 weeks (Apr-Sep):

### 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 this data at two additional cancer centres that provide consultations to patients in 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.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

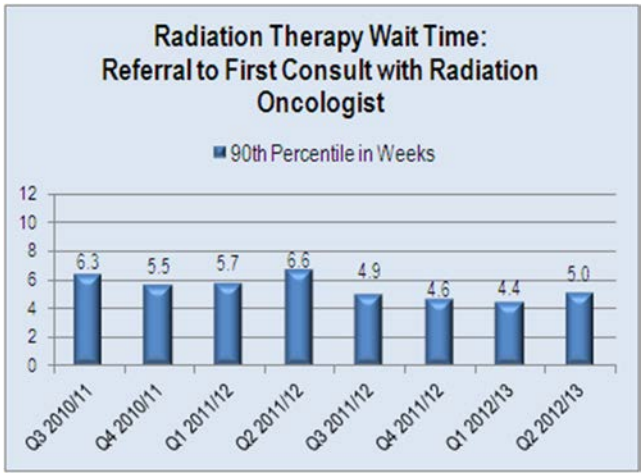
Wait times are an important measure of how quickly people are getting access to cancer care. They reflect the ability of Alberta Health Services (AHS) to meet the needs of cancer patients.

### WHAT IS THE TARGET?

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

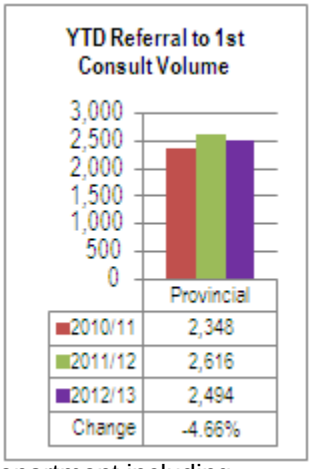
### HOW ARE WE DOING?

Wait times from cancer referral to consultation by radiation oncologists are outside the target.




Source: Alberta Cancer Board – Enterprise Business Intelligence Program.

### WHAT ACTIONS ARE WE TAKING?




**Actions completed to date:** A quality improvement project has been initiated to address the increased wait time. The project is being completed at three centres within Alberta which focuses on reducing the "turnaround" time that is required to receive, process, and triage patient referrals. As well as looking at scheduling and utilization of current resources which will review the current scheduling of patients within the outpatient department including the scheduling of rooms and manpower to support the activities required by the patients.

**Subsequent actions planned:** To increase efficiencies, the New Patient Office at Cross Cancer is being moved to a new location to improve processes between the unit clerks and the nurses. The nurse practitioner clinic pilots will be expanded to all tumor groups.

### WHAT ELSE DO WE KNOW?

Sometimes referrals are missing important medical information cancer specialists require before they meet with the patient. We are working with referring physicians to improve this situation. Information is available by site.

### HOW DO WE COMPARE?

National 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 about 74 per cent of patients are seen within this target (Cancer Care Ontario, July 2012).

# Performance Measure Update

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

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

PERFORMANCE STATUS

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

2012/13 TARGET: 4.0 weeks

YTD TARGET: 4.0 weeks
ACTUAL: 3.1 weeks
(Apr-Sep)

### 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.

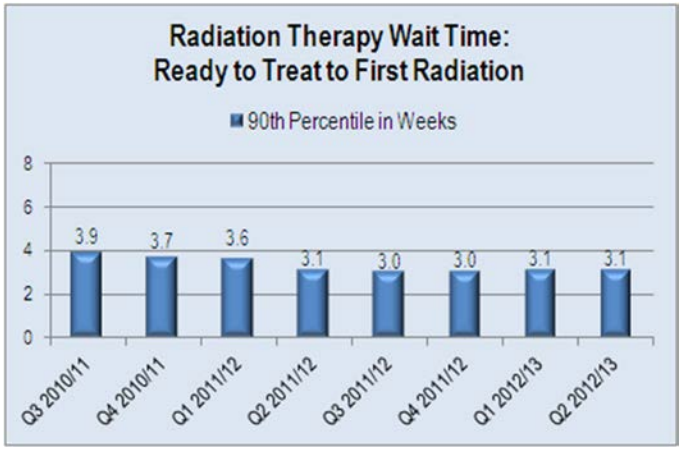
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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 (AHS) to meet the needs of cancer patients.

### WHAT IS THE TARGET?

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




Source: Alberta Cancer Board – Enterprise Business Intelligence Program.

### HOW ARE WE DOING?

The proportion of patients receiving radiation therapy within the expected time period is better than the year-to-date target. The Q2 2012/13 90th percentile time was 3.1 weeks.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Benchmark for this measure is 4 weeks; the provincial Q2 average is 3.1 weeks and the prior year annual average was 3.1 weeks as well. Cancer care wait time is better than the target and will continue to work to maintain this wait time.

**Subsequent actions planned:** It is anticipated that with the new facility openings including Central Alberta Cancer Centre – Red Deer (2013) and the Grande Prairie Cancer Centre (2017), that the wait times may reduce even further.

### WHAT ELSE DO WE KNOW?

AHS is reviewing benchmark work done by provincial/territorial governments in 2005, and reported in October 2009.

Information is available by site.

### HOW DO WE COMPARE?

National comparisons are not currently available but are under development. The national benchmark based on recommendations from the Canadian Association Radiation Oncologists for time from referral to a radiation oncologist to consultation is 2 weeks. Current trends indicate that about 74 per cent of patients in Ontario are seen within this target (Cancer Care Ontario, July 2012).

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

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

PERFORMANCE STATUS

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

2012/13 TARGET: 80%

YTD TARGET: 78%
ACTUAL: 65%
(Apr – Sep)

## WHAT IS BEING MEASURED?

Patients Discharged from Emergency Department (ED) or Urgent Care Centre (UCC) within 4 Hours 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.

An internal review of the data quality indicates an acceptable level of confidence with known issues. A more formal internal Data Quality and Operational Readiness review is being conducted.

## WHY IS THIS IMPORTANT?

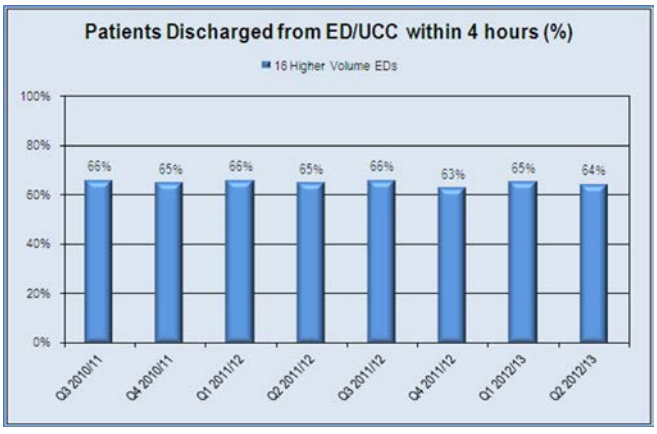
The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

## WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a 2012/13 target of 80 per cent of patients discharged within four hours for the 16 higher volume EDs.

## HOW ARE WE DOING?

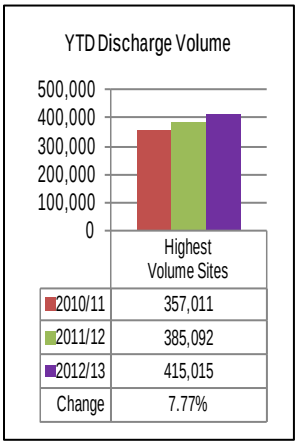
In Q2 2012/13, 64 per cent of patients at the 16 higher volume EDs were discharged within four hours.




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:** ED flow capacity for patients treated and subsequently discharged at the 16 higher volume EDs has increased by almost 8% over last year. AHS reduced the number of hospital patients awaiting placement for continuing care, lowered hospital occupancy rates and developed a provincial discharge policy in response to three Ministerial directives issued earlier this year, all of which will have an impact on ED flow.




| | Highest Volume Sites |
|---|---|
| 2010/11 | 357,011 |
| 2011/12 | 385,092 |
| 2012/13 | 415,015 |
| Change | 7.77% |

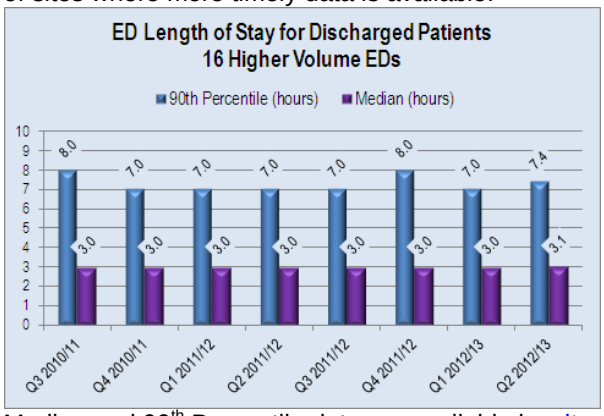
**Subsequent actions planned:** Process improvement efforts will continue across all zones to continue to provide capacity and have overcapacity protocols in place.

## 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.

Weekly ED Length of Stay (LOS) is available for a subset of sites where more timely data is available.




Median and 90th Percentile data are available by site.

## HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

# Performance Measure Update

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 86%

YTD TARGET: 85%
ACTUAL: 80%
(Apr – Sep)

### WHAT IS BEING MEASURED?

Patients Discharged from Emergency Department (ED) or Urgent Care Centre (UCC) within 4 Hours 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.

An internal review of the data quality indicates an acceptable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

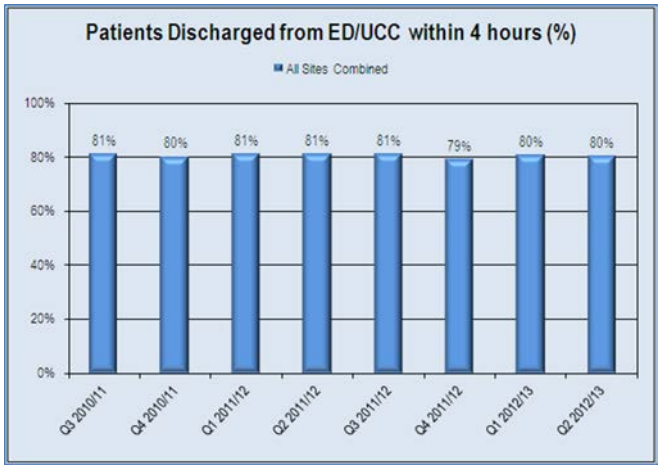
The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a target for 2012/13 of 86 per cent of patients discharged within four hours for all sites.

### HOW ARE WE DOING?

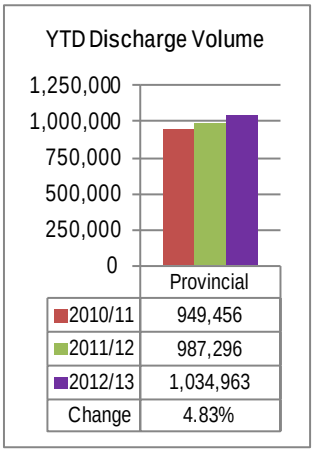
In Q2 2012/13, 80 per cent of patients at all EDs were discharged within four hours.




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:** ED flow capacity for patients treated and subsequently discharged at all ED sites has increased by just under 5% over last year. AHS reduced the number of hospital patients waiting placement for continuing care, lowered hospital occupancy rates, and developed a provincial discharge policy in response to three Ministerial directives issued earlier this year, all of which will impact ED flow.




| | Provincial |
|---|---|
| 2010/11 | 949,456 |
| 2011/12 | 987,296 |
| 2012/13 | 1,034,963 |
| Change | 4.83% |

**Subsequent actions planned:** Process improvement efforts will continue across all zones to provide capacity and put overcapacity protocols in place. The work to achieve the targets outlined in response to the HQCA Ministerial Directives will continue throughout this fiscal year.

### 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.

Weekly ED Length of Stay (LOS) is available for a subset of sites where more timely data is available.

### 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 are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 75%

YTD TARGET: 68%
ACTUAL: 47%
(Apr – Sep)

### 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.

An internal review of the data quality indicates an acceptable level of confidence with known issues. An internal Data Quality and Operational Readiness review is being conducted.

### WHY IS THIS IMPORTANT?

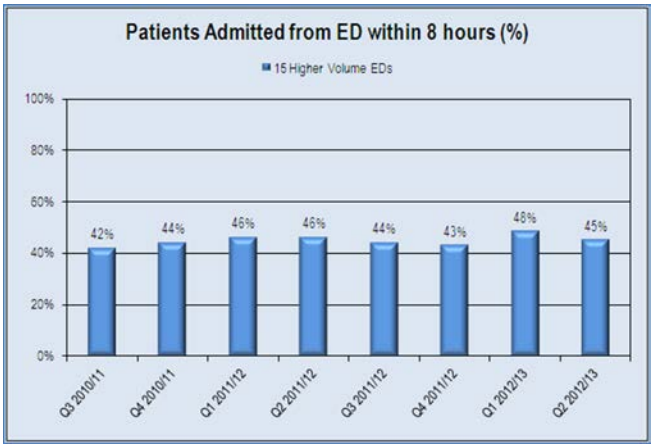
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent can be a measure of access to the health care system and a reflection of efficient use of resources.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a target of 75 per cent of patients admitted leaving the ED within eight hours for the 15 higher volume EDs for 2012/13.

### HOW ARE WE DOING?

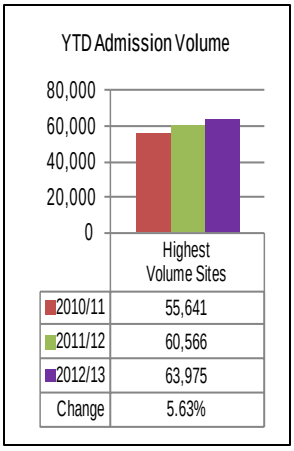
In Q2 2012/13, 45 per cent of admitted patients at the 15 higher volume EDs left the ED within eight hours.




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:** ED flow capacity for patients treated and subsequently admitted at the 15 higher volume EDs has increased by 5.63% over last year.
**Subsequent actions planned:** Process improvement efforts will continue across all zones to provide capacity and have overcapacity protocols in place.

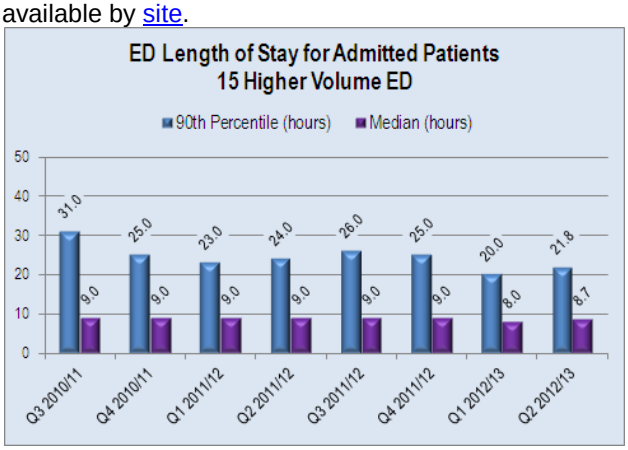



| | Highest Volume Sites |
|---|---|
| 2010/11 | 55,641 |
| 2011/12 | 60,566 |
| 2012/13 | 63,975 |
| Change | 5.63% |

### 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.

Weekly ED Length of Stay (LOS) is available for a subset of sites where more timely data is readily available. Median and 90th Percentile data are 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 are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 75%

YTD TARGET: 70%
ACTUAL: 56%
(Apr – Sep)

### 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.

An internal review of the data quality indicates an acceptable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

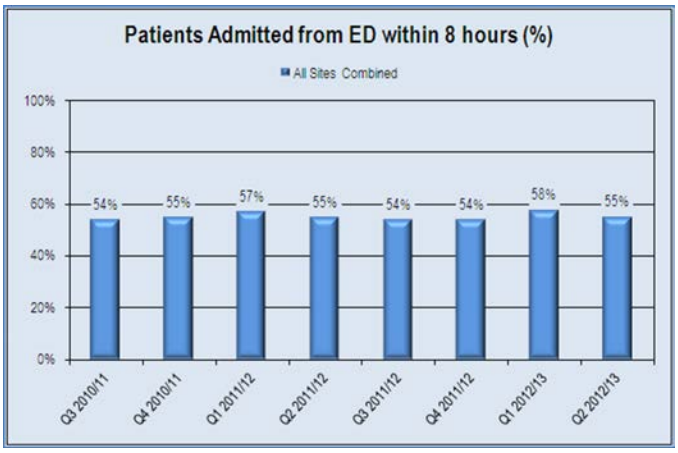
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent by a patient in an ED can be a measure of access to the health care system and a reflection of efficient use of resources.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a target for all ED sites combined of 75 per cent of patients admitted leaving the ED within eight hours for 2012/13.

### HOW ARE WE DOING?

In Q2 2012/13, 55 per cent of admitted patients left the ED within eight hours which is below the target of 75 per cent.

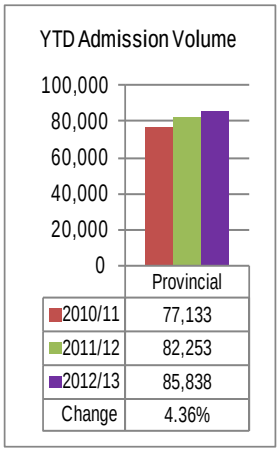



Source: Calgary and Edmonton Emergency Department Information System Data (REDIS,EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** ED flow capacity for patients treated and subsequently admitted at all EDs has increased by over 4% compared to last year.

**Subsequent actions planned:** Process improvement efforts will continue across all zones to provide capacity and have overcapacity protocols in place.




| | Provincial |
|---|---|
| 2010/11 | 77,133 |
| 2011/12 | 82,253 |
| 2012/13 | 85,838 |
| Change | 4.36% |

### 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.

Weekly ED Length of Stay (LOS) is available for a subset of sites where more timely data is available.

### HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 350

YTD TARGET: 363
Q2 2012/13 ACTUAL: 557
(Sep 2012)

## 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.

An internal review of the data quality indicates a high level of confidence with limited issues.

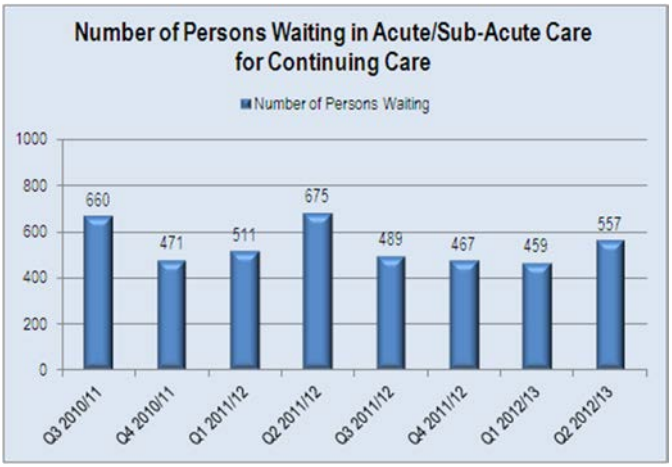
## WHY IS THIS IMPORTANT?

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?

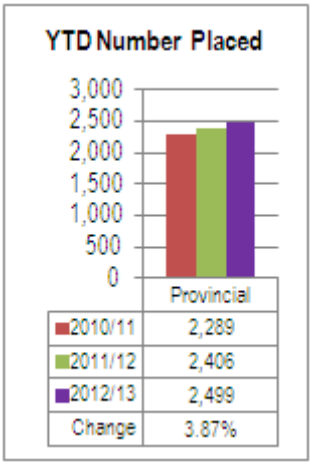
The target for 2012/13 is for 350 or fewer people to be waiting in acute/sub-acute (hospital) beds for continuing care placement.




Source: AHS "Snapshots" of the Wait List at the end of the report period.

## HOW ARE WE DOING?

At the end of Q2 2012/13, 557 people were waiting in acute/sub-acute (hospital) beds for continuing care placement. The number of people waiting has not met the target.
During Q2 of 2012/13, 1,141 individuals were placed in continuing care from acute / sub-acute beds for a year-to-date total of 2,499. The increase in placements from Q2 of 2011/12 to Q2 of 2012/13 was 3.87%.
Note that the graph to the right shows the number of people placed whereas the measure is the number of people waiting to be placed.




| | Provincial |
|---|---|
| 2010/11 | 2,289 |
| 2011/12 | 2,406 |
| 2012/13 | 2,499 |
| Change | 3.87% |

## WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Since April 2012, AHS has opened 304 new continuing care beds (70 in Edmonton and 126 in Calgary). Additional capacity is planned to open by the end of March 2013. This is part of an ongoing goal to open 5,300 new continuing care beds over five years. So far to date AHS has opened 2,461, almost 50% of target. Home Care services continue to be expanded across the province.
**Subsequent actions planned:** Continue to add new beds in zones to meet targets. Work with AH to develop two Continuing Care Centres as concept demonstration projects.

## 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 (AHS) website for reference by case managers. Information is available by zone.

## HOW DO WE COMPARE?

National benchmark comparisons are not applicable.

# Performance Measure Update

## People Waiting in Community for Continuing Care Placement

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 850

YTD TARGET: 875
Q2 2012/13 ACTUAL: 938
(Sep 2012)

### 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.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

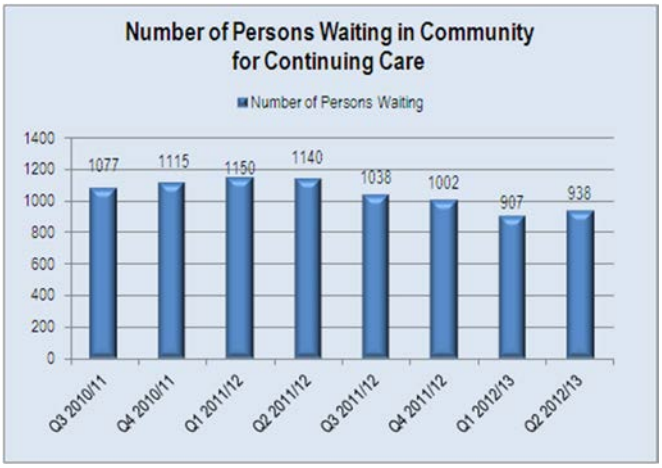
Access to continuing care services is a significant issue in Alberta. As such, a focused, multiple-strategy approach is needed to provide both seniors and persons with disabilities more options for quality accommodations specific to their service needs and lifestyles.

### WHAT IS THE TARGET?

The target for 2012/13 is for 850 or fewer people to be waiting in the community (at home) for continuing care placement. This is a decrease from the target of 900 in 2011/12.

### HOW ARE WE DOING?

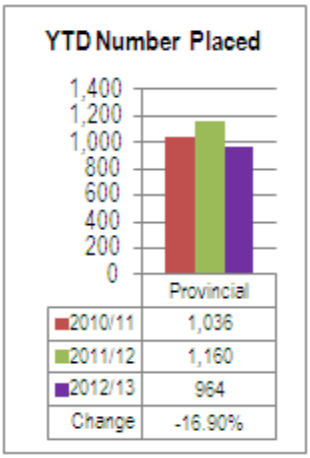
During Q2 of 2012/13, 938 individuals were still on the wait list, which is worse than the target. Year-to-date, 964 individuals were placed in continuing care from community. The decrease in placements from Q1 of 2011/12 to Q2 of 2012/13 was 16.90%.




Source: AHS "Snapshots" of the Wait List at the end of the report period.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Since April 2012, AHS has opened 304 new continuing care beds which includes 70 in Edmonton and 126 in Calgary. Additional capacity is planned to open by the end of March 2013. This is part of an ongoing goal to open 5,300 new continuing care beds over five years. To date AHS has opened 2,461, almost 50% of target. Home Care services continue to be expanded across the province. Since many seniors want to age in place, Home Care is a growing need. Note that the graph to the right shows the number of people placed whereas the measure is the number of people waiting to be placed.




| | Provincial |
|---|---|
| 2010/11 | 1,036 |
| 2011/12 | 1,160 |
| 2012/13 | 964 |
| Change | -16.90% |

**Subsequent actions planned:** Continue to add new beds in zones to meet targets. Work with AH to develop Continuing Care Centres demonstration projects.

### 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?

National benchmark comparisons are not applicable.

# Performance Measure Update

## Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | ACTUAL: 69% (Apr-Sep) |

### WHAT IS BEING MEASURED?

Wait time for supportive and facility living measures the number of days between the time an individual is assessed and approved for admission to a continuing care living option and their admission date.

This specific measurement is the per cent of patients admitted to supportive or facility living within 30 days.

This performance measure is used to monitor and report on access to continuing care living options in Alberta, as indicated by the wait times experienced by individuals admitted within the reporting period.

Detailed indicator definition is available.

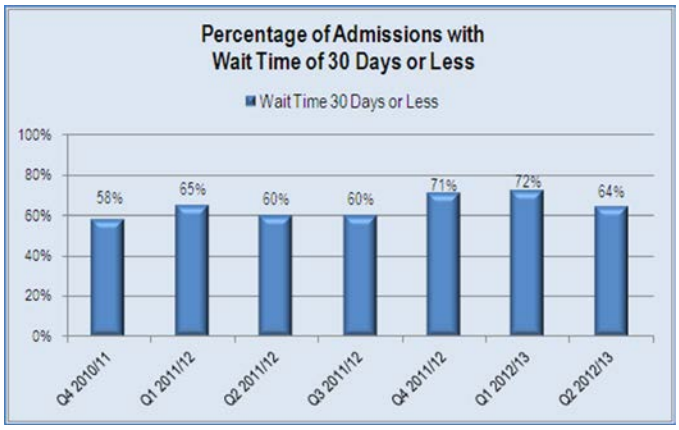
An internal review of the data quality indicates an acceptable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

Accessibility: Access to supportive and facility living options is a major issue in Alberta. Goal 2 of *Alberta's 5-Year Health Action Plan* is that "All Albertans requiring continuing care will have access to an appropriate option for (continuing) care within one month (30 days)" (p. 11).

By improving access to key areas, Alberta Health Services (AHS) will be able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost effective manner.

AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their lifestyles and service needs. In addition, AHS wants to offer short term continuing care transition options and/or increasing home care capacity to support people waiting for placement.




Source: Continuing Care Wait Time Data
Note: This measure includes individuals placed in both acute / sub-acute beds, as well as community.

### WHAT IS THE TARGET?

AHS has not established a target for this measure.

### HOW ARE WE DOING?

The percentage of patients placed in supportive living or long term care within 30 days of being assessed was 64 per cent in Q2 of 2012/13. The year-to-date (YTD) percentage was 69 per cent for April 2011 to September 2012.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Since April 2012, AHS has opened 304 new continuing care beds (70 in Edmonton and 126 in Calgary). Additional capacity is planned to open by the end of March 2013. This is part of an ongoing goal to open 5,300 new continuing care beds over five years. So far to date AHS has opened 2,461, almost 50% of target. Home Care services continue to be expanded across the province. Since many seniors want to age in place, Home Care is a growing need and to ensure Albertans have the support they require to remain safe and independent in their own homes.

**Subsequent actions planned:** Continue to add new beds in zones to meet targets. Further expansion of Home Care services will also occur.

### WHAT ELSE DO WE KNOW?

Work is in process to validate the completeness and accuracy of the data.

The wait time may include days when a client was unavailable for placement due to medical reasons (i.e., delay days, hold days).

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 are Q2 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | Q2 2012/13 ACTUAL: 82,366 |

### 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 and Supportive Living Settings.

Detailed indicator definition is available.

An internal review of the data quality indicates an acceptable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

Providing seniors with access to services and supports to remain healthy and independent as long as possible is very 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 82,366 in Q2 of 2012/13.

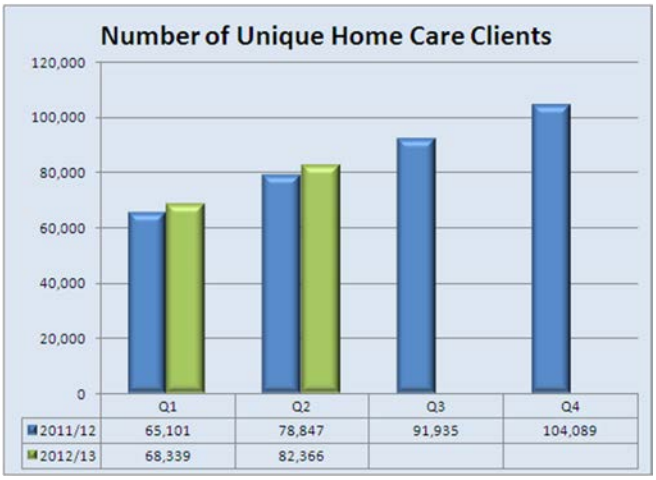



Chart represents the cumulative number of unique home care clients. For clients who come and go off the case load multiple times, they will only be counted once.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Increased access to home care, there were 8% more clients on Home Care as of Sept 30th, 2012, than the year before. AHS is opening new day program spaces to delay clients' need for admission and to provide assistance to the clients' caregivers.

Introduced the Destination Home program, which targets community based clients at risk for institutionalization to maximize their potential in the familiar surroundings of their home if safely able to do so. The goal is to facilitate safe discharge of patients – with comprehensive home care and community supports – while awaiting assessment for continuing care.

**Subsequent actions planned:** Continue to expand home care by adding more hours for those requiring short-term care, in order to prevent hospitalization or an emergency situation. All Zones will be implementing the new service guidelines and educating staff to the new guidelines. Implement home care services guidelines to bring long term home care clients to an average of 120 hours per year for all zones by 2014/2015.

### WHAT ELSE DO WE KNOW?

Information is available by zone.

### HOW DO WE COMPARE?

National benchmark comparisons are not available.

# Performance Measure Update

## Rating of Care
## Nursing Home – Family

Most current data are 2010/11.
The next survey is planned for 2013/14.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | 2010/11 ACTUAL: 73.4% |

### 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 most recent report was released in 2012 and is based on a survey from November 2010 to February 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 per cent of respondents who rated overall level of care as 8, 9 or 10 on a scale of 1 to 10 is reported.

Detailed indicator definition is available.

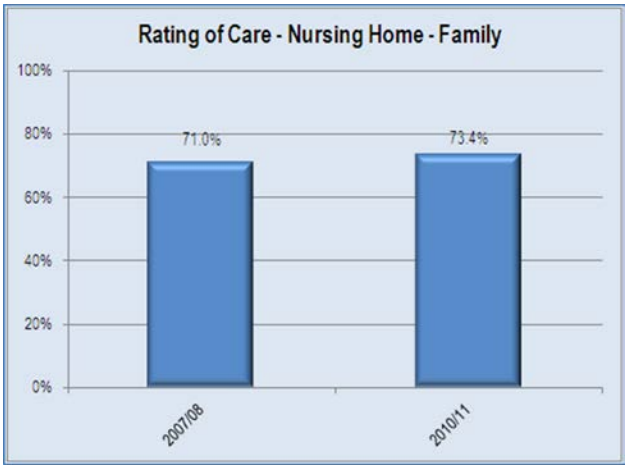
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has not yet established a 2012/13 target for the average overall family rating of care at Alberta nursing homes.




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

### HOW ARE WE DOING?

In 2010/11 the average overall family rating of care at Alberta nursing homes was 73.4 per cent, a very modest but statistically significant improvement from 71.0 per cent in 2007/08.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS is working with facilities that participated in the HQCA survey to identify quality improvements implemented based on their survey results.

**Subsequent actions planned:** Zones will review results in their quality councils and discuss strengths and opportunities for improvement. AHS and the Health Quality Council of Alberta (HQCA) are embarking upon a new supportive living satisfaction surveys. The long-term care survey will be repeated in the new year.

### 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 rural 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.

Information is available by zone.

### 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

## Head Count to FTE Ratio

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 1.61

Q2 2012/13 ACTUAL: 1.53 (Apr-Sep)

### WHAT IS BEING MEASURED?

The count of individuals employed by AHS divided by the count of assigned FTE's. An FTE (full-time equivalent) is the number of hours that represent what a full time employee would work over a given time period.

A lower ratio (lower number of head count to FTE) reflects optimization of workforce.

Detailed indicator definition is available.

An internal review of the data quality indicates a questionable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

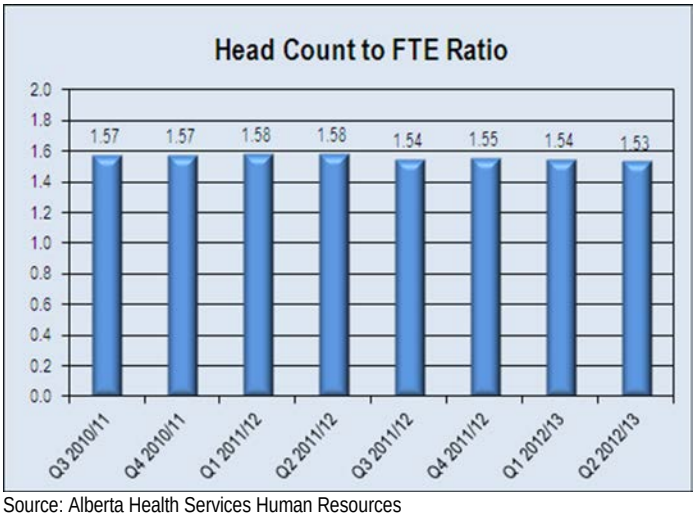
As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Head Count to FTE Ratio enables us to manage effective utilization of the workforce and supports the effectiveness of scheduling and productivity challenges.

### WHAT IS THE TARGET?

A target of 1.61 head count to FTE ratio has been established for 2012/13. This is a reduction from the 2011/12 target of 1.62.

### HOW ARE WE DOING?

In 2009/10 and 2010/11, the head count to FTE ratio was 1.57. For 2011/12, the annual ratio was 1.55. As of Quarter 2 2012/13, the ratio was 1.53.




Source: Alberta Health Services Human Resources
Note: Data reflects the average over the time period

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS is working to increase existing employees' Full Time Equivalency (FTE) level as well as hire at higher FTE levels and to move casual employees to fuller employment. The Managers' Workforce Report is distributed monthly to all AHS managers, roll-up reports and by division. The report and associated handbook provides managers with better data to build awareness and information regarding existing workforce demographics and FTE.

**Subsequent actions planned:** To increase full time/part time ratios work rotations are being optimized. New rotations developed show a range from 56 per cent to 94 per cent FT positions. The average percentage of FT positions has increased from 39 per cent to 69 per cent. An increase in FT positions will affect the head count to FTE ratio. An HR Transition Plan is in development to facilitate transition from current to optimized rotations for the units within Phase 1 and Phase 2 rotation optimization is beginning now.

### 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.

Information is available by portfolio.

### 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 are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 70%

Q2 2012/13 PROJECTED
Total: 98%+
Non-Casual: 78%

### WHAT IS BEING MEASURED?

The count of Alberta nursing student graduate positions that are filled with graduates hired by AHS within the fiscal year as a percent of the total Alberta Advanced Education & Technology forecast of graduates available in the fiscal year.

Detailed indicator definition is available.

An internal review of the data quality indicates a questionable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring RN Graduates Hired enables us to determine the effectiveness of the processes/programs that ensure our ability 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 AHS will hire a minimum of 70% of Alberta nursing graduates positions annually. If 70% of Alberta nursing 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?

AHS has established a target of 70 per cent of Alberta graduates hired into non-casual positions in 2012/13.

### HOW ARE WE DOING?

The total estimated RN graduates for 2012/13 are 1,687. AHS has hired a total of 1,217 (72%) of the 2012/13 RN graduates by the end of Q2. Of these, 700 (41%) were hired into non-casual positions. This represents a 10% increase over the per cent hired in Q2 last year.

Of the 1,687 total estimated RN graduates for 2012/13, only 1,393 new graduates were available to be hired in Q2. The 1,217 RN graduates AHS has hired by the end of Q2 represent 88% of the total available in the same period. Of these, 700 (50%) were hired into non-casual positions. If this hiring rate continues throughout the fiscal year, the annual rate is projected to be 98%+ total and 78% in non-casual.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:**

- The transition grad nurse program has been revitalized with 70 positions filled YTD.
- The transition grad nurse tools have resulted in nearly 100 per cent retention of the new grads YTD.
- New graduate on line communities were established.
- 611 Undergraduate Nurse Employees were employed over the summer.
- Piloting New Graduate Community of Practice for North and Central Zone RN/RPNs.
- Revamping New Graduate Transition Resources to expand to all health disciplines.
- Based on the preliminary findings of the evaluation of the Transitional Grad Nurse Recruitment Program (TGNRP), changes are being made to the tools used to support new graduates. All resources and tools may be accessed from the web. Retention of new grads exposed to the tools continues to be strong.

### WHAT ELSE DO WE KNOW?

Canada, like many countries, is experiencing a shortage of registered nurses and it is expected to worsen over the next decade. AHS will focus on maximizing the recruitment of Alberta graduates by continuing to create transitional new grad positions, increasing the number of full time positions by 6% by April, 2013, or by 3% in 2011-2012 and by 3% in 2012, and by enhancing the processes of attracting graduating classes at schools cross the province. It may be difficult to recruit new graduates into some of the "difficult to recruit to" areas–in part because of the rural/remote geographical areas when many new grads are seeking employment in the metro areas, and in part because new grads are not necessarily competent to work in specialized areas without additional support. As such, new vacancies may not match new graduate expectations for places of work.

### HOW DO WE COMPARE?

This measure is not benchmarked externally.

# Performance Measure Update

## Disabling Injury Rate

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 1.80

Q2 2011/12 ACTUAL: 3.62 (PROJECTED)

### WHAT IS BEING MEASURED?

The count of disabling injury claims per 100 workers. A disabling injury is defined as any claim resulting in lost time and/or modified work.

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

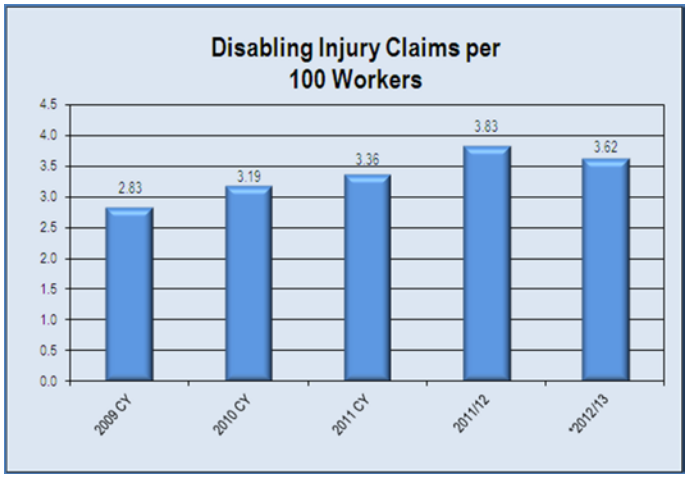
As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Disabling Injury Rate enables us to determine the effectiveness of processes/programs that provide AHS employees, volunteers and physicians with a safe and healthy work environment, free from injury.

### WHAT IS THE TARGET?

Alberta Health Services has established a target of 1.80 disabling injury claims per 100 workers for 2012.

### HOW ARE WE DOING?

In 2009, AHS' disabling injury rate (DIR) was 2.83. In 2010 AHS' DIR was 3.19. This represents a 13% increase in the DIR over 2009. The target DIR for 2010 was 2.41. The AHS DIR actual in 2010 was 32% higher than target.
In 2011/12, AHS DIR was 3.83 however, this cannot be compared to the 2010 calendar year.
For 2012/13 Q2, the actual DIR was 3.16 (Apr – Sep). If this rate continues, the DIR annual rate is projected to be 3.62.




Source: Alberta Health and Alberta Workers' Compensation Board
Notes: * 2012/13 figure is Fiscal year (projected to year end. It cannot be compared to earlier calendar year values).

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** The three goals of the AHS Occupational Injury Action Plan are to prevent injuries, respond assertively to injuries, and support sustainable return to work for injured employees. Foundational AHS resources available to leaders include the organization's commitment to a Safety "Value", the WHS Policy and Management System, the Shared Responsibility Framework, Hazard Identification and Control, Incident Investigation program, Job Demands Summary System, and Modified Work Standard. WCB data will now be reported on a fiscal year basis to align with AHS performance measures. Steps have been taken to ensure that patients are being moved safely with the installation of almost 1,000 ceiling lifts. Another 450 will be installed in the next period. As well, over 7,000 individuals have been trained in "*It's Your Move*". Another 30,000 will be trained in the future. Manual Materials Handling, a risk/hazard assessment tool, is under development.
**Subsequent actions planned:** Continue to collaborate with operations on the Occupational Injury Action Plan and monitor performance.

### WHAT ELSE DO WE KNOW?

The data for this measure is provided by Workers Compensation Board Alberta (WCB). As of Q2 2012/13 this measure will be reported on a fiscal year as produced by AHS. The indicator is cumulative for the current reporting year. Average hourly wage is calculated by WCB based on the total dollars paid out in compensation claims/total number of hours compensated in the reporting period.

Information is available by portfolio.

### HOW DO WE COMPARE?

| Time Period (Calendar Year) | Disabling Injury Rate/100 Workers - Alberta | |
|---|---|---|
| | Hospitals/Acute Care Centres | All Industries |
| 2009 | 2.45 | 2.78 |
| 2010 | 2.72 | 2.71 |
| 2011 | 2.76 | 2.99 |

The 2012 WCB Industry Statistics Report is available.

# Performance Measure Update

## Staff Overall Engagement (%)

Data updated biennially.
Most current data are 2011/12.
The next survey is planned for 2014.

PERFORMANCE STATUS

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

2011/12 TARGET: 54%

2011/12 ACTUAL: 52%

### WHAT IS BEING MEASURED?

Staff overall engagement measures the per cent of Alberta Health Services employees who completed the survey and voluntarily agree (or strongly agree) with survey statements that are believed to express favourable engagement attitudes at AHS. Staff includes all AHS employees except Physician, Dentist, Oral, Maxillofacial Surgeon, Podiatrist, Medical Student, Resident and Volunteers AHS undertook a workforce engagement survey in January/February 2010 and April 2012.

Results were calculated as the count of "Agree" and "Strongly Agree" responses, divided by the count of all responses) to the survey's six engagement questions:

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

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Staff Overall Engagement enables us to determine the effectiveness of processes/programs that support engagement.

### WHAT IS THE TARGET?

Alberta Health Services has established a target of 43 per cent of employees reporting they are favorably engaged at work for 2010/11 and 54 per cent for 2011/12.

### HOW ARE WE DOING?

Of the employees responding to the 2009/10 engagement survey, 35 per cent reported they were favourably engaged. Of the employees responding to the 2011/12 engagement survey, 52 per cent reported they were favourably engage.

This demonstrates an increase of almost 50% over the previous survey results. An additional 17% of employees report they are favourably engaged.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Employees and leaders at all levels worked together to develop Local Action Plans which detail steps to improve employee engagement and satisfaction. All of the plans have been collected and analyzed for common themes. This information will be used to generate an overarching organizational workforce engagement plan that will reflect and support the work at the local level.

**Subsequent actions planned:** The draft AHS Workforce Engagement Plan will be reviewed by the Executive Committee in the upcoming quarter, followed by a communication of the final plan.

### WHAT ELSE DO WE KNOW?

Both participation and engagement rates increased from the 2010 engagement survey in all four sectors: unionized employees, non-union employees, physicians, and volunteers.

Information is available by portfolio.

### HOW DO WE COMPARE?

Using third party provider benchmark data (engagement data drawn from 28 Canadian health care organizations - 40 per cent from Western Canada), the health care benchmark for overall engagement is 76 per cent. This is significantly higher than the Alberta Health Services employee engagement survey result.

# Performance Measure Update

## Medical Staff Overall Engagement (%)

Data updated biennially.
Most current data are 2011/12.
The next survey is planned for 2014.

PERFORMANCE STATUS

Performance outside acceptable range, take action and monitor progress.

2011/12 TARGET: 54%

2011/12 ACTUAL: 39%

### WHAT IS BEING MEASURED?

Medical Staff Overall Engagement measures the per cent of AHS medical staff who completed the survey and voluntarily agree (or strongly agree) with survey statements that are believed to express favourable engagement attitudes at AHS. Medical staff include Physician, Dentist, Oral, Maxillofacial Surgeon, Podiatrist, Medical Student, and Resident. Alberta Health Services undertook a workforce engagement survey in January/February of 2010 and April 2012.

Results were calculated as the count of "Agree" and "Strongly Agree" responses, divided by the count of all responses) to the survey's six engagement questions:

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

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Medical Staff Overall Engagement enables us to determine the effectiveness of processes/programs that support engagement.

### WHAT IS THE TARGET?

Alberta Health Services has established a target of 43 per cent of the medical staff community reporting they are favorably engaged at work for 2010/11 and 54 per cent for 2011/12.

### HOW ARE WE DOING?

Of the medical staff responding to the 2009/10 engagement survey, 26 per cent reported they were favorably engaged. Of the medical staff responding to the 2011/12 engagement survey, 39 per cent reported they were favourably engaged. This demonstrates an increase of 50% over the previous survey results. An additional 13% of medical staff report they are favourably engaged.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS has a preliminary agreement with HQCA to conduct a follow up survey in 2013. The CMO Office Medical Affairs has consolidated all zone engagement planning initiatives. Planning meetings with AMA and CPSA (as recommended by HQCA) are ongoing and a joint work plan has been developed that includes the development of working definitions of effective physician advocacy, clear roles and accountabilities of individual physicians and physician leaders, policy/guidelines to enable effective advocacy that respects the distinct and mandated roles and responsibilities of the parties and the identification of core competencies associated with enabling and supporting effective physician advocacy and engagement.

**Subsequent actions planned**: Once approved, the consolidated version of the zone plans will be shared with all zone medical affairs offices. Zones are to have completed at least one significant undertaking related to their plan by December 31, 2012. A survey to update AHS understanding of physicians' experiences with intimidation and advocacy will be undertaken in 2013 and questions will be jointly identified by AHS, AMA and CPSA.

### WHAT ELSE DO WE KNOW?

Both participation and engagement rates increased from the 2010 engagement survey in all four sectors: unionized employees, non-union employees, physicians and volunteers.

Information is available by portfolio.

### HOW DO WE COMPARE?

Using third party provider benchmark data (engagement data drawn from 28 Canadian health care organizations - 40 per cent from Western Canada), the health care benchmark for overall engagement is 76 per cent. While we are improving, the benchmark is still higher than the Alberta Health Services employee engagement survey result.

# Performance Measure Update

## Direct Nursing Average Full-Time Equivalency

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 0.65

Q2 2012/13 YTD ACTUAL: 0.61

### WHAT IS BEING MEASURED?

The Direct Nursing Average Full-Time Equivalency (FTE) is the direct nursing (DN) functional bargaining unit assigned FTE divided by the head count (including casuals) for the same group.

Direct Nursing includes all those employees for whom nursing training is a prerequisite. It applies to those employed in nursing care or instruction in nursing care. The unit could contain graduate and registered nurses, psychiatric nurses and nursing instructors when instructing. (Source: Information Bulletin #10, Alberta Labour Relations Board).

Detailed indicator definition is available.

An internal review of the data quality indicates an acceptable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

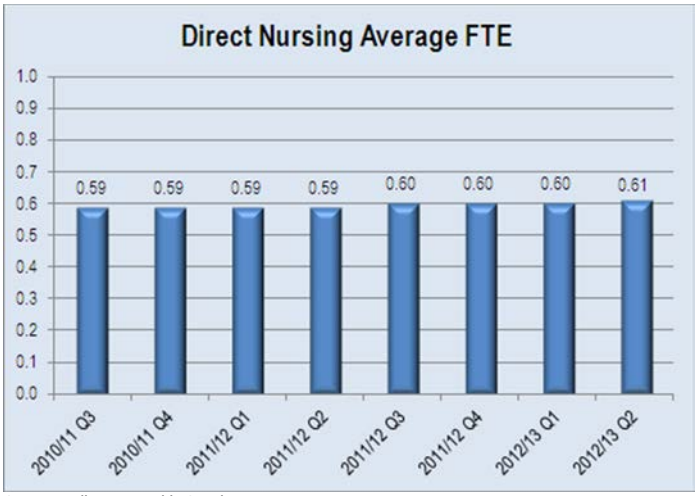
As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Direct Nursing Average FTE enables us to manage the degree of effectiveness with which AHS can manage scheduling and productivity challenges..

### WHAT IS THE TARGET?

A target of 0.65 has been established for 2012/13. This represents a 3% increase over the 2011/12 target.

### HOW ARE WE DOING?

Over the past 4 years this measure has improved somewhat.




Source: Alberta Health Services Human Resources
Note: Data reflects the average over the time period

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:**

- UNA and AHS are working together to convert some casual and part time positions into higher FTE regular positions. Final reports and numbers are anticipated by the end of Q3.
- There is increased support for unit managers to identify opportunities to make efficient use of clinical staff.
- Provincial guidelines have been developed to help strategically and efficiently schedule nurses.
- As of September 2012, 28 units have optimized their rotations (202 rotations in total) and 21 units are in the process of optimizing their rotations. This means these units have developed a rotation schedule where there is the optimal number of nurses available to meet the needs of patients in that unit. 53 other units within AHS will optimize their rotation schedule in 2013.
- The new rotations have increased the percentage of full time positions from 39 per cent to 69 per cent.
- Several Emergency Departments (EDs) have been included to enable the alignment of the staff schedule with the patient flow recommendations arising from the ED flow projects.
- A working group of approximately 50 managers, staffing office leaders and union representatives has completed the design of 21 standardized business processes..

### WHAT ELSE DO WE KNOW?

This measure was substituted for the previous measure Full-Time to Part-Time Clinical Worker Ratio in September 2011.

Information is available by portfolio.

### HOW DO WE COMPARE?

A request for benchmark data was distributed to AHS subsidiaries. Calgary Lab Services provided the only response. Their Direct Nursing Average FTE = 0.10.

# Performance Measure Update

## Absenteeism (#Days/FTE)

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 11.95 days/FTE

Q2 2012/13 ACTUAL Annualized: 11.76 days/FTE

### WHAT IS BEING MEASURED?

The Absenteeism Rate is the count of days missed due to illness, LOA family day, and LOA special leave per FTE.

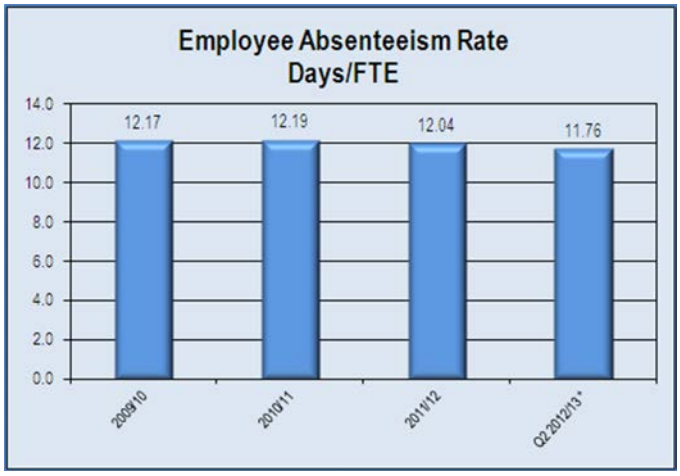
Detailed indicator definition is available.

An internal review of the data quality indicates a questionable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring absenteeism (days/FTE) enables us to manage the relative health or workforce attendance issues of organization. Excessive absenteeism may be an indication that there may be contributing factors in the workplace including poor labour relations, a disengaged workforce, stress, workload, change issues, and uncertainty regarding the future. A high absenteeism rate may be a precursor to future high turnover rates.

AHS is committed to enabling employees and physicians to provide excellent care by providing appropriate supports, such as education, an attractive, healthy and safe work environment, an appropriate workload, flexible scheduling and deployment, and the tools to deliver quality patient care. Tracking and publishing absenteeism rates enables the organization to promote employee health, target specific areas of concern and subsequently manage and decrease absenteeism.




Source: Alberta Health Services, Labour Cost System
Notes: * 2012/13 figure is annualized fiscal year-to-date.

### WHAT IS THE TARGET?

A target of 11.95 days per FTE has been established for 2012/13.

### HOW ARE WE DOING?

While days taken per FTE have remained fairly constant over the past 4 years, there is a slight decrease in Q2 2012/13.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Managers and staff can access the Employee and Family Assistance Plan, "Tools for Operational Managers", and in some zones, Mental Health First Aid to address absenteeism issues. Other relevant initiatives are the Occupational Injury Action Plan, the Attendance Enhancement Pilot Project, the AHS Ability Management Redesign Project, the development of the AHS Mental Health Strategy, Prevention of Violence in the Workplace initiative, and the AHS Child Care Needs Assessment.

**Subsequent actions planned:** The Attendance Enhancement Pilot will commence in November and the Child Care Needs Assessment will be completed in Q3.

### WHAT ELSE DO WE KNOW?

The reason an employee may access sick leave is confidential and not provided by employees and therefore is not reported. The nature of services provided, the service delivery model, age distribution and unionization of the workforce, as well as the terms and conditions of employment may influence this measure.
Information is available by portfolio.

### HOW DO WE COMPARE?

| Time Period | AHS | Average |
|---|---|---|
| 2009/10 | 72.0 | 81.3 |
| 2010/11 | 71.3 | 80.2 |
| 2011/12 | 74.1 | 79.1* |

Western CEO Performance and Benchmarking Project Data. Sick Hours per 1950 standard calculated FTE. *2 Health Authorities unreported.

AHS Sick days per FTE (2010/11) is higher than the Canadian Healthcare average. 10.3 vs. 9.1.

# Performance Measure Update

## Overtime Hours to Paid Hours

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 1.67%

Q2 2012/13 YTD ACTUAL: 2.05%

### WHAT IS BEING MEASURED?

The hours paid at an overtime premium as a percent of all hours paid.

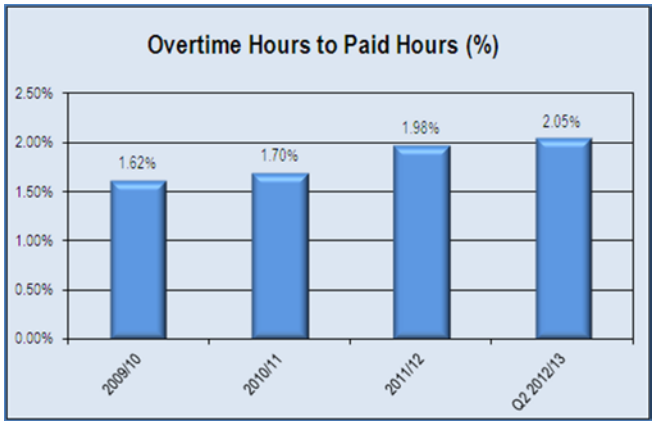
Detailed indicator definition is available.

An internal review of the data quality indicates a questionable level of confidence with known issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring overtime rate enables us to determine the potential need for expansion or contraction of the workforce. Overtime rate is a measurement of the success of scheduling for the needs of the business. Some overtime is necessary to support flexibility in staffing needs and to ensure that positions are not created for temporary staffing needs. However, high rates of overtime may indicate poor planning, scheduling and financial stewardship. High overtime demands on employees may result in worker burnout and associated effects such as: drop in morale, exhaustion, stress, an increase in illness or absence, injuries and errors.

Work to promote sustainability must focus on the short-term, medium-term, and long-term. This includes workforce rationalization to reduce dependence on overtime. We have the opportunity to build upon existing initiatives to promote sustainability, including workforce transformation, review of our business processes, and realization of administrative efficiencies.




Source: Labour Cost Forecasting System (LCFS)
Note: Quarterly number is year-to-date.

### WHAT IS THE TARGET?

A target of 1.67% has been established for 2012/13.

### HOW ARE WE DOING?

Overtime hours accounted for 2.05 per cent of total paid hours in the first two quarters of 2012/13.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** The direct nursing functional bargaining unit has been established to review the possibility of converting overtime hours (and others) into regular positions. Through performance agreements, managers, in all areas, are responsible for adherence to budgets.
A revised "Tools for Operational Managers" with additional information and resources to support managers was completed in May 2012 and is posted on Insite. This document provides managers with supporting tools and resources to effectively manage labour costs, including reducing overtime, the 2% productivity goal, and improved utilization of management rights.

**Subsequent actions planned:** Refinements continue to be made to the Managers' Workforce Report based on feedback from managers.

### WHAT ELSE DO WE KNOW?

Trends over time will allow us to monitor how well AHS is doing at creating an effective work mix.

Information is available by portfolio.

### HOW DO WE COMPARE?

| Time Period | AHS | Average |
|---|---|---|
| 2009/10 | 35.1 | 38.7 |
| 2010/11 | 36.2 | 32.0 |
| 2011/12 | 37.3 | 38.3* |

Western CEO Performance and Benchmarking Project Data. OT Hours per 1950 standard calculated FTE. *2 Health Authorities unreported

Conference Board reports the ratio of overtime hours worked to workers' standard or usual hours of work has remained relatively constant, at about five per cent of all regular hours since 1997.
Source: The Conference Board of Canada. *Working 9 to 9. Overtime Practices in Canadian Organizations* – August 2009.

# Performance Measure Update

## Labour Cost per Worked Hour ($/hr)

New Measure, data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

Q2 2012/13 YTD ACTUAL: $54.30

### WHAT IS BEING MEASURED?

The total labour cost (salaries and benefits) divided by the count of worked hours. Includes terminated employees

Detailed indicator definition is available.

An internal review of the data quality indicates a high level of confidence with limited issues.

### WHY IS THIS IMPORTANT?

As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important to that AHS fully engage its people and their skills. Monitoring Labour Cost per Worked Hour enables us to manage workforce efficiencies, improve scheduling effectiveness, reduce overtime, and use the appropriate staffing mix to reduce labour costs.

Work to promote sustainability must focus on the short-term, medium-term and long-term. This means we have the opportunity to build upon existing initiatives to promote sustainability, including workforce transformation, review of our business processes, and realization of administrative efficiencies.

### WHAT IS THE TARGET?

A target for 2012/13 has not yet been developed.

### HOW ARE WE DOING?

For Q2 2012/13, the Labour Cost per Worked Hour was $54.30.

| Time Period | Labour Cost (Billions) | Worked Hours | Labour Cost Per Worked Hour |
|---|---|---|---|
| 2008/09 | $5.02 | N/A | N/A |
| 2009/10 | $5.48 | 113,230,155 | $48.43 |
| 2010/11 | $5.67 | 114,401,543 | $49.54 |
| 2011/12 | $5.72 | 133,139,542 | $51.39 |
| 2012/13 Q2 | $3.06 | 68,390,359 | $54.30 |

Source: AHS Financial Services.
*Data prior to 2011/12 included AHS subsidiaries.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** A revised "Tools for Operational Managers" with additional information and resources to support managers was completed in May 2012 and is posted on Insite. This document provides managers with a variety of options and supporting tools and resources to effectively manage labour costs, including the 2 per cent productivity goal and improved utilization of management rights.

The Managers' Workforce Report provides managers with effective information to support better workforce (labour cost) decision making.

**Subsequent actions planned:** Productivity metrics similar to this indicator continue to be refined to support the implementation of the Clinical Workforce Strategy.

### WHAT ELSE DO WE KNOW?

Salaries and benefits are comprised of base salary (pensionable base pay as well as statutory and vacation accruals) including honoraria, bonuses, overtime, vacation payouts, and lump sum payments. Includes employer paid benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long- and short-term disability plans, and including current and prior service cost of supplemental pension plans and severances.

Information is available by portfolio.

### HOW DO WE COMPARE?

National benchmark comparisons are not available.

# Performance Measure Update

## Number of Netcare Users

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET: 16,066

2011/12 ACTUAL: 16,898

### 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.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

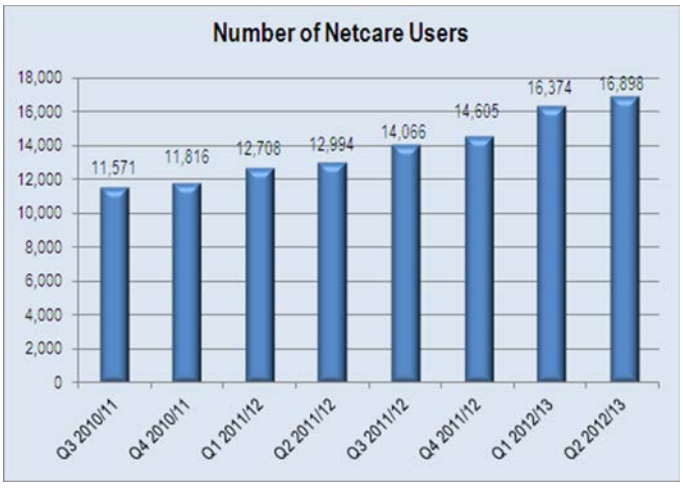
The Alberta Netcare EHR Portal improves patient care by providing up-to-date information immediately at the point of care. Making basic patient information available to health service providers supports better care decisions and improves patient safety.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a target of a 10 per cent increase in Netcare users from 2011/12 to 2012/13.

### HOW ARE WE DOING?

The peak quarterly number of nurses and physicians accessing Netcare was 16,898 in Q2 of 2012/13. This represents a 3.2 per cent increase over the previous quarter.




Source: Alberta Netcare Portal

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Alberta is leading Canada in the successful implementation of a single, province-wide Electronic Health Record (EHR). Alberta Netcare is a program that encompasses all the projects, processes, products, and services that work together to make Alberta's EHR a reality. It has been developed by Alberta Health and Wellness (AHW) in cooperation and partnership with Alberta Health Services, and many other partners including the health professional colleges and associations. Most home care areas in zones are now actively using Netcare to access data sources already published. Netcare usage continues to rise on a monthly basis. Additional data was added in July 2012 (Calgary zone [Clinibase] event histories) which helps to increase the overall value of Netcare to clinicians throughout Alberta.

**Subsequent actions planned**: Increase the use of Netcare within the home care settings by continuing to promote the use of Netcare, especially for medication reconciliation purposes for patients that are in transition. For the Alberta Netcare release planned for November 2012, the data source of "Seniors Health Community Client Profile" (a patient summary) is planned for publication from all AHS Zones (currently only published for the Edmonton Zone).

### 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

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update Q3 report.

PERFORMANCE STATUS

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

2012/13 TARGET ACCUMULATED Deficit: $65M

Q2 ACTUAL ACCUMULATED SURPLUS: $11M

### WHAT IS BEING MEASURED?

On Budget Year to Date is an outcome measure that compares the AHS budgeted accumulated surplus against the actual accumulated surplus values for the current reporting period.

An accumulated surplus/deficit is the surplus or deficit that has accrued since AHS was formed.

Detailed indicator definition is available.

### WHY IS THIS IMPORTANT?

AHS measures the accumulated surplus against budget in order to identify any areas where the actual performance is changing relative to budget. Variability in the AHS actual operating plan has a direct impact on the accumulated surplus. AHS monitors the operating surpluses to help identify required changes to its operating plans.

The Provincial Government has provided AHS with a five year Health Action Plan (2010-2015) funding commitment from which AHS will provide future health care services to Albertans. Over this time period AHS must monitor its accumulated surpluses closely in order to ensure that the five year funding commitments are not exceeded and to ensure budget sustainability into the future. Knowing the AHS funding targets for five years allows AHS to make long term plans, while maintaining budget control.

### WHAT IS THE TARGET?

By way of the five year funding commitment, AHS is committed to have an accumulated surplus of $0M or greater at the end of the five years. This measure was based on Canadian Generally Accepted Accounting Principles (CGAAP) but for yearends starting after April 1, 2012, AHS has been directed by the Minister to use Canadian Public Sector Accounting Standards (PSAS). For the year ended March 31, 2013, the original targeted accumulated surplus under CGAAP was $29M, and after $94M of PSAS transition adjustments, the revised targeted accumulated deficit is $65M. The PSAS adjustments primarily relate to accumulating non-vesting sick pay and consolidation of its controlled foundations.

Table: Accumulated surplus in $Millions as at:

| | Actual |
|---|---|
| March 31, 2012* | 6 |
| June 30, 2012* | 5 |
| September 30, 2012* | 5 |
| | |

Source: *Unaudited Quarterly Financial Statements for the period ended September 30, 2012.* *Reported under PSAS, AHS has not restated prior year quarters for PSAS.

### HOW ARE WE DOING?

At September 30, 2012, the second quarter actual accumulated surplus was $11M.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS has raised with Alberta Health the PSAS transition impacts and how they might be handled under the original 5 year funding commitment. AHS works to maintain consistent and comprehensive financial reporting across the organization. AHS reviews in detail each month the variances between the actual expenses and the budget for these costs and works with operations to identify mitigation strategies to ensure a balanced operating position which will reduce the impact on the accumulated surplus. Phase I of its integrated full service budget and planning Hyperion tool is now complete.

**Subsequent actions planned:** AHS has prepared a high level three year forecast that will be refined and expanded to five or more years. Work is underway on the 2013-14 budget planning.

### WHAT ELSE DO WE KNOW?

The second quarter actual accumulated surplus has increased from March 31, 2012 by $5M primarily due to reductions from the operating deficiency of $3M offset by an increase from reduced spending on internally funded capital assets of $14M, a decrease due to long term debt repayment of $8M, offset by an increase from the utilization of $2M of internally funded capital assets. The operating surplus is higher than budget primarily due to recruitment issues, including staff vacancies and new initiatives starting later than planned, partially offset by increased inpatient and outpatient activity. Spending on internally funded capital assets is lower than targeted due to delays, which are expected to be caught up by year end. The AHS financial reporting documents can be obtained from the www.albertahealthservices.ca website.

### HOW DO WE COMPARE?

National benchmark comparisons are not applicable.

# Performance Measure Update

## Adherence to Five Year Budgeted Government Funding

Data updated annually.
Most current data are year-end report.
Next data update year-end 2012/13.

PERFORMANCE STATUS

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

2011/12 TARGET DEFICIT ADHERENCE RANGE: WITHIN 1.5%

2011/12 ACTUAL ADHERENCE VALUE: SURPLUS OF 0.9%

### WHAT IS BEING MEASURED?

Adherence to Five Year Budgeted Government Funding is an annual outcome measure that compares the AHS accumulated surplus (deficit) for the year against funding provided to AHS per the government's five year funding agreement.

This indicator is measured by the year's operating surplus (deficit) divided by the annual global funding amount, and is presented as the percent variance from global funding.

Detailed indicator definition is available.

### WHY IS THIS IMPORTANT?

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.

As part of this commitment, AHS is not to run an operating deficit greater than 1.5% of annual global funding. Over this time period, AHS must monitor its adherence to the agreement closely in order to ensure that the five year funding commitments are not exceeded and to ensure budget sustainability into the future.

### WHAT IS THE TARGET?

By way of the five year funding agreement, AHS is committed to have an accumulated surplus greater than $0M at the end of the five years. For the year ending March 31st, 2012, the variance from global funding (if in deficit) is targeted to be less than 1.5%.

### HOW ARE WE DOING?

For the fiscal year ending March 31st, 2012, the variance from budget measuring adherence to the funding agreement is an operating surplus of $85M, or 0.9 % relative to the annual global Alberta Health funding of $9,634M.

Table: Adherence to Five Year Budgeted Government Funding

| | Operating Surplus (Deficit) ($millions) | Annual Funding ($millions) | Operating Surplus(Deficit) over Global Funding |
|---|---|---|---|
| March 31, 2011 | 856 | 9,037 | +9.5% |
| March 31, 2012 | 85 | 9,634 | +0.9% |

Source: *Unaudited Annual Financial Statements for the year ended March 31, 2012.*

### WHAT ACTIONS ARE WE TAKING?

AHS has succeeded in achieving a surplus position with respect to our annual global funding for fiscal 2011/12, and will continue to monitor our adherence to budget going forward. Throughout the fiscal year, we continue to measure our success relative to our five year funding agreement with Alberta Health through quarterly updates regarding our accumulated surplus (deficit). For more information specific to our progress and actions, please refer to our publically reported "On Budget, Year to Date" measure in the Quarterly Performance Report.

### WHAT ELSE DO WE KNOW?

The AHS financial reporting documents 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 with one quarter lag.
Most current data are Q1 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | ACTUAL: 82% Q1 2012/13 |

### 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.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

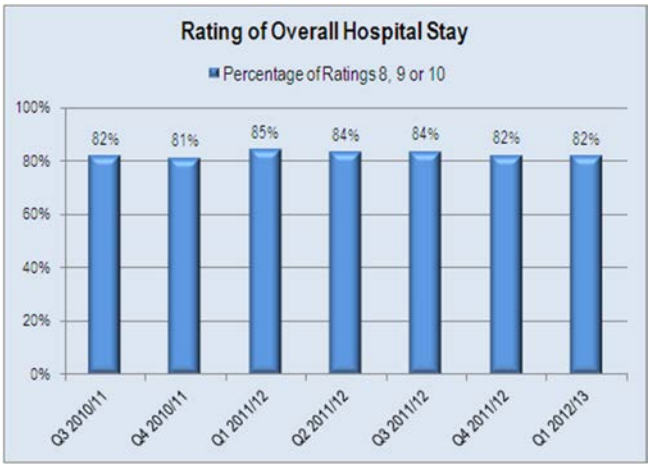
Gathering perceptions and feedback from individuals who use hospital acute care services is a critical aspect of measuring progress and improving the health system. This measure reflects overall patient perceptions associated with the hospital where they received care and is derived from a well-established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

### WHAT IS THE TARGET?

Alberta Health Services has not established a target for 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 82% for Q1 2012/13.




Source: AHS H-CAHPS Survey data

Notes: The results are based on sample surveys with standard error within 1%.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** A provincial working group has been established to develop a plan for gathering and reporting patient feedback to organizations. A patient-centered care education strategy has been developed and approved and an education strategy has been implemented.

**Subsequent actions planned:** Develop Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) reporting. Implement internal web page and e-learning.

### WHAT ELSE DO WE KNOW?

The HCAHPS survey has not been validated for patients with psychiatric diagnoses.

Information is available by zone, and semi-annually by site.

### 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

## Patient Satisfaction Addiction and Mental Health

Data updated annually.
Most current data are 2011/12.
Next data update expected for Q4 2012/13.

PERFORMANCE STATUS

Performance target has not been established for comparison.

2011/12 TARGET: tbd

2011/12 ACTUAL: 92.3%

### WHAT IS BEING MEASURED?

Patient Satisfaction Addiction and Mental Health measures an annual patient/client rating of the overall satisfaction with addiction and mental health services. This measure includes results for patients indicating that they were overall 'Mostly Satisfied' or 'Delighted/Very Satisfied' with the service they received. Individuals receiving general community services were surveyed (this includes ambulatory services such as outpatient clinics, community-based clinics, and day treatment programs). It excludes inpatient and residential services, as well as services that narrowly focus on a certain diagnosis or specific demographic group(s).

Detailed indicator definition is available.

An internal review of the data quality indicates a moderate level of confidence with some known minor issues.

### WHY IS THIS IMPORTANT?

Patient satisfaction with addiction and mental health services is an important dimension of a patient's experience with health care. Insight into patients' experience with the care they receive is critical to improving the quality of services available. It is also important to carrying out Alberta Health Services' (AHS) mission of providing patient-centered care.

### WHAT IS THE TARGET?

Alberta Health Services has not established a final target for the per cent of patients indicating that overall they are satisfied with addiction and mental health services they received.

### HOW ARE WE DOING?

The 2011/12 results within Addiction and Mental Health show that 92.3 per cent of patients are satisfied with the service they received.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Continued to work on standardized screening and assessment for addiction and mental health. *Adult Depression*: Pathway developed and pilot completed in Calgary Zone. The final evaluation of the pilot has been released with recommendations and overall outcomes are positive.

**Subsequent actions planned:** In the area of Adult Depression, we will finish adapting the pathway and implement it in the South Zone. Work will continue with North, Central and Edmonton Zones as per current stages. For the area of Adolescent Depression, components of the pathway were tested as of the end of March 2012 while pursuing the opportunity to provide required education to implement the remainder of the pathway. A combined meeting of the pilot site, AHS Adolescent Depression Working Group, and the Science Policy Practice Network (SPPN) Adolescent Working Group occurred in April 2012 to share information and discuss next steps to an integrated pathway.

### WHAT ELSE DO WE KNOW?

These results are based on standardized satisfaction surveys (e.g., the Client Satisfaction Questionnaire and the Service Satisfaction Survey).

In total, 1,469 patients reported their overall satisfaction. The distribution of patients surveyed in each zone was not proportional to the number of patients served in the zone. The results were, therefore, weighted by the number of patients receiving general community services by zone. This had a negligible impact on the overall provincial results and consequently was not reported.

Information is available by zone.

### HOW DO WE COMPARE?

Addiction and mental health services are moving towards a consistent, regular reporting of patient satisfaction. The recently released *System Level Performance for Mental Health and Addiction in Alberta, 2008/09* report collated satisfaction results from a variety of surveys to give an overview of how satisfied patients were in Alberta Health Services. The results ranged from 55% to 97%. This is similar to what is found in the literature on patient satisfaction with addiction and mental health services. The results for this performance measure are close to the upper limit of this range.

Alberta Health Services

# Performance Measure Update

## Percentage of Patient Feedback as Commendations

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

YTD TARGET: tbd
ACTUAL: 9.73% (Apr-Sep)

### WHAT IS BEING MEASURED?

This measure is the number of commendations received by the Patient Relations Department (PRD) expressed as a percentage of the total feedback.

The Patient Relations Department (PRD) manages commendations and complaints/concerns feedback received from patients/families about AHS programs and services. In addition to these, the PRD tracks feedback classified as advisements, consultations, and non-AHS feedback[1].

Patients and their families must take the initiative to contact PRD either by phone, submitting an online feedback form, or faxing/mailing a written letter. Patient feedback that is offered to staff at the point of service or care delivery is not captured by PRD.

Detailed indicator definition is available.

### WHY IS THIS IMPORTANT?

It is important for AHS to hear about what is working well for patients and families, as well as areas for improvement. Tracking the percentage of commendations assists AHS to assess the quality of our services and determine if improvement initiatives are having an impact on patients /families. This information also shows our staff where their dedicated efforts are making a difference in people's lives.

### WHAT IS THE TARGET?

While a target has yet to be established for 2012/13, in comparison with the data from the previous fiscal year, the percentage of feedback received as commendations in Quarter 2 has decreased to 8.70% from the previous quarter.

### HOW ARE WE DOING?

Of the 2378 pieces of feedback provided to the Patient Relations Department from July 1 to September 30, 2012, 207 were commendations.

[1] This feedback is defined as follows:

- Advisement - feedback received from sources external to the Patient Relations Department on the potential for receipt of a concern.
- Consultation - information sought from sources external to Patient Relations Department on the management of a concern.
- Non-AHS Feedback – feedback about programs or services that are not provided by, or under AHS jurisdiction.

**Table 1: Commendations for Fiscal Year 2012/13.**

| Fiscal Year 2012/13 | Number of Commendations | Percentage of All Feedback |
|---|---|---|
| Q1 | 302 | 10.59% |
| Q2 | 207 | 8.70% |
| Q3 | | |
| Q4 | | |
| Total | 509 | 9.73% |

Feedback managed by: AHS & Covenant Health Patient Relations
Data Source: FACT (Feedback and Concerns Tracking)

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date**:
The Patient Concerns Resolution Process (PCRP) Policy Suite went live for all staff and practitioners in September 2012. The PRD website was updated to reflect the addition of the Policy Suite and the education modules for all AHS staff and physicians about what types of feedback the PRD collects and how to direct patients or their families to provide feedback. The education modules provide staff with concrete tools illustrating how to enhance the relationship with the patient and how to respond to a concern.

**Subsequent actions planned**:

Evaluation, further education and communication planned for the Policy Suite.

### WHAT ELSE DO WE KNOW?

The PRD recognizes the value of positive patient feedback. Commendations received by the PRD illustrate the importance of positive interactions with patients or their families for all AHS staff.

Information is available by zone.

### HOW DO WE COMPARE?

This measure is not benchmarked externally.

Data updated quarterly.
Most current data are Q2 2012/13.
Next data update expected for Q3 report.

# Percentage of Patient Concerns Escalated to Patient Concerns Officer

PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

YTD TARGET: tbd
ACTUAL: 0.66% (Apr-Sep)

## WHAT IS BEING MEASURED?

This measure is the percent of concerns that the Patient Concerns Officer (PCO) has reviewed and provided a closure letter, signed by the PCO, and the Executive Director (ED) of the Patient Relations Department to the complainant. This letter, which also includes the contact information for the Alberta Ombudsman, is the final step in the AHS Patient Concerns Resolution Process (PCRP).

Patients/families with service delivery concerns are encouraged to work with their healthcare team or with the Patient Relations Department, led by the PCO/ED. However, some patients/families prefer not to work with either or are dissatisfied with the outcome of the PCRP. These patients/families are referred by the PCO to the Alberta Ombudsman, who will conduct an independent investigation as required by provincial regulation.

Detailed indicator definition is available.

## WHY IS THIS IMPORTANT?

Concern feedback is an important informational tool, highlighting areas for quality improvements, and it is essential that patients/families have an avenue to express their concerns.

If patients do not feel that they can express their concerns at the service delivery level, or if they feel their concerns are not adequately addressed by the PCRP, it may indicate that there is need for AHS to better engage with patients/families and that public trust needs to be developed.

## WHAT IS THE TARGET?

To date, no targets have been established because the measure will be consistently below 1%.

## HOW ARE WE DOING?

During the period July 1 to September 30, 2012, 6 files were reviewed by the PCO as the final step in the PCRP, and the contact information for the Alberta Ombudsman was provided in the closing letter to the complainant. These files represent 0.29% of the total number of concerns received during Quarter 2.

**Table 1 - PCO Reviews Initiated (2012/13)**

| Fiscal Year 2012/13 | Concerns | | |
|---|---|---|---|
| | Total Concerns* | *PCO Reviews Initiated | % |
| Q1 | 2,384 | 23 | 0.96% |
| Q2 | 2,042 | 6 | 0.29% |
| Q3 | | | |
| Q4 | | | |
| Total | 4,426 | 29 | 0.66% |

*Concerns managed by: AHS and Covenant Health Patient Relations Departments
Concerns Data Source: FACT (Feedback and Concerns Tracking)
*PCO Review Data is not currently being tracked in FACT.

## WHAT ACTIONS ARE WE TAKING?

**Actions completed to date**: The PCRP Policy Suite went live for all staff and practitioners in September 2012. The Patient Relations Department website was updated to reflect the addition of the Policy Suite and the education modules for all AHS staff and physicians about what types of feedback the Patient Relations Department collects and how to direct patients or their families to provide feedback. The education modules provide staff with concrete tools illustrating how to enhance the relationship with the patient and how to respond to a concern.

**Subsequent actions planned**:
Evaluation, further education and communication planned for the Policy Suite.

## WHAT ELSE DO WE KNOW?

The number of concerns escalated to the PCO decreased from 23 in the previous quarter to 6. This can be attributed to streamlined processes.

Information is available by zone.

## HOW DO WE COMPARE?

This measure is not benchmarked externally.

# Performance Measure Update

## Albertans Reporting Unexpected Harm

Data updated annually.
Most current data are 2011.
The next survey is anticipated for 2012.

PERFORMANCE STATUS

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

2012/13 TARGET: 9%

2011 ACTUAL: 12.2%

### 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. As well, the provincial survey about health and the health system in Alberta is conducted on an annual basis and reported within the AH Annual Report. The most recent annual report is for 2010 – 2011.

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.

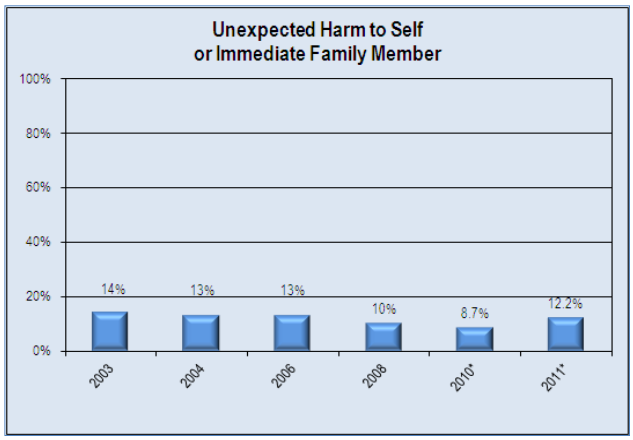
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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 2012/13 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.




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.
* 2010 error rate of ± 1.2; 2011 error rate of ±- 2.1.

### HOW ARE WE DOING?

It should be noted that this metric is based upon a survey conducted by the Health Quality Council of Alberta. It is the percentage of people who respond "yes" to the question: "To the best of your knowledge, have you, or has a member of your immediate family experienced unexpected harm while receiving health care in Alberta within the past year?" This includes care provided by all health providers, not just those providing care on behalf of AHS. The number of Albertans surveyed in 2011 was 1,215 resulting in an error rate of ±2.1%. The change from 2010 is not statistically significant. The percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year is above the target of 9 per cent.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** As part of facilitating the analysis and learning arising from adverse events, close calls and hazards reported into the AHS provincial Reporting and Learning System (RLS) across AHS, the RLS education needs re-assessment was completed and all on-line RLS education resources were updated.
**Subsequent actions planned:** Develop and deliver courses on patient safety throughout the province - four pilot workshops were provided to staff and medical staff across AHS since March 2012 with four additional pilot workshops scheduled with a focus of providing at least one pilot in each zone by November 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

## Patient Satisfaction
## Emergency Department (Top 15)

Data updated quarterly with a one quarter lag.
Most current data are Q1 2012/13.
Next update is anticipated for Q3 report

PERFORMANCE STATUS

Performance target has not been established for comparison.

2011/12 TARGET: tbd

YTD ACTUAL: 68% Adult
83% Pediatric
(Apr-Jun)

### WHAT IS BEING MEASURED?

Patient Satisfaction Emergency Department (ED) measures the patients (16+) who responded "Excellent" or "Very Good" to the question "Overall, how would you rate the care you received in the emergency department?" on a scale with six response categories from "Very Poor" to "Excellent".

This performance measure is used to track progress toward improving patient satisfaction with the quality of emergency department services received during the past year in Alberta.

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

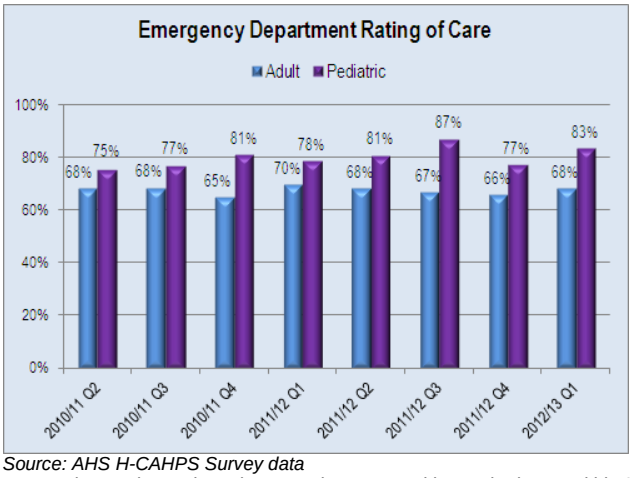
Patient satisfaction with emergency department services is a crucial and critical dimension of quality; it is a high level indicator of the structure, process and outcome of care in emergency departments. The information provides insights into the consequences of policy and strategic changes from the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

### WHAT IS THE TARGET?

No targets have been defined. Baseline for Alberta Health Services (AHS) will be established and confirmed in 2012/13.

### HOW ARE WE DOING?

For Q1 (Apr 2012 – Jun 2012), 68 per cent of Adult and 83 per cent of Pediatric ED Satisfaction surveys resulted in high satisfaction ratings (score of 8, 9 or 10).




*Source: AHS H-CAHPS Survey data*
*Notes: The results are based on sample surveys with standard error within 3%.*

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Additional facilities have been opened and others expanded (Stollery Children's Hospital) adding new capacity to the system. Programs such as the ED2Home program which helps seniors transition from Emergency to their homes have been implemented. EMS clients are now being transported to the most appropriate facility – ED or Urgent Care Center (UCC). Over-capacity protocols and escalation plans continue to be used to manage periods of peak pressures in EDs.

**Subsequent actions planned**: There is ongoing participation in system wide improvement and flow initiatives to support inpatient bed capacity for ED patients.

### WHAT ELSE DO WE KNOW?

Research conducted with Calgary ED users identified public expectations of ED care. These included staff communication with patients, appropriate wait 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 ED 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, and semi-annually by site.

### HOW DO WE COMPARE?

Limited comparable data are available. BC reports publicly on a very similar measure of overall quality of ED care. In 2009/10 63.3% of all responses in BC were Excellent or Very Good, while 59.7% of the responses for large facilities (40,000+ ED visits per year) were Excellent or Very Good (BC Ministry of Health 2010).

# Performance Measure Update

## Patient Satisfaction
## Health Care Services Personally Received

Data updated annually.
Most current data are 2011.
Next survey is anticipated for 2012.

PERFORMANCE STATUS

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

2012/13 TARGET: 68%

2011 ACTUAL: 67%

### 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. As well, the provincial survey about health and the health system in Alberta is conducted on an annual basis and reported within the AH Annual Report. The most recent annual report is for 2010 – 2011.

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.

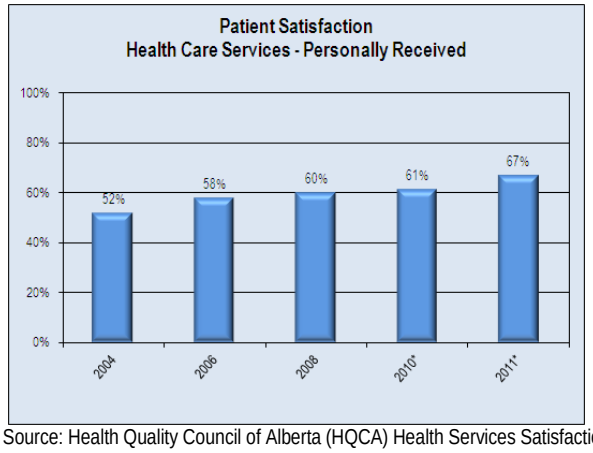
Health care services include personal family doctor, other health care professionals at family doctor's office, community walk-in clinics, specialists, MRI, other diagnostic imaging, pharmacists, emergency departments, inpatient hospital services, outpatient hospital services and mental health services.

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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.
* 2010 error rate of +/- 2%; 2011 error rate of +/- 3%.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a 2012/13 target of 68 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 67 per cent.

### WHAT ACTIONS ARE WE TAKING?

AHS works closely with HQCA (Health Quality Council of Alberta) to monitor ***p***atient satisfaction. AHS is undertaking focused improvement activities in access areas including emergency department 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).

# Central Venous Catheter Bloodstream Infection Rate

Data updated quarterly with a one quarter lag.
Most current data are Q1 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | YTD 2012/13 ACTUAL: 1.05 (Apr-Jun) |

## WHAT IS BEING MEASURED?

Health care-associated and nosocomial bloodstream infections (BSI) are an important cause of morbidity and mortality in severely ill patients, and a significant proportion of these infections are associated with central venous catheters (CVCs) used in the intensive care units (ICUs) of adult acute care sites. As several potentially modifiable factors influence the risk of developing a catheter-associated BSI, appropriate infection prevention and control activities have an important impact on infection rates [1-4].

Detailed indicator definition is available.

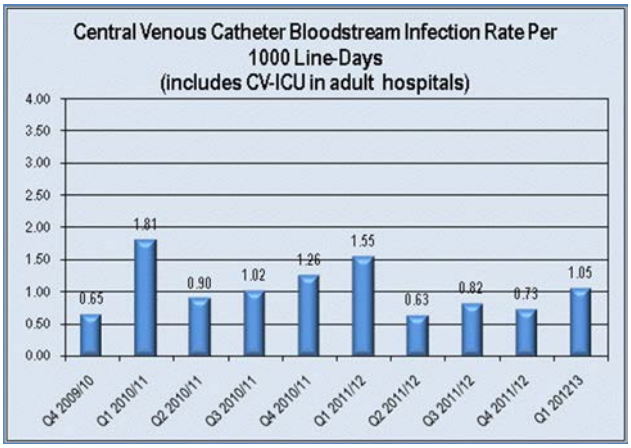
An internal review of the data quality indicates a very high level of confidence with no known issues.

## WHY IS THIS IMPORTANT?

Monitoring for bloodstream infections related to central venous catheters, and intervention when needed, are important for quality improvement and patient safety.

## WHAT IS THE TARGET?

Targets will be set jointly by Alberta Health and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.




Source: ADULT General Systems ICUs only except Tertiary which also includes Cardiac Surgery ICUs.References:

1 Centers for Disease Control and Prevention. Guidelines for the prevention of intravascular catheter-related infections [Erratum to p. 29, Appendix B published in MMWR Vol. 51, No. 32, p. 711]. MMWR 2002;51(No. RR-10):1-32.
2 Crnich CJ, Maki DG. Intravascular Device Infections. Chapter 24 In: Association for Professionals in Infection Control and Epidemiology (eds), APIC Text of Infection Control and Epidemiology. 2004 pp 24-1 – 24-26.
3 Pittet D, Tarara D, Wenzel RP. Nosocomial bloodstream infection in critically ill patients. JAMA 1994;271:1598-1601.
4 CVC-BSI Working Group and the Candian Nosocomial Infection Surveillance Program (CNISP). Surveillance for Central Venous Catheter Associated Blood Stream Infections (CVC-BSI) in Intensive Care Units. 2011/2012 CVC-BSI Surveillance Protocol. March 24, 2011

## HOW ARE WE DOING?

The central venous catheter bloodstream infection rate for adult sites was 1.05 per 1,000 line-days in Q1 2012/13.

## WHAT ACTIONS ARE WE TAKING?

AHS has implemented the Canadian Patient Safety Institute's *Safer Healthcare Now* bundle of recommendations, which is designed to reduce the number of bloodstream infections. These activities (which include optimizing hand hygiene practices) ensure that best practice is employed for central line insertion and maintenance in order to prevent infection. Infection rates are also provided to physicians and staff who insert and care for central lines so they can monitor their practice.

## WHAT ELSE DO WE KNOW?

The skin is the main source of organisms causing CVC-BSI. Infection may occur because of migration of organisms from the insertion site along the percutaneous tract. Other risk factors include catheter insertion and care practices, products administered through the line, frequency of manipulation, age group, underlying disease and severity of illness of the patient. Infection risk also increases with understaffing in the ICU.

Infection risk can be lowered by maintaining appropriate aseptic technique during catheter insertion, care of the entry site and catheter manipulation.

Information is available by adult acute care sites presented as a one year rolling rate.

## HOW DO WE COMPARE?

The CVC-BSI incidence rate was 1.3 per 1000 CVC days for adult intensive care units in Canadian hospitals participating in the Canadian Nosocomial Infection Surveillance Program (CNISP) in 2009. (CNISP 2011-2012 CVC-BSI Surveillance Protocol)

# Performance Measure Update

## Methicillin-Resistant *Staphylococcus aureus* – Bloodstream Infection

Data updated quarterly with a one quarter lag.
Most current data are Q1 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | YTD 2012/13 ACTUAL: 0.12 (Apr-Jun) |

### WHAT IS BEING MEASURED?

Hospital-acquired Methicillin Resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI) are an important cause of morbidity and mortality in severely ill patients. All patients who develop a laboratory-confirmed bloodstream infection caused by MRSA that they acquired as the result of being hospitalized are included.

Detailed indicator definition is available.

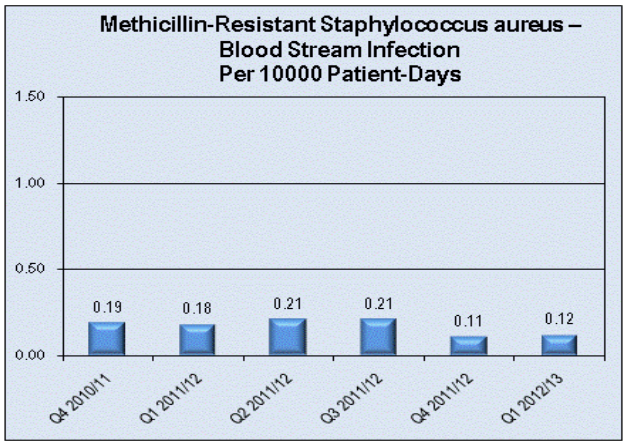
An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

MRSA infections constitute a significant and growing threat to patients /clients/residents in health care facilities and in our community. Bloodstream infections in hospitalized patients caused by MRSA are associated with increased morbidity and mortality, have fewer treatment options, and prolong hospital stays. The need to contain the spread of MRSA also has a significant impact on resources and costs in the health care system[1, 2].

### WHAT IS THE TARGET?

Targets will be set jointly by Alberta Health and Wellness and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.




References
1. Association for Professionals in Infection Control and Epidemiology (APIC) Guide to the elimination of methicillin-resistant Staphylococcus aureus (MRSA) transmission in hospital settings. March 2007.
2. Canadian Nosocomial Infection Surveillance Program (CNISP). MRSA Surveillance Protocols. Version 2010. Public Health Agency of Canada. Nosocomial and Occupational Infections Section.

### HOW ARE WE DOING?

The MRSA bloodstream infection rate was 0.12per 10,000 patient days in Q1 of 2012/13.

### WHAT ACTIONS ARE WE TAKING?

Current best practice guidelines are employed for the prevention of MRSA and management of patients colonized or infected with MRSA. MRSA cases are routinely investigated and intervention strategies are implemented to prevent transmission in hospitals. This includes optimizing staff hand hygiene practices.

MRSA rates are provided to physicians and staff who care for patients so that they can monitor their practice. AHS' Infection Prevention and Control department works collaboratively with physicians and staff to optimize patient management and intervention programs for MRSA.

### WHAT ELSE DO WE KNOW?

Nasal and skin colonization are common sources of organisms causing MRSA. MRSA occurs when these organisms cause infections and/or migrate into the bloodstream. Risk factors for MRSA include invasive procedures such as intravenous catheters or surgery, as well local skin or soft tissue infections, age, underlying disease, and severity of illness of the patient.

Information is available by adult acute care sites.

### HOW DO WE COMPARE?

National benchmark comparisons are not available.
"The Ontario Ministry of Health and Long Term Care published an overall rate of 0.2 cases of MRSA bacteremia per 10,000 patient-days for patients admitted to a hospital for longer than 72 hours in 2009.
The Alberta definition uses longer than 48 hours after admission."
Internal benchmarks will be developed over time.

# Performance Measure Update

## *Clostridium difficile* Infection

Data updated quarterly with a one quarter lag.
Most current data are Q1 2012/13.
Next data update expected for Q3 report.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | YTD TARGET TBD<br>HA ACTUAL: 3.8 (Apr-Jun) |

### WHAT IS BEING MEASURED?

*Clostridium difficile* infection (CDI) causes diarrhea, and occasionally serious illness. Two CDI indicators are reported; (1) Hospital-acquired CDI - all new CDI cases that develop while the person is in an AHS or Covenant Health facility, and (2) Total CDI - all cases of *Clostridium difficile* infection diagnosed in hospital, regardless of where it was acquired.

Total CDI includes those cases acquired in hospital AND those acquired in the community that are severe enough to require hospitalization.

Detailed indicator definitions are available for Hospital-Acquired CDI and Total CDI.

An internal review of the data quality indicates a very high level of confidence with no known issues.

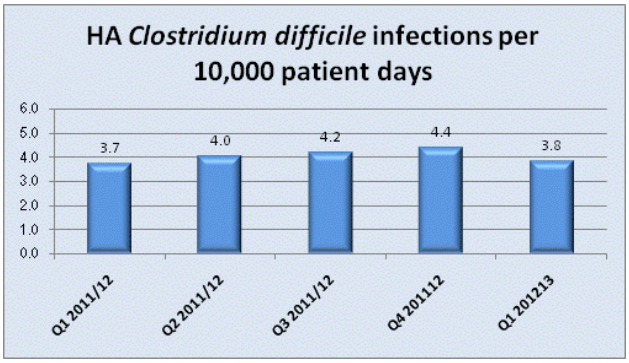
### WHY IS THIS IMPORTANT?

CDI is an important infection to monitor in health-care facilities and in our community. Some individuals carry *Clostridium difficile* in their intestines while others may acquire it while in hospital. CDI is an unpleasant illness, complicates and prolongs hospital stays and impacts resources and costs in the health-care system.

The use of antibiotics (for any reason) can cause *Clostridium difficile* to multiply and produce toxins that cause CDI. Monitoring CDI trends provide important information about effectiveness of infection prevention and control strategies and may also be impacted by antibiotic use, the population served, and seasonal variability.

### WHAT IS THE TARGET?

Targets will be set jointly by AH and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.




Source: AHS Infection Prevention and Control

### HOW ARE WE DOING?

The Hospital-Acquired (HA) CDI rate was 3.8 per 10,000 patient days in April – June 2012.

Between April and June 2012, the total number of hospitalized cases of CDI was 281.

### WHAT ACTIONS ARE WE TAKING?

Current best practice guidelines are used for the prevention and management of patients with CDI. Monitoring to prevent transmission in hospitals includes early recognition and diagnosis, isolation, optimizing housekeeping procedures, improving staff hand hygiene practices and promoting appropriate antibiotic use.

Infection Prevention and Control works collaboratively with physicians and staff in hospitals and with Public Health by providing CDI rates and assisting with intervention and control strategies.

### WHAT ELSE DO WE KNOW?

Most often, CDI is a mild disease but serious disease and relapse can occur, including the need for surgery and in extreme cases, even death. Several factors affect hospital rates of CDI including the size, physical layout and nature of services provided, type of population served and use of antibiotics. The major objective of CDI monitoring is to track trends in hospital facilities and the community in order to implement appropriate control measures as needed.

Information is available by site.

### HOW DO WE COMPARE?

AHS has chosen to focus on two CDI indicators, one reflecting acquisition and/or development in hospital and total CDI, which also reflects severe community-acquired disease requiring hospitalization.

The Canadian Nosocomial Infection Surveillance Program (CNISP) reports a CDI rate of **6.3 cases per 10,000 patient-days** for hospital-acquired CDI in 2010 (CNISP personal communication). Internal AHS benchmarks will be developed over time for Hospital-acquired and Total CDI.

# Performance Measure Update

## Hand Hygiene

Data updated annually.
Most current data are 2011/12.
Next data update expected for 2012/13.

| PERFORMANCE STATUS | 2012/13 TARGET: tbd |
|---|---|
| Performance target has not been established for comparison. | 2011/12 ACTUAL: 58.4% |

## WHAT IS BEING MEASURED?

Hand Hygiene refers to whether health care workers clean their hands before and after contact with the patient or patient's environment. For this measure, health care workers were observed by infection control personnel to see if they cleaned their hands before and after contact with the patient or patient's environment.

Detailed indicator definition is under development.

An internal review of the data quality indicates a very high level of confidence with no known issues.

## WHY IS THIS IMPORTANT?

Hand hygiene is the most effective infection prevention and control measure to reduce transmission of microbes in health care. However, extensive literature suggests that less than 50% of health care workers are compliant with routine hand hygiene practices[1]. Both the World Health Organization (WHO) [2] and Canadian Patient Safety Institute (CPSI) [3] recommend direct observation as the most effective method of obtaining and assessing hand hygiene compliance rates for health care workers.

## WHAT IS THE TARGET?

Targets will be set jointly by Alberta Health and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.

| Overall Hand Hygiene Compliance (%) | |
|---|---|
| 2010/11 | 50.0 |
| 2011/12 | 58.4 |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2. World Health Organization. WHO guidelines on Hand Hygiene in health care: a summary. WHO Press. Geneva, Switzerland. 2009. http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf (Verified 2011 Sept 9)
3. Canadian Patient Safety Institute. Hand Hygiene toolkit training presentation. http://www.handhygiene.ca/English/Documents/Education/Hand%20Hygiene%20Training%20Toolkit%20Presentation.ppt#287,51,Resources (Verified 2011 Sept 9)
4. Alberta Health and Wellness (2008) *Alberta hand hygiene strategy*. Available: http://www.health.alberta.ca/documents/IPC-Hand-Hygiene-Strategy-2008.pdf
5. Provincial Infection Control Network of British Columbia: Hand Hygiene compliance. Available: http://www.picnet.ca/surveillance-research/104/hand-hygiene-compliance. Accessed Sept 26, 2012.
6. Patient Safety Indicator Reporting: Ontario Totals. Hand hygiene compliance rates. Available: http://patientsafetyontario.net/Reporting/en/PSIR_ProvincialIndicatorReporting.aspx?View=1&hosptid=4417&seltype=1&lhin=1&city=&pc=&dist=0 Accessed Sept 26, 2012


## HOW ARE WE DOING?

A province-wide observational review conducted by Infection Prevention and Control supported by summer temporary employees from May to August 2011 established a baseline AHS rate of hand hygiene compliance at approximately 50%, based on 27,728 observations.

The province-wide review was repeated in 2012 with 63,989 observations. The 2012 overall hand hygiene compliance rate was 58.4% (95% Confidence Interval 58.0-58.8%), which when compared with the 50% rate during the summer of 2011, showed a significant increase of 16.8%. The provincial rate before contact with the patient or patient's environment was 47.3%.

## WHAT ACTIONS ARE WE TAKING?

In October 2011, AHS implemented an organization-wide clinical policy[4] for hand hygiene that was accompanied by the launch of a province-wide hand hygiene awareness campaign. Included in the AHS response to the challenge of hand hygiene is to task the zone executive leaders, in collaboration with IPC, with developing zone-specific hand hygiene action plans. Through these efforts and implementation of hand hygiene initiatives, it is anticipated compliance rates will increase year over year.

## WHAT ELSE DO WE KNOW?

Ongoing hand hygiene monitoring and reporting are required organizational practices set out by Accreditation Canada.

Information is available by adult acute care sites.

## HOW DO WE COMPARE?

Hand hygiene compliance rates have been published from other provinces. British Columbia reported a 2012 observed hand hygiene compliance rate before contact with the patient of 61%, and an overall hand hygiene rate of 70%[5]. Ontario reported a provincial rate before contact with the patient or patient's environment of 80.5% in 2012[6]. However, direct comparisons of rates elsewhere to those of AHS is difficult because of varying methodologies of measurement.

# Performance Measure Update

## 30 Day Unplanned Readmission Rate

Data updated quarterly with one quarter lag.
Most current data are Q1 2012/13.
Next data update expected for Q3 report.

### PERFORMANCE STATUS

Performance target has not been established for comparison.

2012/13 TARGET: tbd

2012/13 ACTUAL: 8.21%

### WHAT IS BEING MEASURED?

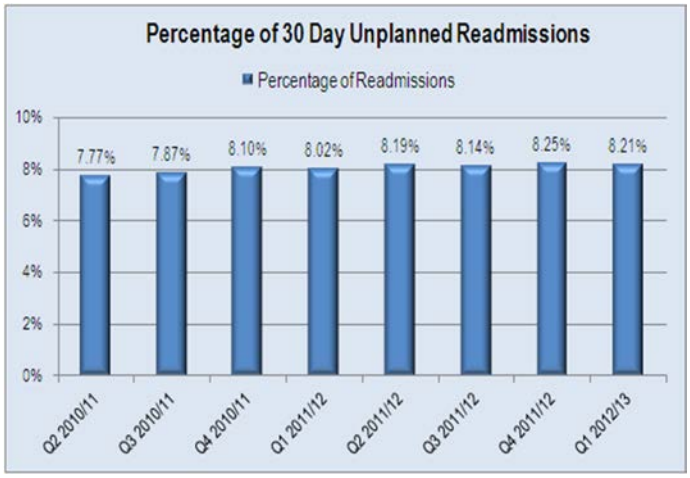
The 30 Day Unplanned Readmission Rate represents the proportion of occurrences of an unplanned admission to hospital within 30 days of a patient being discharged from a hospital stay. Only initial visits where the patient is discharged are included (transfers, sign-outs, and deaths are excluded). Any cause of the readmission is included.

Detailed indicator definition is available.

An internal review of the data quality indicates a very high level of confidence with no known issues.

### WHY IS THIS IMPORTANT?

The risk of readmission following initial hospitalization may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care. High rates of readmissions within a short period of time may therefore be useful in monitoring quality of care.




Source: AHS Discharge Abstract Database

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has not established a target for this measure.

### HOW ARE WE DOING?

The rate of readmissions has remained relatively stable over the past few years. Continued monitoring and detailed investigation will be needed to determine significance of rates and expected improvement opportunities. Current measurements will provide a baseline for comparison.

### WHAT ACTIONS ARE WE TAKING?

This is a new measure that AHS is producing for public reporting. At this point, AHS is using the measure for monitoring purposes. More in-depth analysis is currently underway to identify opportunities for improvement. Once these analyses are complete, zone leaders will be engaged to identify actions for improvement and to set targets accordingly.

### WHAT ELSE DO WE KNOW?

Readmissions to hospital may be due to conditions unrelated to the initial discharge. This metric is most useful in monitoring changes over time. Due to a higher expected readmission rate among elderly patients and patients with chronic conditions, this measure will vary due to the nature of the population served by a facility. Rates can also be impacted due to different models of care and healthcare services accessibility. Therefore comparisons between zones should be approached with caution.

Information is available by zone.

### HOW DO WE COMPARE?

Using a similar measure, Alberta ranked third among the 10 provinces for 30-day overall readmission rate. Alberta = 8.3 per cent, Best Performing Province = 7.9 per cent (Quebec), Canada = 8.4 per cent (CIHI, 2009/10).