



# **Alberta Health Services**

## **Q4 Performance Report 2012/13**

**Prepared by**

**Data Integration, Measurement and  
Reporting**

**&**

**Corporate Accountability and Monitoring**

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## Welcome

This performance report has been constructed to demonstrate the progress of Alberta Health Services (AHS) towards meeting the targets and 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.

Since the creation of Alberta Health Services, there is one thing we have always done: we have met every challenge head-on, in order to deliver safe and high-quality health care to the 3.8 million Albertans we serve. This past quarter of the year was no exception to that. In early April, the Alberta Health Services Board approved a \$13-billion budget and three-year health and operating plan in keeping with the provincial climate of fiscal challenges. Our focus has not shifted and will not move from our goal to improve the health and wellness of Albertans; this budget will support us in doing so. This is unequivocally, our first and highest priority.

Over the past months, we've continued to lay the groundwork for growth and transformation. Our successes and challenges of the past are lessons we have learned from, and that we can - and will - use to transform the health system to better meet the needs of Albertans.

We are on a path of change, where we will shift our focus on acute hospital care to a new model for the health system where health services are predominantly provided in community settings.

We will simplify the health system, improve patient outcomes and satisfaction, respond to the health needs of all Albertans through primary and community care, and, above all, eliminate waste.

That is how we will improve patient satisfaction and outcomes, and build the sustainable, patient-focused and responsive health system Albertans want.

In this analysis of our performance, we can see areas where that change is happening and where we continue to move closer to achieving the very aggressive targets we have set.

For example, the number of patients getting hip and knee replacement surgeries continues to increase, while the wait times for those surgeries are down. While we saw a slight decrease in the volume of cataract surgeries this quarter, over the past two years, we've seen a substantial increase in volume of this surgery and a continued decrease in waits. More people who had been waiting in hospitals were placed into continuing care settings this quarter and access to radiation therapy is surpassing the target in some measures and continuing to improve in others.

The changes we are making and the achievements we are seeing will continue to allow us to do what we, as a health system, do best – take care of Albertans and their families, when and where they need it most. The progress that's been made is a testament to the commitment and hard work of our staff, physicians and volunteers who continue to uphold the highest standards of care.

## **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 reflects our continued commitment and effort to move toward those goals.

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](http://www.albertahealthservices.ca).

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

## Performance Summary

### Today's Performance

When we look at Fiscal year 2012/13, we can see 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 [AHS 2012-2015 Health Plan](#) provides a road map on major strategies and initiatives to deliver on these targets.

AHS continues to see throughput increases in many areas. The demand for services continues to increase within the province with the table below showing volume changes. Initiatives within AHS are being put in place in an effort to not only move measures towards their targets but also to compensate for these increases in demand.

| <b><u>Changes in Throughput</u></b>                                      |                                 |                              |                              |   |
|--|---------------------------------|------------------------------|------------------------------|---|
| <b>Volumes</b>   | <b>Annual Volume 2010/11</b>    | <b>Annual Volume 2011/12</b> | <b>Annual Volume 2012/13</b> | <b>2011/12 to 2012/13 Per cent change</b> |
| Number of Total Hip Replacement Surgeries                                | 4,488                           | 4,912                        | 5,216                        | 6.19%                                     |
| Number of Total Knee Replacement Surgeries                               | 5,025                           | 5,836                        | 6,114                        | 4.76%                                     |
| Number of Cataract Surgeries   | 33,781                          | 36,562                       | 34,465                       | -5.74%                                    |
| Number of Emergency Department and Urgent Care Centre Visits             | 2,119,300                       | 2,225,493                    | 2,320,920                    | 4.29%                                     |
| Number of Hospital Discharges  | 364,052                         | 376,126                      | 385,497                      | 2.49%                                     |
| Number of EMS Events   | 377,280                         | 393,964                      | 416,160                      | 5.63%                                     |
| Number of MRI / CT Exams   | Comparable volume not available | 501,529                      | 521,372                      | 4.01%                                     |
| Number of Lab Tests  | 61,357,627                      | 65,282,456                   | 68,350,334                   | 4.70%                                     |
| Number of People Placed from Acute / Sub-Acute Beds into Continuing Care | 4,951                           | 5,355                        | 5,561                        | 3.85%                                     |

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. Note that these measures are 90<sup>th</sup> percentile results and include:

- Children receiving Community Mental Health Treatment within 30 Days – Scheduled has increased from 76 per cent last year to 80 per cent this year, a 5.3 per cent increase.
- Hip and Knee Replacement Wait Times have decreased compared to the prior year with the current annual 36.3 week wait time for hip replacements down from 39.8 weeks last year, an 8.8 per cent improvement.
- Knee replacements are at their lowest annual rate in the past two years with an annual wait time at 40.9 weeks, down from 48.0 weeks last year, a 14.8 per cent improvement.
- Radiation Therapy Access (ready-to-treat to first therapy) has a wait time of 3.0 weeks which surpasses the target of 4.0 weeks for 2012/13.
- Radiation Therapy Access (referral to first consult) has decreased to 4.8 weeks from 5.3 weeks a year ago. While referral volume has decreased by 4.6%, the wait time decrease is 9.4 per cent.
- Cataract Surgeries wait times have seen an improvement from 37.3 weeks last year to 29.0 weeks for this year (22.3 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 decreased from 467 a year ago to 453 now, a 3.0 per cent improvement. The Number of People Waiting in Community for Continuing Care Placement has decreased from 1,002 a year ago to 701 now which is better than target and an improvement of 30.0 per cent.
- The number of Registered Nurses Hired by AHS is greater this year than last year. This year, 71 per cent of the available Alberta nursing graduates have been hired into non-casual positions compared to 67 per cent last year.
- The workforce measure of Headcount to FTE Ratio has decreased from 1.55 last year to 1.52 this year and is better than the target of 1.61.

Looking at indicators with both a current annual result and a prior annual result on the provincial dashboard, 60 per cent of the indicators show improvement over the prior year and of those, 31 per cent show improvement of more than 5 per cent.

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

- The focus on increased arthroplasty surgeries has seen an increase in the number of hip and knee surgeries performed this year which is the highest volume over the past two years. This has resulted in a decrease to the wait times. The Fragility and Stability Program will help identify and deliver prevention and promotion strategies for Albertans experiencing or who are at risk of osteoporosis-related fractures.
- AHS reduced the number of hospital patients awaiting placement for continuing care and implemented a provincial discharge policy called “Path to Home” which will have an impact on ED flow. The South Health Campus Emergency Department (ED) opened its doors on January 14<sup>th</sup>, increasing the capacity to treat emergency patients in Calgary and surrounding communities.
- AHS continues to add continuing care beds. Since April 2012, AHS has opened 877 new continuing care and palliative beds. This is part of an ongoing goal to open 1,000 new continuing care beds each year. In the last three years, AHS has opened 3,034 beds.

- 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.
- In addition to the 877 continuing care and palliative beds, AHS has added 102 acute care beds and 85 Addiction and Mental Health beds across the province in 2012-2013. This results in an overall increase in beds of over 1,000. These beds will help to serve Albertans facing acute and chronic illnesses.
- Destination Home works to support home care clients in remaining well and independent in their own homes and communities for as long as it is safe to do so. The number of Home Care clients has increased by over 4,500 in the past year exceeding the expected target.
- 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 full time and part time clinical workers will be required in five years. Increasing the percentage of full-time positions will help AHS significantly decrease the total number of clinical workers required.

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.



# Background

## 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 fourth quarter ending March 31, 2013 (this is the same as the annual performance). The dashboard also compares the annual performance against the annual performance from last year. In looking at the actual performance, if the 'stretch' target has been missed, we would still seek to demonstrate improvement over time enabling us to confidently make the right changes to our health system.

**Prior Year Comparison:** Here we compare each measure's value to the previous year's annual value. A green up arrow indicates we are doing better. A horizontal green arrow indicates no significant change (within 5 per cent) but that the measure's value is slightly improving. A horizontal red arrow indicates no significant change (within 5 per cent) but that the value is moving slightly away from the prior value and a red down arrow 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. Where available, these descriptions have volume graphs included. These graphs have year-to-date volumes for 2010/11, 2011/12 and 2012/13. Under the volumes there is a "per cent change". This per cent change is the change from 2011/12 year-to-date to 2012/13 year-to-date.

## 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 fourth quarter (January – March 2013) and fourth quarter year-to-date (April 2012 – March, 2013). For those indicators reporting third quarter 2012/13 data (October – December, 2012), the following table explains the reasons for the one quarter reporting lag:

| Quarterly Measures with a One Quarter Reporting Lag  | Data Timeline Clarification  |
|--|--|
| <ul style="list-style-type: none"> <li>Patient Satisfaction – Acute Care</li> </ul>  | <p>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.</p>          |
| <ul style="list-style-type: none"> <li>Patient Satisfaction – Emergency Department</li> </ul>  | <p>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.</p> |
| <p>Infection Prevention and Control measures:</p> <ul style="list-style-type: none"> <li>Central Venous Catheter Bloodstream Infection Rate</li> <li>Hospital-acquired Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bloodstream Infections (BSI)</li> <li><i>Clostridium difficile</i> Infection</li> </ul> | <p>These measures currently undergo a more rigorous internal review process at both the zone and provincial level prior to results being released.</p>   |
| <ul style="list-style-type: none"> <li>30 Day All Cause Unplanned Readmission Rate</li> </ul>  | <p>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.</p>                         |

## 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:

| <b>Performance Measure</b>                               | <b>Reporting Frequency</b> | <b>Next Update</b> |
|--|----------------------------|--------------------|
| • Life Expectancy  | Annual                     | Q1, 2013/14        |
| • Potential Years of Life Lost                           | Annual                     | Q1, 2013/14        |
| • Colorectal Cancer Screening Rate                       | Annual                     | Q1, 2013/14        |
| • Breast Cancer Screening Participation Rate             | Annual                     | Q1, 2013/14        |
| • Cervical Cancer Screening Participation Rate           | Annual                     | Q1, 2013/14        |
| • Seniors Influenza Immunization Rate                    | Annual                     | Q4, 2013/14        |
| • Childrens' Influenza Immunization Rate                 | Annual                     | Q4, 2013/14        |
| • Childhood Immunization Rate for DTaP                   | Annual                     | Q4, 2013/14        |
| • Childhood Immunization Rate for MMR                    | Annual                     | Q4, 2013/14        |
| • Albertans Enrolled in a Primary Care Network           | Semi-annual                | Q1, 2013/14        |
| • Rating of Care Nursing Home – Family                   | Every 3 years              | 2013/14            |
| • Staff Overall Engagement                               | Annual                     | Q4, 2013/14        |
| • Medical Staff Overall Engagement                       | Annual                     | Q4, 2013/14        |
| • Patient Satisfaction – Addiction and Mental Health     | Annual                     | Q4, 2013/14        |
| • Albertans Reporting Unexpected Harm                    | Annual                     | Q3, 2013/14        |
| • Patient Satisfaction – Health Care Personally Received | Annual                     | Q3, 2013/14        |
| • 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.

**Provincial Dashboard**

| Performance Measure  | 2012/13<br>Annual Target* | Current Year                           | Prior Year Comparison                  |                            |
|--|---------------------------|--|--|----------------------------|
|  |                           | Annual Performance                     | Previous Year<br>Performance           | Comparative<br>Performance |
| <b>Staying Healthy / Improving Population Health</b>   |                           |  |  |                            |
| ◇ <a href="#">Life Expectancy</a>  | Improvement               | <b>81.9</b><br>2011                    | <b>81.6</b><br>2010                    | →                          |
| ◇ <a href="#">Potential Years Life Lost</a> (per 1,000 population)   | Improvement               | <b>43.3</b><br>2011                    | <b>44.8</b><br>2010                    | →                          |
| <a href="#">Colorectal Cancer Screening Participation Rate</a>   | 55%<br>2015               | <b>57.0%</b><br>2011                   | <b>43.0%</b><br>2009                   | ↑                          |
| <a href="#">Breast Cancer Screening Participation Rate</a>   | 55% - 62%<br>2010-2015    | <b>52.6%</b><br>2011-2012              | <b>54.8%</b><br>2010-2011              | →                          |
| <a href="#">Cervical Cancer Screening Participation Rate</a>   | 70% - 75%<br>2010-2015    | <b>63.5%</b><br>Jan 2010 – Dec 2012    | <b>65.0%</b><br>Jan 2009-Dec 2011      | →                          |
| <b>Strengthen Primary Health Care</b>  |                           |  |  |                            |
| ◇ <a href="#">Seniors (65+) Influenza Immunization Rate</a>  | 75%                       | <b>60.0%</b><br>2012-2013 <sup>A</sup> | <b>60.8%</b><br>2011-2012 <sup>A</sup> | →                          |
| ◇ <a href="#">Children (6 to 23 Months) Influenza Immunization Rate</a>                                    | 75%                       | <b>30.2%</b><br>2012-2013 <sup>A</sup> | <b>28.5%</b><br>2011-2012 <sup>A</sup> | →                          |
| ◇ <a href="#">Childhood Immunization Rates for DTaP</a>  | 97%                       | <b>72.6%</b><br>2012                   | <b>74.4%</b><br>2011                   | →                          |
| ◇ <a href="#">Childhood Immunization Rates for MMR</a>   | 98%                       | <b>84.3%</b><br>2012                   | <b>85.5%</b><br>2011                   | →                          |
| <a href="#">Albertans Enrolled in a Primary Care Network (%)</a>   | Target<br>not defined     | <b>77%</b><br>Oct 2012                 | <b>74%</b><br>Oct 2011                 | →                          |
| ◇ <a href="#">Admissions for Ambulatory Care Sensitive Conditions</a> (per 100,000 Population)             | 282                       | <b>296</b><br>2012/13                  | <b>291</b><br>2011/12                  | →                          |
| ◇ <a href="#">Family Practice Sensitive Conditions</a> (% of ED visits)                                    | 23%                       | <b>26.0%</b><br>2012/13                | <b>26.4%</b><br>2011/12                | →                          |
| <a href="#">Health Link Wait Time</a> (% answered within 2 minutes)  | 80%                       | <b>78.2%</b><br>2012/13                | <b>81.0%</b><br>2011/12                | →                          |
| ◇ <a href="#">Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled</a>      | 92%                       | <b>80%</b><br>2012/13                  | <b>76%</b><br>2011/12                  | ↑                          |
| <b>Improve Access and Reduce Wait Times</b>  |                           |  |  |                            |
| ◇ <a href="#">Urgent CABG Wait Time</a> (90th percentile in weeks)   | 1.0                       | <b>2.0</b><br>2012/13                  | <b>1.9</b><br>2011/12                  | ↓                          |
| ◇ <a href="#">Semi-urgent CABG Wait Time</a> (90th percentile in weeks)                                    | 2.0                       | <b>4.7</b><br>2012/13                  | <b>6.2</b><br>2011/12                  | ↑                          |
| ◇ <a href="#">Scheduled CABG Wait Time</a> (90th percentile in weeks)                                      | 6.0                       | <b>25.9</b><br>2012/13                 | <b>28.8</b><br>2011/12                 | ↑                          |
| ◇ <a href="#">Hip Replacement Surgery Wait Time</a> (90th percentile in weeks)                             | 22.0                      | <b>36.3</b><br>2012/13                 | <b>39.8</b><br>2011/12                 | ↑                          |
| ◇ <a href="#">Knee Replacement Surgery Wait Time</a> (90th percentile in weeks)                            | 28.0                      | <b>40.9</b><br>2012/13                 | <b>48.0</b><br>2011/12                 | ↑                          |
| ◇ <a href="#">Cataract Surgery Wait Time</a> (90th percentile in weeks)                                    | 25.0                      | <b>29.0</b><br>2012/13                 | <b>37.3</b><br>2011/12                 | ↑                          |
| <a href="#">Other Scheduled Surgery Wait Time</a> (90th percentile in weeks)                               | Target<br>not defined     | <b>26.1</b><br>2012/13                 | <b>25.9</b><br>2011/12                 | →                          |
| ◇ <a href="#">Radiation Therapy Access (referral to 1<sup>st</sup> consult)</a> (90th percentile in weeks) | 3.0                       | <b>4.8</b><br>2012/13                  | <b>5.3</b><br>2011/12                  | ↑                          |
| ◇ <a href="#">Radiation Therapy Access (ready to treat to first therapy)</a> (90th percentile in weeks)    | 4.0                       | <b>3.0</b><br>2012/13                  | <b>3.1</b><br>2011/12                  | →                          |
| <b>Notes</b>   |                           |  |  |                            |
| ◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.                                     |                           |  |  |                            |
| <b>Prior Year Comparative Performance</b>  |                           |  |  |                            |
| ↑ Current period performance is better than comparative period by >5%                                      |                           |  |  |                            |
| → Current period performance is unchanged from comparative period  |                           |  |  |                            |
| ↓ Current period performance is worse than comparative period by >5%                                       |                           |  |  |                            |
| → (green) Current period performance is within 5% of, but better than, comparative period                  |                           |  |  |                            |
| → (red) Current period performance is within 5% of, but worse than, comparative period                     |                           |  |  |                            |

| Performance Measure  | 2012/13<br>Annual Target*            | Current Year                                  | Prior Year Comparison                 |                            |
|--|--------------------------------------|---|---------------------------------------|----------------------------|
|  |                                      | Annual Performance                            | Previous Year<br>Performance          | Comparative<br>Performance |
| ◊ <a href="#">Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)</a>     | 80%                                  | <b>65%</b><br>2012/13                         | <b>65%</b><br>2011/12                 | ⇨                          |
| ◊ <a href="#">Patients Discharged from ED or UCC within 4 hours (%) (All Sites)</a>            | 86%                                  | <b>80%</b><br>2012/13                         | <b>80%</b><br>2011/12                 | ⇨                          |
| ◊ <a href="#">Patients Admitted from ED within 8 hours (%) (15 Higher Volume)</a>              | 75%                                  | <b>45%</b><br>2012/13                         | <b>45%</b><br>2011/12                 | ⇨                          |
| ◊ <a href="#">Patients Admitted from ED within 8 hours (%) (All Sites)</a>                     | 75%                                  | <b>55%</b><br>2012/13                         | <b>55%</b><br>2011/12                 | ⇨                          |
| <b>Provide More Choice for Continuing Care</b>   |                                      |   |                                       |                            |
| ◊ <a href="#">People Waiting in Acute/Sub-acute Beds for Continuing Care Placement</a>         | 350                                  | <b>453</b><br>Mar 2013                        | <b>467</b><br>Mar 2012                | ➡                          |
| ◊ <a href="#">People Waiting in Community for Continuing Care Placement</a>                    | 850                                  | <b>701</b><br>Mar 2013                        | <b>1,002</b><br>Mar 2012              | ↑                          |
| <a href="#">Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed</a> | Target<br>not defined                | <b>67%</b><br>2012/13                         | <b>64%</b><br>2011/12                 | ↑                          |
| ◊ <a href="#">Number of Home Care Clients</a>  | Target<br>not defined                | <b>108,855</b><br>2012/13                     | <b>104,089</b><br>2011/12             | ➡                          |
| ◊ <a href="#">Rating of Care Nursing Home - Family</a>   | Target<br>not defined                | <b>73.4%</b><br>2010/11                       | <b>71.0%</b><br>2007/08               | ➡                          |
| <b>Build One Health System</b>   |                                      |   |                                       |                            |
| ◊ <a href="#">Head Count to FTE Ratio</a>  | 1.61                                 | <b>1.52</b><br>2012/13                        | <b>1.55</b><br>2011/12                | ➡                          |
| ◊ <a href="#">Registered Nurse Graduates Hired by AHS (%)</a><br>- All Hires<br>- Non-Casual   | 70%<br>70%                           | <b>98%+</b><br><b>71%</b><br>Mar 2013         | <b>98%+</b><br><b>67%</b><br>Mar 2012 | ⇨<br>↑                     |
| ◊ <a href="#">Disabling Injury Rate</a>  | 1.80                                 | <b>3.82</b><br>ANNUAL<br>2012/13 FY (Apr-Mar) | <b>3.87</b><br>2012 CY<br>ANNUALIZED  | ➡                          |
| ◊ <a href="#">Staff Overall Engagement (%)</a>   | 68%<br>2012/13                       | <b>58%</b><br>2012/13                         | <b>52%</b><br>2011/12                 | ↑                          |
| ◊ <a href="#">Medical Staff Overall Engagement (%)</a>   | 68%<br>2012/13                       | <b>31%</b><br>2012/13                         | <b>39%</b><br>2011/12                 | ↓                          |
| <a href="#">Direct Nursing Average Full Time Equivalency</a>                                   | 0.65                                 | <b>0.61</b><br>2012/13                        | <b>0.60</b><br>2011/12                | ➡                          |
| <a href="#">Absenteeism</a>  | 11.95                                | <b>12.46</b><br>2012/13                       | <b>12.04</b><br>2011/12               | ➡                          |
| <a href="#">Overtime Hours to Paid Hours Ratio</a>   | 1.67%                                | <b>1.97%</b><br>2012/13                       | <b>1.98%</b><br>2011/12               | ➡                          |
| <a href="#">Labour Cost per Worked Hour</a>  | Target<br>not defined                | <b>\$55.55</b><br>2012/13                     | <b>\$51.95</b><br>2011/12             | ↓                          |
| ◊ <a href="#">Number of Netcare Users</a>  | 16,066                               | <b>18,309</b><br>2012/13                      | <b>14,605</b><br>2011/12              | ↑                          |
| <a href="#">Adherence to Budget</a>  | + / - 1.5% of<br>Budgeted<br>expense | 0.8%<br>2012/13                               | na <sup>1</sup>                       | na                         |
| <b>Notes</b>   |                                      |   |                                       |                            |
| ◊ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.                         |                                      |   |                                       |                            |
| <sup>1</sup> Prior year results not available due to the change from CGAAP to PSAS.            |                                      |   |                                       |                            |
| <b>Prior Year Comparative Performance</b>  |                                      |   |                                       |                            |
| ↑ Current period performance is better than comparative period by >5%                          |                                      |   |                                       |                            |
| ⇨ Current period performance is unchanged from comparative period                              |                                      |   |                                       |                            |
| ↓ Current period performance is worse than comparative period by >5%                           |                                      |   |                                       |                            |
| ➡ Current period performance is within 5% of, but better than, comparative period              |                                      |   |                                       |                            |
| ➡ Current period performance is within 5% of, but worse than, comparative period               |                                      |   |                                       |                            |

| Performance Measure   | 2012/13<br>Annual Target* | Current Year                  | Prior Year Comparison                      |  |        |
|---|---------------------------|-------------------------------|--|--|--------|
|   |                           | Annual Performance            | Previous Year<br>Performance               | Comparative<br>Performance                 |        |
| <b>Quality and Patient Safety</b>   |                           |                               |  |  |        |
| ◊ <a href="#">Patient Satisfaction – Adult Acute Care</a>                             | Target<br>not defined     | <b>82%</b><br>Q3 YTD 2012/13  | <b>84%</b><br>Q3 YTD 2011/12               | ➡  |        |
| ◊ <a href="#">Patient Satisfaction - Addictions and Mental Health (AHS)</a>           | Target<br>not defined     | <b>94.9%</b><br>2012/13       | <b>92.3%</b><br>2011/12                    | ➡  |        |
| <a href="#">Percentage of Patient Feedback as Commendations</a>                       | Target<br>not defined     | <b>9.9%</b><br>2012/13        | <b>10.3%</b><br>2011/12                    | ➡  |        |
| <a href="#">Percentage of Patient Concerns Escalated to Patient Concerns Officer</a>  | Target<br>not defined     | <b>0.4%</b><br>2012/13        | <b>0.5%</b><br>2011/12                     | ⬆  |        |
| ◊ <a href="#">Albertans Reporting Unexpected Harm</a>                                 | 9%                        | <b>10.6%</b><br>2012          | <b>12.2%</b><br>2011                       | ⬆  |        |
| <a href="#">Patient Satisfaction Emergency Department (15 Higher Volume)</a>          | Adult<br>Pediatric        | Target<br>not defined         | <b>68%</b><br><b>83%</b><br>Q2 YTD 2012/13 | <b>69%</b><br><b>79%</b><br>Q2 YTD 2011/12 | ➡<br>⬆ |
| ◊ <a href="#">Patient Satisfaction Health Care Services Personally Received</a>       | 68%                       | <b>63.5%</b><br>2012          | <b>62.0%</b><br>2010                       | ➡  |        |
| <a href="#">Central Venous Catheter Bloodstream Infection Rate</a>                    | Target<br>not defined     | <b>1.0</b><br>Q3 YTD 2012/13  | <b>1.0</b><br>Q3 YTD 2011/12               | ↔  |        |
| ◊ <a href="#">Methicillin-Resistant Staphylococcus aureus – Bloodstream Infection</a> | Target<br>not defined     | <b>0.2</b><br>Q3 YTD 2012/13  | <b>0.2</b><br>Q3 YTD 2011/12               | ↔  |        |
| <a href="#">C-Difficile Infection Rate – Hospital Acquired</a>                        | Target<br>not defined     | <b>3.8</b><br>Q3 YTD 2012/13  | <b>4.0</b><br>Q3 YTD 2011/12               | ➡  |        |
| <a href="#">Hand Hygiene</a>  | Target<br>not defined     | <b>58.4%</b><br>2011/12       | <b>50.0%</b><br>2010/11                    | ⬆  |        |
| <a href="#">30 Day Unplanned Readmission Rate</a>                                     | Target<br>not defined     | <b>8.3%</b><br>Q3 YTD 2012/13 | <b>8.1%</b><br>Q3 YTD 2011/12              | ➡  |        |
| <b>Notes</b>  |                           |                               |  |  |        |
| ◊ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.                |                           |                               |  |  |        |
| <b>Prior Year Comparative Performance</b>   |                           |                               |  |  |        |
| ⬆ Current period performance is better than comparative period by >5%                 |                           |                               |  |  |        |
| ↔ Current period performance is unchanged from comparative period                     |                           |                               |  |  |        |
| ⬇ Current period performance is worse than comparative period by >5%                  |                           |                               |  |  |        |
| ➡ Current period performance is within 5% of, but better than, comparative period     |                           |                               |  |  |        |
| ➡ Current period performance is within 5% of, but worse than, comparative period      |                           |                               |  |  |        |

























| Performance Measure  | South Zone                          | Calgary Zone                    | Central Zone                    | Edmonton Zone                   | North Zone                      | All AHS                         | AHS Annual Target 2012/13 |
|--|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------|
| <b>Staying Healthy / Improving Population Health</b>   |                                     |                                 |                                 |                                 |                                 |                                 |                           |
| Life Expectancy  | 80.8<br>2012                        | 83.6<br>2012                    | 80.6<br>2012                    | 82.4<br>2012                    | 80.5<br>2012                    | 82.0<br>2012                    | Improvement               |
| Potential Years of Life Lost (per 1,000 Population)  | 48.7<br>2011                        | 33.9<br>2011                    | 50.2<br>2011                    | 44.7<br>2011                    | 57.6<br>2011                    | 43.3<br>2011                    | Improvement               |
| Colorectal Cancer Screening Participation Rate   | Measure not reported at Zone level. |                                 |                                 |                                 |                                 | 57.0%<br>2011                   | 55%<br>2015               |
| Breast Cancer Screening Participation Rate   | 58.3%<br>2011-2012                  | 53.6%<br>2011-2012              | 48.6%<br>2011-2012              | 52.6%<br>2011-2012              | 45.6%<br>2011-2012              | 52.6%<br>2011-2012              | 55% - 62%<br>2010-2015    |
| Cervical Cancer Screening Participation Rate   | 56.9%<br>Jan 2010 - Dec 2012        | 66.8%<br>Jan 2010 - Dec 2012    | 55.8%<br>Jan 2010 - Dec 2012    | 64.7%<br>Jan 2010 - Dec 2012    | 59.3%<br>Jan 2010 - Dec 2012    | 63.5%<br>Jan 2010 - Dec 2012    | 70% - 75%<br>2010-2015    |
| <b>Strengthen Primary Health Care</b>  |                                     |                                 |                                 |                                 |                                 |                                 |                           |
| Seniors (65+) Influenza Immunization Rate  | 62.1%<br>2012-2013 <sup>†</sup>     | 63.1%<br>2012-2013 <sup>†</sup> | 53.6%<br>2012-2013 <sup>†</sup> | 61.8%<br>2012-2013 <sup>†</sup> | 49.5%<br>2012-2013 <sup>†</sup> | 60.0%<br>2012-2013 <sup>†</sup> | 75%                       |
| Children (6 to 23 Months) Influenza Immunization Rate  | 31.1%<br>2012-2013 <sup>†</sup>     | 35.4%<br>2012-2013 <sup>†</sup> | 26.5%<br>2012-2013 <sup>†</sup> | 28.4%<br>2012-2013 <sup>†</sup> | 22.3%<br>2012-2013 <sup>†</sup> | 30.2%<br>2012-2013 <sup>†</sup> | 75%                       |
| Childhood Immunization Rates for DTaP  | 58.5%<br>2012                       | 79.4%<br>2012                   | 60.5%<br>2012                   | 74.9%<br>2012                   | 65.0%<br>2012                   | 72.6%<br>2012                   | 97%                       |
| Childhood Immunization Rates for MMR   | 78.4%<br>2012                       | 86.0%<br>2012                   | 79.7%<br>2012                   | 87.1%<br>2012                   | 79.4%<br>2012                   | 84.3%<br>2012                   | 98%                       |
| Albertans Enrolled in a Primary Care Network (%)   | 84%<br>Oct 2012                     | 82%<br>Oct 2012                 | 70%<br>Oct 2012                 | 74%<br>Oct 2012                 | 68%<br>Oct 2012                 | 77%<br>Oct 2012                 | Target not defined        |
| Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)   | 386<br>2012/13                      | 230<br>2012/13                  | 403<br>2012/13                  | 243<br>2012/13                  | 494<br>2012/13                  | 296<br>2012/13                  | 282                       |
| Family Practice Sensitive Conditions (% of ED visits)  | 28.1%<br>2012/13                    | 19.9%<br>2012/13                | 31.2%<br>2012/13                | 14.7%<br>2012/13                | 38.0%<br>2012/13                | 26.0%<br>2012/13                | 23%                       |
| Health Link Wait Time (% answered within 2 minutes)  | Measure not reported at Zone level. |                                 |                                 |                                 |                                 | 78.2%<br>2012/13                | 80%                       |
| Children Receiving Community Mental Health Treatment within 30 Days (% - Scheduled)  | 94%<br>2012/13                      | 77%<br>2012/13                  | 93%<br>2012/13                  | 61%<br>2012/13                  | 78%<br>2012/13                  | 80%<br>2012/13                  | 92%                       |
| <b>Improve Access and Reduce Wait Times</b>  |                                     |                                 |                                 |                                 |                                 |                                 |                           |
| Urgent CABG Wait Time (90th percentile in weeks)   | np                                  | 1.8<br>2012/113                 | np                              | 2.0<br>2012/113                 | np                              | 2.0<br>2012/113                 | 1.0                       |
| Semi-urgent CABG Wait Time (90th percentile in weeks)  | np                                  | 2.9<br>2012/113                 | np                              | 6.2<br>2012/113                 | np                              | 4.7<br>2012/113                 | 2.0                       |
| Scheduled CABG Wait Time (90th percentile in weeks)  | np                                  | 29.7<br>2012/113                | np                              | 21.7<br>2012/113                | np                              | 25.9<br>2012/113                | 6.0                       |
| Hip Replacement Surgery Wait Time (90th percentile in weeks)   | 42.9<br>2012/13                     | 38.1<br>2012/13                 | 24.6<br>2012/13                 | 31.6<br>2012/13                 | 53.8<br>2012/13                 | 36.3<br>2012/13                 | 22.0                      |
| Knee Replacement Surgery Wait Time (90th percentile in weeks)  | 44.3<br>2012/13                     | 36.3<br>2012/13                 | 25.3<br>2012/13                 | 36.9<br>2012/13                 | 56.6<br>2012/13                 | 40.9<br>2012/13                 | 28.0                      |
| Cataract Surgery Wait Time (90th percentile in weeks)  | 40.4<br>2012/13                     | 31.8<br>2012/13                 | 21.0<br>2012/13                 | 24.3<br>2012/13                 | 26.8<br>2012/13                 | 29.0<br>2012/13                 | 25.0                      |
| <sup>†</sup> Interim target pending confirmation. Status based on interim target.<br>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.<br>^ Data for Influenza season ending April 30. |                                     |                                 |                                 |                                 |                                 |                                 |                           |





























| Performance Measure   | South Zone                             | Calgary Zone                           | Central Zone                           | Edmonton Zone                          | North Zone                             | All AHS                                | AHS Annual Target 2012/13 |
|---|--|--|--|--|--|--|---------------------------|
| Other Scheduled Surgery Wait Time (90th percentile in weeks)  | 26.4<br>2012/13                        | 26.6<br>2012/13                        | 23.6<br>2012/13                        | 26.4<br>2012/13                        | 26.7<br>2012/13                        | 26.1<br>2012/13                        | Target not defined        |
| Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks)   | 3.9<br>2012/13                         | 4.9<br>2012/13                         | np                                     | 4.9<br>2012/13                         | np                                     | 4.8<br>2012/13                         | 3.0                       |
| Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)   | 1.0<br>2012/13                         | 3.1<br>2012/13                         | np                                     | 3.0<br>2012/13                         | np                                     | 3.0<br>2012/13                         | 4.0                       |
| Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume EDs)  | 79%<br>2012/13                         | 62%<br>2012/13                         | 69%<br>2012/13                         | 59%<br>2012/13                         | 80%<br>2012/13                         | 65%<br>2012/13                         | 80%                       |
| Patients Discharged from ED or UCC within 4 hours (%) (All Sites)   | 88%<br>2012/13                         | 75%<br>2012/13                         | 89%<br>2012/13                         | 65%<br>2012/13                         | 91%<br>2012/13                         | 80%<br>2012/13                         | 86%                       |
| Patients Admitted from ED within 8 hours (%) (15 Higher Volume EDs)   | 83%<br>2012/13                         | 43%<br>2012/13                         | 39%<br>2012/13                         | 37%<br>2012/13                         | 61%<br>2012/13                         | 45%<br>2012/13                         | 75%                       |
| Patients Admitted from ED within 8 hours (%) (All Sites)  | 85%<br>2012/13                         | 45%<br>2012/13                         | 69%<br>2012/13                         | 37%<br>2012/13                         | 82%<br>2012/13                         | 55%<br>2012/13                         | 75%                       |
| <b>Provide More Choice for Continuing Care</b>  |  |  |  |  |  |  |                           |
| People Waiting in Acute/Sub-acute Beds for Continuing Care Placement  | 42<br>Mar 2013<br>(Target = 13)        | 147<br>Mar 2013<br>(Target = 119)      | 83<br>Mar 2013<br>(Target = 48)        | 126<br>Mar 2013<br>(Target = 115)      | 55<br>Mar 2013<br>(Target = 56)        | 453<br>Mar 2013<br>(Target = 350)      | 350                       |
| People Waiting in Community for Continuing Care Placement   | 53<br>Mar 2013<br>(Target = 50)        | 303<br>Mar 2013<br>(Target = 384)      | 128<br>Mar 2013<br>(Target = 105)      | 140<br>Mar 2013<br>(Target = 230)      | 77<br>Mar 2013<br>(Target = 82)        | 701<br>Mar 2013<br>(Target = 850)      | 850                       |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed  | 82%<br>2012/13                         | 65%<br>2012/13                         | 58%<br>2012/13                         | 74%<br>2012/13                         | 45%<br>2012/13                         | 67%<br>2012/13                         | Target not defined        |
| Number of Home Care Clients   | 11,096<br>2012/13                      | 31,825<br>2012/13                      | 16,790<br>2012/13                      | 37,604<br>2012/13                      | 11,540<br>2012/13                      | 108,855<br>2012/13                     | Target not defined        |
| Rating of Care Nursing Home Family  | Measure not reported at Zone level.    |  |  |  |  | 73.4%<br>2010/11                       | Target not defined        |
| <b>Build One Health System</b>  |  |  |  |  |  |  |                           |
| Head Count to FTE Ratio   | 1.60<br>2012/13                        | 1.58<br>2012/13                        | 1.69<br>2012/13                        | 1.57<br>2012/13                        | 1.64<br>2012/13                        | 1.52<br>2012/13                        | 1.61                      |
| Registered Nurse Graduates Hired by AHS (%)<br>- All Hires<br>- Non-Casual  | Measure not reported at Zone level.    |  |  |  |  | 98%+<br>71%<br>Mar 2013                |                           |
| Disabling Injury Rate   | 3.58<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 4.29<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 4.27<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 4.65<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 6.96<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 3.82<br>ANNUAL<br>2012/13 FY (Apr-Mar) | 1.80                      |
| Staff Overall Engagement (%)  | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | 58.0%<br>2012/13                       | 68%<br>2012/13            |
| Medical Staff Overall Engagement (%)  | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | na<br>2012/13                          | 31.0%<br>2012/13                       | 68%<br>2012/13            |
| Direct Nursing Average Full Time Equivalency  | 0.61<br>2012/13                        | 0.61<br>2012/13                        | 0.59<br>2012/13                        | 0.62<br>2012/13                        | 0.63<br>2012/13                        | 0.61<br>2012/13                        | 0.65                      |
| Absenteeism   | 12.40<br>2012/13                       | 13.32<br>2012/13                       | 13.76<br>2012/13                       | 13.02<br>2012/13                       | 17.66<br>2012/13                       | 12.46<br>2012/13                       | 11.95                     |
| Overtime Hours to Paid Hours Ratio  | 1.52%<br>2012/13                       | 1.99%<br>2012/13                       | 2.22%<br>2012/13                       | 2.87%<br>2012/13                       | 3.07%<br>2012/13                       | 1.97%<br>2012/13                       | 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. |  |  |  |  |  |  |                           |

| Performance Measure  | South Zone                          | Calgary Zone          | Central Zone          | Edmonton Zone         | North Zone            | All AHS                | AHS Annual Target 2012/13 |
|--|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|---------------------------|
| Total Labour Cost per Worked Hour                                    | \$41.06<br>2012/13                  | \$62.00<br>2012/13    | \$54.08<br>2012/13    | \$61.21<br>2012/13    | \$55.94<br>2012/13    | \$55.55<br>2012/13     | Target not defined        |
| Number of Netcare Users  | Measure not reported at Zone level. |                       |                       |                       |                       | 18,309<br>2012/13      | 16,066                    |
| Adherence to Budget  | Measure not reported at Zone level. |                       |                       |                       |                       | 0.8%<br>2012/13        | +/- 1.5%                  |
| <b>Quality and Patient Safety</b>                                    |                                     |                       |                       |                       |                       |                        |                           |
| Patient Satisfaction – Adult Acute Care                              | 84%<br>Q3 YTD 2012/13               | 81%<br>Q3 YTD 2012/13 | 85%<br>Q3 YTD 2012/13 | 80%<br>Q3 YTD 2012/13 | 81%<br>Q3 YTD 2012/13 | 82%<br>Q3 YTD 2012/13  | Target not defined        |
| Patient Satisfaction – Addictions and Mental Health                  | 96.7%<br>2012/13                    | 96.9%<br>2012/13      | 94.9%<br>2012/13      | 92.3%<br>2012/13      | 96.4%<br>2012/13      | 94.9%<br>2012/13       | Target not defined        |
| Percentage of Patient Feedback as Commendations                      | 10.89%<br>2012/13                   | 9.34%<br>2012/13      | 9.31%<br>2012/13      | 11.02%<br>2012/13     | 5.00%<br>2012/13      | 9.88%<br>2012/13       | Target not defined        |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer | 1.39%<br>2012/13                    | 0.66%<br>2012/13      | 0.00%<br>2012/13      | 0.08%<br>2012/13      | 0.52%<br>2012/13      | 0.39%<br>2012/13       | Target not defined        |
| Albertans Reporting Unexpected Harm                                  | 10.5%<br>2012                       | 10.8%<br>2012         | 11.0%<br>2012         | 10.7%<br>2012         | 9.5%<br>2012          | 10.6%<br>2012          | 9%                        |
| Patient Satisfaction Emergency Department                            | Adult<br>64%                        | 70%                   | 70%                   | 70%                   | 60%                   | 68%                    | Target not defined        |
|  | Pediatric<br>na                     | na                    | na                    | na                    | na                    | 83%                    |                           |
|  | Q2 YTD 2012/13                      | Q2 YTD 2012/13        | Q2 YTD 2012/13        | Q2 YTD 2012/13        | Q2 YTD 2012/13        | Q2 YTD 2012/13         |                           |
| Patient Satisfaction Health Care Services Personally Received        | 67.0%<br>2012                       | 64.0%<br>2012         | 62.0%<br>2012         | 66.0%<br>2012         | 56.0%<br>2012         | 63.5%<br>2012          | 68%                       |
| Central Venous Catheter Bloodstream Infection Rate                   | Measure not reported at Zone level. |                       |                       |                       |                       | 0.96<br>Q3 YTD 2012/13 | Target not defined        |
| Methicillin-Resistant Staphylococcus aureus – Bloodstream Infection  | Measure not reported at Zone level. |                       |                       |                       |                       | 0.2<br>Q3 YTD 2012/13  | Target not defined        |
| C-Difficile Infection Rate – Hospital Acquired                       | Measure not reported at Zone level. |                       |                       |                       |                       | 3.8<br>Q3 YTD 2012/13  | Target not defined        |
| Hand Hygiene   | Measure not reported at Zone level. |                       |                       |                       |                       | 58.4%<br>2011/12       | Target not defined        |
| 30 Day Unplanned Readmission Rate                                    | 8.6%<br>YTD (Apr-Dec)               | 7.4%<br>YTD (Apr-Dec) | 9.7%<br>YTD (Apr-Dec) | 8.3%<br>YTD (Apr-Dec) | 9.8%<br>YTD (Apr-Dec) | 8.3%<br>YTD (Apr-Dec)  | Target not defined        |

**South Zone**

| Performance Measure  | 2012/13<br>Annual Target* | Current<br>Year                        | Prior Year Comparison                  |   |
|--|---------------------------|--|--|---|
|  |                           | Annual<br>Performance                  | Previous Year<br>Performance           | Comparative<br>Performance  |
| <b>Staying Healthy / Improving Population Health</b>   |                           |  |  |   |
| ◊Life Expectancy   | Improvement               | <b>80.8</b><br>2012                    | <b>81.1</b><br>2011                    |    |
| ◊Potential Years Life Lost (per 1,000 population)  | Improvement               | <b>48.7</b><br>2011                    | <b>49.6</b><br>2010                    |    |
| Breast Cancer Screening Participation Rate   | 55-62%<br>2010-2015       | <b>58.3%</b><br>2011-2012              | <b>58.4%</b><br>2010-2011              |    |
| Cervical Cancer Screening Participation Rate   | 70-75%<br>2010-2015       | <b>56.9%</b><br>Jan 2010 –<br>Dec 2012 | <b>62.6%</b><br>Jan 2009 - Dec 2011    |    |
| <b>Strengthen Primary Health Care</b>  |                           |  |  |   |
| ◊Seniors (65+) Influenza Immunization Rate   | 75%                       | <b>62.1%</b><br>2012-2013 <sup>^</sup> | <b>62.3%</b><br>2011-2012 <sup>^</sup> |    |
| ◊Children (6 to 23 Months) Influenza Immunization Rate   | 75%                       | <b>31.1%</b><br>2012-2013 <sup>^</sup> | <b>28.5%</b><br>2011-2012 <sup>^</sup> |    |
| ◊Childhood Immunization Rates for DTaP   | 97%                       | <b>58.5%</b><br>2012                   | <b>65.2%</b><br>2011                   |    |
| ◊Childhood Immunization Rates for MMR  | 98%                       | <b>78.4%</b><br>2012                   | <b>83.9%</b><br>2010                   |    |
| Albertans Enrolled in a Primary Care Network (%)   | Target not defined        | <b>84%</b><br>Oct 2012                 | <b>74%</b><br>Oct 2011                 |    |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)  | 282                       | <b>386</b><br>2012/13                  | <b>379</b><br>2011/12                  |   |
| ◊Family Practice Sensitive Conditions<br>(% of ED visits)  | 23%                       | <b>28.1 %</b><br>2012/13               | <b>28.5%</b><br>2011/12                |  |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) -<br>Scheduled  | 92%                       | <b>94%</b><br>2012/13                  | <b>94%</b><br>2011/12                  |  |
| <b>Improve Access and Reduce Wait Times</b>  |                           |  |  |   |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks)   | 22.0                      | <b>42.9</b><br>2012/13                 | <b>38.6</b><br>2011/12                 |  |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks)  | 28.0                      | <b>44.3</b><br>2012/13                 | <b>50.6</b><br>2011/12                 |  |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks)  | 25.0                      | <b>40.4</b><br>2012/13                 | <b>45.1</b><br>2011/12                 |  |
| Other Scheduled Surgery Wait Time (90th percentile in weeks)   | Target not defined        | <b>26.4</b><br>2012/13                 | <b>24.1</b><br>2011/12                 |  |
| ◊ Radiation Therapy Access (referral to 1st consult) (90th percentile in weeks)  | 3.0                       | <b>3.9</b><br>2012/13                  | <b>3.7</b><br>2011/12                  |  |
| ◊ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)  | 4.0                       | <b>1.0</b><br>2012/13                  | <b>1.4</b><br>2011/12                  |  |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)   | 80%                       | <b>79%</b><br>2012/13                  | <b>82%</b><br>2011/12                  |  |
| <b>Notes</b><br>◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.<br>* Trend for these measures cannot be determined until subsequent data is available<br>^Data for flu season ending April 30.  |                           |  |  |   |
| <b>Prior Year Comparative Performance</b><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |  |  |   |










| Performance Measure   | 2012/13<br>Annual Target* | Current<br>Year              | Prior Year Comparison        |   |
|---|---------------------------|------------------------------|------------------------------|---|
|   |                           | Annual<br>Performance        | Previous Year<br>Performance | Comparative<br>Performance  |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (All Sites)   | 86%                       | <b>88%</b><br>2012/13        | <b>89%</b><br>2011/12        |    |
| ◇ Patients Admitted from ED within 8 hours (%) (15 Higher Volume)   | 75%                       | <b>83%</b><br>2012/13        | <b>89%</b><br>2011/12        |    |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites)  | 75%                       | <b>85%</b><br>2012/13        | <b>89%</b><br>2011/12        |    |
| <b>Provide More Choice for Continuing Care</b>  |                           |                              |                              |   |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement  | 13                        | <b>42</b><br>Mar 2013        | <b>11</b><br>Mar 2012        |    |
| ◇ People Waiting in Community for Continuing Care Placement   | 50                        | <b>53</b><br>Mar 2013        | <b>71</b><br>Mar 2012        |    |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed  | Target not defined        | <b>82%</b><br>2012/13        | <b>80%</b><br>2011/12        |    |
| ◇ Number of Home Care Clients   | Target not defined        | <b>11,096</b><br>2012/13     | <b>10,790</b><br>2011/12     |    |
| <b>Build One Health System</b>  |                           |                              |                              |   |
| ◇ Head Count to FTE Ratio   | 1.61                      | <b>1.60</b><br>2012/13       | <b>1.65</b><br>2011/12       |    |
| ◇ Disabling Injury Rate   | 1.80                      | <b>3.58</b><br>2012/13       | na                           | na  |
| ◇ Staff Overall Engagement (%)  | 68%<br>2012/13            | na                           | na                           | na  |
| ◇ Medical Staff Overall Engagement (%)  | 68%<br>2012/13            | na                           | na                           | na  |
| Direct Nursing Average Full Time Equivalency  | 0.65                      | <b>0.61</b><br>2012/13       | <b>0.59</b><br>2011/12       |  |
| Absenteeism   | 11.95                     | <b>12.40</b><br>2012/13      | <b>12.16</b><br>2011/12      |  |
| Overtime Hours to Paid Hours Ratio  | 1.67%                     | <b>1.52%</b><br>2012/13      | <b>1.23%</b><br>2011/12      |  |
| Labour Cost per Worked Hour   | Target not defined        | <b>\$41.06</b><br>2012/13    | na                           | na  |
| <b>Quality and Patient Safety</b>   |                           |                              |                              |   |
| ◇ Patient Satisfaction – Adult Acute Care   | Target not defined        | <b>84%</b><br>Q3 YTD 2012/13 | <b>86%</b><br>Q3 YTD 2011/12 |  |
| ◇ Patient Satisfaction – Addictions and Mental Health   | Target not defined        | <b>96.7%</b><br>2012/13      | na                           | na  |
| Percentage of Patient Feedback as Commendations   | Target not defined        | <b>10.89%</b><br>2012/13     | na                           | na  |
| <b>Notes</b>  |                           |                              |                              |   |
| ◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.  |                           |                              |                              |   |
| <b>Prior Year Comparative Performance</b>   |                           |                              |                              |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |                              |                              |   |

| Performance Measure   | 2012/13<br>Annual Target*                | Current<br>Year                           | Prior Year Comparison                    |   |
|---|--|---|--|---|
|   |  | Annual<br>Performance                     | Previous Year<br>Performance             | Comparative<br>Performance  |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer  | Target not defined                       | <b>1.39%</b><br>2012/13                   | <b>1.24%</b>                             |  |
| ◇ Albertans Reporting Unexpected Harm   | 9%                                       | <b>10.5%</b><br>2012                      | <b>8.0%</b><br>2010                      |  |
| Patient Satisfaction Emergency Department (15 Higher Volume)  | Adult<br>Pediatric<br>Target not defined | <b>64%</b><br><b>na</b><br>Q2 YTD 2012/13 | <b>na</b><br><b>na</b><br>Q2 YTD 2011/12 | na<br>na  |
| ◇ Patient Satisfaction Health Care Services Personally Received   | 68%                                      | <b>67.0%</b><br>2012                      | <b>66.0%</b><br>2010                     |  |
| 30 Day Unplanned Readmission Rate   | Target not defined                       | <b>8.6%</b><br>Q3 YTD 2012/13             | <b>8.6%</b><br>Q3 YTD 2011/12            |  |
| <b>Notes</b>  |  |   |  |   |
| ◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.  |  |   |  |   |
| <b>Prior Year Comparative Performance</b>   |  |   |  |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |  |   |  |   |

**Calgary Zone**

























| Performance Measure  | 2012/13 Annual Target* | Current Year                        | Prior Year Comparison               |                         |
|--|------------------------|-------------------------------------|-------------------------------------|-------------------------|
|  |                        | Annual Performance                  | Previous Year Performance           | Comparative Performance |
| <b>Staying Healthy / Improving Population Health</b>   |                        |                                     |                                     |                         |
| ◇ Life Expectancy  | Improvement            | <b>83.6</b><br>2012                 | <b>83.4</b><br>2011                 | →                       |
| ◇ Potential Years Life Lost (per 1,000 population)   | Improvement            | <b>33.9</b><br>2011                 | <b>37.0</b><br>2010                 | ↑                       |
| Breast Cancer Screening Participation Rate   | 55-62%<br>2010-2015    | <b>53.6%</b><br>2011-2012           | <b>55.3%</b><br>2010-2011           | →                       |
| Cervical Cancer Screening Participation Rate   | 70-75%<br>2010-2015    | <b>66.8%</b><br>Jan 2010 – Dec 2012 | <b>69.4%</b><br>Jan 2009 - Dec 2011 | →                       |
| <b>Strengthen Primary Health Care</b>  |                        |                                     |                                     |                         |
| ◇ Seniors (65+) Influenza Immunization Rate  | 75%                    | <b>63.1%</b><br>2012-2013*          | <b>62.2%</b><br>2011-2012*          | →                       |
| ◇ Children (6 to 23 Months) Influenza Immunization Rate  | 75%                    | <b>35.4%</b><br>Apr 2012            | <b>39.0%</b><br>Apr 2011            | ↓                       |
| ◇ Childhood Immunization Rates for DTaP  | 97%                    | <b>79.4%</b><br>2012                | <b>79.7%</b><br>2011                | →                       |
| ◇ Childhood Immunization Rates for MMR   | 98%                    | <b>86.0%</b><br>2012                | <b>86.7%</b><br>2011                | →                       |
| Albertans Enrolled in a Primary Care Network (%)   | Target not defined     | <b>82%</b><br>Oct 2012              | <b>80%</b><br>Apr 2012              | →                       |
| ◇ Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)   | 282                    | <b>230</b><br>2012/13               | <b>219</b><br>2011/12               | →                       |
| ◇ Family Practice Sensitive Conditions (% of ED visits)  | 23%                    | <b>19.9%</b><br>2012/13             | <b>20.2%</b><br>2011/12             | →                       |
| ◇ Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled  | 92%                    | <b>77%</b><br>2012/13               | <b>71%</b><br>2011/12               | ↑                       |
| <b>Improve Access and Reduce Wait Times</b>  |                        |                                     |                                     |                         |
| ◇ Urgent CABG Wait Time (90th percentile in weeks)   | 1.0                    | <b>1.8</b><br>2012/13               | <b>2.0</b><br>2011/12               | ↑                       |
| ◇ Semi-urgent CABG Wait Time (90th percentile in weeks)  | 2.0                    | <b>2.9</b><br>2012/13               | <b>3.9</b><br>2011/12               | ↑                       |
| ◇ Scheduled CABG Wait Time (90th percentile in weeks)  | 6.0                    | <b>29.7</b><br>2012/13              | <b>33.8</b><br>2011/12              | ↑                       |
| ◇ Hip Replacement Surgery Wait Time (90th percentile in weeks)   | 22.0                   | <b>38.1</b><br>2012/13              | <b>30.1</b><br>2011/12              | ↓                       |
| ◇ Knee Replacement Surgery Wait Time (90th percentile in weeks)  | 28.0                   | <b>36.3</b><br>2012/13              | <b>34.9</b><br>2011/12              | →                       |
| ◇ Cataract Surgery Wait Time (90th percentile in weeks)  | 25.0                   | <b>31.8</b><br>2012/13              | <b>40.1</b><br>2011/12              | ↑                       |
| Other Scheduled Surgery Wait Time (90th percentile in weeks)   | Target not defined     | <b>26.6</b><br>2012/13              | <b>26.6</b><br>2011/12              | ↔                       |
| ◇ Radiation Therapy Access (referral to 1 <sup>st</sup> consult) (90th percentile in weeks)  | 3.0                    | <b>4.9</b><br>2012/13               | <b>6.3</b><br>2011/12               | ↑                       |
| ◇ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)  | 4.0                    | <b>3.1</b><br>2012/13               | <b>3.4</b><br>2011/12               | ↑                       |
| <b>Notes</b><br>◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.<br>* Trend for these measures cannot be determined until subsequent data is available<br>^Data for flu season ending April 30.  |                        |                                     |                                     |                         |
| <b>Prior Year Comparative Performance</b><br>↑ Current period performance is better than comparative period by >5%<br>↔ Current period performance is unchanged from comparative period<br>↓ Current period performance is worse than comparative period by >5%<br>→ Current period performance is within 5% of, but better than, comparative period<br>↗ Current period performance is within 5% of, but worse than, comparative period |                        |                                     |                                     |                         |
















| Performance Measure   | 2012/13 Annual Target* | Current Year                 | Prior Year Comparison        |                         |
|---|------------------------|------------------------------|------------------------------|-------------------------|
|   |                        | Annual Performance           | Previous Year Performance    | Comparative Performance |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)        | 80%                    | <b>62%</b><br>2012/13        | <b>62%</b><br>2011/12        | ⇨                       |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (All Sites)               | 86%                    | <b>75%</b><br>2012/13        | <b>74%</b><br>2011/12        | ➡                       |
| ◇ Patients Admitted from ED within 8 hours (%) (15 Higher Volume)                 | 75%                    | <b>43%</b><br>2012/13        | <b>44%</b><br>2011/12        | ➡                       |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites)                        | 75%                    | <b>45%</b><br>2012/13        | <b>46%</b><br>2011/12        | ➡                       |
| <b>Provide More Choice for Continuing Care</b>                                    |                        |                              |                              |                         |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement            | 119                    | <b>147</b><br>Mar 2013       | <b>188</b><br>Mar 2012       | ⬆                       |
| ◇ People Waiting in Community for Continuing Care Placement                       | 384                    | <b>303</b><br>Mar 2013       | <b>519</b><br>Mar 2012       | ⬆                       |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed    | Target not defined     | <b>65%</b><br>2012/13        | <b>58%</b><br>2011/12        | ⬆                       |
| ◇ Number of Home Care Clients   | Target not defined     | <b>31,825</b><br>2012/13     | <b>29,385</b><br>2011/12     | ⬆                       |
| <b>Build One Health System</b>  |                        |                              |                              |                         |
| ◇ Head Count to FTE Ratio   | 1.61                   | <b>1.58</b><br>2012/13       | <b>1.64</b><br>2011/12       | ➡                       |
| ◇ Disabling Injury Rate   | 1.80                   | <b>4.29</b><br>2012/13       | na                           | na                      |
| ◇ Staff Overall Engagement (%)  | 68%<br>2012/13         | na                           | na                           | na                      |
| ◇ Medical Staff Overall Engagement (%)  | 68%<br>2012/13         | na                           | na                           | na                      |
| Direct Nursing Average Full Time Equivalency                                      | 0.65                   | <b>0.61</b><br>2012/13       | <b>0.58</b><br>2011/12       | ⬆                       |
| Absenteeism   | 11.95                  | <b>13.32</b><br>2012/13      | <b>12.71</b><br>2011/12      | ➡                       |
| Overtime Hours to Paid Hours Ratio  | 1.67%                  | <b>1.99%</b><br>2012/13      | <b>1.87%</b><br>2011/12      | ⬇                       |
| Labour Cost per Worked Hour   | Target not defined     | <b>\$62.00</b><br>2012/13    | na                           | na                      |
| <b>Quality and Patient Safety</b>   |                        |                              |                              |                         |
| ◇ Patient Satisfaction – Adult Acute Care   | Target not defined     | <b>81%</b><br>Q3 YTD 2012/13 | <b>83%</b><br>Q3 YTD 2011/12 | ➡                       |
| ◇ Patient Satisfaction – Addiction and Mental Health                              | Target not defined     | <b>96.9%</b><br>2012/13      | na                           | na                      |
| Percentage of Patient Feedback as Commendations                                   | Target not defined     | <b>9.34%</b><br>2012/13      | na                           | na                      |
| <b>Notes</b>  |                        |                              |                              |                         |
| ◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.            |                        |                              |                              |                         |
| <b>Prior Year Comparative Performance</b>   |                        |                              |                              |                         |
| ⬆ Current period performance is better than comparative period by >5%             |                        |                              |                              |                         |
| ⇨ Current period performance is unchanged from comparative period                 |                        |                              |                              |                         |
| ➡ Current period performance is worse than comparative period by >5%              |                        |                              |                              |                         |
| ➡ Current period performance is within 5% of, but better than, comparative period |                        |                              |                              |                         |
| ➡ Current period performance is within 5% of, but worse than, comparative period  |                        |                              |                              |                         |










| Performance Measure   | 2012/13 Annual Target* | Current Year  | Prior Year Comparison                    |   |
|---|------------------------|---|--|---|
|   |                        | Annual Performance  | Previous Year Performance                | Comparative Performance   |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer  | Target not defined     | <b>0.66%</b><br>2012/13   | <b>0.80%</b><br>2011/12                  |  |
| ◇ Albertans Reporting Unexpected Harm   | 9%                     | <b>10.8%</b><br>2012  | <b>10.0%</b><br>2010                     |  |
| Patient Satisfaction Emergency Department (15 Higher Volume)  | Adult<br>Pediatric     | Target not defined<br><b>70%</b><br><b>na</b><br>Q2 YTD 2012/13 | <b>na</b><br><b>na</b><br>Q2 YTD 2011/12 | na<br>na  |
| ◇ Patient Satisfaction Health Care Services Personally Received   | 68%                    | <b>64.0%</b><br>2012  | <b>60.0%</b><br>2011                     |  |
| 30 Day Unplanned Readmission Rate   | Target not defined     | <b>7.4%</b><br>Q3 YTD 2012/13                                   | <b>7.1%</b><br>Q3 YTD 2011/12            |  |
| <b>Notes</b>  |                        |   |  |   |
| ◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.  |                        |   |  |   |
| <b>Prior Year Comparative Performance</b>   |                        |   |  |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                        |   |  |   |





























**Central Zone**



















| Performance Measure  | 2012/13<br>Annual Target* | Current Year                            | Prior Year Comparison                  |   |
|--|---------------------------|---|--|---|
|  |                           | Annual<br>Performance                   | Previous Year<br>Performance           | Comparative<br>Performance  |
| <b>Staying Healthy / Improving Population Health</b>   |                           |   |  |   |
| ◊ Life Expectancy  | Improvement               | <b>80.6</b><br>2012                     | <b>80.5</b><br>2011                    |    |
| ◊ Potential Years Life Lost (per 1,000 population)   | Improvement               | <b>50.2</b><br>2011                     | <b>51.4</b><br>2010                    |    |
| Breast Cancer Screening Participation Rate   | 55-62%<br>2010-2015       | <b>48.6%</b><br>2011-2012               | <b>52.0%</b><br>2010-2011              |    |
| Cervical Cancer Screening Participation Rate   | 70-75%<br>2010-2015       | <b>55.8%</b><br>Jan 2010 –<br>Dec 2012  | <b>60.7%</b><br>Jan 2009 - Dec<br>2011 |    |
| <b>Strengthen Primary Health Care</b>  |                           |   |  |   |
| ◊ Seniors (65+) Influenza Immunization Rate  | 75%                       | <b>53.6%</b><br>2012 -2013 <sup>^</sup> | <b>53.9%</b><br>2011-2012 <sup>^</sup> |    |
| ◊ Children (6 to 23 Months) Influenza Immunization Rate  | 75%                       | <b>26.5%</b><br>Apr 2012                | <b>22.0%</b><br>Apr 2011               |    |
| ◊ Childhood Immunization Rates for DTaP  | 97%                       | <b>60.5%</b><br>2012                    | <b>65.6%</b><br>2011                   |    |
| ◊ Childhood Immunization Rates for MMR   | 98%                       | <b>79.7%</b><br>2012                    | <b>82.8%</b><br>2011                   |    |
| Albertans Enrolled in a Primary Care Network (%)   | Target not<br>defined     | <b>70%</b><br>Oct 2012                  | <b>69%</b><br>Apr 2012                 |    |
| ◊ Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)   | 282                       | <b>403</b><br>2012/13                   | <b>366</b><br>2011/12                  |   |
| ◊ Family Practice Sensitive Conditions(% of ED visits)   | 23%                       | <b>31.2%</b><br>2012/13                 | <b>32.3%</b><br>2011/12                |  |
| ◊ Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled  | 92%                       | <b>93%</b><br>2012/13                   | <b>95%</b><br>2011/12                  |  |
| <b>Improve Access and Reduce Wait Times</b>  |                           |   |  |   |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks)   | 22.0                      | <b>24.6</b><br>2012/13                  | <b>31.4</b><br>2011/12                 |  |
| ◊ Knee Replacement Surgery Wait Time(90th percentile in weeks)   | 28.0                      | <b>25.3</b><br>2012/13                  | <b>32.7</b><br>2011/12                 |  |
| ◊ Cataract Surgery Wait Time(90th percentile in weeks)   | 25.0                      | <b>21.0</b><br>2012/13                  | <b>23.9</b><br>2011/12                 |  |
| Other Scheduled Surgery Wait Time(90th percentile in weeks)  | Target not<br>defined     | <b>23.6</b><br>2012/13                  | <b>25.1</b><br>2011/12                 |  |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)   | 80%                       | <b>69%</b><br>2012/13                   | <b>69%</b><br>2011/12                  |  |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites)  | 86%                       | <b>89%</b><br>2012/13                   | <b>90%</b><br>2011/12                  |  |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume)  | 75%                       | <b>39%</b><br>2012/13                   | <b>43%</b><br>2011/12                  |  |
| <b>Notes</b><br>◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.<br>* Trend for these measures cannot be determined until subsequent data is available<br>^Data for flu season ending April 30.  |                           |   |  |   |
| <b>Prior Year Comparative Performance</b><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |   |  |   |










| Performance Measure   | 2012/13<br>Annual Target* | Current Year                 | Prior Year Comparison        |   |
|---|---------------------------|------------------------------|------------------------------|---|
|   |                           | Annual<br>Performance        | Previous Year<br>Performance | Comparative<br>Performance  |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites)  | 75%                       | <b>69%</b><br>2012/13        | <b>71%</b><br>2011/12        |    |
| <b>Provide More Choice for Continuing Care</b>  |                           |                              |                              |   |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement  | 48                        | <b>83</b><br>Mar 2013        | <b>48</b><br>Mar 2012        |    |
| ◇ People Waiting in Community for Continuing Care Placement   | 105                       | <b>128</b><br>Mar 2013       | <b>104</b><br>Mar 2012       |    |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed  | Target not defined        | <b>58%</b><br>2012/13        | <b>66%</b><br>2011/12        |    |
| ◇ Number of Home Care Clients   | Target not defined        | <b>16,790</b><br>2012/13     | <b>16,388</b><br>2011/12     |    |
| <b>Build One Health System</b>  |                           |                              |                              |   |
| ◇ Head Count to FTE Ratio   | 1.61                      | <b>1.69</b><br>2012/13       | <b>1.68</b><br>2011/12       |    |
| ◇ Disabling Injury Rate   | 1.80                      | <b>4.27</b><br>2012/13       | na                           | na  |
| ◇ Staff Overall Engagement (%)  | 68%<br>2012/13            | na                           | na                           | na  |
| ◇ Medical Staff Overall Engagement (%)  | 68%<br>2012/13            | na                           | na                           | na  |
| Direct Nursing Average Full Time Equivalency  | 0.65                      | <b>0.59</b><br>2012/13       | <b>0.59</b><br>2011/12       |    |
| Absenteeism   | 11.95                     | <b>13.76</b><br>2012/13      | <b>13.63</b><br>2011/12      |  |
| Overtime Hours to Paid Hours Ratio  | 1.67%                     | <b>2.22%</b><br>2012/13      | <b>2.06%</b><br>2011/12      |  |
| Labour Cost per Worked Hour   | Target not defined        | <b>\$54.08</b><br>2012/13    | na                           | na  |
| <b>Quality and Patient Safety</b>   |                           |                              |                              |   |
| ◇ Patient Satisfaction – Adult Acute Care   | Target not defined        | <b>85%</b><br>Q3 YTD 2012/13 | <b>86%</b><br>Q3 YTD 2011/12 |  |
| ◇ Patient Satisfaction – Addictions and Mental Health   | Target not defined        | <b>94.9%</b><br>2012/13      | na                           | na  |
| Percentage of Patient Feedback as Commendations   | Target not defined        | <b>9.31%</b><br>2012/13      | na                           | na  |
| <b>Notes</b>  |                           |                              |                              |   |
| ◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.  |                           |                              |                              |   |
| <b>Prior Year Comparative Performance</b>   |                           |                              |                              |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |                              |                              |   |

| Performance Measure  | 2012/13<br>Annual Target* | Current Year                  | Prior Year Comparison         |   |
|--|---------------------------|-------------------------------|-------------------------------|---|
|  |                           | Annual<br>Performance         | Previous Year<br>Performance  | Comparative<br>Performance  |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer   | Target not defined        | <b>0.00%</b><br>2012/13       | <b>0.54%</b><br>2011/12       |  |
| ◇ Albertans Reporting Unexpected Harm  | 9%                        | <b>11.0%</b><br>2012          | <b>8.0%</b><br>2010           |  |
| Patient Satisfaction Emergency Department (15 Higher Volume)   | Target not defined        | <b>70%</b>                    | <b>na</b>                     | na  |
| Adult<br>Pediatric   |                           | <b>na</b><br>Q2 YTD 2012/13   | <b>na</b><br>Q2 YTD 2011/12   | na  |
| ◇ Patient Satisfaction Health Care Services Personally Received  | 68%                       | <b>62.0%</b><br>2012          | <b>66.0%</b><br>2010          |  |
| 30 Day Unplanned Readmission Rate  | Target not defined        | <b>9.7%</b><br>Q3 YTD 2012/13 | <b>9.8%</b><br>Q3 YTD 2011/12 |  |
| <u>Notes</u><br>◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.   |                           |                               |                               |   |
| <u>Prior Year Comparative Performance</u><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |                               |                               |   |

























**Edmonton Zone**
















| Performance Measure  | 2012/13<br>Annual Target* | Current Year                           | Prior Year Comparison                  |   |
|--|---------------------------|--|--|---|
|  |                           | Annual<br>Performance                  | Previous Year<br>Performance           | Comparative<br>Performance  |
| <b>Staying Healthy / Improving Population Health</b>   |                           |  |  |   |
| ◇ Life Expectancy  | Improvement               | <b>82.4</b><br>2012                    | <b>81.9</b><br>2011                    |    |
| ◇ Potential Years Life Lost (per 1,000 population)   | Improvement               | <b>44.7</b><br>2011                    | <b>45.7</b><br>2010                    |    |
| Breast Cancer Screening Participation Rate   | 55-62%<br>2010-2015       | <b>52.6%</b><br>2011-2012              | <b>54.5%</b><br>2010-2011              |    |
| Cervical Cancer Screening Participation Rate   | 70-75%<br>2010-2015       | <b>64.7%</b><br>Jan 2010 –<br>Dec 2012 | <b>66.1%</b><br>Jan 2009 - Dec<br>2011 |    |
| <b>Strengthen Primary Health Care</b>  |                           |  |  |   |
| ◇ Seniors (65+) Influenza Immunization Rate  | 75%                       | <b>61.8%</b><br>2012-2013 <sup>^</sup> | <b>63.9%</b><br>2011-2012 <sup>^</sup> |    |
| ◇ Children (6 to 23 Months) Influenza Immunization Rate  | 75%                       | <b>28.4%</b><br>2012-2013 <sup>^</sup> | <b>27.0%</b><br>2011-2012 <sup>^</sup> |    |
| ◇ Childhood Immunization Rates for DTaP  | 97%                       | <b>74.9%</b><br>2012                   | <b>75.9%</b><br>2011                   |    |
| ◇ Childhood Immunization Rates for MMR   | 98%                       | <b>87.1%</b><br>2012                   | <b>87.4%</b><br>2011                   |    |
| Albertans Enrolled in a Primary Care Network (%)   | Target not<br>defined     | <b>74%</b><br>Oct 2012                 | <b>72%</b><br>Oct 2012                 |    |
| ◇ Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)   | 282                       | <b>243</b><br>2012/13                  | <b>246</b><br>2011/12                  |    |
| ◇ Family Practice Sensitive Conditions (% of ED visits)  | 23%                       | <b>14.7%</b><br>2012/13                | <b>14.5%</b><br>2011/12                |    |
| ◇ Children Receiving Community Mental Health Treatment within 30 Days (%) -<br>Scheduled   | 92%                       | <b>61%</b><br>2012/13                  | <b>57%</b><br>2011/12                  |  |
| <b>Improve Access and Reduce Wait Times</b>  |                           |  |  |   |
| ◇ Urgent CABG Wait Time (90th percentile in weeks)   | 1.0                       | <b>2.0</b><br>2012/13                  | <b>1.9</b><br>2011/12                  |  |
| ◇ Semi-urgent CABG Wait Time (90th percentile in weeks)  | 2.0                       | <b>6.2</b><br>2012/13                  | <b>7.5</b><br>2011/12                  |  |
| ◇ Scheduled CABG Wait Time (90th percentile in weeks)  | 6.0                       | <b>21.7</b><br>2012/13                 | <b>18.9</b><br>2011/12                 |  |
| ◇ Hip Replacement Surgery Wait Time (90th percentile in weeks)   | 22.0                      | <b>31.6</b><br>2012/13                 | <b>48.0</b><br>2011/12                 |  |
| ◇ Knee Replacement Surgery Wait Time(90th percentile in weeks)   | 28.0                      | <b>36.9</b><br>2012/13                 | <b>55.6</b><br>2011/12                 |  |
| ◇ Cataract Surgery Wait Time(90th percentile in weeks)   | 25.0                      | <b>24.3</b><br>2012/13                 | <b>35.4</b><br>2011/12                 |  |
| Other Scheduled Surgery Wait Time(90th percentile in weeks)  | Target not<br>defined     | <b>26.4</b><br>2012/13                 | <b>25.7</b><br>2011/12                 |  |
| ◇ Radiation Therapy Access (referral to 1 <sup>st</sup> consult) (90th percentile in weeks)  | 3.0                       | <b>4.9</b><br>2012/13                  | <b>4.9</b><br>2011/12                  |  |
| ◇ Radiation Therapy Access (ready to treat to first therapy) (90th percentile in weeks)  | 4.0                       | <b>3.0</b><br>2012/13                  | <b>3.0</b><br>2011/12                  |  |
| <b>Notes</b><br>◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.<br>* Trend for these measures cannot be determined until subsequent data is available.<br>^ Data for Influenza season ending April 30.  |                           |  |  |   |
| <b>Prior Year Comparative Performance</b><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |  |  |   |

| Performance Measure   | 2012/13<br>Annual Target* | Current Year                    | Prior Year Comparison        |   |
|---|---------------------------|---------------------------------|------------------------------|---|
|   |                           | Annual<br>Performance           | Previous Year<br>Performance | Comparative<br>Performance  |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)  | 80%                       | <b>59%</b><br>2012/13           | <b>58%</b><br>2011/12        |    |
| ◇ Patients Discharged from ED or UCC within 4 hours (%) (All Sites)   | 86%                       | <b>65%</b><br>2012/13           | <b>65%</b><br>2011/12        |    |
| ◇ Patients Admitted from ED within 8 hours (%) (15 Higher Volume)   | 75%                       | <b>37%</b><br>2012/13           | <b>31%</b><br>2011/12        |    |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites)  | 75%                       | <b>37%</b><br>2012/13           | <b>32%</b><br>2011/12        |    |
| <b>Provide More Choice for Continuing Care</b>  |                           |                                 |                              |   |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement  | 115                       | <b>126</b><br>Mar 2013          | <b>143</b><br>Mar 2012       |    |
| ◇ People Waiting in Community for Continuing Care Placement   | 230                       | <b>140</b><br>Mar 2013          | <b>202</b><br>Mar 2012       |    |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed  | Target not defined        | <b>74%</b><br>2012/13           | <b>66%</b><br>2011/12        |    |
| ◇ Number of Home Care Clients   | Target not defined        | <b>37,604</b><br>2012/13        | <b>36,485</b><br>2011/12     |    |
| <b>Build One Health System</b>  |                           |                                 |                              |   |
| ◇ Head Count to FTE Ratio   | 1.61                      | <b>1.57</b><br>2012/13          | <b>1.59</b><br>2011/12       |    |
| ◇ Disabling Injury Rate   | 1.80                      | <b>4.65</b><br>2012/13          | na                           | na  |
| ◇ Staff Overall Engagement (%)  | 68%<br>2012/13            | na                              | na                           | na  |
| ◇ Medical Staff Overall Engagement (%)  | 68%<br>2012/13            | na                              | na                           | na  |
| Direct Nursing Average Full Time Equivalency  | 0.65                      | <b>0.62</b><br>2012/13          | <b>0.61</b><br>2011/12       |  |
| Absenteeism   | 11.95                     | <b>13.02</b><br>2012/13         | <b>12.07</b><br>2011/12      |  |
| Overtime Hours to Paid Hours Ratio  | 1.67%                     | <b>2.87%</b><br>2012/13         | <b>3.00%</b><br>2011/12      |  |
| Labour Cost per Worked Hour   | Target not defined        | <b>\$61.21</b><br>2012/13       | na                           | na  |
| <b>Quality and Patient Safety</b>   |                           |                                 |                              |   |
| ◇ Patient Satisfaction – Adult Acute Care   | Target not defined        | <b>80%</b><br>Q3 YTD 2012/13    | <b>84%</b><br>Q3 YTD 2011/12 |  |
| ◇ Patient Satisfaction – Addictions and Mental Health   | Target not defined        | <b>92.3%</b><br>2012/13         | na                           | na  |
| Percentage of Patient Feedback as Commendations   | Target not defined        | <b>11.02%</b><br>Q3 YTD 2012/13 | na                           | na  |
| <b>Notes</b>  |                           |                                 |                              |   |
| ◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.  |                           |                                 |                              |   |
| <b>Prior Year Comparative Performance</b>   |                           |                                 |                              |   |
|  Current period performance is better than comparative period by >5%             |                           |                                 |                              |   |
|  Current period performance is unchanged from comparative period                 |                           |                                 |                              |   |
|  Current period performance is worse than comparative period by >5%              |                           |                                 |                              |   |
|  Current period performance is within 5% of, but better than, comparative period |                           |                                 |                              |   |
|  Current period performance is within 5% of, but worse than, comparative period  |                           |                                 |                              |   |










| Performance Measure  | 2012/13<br>Annual Target* | Current Year  | Prior Year Comparison                    |   |
|--|---------------------------|---|--|---|
|  |                           | Annual<br>Performance   | Previous Year<br>Performance             | Comparative<br>Performance  |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer   | Target not defined        | <b>0.08%</b><br>2012/13   | <b>0.35%</b><br>2011/12                  |  |
| ◇ Albertans Reporting Unexpected Harm  | 9%                        | <b>10.7%</b><br>2012  | <b>9.0%</b><br>2010                      |  |
| Patient Satisfaction Emergency Department (15 Higher Volume)   | Adult<br>Pediatric        | Target not defined<br><b>70%</b><br><b>na</b><br>Q2 YTD 2012/13 | <b>na</b><br><b>na</b><br>Q2 YTD 2011/12 | na<br>na  |
| ◇ Patient Satisfaction Health Care Services Personally Received  | 68%                       | <b>66.0%</b><br>2012  | <b>65.0%</b><br>2010                     |  |
| 30 Day Unplanned Readmission Rate  | Target not defined        | <b>8.31</b><br>2012/13  | <b>8.1%</b><br>2011/12                   |  |
| <b>Notes</b><br>◇ Indicates "Tier 1" measures attached to the 2011 – 2015 Health Plan.   |                           |   |  |   |
| <b>Prior Year Comparative Performance</b><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |   |  |   |

**North Zone**

| Performance Measure   | 2012/13<br>Annual Target* | Current Year                           | Prior Year Comparison                  |   |
|---|---------------------------|--|--|---|
|   |                           | Annual<br>Performance                  | Previous Year<br>Performance           | Comparative<br>Performance  |
| <b>Staying Healthy / Improving Population Health</b>  |                           |  |  |   |
| ◊Life Expectancy  | Improvement               | <b>80.5</b><br>2012                    | <b>79.4</b><br>2011                    |    |
| ◊Potential Years Life Lost (per 1,000 population)   | Improvement               | <b>57.6</b><br>2011                    | <b>56.8</b><br>2010                    |    |
| Breast Cancer Screening Participation Rate  | 55-62%<br>2010-2015       | <b>45.6%</b><br>2011-2012              | <b>52.6%</b><br>2010-2011              |    |
| Cervical Cancer Screening Participation Rate  | 70-75%<br>2010-2015       | <b>59.3%</b><br>Jan 2010 – Dec 2012    | <b>58.2%</b><br>Jan 2009 – Dec 2011    |    |
| <b>Strengthen Primary Health Care</b>   |                           |  |  |   |
| ◊Seniors (65+) Influenza Immunization Rate  | 75%                       | <b>49.5%</b><br>2012-2013 <sup>^</sup> | <b>48.8%</b><br>2011-2012 <sup>^</sup> |    |
| ◊Children (6 to 23 Months) Influenza Immunization Rate  | 75%                       | <b>22.3%</b><br>Apr 2012               | <b>20.3%</b><br>2011-2012              |    |
| ◊Childhood Immunization Rates for DTaP  | 97%                       | <b>65.0%</b><br>2012                   | <b>68.5%</b><br>2011                   |    |
| ◊Childhood Immunization Rates for MMR   | 98%                       | <b>79.4%</b><br>2012                   | <b>81.0%</b><br>2010                   |    |
| Albertans Enrolled in a Primary Care Network (%)  | Target not defined        | <b>68%</b><br>Oct 2012                 | <b>66%</b><br>Oct 2011                 |    |
| ◊Admissions for Ambulatory Care Sensitive Conditions (per 100,000 Population)   | 282                       | <b>494</b><br>2012/13                  | <b>516</b><br>2011/12                  |   |
| ◊Family Practice Sensitive Conditions (% of ED visits)  | 23%                       | <b>38.0%</b><br>2012/13                | <b>38.2%</b><br>2011/12                |  |
| ◊Children Receiving Community Mental Health Treatment within 30 Days (%) - Scheduled  | 92%                       | <b>78%</b><br>2012/13                  | <b>68%</b><br>2011/12                  |  |
| <b>Improve Access and Reduce Wait Times</b>   |                           |  |  |   |
| ◊ Hip Replacement Surgery Wait Time (90th percentile in weeks)  | 22.0                      | <b>53.8</b><br>2012/13                 | <b>49.7</b><br>2011/12                 |  |
| ◊ Knee Replacement Surgery Wait Time (90th percentile in weeks)   | 28.0                      | <b>56.6</b><br>2012/13                 | <b>51.9</b><br>2011/12                 |  |
| ◊ Cataract Surgery Wait Time (90th percentile in weeks)   | 25.0                      | <b>26.8</b><br>2012/13                 | <b>55.7</b><br>2011/12                 |  |
| Other Scheduled Surgery Wait Time (90th percentile in weeks)  | Target not defined        | <b>26.7</b><br>2012/13                 | <b>25.4</b><br>2011/12                 |  |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (16 Higher Volume)  | 80%                       | <b>80%</b><br>2012/13                  | <b>79%</b><br>2011/12                  |  |
| ◊ Patients Discharged from ED or UCC within 4 hours (%) (All Sites)   | 86%                       | <b>91%</b><br>2012/13                  | <b>90%</b><br>2011/12                  |  |
| ◊ Patients Admitted from ED within 8 hours (%) (15 Higher Volume)   | 75%                       | <b>61%</b><br>2012/13                  | <b>66%</b><br>2011/12                  |  |
| <b>Notes</b>  |                           |  |  |   |
| ◊ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.<br>* Trend for these measures cannot be determined until subsequent data is available<br>^ Data for Influenza season ending April 30.  |                           |  |  |   |
| <b>Prior Year Comparative Performance</b>   |                           |  |  |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                           |  |  |   |

| Performance Measure   | 2012/13 Annual Target* | Current Year                 | Prior Year Comparison          |   |
|---|------------------------|------------------------------|--------------------------------|---|
|   |                        | Annual Performance           | Previous Year Performance      | Comparative Performance   |
| ◇ Patients Admitted from ED within 8 hours (%) (All Sites)  | 75%                    | <b>82%</b><br>2012/13        | <b>84%</b><br>2011/12          |    |
| ◇ People Waiting in Acute/Sub-acute Beds for Continuing Care Placement  | 56                     | <b>55</b><br>Mar 2013        | <b>77</b><br>Mar 2012          |    |
| ◇ People Waiting in Community for Continuing Care Placement   | 82                     | <b>77</b><br>Mar 2013        | <b>106</b><br>Mar 2012         |    |
| Percent of Patients Placed in Continuing Care within 30 Days of Being Assessed  | Target not defined     | <b>45%</b><br>2012/13        | <b>49%</b><br>2011/12          |    |
| ◇ Number of Home Care Clients   | Target not defined     | <b>11,540</b><br>2012/13     | <b>11,041</b><br>2011/12       |    |
| <b>Build One Health System</b>  |                        |                              |                                |   |
| ◇ Head Count to FTE Ratio   | 1.61                   | <b>1.64</b><br>2012/13       | <b>1.64</b><br>2011/12         |    |
| ◇ Disabling Injury Rate   | 1.80                   | <b>6.96</b><br>2012/13       | na                             | na  |
| ◇ Staff Overall Engagement (%)  | 68%<br>2012/13         | na                           | na                             | na  |
| ◇ Medical Staff Overall Engagement (%)  | 68%<br>2012/13         | na                           | na                             | na  |
| Direct Nursing Average Full Time Equivalency  | 0.65                   | <b>0.63</b><br>2012/13       | <b>0.62</b><br>2011/12         |    |
| Absenteeism   | 11.95                  | <b>17.66</b><br>2012/13      | <b>19.41</b><br>2011/12        |   |
| Overtime Hours to Paid Hours Ratio  | 1.67%                  | <b>3.07%</b><br>2012/13      | <b>3.14%</b><br>2011/12        |  |
| Labour Cost per Worked Hour   | Target not defined     | <b>\$55.94</b><br>2012/13    | na<br>2011/12                  | na  |
| <b>Quality and Patient Safety</b>   |                        |                              |                                |   |
| ◇ Patient Satisfaction – Adult Acute Care   | Target not defined     | <b>81%</b><br>Q3 YTD 2012/13 | <b>82.1%</b><br>Q3 YTD 2012/13 |  |
| ◇ Patient Satisfaction – Addictions and Mental Health   | Target not defined     | <b>96.4%</b><br>2012/13      | na                             | na  |
| Percentage of Patient Feedback as Commendations   | Target not defined     | <b>5.00%</b><br>2012/13      | na<br>2011/12                  | na  |
| <b>Notes</b>  |                        |                              |                                |   |
| ◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.  |                        |                              |                                |   |
| <b>Prior Year Comparative Performance</b>   |                        |                              |                                |   |
|  Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                        |                              |                                |   |



| Performance Measure  | 2012/13 Annual Target* | Current Year                              | Prior Year Comparison                    |   |
|--|------------------------|---|--|---|
|  |                        | Annual Performance                        | Previous Year Performance                | Comparative Performance   |
| Percentage of Patient Concerns Escalated to Patient Concerns Officer   | Target not defined     | <b>0.52%</b><br>2012/13                   | <b>0.16%</b><br>2011/12                  |  |
| ◇ Albertans Reporting Unexpected Harm  | 9%                     | <b>9.5%</b><br>2012                       | <b>8.0%</b><br>2010                      |  |
| Patient Satisfaction Emergency Department (15 Higher Volume)   | Adult<br>Pediatric     | <b>60%</b><br><b>na</b><br>Q2 YTD 2011/12 | <b>na</b><br><b>na</b><br>Q2 YTD 2011/12 | <b>na</b><br><b>na</b>  |
| ◇ Patient Satisfaction Health Care Services Personally Received  | 68%                    | <b>56.0%</b><br>2012                      | <b>53.0%</b><br>2010                     |  |
| 30 Day Unplanned Readmission Rate  | Target not defined     | <b>9.8%</b><br>Q3 YTD 2012/13             | <b>9.6%</b><br>Q3 YTD 2011/12            |  |
| <b>Notes</b><br>◇ Indicates "Tier 1" measures attached to the 2012 – 2015 Health Plan.   |                        |   |  |   |
| <b>Prior Year Comparative Performance</b><br> Current period performance is better than comparative period by >5%<br> Current period performance is unchanged from comparative period<br> Current period performance is worse than comparative period by >5%<br> Current period performance is within 5% of, but better than, comparative period<br> Current period performance is within 5% of, but worse than, comparative period |                        |   |  |   |

## Quick Facts

| Activity Measure  | 2010/11<br>Fiscal<br>Year | 2011/12<br>Q1 | 2011/12<br>Q2 | 2011/12<br>Q3 | 2011/12<br>Q4 | 2011/12<br>Fiscal<br>Year | 2012/13<br>Q1 | 2012/13<br>Q2 | 2012/13<br>Q3 | 2012/13<br>Q4 | 2012/13<br>Fiscal<br>Year |
|---|---------------------------|---------------|---------------|---------------|---------------|---------------------------|---------------|---------------|---------------|---------------|---------------------------|
| Number of Hospital Discharges <sup>1</sup> ( <a href="#">by Site</a> )            | 364,052                   | 95,600        | 92,582        | 92,690        | 95,254        | 376,126                   | 96,929        | 95,371        | 96,818        | 96,379        | 385,497                   |
| Hospital Days   | 2,544,850                 | 648,417       | 623,724       | 661,483       | 668,883       | 2,602,507                 | 662,114       | 633,665       | 674,559       | 669,863       | 2,640,201                 |
| Average Hospital Length of Stay (Days) <sup>1,2</sup> ( <a href="#">by Site</a> ) | 7.0                       | 6.8           | 6.7           | 7.1           | 7.0           | 6.9                       | 6.8           | 6.6           | 7.0           | 7.0           | 6.8                       |
| Per Cent of Alternate Level of Care (ALC) <sup>1,3</sup> Days                     | 9.0%                      | 7.1%          | 7.4%          | 8.3%          | 7.4%          | 7.6%                      | 9.9%          | 9.8%          | 10.2%         | 9.9%          | 10.0%                     |
| Number of Hospital Births <sup>1</sup>  | 49,756                    | 12,895        | 13,104        | 12,007        | 12,095        | 50,101                    | 12,889        | 13,733        | 12,582        | 12,337        | 51,541                    |
| Number of Emergency Department Visits <sup>4</sup> ( <a href="#">by Site</a> )    | 1,942,003                 | 502,987       | 508,802       | 502,931       | 514,505       | 2,029,225                 | 524,315       | 541,385       | 521,904       | 528,870       | 2,116,474                 |
| Number of Urgent Care Service (UCS) Visits <sup>5</sup>                           | 177,297                   | 49,913        | 49,152        | 47,984        | 49,219        | 196,268                   | 50,920        | 52,054        | 51,543        | 49,929        | 204,446                   |
| Number of Health Link Calls   | 758,971                   | 189,135       | 174,190       | 203,008       | 199,813       | 766,146                   | 180,592       | 179,433       | 199,247       | 196,708       | 755,980                   |
| Number of Total Hip Replacements <sup>6</sup>                                     | 4,488                     | 1,220         | 1,042         | 1,318         | 1,332         | 4,912                     | 1,373         | 1,139         | 1,349         | 1,355         | 5,216                     |
| Number of Elective Hip Replacements <sup>7</sup>                                  | 3,235                     | 900           | 773           | 925           | 1,015         | 3,613                     | 1,045         | 793           | 980           | 971           | 3,789                     |
| Number of Total Knee Replacements <sup>6</sup>                                    | 5,025                     | 1,441         | 1,234         | 1,498         | 1,663         | 5,836                     | 1,623         | 1,308         | 1,579         | 1,604         | 6,114                     |
| Number of Elective Knee Replacements <sup>7</sup>                                 | 4,895                     | 1,434         | 1,217         | 1,406         | 1,659         | 5,716                     | 1,589         | 1,261         | 1,502         | 1,599         | 5,951                     |
| Number of Cataract Surgeries <sup>8</sup>   | 33,781                    | 8,545         | 8,163         | 10,296        | 9,555         | 36,562                    | 9,453         | 7,738         | 9,283         | 7,991         | 34,465                    |
| Number of MRI Exams <sup>9</sup>  | 177,422                   | 41,016        | 40,642        | 40,787        | 44,200        | 166,645                   | 42,957        | 42,423        | 44,814        | 46,511        | 176,705                   |
| Number of CT Exams <sup>10</sup>  | 333,163                   | 82,878        | 84,653        | 82,543        | 84,540        | 334,614                   | 87,034        | 86,054        | 86,631        | 84,948        | 344,667                   |
| Number of Lab Tests <sup>11</sup>   | 61,357,627                | 16,484,374    | 15,753,837    | 16,096,881    | 16,947,364    | 65,282,456                | 17,363,423    | 16,563,626    | 16,980,252    | 17,443,033    | 68,350,334                |
| Number of EMS Events <sup>12</sup>  | 377,280                   | 96,500        | 99,696        | 98,760        | 99,008        | 393,964                   | 101,361       | 105,755       | 104,106       | 104,938       | 416,160                   |

Access notes for interpretation [here](#).

## Life Expectancy

### WHAT IS BEING MEASURED?

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

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.

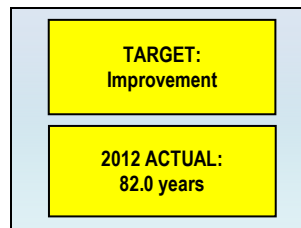
### WHAT IS THE TARGET?

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 one 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 quarter less than a child born in Calgary. Differences in health status and determinants of health are also evident between rural and urban areas.



Data updated annually.  
Most current data are 2012.  
Next data update expected for 2013 /14.

### WHAT ACTIONS ARE WE TAKING?

AHS continues to work 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. The MEND ((Mind, Exercise, Nutrition – Do It) program is designed to fight obesity and promote healthy weight and physical activity in children and youth. Up to 47 MEND programs are being delivered across all five zones, including one First Nations reserve and one Métis settlement. Fourteen community partners have been engaged in program delivery, with programs operating out of 18 sites across 5 zones. Findings have been very positive to date and highlight support for MEND in the community by service delivery agencies, program participants and their families.

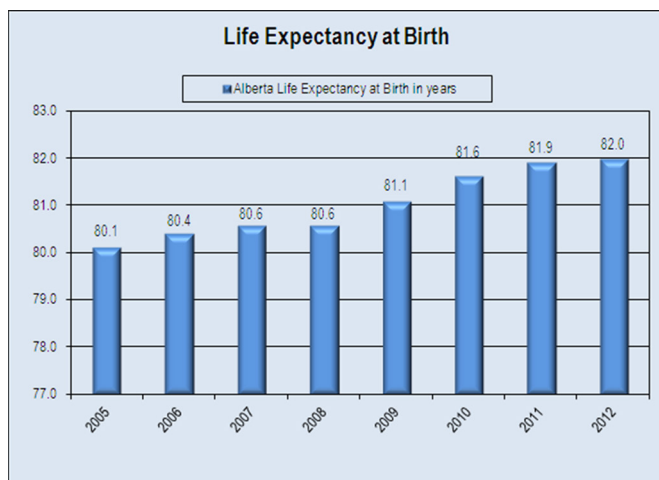
### WHAT ELSE DO WE KNOW?

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).



Source: Alberta Health

## Potential Years of Life Lost

### WHAT IS BEING MEASURED?

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

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?

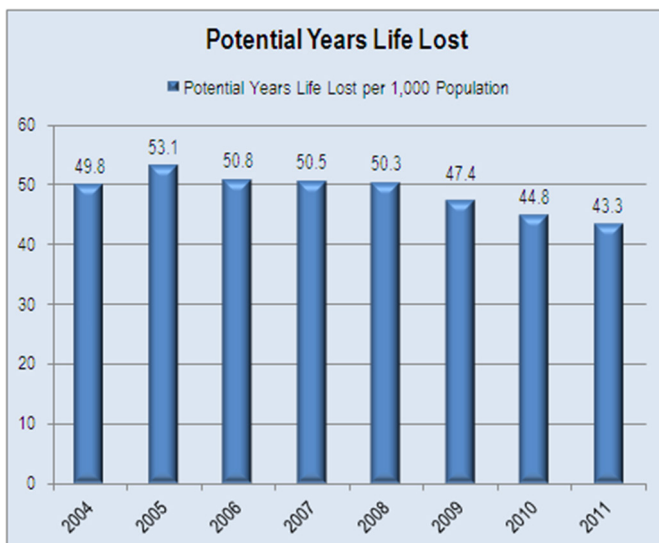
PYLL is an indicator of premature mortality that gives greater weight to causes of death that occur at a younger age than to those at older ages. It emphasizes the loss of life at an early age and the causes of early deaths such as cancer, injury and cardiovascular disease. For example, the death of 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?

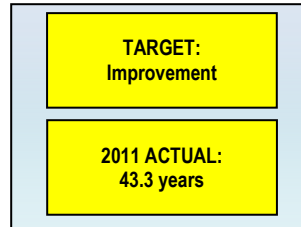
There is an expectation that PYLL will be monitored, and that improvements will be seen in PYLL over the next five years.

### 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



Data updated annually.  
Most current data are 2011.  
Next data update expected for 2013/14.

### WHAT ACTIONS ARE WE TAKING?

AHS has developed and disseminated standardized provincial prenatal and early postnatal education resources including resources to support healthy pregnancies. A Child Safety Seat resource was made available across the province. This resource is used by AHS staff, policy and injury prevention stakeholders. The “A Million Messages” program, which focuses on injury prevention in children, was launched online as a resource for a broad range of injury mechanisms, including falls, transportation and intentional injuries. In Alberta, 20 sites across the province are now offered QuitCore, a free group support program that provides Albertans the tools and skills they need to quit using tobacco. In addition, AlbertaQuits.ca (internet-based) cessation was launched. A curriculum for high school students on alcohol and health decision making has been developed and is available throughout the province.

### 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). Programs have been enhanced to reduce falls in children and seniors. Provincial strategies are being supported 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 = 47.7, Best Performing Province = 40.8 (Ontario), Canada = 44.1 (Statistics Canada, 2007/2009).

## Colorectal Cancer Screening Participation Rate

### WHAT IS BEING MEASURED?

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

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

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?

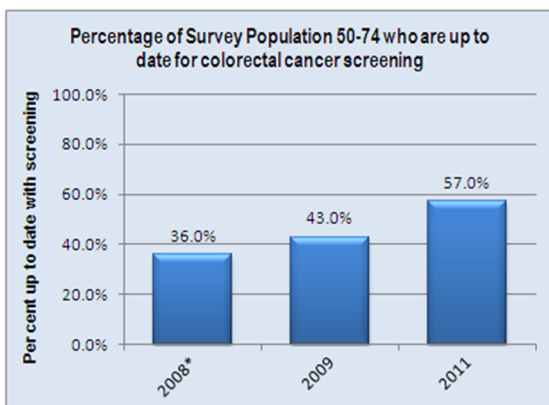
Death from colorectal cancer is 90 per cent preventable if the disease is caught at early stages. There is substantial evidence that organized colorectal cancer screening can reduce the mortality and incidence of colorectal cancer, and will significantly reduce the suffering and substantial costs of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

### WHAT IS THE TARGET?

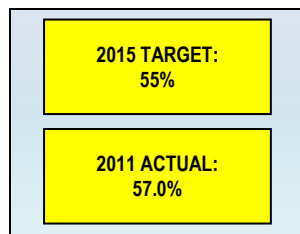
The Alberta 2015 target is for 55 per cent of targeted individuals to have had a FOBT within the last two years, a flexible sigmoidoscopy within the last five years, or a colonoscopy within the last ten years. A target of 67 per cent has been set for 2020.

### 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).



Data updated annually.  
Most current data are 2011.  
Next data update expected for Q1 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Continuing to develop access, infrastructure and capacity for comprehensive colorectal cancer screening program including expanding screening-related colonoscopy capacity across the province. Clinical practice guidelines are incorporated in other health promotion activities with existing health programs. Colonoscopy volumes are increasing and work is ongoing to align practices with the implementation of the Fecal Immunochemical Test (FIT) which is a single, highly sensitive and non-invasive test that reduces dependency on colonoscopy services.

**Subsequent actions planned:** Work continues to develop and refine standardized clinical resources for colonoscopy procedures. Testing and evaluation continues on coordination of physician electronic medical records with Cancer Screening Program databases to support physician practices to implement routine cancer screening with their patients. Cancer Screening Programs and the North Zone continue working together to develop a service model for provision of cervical and colorectal cancer screening in conjunction with Screen Test mobile mammography visits in rural and remote communities. Cancer Screening Programs and the North Zone are developing a guide that will be used by health promotion staff in conjunction with [www.screeningforlife.ca](http://www.screeningforlife.ca) to promote cancer screening in their local areas.

### 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?

Alberta ranked third among the 10 provinces for colorectal cancer screening. Alberta = 57 per cent, Best Performing Province = 67 per cent (Manitoba), Canada = 50 per cent (Canadian Partnership Against Cancer, 2011).

## Breast Cancer Screening Participation Rate

### WHAT IS BEING MEASURED?

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

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

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.

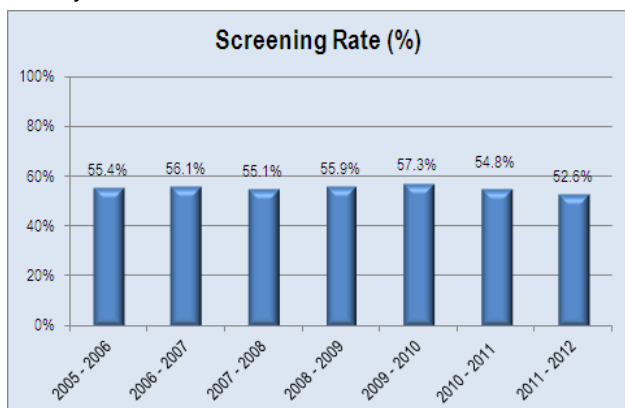
### WHAT IS THE TARGET?

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 2011 and December 2012, 52.6 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).

**2010 - 2015 TARGET:**  
55% - 62%

**2011-2012 ACTUAL:**  
52.6%

Data updated annually.  
Most current data are 2011 - 2012.  
Next data update expected for Q4 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** 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. Cancer Screening Programs are creating communication tools to remind rural women about breast cancer screening in advance of Screen Test mobile mammography visits and provide them with information about the mammography service options in their geographic area. An interactive card was mailed out to 140,000 unscreened women to promote the use of [screeningforlife.ca](#) as resources for informed decision making about cancer screening

**Subsequent actions planned:** We will continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program. Testing and evaluation continues on coordination of physician electronic medical records with Cancer Screening Program databases to support physician practices to implement routine cancer screening with their patients. Cancer Screening Programs and the North Zone are developing a guide that will be used by health promotion staff in conjunction with [www.screeningforlife.ca](#) to promote cancer screening in their local areas.

### 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 ranked first among 9 provinces reporting participation in an organized breast cancer screening program. Alberta = 57.3 per cent, Best performing province = 57.3 per cent (Alberta) (Canadian Partnership Against Cancer and provincial breast cancer screening programs, 2009 to 2010).

## Cervical Cancer Screening Participation Rate

### WHAT IS BEING MEASURED?

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

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

Detailed indicator [definition](#) is available.

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

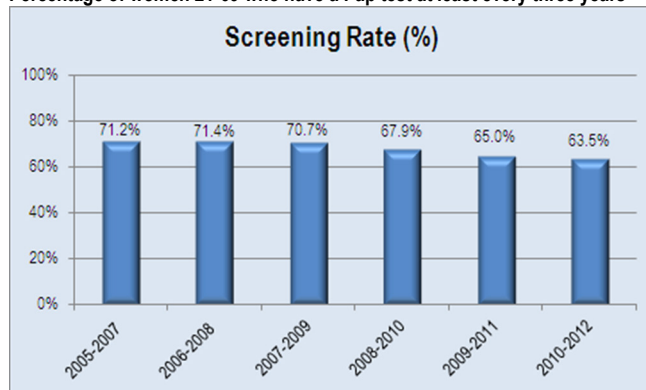
### WHY IS THIS IMPORTANT?

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.

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



1. Data Sources:  
a. 2005-2007,...2009-2011 Data were extracted from AHW FFS data using CCPx=13.99BA, 79.29E  
or ICD-9 = V76.2

b. 2010-2012: Data were extracted from Cervical Cancer Screening (CCS)  
2. The total numbers from 5 Health Zones do not add up to the total numbers for Alberta due to the following reasons:

- missing values in the data for defining individual zones;
  - women could have had Pap tests in different zones within a three-year period.
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 18-69 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.

The current definition of screening rate does not capture Pap tests done soon after 3 years.

**2010- 2015 TARGET:**  
70% - 75%

**2010-2012 ACTUAL:**  
63.5%

Data updated annually.  
Most current data are 2010 - 2012.  
Next data update expected for Q4 2013/14.

### HOW ARE WE DOING?

During the three-year period between January 2010 and December 2012, 63.5 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).

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Work is underway within the zones to offer cervical cancer screening to clients during clinic visits as per provincial screening guidelines. A process has been developed to deliver a back-up reminder system for women who have not had the anticipated follow-up of abnormal Pap test

**Subsequent actions planned:** Work continues to develop and refine standardized clinical resources for electronic colposcopy reporting. Testing and evaluation continues on coordination of physician electronic medical records with Cancer Screening Program databases to support physician practices to implement routine cancer screening with their patients. Cancer Screening Programs and the North Zone continue working together to develop a service model for provision of cervical and colorectal cancer screening in conjunction with Screen Test mobile mammography visits in rural and remote communities. Cancer Screening Programs and the North Zone are developing a guide that will be used by health promotion staff in conjunction with [www.screeningforlife.ca](http://www.screeningforlife.ca) to promote cancer screening in their local areas

### 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).

## Seniors (65+) Influenza Immunization Rate

### 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 2012 to April 30<sup>th</sup> 2013).

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?

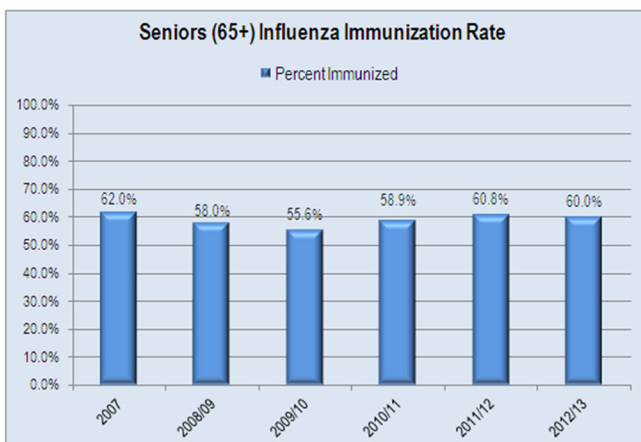
A high rate of seasonal influenza immunization among seniors will reduce the incidence of complications and death associated with influenza disease in this population. A high rate of coverage will reduce the impact of disease on the healthcare system.

### WHAT IS THE TARGET?

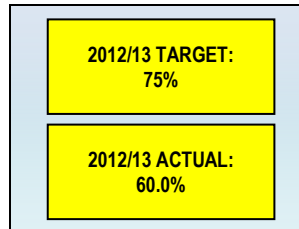
The Alberta Health (AH) target is for 75 per cent of seniors 65 years of age and older to have received the seasonal influenza vaccine.

### HOW ARE WE DOING?

The seasonal influenza immunization rate for seniors aged 65 and older for 2012/13 is 60.0 per cent as of April 30<sup>th</sup>, 2013. This is slightly worse than the 2011/12 rate of 60.8 per cent, and is below the overall target of 75 per cent. With the exception of 2012/13, there has been steady improvement since 2009/10.



Source: Alberta Health and Alberta Health Services.



Data updated annually.  
Most current data are 2012/13.  
Next data update expected for Q4 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Influenza Immunizations were made available through ongoing drop in clinics at all public health centres. Influenza immunization was also provided through targeted outreach clinics including homeless shelters, senior's lodges, and home visits for the home bound. Zones / programs have developed summaries of influenza strategies used in the 2012-2013 influenza immunization season.

**Subsequent actions planned:** The summary will provide information to plan the 2013/14 influenza immunization campaign, subsequent adjustment of programs and services will be made 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 2012 to April 2013.

### 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).



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

### WHAT IS BEING MEASURED?

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

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 75.0 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 30.2 per cent for 2012/13 which, while better than the 2011/12 rate of 29.9 per cent, remains below the target of 75 per cent. Over the past 3 years, since 2009/10, the immunization rate has nearly doubled.

|                                 |
|---------------------------------|
| <b>2012/13 TARGET:</b><br>75%   |
| <b>2012/13 ACTUAL:</b><br>30.2% |

Data updated annually.  
Most current data are 2012/13.  
Next data update expected for Q4 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** All zones implemented and had success with immunizing all family members who presented with an infant or child to child health clinic through the use of an additional nurse to offset the possibility of increased clients with no wait time. Phone recall reminders (autodialer) were made to families with young children to receive their flu vaccination at a community health centre. Different approaches were used to deliver vaccine to immunizing partners this season. For example, after hour influenza clinic appointments were accepted in one zone for parents/guardians with children to access influenza immunization which resulted in positive feedback from families. Positive feedback was received from over 1,600 community partners providing influenza immunization in the 2012-2013 influenza immunization programs.

**Subsequent actions planned:** An evaluation of the 2012/13 campaign will provide information to plan the 2013/14 influenza immunization campaign, subsequent adjustment of programs and services will be made accordingly.

### WHAT ELSE DO WE KNOW?

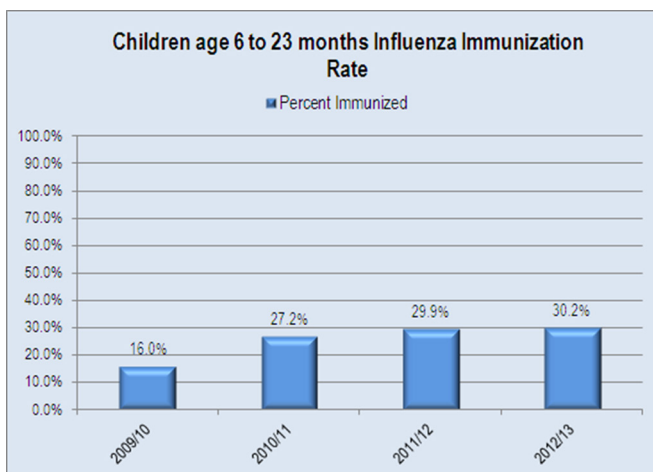
Children receiving influenza vaccine for the first time require two doses. Poor uptake for the needed second dose is common. Methods of data collection have been inconsistent in previous years and rates are not directly comparable. AHS is working with AH to standardize data collection and reporting of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

Information is available by [zone](#).

As detailed in the indicator definition, this indicator is based upon the influenza season. Doses from October 2012 to April 2013 are included.

### HOW DO WE COMPARE?

Limited comparable data is available. Manitoba reported that the vaccine uptake rate for 0-2 year-olds was 16.7% for the 2011-2012 season (Manitoba Health, 2012).



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.

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

### 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?

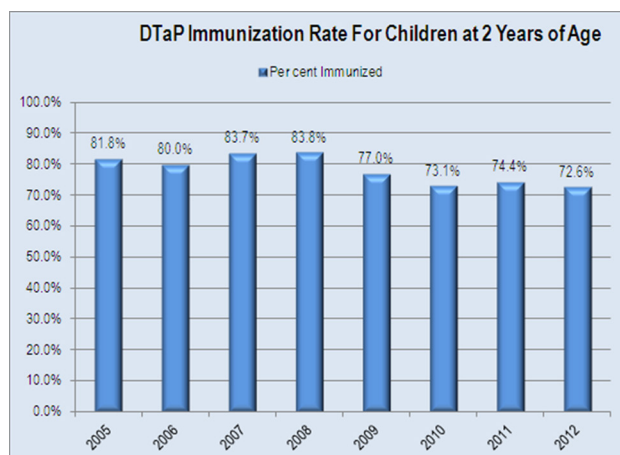
A high rate of immunization for a population reduces the incidence of vaccine preventable childhood diseases, and controls outbreaks. Immunizations protect children and adults from a number of preventable diseases, some of which can be fatal or produce permanent disabilities.

### 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 2012 was 72.6 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>

|                               |
|-------------------------------|
| <b>2012/13 TARGET:</b><br>97% |
| <b>2012 ACTUAL:</b><br>72.6%  |

Data updated annually.  
Most current data are 2012.  
Next data update expected for Q4 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Specific area immunization rates are being shared to raise awareness of the geographic areas in the zone where immunization rates are low. Strategies have been implemented for referral / communication to physicians for clients who decline vaccines. Physicians follow up with clients to discuss risks and benefits of immunizations. In addition, the North Zone has informed physician offices that Twitter can be used to advertise clinic hours and special events. Targeted outreach “newcomer” clinics have been established for vaccinating refugees in the Calgary and South Zones. Also, HPV vaccines has been approved for delivery in the Calgary Zone, this will impact grade 5 to 12 students.

**Subsequent actions planned:** Provincial survey for parents on immunization barriers is being developed. Evaluate and adapt phone reminder (autodialer) messages and strategies for the English as a Second Language (ESL) and /or non-English speaking families. Evaluate successes and vaccination demands on outreach clinics.

### 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).

## Childhood Immunization Rate for Measles, Mumps, Rubella

### WHAT IS BEING MEASURED?

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

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.

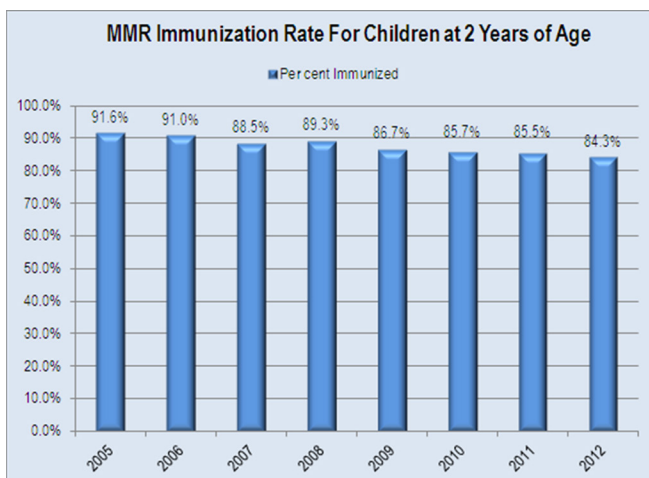
Immunizations protect children and adults from a number of diseases, some of which can be fatal or produce permanent disabilities.

### 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.

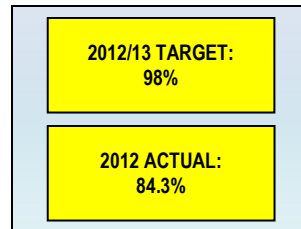
### HOW ARE WE DOING?

The 2012 MMR immunization rate for children at two years of age is 84.3 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>



Data updated annually.  
Most current data are 2012.  
Next data update expected for Q4 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Specific area immunization rates are being shared to raise awareness of the geographic areas in the zone where immunization rates are low. Strategies have been implemented for referral / communication to physicians for clients who decline vaccines. Physicians follow up with clients to discuss risks and benefits of immunizations. In addition, the North Zone has informed physician offices that Twitter can be used to advertise clinic hours and special events. Targeted outreach “newcomer” clinics have been established for vaccinating refugees in the Calgary and South Zones. Also, HPV vaccines has been approved for delivery in the Calgary Zone, this will impact grade 5 to 12 students.

**Subsequent actions planned:** Provincial survey for parents on immunization barriers is being developed. Evaluate and adapt phone reminder (autodialer) messages and strategies for the English as a Second Language (ESL) and /or non-English speaking families. Evaluate successes and vaccination demands on outreach clinics.

### 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 2010, Manitoba reported 86.7 per cent of children were complete for measles, 86.6 per cent for mumps and 86.6 per cent for rubella by two years. (Manitoba Immunization Monitoring System Annual Report 2010).

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

### 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?

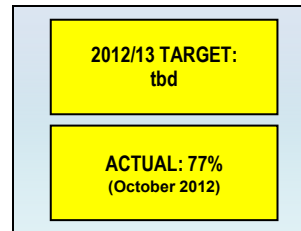
A PCN is an arrangement between a group of family physicians and Alberta Health Services (AHS) to provide and coordinate a comprehensive set of primary health care services to patients. Primary care is the care individuals receive at the first point of contact with the healthcare system. Patients receive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

### 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.



Data updated twice yearly.  
Most current data are October 2012.  
Next data update expected in Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS continues to support the development and integration of PCNs. As of April 1, 2013, the number of Albertans enrolled in a PCN has increased to over 3 million (approximately 76% of the provincial population were enrolled in a PCN). This represents approximately a 3% increase in enrollees in the PCNs, the projected provincial population increased by 4% in that same time period. There are now 41 PCNs in Alberta with 2 in the South Zone, 7 in Calgary Zone, 12 in Central Zone, 9 in Edmonton Zone and 11 in the North Zone. The Peaks to Prairies (Olds and Sundre) PCN opened on April 1, 2013 and has over 20,000 enrollees and 23 physicians.

Three pilot Family Care Clinic (FCC) sites in Edmonton, Calgary and Slave Lake have been open for almost one year. The three pilot site FCCs continue to provide better access to populations identified as having higher needs for primary health care as well as issues with access.

**Subsequent actions planned:** The Grande Cache PCN is anticipated to go live soon. Vermillion is merging with Kalyna County (Vegreville) to form a single PCN. Operations at the Grande Cache PCN are expected to begin in early May. Work continues to incorporate integration and accountability into all models of Primary Health Care delivery as part of a broader primary health care plan.

### WHAT ELSE DO WE KNOW?

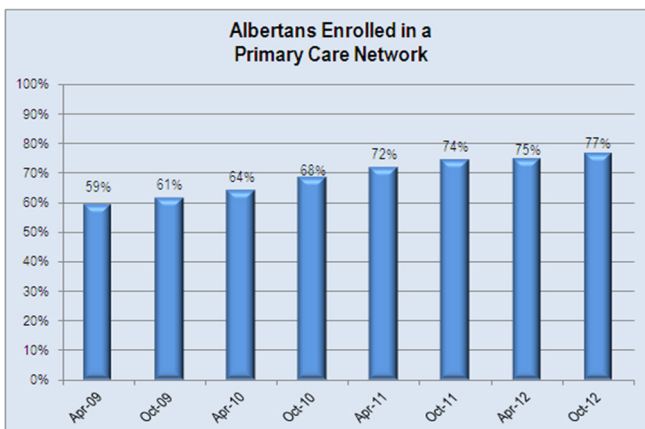
AHS is working to apply and advance a patient-focused model of primary health care that offers care in the community, and provides a team-based health care provider approach.

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 sixth among the 10 provinces in terms of number of family medicine physicians per 100,000 population. Alberta = 111, Best Performing Province = 123 (Newfoundland and Labrador), Canada = 106 (Canadian Institute for Health Information, 2011)



Source: Alberta Health.

## Admissions for Ambulatory Care Sensitive Conditions

### WHAT IS BEING MEASURED?

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

Detailed indicator [definition](#) is available.

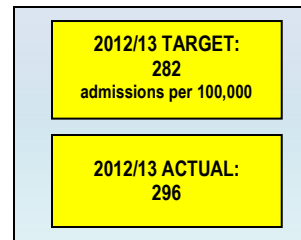
An internal review of the data quality indicates a high level of confidence with limited issues.

### 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](#)).



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

There has been a slight decrease in overall ACSC admissions in the most recent quarter and actual performance remains very close to target.

### WHAT ACTIONS ARE WE TAKING?

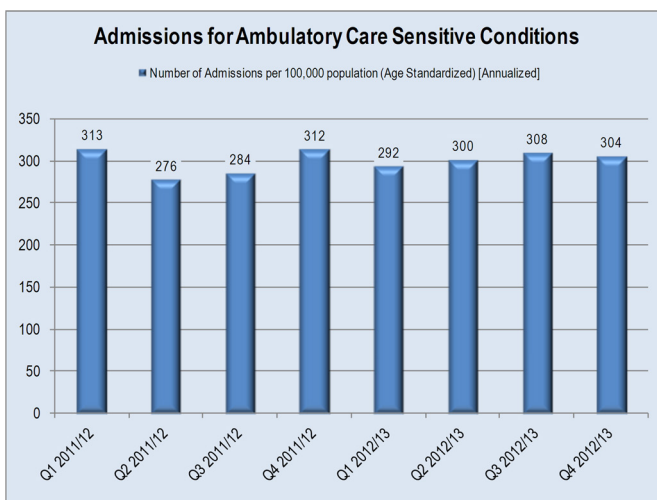
**Actions completed to date:** AHS, Family Care Clinics and Primary Care Networks continue to work on decreasing hospital admissions and Emergency visits by focusing on enhanced access, improved continuity of care, chronic disease management and health promotion. Thirty-three communities participated in the Thrive on Wellness community program. The Workplace Health Improvement Project initiative will be further developed as part of the renewed strategic direction of the Alberta Cancer Prevention Legacy Fund (ACPLF). All three workplace organizations participated in the Physical Activity pedometer walking challenge. The South Health Campus at AHS will also maintain and expand their Wellness Committee to include employees from different disciplines.

### 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).



Source: AHS Discharge Abstract Database

Note: Additional Diabetes codes have been added to ACSC effective April 2013 – Numbers have been restated to include these codes.

## Family Practice Sensitive Conditions

### 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?

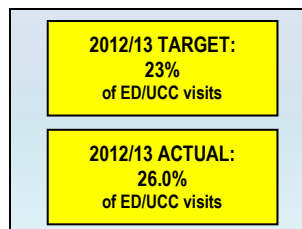
Treatment when appropriate at family physician offices allows for proper follow-up and better patient outcomes. The expectation is that more effective provision of primary care services would result in improvement in this measure.

### 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 above the target.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### 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. AHS is working collaboratively to develop a vision of Information Architecture for the Shared Patient Health Record.

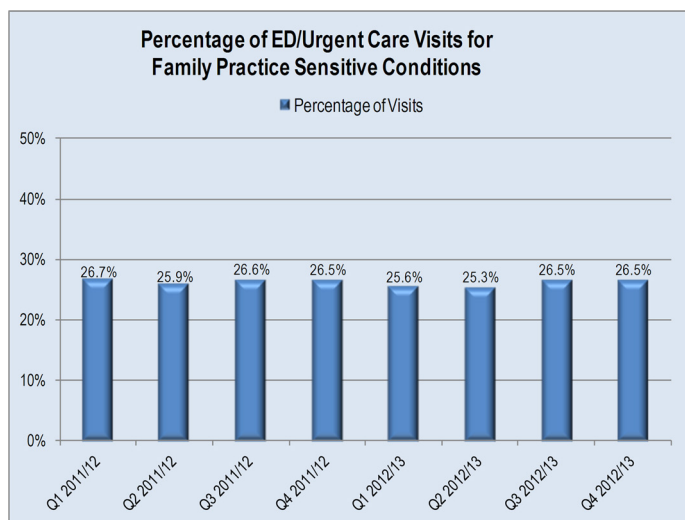
### WHAT ELSE DO WE KNOW?

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



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

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

### WHAT IS BEING MEASURED?

Health Link Alberta Service Level measures the percentage of calls to Health Link Alberta (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 75.1 per cent for Q4 2012/13 and 78.2 per cent year to date which is under the target of 80 per cent. Unanticipated increases in call volume in December and January 2012/13 fiscal year compared to 2011/12 fiscal year negatively impacted overall service level.

|                                 |
|---------------------------------|
| <b>2012/13 TARGET:</b><br>80%   |
| <b>2012/13 ACTUAL:</b><br>78.2% |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** To help Albertans find their way around the health system, Health Link continues to enhance and expand its services. In 2012/13, 78.2% of calls were answered in 2 minutes. The Alberta Referral Director which provides access to information on specialist referral requirements was launched. Common health concerns and emerging health topics were tweeted to AHS Social Media team on a weekly basis.

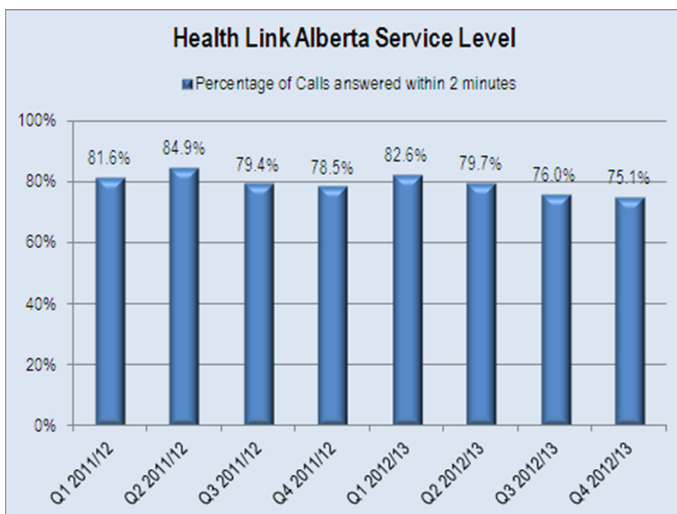
**Subsequent actions planned:** Work is underway to implement Obesity Pediatric Central Access.

### 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.



Source: Health Link Alberta, Nortel Contact Centre Management 6.0

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

### 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?

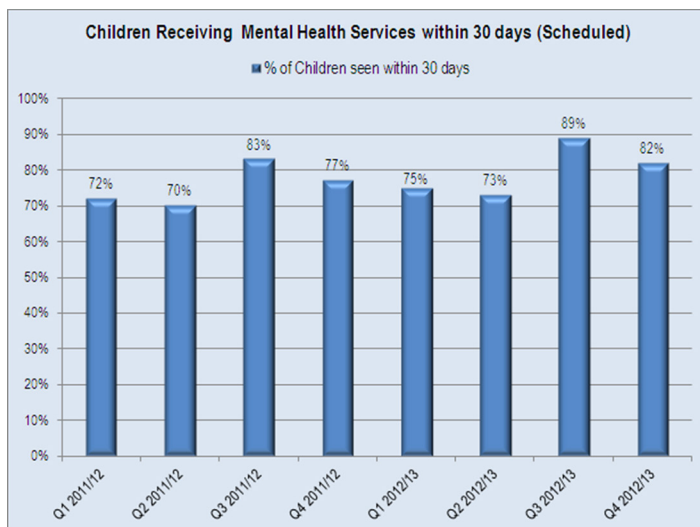
Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

### 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).

**2012/13 TARGET:**  
92%

**2012/13 ACTUAL:**  
80%

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Work continues to expand community services for Child and Adolescent Addiction and Mental Health. New community capacity will be added in the Edmonton Zone (Leduc). Additional treatment beds for addicted youth were added across the province. All zones continue to utilize AIM (Access, Improvement, Measures) strategies and processes to improve access and reduce wait times. An Adolescent Depression clinical pathway was developed and piloted with an initial focus on outpatient mental health clinics with linkages to primary care and additional referral sources.

**Subsequent actions planned:** Collaboration continues with Addiction and Mental Health Strategic Clinical Networks to implement Clinical Pathways for adult and adolescent depression in the Calgary Zone. Findings from the pilot will be used to expand the adolescent pathway to incorporate prevention and early intervention into a more integrated care pathway. The proposed new initiative will be embedded in settings where adolescents frequently attend, perhaps schools, and will work closely with other sectors including education, human services and justice.

### 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.



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

### 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 90<sup>th</sup> 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?

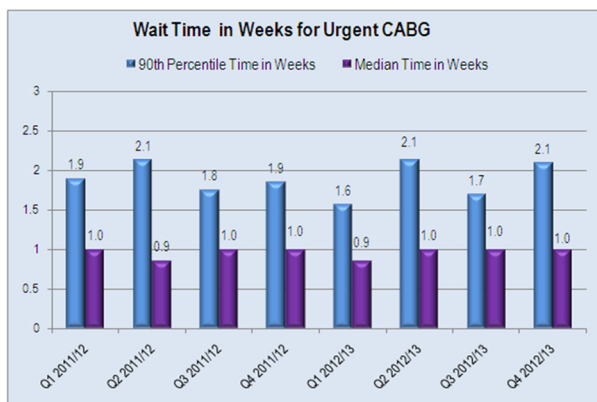
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

The provincial/territorial benchmark for Urgency I CABG surgeries is within two weeks. The AHS 90<sup>th</sup> 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 Q3 2012/13 and Q4 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)



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

In Calgary, work continues on improvement projects including: scheduling systems and Operating Room utilization reporting to ensure maximum use. Also, a Registered Nurse Navigator is working with surgeons to identify when to schedule patients for surgery and to monitor volume and duration of all-day cases for optimized scheduling. Calgary Zone continues to work on reducing the number on the waitlist. 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.

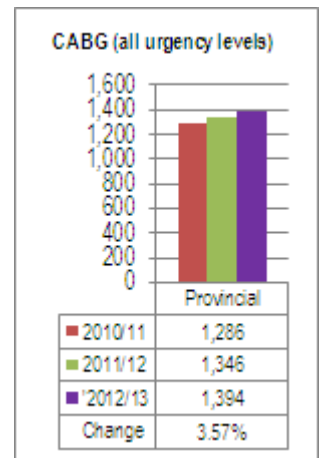
**Subsequent actions planned:** Calgary and Edmonton Zones are working collaboratively on surgical wait time in conjunction with surgeon's offices to identify strategies for continuous improvement.

#### 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-prioritized 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.



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

### 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?

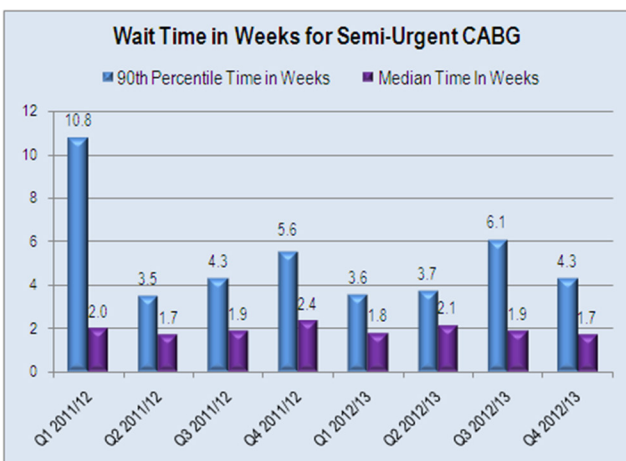
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

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

### HOW ARE WE DOING?

There was a decrease in wait time for semi-urgent CABG surgery in the fourth quarter compared to the third quarter of 2012/13, although the year-to-date wait time remains longer than the annual target.



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

**2012/13 TARGET:**  
2.0 weeks

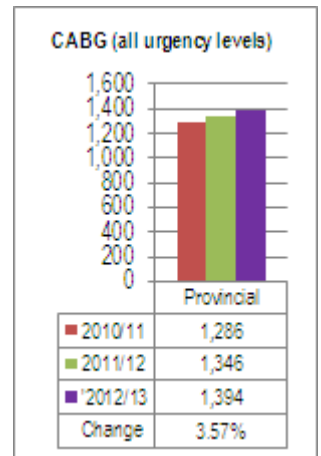
**2012/13 ACTUAL:**  
4.7 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

In Calgary, work continues on improvement projects including: scheduling systems and Operating Room utilization reporting to ensure maximum use. Also, a Registered Nurse Navigator is working with surgeons to identify when to schedule patients for surgery and to monitor volume and duration of all-day cases for optimized scheduling. Calgary Zone continues to work on reducing



the number on the waitlist. 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.

**Subsequent actions planned:** Calgary and Edmonton Zones are working collaboratively on surgical wait time, in conjunction with surgeon's offices to identify strategies for continuous improvement.

#### 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-prioritized 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.

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

### 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 90<sup>th</sup> 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?

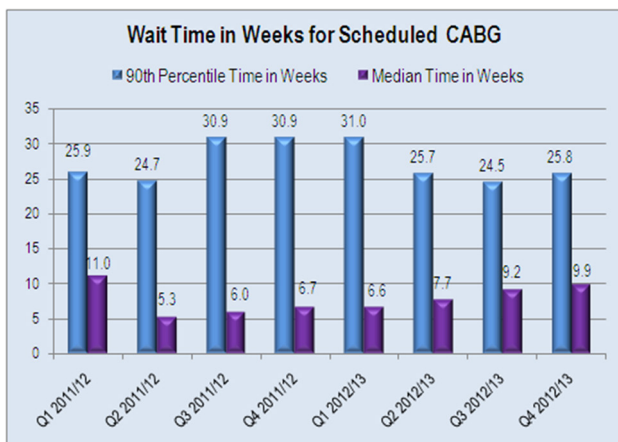
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources. Access in combination with a high quality of service delivery will help ensure optimal patient outcomes.

### WHAT IS THE TARGET?

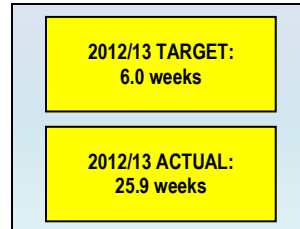
The provincial/territorial benchmark for Urgency III CABG surgeries is within 26 weeks. The 2012/13 AHS 90<sup>th</sup> percentile target is 6.0 weeks.

### HOW ARE WE DOING?

The wait time for scheduled CABG surgery has increased from 24.5 weeks in Q3 2012/13 to 25.8 weeks in Q4 2012/13. The year-to-date wait time is not achieving target.



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

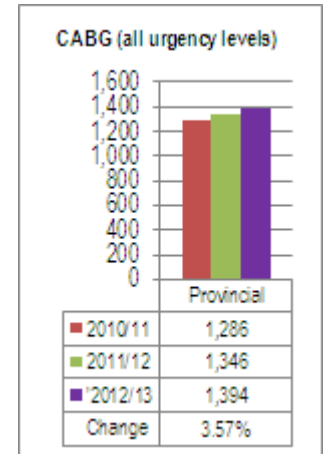


Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

In Calgary, work continues on improvement projects including: scheduling systems and Operating Room utilization reporting to ensure maximum use. Also, a Registered Nurse Navigator is working with surgeons to identify when to schedule patients for surgery and to monitor volume and duration of all-day cases for optimized scheduling. Calgary Zone continues to work on reducing the number on the waitlist.



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.

**Subsequent actions planned:** Calgary and Edmonton Zones are working collaboratively on surgical wait time, in conjunction with surgeon's offices to identify strategies for continuous improvement.

### 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-prioritized 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.

## Hip Replacement Wait Time

### 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 90<sup>th</sup> 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 Q4 2012/13 was 38.9 weeks which has increased from Q3 2012/13 and is not at the target level.

|                                      |
|--------------------------------------|
| <b>2012/13 TARGET:</b><br>22.0 weeks |
| <b>2012/13 ACTUAL:</b><br>36.3 weeks |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

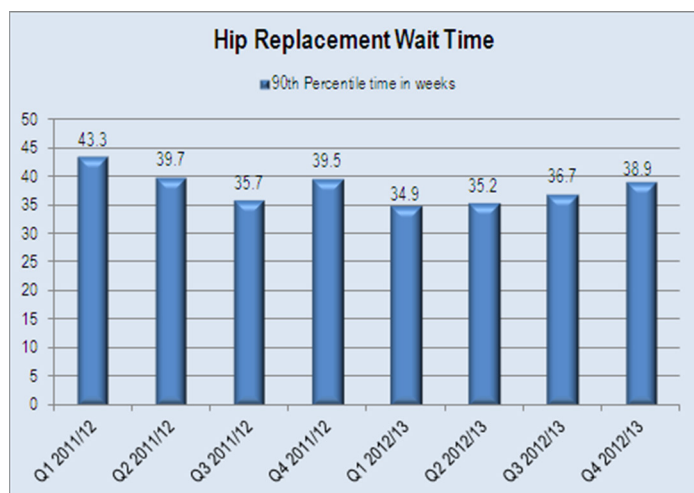
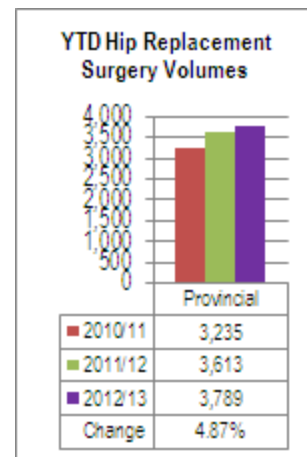
#### Actions completed to date:

More hip replacement surgeries have been performed this year than over the past two fiscal years with an almost 5% increase in surgical volume. The approved Fragility and Stability Program commenced

implementation. This program will identify and deliver prevention and promotion strategies for Albertans experiencing or at risk of experiencing

osteoporosis-related fractures. The program will also improve supports to those experiencing hip fracture, with the goal of shortening the amount of time these patients spend in acute care settings and returning patients to independent living. Edmonton Zone continues to work with home care to ensure appropriate home care referrals in order to get patients home sooner.

**Subsequent actions planned:** The zones continue to work with the provincial aCATS (adult Coding Access Targets for Scheduled Surgery) team for implementation of the waitlist management system.



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

### 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 2012, Alberta ranked fourth among the 10 provinces for hip replacement surgery wait times. Alberta = 35.0 weeks, Best Performing Province = 27.4 weeks (Ontario), Canada = 33.9 weeks (CIHI, 2012).

## Knee Replacement Wait Time

### WHAT IS BEING MEASURED?

Knee Replacement Wait Time is the time from the date the patient and clinician agreed to knee replacement (arthroplasty) surgery as the treatment option of choice, to the date surgery was completed.

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

The 90<sup>th</sup> 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  $\pm 1.3$  weeks in the current quarter.

### WHY IS THIS IMPORTANT?

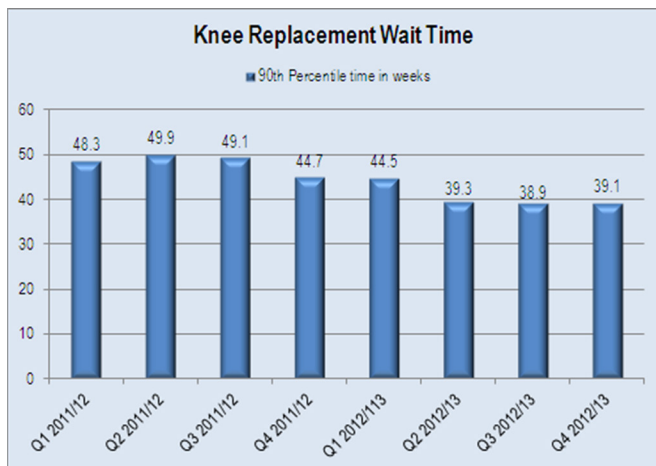
Wait times for surgical procedures are used as an indicator of access to the health care system and reflect the efficient use of resources.

### 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 Q4 2012/13 was 39.1 weeks which is an improvement over the prior year.



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

**2012/13 TARGET:**  
28.0 weeks

**2012/13 ACTUAL:**  
40.9 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

More knee replacement surgeries have been performed this year than over the past two fiscal years with an over 4% increase in surgical volume. The approved Fragility and Stability Program commenced implementation. This program will identify and deliver prevention and promotion strategies for Albertans experiencing or at risk of experiencing osteoporosis-related

fractures. The program will also improve supports to those experiencing hip fracture, with the goal of shortening the amount of time these patients spend in acute care settings and returning patients to independent living. Edmonton Zone continues to work with home care to ensure appropriate home care referrals in order to get patients home sooner.

**Subsequent actions planned:** The zones continue to work with the provincial aCATS (adult Coding Access Targets for Scheduled Surgery) team for implementation of the waitlist management system.

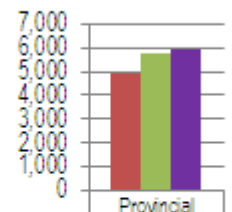
#### WHAT ELSE DO WE KNOW?

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 2012, Alberta ranked fifth among the 10 provinces for knee replacement surgery wait times. Alberta = 43.0 weeks, Best Performing Province = 32.3 weeks (Ontario), Canada = 38.6 weeks (CIHI, 2012).

#### YTD Knee Replacement Surgery Volumes



| Year    | Volume |
|---------|--------|
| 2010/11 | 4,895  |
| 2011/12 | 5,716  |
| 2012/13 | 5,951  |
| Change  | 4.11%  |

## Cataract Surgery Wait Time

### WHAT IS BEING MEASURED?

Cataract Surgery Wait Time is defined as the time from the date when the patient and clinician agreed to cataract surgery as the treatment option of choice, to the date the surgery was completed.

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

The 90<sup>th</sup> 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.

**2012/13 TARGET:**  
25.0 weeks

**2012/13 ACTUAL:**  
29.0 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

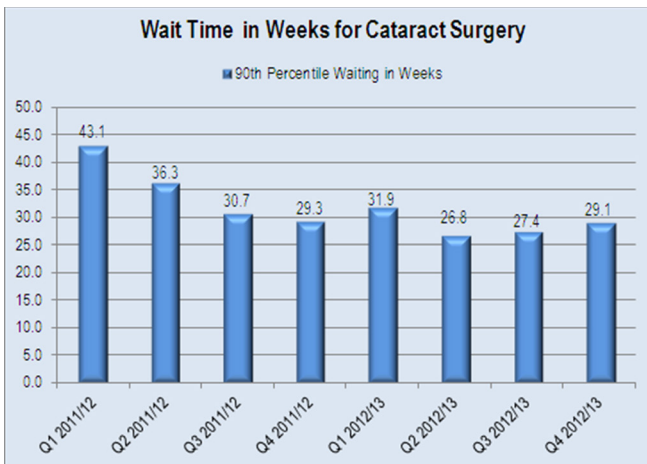
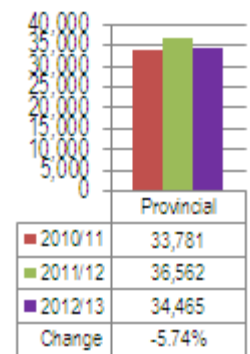
The 90<sup>th</sup> percentile wait time for cataract surgery for Q4 2012/13 was 29.1 weeks. The annual wait time is 29.0 weeks which is longer than the target. There has been a steady decline in the cataract wait times over the past two years.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

Compared to last year this time, there has been a significant improvement in wait times as we move closer to target. 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).

YTD Cataract Surgery Volumes



Source: Alberta Health.

#### Subsequent actions planned:

Implementation of aCATS throughout the zones continues. Implementation of standardized practices in home care to start in April 2013. The emphasis is on self-care & involvement of informal supports for Home Care clients in keeping with the home care focus of promoting independence.

### WHAT ELSE DO WE KNOW?

Information is available by [zone](#).

### HOW DO WE COMPARE?

Using a similar measure in 2012, Alberta ranked sixth among the 10 provinces for cataract surgery wait times. Alberta = 29.9 weeks, Best Performing Province = 17.6 weeks (Quebec), Canada = 20.6 weeks (CIHI, 2012).

## Other Scheduled Surgery Wait Time

### 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 90<sup>th</sup> 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.

**2012/13 TARGET:**  
tbd

**2012/13 ACTUAL:**  
26.1 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

Using latest developed measurement methodology (under review), 90<sup>th</sup> percentile wait times for other surgeries was 26.3 weeks for Q4 2012/13 and 26.1 weeks for 2012/13.

### WHAT ACTIONS ARE WE TAKING?

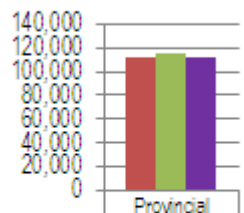
#### Actions completed to date:

Implemented the Adult Coding Access Targets for Surgery (aCATs) project, a standardized diagnosis-based priority system to book surgeries across the continuum of surgical services. The aCATs pilot is now live at nine pilot sites across four zones.

#### Subsequent actions planned:

Adult Coding Access Targets for Surgery (aCATs) pilot will be phased in at all sites across the province and in 13 surgical sub-specialties.

YTD Other Surgery Volumes



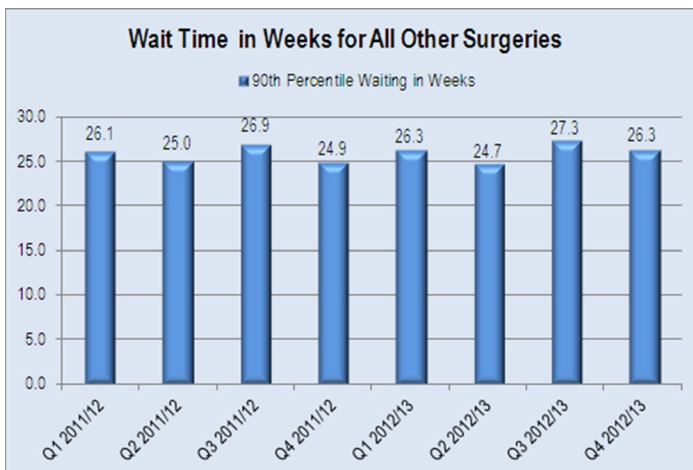
|         |         |
|---------|---------|
| 2010/11 | 112,612 |
| 2011/12 | 114,496 |
| 2012/13 | 111,280 |
| Change  | -2.81%  |

### WHAT ELSE DO WE KNOW?

Information is available by [zone](#).

### HOW DO WE COMPARE?

National benchmark comparisons are not available.



Source: Alberta Health

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

### WHAT IS BEING MEASURED?

Referral to Consultation by Radiation Oncologist Wait Time is the time from the date that a referral was received from a physician outside a cancer facility to the date that the first consult with a radiation oncologist occurred.

Currently this data is 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 three additional cancer centres that provide consultations to patients in Medicine Hat, Red Deer, and Grande Prairie.

The 90<sup>th</sup> 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?

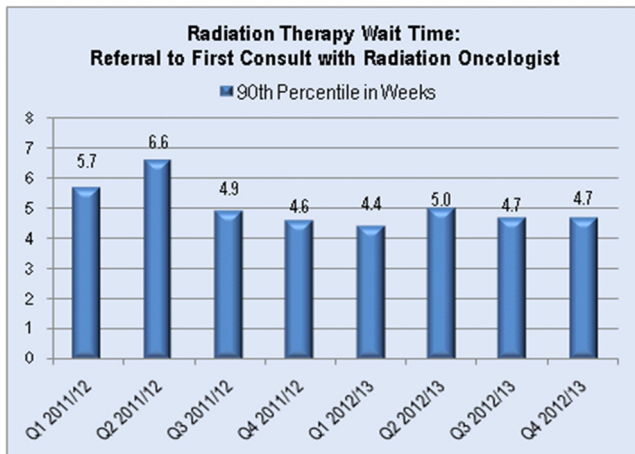
Wait times are an important measure of how quickly people are getting access to cancer care. They reflect the ability of Alberta Health Services (AHS) to meet the needs of cancer patients.

### 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.

**2012/13 TARGET:**  
3.0 weeks

**2012/13 ACTUAL:**  
4.8 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

Improvement processes are underway to address the increased wait times at three centres within Alberta which focuses on reducing the time required to receive, process, and triage patient referrals, as well as review scheduling and resource utilization. Turn-around time (the time required to receive, process and triage patient referrals) has been reduced from 18 to 10 days as a result of a process improvement methodology.

Capacity has increased by redevelopment of new patient clinics and appointments. Clinicians have developed and implemented standardized provincial referral and triage guidelines for patients in whom a cancer diagnosis is confirmed for many tumour groups. Standardizing the referral process for patients across all zones and test new e-referral technology with the future view of this being rolled out across the remaining tumour groups. Ultimately, completion of this work will result in better access to cancer treatment for Albertans.

**Subsequent actions planned:** Strategies to improve rates of patients contacted within 48 hours are being developed.

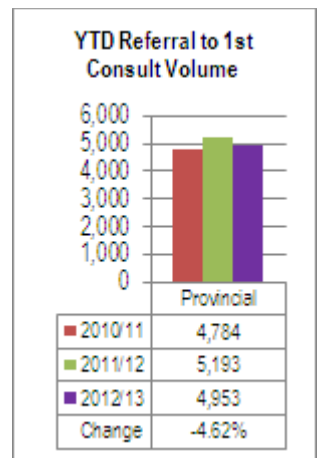
#### WHAT ELSE DO WE KNOW?

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 benchmark comparisons are not currently available but are under development. Ontario targets 14 days from the time between a referral to a specialist to the time of consult with the patient. Current trends indicate that about 78 per cent of patients are seen within this target (Cancer Care Ontario, January 2013).





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

### 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?

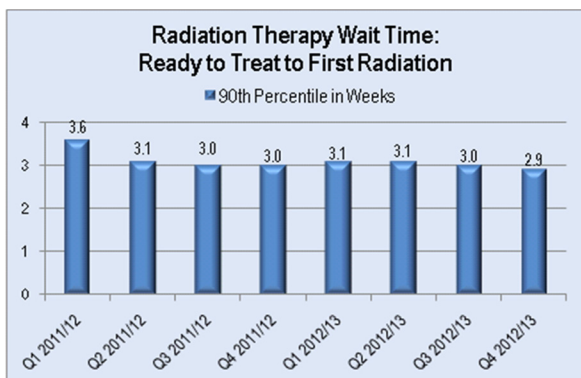
Wait times are an important measure of how quickly people are getting access to cancer care. They reflect the ability of Alberta Health Services (AHS) to meet the needs of cancer patients.

### 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.

### 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 Q4 2012/13 90<sup>th</sup> percentile time was 2.9 weeks.



Source: Alberta Cancer Board – Enterprise Business Intelligence Program.

**2012/13 TARGET:**  
4.0 weeks

**2012/13 ACTUAL:**  
3.0 weeks

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

Provincially results (3.0 weeks) have been better than the target (4.0 weeks). The Cancer Strategic Clinical Network (SCN) has a number of initiatives underway to improve the health of Albertans and the care they receive. Some examples of projects underway include early diagnosis and management of lung cancer and establishing province-wide central access for referral and triage for cancer. The Alberta Thoracic Oncology Program (ATOP) completed an extensive consultation through 2011 and 2012 with key stakeholders to design the program to improve access and reduce wait times from referral to the decision for treatment and the treatment.

**Subsequent actions planned:** ATOP continues to engage other programs such as Pathology and Radiology to determine the most effective way to expedite the treatment and diagnosis of lung cancer patients. Engagement work will continue to determine the most effective way for patients to access their treatment information. Central Alberta Cancer Centre (CACC) is expected to be operational in fall of 2013 with radiation treatment commencing in January of 2014. Grande Prairie Cancer Centre is scheduled to open in 2017.

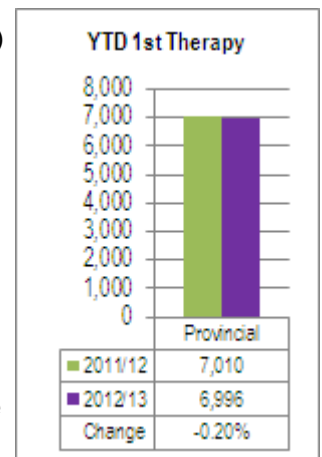
### WHAT ELSE DO WE KNOW?

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?

Using a similar measure in 2012, Alberta ranked tied for fourth among nine provinces for radiation therapy wait times. Alberta = 3.1 weeks, Best Performing Province = 2.1 weeks (Saskatchewan and Ontario), Canada = 2.7 weeks (CIHI, 2012).



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

### 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 in-depth data quality review confirmed the performance measure is ready for use with known issues.

### WHY IS THIS IMPORTANT?

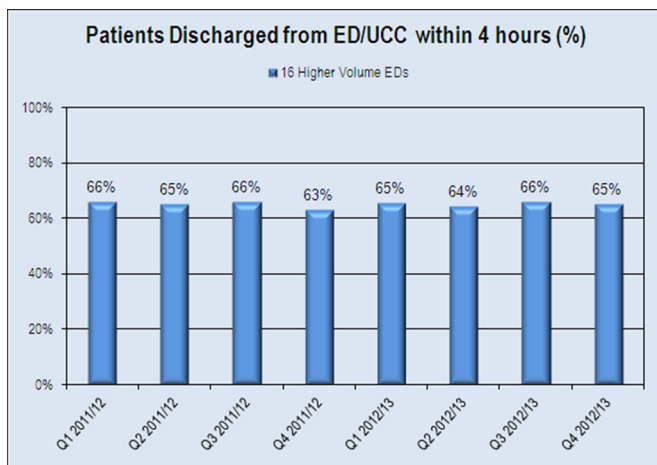
The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

### WHAT IS THE TARGET?

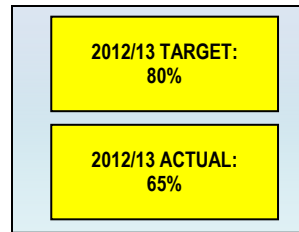
Alberta Health Services (AHS) has established a 2012/13 target of 80 per cent of patients discharged within four hours for the 16 higher volume EDs.

### HOW ARE WE DOING?

In Q4 2012/13, 65 per cent of patients at the 16 higher volume EDs were discharged within four hours.



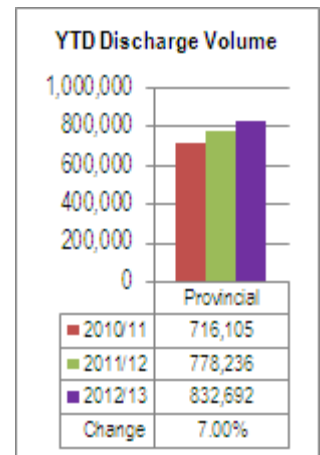
Source: Calgary and Edmonton Emergency Department Information System Data (REDIS, EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** In 2012/13, there was a significant number of quality and patient flow initiatives underway to improve performance. Some of these initiatives include the implementation of the Care Transformation Project, the Patient Flow Improvement project, Real Time Emergency Department Patient Access and Coordination (REPAC), Medworxx, and Emergency Department to Home. In addition, the South Health Campus Emergency Department in the Calgary Zone opened in January 2013, increasing capacity to treat emergency patients in Calgary and surrounding communities. Year to date, ED discharge volumes continue to increase throughout the province (a 7% increase from same time period as last year).



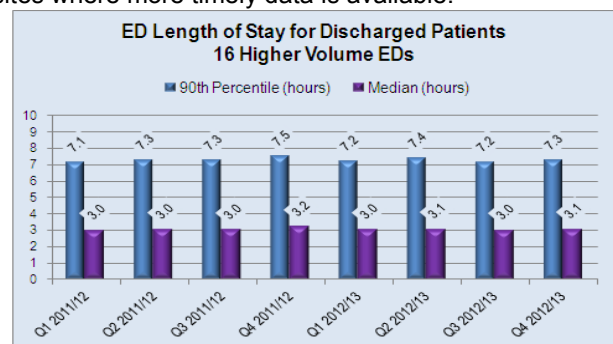
**Subsequent actions planned:** AHS will continue implementation and evaluation of the various initiatives that support process improvement efforts within our emergency departments

### 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 90<sup>th</sup> Percentile data are available by [site](#).

### HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

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

### WHAT IS BEING MEASURED?

Patients Discharged from 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?

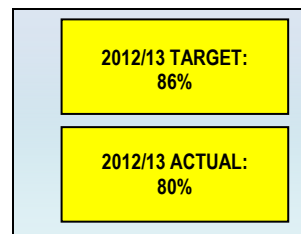
The amount of time spent waiting for treatment is a measure of access to the health care system. Patients treated in the ED/UCC should receive care in a timely fashion. Excessive wait times for care can result in treatment delays for individual patients and reduced efficiency in the flow of patients.

### 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 Q4 2012/13, 80 per cent of patients at all EDs were discharged within four hours.

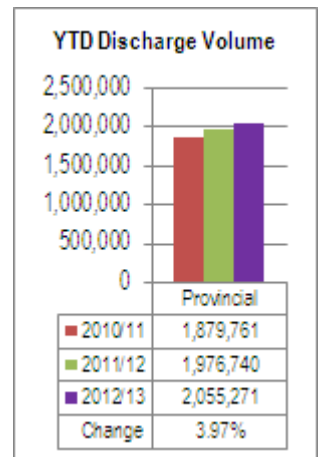


Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

In 2012/13, there was a significant number of quality and patient flow initiatives underway to improve performance. Some of these initiatives include the implementation of the Care Transformation Project, the Patient Flow Improvement project, Real Time Emergency Department Patient Access and Coordination (REPAC), Medworxx, and Emergency Department to Home. In addition, the South Health Campus Emergency Department in the Calgary Zone opened in January 2013, increasing capacity to treat emergency patients in Calgary and surrounding communities. Year to date, ED discharge volumes continue to increase throughout the province (almost a 4% increase from same time period as last year).



**Subsequent actions planned:** AHS will continue implementation and evaluation of the various initiatives that support process improvement efforts within our emergency departments.

### WHAT ELSE DO WE KNOW?

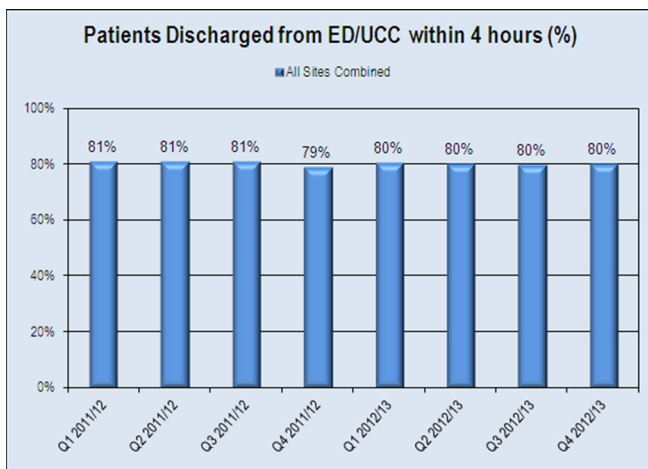
There are many reasons why ED/UCC length of stay may vary across sites, including complexity of patients, limitations (treatment spaces, staffing), operational efficiency and access to other primary care options (family physicians, walk-in clinics).

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.



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

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

### WHAT IS BEING MEASURED?

The total time patients spend in an Emergency Department (ED) 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 in-depth data quality review confirmed the performance measure is ready for use with known issues.

### WHY IS THIS IMPORTANT?

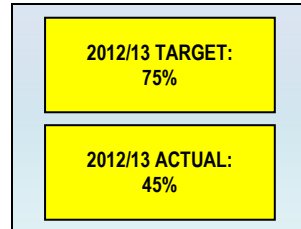
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent can be a measure of access to the health care system and a reflection of efficient use of resources.

### 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 Q4 2012/13, 43 per cent of admitted patients at the 15 higher volume EDs left the ED within eight hours.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

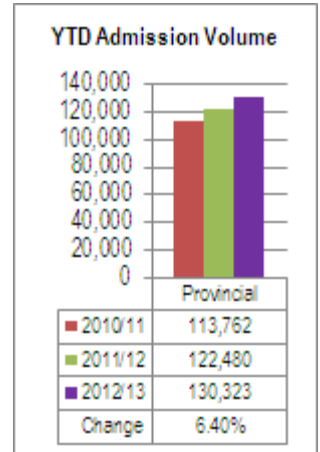
### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

Medworxx (software application) is being implemented across the zones in all major AHS acute care centres. This tool helps care teams determine individual patient readiness for discharge and has proven to reduce delays to discharge, improve flow (from ED admitted to inpatient bed), and allow the site to evaluate their capacity and plan for demand on a daily basis.

#### Subsequent actions planned:

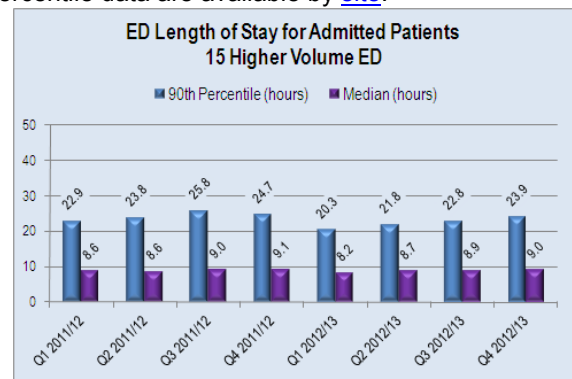
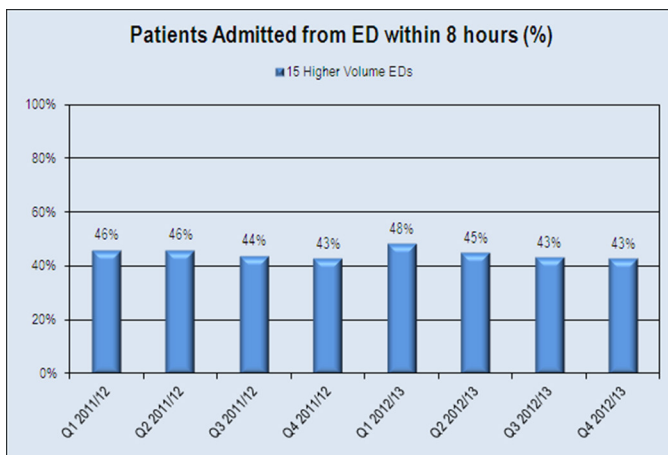
Pilot projects to standardize provincial discharge planning (Path to Home) are underway. Path to Home is a standard model for proactive discharge planning to enhance how acute care capacity is managed and improve patient experience.



### 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 90<sup>th</sup> Percentile data are available by [site](#).



### HOW DO WE COMPARE?

Relevant national comparisons will be included as available.

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

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

### 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?

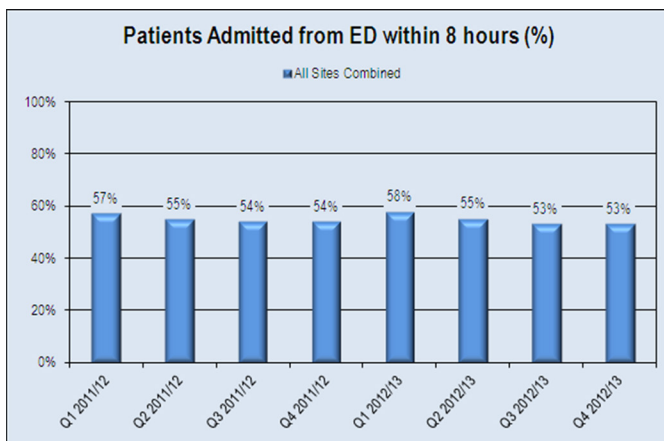
ED patients requiring hospital admission should be admitted to the appropriate inpatient environment in a timely fashion. Total time spent by a patient in an ED can be a measure of access to the health care system and a reflection of efficient use of resources.

### WHAT IS THE TARGET?

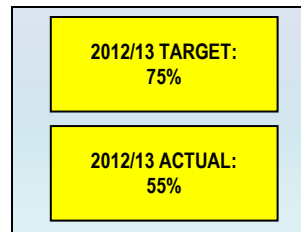
Alberta Health Services (AHS) has established a target for all ED sites combined of 75 per cent of patients admitted leaving the ED within eight hours for 2012/13.

### HOW ARE WE DOING?

In Q4 2012/13, 53 per cent of admitted patients left the ED within eight hours which is below the annual target of 75 per cent.



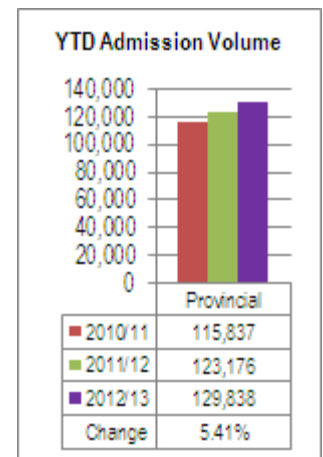
Source: Calgary and Edmonton Emergency Department Information System Data (REDIS, EDIS) and AHS Ambulatory Care Reporting System Data (ACRS, NACRS)



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Medworxx (software application) is being implemented across the zones in all major AHS acute care centres. This tool helps care teams determine individual patient readiness for discharge and has proven to reduce delays to discharge, improve flow (from ED admitted to inpatient bed), and allow the site to evaluate their capacity and plan for demand on a daily basis.



**Subsequent actions planned:** Pilot projects to standardize provincial discharge planning (Path to Home) are underway. Path to Home is a standard model for proactive discharge planning to enhance how acute care capacity is managed and improve patient experience.

### 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

### 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 in-depth data quality review confirmed the performance measure is ready for use with known minor issues.

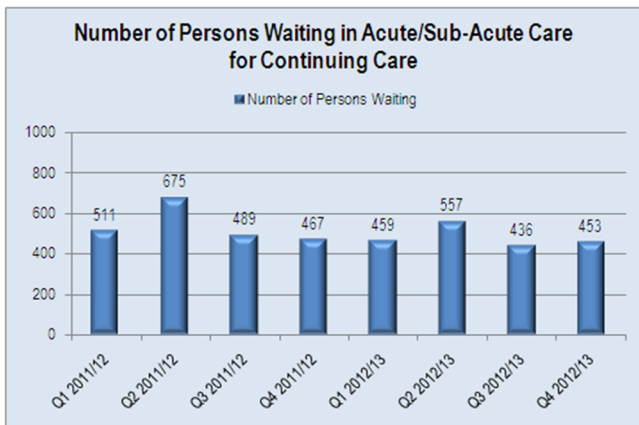
### WHY IS THIS IMPORTANT?

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.

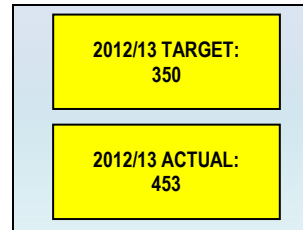
By reducing the number of people waiting in a hospital environment for continuing care, we will be able to improve patient flow throughout the system, provide more appropriate care to meet patient needs, decrease wait times and deliver care in a more cost effective manner.

### 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.



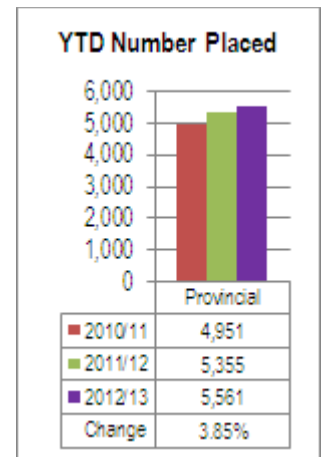
Source: AHS "Snapshots" of the Wait List at the end of the report period.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

At the end of Q4 2012/13, 453 people were waiting in acute/sub-acute (hospital) beds for continuing care placement. The number of people waiting has not met the target. During Q4 of 2012/13, 1,463 individuals were placed in continuing care from acute / sub-acute beds for a year-to-date total of 5,561. The increase in placements from Q4 of 2011/12 to Q4 of 2012/13 was 3.85%.



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.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** From April to March 2013, 877 net new continuing care beds have been opened across the province. Since 2010, AHS has opened 3,034 continuing care beds including long term care, supportive living and palliative beds. The percentage of people waiting in acute care for continuing care placement has decreased from 467 in 2011/12 to 453 in 2012/13, a slight improvement from last year. AHS has implemented the Advanced Care Planning/Goals of Care Designation process, including palliative/hospice care for adult and pediatric population and across the care continuum within the zones.

### 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.

## People Waiting in Community for Continuing Care Placement

### WHAT IS BEING MEASURED?

People Waiting in Community for Continuing Care Placement is a count of the number of persons who have been assessed and approved for placement in continuing care, and are waiting in the community (at home). The numbers presented are a snapshot of the last day of the reporting period.

Detailed indicator [definition](#) is available.

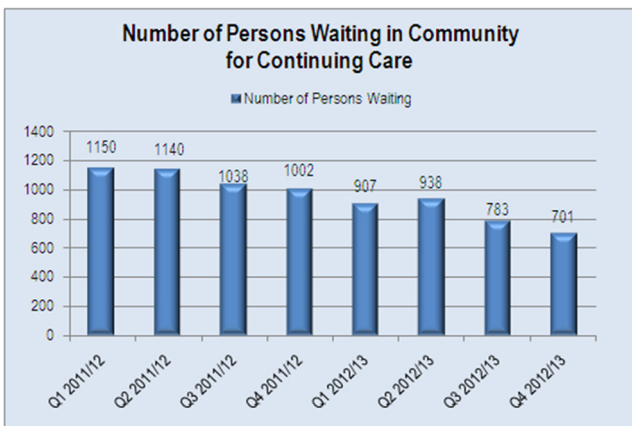
An in-depth data quality review confirmed the performance measure is ready for use with known minor issues.

### WHY IS THIS IMPORTANT?

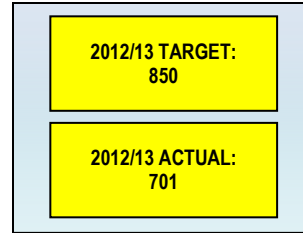
Access to continuing care services is a significant issue in Alberta. As such, a focused, multiple-strategy approach is needed to provide both seniors and persons with disabilities more options for quality accommodations specific to their service needs and lifestyles.

### 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.



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

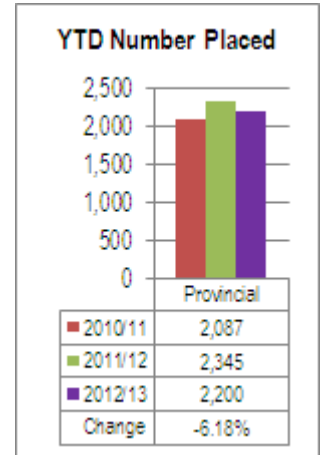


Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

During Q4 of 2012/13, 701 individuals were still on the wait list, which is better than the target.

Year-to-date, 2,200 individuals were placed in continuing care from community. The decrease in placements from Q4 of 2011/12 to Q4 of 2012/13 was 6.18%.



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.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** The number of people waiting in the community for continuing care placement has decreased from 1,002 in Q4 of 2011/12 to 701 in Q4 of 2012/13, this is better than the target that was established. Several initiatives were undertaken, with a focus on complex high risk clients, this includes a Home Support Exercise Program for people at risk of falling. 20 new palliative/hospice beds were in the last year.

**Subsequent actions planned:** Expansion of the Home Support Exercise Program within Home Living and community partners to help increase the mobility of residents.

### 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.

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

### 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.

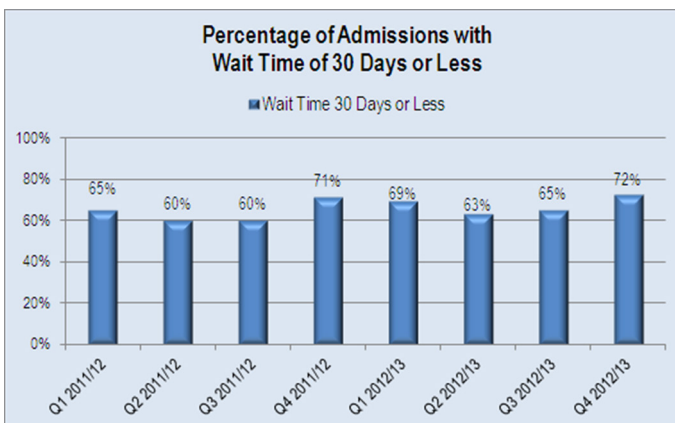
An in-depth data quality review confirmed the performance measure is ready for use with known minor issues.

### 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).

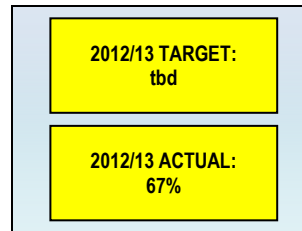
By improving access to key areas, Alberta Health Services (AHS) will be able to improve flow throughout the system, provide more appropriate care, decrease wait times and deliver care in a more cost effective manner.

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.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### 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 72 per cent in Q4 of 2012/13. The annual percentage was 67 per cent.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** From April 2012 to March 2013, 877 net new continuing care beds have been opened across the province.

Since 2010, AHS has opened 3,034 continuing care beds including long term care, supportive living and palliative beds. The number of people waiting in acute care for continuing care placement has decreased from 467 in Q4 of 2011/12 to 453 in Q4 of 2012/13, a slight improvement from last year. AHS has implemented the Advanced Care Planning/Goals of Care Designation process, including palliative/hospice care for adult and pediatric population and across the care continuum within the zones.

### 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.



## Number of Home Care Clients

### 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 70,499 in Q4 of 2012/13 and 108,855 over 2012/13.

|                                   |
|-----------------------------------|
| <b>2012/13 TARGET:</b><br>tbd     |
| <b>2012/13 ACTUAL:</b><br>108,855 |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS continues to expand home care by adding more hours for those requiring short-term care, in order to prevent hospitalization or an emergency situation. There is a 4.6% increase (4,766 clients) between 11/12 Q4 and 12/13 Q4 volume of home care clients served. In total for 2012/13, AHS had 108,855 home care clients across the province. All zones will be implementing the new service guidelines and educating staff to the new guidelines. Implemented enhanced home care capacity, 7 days a week and evening access to home care, to manage increased referrals from acute care. Opened 60 new adult day program spaces to delay clients’ need for admission and to provide assistance to the clients’ caregivers. Destination Home continues to increase home care services to clients with complex needs in Calgary and Edmonton.

**Subsequent actions planned:** Development of a home care rapid response team model which is being piloted at East Edmonton Family Care Clinic. 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.

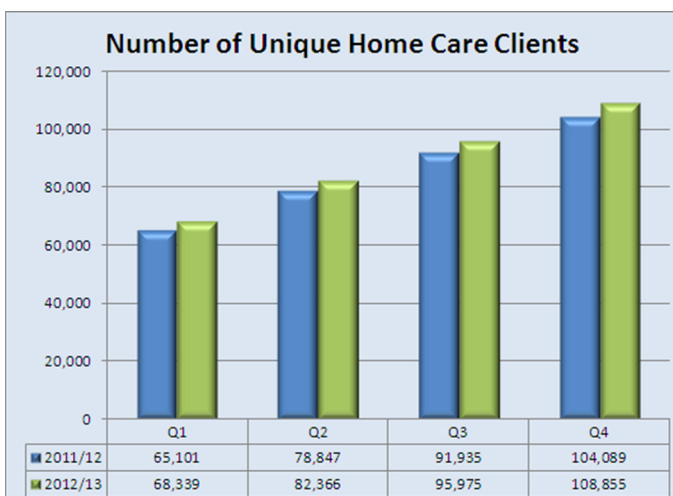


Chart represents the cumulative number of unique home care clients. For clients who come and go off the case load multiple times, they will only be counted once.

## Rating of Care Nursing Home – Family

### 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.

|   |
|---|
| <p><b>2012/13 TARGET:</b><br/>tbd</p>   |
| <p><b>2010/11 ACTUAL:</b><br/>73.4%</p> |

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

### 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:

The Supportive Living survey was completed in February 2013 with results currently being reviewed

#### Subsequent actions planned:

The Home Care Survey is planned for 2014.

### WHAT ELSE DO WE KNOW?

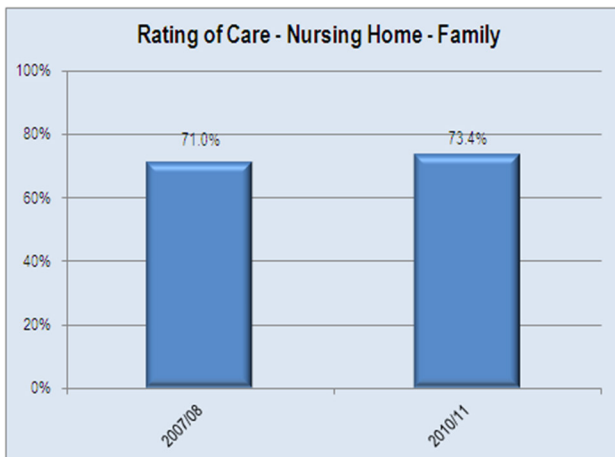
High level surveys and aggregate results do not capture the unique nature of individual family experiences and the sometimes significant challenges and issues they face.

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.



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

## Head Count to FTE Ratio

### WHAT IS BEING MEASURED?

The count of individuals employed by AHS divided by the count of assigned FTEs. 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 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 4 2012/13, the ratio was 1.52.

|                                |
|--------------------------------|
| <b>2012/13 TARGET:</b><br>1.61 |
| <b>2012/13 ACTUAL:</b><br>1.52 |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS has implemented a hiring freeze on all administrative positions that are not mission-critical. Any hiring will be tightly focused on clinical care.

**Subsequent actions planned:** To increase full time/part time ratios work rotations are being optimized. New rotations developed show a range from 56% to 94% FT positions. The average percentage of FT positions has increased from 39% to 69%. 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?

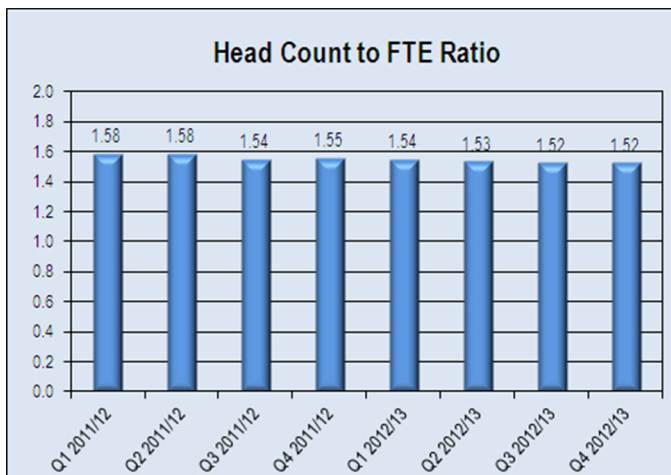
The head count includes full-time, part-time and casual employees. The FTE includes full-time and part-time employees, as casual employees have no assigned FTE.

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](#).

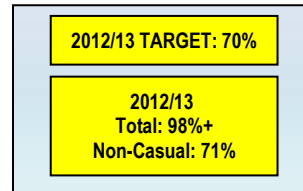
### HOW DO WE COMPARE?

This measure is not benchmarked external



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

## Registered Nurse Graduates Hired by AHS (%)



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### 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 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 months, 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. As at Q4 YTD AHS has hired 1836 new grads, 1194 of which were placed into non-contingent positions. This represents 98%+ of total available grads hired and 71% placed into non-contingent positions.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

- New brand vendor (NAS) contract signed - work will begin Q3 to scope out requirements for new AHS employment brand (current brand is "What's Your Reason?")
- The transition grad nurse program has been revitalized with 70 positions filled YTD
- The transition grad nurse tools have resulted in nearly 100% retention of the new grads YTD
- New graduate on line communities were established
- 543 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.
- 1,836 new nurse graduates have been hired YTD, 71% to non-casual positions.

### 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.

## Disabling Injury Rate

### 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 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.

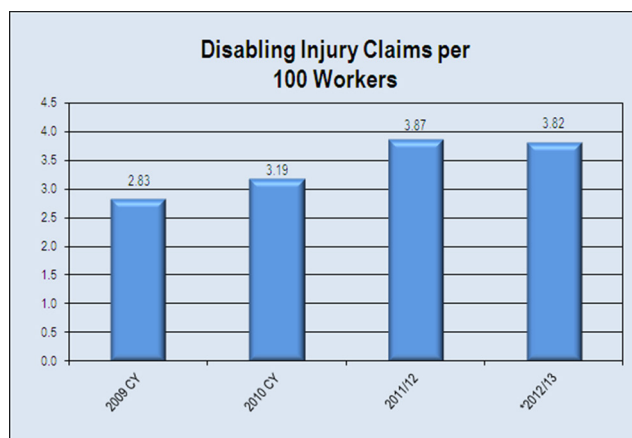
### WHAT IS THE TARGET?

Alberta Health Services has established a target of 1.80 disabling injury claims per 100 workers for 2012/13.

### 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 fiscal year 2011/12, AHS DIR was 3.87 however this cannot be compared to the 2010 calendar year. In fiscal year 2012/13 the AHS DIR was 3.82. This represents a 1% decrease in the DIR over 2011/12. The AHS DIR in 2012/13 was 112% higher than target.



Source: Alberta Health and Alberta Workers' Compensation Board

Notes: \* 2012/13 figure is Fiscal year and cannot be compared to earlier calendar year values).

|                                |
|--------------------------------|
| <b>2012/13 TARGET:</b><br>1.80 |
| <b>2012/13 ACTUAL:</b><br>3.82 |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### 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.

**Safe Client Handling:** to date, 1,244 /1,450 ceiling lifts have been installed and 12,536 / 37,000 individuals have been trained in It's Your Move. SCHP program evaluation continues at five sites.

**Manual Materials Handling (Move Safe):** the plan for phased-in implementation across all zones has been approved. Given the range of equipment purchased through the \$ 5 M 2011 Ergonomic Equipment program, the evaluation is focusing on a large scale purchase of an ergonomic mopping system. Results will be available in the next quarter. Work continued to enhance meaningful safety performance reporting: injury data has been made available at the site level to facilitate targeted reduction efforts. Portfolio improvement plans are in development for 2013 – 2014, and operational leaders are discussing their safety performance with the EC on a scheduled basis. WCB targets will be tracked on a quarterly basis commencing April 2013

**Subsequent actions planned:** Continue to collaborate with operations on the Occupational Injury Action Plan.

### WHAT ELSE DO WE KNOW?

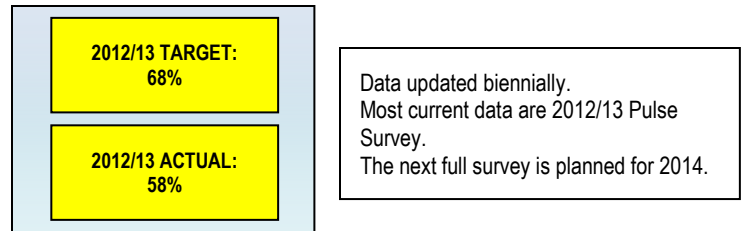
Data is based on the fiscal year. Indicator is cumulative for the current reporting year. Average hourly wage is calculated by WCB based on the total dollars paid out in compensation claims/total number of hours compensated in the reporting period. Information is available by [portfolio](#).

### 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.

## Staff Overall Engagement (%)



### 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 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 54 per cent of employees reporting they are favorably engaged at work for 2011/12 and 68 per cent for 2012/13.

### 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 engaged.

Of the employees responding to the 2013 Pulse engagement survey 58% reported they were favourably engaged. This demonstrates an increase of almost 12% over the previous survey results. An additional 6% of employees report they are favourably engaged.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Growing Engagement from the Grassroots: 2012-14 focuses on local action plans for improving workforce engagement approaches across the AHS. The EVP People & Partners and the EVP Quality & Medical Affairs jointly requested Senior Leadership to share engagement stories of what their teams are doing to promote engagement at the local level. A Pulse Survey was deployed February 19 to March 11, 2013 to check current engagement.

**Subsequent actions planned:** A detailed analysis of the Pulse Survey results will occur in early April with communications to follow soon after. Regular publication of local engagement stories is commencing in Leadership Matters and Interchange.

### WHAT ELSE DO WE KNOW?

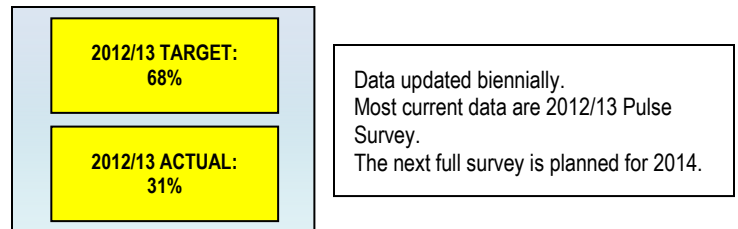
Both participation and engagement rates increased from the 2010 engagement survey in all four sectors: unionized employees, non-union employees, physicians, and volunteers.

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.

## Medical Staff Overall Engagement (%)



### 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 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 54 per cent of the medical staff community reporting they are favorably engaged at work for 2011/12 and 68 per cent for 2012/13.

### HOW ARE WE DOING?

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. Of the medical staff responding to the 2012/13 Pulse Survey, 31% reported that they were favourably engaged. This demonstrates a decrease of 21% over previous rates and a drop of 8% of medical staff that report they are favourably engaged.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** 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 at a provincial level has been developed that includes the following: 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. Zone Medical Affairs offices have taken measures to maintain/complete their remaining physician engagement activities. The recent Pulse engagement survey showed a drop in engagement scores. These results will be reviewed to better understand how AHS can improve engagement scores.

**Subsequent actions planned:** 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. This more specific survey will demonstrate perceptions and experiences between physicians and AHS that will be somewhat less impacted by the government relations issue. The CMO Office and Medical Affairs will work with Organizational Development to align practitioner engagement strategies with staff engagement strategies.

### 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.

## Direct Nursing Average Full-Time Equivalency

### 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?

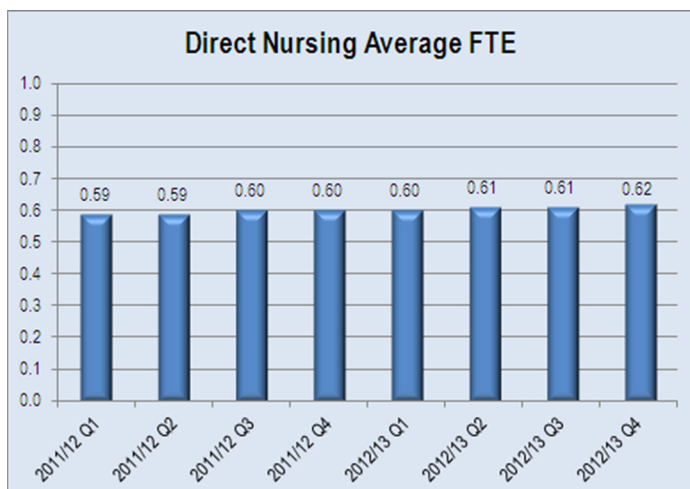
As Alberta's largest employer, AHS has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. In order to do this, it is important that AHS fully engage its people and their skills. Monitoring Direct Nursing Average FTE enables us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

|                                |
|--------------------------------|
| <b>2012/13 TARGET:</b><br>0.65 |
| <b>2012/13 ACTUAL:</b><br>0.61 |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

#### Actions completed to date:

Provincial master rotation and relief model guidelines have been developed.

Phase 1: Launched January 2012

- 224/260 optimized rotations are completed with 19 in progress and 17 pending due to exception requests.
- All units at SHC are opening with "transformed schedules".

Phase 2: Commenced November 2012 to implement staff scheduling processes, optimize additional master rotations and complete the development of relief rotation models.

- 51/246 rotations are complete with 195 in progress.
- Agreement was reached with UNA to advance implementation of the new rotations in 2 sites and locations for a total of 11 acute care units and 1 rural site.

Phase 3: proposal submitted to Executive Committee for additional rotation optimization, implementation of scheduling processes and ESP/RESP systems, as well as establishing zone-based staffing service centres.

- As at March 31, 2013 there has been a 1.3% increase in the proportion of full-time nursing positions over December 31, 2012.

Direct Nursing Workforce has increased by a head count of 1.009/1.001.15 FTE from Q1 2012/2013 to end of Q4 2012/2013. This workforce grew 6% from Q1 to end of Q4 2012/2013

### 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.



## Absenteeism Rate

### 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 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.

### WHAT IS THE TARGET?

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

|  |
|--|
| <b>2012/13 TARGET:</b><br>11.95 days/FTE |
| <b>2012/13 ACTUAL:</b><br>12.46 days/FTE |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

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

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Managers and staff can access EFAP, "Tools for Operational Managers", and in some program areas, Mental Health First Aid to address absenteeism issues. Other relevant initiatives are the Attendance Enhancement Pilot Project, the AHS Ability Management Redesign Project, the development of the AHS Mental Health Strategy and Prevention of Violence in the Workplace initiative. An attendance awareness pilot was delayed slightly but is now underway in two areas: a zone and a provincial program. Results are expected in the second quarter of 2013-14. Results of the Part Time/Casual (child Care Needs Assessment) Survey indicated that the primary factors that caused employees to miss time are illness, sick child and family circumstance. Other factors include issues with child care and personal health factors such as fatigue, personal stress and workplace stress.

**Subsequent actions planned:** Results of the Attendance Enhancement Pilot will be available in July 2013

### 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 influence this measure.

Information is available by [portfolio](#).

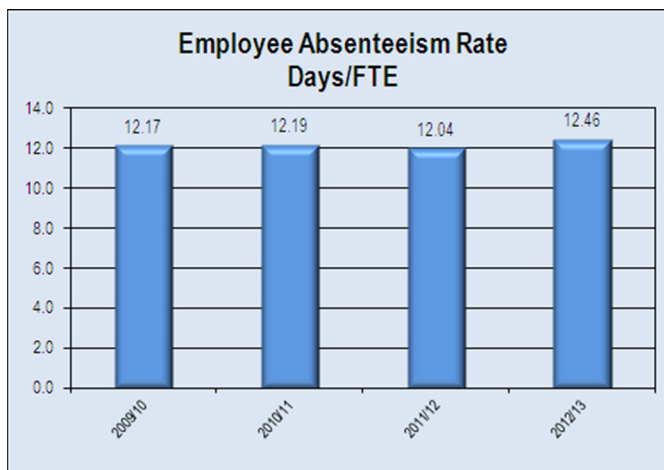
### HOW DO WE COMPARE?

| 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.

Saratoga survey results indicate that AHS Sick days per FTE (2010/11) are higher than the Canadian Healthcare average. 10.3 vs. 9.1.

|                             | Overall<br>(n=224) | Public sector<br>(n=76) | Private sector<br>(n=148) |
|-----------------------------|--------------------|-------------------------|---------------------------|
| Absenteeism<br>(days / FTE) | 6.0                | 7.8                     | 5.1                       |



Source: Alberta Health Services, Labour Cost System

## Overtime Hours to Paid Hours

### 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.

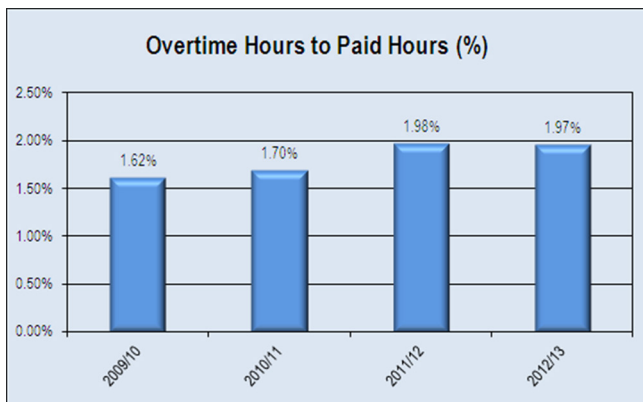
### WHY IS THIS IMPORTANT?

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 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.

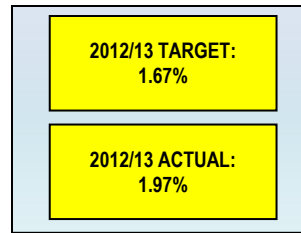
Work to promote sustainability must focus on the short-term, medium-term, and long-term. This includes workforce rationalization to reduce dependence on overtime. We have the opportunity to build upon existing initiatives to promote sustainability, including workforce transformation, review of our business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

### WHAT IS THE TARGET?

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



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



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### HOW ARE WE DOING?

Overtime hours accounted for 1.97 per cent of total paid hours in 2012/13.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** In the direct nursing functional bargaining unit a joint working group 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 for their sections.

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.

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

### 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 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 2012/13, the Labour Cost per Worked Hour was \$55.55.

| 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                 | 110,165,449  | \$51.95                     |
| 2012/13     | \$6.29                 | 113,250,934  | \$55.55                     |

Source: AHS Financial Services.

\*Data prior to 2011/12 included AHS subsidiaries.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS has implemented a three-year compensation freeze for all management and out-of-scope employees and physician leaders.

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.

New reports for senior leaders are to be distributed to highlight potential labour cost issues (overtime, absenteeism, etc.) These reports support the Managers' Workforce Report.

### 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.

There is an increase over prior year mainly due to the increased number of employees, salary rates and benefit increases (including increases under collective agreements and Local Authorities Pension Plan, impacted by the increase in employees, hours, rates and retro payments), compression payment increases, increased overtime expenses and inflation.

Information is available by [portfolio](#).

### HOW DO WE COMPARE?

National benchmark comparisons are not available.

## Number of Netcare Users

### 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?

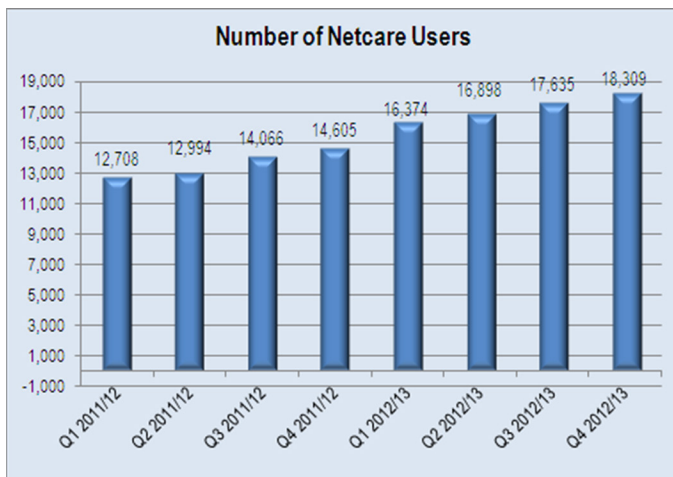
The Alberta Netcare EHR Portal improves patient care by providing up-to-date information immediately at the point of care. Making basic patient information available to health service providers supports better care decisions and improves patient safety.

### WHAT IS THE TARGET?

Alberta Health Services (AHS) has established a target of a 10 per cent increase in Netcare users from 11/12 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. Work is currently underway to convert over to a new data warehouse for reporting. This is expected to be in place for Fiscal year end reporting. More recent results will not be available until the new data repository is in place.



Source: Alberta Netcare Portal

|                                  |
|----------------------------------|
| <b>2012/13 TARGET:</b><br>16,066 |
| <b>2012/13 ACTUAL:</b><br>18,309 |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Alberta Netcare is a program that encompasses all projects, processes, products, and services that work together to make Alberta's Electronic Health Record (EHR) a reality. Netcare usage continues to rise on a monthly basis. Additional clinical reports were made available through Netcare. This addition of patient information helps to increase the overall value of Netcare to clinicians throughout Alberta.

Netcare Physician Usage continues to show overall increases over 2011 and, in most cases, from month to month.

**Subsequent actions planned:** Continue to promote the implementation and use of Netcare across the province.

### 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.

### WHAT IS BEING MEASURED?

Adherence to budget is an outcome measure that compares the AHS actual operating surplus (deficit) (revenue minus expenses) against total budgeted expenses value for the current fiscal period. AHS is required to use Canadian Public Sector Accounting Standards (PSAS) for fiscal years that start after January 1, 2012. The previously used definition of accumulated surplus is different under PSAS. AHS now measures accumulated operating surplus (deficit) relative to the budgeted expenses for the year.

### WHY IS THIS IMPORTANT?

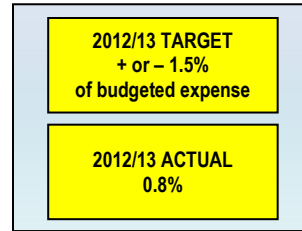
A tolerance of the operating surplus (deficit) being within 1.5% of the total operating expenses ensures that AHS is operating within annual funding and that the surplus (deficit) is not too large. AHS monitors the operating surplus (deficit) to help identify required changes to its current and future operating plans.

### WHAT IS THE TARGET?

Due to the change to PSAS and the change in the five year funding model, AHS has modified the target to measure the actual operating surplus (deficit) against the budgeted expenditures. The revised measure addresses the operating surplus (deficit) within a tolerance of 1.5% of the budgeted expenses for AHS each fiscal year.

### HOW ARE WE DOING?

The 2012-13 budgeted expenses were \$12.7 billion. The actual 2012-13 operating surplus was \$106 million. The operating surplus of \$106 million represents approximately 3.1 days of expenses (\$34 million per day), or 0.8% of total expenses. As 0.8% is within the 1.5% tolerance limits this measure is within the target range.



Data updated annually.  
Most current data are 2012/13.  
Next data update 2013/14.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** AHS works to maintain consistent and comprehensive financial reporting across the organization. AHS reviews in detail each month the variances between the actual results and the budget and works with program areas to identify mitigation strategies to ensure a balanced operating position. Phase I of AHS' integrated budget and planning tool is now complete.

**Subsequent actions planned:** The 2013-2016 Health Plan and Business Plan calls for a balanced budget with an average daily spend of about \$37 million in 2013-14 to support the health system.

### WHAT ELSE DO WE KNOW?

Additional information regarding this measure is available in the AHS 2012-13 Financial Statement Discussion and Analysis document.

The AHS financial reporting documents can be obtained from the <http://www.albertahealthservices.ca> website.

### HOW DO WE COMPARE?

National benchmark comparisons are not applicable.

| Performance Measure         | 2012-13 Actual Operating Surplus | 2012-13 Budgeted Expense | Percentage of Budgeted Expense |
|-----------------------------|----------------------------------|--------------------------|--------------------------------|
| <b>Adherence to budget.</b> | \$106 million                    | \$12.7 billion           | 0.8 %                          |

Source: *Unaudited Annual Financial Statements for the year ended December 31, 2012.* \*Restated under PSAS

## Patient Satisfaction Adult Acute Care

### WHAT IS BEING MEASURED?

Patient Satisfaction Adult Acute Care measures the percentage of adults aged 18 years and older discharged from acute care facilities (hospitals) who rate their overall stay as 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 79% for Q3 2012/13. The year-to-date rating is 82%

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** There are numerous programs and initiatives in place that aim at improving the patient experience within our acute care sites.

|  |
|--|
| 2012/13 TARGET:<br>tbd                       |
| ACTUAL: 82%<br>Q3 2012/13 YTD<br>(Apr – Dec) |

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

These include implementation of welcome letters, patient feedback cards, patient surveys, and staff education. Programs such as the White Rose Program and Compassion Carts which provides assistance to families experiencing a critical event. There are several initiatives also in place in rural acute care facilities across the zone to enhance patient satisfaction, including site based satisfaction surveys, “We Hear You” patient feedback comment drop boxes. Each site develops action plans to individually address the feedback which is received.

**Subsequent actions planned:** We will continue to innovate and look for ways to improve care. We will continue to be efficient and effective in our service delivery. And we will continue to try to see the health system through the eyes of our patients by listening to their concerns, putting them first and making patients a part of the health care team. The zones continue to educate/ develop enhanced awareness of patient relations department with staff, physicians, clients and families using brochures, posters and in-servicing. Other actions in development include multidisciplinary discussions to increase communications and planning with discharge activities.

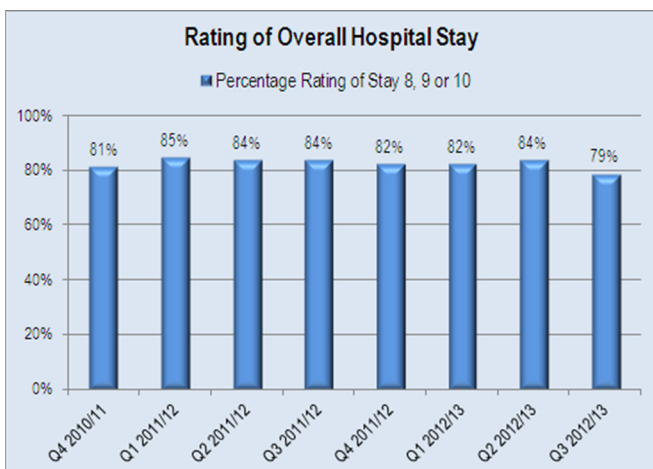
### WHAT ELSE DO WE KNOW?

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).



Source: AHS H-CAHPS Survey data

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

## Patient Satisfaction Addiction and Mental Health

### 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 Service's (AHS) mission of providing patient-centered care.

### WHAT IS THE TARGET?

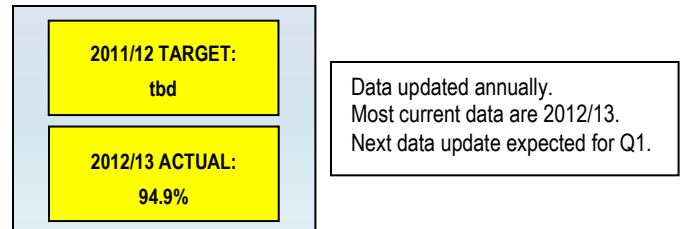
Alberta Health Services has not established a final target for the per cent of patients indicating that overall they are satisfied with addiction and mental health services they received.

### HOW ARE WE DOING?

The 2012/13 results within Addiction and Mental Health show that 94.9 per cent of patients are satisfied with the service they received.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Satisfaction rating results are developed for each zone and aggregated provincially. In 2011/12, results were 92 per cent. In 2012/13, satisfaction rates were 95 per cent. There are some key initiatives to improve responsiveness to patient needs, and increase patient satisfaction with the care and services they receive. In the Edmonton Zone, a street resource guide was piloted for inmates at the Correctional Centre for when they are released; the street guide is geared for motivational readiness and provides addresses and phone numbers of important helping organizations. Initiated pre and post surveys for the participants in the Men's Addiction Program and a Woman's Path, which are two patient-focused programs address underlying trauma often connected to addictions issues.



An Offender Client Experience Survey is in the development stages as a collaboration between the Corrections Health Transfer Team and Provincial Addictions and Mental Health for Corrections. This Survey is intended to have offenders assess their involvement with all addiction, mental health, and health services within the correctional facilities. AIM and other process improvement projects continue. These initiatives focus on enhancing access and reducing wait times for clients.

**Subsequent actions planned:** Zones utilize satisfaction ratings and qualitative comments/client feedback as part of the continuous quality improvement process.

### WHAT ELSE DO WE KNOW?

A standardized survey, the Service Satisfaction Survey 10 (SSS-10) was used to collect patient satisfaction information across the province. In total, 1,630 patients reported their overall satisfaction. These results are limited to patients/clients who have attended three or more sessions. There were 217 surveys were excluded from this analysis because patients/clients either indicated they had not attended three sessions or the number of attended sessions was not provided. There were 103 surveys excluded because patients/clients were less than 18 years of age or age information was not provided. An additional 17 surveys were excluded because patients/clients did not respond to the question on overall satisfaction with the service received.

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.

## Percentage of Patient Feedback as Commendations

### 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 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<sup>1</sup>.

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 4 has increased to 10.68% from the previous quarter.

### HOW ARE WE DOING?

Of the 2499 pieces of feedback provided to the PRD from January 1 to March 31, 2013, 267 were commendations.

<sup>1</sup> 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.

|                          |
|--------------------------|
| 2012/13 TARGET:<br>tbd   |
| 2012/13 ACTUAL:<br>9.88% |

Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

**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                  | 216                     | 9.33%                      |
| Q4                  | 267                     | 10.68%                     |
| <b>Total</b>        | <b>922</b>              | <b>9.88%</b>               |

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



## Percentage of Patient Concerns Escalated to Patient Concerns Officer

### 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.

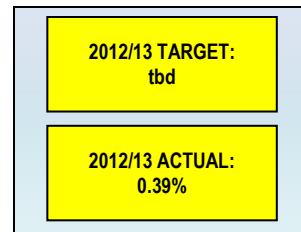
If patients do not feel that they can express their concerns at the service delivery level, or if they feel their concerns are not adequately addressed by the PCRP, it may indicate that there is need for AHS to better engage with patients/families and that public trust needs to be developed.

### 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 January 1 to March 31, 2013, three concerns involving two complainants 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 complainants. These files represent 0.14% of the total number of concerns received during Quarter 4.



Data updated quarterly.  
Most current data are Q4 2012/13.  
Next data update expected for Q1.

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

| Fiscal Year<br>2012/13 | Concerns           |                              |              |
|------------------------|--------------------|------------------------------|--------------|
|                        | Total<br>Concerns* | *PCO<br>Reviews<br>Initiated | %            |
| Q1                     | 2,384              | 23                           | 0.96%        |
| Q2                     | 2,042              | 6                            | 0.29%        |
| Q3                     | 1,993              | 1                            | 0.05%        |
| Q4                     | 2,122              | 3                            | 0.14%        |
| <b>Total</b>           | <b>8,541</b>       | <b>33</b>                    | <b>0.39%</b> |

Concerns managed by: AHS and Covenant Health Patient Relations Departments

Concerns Data Source: FACT (Feedback and Concerns Tracking)

\* Q1 & Q2 PCO Review Data was not 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 increased from one in the previous quarter to three; however, two of the concerns were attributed to the same complainant.

Information is available by [zone](#).

### HOW DO WE COMPARE?

This measure is not benchmarked externally.

## Albertans Reporting Unexpected Harm

### 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 2011-2012](#).

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.

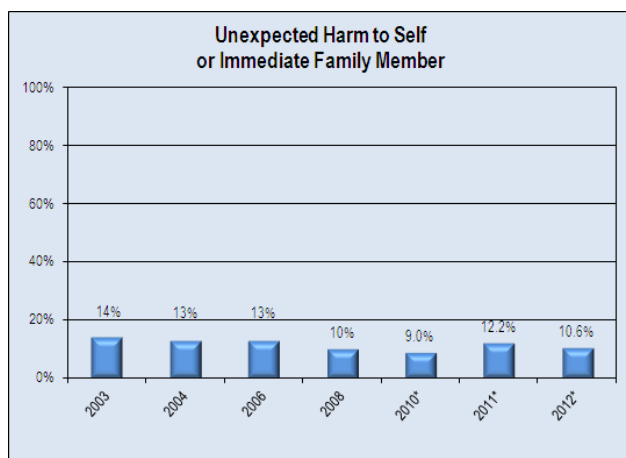
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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.

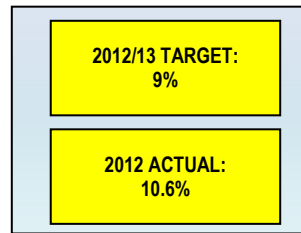
### WHAT IS THE TARGET?

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, Provincial Survey about Health and the Health System in Alberta (for 2011)  
Note: This measure applies only to adults aged 18 years and over who used health care services in Alberta in the past year.

\* 2010 margin of error of  $\pm 1.2$ ; 2011 margin of error of  $\pm 2.1$ ; 2012 margin of error of 1.4.



Data updated annually.  
Most current data are 2012.  
The next survey is anticipated for 2013.

### 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 2012 was 2,658 resulting in a margin of error of  $\pm 1.4\%$ . The change from 2011 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:** Several initiatives have been implemented in 2012/13 to improve patient safety. The Reporting of Clinical Adverse Events, Close Calls and Hazards Level 1 Policy was developed and is now posted on the AHS internal website. 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.

Various courses and workshops on patient safety were delivered to staff throughout the province.

**Subsequent actions planned:** A Provincial Medication Reconciliation (MedRec) Measurement Plan was approved and education materials and communication approach to support the roll-out of this plan are currently being developed.

### 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.

## Patient Satisfaction Emergency Department (Top 15)

### 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 Q2 (Apr 2012 – Sep 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). Results are not currently available for Q3.

|   |
|---|
| 2011/12 TARGET:<br>tbd                              |
| YTD ACTUAL: 67% Adult<br>81% Pediatric<br>(Apr-Sep) |

Data updated quarterly with a one quarter lag.  
Most current data are Q2 2012/13.  
Next update is anticipated for Q4.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** The ED continues to work on patient satisfaction by improving patient access. Additional facilities have opened and others expanded (e.g. Stollery Children’s Hospital and South Health Campus) adding new capacity to the system. Programs such as ED2Home which helps seniors transition from Emergency to their homes have been implemented. EMS clients are now being transported to the most appropriate facility. Over-capacity protocols and escalation plans continue to be used to manage periods of peak pressures in EDs. Pediatric Asthma Pathways have been developed which helps physicians and families to better assist with self-management with this chronic condition.

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

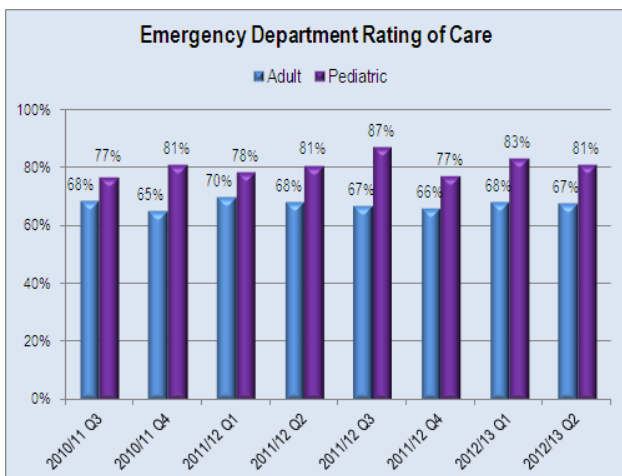
### WHAT ELSE DO WE KNOW?

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 is 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).



Source: AHS H-CAHPS Survey data

Notes: The results are based on sample surveys with standard error within 3%.

## Patient Satisfaction Health Care Services Personally Received

### 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 2011-12.](#)

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.

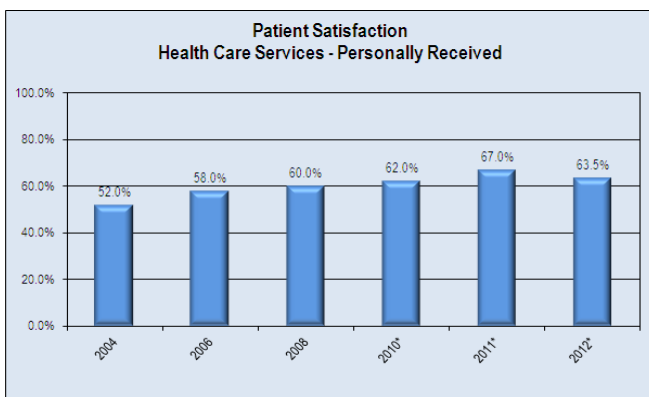
Health care services include personal family doctor, other health care professionals at family doctor's office, community walk-in clinics, specialists, MRI, other diagnostic imaging, pharmacists, emergency departments, inpatient hospital services, outpatient hospital services and mental health services.

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?

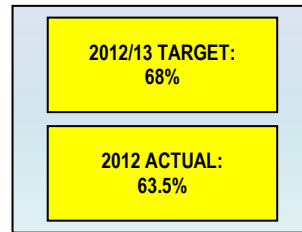
Patient satisfaction with health care services received is a crucial and critical dimension of quality; it is an indicator of the structure, process and outcome of care in Alberta's health care system. The information provides high level insights into the consequences of policy and strategic changes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



Source: Health Quality Council of Alberta (HQCA) Health Services Satisfaction Survey Provincial Survey about Health and the Health System in Alberta (for 2011).

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

\* 2010 margin of error of +/- 2%; 2011 margin of error of +/- 3%, 2012 margin of error of +/- 1.4%



Data updated Annually.  
Most current data is 2012.  
Next survey is anticipated for 2013

### 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 63.5 per cent.

### WHAT ACTIONS ARE WE TAKING?

**Actions completed to date:** Overall patient satisfaction with health care services has improved by two per cent, from 62.0 to 64.0 per cent. Our patients have said that their access to family doctors, specialists, diagnostic imaging services and walk-in clinics has improved in the past two years. **Subsequent actions planned:** Moving forward, we will continue to innovate and look for ways to improve care. We will continue to be efficient and effective in our service delivery. And we will continue to try to see the health system through the eyes of our patients by listening to their concerns, putting them first and making patients a part of the health care team.

### 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

### 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<sup>(1-4)</sup>.

Detailed indicator [definition](#) is available.

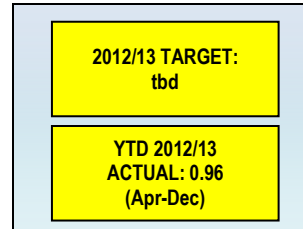
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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.



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

### HOW ARE WE DOING?

The central venous catheter bloodstream infection rate for adult sites was 0.89 per 1,000 line-days in Q3 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?

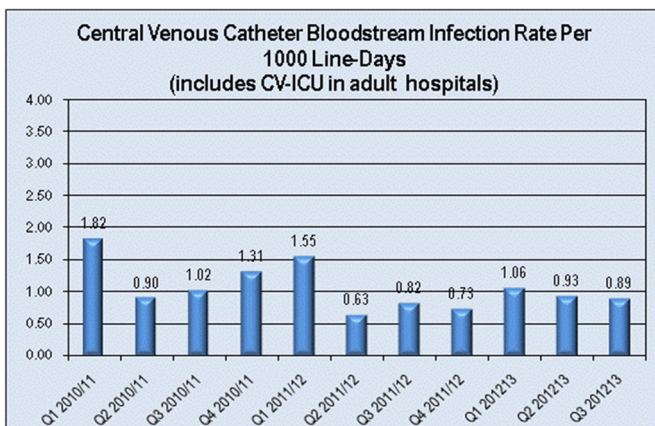
The skin is the main source of organisms causing CVC-BSI. Infection may occur because of migration of organisms from the insertion site along the percutaneous tract. Other risk factors include catheter insertion and care practices, products administered through the line, frequency of manipulation, age 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).



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

- 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.
- 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.
- Pittet D, Tarara D, Wenzel RP. Nosocomial bloodstream infection in critically ill patients. JAMA 1994;271:1598-1601.
- CVC-BSI Working Group and the Canadian 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

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

### 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.

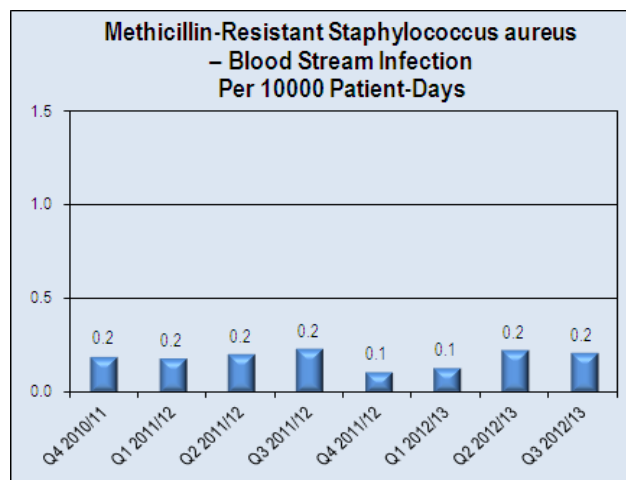
An internal review of the data quality indicates a very high level of confidence with no known issues.

### 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<sup>1,2</sup>.

### 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.



#### References

1. Results of the Canadian Nosocomial Surveillance Network 2008-2010 Surveillance of Methicillin Resistant *Staphylococcus aureus*, and Vancomycin Resistant *Enterococcus*. Data presented at CNISP annual meeting, available from IPC on request, Jan. 2012.

|   |
|---|
| 2012/13 TARGET:<br>tbd                  |
| YTD 2012/13<br>ACTUAL: 0.2<br>(Apr-Dec) |

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

### HOW ARE WE DOING?

The MRSA bloodstream infection rate was 0.21 per 10,000 patient days in Q3 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?

2010 CNISP HA-MRSA Bloodstream Infection Rate: 0.4 cases per 10,000 patient-days<sup>1</sup>.

Internal benchmarks will be developed over time.

## Clostridium difficile Infection

### 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.

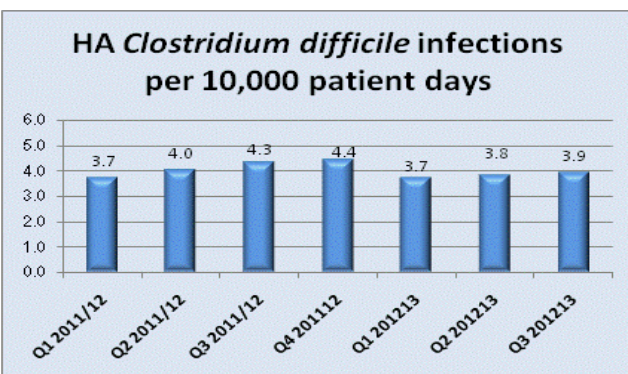
### WHY IS THIS IMPORTANT?

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

|   |
|---|
| 2012/13 TARGET:<br>tbd                        |
| YTD TARGET TBD<br>HA ACTUAL: 3.8<br>(Apr-Dec) |

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

### HOW ARE WE DOING?

The Hospital-Acquired (HA) CDI rate was 3.9 per 10,000 patient days in Oct – Dec 2012.

Between Oct and Dec 2012, the total number of hospitalized cases of CDI was 410.

### 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.

## Hand Hygiene

### 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?

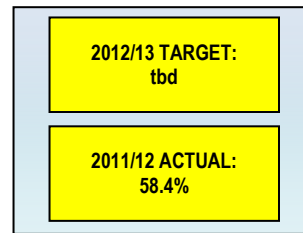
Hand hygiene is the most effective infection prevention and control measure to reduce transmission of microbes in health care. However, extensive literature suggests that less than 50% of health care workers are compliant with routine hand hygiene practices<sup>1</sup>. Both the World Health Organization (WHO)<sup>2</sup> and Canadian Patient Safety Institute (CPSI)<sup>3</sup> 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 |

1. Pittet D. Improving adherence to Hand Hygiene practice: A multidisciplinary approach. *Emerging Infectious Diseases*. 2001 Mar - Apr;7(2): 234-240.
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](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&setype=1&lhin=1&city=&pc=&dist=0](http://patientsafetyontario.net/Reporting/en/PSIR_ProvincialIndicatorReporting.aspx?View=1&hosptid=4417&setype=1&lhin=1&city=&pc=&dist=0) Accessed Sept 26, 2012



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

### 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% during the summer of 2011, showed a significant increase of 16.8% over one year. 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<sup>4</sup> 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%<sup>5</sup>. Ontario reported a provincial rate before contact with the patient or patient's environment of 80.5% in 2012<sup>6</sup>. However, direct comparisons of rates elsewhere to those of AHS is difficult because of varying methodologies of measurement.



## 30 Day Unplanned Readmission Rate

### 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.

### WHAT IS THE TARGET?

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

|   |
|---|
| 2012/13 TARGET:<br>tbd                      |
| Q3 YTD 2012/13<br>ACTUAL: 8.3%<br>(Apr-Dec) |

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

### 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?

**Actions completed to date:** There are a number of initiatives in place across the province that are addressing the unplanned readmission rate. These include working with PCNs in ensuring services for complex discharges are in place, tracking infection rates postoperatively, continued implementation of the Hand Hygiene strategies, and fostering multidisciplinary collaboration on discharge planning. Implementation of Path to Home is underway at acute care sites. Path to Home is a standard model for proactive discharge planning to enhance how acute care capacity is managed and improve patient experience.

**Subsequent actions planned:** Detailed plans will be reviewed and actions will be implemented where appropriate. Continued implementation of the "Destination Home" program.

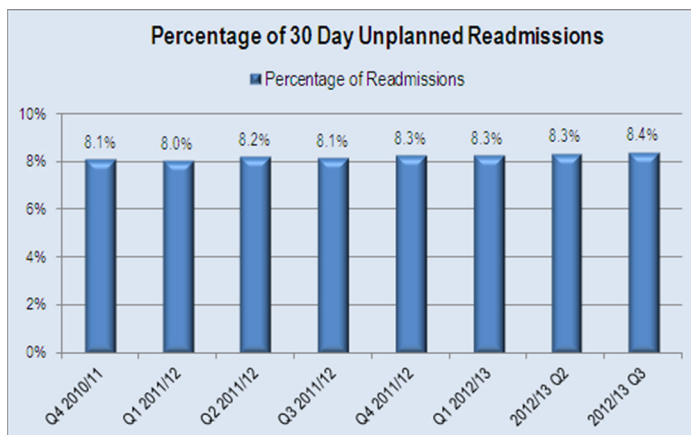
### WHAT ELSE DO WE KNOW?

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 amongst 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 = 8.34 per cent, Best Performing Province = 8.14 per cent (Quebec), Canada = 8.6 per cent (CIHI, 2010/11).



Source: AHS Discharge Abstract Database