

ALBERTA'S HEALTH SYSTEM PERFORMANCE MEASURES

1.0 Quality of Health Services: Access to Surgery

Priorities for Action	Performance Measures	Last Actual (year)	Targets					National Benchmark
			2010-11	2011-12	2012-13	2013-14	2014-15	
Acute Care	Access to Surgery							
Reduce the wait time for surgical procedures.	1.1 Wait Time for Cardiac Surgery: The maximum time that 9 out of 10 people will wait (in weeks) from the decision to treat to treatment, for coronary artery bypass surgery (CABG), by urgency level: <ul style="list-style-type: none"> • Level 1 = Urgent • Level 2 = Semi-Urgent • Level 3 = Scheduled 	2.4 weeks 7.0 weeks 31.0 weeks	1.5 weeks 5 weeks 15 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	2 weeks 6 weeks 26 weeks
	1.2 Wait Time for Hip Replacement Surgery: The maximum time that 9 out of 10 people will wait (in weeks) from the decision to treat to treatment. ¹	35 weeks	28 weeks	27 weeks	22 weeks	18 weeks	14 weeks	26 weeks
	1.3 Wait Time for Knee Replacement Surgery: The maximum time that 9 out of 10 people will wait (in weeks) from the decision to treat to treatment. ¹	49 weeks (2009-10)	42 weeks	35 weeks	28 weeks	21 weeks	14 weeks	26 weeks

¹The wait time from referral to an orthopedic specialist, to the time of decision to treat, will be measured in 2013-14 and 2014-15. The proposed target is 10 weeks for this wait time.

1.0 Quality of Health Services: Access to Surgery

Priorities for Action	Performance Measures	Last Actual (year)	Targets					National Benchmark
			2010-11	2011-12	2012-13	2013-14	2014-15	
Acute Care	Access to Surgery							
Reduce the wait time for surgical procedures.	1.4 Wait Time for Cataract Surgery: The maximum time that 9 out of 10 people will wait (in weeks) from the decision to treat to treatment (first eye).	41 weeks (2009-10)	36 weeks	30 weeks	25 weeks	19 weeks	14 weeks	16 weeks
	1.5 Wait Time for all other Scheduled Surgery: The maximum time that nine out of ten people will wait (in weeks) from the decision to treat to the time of surgery.	TBD	Confirm definition and methodology; establish baseline and set targets.	TBD	TBD	TBD	14 weeks	TBD

1.0 Quality of Health Services: Access to Cancer Treatment Services

Priorities for Action	Performance Measures	Last Actual (year)	Targets					National Benchmark
			2010-11	2011-12	2012-13	2013-14	2014-15	
Cancer Services	Access to Cancer Treatment – Wait Time for Radiation Therapy							
Reduce the wait time for cancer treatment.	1.6 The maximum time that 9 out of 10 people will wait (in weeks) from referral to the time of their first appointment with a radiation oncologist, by facility: <ul style="list-style-type: none"> • Cross Cancer Institute; • Tom Baker Cancer Centre; • Provincial average. 	7.7 weeks 5.4 weeks 7.1 weeks	4 weeks 4 weeks	4 weeks 4 weeks	3 weeks 3 weeks	2 weeks 2 weeks	2 weeks 2 weeks	2 weeks 2 weeks
	1.7 The maximum time that 9 out of 10 people will wait (in weeks) from the time of a medical prescription for radiation therapy to the start of radiation therapy, by facility: <ul style="list-style-type: none"> • Cross Cancer Institute; • Tom Baker Cancer Centre; • Provincial average. 	6.0 weeks 4.4 weeks 5.6 weeks (2009-10)	4 weeks 4 weeks	4 weeks 4 weeks	4 weeks 4 weeks	4 weeks 4 weeks	4 weeks 4 weeks	2 weeks 2 weeks

1.0 Quality of Health Services: Emergency Department Services

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Emergency Department Services	Emergency Department Length of Stay for Patients Not Admitted to Hospital						
Reduce the length of stay for patients in emergency departments.	1.8 Percentage of patients treated and discharged from the Emergency Department within 4 hours: <ul style="list-style-type: none"> • Busiest 16 sites • All sites 	63% 80%	70% 82%	75% 84%	80% 86%	85% 88%	90% 90%
	1.9 Percentage of patients treated and admitted to hospital from the Emergency Department within 8 hours: <ul style="list-style-type: none"> • Busiest 15 sites • All sites 	38% 49% (2009-10)	45% 55%	60% 65%	75% 75%	85% 85%	90% 90%

1.0 Quality of Health Services: Primary Health Care

Priorities for Action	Performance Measures	Last Actual (year)	Targets					National Benchmark
			2010-11	2011-12	2012-13	2013-14	2014-15	
Primary Health Care	Ambulatory Care Sensitive Conditions²							
Apply and advance a patient-focused model of primary health care that offers care in the community, and provides a team-based provider approach.	1.10 Rate of hospital admissions for health conditions that may be prevented or managed by appropriate primary health care: <ul style="list-style-type: none"> Alberta.^{3,4} 	308 (2008-09)	304	297	282	280	280	320 (Canada; 2008-09)
	Family Physician Sensitive Conditions							
Reduce the number of hospital visits and admissions that could have potentially been prevented through the provision of appropriate non-hospital health services.	1.11 Percentage of emergency department or urgent care centre visits for health conditions that may be appropriately managed at a family physician's office.	28% (2008-09)	27%	25%	23%	22%	22%	TBD

² Ambulatory Care Sensitive Conditions include: Angina, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Grand Mal Seizures/ Epileptic Convulsions, Heart Failure/ Pulmonary Edema, and Hypertension.

³ Source: Canadian Institute for Health Information (CIHI). *Health Indicators 2010*. Ottawa, Ont.: CIHI, 2010.

⁴ The ACSC rate for Alberta is 308 (95 % Confidence Interval=302 to 314). According to provincial analyses, Ambulatory Care Sensitive Condition (ACSC) rates are lower in the Calgary and Edmonton zones, and higher in the South, Central, and North zones of the province, compared to the Alberta rate.

1.0 Quality of Health Services: Continuing Care and Home Care

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Continuing Care	Access to Continuing Care						
Provide Albertans with options to “ age in the right place ” by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	1.12 Number of people waiting in an acute care/subacute hospital bed for continuing care.	777 (March 31, 2010)	400	375	350	300	250
	1.13 Number of people waiting in the community for continuing care.	1,233 (March 31, 2010)	975	900	850	800	750
	1.14 Average length of stay for patients waiting in an acute care/subacute hospital bed for continuing care: <ul style="list-style-type: none"> Patients waiting for long-term care facility placement; Patients waiting for supportive living placement in the community. 	TBD	Confirm definition and methodology; establish baseline and set targets.	TBD	TBD	TBD	< 30 days
	TBD	TBD		TBD	TBD	< 30 days	
Home Care	Access to Home Care						
Provide Albertans with options to “ age in the right place ” by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	1.15 Number of home care clients by client type: <ul style="list-style-type: none"> Short-term client; Long-term client; Palliative care client. 	To be provided by AHS.	AHW and AHS are to jointly develop annual performance targets for the number of home care clients, by type of client.				

1.0 Quality of Health Services: Children’s Mental Health Services

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Mental Health and Addictions Services	Access to Children’s Mental Health Services						
Improve the availability and accessibility of mental health and addiction services for Albertans in community settings, especially services for children and youth.	1.16 Percentage of children aged 0 to 17 years receiving scheduled mental health treatment within 30 days. ⁵	78% (2008-09)	85%	90%	92%	92%	92%

⁵ This measure is the time a child waits from the point of referral to the time he/she is seen by a therapist. Scheduled means that the child has symptoms or problems that require attention, but the symptoms or problems are not emergent or urgent.

1.0 Quality of Health Services: Public Health Services

Priorities for Action	Performance Measures	Last Actual (year)	Targets					National Benchmark
			2010-11	2011-12	2012-13	2013-14	2014-15	
Public Health Services	Prevention of Communicable Diseases							
Improve population health through the integration of health promotion and disease and injury prevention programs with other health care delivery services, as well as better co-ordination between health and other government and municipal sectors.	1.17 Rates of seasonal influenza immunization by age group in all service zones: <ul style="list-style-type: none"> • Children aged 6 to 23 months; • Adults aged 65 and older. 	43% (2008-09)	75%	75%	75%	75%	75%	TBD
		55% (2009-10)	75%	75%	75%	75%	75%	TBD
	1.18 Rates of childhood immunization by 2 years of age in all service zones: <ul style="list-style-type: none"> • Diphtheria/Tetanus/acellular Pertussis, Polio, Hib; • Measles/Mumps/Rubella. 	80%	95%	97%	97%	97%	97%	TBD
		91% (2008-09)	95%	98%	98%	98%	98%	TBD

1.0 Quality of Health Services: Patient Safety

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Acute Care	Patient Experiences with Adverse Events						
Improve patient safety across the care continuum.	1.19 Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.	9% (2009-10)	9%	9%	9%	TBD	TBD
Acute Care	Infection Prevention and Control						
Improve patient safety across the care continuum.	<p>1.20 MRSA infection rate: Hospital acquired methicillin resistant staphylococcus infection rate among patients admitted to acute care hospitals in Alberta: incidence of cases per 100,000 admissions.</p> <p>1.21 Rates of surgical site infections within 30 days of surgery.</p>	<p>Methodology and definitions to be established in 2011/12.</p> <p>Targets will be set jointly by AHW and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.</p> <p>Baseline results will be available in 2010-11.</p> <p>Targets will be set following further data review and a review of national benchmarks.</p>					

1.0 Quality of Health Services: Response Times Targets

From Alberta's 5-year Health Action Plan, response time targets for 2014-2015 have been identified. These targets include:

- 1 minute to Health Link (a 24/7 nurse telephone advice and health information service)
- 2 days to consult with an appropriate primary care team member. Team members may include doctors, nurses, dietitians, mental health professionals, pharmacists, therapists and others
- 1 month (up to 30 days) to see a physician specialist
- 1 month (up to 30 days) to a continuing care service package (long term care, supportive living, home care)

2.0 Population Health: Life Expectancy

Priorities for Action	Performance Measures	Last Actual (year)	Targets
Population Health	Life Expectancy		
Improve population health.	<p>2.1 The number of years a person would be expected to live, starting at birth, on the basis of mortality statistics.</p> <p>The number of years a First Nations Albertan would be expected to live, starting at birth, on the basis of mortality statistics.</p>	<p>Life Expectancy: Both sexes combined, Alberta: 80.59 years</p> <p>By Zone: South: 79.51 years Calgary: 81.88 years Central: 79.49 years Edmonton: 80.75 years North: 78.28 years</p> <p>By First Nations status: First Nations: 67.96 years. Non-Aboriginal: 81.04 years</p> <p>(2008)</p>	<p>Over the next five years, AHW expects that life expectancy would increase in a manner consistent with the Canadian average, with the goal being to be above the national average.</p> <p>There is an expectation that the disparities in life expectancy throughout various zones in the province would decrease over the next five years, with the goal of having life expectancy in all geographical zones above the Canadian average.</p> <p>There is an expectation that there will be an increase in life expectancy among First Nations populations over the next five years.</p>

2.0 Population Health: Potential Years of Life Lost

Priorities for Action	Performance Measures	Last Actual (year)	Targets
Population Health	Potential Years of Life Lost⁶		
Improve population health.	2.2 The number of years of life a person loses prior to age 75, if they die prematurely due to injury, cancer, heart disease or another cause. <ul style="list-style-type: none"> • Rate per 1,000 population 	Total Population: 47.3 per 1,000 population Males: 57.4 per 1,000 population Females: 37.1 per 1,000 population (2009)	There is an expectation that potential years of life lost will be monitored, and that improvements will be seen over the next five years.

⁶ Information on potential years of life lost is publicly available on the AHW Interactive Health Data Applications (IHDA) website http://www.ahw.gov.ab.ca/IHDA_Retrieval/

3.0 Patient Experience

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
A patient-focused health-care system	Patient Satisfaction						
Deliver a patient-focused system that captures patient perspectives on the care and services they receive in order to improve health system quality and responsiveness to patient needs, and increase patient satisfaction with the care and services received.	3.1 Satisfaction with health care services received: Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year. ⁷	61% (2010)	65%	66%	68%	69%	71%
	3.2 Acute Care – Hospital Services: Percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0-10, where 10 is the best possible rating. ⁸	TBD	TBD	TBD	TBD	TBD	TBD
	3.3 Continuing Care: Long-Term Care Facilities. Overall family rating of care at nursing homes, on a scale from 0 to 10. Average score.	8.1 (2008)	TBD	TBD	TBD	TBD	TBD
	3.4 Continuing Care: Long-Term Care Facilities. Overall resident rating of care at nursing homes, on a scale from 0 to 10. Average score.	8.0 (2008)	TBD	TBD	TBD	TBD	TBD
	3.5 Assisted Living ⁹	TBD	Planning stage.		TBD	TBD	TBD

⁷ Source: Health Quality Council of Alberta. Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010.

⁸ Source: Alberta Health Services. Provincial Hospital - CAHPS Survey.

⁹ A client survey on Assisted Living services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

3.0 Patient Experience

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
A patient-focused health-care system	Patient Satisfaction						
Deliver a patient-focused system that captures patient perspectives on the care and services they receive in order to improve health system quality and responsiveness to patient needs, and increase patient satisfaction with the care and services received.	3.6 Home Care ¹⁰	TBD	Planning stage.		TBD	TBD	TBD
	3.7 Emergency Department Care – Past Year: Percentage satisfied or very satisfied with their or a close family member's services at an emergency department in past year	58% (2008)	TBD	TBD	TBD	TBD	TBD
	3.8 Emergency Department Care – Within three weeks of receiving the service: Percentage rating emergency department care as excellent or very good within three weeks of receiving the service.	65	TBD	TBD	TBD	TBD	TBD
	3.9 Emergency Medical Services	Evaluation of patient satisfaction with Emergency Medical Services is recommended as a priority for implementation in 2011-12.					
	3.10 Mental Health Services: Percent of Albertans who were satisfied or very satisfied with the mental health services they received. ¹¹	74% (2008)	TBD	TBD	TBD	TBD	TBD
	3.11 Addictions and Mental Health Treatment Services ¹²	TBD	TBD	TBD	TBD	TBD	TBD

¹⁰ A client survey on Home Care services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

¹¹ Source: Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

¹² Source: Alberta Health Services; under development.

4.0 Health System Sustainability: Health Workforce

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Health Workforce	Health Workforce						
Efficiently utilize health professionals by matching workforce supply to demand, promoting team-based delivery of services, and allowing health providers to work to the full extent of their education, skills and experience.	4.1 Health Workforce: Percentage of Alberta university/college Registered Nurse graduates hired by Alberta Health Services.	TBD	70%	70%	70%	70%	70%
	4.2 Health Workforce: Ratio of AHS staff head count to full-time equivalent (FTE).	1.63 (March 2010)	1.63	1.62	1.61	1.60	1.59
	4.3 Disabling Injury Rate (staff injury rate).	2.83	2.41	2.2	1.8	1.5	1.5
Enhance staff and physician satisfaction.	4.4 Staff and Physician Engagement: Overall engagement score <ul style="list-style-type: none"> • Percentage favourable - Employees • Percentage favourable - Physicians 	35%	43%	54%	68%	76%	78%
		26%	43%	54%	68%	76%	78%
		(2009-10)					

4.0 Health System Sustainability: Information Technology and Information Management

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Information Technology and Information Management	Information Technology and Information Management						
Improve the quality and cost-effectiveness of health care service delivery through electronic management and use of medical information.	4.5 Alberta Netcare: Number of physician and nurse users who access the Electronic Health Record system across the continuum of care.	10,067 (Highest peak in any one quarter)	+15% increase from 2009-10	+10% increase from 2010-11	+10% increase from 2011-12		
Put in place the consolidated systems and processes to create a sustainable operating environment for AHS. Systems range from Human Resources/Payroll and Finance, to Clinical Information and Reference systems.	4.6 Alberta Health Services Information Technology Strategy: Use common processes, tools and information throughout Alberta Health Services.	Email system, networks and IT services are consolidated and optimized.	Complete Phase 1 of HR/ Payroll and Finance systems consolidation. 24 systems replaced by 2 systems. Pilot Interactive Continuity of Care Record.	Complete HR/ Payroll and Finance systems consolidation. 24 systems replaced by 2 systems. Extend Interactive Continuity of Care Record. Complete blueprint for common clinical information systems.	Begin rollout of common clinical system: Pharmacy Ambulatory Computerized Physician Order Entry.		

4.0 Health System Sustainability: Information Technology and Information Management

Priorities for Action	Performance Measures	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Information Technology and Information Management	Information Technology and Information Management						
<p>Improve the quality and cost-effectiveness in health care service delivery through electronic management and use of medical information.</p> <p>Put consolidated systems and processes in place to create a sustainable operating environment for AHS.</p>	<p>4.7 Alberta Health Services Information Technology Strategy:</p> <p>Reduction in AHS information technology operating budget support.</p>	\$200 million (2009-10)	-5% decrease from 2009-10	-5% decrease from 2010-11	-5% decrease from 2011-12		

4.0 Health System Sustainability: Fiscal Efficiencies

Priorities for Action	Performance Measure	Last Actual (year)	Targets				
			2010-11	2011-12	2012-13	2013-14	2014-15
Fiscal Efficiencies	Adherence to Five-Year Budgeted Government Funding						
Fiscally responsible and good stewardship of resources. Reduce duplication and streamline processes to improve efficiencies.	<p>4.8 Alberta Health Services will operate within the approved five-year funding agreement with the Government of Alberta, and will not record an accumulated deficit at the conclusion of this period as recorded in the overall Alberta Health Services audited financial statements.</p> <p>Surplus/(Deficit)</p>	(\$527 million)	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	Variance no greater than + or - 1.5% of the annual funding agreement	\$0 or surplus variance

5.0 Governance and Community Engagement

Priorities for Action	Performance Measures
Governance	Governance
<p>Alberta Health Services demonstrates good governance.</p>	<p>5.1 Timely submission of an AHS Board-approved Business Plan and a Health Plan to the Minister of Health and Wellness (the Minister).</p> <p>5.2 Timely Quarterly Reports are submitted to the Minister:</p> <ul style="list-style-type: none"> • Financial Reports - no later than July 31, October 31 and January 31 after each quarter end. • Performance Reports - no later than 45 days after the end of each quarterly reporting period. <p>5.3 An Annual Report in accordance with ministry requirements is submitted to the Minister no later than July 31 of each fiscal year.</p> <p>5.4 Audited financial statements in accordance with Ministry Financial Directives are submitted to the Minister no later than June 30 of each fiscal year.</p> <p>5.5 AHS Board annually submits its findings of a self-assessment of Board performance, with actions to improve governance and quarterly updates on progress achieved.</p>
Community Engagement	Community Engagement
<p>Effective community engagement and public consultation that supports effective planning, delivery and evaluation of health services.</p>	<p>5.6 AHS Community Advisory Councils are to submit an annual report to the AHS Board describing community needs and AHS' responsiveness to community needs. This annual submission by AHS Community Advisory Councils is to be delivered to the Minister.</p>

5.0 Governance and Community Engagement

Priorities for Action	Performance Measures
Accreditation	Accreditation Status of Health Facilities and Programs
<p>AHS undertakes accreditation activities in compliance with the Minister’s directive on mandatory accreditation.</p>	<p>5.7 AHS and all contracted operators maintain acceptable accreditation status from accrediting organizations deemed acceptable to the Minister. Requirements for performance reports and notifications will be identified in the revisions being proposed for the Minister’s directive.</p> <p>5.8 AHS submits an accreditation report annually that:</p> <ul style="list-style-type: none"> • Identifies the health care programs to be provided at every AHS and contracted operator site for the upcoming year. • Identifies all proposed accreditation activities for the upcoming year for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister). • Summarizes the past year’s accreditation activities for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister). The summary is to include a listing of the sites that received site visits from surveyors. • Summarizes the quality improvement strategies to be implemented in response to recommendations from accrediting organizations.