

This measure is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care in the hospital setting and the patient's care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

Trend Legend:

- Target achieved ★
- Improvement ■
- Stable: ≤3% deterioration between compared quarters ▲
- Area requires additional focus ●

Percentage of ALC Patient Days, Q2 2017-18



Percentage of ALC Patient Days Trend - Busiest Sites

Zone Name	Site Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Trend	Q2YTD 2017-18	2017-18 Target
Provincial	Provincial	10.1%	12.2%	13.5%	15.4%	14.0%	16.6%	●	17.3%	14%
South Zone	South Zone	6.9%	9.0%	12.6%	13.9%	12.0%	15.8%	●	14.0%	14%
	Chinook Regional Hospital	5.0%	4.4%	7.8%	8.6%	8.7%	13.3%	★	11.7%	14%
	Medicine Hat Regional Hospital	9.2%	14.6%	18.9%	18.9%	14.7%	22.0%	●	19.2%	14%
	Other South Hospitals	7.1%	9.4%	11.5%	17.3%	15.7%	9.0%	★	9.8%	14%
Calgary Zone	Calgary Zone	11.7%	15.2%	16.7%	16.9%	15.1%	17.4%	●	18.4%	14%
	Alberta Children's Hospital	0.0%	0.2%	1.3%	1.2%	1.4%	2.4%	★	1.8%	14%
	Foothills Medical Centre	11.5%	15.7%	14.7%	15.2%	13.6%	14.6%	●	17.9%	14%
	Peter Lougheed Centre	11.0%	14.6%	13.6%	16.8%	14.2%	13.4%	★	13.5%	14%
	Rockyview General Hospital	13.7%	16.2%	21.9%	22.2%	20.2%	24.9%	●	25.8%	14%
	South Health Campus	12.1%	14.4%	20.4%	17.6%	16.1%	20.5%	●	19.0%	14%
	Other Calgary Hospitals	17.5%	26.4%	27.2%	21.0%	19.3%	24.8%	●	22.4%	14%
Central Zone	Central Zone	13.0%	13.1%	12.0%	15.3%	12.7%	16.3%	●	15.6%	14%
	Red Deer Regional Hospital Centre	10.3%	11.4%	8.8%	12.4%	9.1%	11.8%	★	11.5%	14%
	Other Central Hospitals	14.9%	14.4%	14.3%	17.2%	15.1%	19.4%	●	18.4%	14%
Edmonton Zone	Edmonton Zone	7.8%	9.1%	9.5%	14.0%	13.9%	15.7%	●	15.4%	14%
	Grey Nuns Community Hospital	8.7%	10.2%	9.2%	11.1%	15.3%	11.0%	★	9.9%	14%
	Misericordia Community Hospital	8.0%	10.8%	12.8%	14.7%	15.8%	16.8%	●	16.2%	14%
	Royal Alexandra Hospital	8.4%	10.6%	11.0%	18.5%	18.3%	17.5%	■	18.3%	14%
	Stollery Children's Hospital	0.1%	0.0%	1.8%	0.6%	2.2%	0.0%	★	0.0%	14%
	Sturgeon Community Hospital	10.7%	12.3%	12.3%	18.9%	15.5%	22.2%	●	20.9%	14%
	University of Alberta Hospital	6.8%	6.0%	6.2%	11.7%	8.8%	17.9%	●	16.7%	14%
	Other Edmonton Hospitals	9.2%	11.8%	12.1%	12.1%	12.3%	12.1%	★	14.1%	14%
North Zone	North Zone	11.7%	13.8%	18.5%	16.4%	13.9%	17.9%	●	23.7%	14%
	Northern Lights Regional Health Centre	9.4%	7.4%	18.5%	12.0%	1.5%	4.7%	★	7.3%	14%
	Queen Elizabeth II Hospital	8.5%	14.0%	20.4%	15.2%	8.2%	10.7%	★	31.8%	14%
	Other North Hospitals	13.2%	14.9%	17.9%	17.5%	17.5%	22.3%	●	23.1%	14%

Understanding Our Results

This measure has broadly deteriorated in Q2 compared to the same period as last year. This measure also shows a longer-term trend towards deterioration.

The reasons for deterioration are multi-faceted and generally related to difficulties finding appropriate placement or services following hospital discharge. In some areas, this may be due to slower than required growth in mental health, home care, continuing and community care capacity. Increases in ALC percentage appears to be due to a relative increase in patients needing supportive services when discharged to home.

Also, increased coding practices and improved ALC reporting accuracy has resulted in higher ALC activity. Larger fluctuations are generally expected at sites having fewer discharges.

Total ALC Discharges

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	624	4,684	1,085	3,046	815	10,254
FY 2016-17	674	5,027	1,327	5,518	967	13,513
Q2 2016-17	147	1,139	276	1,135	203	2,900
Q2 2017-18	140	1,437	338	2,121	228	4,264

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of November 6, 2017

-Q2 YTD results at the Queen Elizabeth II Hospital continue to reflect the closure of a temporary subacute transition unit with many patients discharged to continuing care facilities in May 2017. This resulted in higher than normal number of ALC days in Q1. As subsequent quarters are added to this year-to-date measure, results are expected to return to historically lower values.

Objective 1: Make the transition from hospital to community-based care options more seamless.

WHY THIS IS IMPORTANT

Increasing the number of home care services and community-based options reduces demand for hospital beds, improves the flow in hospitals and emergency departments and enhances quality of life.

AHS has two performance measures to assess how quickly patients are moved from hospitals into community-based care.

AHS PERFORMANCE MEASURE

People Placed in Continuing Care within 30 Days is defined as the percentage of clients admitted to a Continuing Care Living Option (i.e., designated supportive living levels 3, 4, and 4-dementia or long-term care) within 30 days of the assessed and approved date the client is placed on the waitlist.

UNDERSTANDING THE MEASURE

Timely and appropriate access to Continuing Care Living Options is a major issue in Alberta. By improving access to a few key areas, AHS will be able to improve flow throughout the system, provide more appropriate care, decrease wait time and deliver care in a more cost-effective manner. Timely placement can reduce the stress and burden on clients and family members.

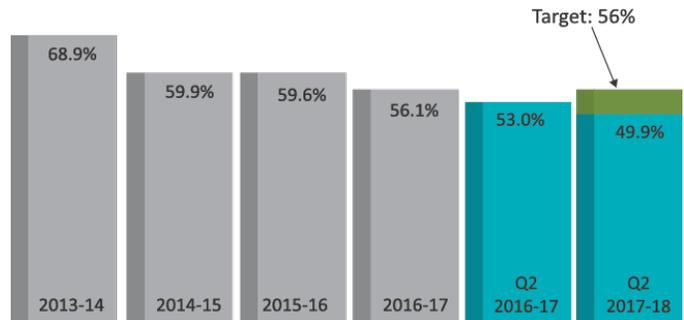
AHS wants to offer seniors and persons with disabilities more options for quality accommodations that suit their service needs and lifestyles.

This measure monitors the percentage of people who are quickly moved from hospitals and communities into community-based continuing care. The higher the percentage the better, as it demonstrates capacity is available for long-term care or designated supportive living (levels 3, 4, and 4-dementia).

HOW WE ARE DOING

People Placed in Continuing Care within 30 Days

Quarterly Comparison: ● Area requires additional focus



Source: Meditech and Stratahealth Pathways

AHS PERFORMANCE MEASURE

Percentage of Alternate Level of Care Patient Days is defined as the percentage of all hospital inpatient days when a patient no longer requires the intensity of care provided in a hospital setting and the patient’s care could be provided in an alternate setting. This is referred to as alternate level of care (ALC).

UNDERSTANDING THE MEASURE

Hospital beds are being occupied by patients who no longer need acute care services while they wait to be discharged to a more appropriate setting. These hospital days are captured in hospitalization data as patients are waiting for an alternate level of care.

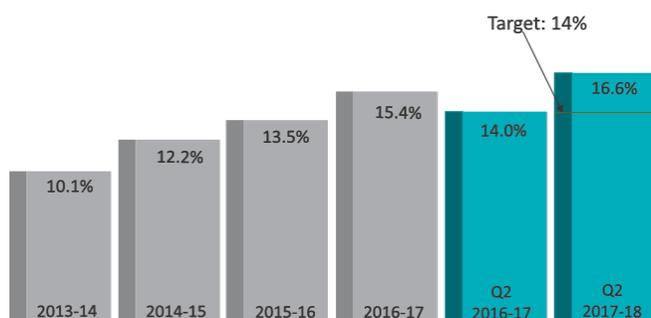
If the percentage of ALC days is high, there may be a need to focus on ensuring timely accessible options for support or care for ALC patients. Therefore, the lower the percentage the better.

The reasons for deterioration are multi-faceted and generally related to difficulties finding appropriate placement or services following hospital discharge. In some areas, this may be due to slower than required growth in mental health, home care, continuing and community care capacity. Increases in ALC percentage appears to be due to a relative increase in patients needing supportive services when discharged to home.

HOW WE ARE DOING

Percentage of alternate level of care patient days

Quarterly Comparison: ● Area requires additional focus



Source: Discharge Abstract Database (DAD) - AHS Provincial

Both performance measures have deteriorated in Q2 compared to the same period as last year due to slower than required growth in home care, continuing care and community care. These changes drove longer wait time and waitlists for placement into Continuing Care Living Options.

For Q2 2017-18, the average wait time for continuing care placement from acute/sub-acute care is 52 days compared to 47 days for the same period last year. The number of people waiting in acute/sub-acute care is 896 as of September 30, 2017 compared with 836 people waiting at the same time last year. For Q2 2017-18, there were 1,762 people placed into continuing care compared to 1,742 for the same period last year.

AHS continues to work on minimizing the number of patients waiting for a continuing care bed. It is important to note that not all of these patients are waiting in an acute care hospital bed. Many are staying in transition beds, sub-acute beds, restorative/ rehabilitation care beds, and rural hospitals where system flow pressures and patient acuity are not as intense.

WHAT WE ARE DOING

For Q2 year-to-date, AHS opened 427 new continuing care beds – more than the entire 2016-17 year (376 new beds). Since 2010, AHS has opened 6,050 new beds to support individuals who need community-based care and supports (including palliative). A new continuing care facility was opened in the Central Zone in Q2 (Pioneer House in Lloydminster).

In Q2, 77,164 clients with unique needs received home care, an increase of 1.6% from Q2 2016-17 (75,918 clients).

Respite care gives caregivers a short period of rest/relief by acute or home care staff close to home. Planning activities to increase respite services have begun.

Work continues to develop an *Enhancing Care in the Community* (ECC) strategy and action plan. Key initiatives of ECC phase 1 programming have been identified for implementation.

Q2 highlights to improve quality of care for continuing care residents and those living with dementia include:

- *Appropriate Use of Antipsychotics* (AUA) reduces antipsychotic medication use for continuing care residents. To date, 71 out of 176 supportive living sites (Edmonton and South Zones) rolled out AUA.
- Work to identify a provincial strategy and action plan for improving quality of housing and health services will begin pending the establishment of the provincial Housing and Health Services Steering Committee.
- AHS is collaborating with providers to increase availability and awareness (through educational videos, webinars for case managers, Frequently Asked Questions documents and newspaper articles) of GPS locator technology for home care clients living with dementia.
- A new Provincial Advisory Council for Seniors and Continuing Care is being established to provide input on strategy, policy, planning and service delivery; identify issues; and provide suggestions on ways to improve quality, access and sustainability of continuing care services in Alberta.