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Objective 2: Make it easier for patients to move between primary, specialty and hospital care.

WHY THIS IS IMPORTANT

Work continues to strengthen and improve primary healthcare across the province. Together with Albertans, Alberta Health (AH), primary care and other healthcare providers, AHS is making changes to improve how patients and their information move throughout the healthcare system.

Alberta Netcare eReferral is Alberta's first paperless referral solution and offers healthcare providers the ability to create, submit, track and manage referrals throughout the referral process.

Alberta Netcare eReferral Advice Request provides primary care physicians with the ability to request advice from other physicians or specialty services that support patient care in the community.

AHS PERFORMANCE MEASURE

Timely Access to Specialty Care (eReferrals) is defined as the number of physician specialty services with eReferral Advice Request implemented.

UNDERSTANDING THE MEASURE

Having more services providing advice for non-urgent questions and being able to do so in an electronic format, may prevent patients from waiting for an appointment they don't need, provide them with care sooner, and support them better while they are waiting for an appointment.

This allows primary care physicians to better support their patients in getting access to the most appropriate specialist in a timely manner.

The number of specialties using eReferral Advice Request is a cumulative measure. The more specialties implementing eReferral, the closer we move to target.

HOW WE ARE DOING

For 2017-18, AHS is implementing eReferral Advice Request for ten more specialty services across the zones. To date, there are five specialties using eReferral Advice Request: Orthopedic Surgery – Hip and Knee Joint Replacement, Oncology – Breast, Oncology – Lung, Nephrology and Urology (new).

Urology specialty in Edmonton Zone was implemented in September 2017. In the first five weeks, 791 Advice Requests were received, 388 were completed with an average response time of three days and 32% receiving advice on how to continue caring for the patient within primary care.

The following charters were signed for December 2017 implementation:

- Internal Medicine/Endocrinology (Calgary Zone)
- Internal Medicine/Adult Gastroenterology (South, Calgary, Edmonton and North Zones)
- Obstetrics and Gynecology (Calgary Zone)
- Neurological Surgery/Spinal Neurosurgery (Calgary Zone)
- Internal Medicine/Pulmonary Medicine (Calgary Zone)

The following charters were signed for February 2018 implementation:

- Addiction Medicine and Mental Health/Opiate Agonist Therapy (provincial)
- Dermatology (Calgary Zone)
- Neurology (Calgary Zone)
- Paediatrics/Community Paediatrics (Calgary Zone)
- Ophthalmology (Provincial)
- Urology (Central Zone)
- Internal Medicine/Adult Gastroenterology (Central Zone)

WHAT WE ARE DOING

Primary Health Care

AH is working with the Alberta Medical Association (AMA) and AHS to implement the new Primary Care Network (PCN) Governance Framework that includes a Provincial PCN Committee to provide leadership and strategic direction and priorities for the five Zone PCN Committees designed to plan, coordinate and better align primary health services between AHS and PCNs.

In September 2017, AHS launched a Strategic Clinical Network (SCN)[™] focused on primary healthcare, which is the 15th SCN[™] in Alberta – called the Primary Health Care Integration Network (PHCIN).

The PHCIN focuses on improving transitions of care between primary healthcare providers and acute care, emergency departments, specialized services and other community services. The following activities are underway to support the PHCIN:

- Partnering with the Seniors Health Strategic Clinical Network for a pilot project with five Primary Care Networks/eight communities to enhance capacity to recognize, diagnose and manage dementia and other geriatric syndromes in the community. The second workshop is scheduled for December 2017.
- Work is underway in each zone across three key areas of focus: keeping care in the community, hospital transitions (admission and discharge) and access to specialty care and back to primary care.
- The second meeting for the Coalition for Integration occurred in October. Work is underway to prepare for an interactive session which aims to build participant awareness and experience with providing advice on problems and opportunities in primary healthcare.

CancerControl

End of Treatment and Transition of Care processes are being improved for patients who have completed cancer treatment and are returning to a family physician. The processes for patients and primary care providers have been implemented in five early-stage and curative populations (breast, prostate, testicular, cervical, and endometrial). Work is underway on the next populations (Hodgkin's, B Cell, lymphoma, and colorectal).

Recruitment is underway to support the expansion of hematology services at the Jack Ady Cancer Centre (in Lethbridge), Margery E. Yuill Cancer Centre (in Medicine Hat) and Central Alberta Cancer Centre (in Red Deer). Where possible, clinical teams collaborate to ensure patients are seen at the nearest site following consultation at a tertiary site in Calgary or Edmonton.

Capital project update in cancer care:

- Calgary Cancer Project: The first phase of design was completed with the involvement of over 80 user meetings and more than 400 user experts. Early permits to facilitate progress on-site was issued by the City of Calgary. Construction began at the Foothills Medical Centre site in September. Development permit approval is expected in Q3.
- Grande Prairie Cancer Centre construction is proceeding on schedule as part of the new hospital project.
- The second phase of the Jack Ady Cancer Centre redevelopment is complete and was opened in Q2. The final phase (renovations to the current space) is scheduled to be completed by March 2018.
- A linear accelerator (Linac) was installed and operationalized to support cancer treatment in spring 2017 at the Tom Baker Cancer Centre in Calgary and the Cross Cancer Institute in Edmonton. Construction is underway to install a second Linac at each site.

Emergency Medical Services (EMS)

Targets for EMS response times for life threatening events in metro/urban, rural and remote areas were met in Q2. However, Q2 results for towns/communities with a population greater than 3,000 (16 minutes and 3 seconds) did not meet the target of 15 minutes but improved from Q1. EMS is developing a priority resource investment strategy that would assist in balancing resources versus demand.

Target (1 minute and 30 seconds) for time to dispatch the first ambulance which includes verifying the location of the emergency, identifying the closest ambulance and alerting the ambulance crew was met in Q2 (1 minute and 21 seconds). Performance continues to improve and is better than accredited benchmarks.

Implementation of the electronic patient care (ePCR) program for direct delivery and contract operators is on schedule. As of Q2, 93% contract operators and 80% direct delivery operators are using ePCR. This program links patient ambulance data with previous patient medical information to help EMS be more informed about a patient's medical history.

Work continues to complete helipad upgrades in Jasper, Fort McMurray, and Medicine Hat Regional Hospital. The helipad upgrade at Rocky Mountain House was completed and was in operation in August 2017.