

The measure is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

Trend Legend:

Target achieved

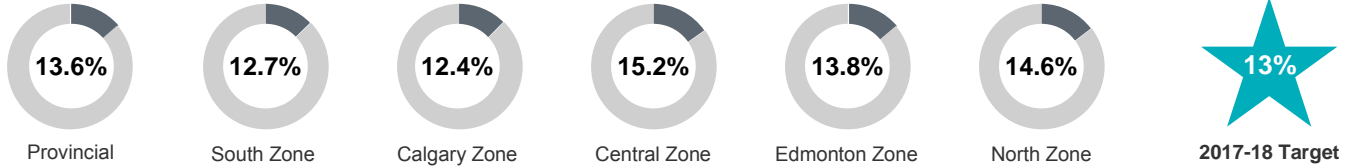
Improvement

Stable: ≤3% deterioration between compared quarters

Area requires additional focus



Unplanned Medical Readmissions, Q1 2017-18



Unplanned Medical Readmissions Trend - Busiest Sites

Zone Name	Site Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q1 2016-17	Q1 2017-18	Trend	Q1YTD 2017-18	2017-18 Target
Provincial	Provincial	13.5%	13.6%	13.7%	13.6%	13.3%	13.6%	▲	13.6%	13%
South Zone	South Zone	14.1%	13.5%	14.2%	13.9%	14.1%	12.7%	★	12.7%	13%
	Chinook Regional Hospital	13.2%	13.5%	14.1%	13.2%	15.3%	10.8%	★	10.8%	13%
	Medicine Hat Regional Hospital	14.4%	12.5%	14.0%	13.7%	13.0%	13.4%	★	13.4%	13%
	Other South Hospitals	15.0%	14.7%	14.4%	14.9%	13.7%	13.9%	▲	13.9%	13%
Calgary Zone	Calgary Zone	12.2%	12.2%	12.3%	12.3%	12.1%	12.4%	★	12.4%	13%
	Foothills Medical Centre	12.2%	12.1%	12.3%	12.3%	11.8%	11.7%	★	11.7%	13%
	Peter Lougheed Centre	12.1%	12.2%	12.8%	13.1%	12.6%	12.6%	★	12.6%	13%
	Rockyview General Hospital	12.0%	11.9%	11.9%	12.0%	11.6%	13.0%	★	13.0%	13%
	South Health Campus	12.3%	12.3%	12.0%	11.3%	11.9%	13.1%	★	13.1%	13%
	Other Calgary Hospitals	12.8%	13.7%	12.5%	13.0%	14.2%	12.2%	★	12.2%	13%
Central Zone	Central Zone	14.5%	14.9%	15.0%	14.9%	14.6%	15.2%	●	15.2%	13%
	Red Deer Regional Hospital Centre	14.0%	13.8%	13.9%	13.0%	12.0%	14.5%	●	14.5%	13%
	Other Central Hospitals	14.6%	15.3%	15.4%	15.6%	15.6%	15.5%	■	15.5%	13%
Edmonton Zone	Edmonton Zone	13.5%	13.8%	13.6%	13.6%	13.3%	13.8%	●	13.8%	13%
	Grey Nuns Community Hospital	12.6%	12.3%	13.2%	12.7%	13.5%	13.4%	★	13.4%	13%
	Misericordia Community Hospital	13.0%	13.7%	13.5%	15.0%	14.7%	13.6%	■	13.6%	13%
	Royal Alexandra Hospital	13.2%	14.0%	13.7%	13.0%	12.3%	13.8%	●	13.8%	13%
	Sturgeon Community Hospital	12.3%	13.6%	13.4%	13.1%	13.0%	13.3%	★	13.3%	13%
	University Of Alberta Hospital	14.6%	14.6%	14.2%	14.4%	13.9%	14.7%	●	14.7%	13%
	Other Edmonton Hospitals	13.4%	12.8%	11.9%	12.8%	13.1%	12.7%	★	12.7%	13%
North Zone	North Zone	15.0%	15.3%	15.3%	15.1%	14.5%	14.6%	▲	14.6%	13%
	Northern Lights Regional Health Centre	13.4%	12.8%	13.4%	14.3%	17.8%	15.2%	■	15.2%	13%
	Queen Elizabeth II Hospital	12.6%	11.9%	13.3%	13.2%	12.6%	11.2%	★	11.2%	13%
	Other North Hospitals	15.5%	16.1%	15.9%	15.5%	14.5%	15.0%	●	15.0%	13%

Understanding Our Results

Provincially unplanned hospital readmission rates remain stable but slightly higher than the target level.

Increases above 3% are noted at a few facilities across the province; however, an examination of longer term trends indicates that the fluctuations are within normal ranges for the sites.

Total Discharges

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	9,632	35,449	16,826	37,646	14,251	113,804
FY 2016-17	9,824	35,550	16,741	37,674	14,106	113,895
Q1 2016-17	2,456	9,014	4,299	9,766	3,551	29,086
Q1 2017-18	2,384	9,369	4,063	9,494	3,604	28,914

Source(s): AHS Provincial Discharge Abstract Database (DAD), as of November 14, 2017

Notes:

- This quarter is a quarter later due to requirements to follow up with patients after end of reporting quarter.

- This indicator measures the risk-adjusted rate of urgent readmission to hospital for the medical patient group, which is adapted from the CIHI methodology.

Objective 5: Improve health outcomes through clinical best practices.

WHY THIS IS IMPORTANT

AHS continues to strive to improve health outcomes through clinical best practices by increasing capacity for evidence-informed practice, supporting the work of our Strategic Clinical Networks™ (SCNs) and gaining better access to health information.

AHS PERFORMANCE MEASURE

Unplanned Medical Readmissions is defined as the percentage of medical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This measure excludes admissions for surgery, pregnancy, childbirth, mental health diseases and disorders, palliative care and chemotherapy for cancer.

UNDERSTANDING THE MEASURE

Although readmission 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 discharge planning and continuity of services after discharge.

Readmissions to hospital may be due to conditions unrelated to the initial discharge. 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.

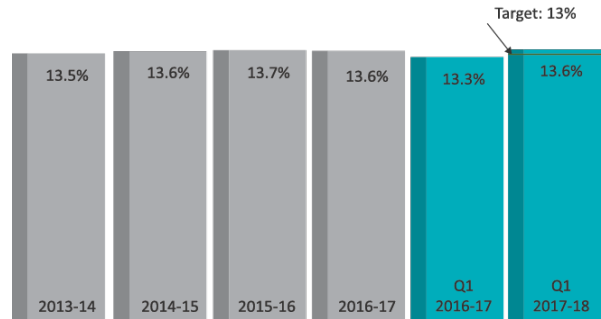
The lower the percentage, the better as it demonstrates that fewer people are being readmitted shortly after being discharged.

This measure requires patient follow-up after the patient’s original discharge date and therefore reflects an earlier time period.

HOW WE ARE DOING

The rate of readmissions has remained relatively stable over the past few years. Unplanned medical readmission to hospital results was 13.6% in Q1 2017-18 compared to 13.3% in Q1 2016-17.

Unplanned Medical Readmissions
 Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Provincial Discharge Abstract Database (DAD)

WHAT WE ARE DOING

There are a number of provincewide and zone initiatives that address readmissions. Examples include:

- Working with Primary Care Networks to ensure services are in place for complex patients.
- Multidisciplinary collaboration by the zones for discharge planning.
- Implementation in the zones of clinical care pathways through the SCN™ – Chronic Obstructive Pulmonary Disease (COPD) and heart failure, Enhanced Recovery After Surgery (ERAS), hip and knee replacement pathway, and Delirium in intensive care units.

Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations to maximize quality of care, efficient use of resources and improve transitions of care.

- Edmonton Zone is implementing an initiative to prevent social admission for lack of housing and/or capacity assessments in collaboration with community partners. The zone has also began implementation planning for chronic obstructive pulmonary disease management in the community.

SCNs™ are working to reduce inappropriate variation and apply consistent clinical standards across AHS. For example, the *Starting Dialysis on Time at Home on the Right Therapy Project (START)* has seen an increase in the percentage of new patients treated with peritoneal dialysis in the first six months after dialysis initiation to 37% as of June 2017 (exceeding target of 30%). In addition, there has been a reduction to 13% of outpatients starting dialysis too early (target is 11%) as of June 2017.

Other examples of SCN™ initiatives underway to improve health outcomes through clinical best practices include:

- Endovascular Therapy
- National Surgery Quality Improvement Project (NSQIP) and Trauma Quality Improvement Project (TQIP)
- Diabetes Foot Care Clinical Pathway implementation in Primary Care Networks
- Catch a Break (secondary fracture prevention initiative)
- Basal Bolus Insulin Therapy
- Glycemic Management Policy
- Insulin Pump Therapy
- Emergency Department Document Standardization
- Early Hearing Detection and Intervention Program
- Elder Friendly Care in Acute Care

The *Provincial Breast Health Initiative* will improve breast cancer care through design of provincial pathways (diagnostic assessment, same-day surgery, breast reconstruction) and execution of a provincial measurement and reporting system.

AHS continues to increase capacity for evidence-informed practice and policy through enhanced data sharing, research, innovation, health technology assessment and knowledge translation.

The Partnership for Research and Innovation in the Health System (PRIHS) Steering Committee endorsed AHS to proceed with funding focused on Enhanced Care in the Community. Details on these initiatives will be provided in Q3 and year-end reporting.

The *Health Analytic Portal* Release 1 went live in August 2017 to allow stakeholders (i.e., Alberta Health, Alberta Bone and Joint, Health Quality Council of Alberta) the ability to register and interact with selected published reports.

AHS is working on the next releases of the *Health Analytic Portal* that will include the ability for authorized data users to access AHS data assets, starting with Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) and online access to services, such as data education services, metadata, and data consulting and advisory services.