



Only provincial results available and reported on following pages.

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, 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 specialists 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 achieve target.

HOW WE ARE DOING

As of Q3, AHS implemented eReferral Advice Request in ten more specialty services across the zones – effectively meeting its current target. The ten specialties are:

1. Orthopedic Surgery – Hip/Knee Joint Replacement
2. Oncology – Breast
3. Oncology – Lung
4. Nephrology
5. Urology
6. Internal Medicine/Endocrinology
7. Internal Medicine/Adult Gastroenterology
8. Obstetrics and Gynecology
9. Neurological Surgery/Spinal Neurosurgery
10. Internal Medicine/Pulmonary Medicine

The Internal Medicine/General Internal Medicine charter was signed for 2018 implementation.

WHAT WE ARE DOING

Primary Health Care

Alberta Health is working with the Alberta Medical Association (AMA) and AHS to implement the new Primary Care Network (PCN) Governance Framework. This work 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 the 15th Strategic Clinical Network (SCN)[™] in Alberta – **Primary Health Care Integration Network (PHCIN)**. PHCIN focuses on improving transitions of care between primary care providers and acute care, emergency departments, specialized services and other community services.

Activities underway to support the Primary Health Care Integration Network:

- Partnered with the Seniors Health Strategic Clinical Network for a pilot project with five PCNs in eight communities focused on managing care of those living with dementia in the community. The second workshop took place in December 2017 with over 100 participants, including PCN staff/physicians and family representatives.
- Work is underway in each zone across four areas of focus: the community; home-to-hospital-to-home transitions (admissions and discharge); access to specialty care and back to primary care; and, system foundations for integration.
- The **Coalition for Integration** was established to stimulate innovative thinking and solutions to integration challenges faced in Alberta. Membership includes patients and families, health professionals, community-based organizations, primary healthcare delivery organizations, AHS zone operations and provincial programs, Alberta Health, Alberta Human Services and universities. A second meeting was held in October 2017.
- An **Integrated Care Partnership (ICP)** is a formation of stakeholders who develop a shared understanding of key challenges and opportunities in health service delivery and work together to achieve a shared outcome. To date, three 'proof of concept' ICPs have been developed.

CancerControl

Improvements were made in **End of Treatment and Transition of Care** processes for patients who have completed cancer treatment and are returning to a family physician. Processes have been implemented in five early-stage and curative populations (breast, prostate, testicular, cervical, and endometrial). The remaining three populations are under final review (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 (Medicine Hat) and Central Alberta Cancer Centre (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** planning is on schedule. Internal and external stakeholder engagement is ongoing, including engagement with the City of Calgary. Construction has started at the Foothills Medical Centre site.
- **Grande Prairie Cancer Centre** construction is proceeding on the current schedule.
- The final phase of renovations to the current space at the **Jack Ady Cancer Centre** 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 rural and remote areas were met in Q3. However, Q3 results for metro/urban and towns/communities with a population greater than 3,000 did not meet the target due to the high volume of calls during flu season and long waits in emergency departments.

The target (1 minute and 30 seconds) for time to dispatch of the first ambulance includes verifying the location of the emergency, identifying the closest ambulance and alerting the ambulance crew was met in Q3 (1 minute and 23 seconds). Performance continues to improve and is better than accredited benchmarks.

Implementation of the **electronic patient care record (ePCR)** for direct delivery and contract operators is on schedule. As of Q3, 99% of contract operators and 100% of 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 at Medicine Hat Regional Hospital. The helipad upgrade at Rocky Mountain House was completed and was in operation in August 2017.