Annual Monitoring Measure Definitions

Measure	Definition	Understanding this Measure
PRIMARY CARE		
Albertans Enrolled in a Primary Care Network	The percentage of Albertans informally enrolled in a Primary Care Network (PCN). This is calculated by the number of Albertans who are informally enrolled in a Primary Care Network (numerator) in a given fiscal year as a proportion of the total population covered by the Alberta Health Care Insurance Plan (denominator) as at March 31 of that year.	A PCN is an arrangement between a group of family physicians and Alberta Health Services (AHS) to provide and coordinate a comprehensive set of primary health care services to patients. Primary care is the care individuals receive at the first point of contact with the healthcare system. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion in a Primary Care Network.
ACUTE CARE		
Hospital Standardized Mortality Ratio (HSMR)	The ratio of actual number of deaths compared to the expected number of deaths based upon the type of patients admitted to hospitals. This ratio is multiplied by 100 for reporting purposes. The ratio compares actual deaths to statistically expected death rates after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis, and other risk factors. The expected deaths are based on rates amongst similar patients in national databases.	This measure of quality care shows how successful hospitals have been in delivering and managing care to reduce patient deaths. A mortality ratio equal to 100 suggests that there is no difference between the hospital's mortality rate and the national average rate. A mortality ratio greater than 100 suggests that the local mortality rate is higher than the national average. A mortality ratio less than 100 suggests that the local mortality rate is lower than the national average. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods).
Mental Health Readmissions within 30 days (risk adjusted)	The percentage of patients' age 15 and older receiving treatment in a general hospital for select mental health disorders who have an unplanned readmission to hospital within 30 days of leaving hospital. This excludes mental health patients requiring planned or scheduled follow up care. This measure is adjusted for age, sex and risk factors. Reporting is based on the zone of residence of the patient.	Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications. While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and of follow up care. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods).
Surgical Readmissions within 30 days (risk adjusted)	The percentage of surgical patients with unplanned readmission to hospital within 30 days of leaving the hospital. This excludes surgical patients requiring planned or scheduled follow up care. Also excluded are readmission for mental health, palliative care and chemotherapy. This measure is adjusted for age, sex and risk factors. Reporting is based on discharge hospital for patients transferred after a procedure.	Unplanned readmissions to hospitals are used to measure quality of surgical and post-surgical hospital care, follow up, discharge readiness, and clarity and support for patient self-care. Readmission rates can be influenced by a variety of other factors, including the effectiveness of the care transition to the community. While not all readmissions can be avoided, monitoring readmissions can assist in identifying improvement opportunities and quality of care. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods).
Heart Attack (AMI) In-Hospital Mortality within 30 days (risk adjusted)	The risk adjusted rate of all-cause in-hospital death within 30 days of first admission for a heart attack (diagnosis of acute myocardial infarction, AMI). This measure is adjusted for age, sex, and risk factors.	Heart attacks are one of the leading causes of death in Canada. Breakthroughs in treatments, particularly the timing of re-opening coronary arteries for blood flow, are greatly increasing survival rates. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods). Annual reporting is recommended.
Stroke In-Hospital Mortality within 30 days (risk adjusted)	The risk adjusted rate of all-cause in-hospital death within 30 days of first admission for a stroke. This measure is adjusted for age, sex and other conditions.	Stroke is a significant cause of death and disability in Canada. This rate may be influenced by a number of factors, including effectiveness of emergency treatments and quality of care in hospitals. Stroke outcomes are greatly influenced by early intervention after stroke symptoms appear. Specialty care and intervention are actively used in Alberta. This measure is based on the CIHI methodology. Care should be taken in interpreting results where smaller group sizes are reported (due to small sites or time periods). Annual reporting is recommended.
IMMUNIZATION		
Children Seasonal Influenza Immunization (ages 6 to 23 months)	The percentage of children aged six to 23 months who have received the recommended doses of seasonal influenza vaccine during the reporting influenza season (October to end of season). For children requiring two doses of vaccine, two doses must have been received during the influenza season.	Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among older Albertans, residents of long term care facilities, infants and young children, and those with certain chronic medical conditions. Hospitalizations for influenza are more likely to occur in children 6 to 23 months of age and elderly. Influenza illness can cause significant morbidity and mortality in this population and those ill can quickly fill acute care hospitals and emergency departments.

Definitions as of June 2019

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Measure	Definition	Understanding this Measure
AHS Employee Seasonal Influenza Immunization (AHS and AH data)	The percentage of Alberta Health Services employees receiving seasonal influenza vaccine. Data on immunization is captured by Alberta Health (AH) for all Albertans including AHS employees. AHS has worked with Alberta Health (AH) to overlay employee data to establish vaccination rates.	Influenza vaccine has been shown to be an effective measure for reducing the risk of transmission of the influenza virus. A high rate of immunization coverage will reduce the impact of disease on at risk groups and on the healthcare system. Immunization of healthcare works coming into contact with patients at risk may further mitigate spread of the Influenza virus. Healthcare workers are at an increased risk of both being infected and infecting others. Influenza immunization is not mandated for AHS employees. Active promotion and high availability within AHS aims to ensure high rate of immunization amongst employees.
Seniors Seasonal Influenza Immunization (65 years and older)	This is a measure of the percentage of adults aged 65 years and over who have received the seasonal influenza immunization.	
LIFE EXPECTANCY		
Life Expectancy	Life Expectancy is the number of years from birth a person would be expected to live based on mortality statistics.	Life expectancy at birth is an indicator of the health of a population, measuring the number of years lived rather than the quality of life.
POTENTIAL YEARS LIFE LOST		
Potential Years of Life Lost (PYLL)	Potential Years of Life Lost (PYLL) is a measure of premature death. PYLL estimates the total number of years a population might have lived if they hadn't died prematurely due to any cause. For example, if a person died at age 25, then 50 years of life has been lost. PYLL is expressed per 1,000 population and is age-standardized to the Statistics Canada 2011 Canadian population under age 75.	PYLL is an indicator of premature mortality that gives greater weight to causes of death that occur at a younger age than to those at older ages. It emphasizes the loss of life at an early age and the causes of early deaths such as cancer, injury and cardiovascular disease. For example, the death of a person 40 years old contributes one death and 35 years to PYLL; whereas the death of a 70-year-old contributes one death and five years to PYLL.
CANCER SCREENING		
Breast Cancer Screening Participation Rate	The Breast Cancer Screening Participation Rate measures the percentage of women in Alberta between the ages of 50 and 74 years who have had a breast screening mammogram in the last 30 months. The target group (women ages 50-74) is aligned with the provincial breast cancer screening guidelines.	Adequate participation in breast cancer screening is essential for reductions in mortality for women between the ages of 50 and 69 years. Regular screening following clinical practice guidelines can identify unsuspected breast cancer at a stage when early intervention can positively affect the outcome. The goal is to reduce breast cancer mortality through early detection when treatment is more likely to be effective.
Colorectal Cancer Screening Participation Rate	The Colorectal Cancer (CRC) Screening Participation Rate measures the percentage of Albertans between the ages of 50 and 74 who have a Fecal Immunochemical Test at least biennially. Information is based on the Alberta Colorectal Cancer Screening Program database.	Colorectal cancer is the second most frequent cause of death from cancer in Alberta, and early diagnosis and treatment significantly reduces the rate of mortality from this cancer. Screening can also reduce the incidence of colorectal cancer. The provincial colorectal cancer screening program database is expected to become the primary data source for this measure.
Cervical Cancer Screening Participation Rate	The Cervical Cancer Screening Participation Rate measures the percentage of women between the ages of 25 and 69 years who have had a Pap test in the last 42 months.	Research indicates that over 90 per cent of cervical cancers can be cured when detected early and treated. Widespread Pap testing in Alberta over the past 40 years has resulted in a significant reduction in cervical cancer mortality. Nevertheless, failure to be screened, and under screening, remain the most important risk factors for cervical cancer in Alberta women. There is also strong evidence of disparities in coverage across Alberta by geography, socioeconomic status and ethnicity. Cervical cancer is almost entirely preventable through the effective application of cervical screening and human papillomavirus (HPV) immunization.
Early Detection of Cancers	The percentage of patients diagnosed at early stage amongst all newly diagnosed cancers, for cancers with a provincial screening program in Alberta. For invasive cervical and colorectal cancer cases diagnosed, those diagnosed at stages I or II, and for invasive and in situ breast cancer cases diagnosed, those diagnosed at stages 0, I, and II in relation to all cases diagnosed at all stages.	Cancer patients diagnosed at early stages have higher survival rates than those diagnosed at late stages. Breast, cervical, and colorectal cancer currently have screening programs in place in Alberta. Clinical trials have provided significant evidence that routine cancer screening for breast, cervical, and colorectal cancers in certain populations reduces mortality through early detection, allowing for more successful treatment. Additionally, an effective screening program will identify the majority of cancer cases at an early stage. This measure is developed to reflect both screening effectiveness and efficiency of clinical diagnosis pathways.