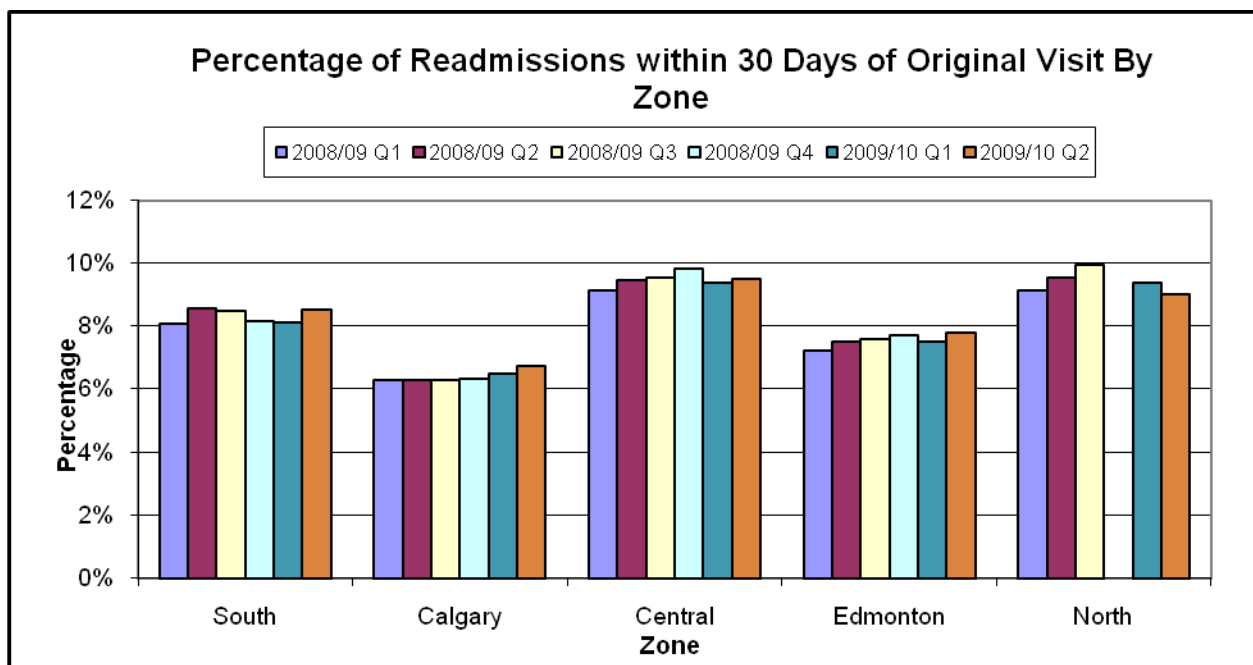


Performance Measures Acute Care

Percentage of Patients with an Unplanned Hospital Readmission within 30 Days

Readmission rates provide one measure of the quality of care. The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions 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 the risk of discharging patients too early and the relationship with community physicians and community-based care. All causes of readmissions are reported and are not necessarily due to related conditions. Unplanned readmissions are defined as those patients who had an urgent or emergent readmission excluding those admissions which were elective.

Readmissions remain relatively steady across the zones.



2008/09 Q4 results are not available for North Zone due to the unavailability of data for one site

Percentage of Patients with a Hospital Readmission within 30 Days for Teaching, Large Urban and Regional Peer Groups

Readmission rates provide one measure of the quality of care. The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions 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 the risk of discharging patients too early and the relationship with community physicians and community-based care. All causes of readmissions are reported and are not necessarily be due to related conditions.

Site rates have been stable over the year. It should be noted that the two hospitals with the highest 30 day readmission rates (University of Alberta and Stollery Children's) also have the highest Case Mix Indices (CMI) among the teaching, urban and regional hospitals. A higher CMI is an indication that the hospital treats patients with more complex conditions.

Peer Group	Site	Quarter 1 2008/09 (Apr 1 to Jun 30, 2008)	Quarter 2 2008/09 (Jul 1 to Sep 30, 2008)	Quarter 3 2008/09 (Oct 1 to Dec 31 2008)	Quarter 4 2008/09 (Jan 1 to Mar 31, 2009)	Overall (Fiscal Year 2008/09)	Quarter 1 2009/10 (Apr 1 to Jun 30, 2009)	Quarter 2 2009/10 (Jul 1 to Sep 30, 2009)
Teaching	Alberta Children's Hospital	7.51%	6.56%	7.46%	7.37%	7.24%	8.39%	8.52%
	Foothills Medical Centre	7.07%	7.11%	7.00%	7.52%	7.18%	7.42%	7.31%
	Stollery Children's Hospital	9.30%	9.26%	9.81%	10.73%	9.79%	9.79%	11.04%
	University of Alberta Hospital	10.94%	11.25%	11.27%	10.61%	11.01%	10.00%	10.84%
Large Urban	Grey Nuns Community Hospital	5.18%	5.59%	5.17%	5.84%	5.44%	5.69%	6.01%
	Misericordia Community Hospital	5.53%	5.61%	5.95%	5.87%	5.75%	6.01%	5.67%
	Peter Lougheed Centre	6.02%	5.89%	6.02%	5.63%	5.89%	5.97%	6.28%
	Rockyview General Hospital	5.46%	5.54%	5.21%	5.25%	5.37%	5.27%	6.04%
	Royal Alexandra Hospital	7.21%	7.66%	7.50%	7.97%	7.58%	7.78%	7.63%
Regional	Chinook Regional Hospital	7.08%	6.83%	7.65%	6.30%	6.96%	6.18%	7.05%
	Medicine Hat Regional Hospital	7.47%	8.58%	7.99%	8.03%	8.01%	7.80%	7.82%
	Northern Lights Regional Health Centre	7.94%	6.57%	5.80%	7.95%	7.09%	7.09%	6.14%
	Queen Elizabeth II Hospital*	6.22%	5.97%	6.27%	na	na	5.68%	5.73%
	Red Deer Regional Hospital Centre	6.64%	6.95%	7.64%	8.12%	7.34%	6.79%	6.83%
Overall	<i>Sites listed here only</i>	6.79%	6.91%	6.96%	7.12%	6.94%	6.91%	7.12%

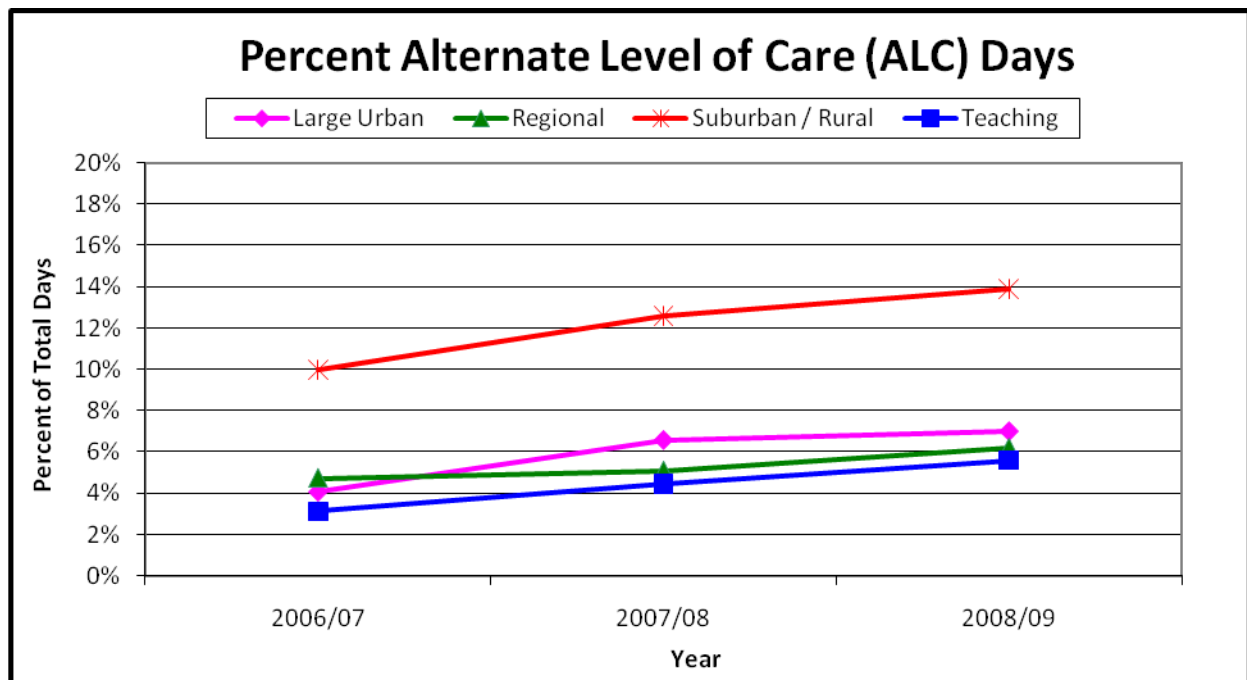
† Overall total for Q4 and entire Fiscal 2008/09 was calculated with available data only. Data is incomplete from Queen Elizabeth II Hospital for Q4 of 2008/09 at this time.

Percentage of Alternate Level of Care (ALC) Days by Year by Type of Hospital

ALC identifies a patient who has completed the acute care phase of his/her treatment but remains in an acute care bed. It requires a medical decision with documentation by a physician (or designated other) that the patient occupying an acute care hospital bed is well enough to be cared for elsewhere and is awaiting placement for an alternative level of service such as Long Term Care, Designated Assisted Living (DAL), Personal Care Home (PCH), Psychiatric Facility, Rehabilitation Facility, Hospice, Senior's Lodge etc. Patients waiting in an acute care bed due to social circumstances (e.g. waiting for transportation, home renovations), need community support (e.g. Home Care) or boarder babies/moms would also qualify as ALC. Excludes patients convalescing, post intervention, being treated in a step down unit, designated as sub-acute or out on a pass while continuing to receive acute services.

Calgary adult urban facilities record ALC days for patients waiting for Long Term Care, Designated Assisted Living (DAL) or Personal Care Home (PCH) as per Transition Services.

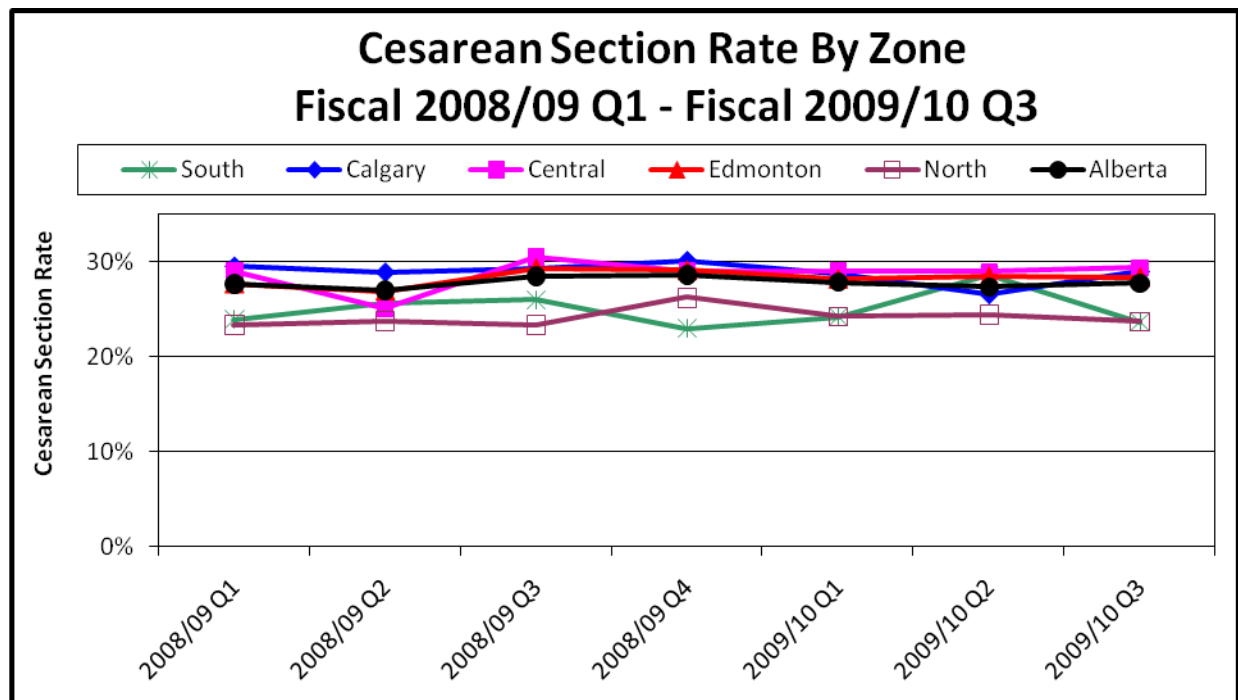
This indicator is designed to assess the processes that ensure patients are cared for in the most appropriate setting. It identifies the proportion of patients who are occupying acute care beds due to the unavailability of services in more appropriate settings. Maintaining a lower percent of ALC days requires aggressive management and placement of the most complex patients. ALC days have been increasing. Factors contributing to this can include increasing age, decreasing capacity in care facilities, and changes in proportion of acute services now offered elsewhere.



Caesarean Section Rate by Zone and Quarter

Caesarean section rates provide information on the frequency of surgical birth deliveries relative to all modes of birth delivery. Since Caesarean section delivery increases maternal morbidity/mortality and is associated with higher costs, Caesarean section rates are often used to monitor clinical practices with an implicit assumption that lower rates indicate more appropriate and more efficient care (CIHI Health Indicators Report, 2009). This is not suggesting the rate should be zero as it is recognized that there are often cases where Caesarian section is the recommended mode of delivery (e.g. when the health of the fetus or the mother is deemed to be at risk).

Guidelines defining the appropriate indications for Caesarean section are available from the Society of Obstetricians and Gynecologists of Canada. A higher rate would be expected in Edmonton and Calgary because they are referral centres for high risk pregnancies. We see fairly consistent rates across the province.

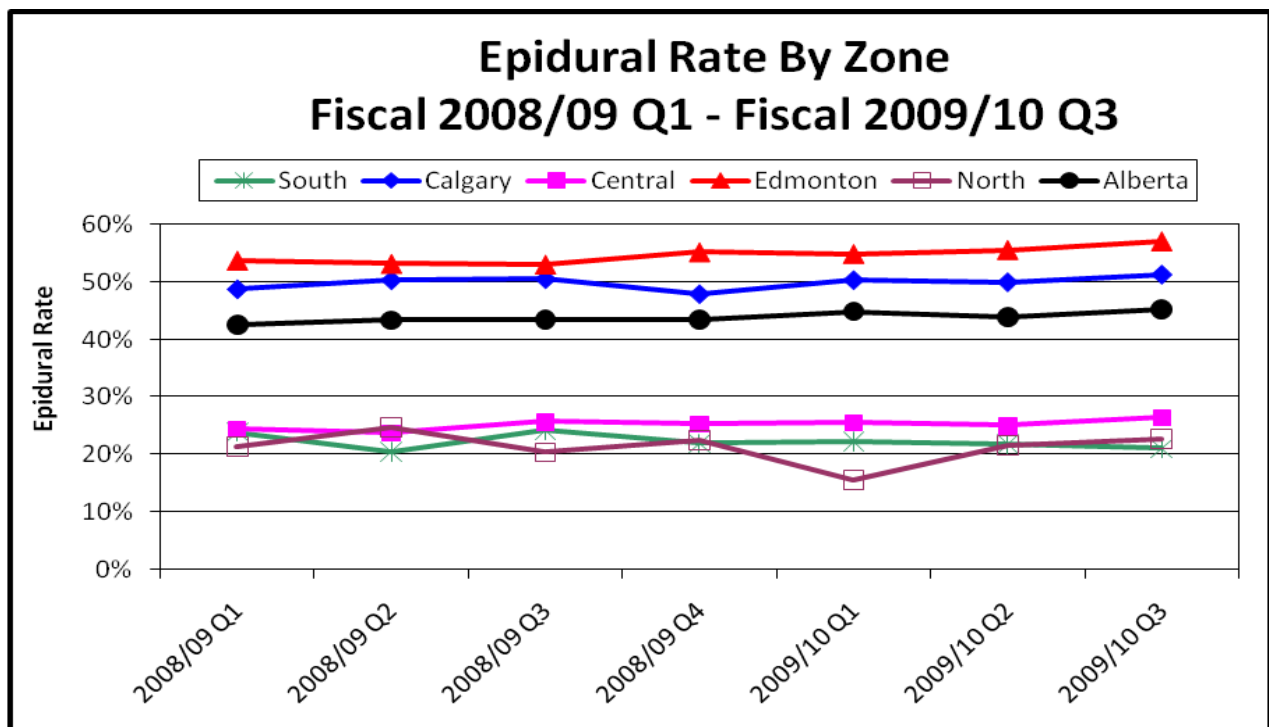


Epidural Rate by Zone and Quarter

This indicator represents the percent of women delivering babies in acute care hospitals where an epidural anesthetic was used.

Epidural use is considered an effective and relatively safe method of pain control in labour. Epidural analgesia can be associated with lengthening the first and second stages of labour and increasing the rates of assisted vaginal birth. Differing rates of use of epidurals may have contributing factors including distribution of type of care provider in the jurisdiction, availability of technology and maternal expectations.

We see a higher rate of use of epidural amongst births in Calgary and Edmonton Zones and a lower and consistent rate amongst the remaining zones.

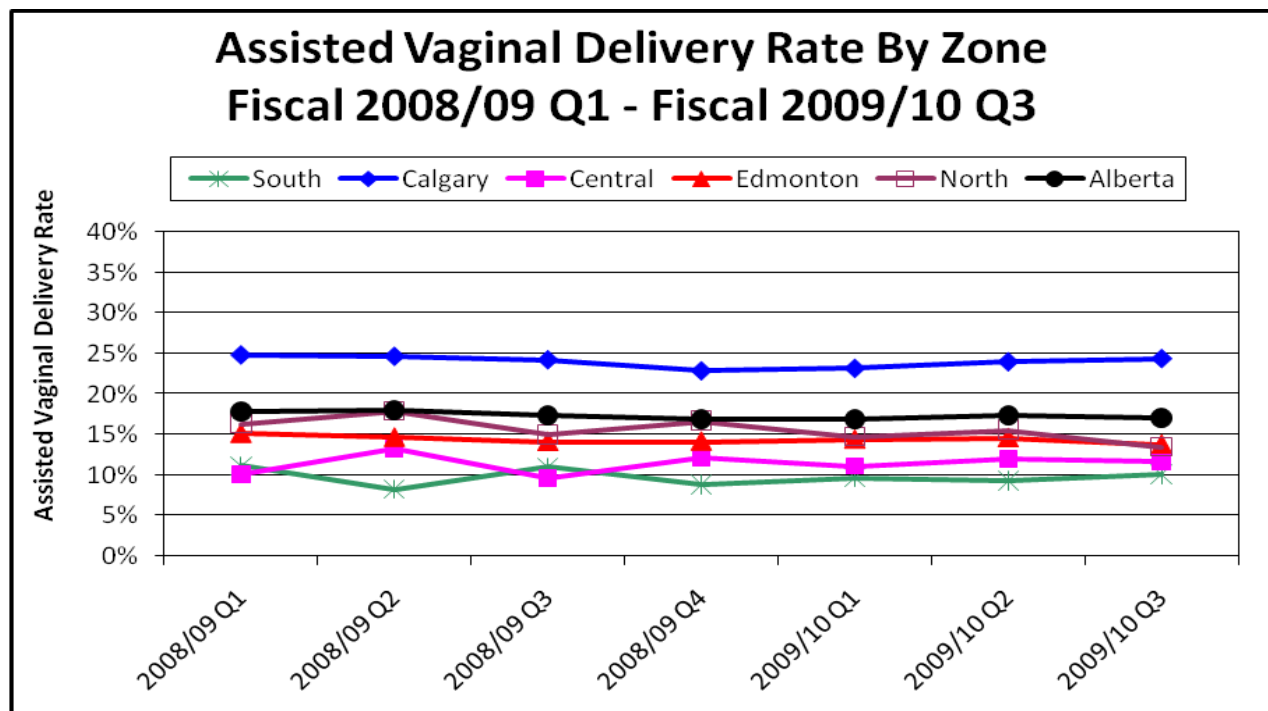


Assisted Vaginal Delivery Rate by Zone and Quarter

This indicator represents the percent of women delivering babies vaginally in acute care hospitals by means of forceps extraction, vacuum extraction or a combination of the two.

Assisted vaginal birth by vacuum or forceps is an appropriate and effective obstetrical intervention in certain clinical situations when intervention in the second stage of labour is required. Assisted vaginal birth may be indicated by conditions of the fetus or of the mother and include; fetal heart rate abnormalities in labour, maternal medical conditions and or inadequate progress of labour. Women who have experienced an assisted vaginal birth are at greater risk for soft tissue perineal trauma. Fetal/neonatal complications following assisted vaginal birth include fetal scalp lacerations and trauma, facial nerve palsy, intracranial and retinal hemorrhage, and hyperbilirubinemia (newborn jaundice).¹

We see consistent rates over the reported time period across the zones with a higher rate of assisted vaginal delivery in Calgary.



¹ SOGC Clinical Practice Guideline for Operative Vaginal Birth (August 2004)