

**ALBERTA'S HEALTH SYSTEM**  
**Some Performance Indicators**

**December 2002**

[www.health.gov.ab.ca](http://www.health.gov.ab.ca)

# PREFACE

Albertans are interested in receiving more information about access to health services. Several years ago, Alberta Health and Wellness responded with *Alberta's Health System: Some Performance Indicators*. Quarterly updates on waiting times in key areas followed. Now, we are pleased to provide this third annual report.

This report has information on reasons why Albertans use the health care system, which provides a clearer picture of how Alberta's health system is performing. In addition, we have provided data on access to key services. This year's report also contains some information on how funding was spent.

Alberta Health and Wellness will continue to report regularly on health system performance in these and other areas of interest to the public.

For those who want to know more about the areas covered in this report, sources of further information are listed on pages 21 and 22. More detailed information on access to services will continue to be updated each quarter and published on the Alberta Health and Wellness website.

# A GLANCE AT ALBERTA'S HEALTH SYSTEM

Albertans rely on public health care to provide quality medical treatment when they need it. Today, our health care system is faced with the task of meeting new challenges, such as an aging population and emerging technologies, while ensuring the system remains efficient and sustainable over the long term.

Albertans want to know what is happening in health: how dollars are spent, what results are being achieved, and how health care is being improved. Alberta Health and Wellness tracks vital information in a number of key areas so we can monitor what is happening in the system, and where things can be improved.

## Per Cent of Albertans using the Health Care System in Alberta 1996/1997 to 2000/2001

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Alberta Health and Wellness maintains information on how many Albertans use our health system each year. These statistics include both doctor office visits and hospital services.

Since 1996/97, the percentage of Albertans receiving doctor services, visiting the emergency department of acute-care hospitals and staying in acute care hospitals as inpatients has remained approximately the same.

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## Number of Albertans using the Health Care System in Alberta 1996/1997 to 2000/2001

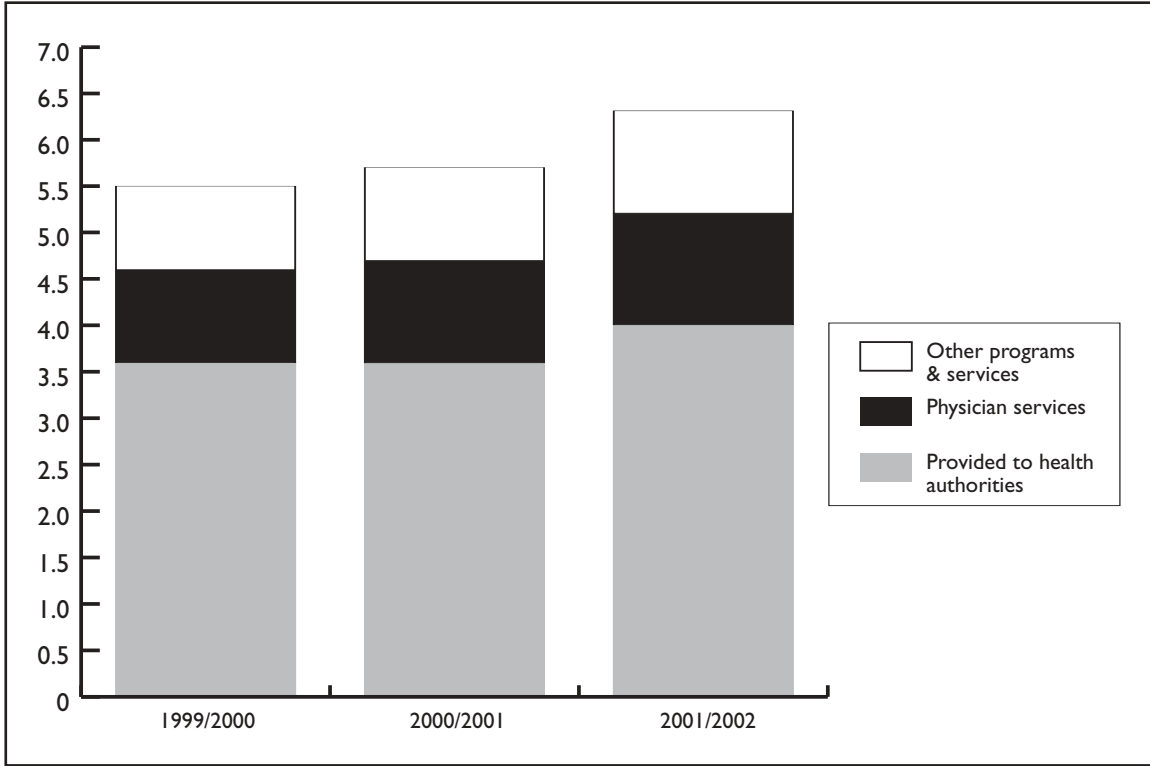
	1996/97	1997/98	1998/99	1999/00	2000/01
Number of Albertans	2,786,526	2,847,538	2,912,925	2,957,045	3,007,582
Albertans receiving a doctor service	85.1%	84.7%	85.2%	85.8%	85.5%
Albertans admitted to hospital (includes mothers and newborns)	8.4%	8.2%	8.1%	8.0%	7.8%
Albertans who went to emergency department	NA	23.7%	23.7%	24.5%	24.9%

Collection of emergency department data started in April 1997.

# How Health Care Funding Was Spent

Health care spending has increased 15 per cent over the previous two years from \$5.485 billion in 1999/2000 to \$6.325 billion in 2001/2002. Of the \$6.325 spent in 2001/2002, about 64 per cent was provided to the health authorities for health services, 19 per cent was spent on physician and other health practitioner services, and 17 per cent was spent for drug benefits and other programs and services.

**Health Care Spending  
Alberta Health and Wellness  
(billion of dollars)**



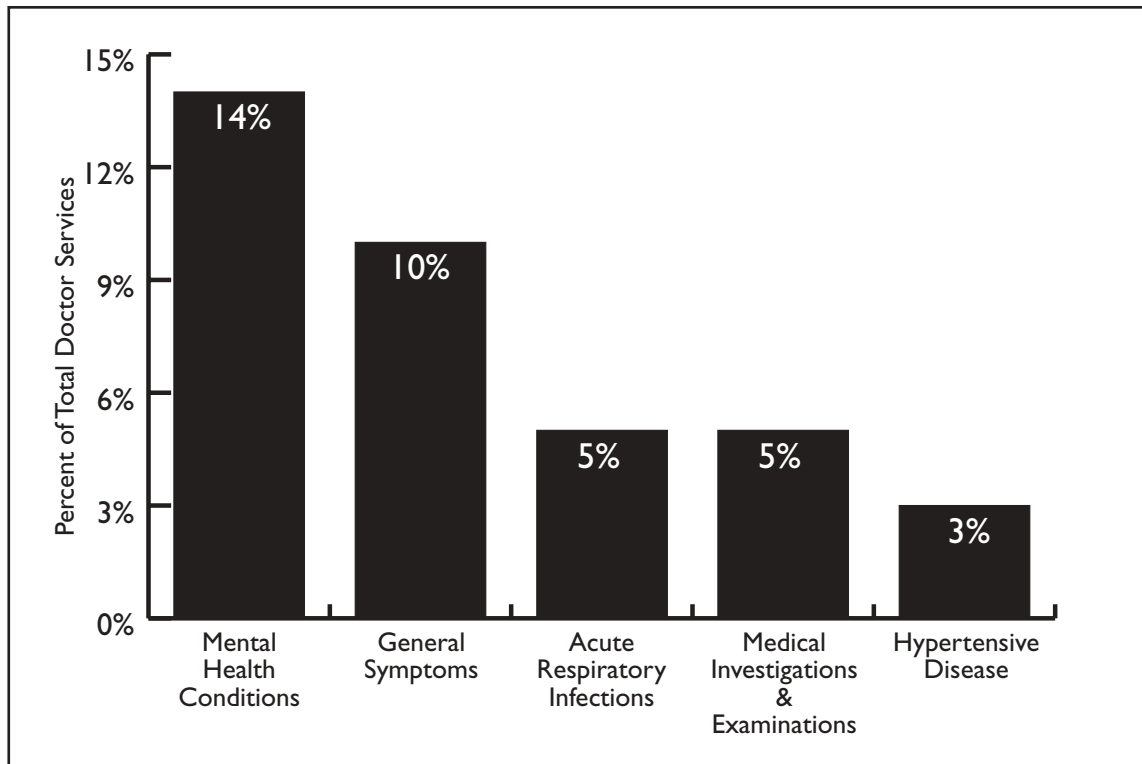
## Reasons for Doctor Services in Alberta 2001/2002

The five most common reasons Albertans use the services of a doctor account for 37 per cent of all services provided by doctors. These services may be provided in either a hospital or doctor's office.

The most common reason for seeking doctor services is for a mental health condition, such as depression, which is often a chronic condition requiring many visits. The second most common reason is for general symptoms that have not been diagnosed, such as fatigue, fever or pain. The third most common reason is acute respiratory infections, such as colds and laryngitis. The fourth most common reason to visit a doctor is for examinations such as skin tests and other general medical examinations, and the fifth is hypertensive disease (high blood pressure).

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### **Top Five Reasons for Medical Doctor Services 2001/2002**



Percentages are based on the number of medical services for which doctors were paid in 2001/2002. Services were provided to Albertans in doctors' offices and in hospitals.

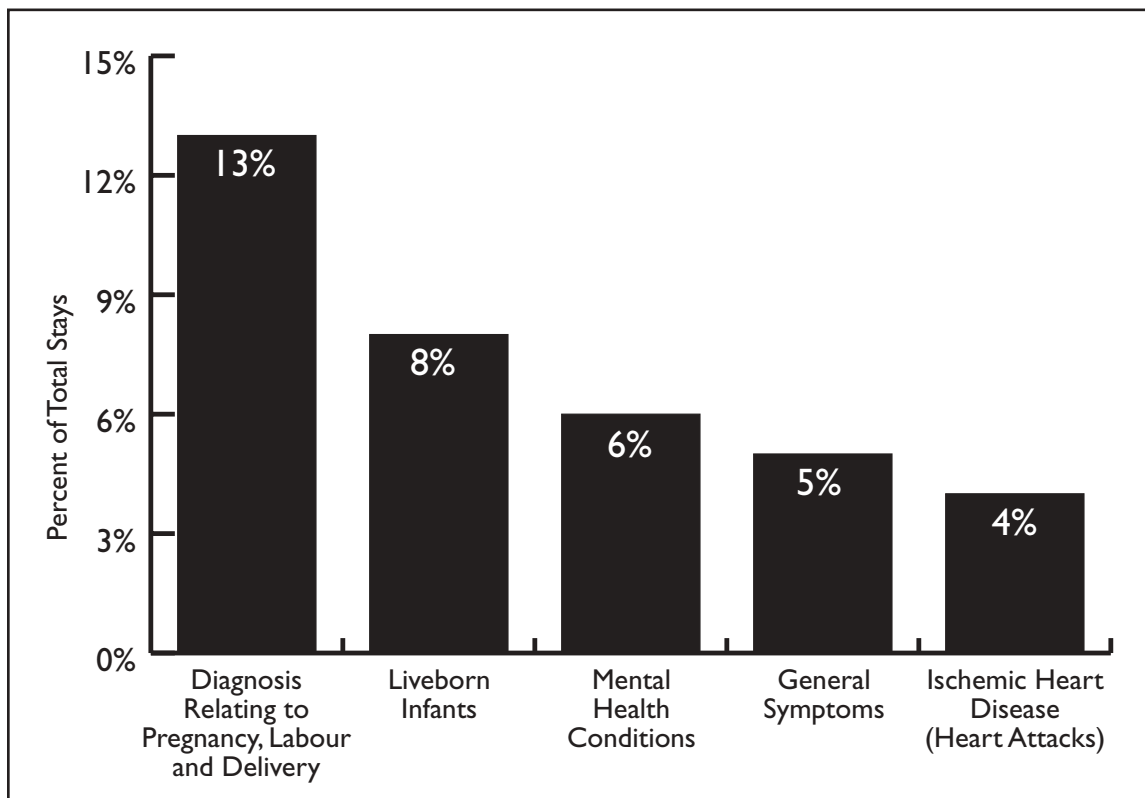
## Reasons for Admissions to Acute Care Hospitals 2000/2001

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Childbirth accounts for the two groups of Albertans who are admitted most frequently to acute care hospitals in Alberta: pregnant women and newborn babies. The next most common reason Albertans are admitted to acute care hospitals directly reflects the most common doctors' services: mental health conditions such as depression, and general symptoms such as fatigue, pain and fever which have not been diagnosed. Ischemic heart disease such as angina and atherosclerosis is the fifth most common reason for admission. The top five reasons for being admitted to a hospital account for 36 per cent of all admissions.

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### Top Five Reasons Why Albertans Have Stays in Acute Care Hospitals 2000/2001



Albertans receive many types of services in hospitals. They may be admitted overnight or longer for complex surgery, or to manage complex medical conditions like heart failure. Less than half of hospital admissions involve surgery.

Since the early 1990s, new techniques have permitted many less complex surgeries and procedures to be performed as day visits, without admitting the patient to hospital for overnight stays.

## Emergency Services

Although about 25 per cent of Albertans visit hospital emergency departments in any year, this does not necessarily indicate the number of Albertans who experience health emergencies. Services for emergency conditions, such as wounds and injuries, and non-emergency services, such as dressing changes and stitch removal, are provided in hospital emergency departments. Also, many Albertans go to the emergency department because they do not have access to a family physician. The use of emergency departments for non-emergency situations occurs more frequently outside urban centers.

## Albertans' Ratings of the Quality of Health Services

How Albertans rate the quality and effect of the care they receive is one measure of how well the health system is working. The annual Alberta Health and Wellness Survey asks Albertans about the quality and results of care they have received over the past year.

### Albertans' Ratings of the Quality of Health Services

Measure	1998	1999	2000	2001	2002
Overall Quality of Care Personally Received (% good or excellent)	86	78	86	86	86
Overall Effect of Care on Health (% good or excellent)	84	83	85	85	84
Quality of Care Received from a Physician (% good or excellent)	***	89	90	90	88
Effect of Physician Care on Health(% good or excellent)	***	86	86	89	85
Quality of Care Received in Hospital (% good or excellent)	81	74	83	80	81
Effect of Hospital Care on Health(% good or excellent)	86	83	84	83	85

\*\*\* Question was not asked.

Results:

Ratings of the overall quality of physician services received and the effect those services had on patients were lower this year than they were in the last year. The proportion of Albertans who reported good or excellent quality and effect of hospital services has increased slightly in the last year.

Generally, Albertans who receive health services report good to excellent service quality, and report these services have improved their health.

## Self Reported Health

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Every year, Alberta Health and Wellness asks Albertans how healthy they think they are, which is an important indicator of the health of the people of our province.

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### Self Reported Health

Self-Reported Health	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %
Age 18 - 64 (% reporting "good", "very good" or "excellent" health)	90	91	90	90	89	88
Age 65 and older (% reporting "good", "very good" or "excellent" health)	75	71	78	79	73	78

Results:

The majority of Albertans report they are healthy. Compared to others their age, 88 per cent of people aged 18 to 64 years report their health as good, very good or excellent and 78 per cent of people aged 65 years and over report their health as good, very good or excellent. In 2002, more Albertans reported good, very good or excellent health compared to the previous two years. Twenty-nine per cent of respondents (28 per cent in 2001 and 26 per cent in 2000 surveys) reported having a chronic health problem such as arthritis, hypertension or diabetes that requires regular health services.

There are differences among Albertans in self-reported health. Like last year, people in northern Alberta report themselves as less healthy than people in southern Alberta.



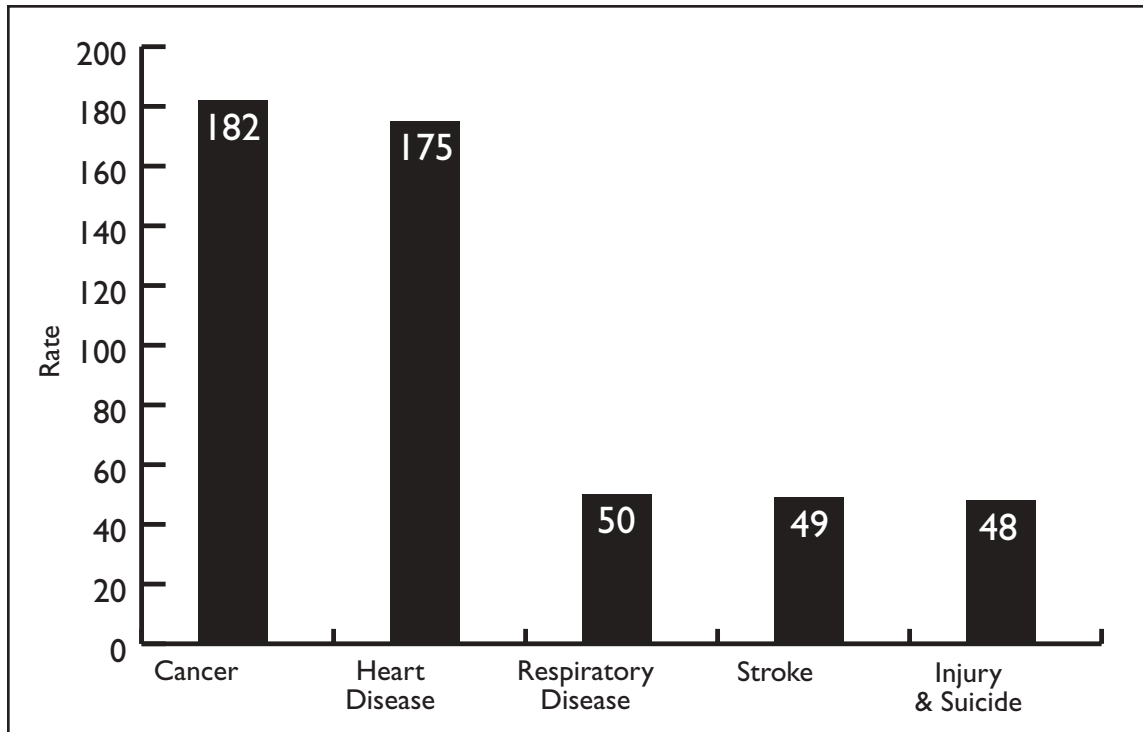
# Most Common Causes of Death

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Alberta Health and Wellness tracks trends in the causes of death for Albertans. This information helps identify priority areas of attention for the health system.

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## Top Five Causes of Death in Alberta 2000



Rate Age-Standardized per 100,000 Albertans, Standardized on 1996 Canada Census population.  
Source: Health Surveillance, 2002 Nov. 02.

### Results

In 2000, the two most common causes of death for Albertans were cancer and heart disease. Respiratory diseases, strokes, and injuries and suicide also continued to be common causes of death for Albertans.

# ACCESS TO HEALTH SERVICES

## Albertans' Ratings of Access

The annual Alberta Health and Wellness Survey asks Albertans to rate how easy or difficult it is for them to obtain the health services they need. This is a key indicator of the quality of our health system.

### Albertans' Ratings of Access

	1997	1998	1999	2000	2001	2002
Percent rating access "very easy" or "easy"	74	73	73	64	65	62

### Results

In 2002, more Albertans reported having difficulty in getting access to needed services than they did in 2001. Albertans who report access is difficult, most often say the services of general practitioners and medical specialists are difficult to obtain. Reasons given include long waits for appointments, not enough health professionals and long distances to travel.

### What is being done

Programs such as the Rural Physician Action Plan work to recruit and retain physicians in rural areas. Alberta Health and Wellness continued to enhance Telehealth Services in collaboration with health authorities and health providers to improve access to specialists and continuing medical education in smaller and rural communities.

### Waiting to see a Family Physician or Specialist 2002

	Same day	Less than 1 week	1-2 weeks	2 weeks - 1 month	More than 1 month
Family physician	34%	39%	14%	8%	5%
Specialist physician	10%	15%	10%	21%	45%

## Access to Physicians

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Albertans' overall access to physician services is an important measure of how well the health system is able to meet patient needs. In the Alberta Health and Wellness survey, Albertans are asked how long it took them to see their family physician. Another indicator of access is the extent to which Albertans obtain the services of general practitioners in their home region.

### Results

In 2001/2002, there were 5,079 physicians providing services to Albertans through the Alberta Health Care Insurance Plan. This is a ratio of 1.7 physicians per 1,000 population, a slight increase over last year. About 55 per cent are in general (family) practice and 45 per cent are specialists. The number of physicians working in Alberta has increased by 215 between 1999/2000 and 2000/2001 and increased by 223 between 2000/2001 and 2001/2002.

Ninety-five per cent of general practitioner services to residents of the Capital Health Authority are provided in that region, and ninety-seven per cent of services to residents of the Calgary Health Region are provided in that region. Eighty-four per cent of services to residents in other regions were provided in their home regions. Some residents in regions near Edmonton, Calgary and Grande Prairie chose to receive their general practitioner services in those cities.

About 73 per cent of Albertans surveyed reported seeing their family physician within one week of making an appointment. Survey results also show it usually takes longer to see a specialist. These results have not changed significantly since 1999.

Albertans in rural regions did not report waiting any longer for doctor services than Albertans in urban regions.

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### Number of Physicians in Alberta (total and per 1,000 Albertans)

	1996/ 1997	1997/ 1998	1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002
Physicians per 1,000 Albertans	1.53	1.52	1.54	1.58	1.63	1.67
Number of physicians	4,228	4,268	4,442	4,641	4,856	5,079

## What is being done

Alberta Health and Wellness is proceeding to update the Physician Resource Plan for Alberta, in co-operation with the Alberta Medical Association, the College of Physicians and Surgeons, medical schools and health regions. This plan will identify numbers of physicians required to meet future needs and to ensure Albertans have appropriate access to physician services.

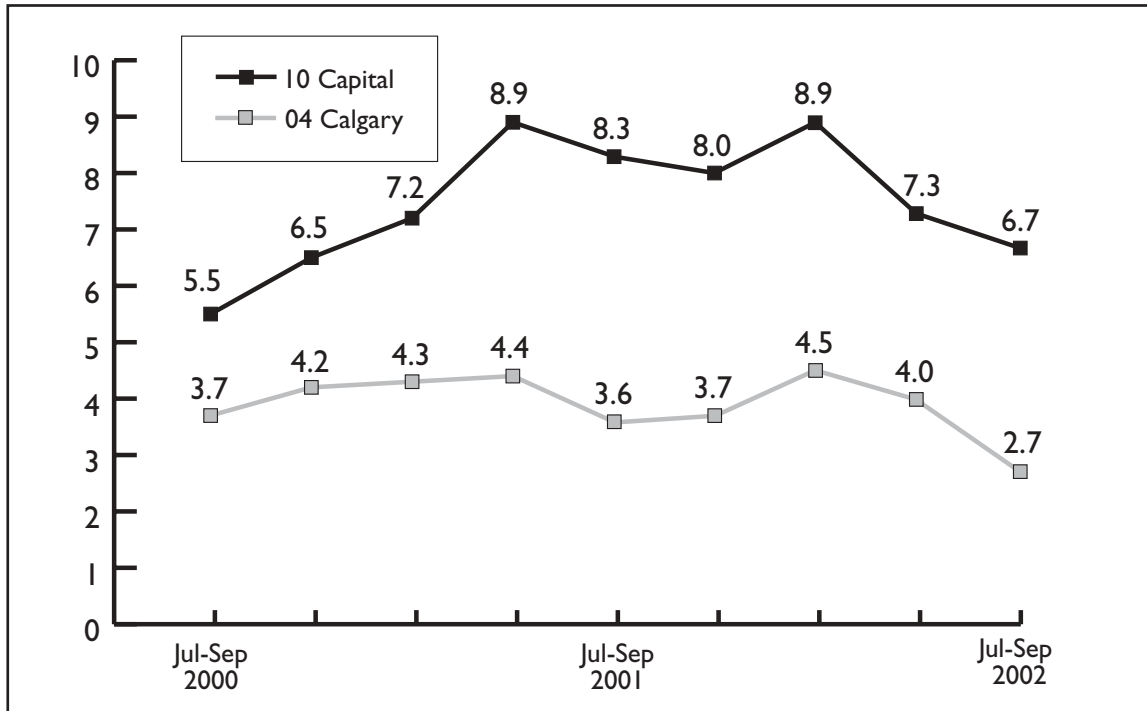
## **Waiting in ER for an Inpatient Bed**

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When Albertans arrive at a hospital emergency department with an injury or illness, they are often treated and released. However, sometimes it is necessary to admit a patient to a hospital acute care bed. With staffing constraints and high occupancy rates in hospitals, situations sometimes arise when no inpatient beds are immediately available for new admissions. When no hospital beds are available, patients who have been assessed in emergency departments as requiring hospital admission must be cared for in the emergency department until such time as a regular hospital bed becomes available. This situation becomes more difficult when acute care beds are occupied by patients for whom homecare, assisted living or a long-term care bed would be more appropriate but is unavailable.

Generally, the time a patient spends in an emergency department while waiting for an acute care bed is very short. In some instances and during certain times of the year, waiting times may be longer than expected. This is especially true in large urban hospitals during the winter flu season, when more visits are made to emergency and more emergency patients must be admitted.

## Average Number of Hours Patients Waited in the Emergency Department for an Inpatient Bed: Capital and Calgary Regions.



[www.health.gov.ab.ca/system/funding/performance/Emergency.pdf](http://www.health.gov.ab.ca/system/funding/performance/Emergency.pdf)

### Results

Currently, only Calgary and Capital health regions report this information quarterly. Between July and September 2002, the average wait times in Capital decreased to 6.7 hours while in Calgary, they were 2.7 hours.

### What is being done

Health regions are encouraging seniors and health professionals to have flu vaccinations to reduce the need to use emergency departments and the number of staff who are away from work with the flu.

The regional health authorities have implemented improved coordinated province-wide access to continuing care services, including seven-day-a-week entry and new wait list management processes to direct patients to more appropriate care than emergency departments.

Capital and Calgary Health Regions are addressing wait times in emergency through initiatives to use patient beds efficiently such as opening continuing care, short stay and sub-acute beds. Emergency department staff shortages are an on-going challenge.

# WAIT LISTS

## Cancer Treatment

There has been an international shortage of specialized cancer treatment staff. This factor prolongs the time it takes to provide timely access to certain treatment services. In recent years, the number of cancer cases has increased as a result of a growing and aging population and success in extending the lives of people living with cancer.

Breast cancer is the most frequently diagnosed cancer in Canadian women, accounting for almost one in three cancer diagnoses. As of September 2002, breast cancer patients wait from 3.5 to four weeks to see a cancer specialist, then another week from their appointment with the specialist to the start of chemotherapy treatment. If they are scheduled for radiation treatment, the wait to see the specialist is seven to 10 weeks, and under two to seven weeks until radiation treatment. Extra clinics have been established to reduce the waiting time for radiation treatment.

Prostate cancer is the most frequently diagnosed cancer in Canadian men. On average, prostate cancer patients wait from two to four weeks to see a specialist and, like breast cancer patients, the wait for chemotherapy is on target at one week. However, the wait to see a specialist in radiotherapy is three to five weeks due to a shortage of specialists in this area. The wait for radiation treatment after this is from under two weeks to five weeks. Though most types of prostate cancer are slow growing and longer wait times for treatment is not known to affect the outcome, many patients find the longer wait distressing.

### Average Wait Times for Cancer Treatment from Appointment with Specialist to Treatment

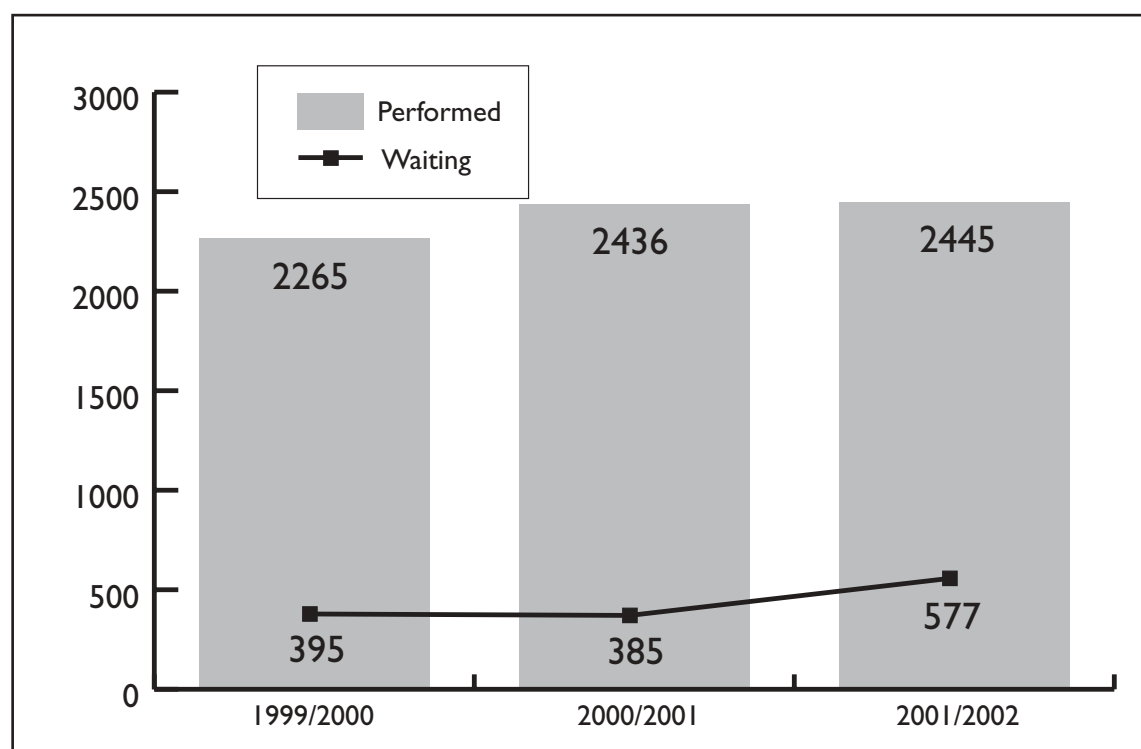
Waiting Time from Appointment to Chemotherapy Treatment					
		Mar 31/02	Jun 30/02	Sep 30/02	Target
Breast and Prostate Cancer	Cross Cancer	1 week	1 week	1 week	1 week
	Tom Baker	1 week	1 week	1 week	
Waiting Time from Appointment to Radiation Treatment					
Breast Cancer	Cross Cancer	4 – 4.5 weeks	5 weeks	7 weeks	4 weeks
	Tom Baker	<1 week	2 weeks	<2 weeks	
Prostate Cancer	Cross Cancer	4 – 4.5 weeks	5 weeks	5 weeks	4 weeks
	Tom Baker	<1 week	2 weeks	<2 weeks	

## Adult Open Heart Surgery

The most common open-heart surgery in adults is the coronary artery bypass procedure. This is done to improve blood flow to the heart muscle, and is usually performed on middle-aged or older adults when their arteries have become blocked. The surgery can improve the quality of life for these people. It is a specialized service provided only by Capital (Edmonton) and Calgary health regions for all Albertans.

In recent years, as the population has aged, the number of people who require this surgery has increased. A limited supply of qualified staff for the specialized care required for these surgeries has sometimes resulted in longer waiting times.

### Adult Open Heart Surgeries Performed and Number of Patients on Waiting List



Note: Detailed waiting time data by urgency category are available at [www.health.gov.ab.ca/system/funding/performance/open\\_Heart.pdf](http://www.health.gov.ab.ca/system/funding/performance/open_Heart.pdf)

#### Results:

During 2001/2002, Alberta hospitals performed about the same number of adult open-heart surgeries as in the previous year but, the number of persons waiting increased about 50 per cent over the number waiting at the end of the previous year.

Capital and Calgary health regions are monitoring performance against waiting time targets for different urgency categories. While very urgent cases continue to receive surgery within hours, waiting times for less urgent outpatients are longer than the targets times of two to six weeks.

## What is being done

The government has provided additional funding each year since 1999 to improve access to adult heart surgery. In addition to opening more beds, the Capital and Calgary Health Regions are taking other approaches to enhance service levels, such as recruiting and training additional staff to provide cardiac services. Increased funding has contributed to the number of procedures performed, but wait times for outpatients have increased in the last year.

## **Hip and Knee Replacement Surgery**

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Hip and knee replacement surgeries replace diseased or injured parts of the hip and knee joint with artificial parts. Such surgeries can significantly improve the mobility of the individual and relieve pain. Most patients receiving this surgery are middle-aged or older Albertans with advanced arthritis that severely restricts their ability to carry on with normal living.

With an aging population, the demand for hip and knee replacements has increased. At the same time, surgical procedures and artificial joints have greatly improved, making surgery safer and more effective. As a result, demand for these procedures grew faster than for many other types of surgery.

In Alberta, hip and knee replacement surgery is currently performed in Edmonton, Calgary, Medicine Hat, Red Deer, Lethbridge, Grande Prairie and Camrose.

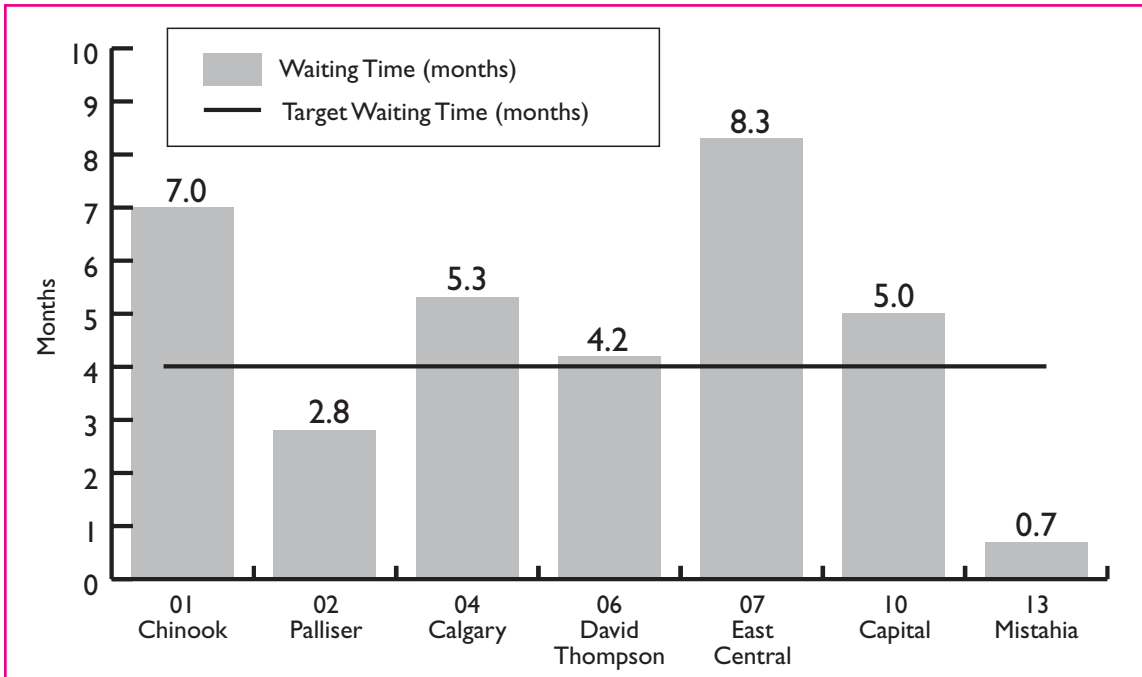
### Results:

During the fiscal year 2001/2002, 4,869 hip or knee replacements were performed in Alberta, a five per cent increase over the 4,622 performed during 2000/2001. As of March 31, 2002, there were 2,710 people waiting for hip or knee replacements in Alberta, up nine per cent from March 31, 2001.

Average waiting time from July through September 2002 was 0.7 months to 8.3 months for the seven regions able to report. The average waiting time target is four months for non-urgent surgeries. As of September 2002, three health regions were below the target and five were above. In some regions, major joint replacement surgery is performed once or twice a month.

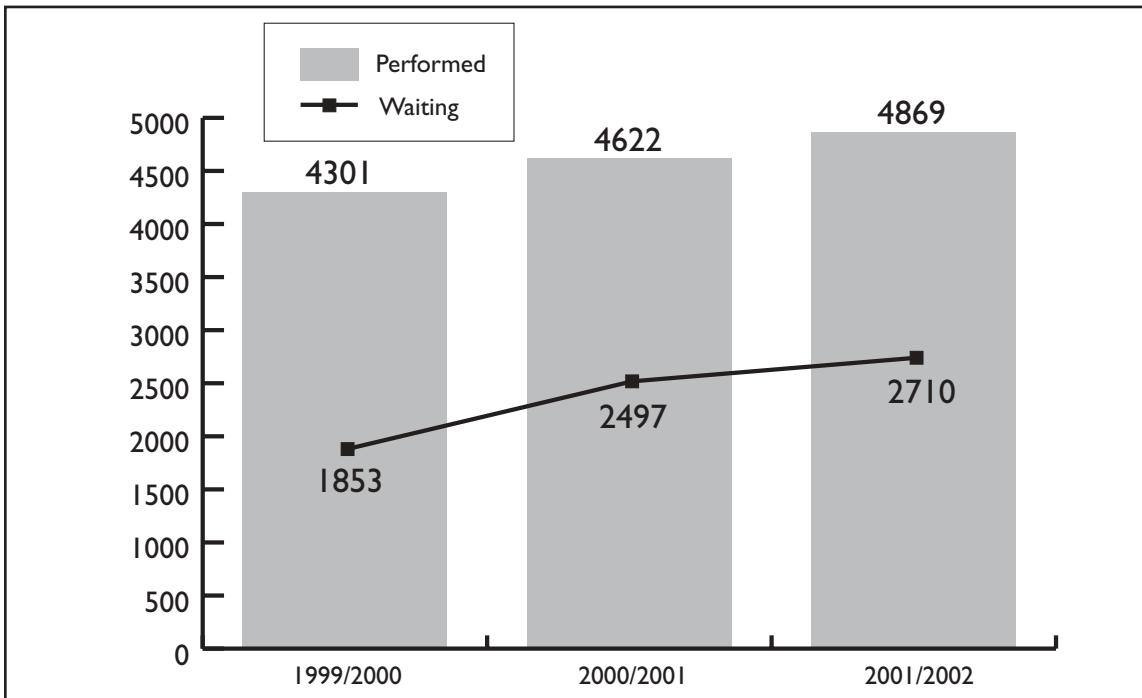


## Joint Replacement: Average Waiting Times by Regional Health Authority as of July-September 2002



[www.health.gov.ab.ca/system/funding/performance/Hip\\_knee.pdf](http://www.health.gov.ab.ca/system/funding/performance/Hip_knee.pdf)

## Number of Joint Replacements Performed and Persons Waiting for Joint Replacement

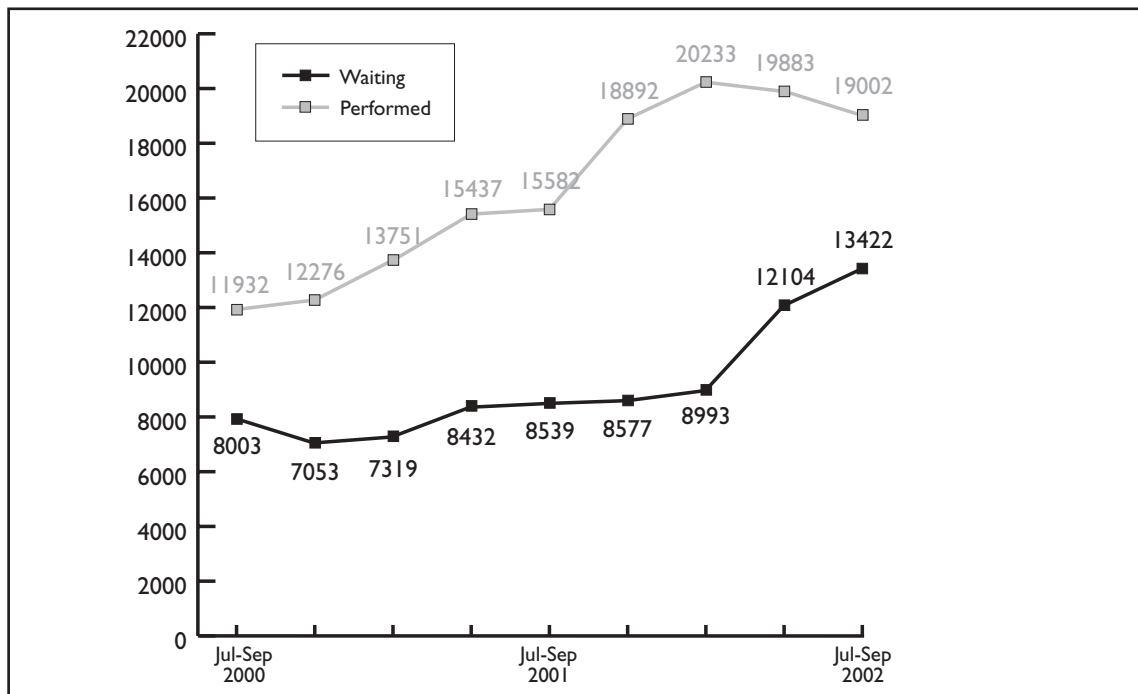


Note: Detailed information is available at [www.health.gov.ab.ca/system/funding/performance/Hip\\_knee.pdf](http://www.health.gov.ab.ca/system/funding/performance/Hip_knee.pdf)

## Magnetic Resonance Imaging (MRI)

Publicly funded MRIs are available in Calgary, Edmonton, Grande Prairie, Lethbridge, Medicine Hat and Red Deer. In 2001, new machines were added in Edmonton, Calgary, Medicine Hat and Grande Prairie.

### Number of MRIs Performed and Number of Albertans Waiting for an MRI



[www.health.gov.ab.ca/system/funding/performance/MRI.pdf](http://www.health.gov.ab.ca/system/funding/performance/MRI.pdf)

Data includes: Calgary, Capital, Chinook, David Thompson (Feb – Mar 2001 and after); Palliser (April – Jun 2001 and after)

### Results

As of September 2002, the number of MRI examinations performed increased 22 per cent over the same quarter last year but the number of persons waiting for an MRI examination at the end of September, 2002 increased by 57 per cent even with additional MRI capacity.

Average wait time: Inpatient MRIs are performed within 24 to 48 hours. A provincial summary value cannot be calculated from the data submitted by health regions as the reporting units of time vary by health region.

Between July and September 2002, outpatient waiting times for MRIs were as follows:

- Chinook: for all elective patients: Mean 27 days. Median 26 days.
- Palliser: up to two days for urgent and 18 weeks for routine examinations.
- Calgary: average wait time for outpatients: 94 days.
- David Thompson: up to 29 days, depending on priority.
- Capital: weighted monthly average wait 112 to 133 days (all urgency categories included).
- Mistahia: average 56 calendar days.

## What is being done

Health regions report a shortage of qualified staff is hampering efforts to meet MRI targets. In 2001, the province embarked on a comprehensive MRI strategy to improve Albertans' access to MRI services.

## Continuing Care

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For individuals who have ongoing health conditions or disabilities, continuing care provides a range of services to help them remain as independent as possible and maximize quality living. Services may include nursing, other professional services, home making services and day programs, and may be provided for a short or long time.

Continuing care services are provided in many different locations, including homes, supportive living settings (e.g., lodges, assisted living units and group homes), and traditional long-term care facilities (e.g., nursing homes and auxiliary hospitals).

Demand for continuing care services is increasing as a result of Alberta's growing and aging population. The focus of continuing care is shifting away from residential care to newer options such as supportive living settings.

In 2001/2002 key policy direction to modify and enhance continuing care services to implement the "aging in place" philosophy was initiated. Regions submitted Ten-year Continuing Care Strategic Plans.

## Long-Term Care

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Patients waiting in acute care beds or waiting urgently in the community, but who require more services than home care or other community services can provide, are given priority for placement into long-term care beds as they become available.

Regional health authorities track the number of people waiting for a traditional long-term care bed as well as the number who receive a placement. Currently, there is no consistent collection of information across the province on waiting lists for home care or supportive living services.

### Results:

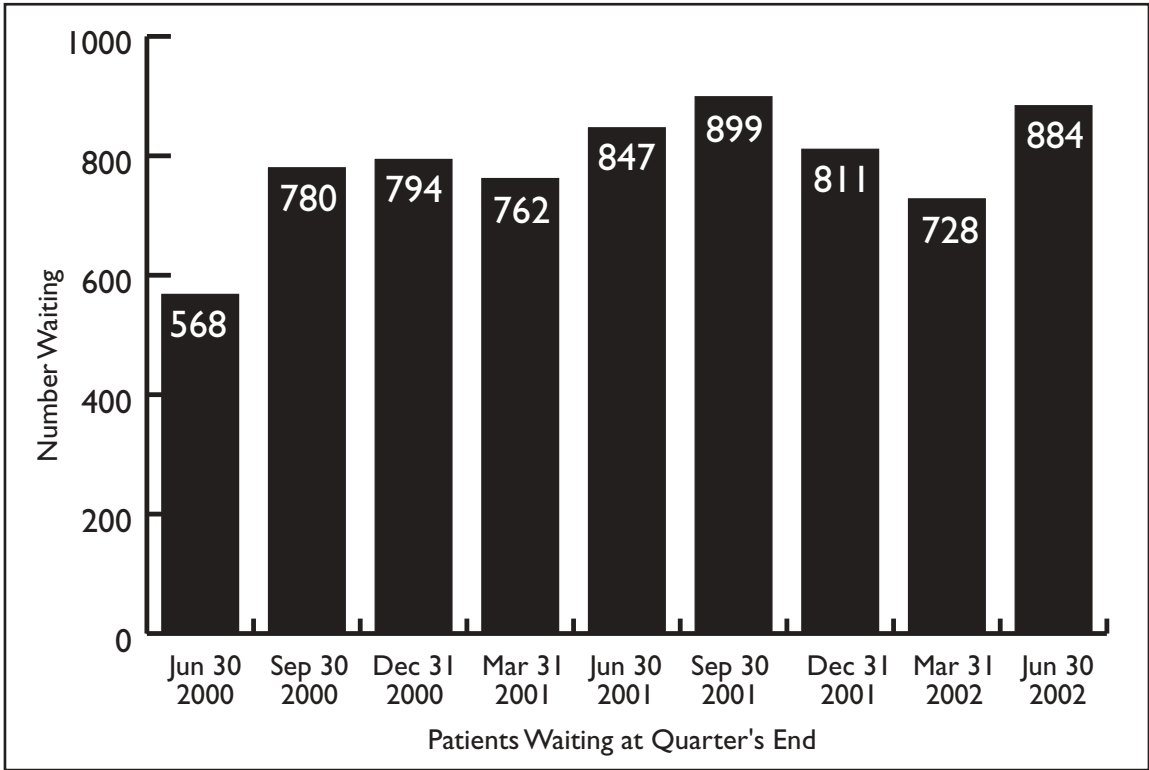
The number of people waiting either in hospital or urgently in the community was 884 on June 30, 2002, up four per cent from 847 in June 30, 2001. This increase was comprised of an eight per cent rise in the number of people waiting in acute care hospitals and a one per cent rise in the number waiting urgently in the community.

There were 6,190 persons placed in long-term care beds from July 2001 to June 2002, six per cent higher than the 5,844 in the previous year.

### What is being done

In 2001/2002, Alberta Health and Wellness finalized partnerships with private and voluntary sector organizations to develop new long-term care facilities. Four projects were completed and 361 new long-term care beds were opened. In total, capital funding has been approved to develop 2,729 new long-term care beds over the next two to three years. As new supportive living options and long-term care beds become available, the number of persons waiting for placement in a long-term care facility is expected to decrease.

**Number of Persons Classified as Highest Priority who are waiting for a long-term care bed**



Does not include data for Keeweenok Lakes as at June 30, 2001.  
[www.health.gov.ab.ca/system/funding/performance/LTC.pdf](http://www.health.gov.ab.ca/system/funding/performance/LTC.pdf)

# Home Care

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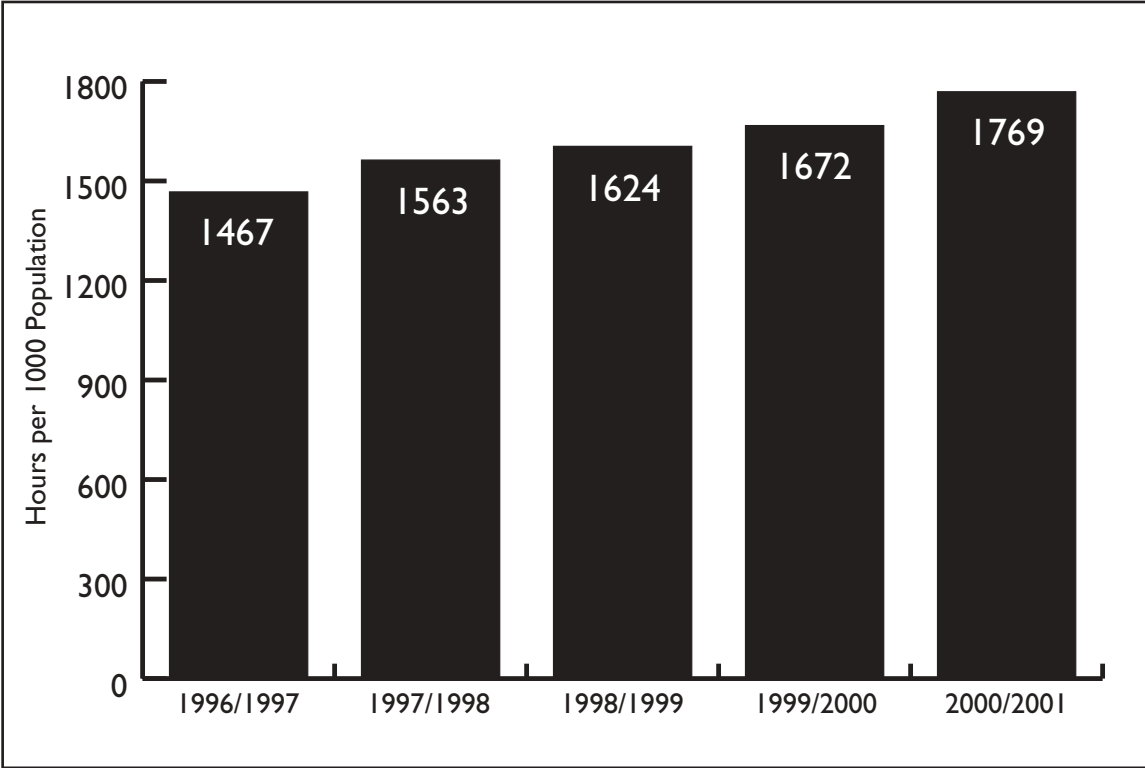
The availability of home care services may permit some persons with disabilities to stay in their home and community rather than be admitted to a long-term care facility. Home care programs provide both health services and assistance with day-to-day activities. Short-term and palliative home care services allow persons with specific needs to be cared for in their home instead of in an acute care bed.

## Results

For all types of home care, the number of hours per person of direct home care has increased steadily since 1996/1997.

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**Direct Home Care Service Hours  
Per 1000 Population**



# FOR MORE INFORMATION

Performance Indicators Reports for wait list information are available at [www.health.gov.ab.ca/reading/publications.html#19](http://www.health.gov.ab.ca/reading/publications.html#19)

A variety of information about the delivery of services in specific areas is available by contacting regional health authorities, the Alberta Cancer Board and the Alberta Mental Health Board. Contact information is available at [www.health.gov.ab.ca/rhas/rhamap.htm](http://www.health.gov.ab.ca/rhas/rhamap.htm)

Technical Notes supporting the data in this report are available online at [www.health.gov.ab.ca/public/document/perfreprtnts.pdf](http://www.health.gov.ab.ca/public/document/perfreprtnts.pdf)

Alberta Health and Wellness collects and publishes a variety of information that supports understanding the health needs of Albertans and planning for the future. These reports are available on-line on the Alberta Health and Wellness website: [www.health.gov.ab.ca](http://www.health.gov.ab.ca), or free of charge by calling the Communications Branch at (780) 427-7164.

- A Report on the Health of Albertans: Looking Through a Wider Lens  
[www.health.gov.ab.ca/public/document/albertans/Abhealth.pdf](http://www.health.gov.ab.ca/public/document/albertans/Abhealth.pdf)
- Health Trends in Alberta  
[www.health.gov.ab.ca/public/document/Health\\_Trends/index.html](http://www.health.gov.ab.ca/public/document/Health_Trends/index.html)
- Alberta Ministry of Health and Wellness Annual Report  
[www.health.gov.ab.ca/public/document/AR00\\_01/index.html](http://www.health.gov.ab.ca/public/document/AR00_01/index.html)
- Health Authority Business Plan and Annual Report Requirements:  
2002-2003 to 2004-2005  
[www.health.gov.ab.ca/public/document/Requirements\\_02\\_05.pdf](http://www.health.gov.ab.ca/public/document/Requirements_02_05.pdf)  
[www.health.gov.ab.ca/system/rhas/require/list.htm](http://www.health.gov.ab.ca/system/rhas/require/list.htm)
- Alberta Ministry of Health and Wellness - Health Care Insurance Plan AHCIIP  
Statistical Supplement Alberta Ministry of Health and Wellness - Alberta Health  
Care Insurance Plan Statistical Supplement 1999/2000  
[www.health.gov.ab.ca/public/document/ahcip\\_statsup\\_00\\_01.pdf](http://www.health.gov.ab.ca/public/document/ahcip_statsup_00_01.pdf)

- The 2002 Survey About Health and the Health System in Alberta  
[www.health.gov.ab.ca/public/document/Survey2002.pdf](http://www.health.gov.ab.ca/public/document/Survey2002.pdf)
- "Who is Accountable in Health"  
[www.health.gov.ab.ca/public/document/acct.pdf](http://www.health.gov.ab.ca/public/document/acct.pdf)
- Province Wide Services Annual Report on Activities and Outcomes

## REQUESTS FOR COMMENTS

Comments on this report are welcome. They will be used to help assess how well it meets your needs and to improve future reports. Please complete this feedback sheet or send your comments to:

Alberta Health and Wellness  
Standards and Measures  
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Edmonton, AB T5J 2N3  
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### Feedback Form

For each question, please place an X beside the *most appropriate response*.

**1. How did you obtain your copy of this report?**

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 Other, please specify

**2. How satisfied are you with these aspects of the report?**

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| A. Length              | <input type="checkbox"/> Too short | <input type="checkbox"/> About right | <input type="checkbox"/> Too long |                               |
| B. Clarity/Readability | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor |
| C. Organization/Format | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor |
| D. Use of figures      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor |
| E. Overall             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor |

**3. How would you improve this report? What suggestions do you have for future reports?**

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