

Alberta's Health System: Some Performance Indicators December 2002

Technical Notes

All health region data in the December 2002 publication is presented on the April 2001 health region boundaries, which were in effect when the activity occurred.

A Glance at Alberta's Health System

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

- Data for "Number of Albertans" and "Albertans receiving a Doctor Service" are from the Alberta Health Care Insurance Plan (AHCIP) Statistical Supplement Table 2.1 in recent years. The 2000/2001 report is at http://www.health.gov.ab.ca/public/document/ahcip_statsup_00_01.pdf
- Albertans admitted to hospital (includes mothers and babies) is the count of individual Albertans in the Canadian Institute For Health Information CIHI Discharge Abstract Database (DAD).
- Albertans who went to Emergency Department is the count of individual Albertans in the Ambulatory Care Classification System (ACCS) records where the Management Information System (MIS) Code Emergency starts with 71310, and the mode of service is face to face contact and the Personal Health Number is valid.
- MIS code 71310 includes all scheduled outpatient services provided in an emergency department as well as emergency services. Therefore, the count of persons overstates the actual utilization of emergency departments for emergency services. It is not possible with the current ACCS data to estimate the amount of the overstatement.

How Health Care Funding Was Spent

- Source: Alberta Ministry of Health and Wellness Annual Report 2001/2002 and 2000/2001. The data include financial statements of entities making up the Ministry including the provincial agencies for which the Minister is responsible.
- The funding provided to health authorities is made up of direct transfers of funds to the regional health authorities, funding for province-wide services such as organ transplants performed at the Edmonton and Calgary Health Regions, and one-time financial assistance to the health authorities.
- Physician services are fees paid to physicians for services provided.
- Other programs and services include expenses for programs and services such as the Blue Cross Benefit Program, Protection, Promotion and Prevention program, and Human Tissue and Blood Services.

Reasons for Doctor Services in Alberta 2001/2002

- Source: AHCIP payments to Alberta physicians for basic medical services provided in Alberta to Albertans; with dates of service between 2001 April 01 and 2002 March 31 and with date of payment between 2001 April 01 and 2002 March 31.
- "Most common" is defined as the diagnostic category with the greatest number of calls/services paid.
- Method: The first diagnosis submitted for payment was aggregated to the 3-digit level. The most commonly paid 3-digit diagnoses were then aggregated into International Classification of Diseases, Ninth Revision (ICD•9) subchapters as defined in the ICD•9 diagnostic

codebook. For example, diagnosis 401 Essential Hypertension was the 4th most common 3-digit diagnosis. For reporting purposes, all diagnoses between 401 and 405 were aggregated into Hypertensive Disease as defined in the ICD•9 Codebook. The aggregation for presentation purposes results in more complete and meaningful diagnostic categories. It is assumed that the AHCIP payment information which records Alberta modified ICD•9 diagnostic codes is validly presented using the actual ICD•9 aggregations.

- Doctor services may vary from doctor visits in an office or to a hospital. Some services, such as psychiatric and anaesthetic services, are paid on a time unit (15 or 30 minutes) and several time units may be paid for one visit. However, most services, such as routine office visits, x-rays and the surgeon's fee, are paid as one service per visit. Mental Health Conditions is the most common reason for both doctor services and doctor visits and the five most common reasons for doctor visits are the same by visits or by services.

Reasons for Admissions to Acute Care Hospitals 2000/2001

- The most common reasons for admissions/discharges from acute care hospitals are derived from the principle diagnosis in the CIHI's Inpatient Discharge Abstract Database for Albertans discharged from Alberta Acute Care Hospitals.
- Method: Discharges were counted on the first diagnosis aggregated to the 3-digit level. The most commonly occurring 3-digit diagnoses were then aggregated into ICD•9• Clinical Modification (CM) subchapters as defined in the ICD•9•CM diagnostic code book. Diagnoses 640 - 649 (Pregnancy), 650 - 659 (Normal delivery), 660 - 669 (Complications occurring mainly in the course of labor and delivery) and 670 - 677 (Complications of the Puerperium) are grouped into Diagnoses relating to pregnancy, labor and delivery. Diagnoses for Mental Disorders (290 to 316) are grouped into Mental Health Conditions. The aggregations presented provide more complete and meaningful diagnostic categories.

Albertans' Ratings of Quality of Health Services

- Source: The 2002 Survey About Health and the Health System in Alberta Section 5. Quality of Health Care Services.
- Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta. The response rate for the 2002 survey was 77 per cent. Results for the entire province are accurate to within 2 per cent, 19 times out of 20.
- Responses to the following six questions are presented. The measure for all questions is the per cent of respondents who answered Good or Excellent.

Persons who reported having personally received health care services in Alberta in the last 12 months were asked:

“Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was Excellent, Good, Fair, Poor?”
Question 14b

“How did the health care services you received in the past 12 months affect your health? Would you say the results were Excellent, Good, Fair, Poor?”
Question 14d

Persons who reported having received services from a physician in Alberta in the past 12 months were asked to comment on the most recent service.

How would you rate the QUALITY of care you received from this physician on this occasion? Would you say it was.....Excellent, Good, Fair, Poor? *Question 15d*
How did the health care services you received from your doctor on this occasion affect your health? Would you say the results were Excellent, Good, Fair, Poor? *Question 15f*

Persons who reported having received health services at a hospital in Alberta were asked:
How would you rate the QUALITY of care you most recently received at the hospital? Would you say it was..... Excellent, Good, Fair, Poor? *Question 16c*
How did the health care services you received at the hospital affect your health? Would you say the RESULTS were..... Excellent, Good, Fair, Poor? *Question 16e*

Self Reported Health

- Source: The 2002 Survey about Health and the Health System in Alberta Section 3.1 Health Status.
- Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta. The response rate for the 2002 survey was 77 per cent. Results for the entire province are accurate to within 2 per cent, 19 times out of 20.
- Adult Albertans were asked:
In general, compared with other people your age, would you say your health is....
Excellent, Very Good, Good, Fair, Poor? *Question 1.*
The measure is the per cent of people, aged 18 to 64, who responded “Excellent” or “Very Good” and the per cent of people, aged 65 years and over, who responded “Excellent”, “Very Good” or “Good”.

Most Common Causes of Death

- Source: Health Surveillance using data from Alberta Vital Statistics Death Files, Alberta Health and Wellness mid-year Population Estimate Files and from Statistics Canada 1996 post-censal population estimates for Canada. Produced by Health Surveillance 2002 November 20.
- The measure is age - standardized mortality rate per 100,000 Albertans, standardized to the Statistics Canada 1996 post-censal population estimates for Canada.
- Deaths with the following ICD10 underlying causes are reported: Cancer C00 - C97; Stroke I60 - I69; Respiratory J00 – J98; Injury V01 – Y98 (includes suicide) and Heart Disease I00 – I09, I11, I13, I20 – I51.
- Due to changes in the coding system for diseases, the 2000 rates cannot be compared to figures reported for previous years.

Access to Health Services

Albertans’ Ratings of Access

- Source: The 2002 Survey about Health and the Health System in Alberta Section 7.2 Ease of Access to Needed Health Care Services
- Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted

by the Population Research Laboratory at the University of Alberta. The response rate for the 2002 survey was 77 per cent. Results for the entire province are accurate to within 2 per cent, 19 times out of 20.

- Adult Albertans were asked:
How easy or difficult is it for you to get the health care services you need when you need them? Would you say... Very easy, Easy, A bit difficult, Very difficult? *Question 12a*.
The measure is the percentage of people who responded “Easy” or “Very easy”.

Access to Physicians

- Number of Physicians in Alberta (total and per 1,000 Albertans) and the percent general practitioners and specialists are presented from data in Alberta Ministry of Health and Wellness Annual Report 2001/2002 (http://www.health.gov.ab.ca/public/document/AR01_02/section_1.pdf).
- Percent of basic medical services provided by general practitioners in the same health region where the patient resides was derived from data extracted from AHCIP Physician Payment files. The patient and service health region were assigned as of the date of service and with health region boundaries as of 2001 April 1. Community Medicine, Geriatric Medicine, Generalist rates for mental health physicians and Occupational Medicine Specialties were not included as general practitioners.
- Table: Wait times to see a physician.
Source: the 2002 Survey about Health and the Health System in Alberta Section 7.5 Ease of Access to Physicians
Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta. The response rate for the 2002 survey was 77 per cent. Results for the entire province are accurate to within 2 per cent, 19 times out of 20.
Adult Albertans who reported having seen a family doctor or a medical specialist in the last 12 months, were asked:
How long did you have to wait from the time you made the appointment until you were able to see your doctor? Would you say it was Same day, less than 1 week, 1 to less than 2 weeks, 2 weeks to less than 1 month, 1 to less than 3 months, 3 to less than 6 months 6 months or longer?” *Question 15c*
The measure is the per cent of people who responded in each wait time category.

Waiting in Emergency for an Inpatient Bed

- Source: Quarterly Reports from Calgary and Capital Health Regions.
- This indicator describes all persons admitted as inpatients from the emergency department of the same hospital.
- Wait time begins when the decision is made to admit the patient or when an inpatient bed is requested to the time the patient is discharged from the emergency department.
- Average (mean) wait times and proportion of patients waiting in Emergency longer than 24 hours to be admitted is calculated from the individual wait time for each patient.
- Calgary Health Region data excludes visits to Children’s Hospital emergency.

Wait Lists

Cancer Treatment

- Source: Alberta Cancer Board Quarterly Reports
- Wait time to see cancer specialists is measured from the date a person is referred to the specialist to the date the person makes the first visit to the specialist. Wait times for radiation and chemotherapy are from the date the decision to treat with radiation or chemotherapy is made to the date of the first treatment.
- The Alberta Cancer Board sets targets for wait times.

Adult Open Heart Surgery

- Source: Quarterly Reports from Capital and Calgary Health Regions
- Data includes CABG (coronary artery bypass with graft), valve and septal procedures on patients over 18 years of age and excludes heart transplants and defibrillator implants.
- Surgical volumes and wait list data reflect patients receiving services in Calgary or Capital Health Regions and may include some non-Albertans.
- Waiting for open-heart surgery begins on the date of referral for surgery to the date the surgery is performed.
- Patients are counted in the following urgency categories with 2001/2002 target wait times: Emergent – 1 week; Urgent Outpatient – 2 weeks; Planned Outpatient – 6 Weeks.

Hip and Knee Replacement Surgery

- Source: Quarterly Reports from Regions where hip and knee replacement surgery is performed: Chinook, Palliser, Calgary, David Thompson, East Central, Capital, Mistahia. Data submitted by regions may come from surgical booking systems or aggregate reports from surgeon's offices or a combination of both.
- Hip and Knee Replacement Surgery refers to total hip replacement and total knee replacement, both initial procedures and revisions.
- Waiting for hip and knee replacement surgery begins on the date the surgeon decides that surgery is required and ends on the date the surgery is performed. In some regions, the wait begins when the request for surgery booking form is received by the hospital. Decision dates and booking dates for the same patient may be different.
- The wait list is the number of persons waiting for hip or knee replacement surgery at a hospital in the reporting region, on the last day of the quarter. Persons waiting by choice or for a preferred surgery date may be included in the wait list. Emergency cases are not waitlisted.
- Mean waiting times are reported for all health regions.
- The provincial target for average wait time for major joint replacement surgery for 2001/2002 is 4 months.

Magnetic Resonance Imaging (MRI)

- Source: Quarterly Reporting from Regions where publicly funded MRIs are provided: Chinook, Palliser, Calgary, David Thompson, Capital and Mistahia.
- Data includes only publicly funded MRI provided by health regions or provided by private MRI providers under contract to a health region. MRI procedures provided at the Cross Cancer Institute are excluded at this time. Privately funded MRIs are also excluded.

- The volume data reflects the number of MRI scans performed, which is greater than the number of persons who received at least one MRI scan, since a person may receive more than 1 scan per visit.
- The wait list for MRI is reported as the number of patients for whom a request for an MRI examination has been received by the region but who have not yet received the service on the last day of the reporting quarter.
- Health regions report average wait times calculated from the individual wait time of each patient who received an MRI service during the reporting quarter.
- Methods for assigning outpatients to urgency category vary across regions. Therefore, provincial MRI wait time by urgency category cannot be estimated reliably.

Continuing Care

Long Term Care

- Source: Quarterly Reporting All Health Regions. The aggregate counts submitted by each region are summed to provide the provincial number of persons waiting for placement. Some persons may be on wait lists in more than 1 region.
- As of 2001 June 30, counts for all regions except Keeweenok Lakes are included in provincial counts. LTC placements in Keeweenok Lakes account for less than 1 per cent of LTC placements in Alberta.
- Wait time begins on the date the person is approved for placement in a long-term care facility and ends on the date of admission to a long term care facility.
- The wait list reflects the number of persons waiting for placement in a traditional long-term care bed within a region on the last day of the reporting quarter.
- Patients waiting urgently in the community and patients in acute care beds have highest priority placement into long term care beds.
- “Urgent in community” describes an individual on the Long Term Care wait list to whom the following criteria apply as defined in Program Description: Single Point of Entry for Long Term Care Services in Alberta, Alberta Health, 1993 August.
 - There has been a significant breakdown in the informal support system or a change in the individual’s functional ability;
 - The individual has needs that exceed the available resources of the home care program and the other community services required to meet the identified needs.
 - The individual is willing to accept the first available long term care bed;
 - The individual requires and agrees to accept care in a facility immediately
- Tracking and reporting mechanisms vary across regions. Some regions include persons from outside their region or out of province waiting for placement in their region while other regions exclude these persons. Some regions count only the waiting person’s first choice for LTC facility while others may count all choices. Some regions include persons already placed in one facility but awaiting placement in another facility. Persons requesting placement in any of several regions may be counted on each region’s list.

Home Care

Source: Alberta Health and Wellness Website: Information to Support Health Authority Business Plans and Annual Reports: Tables D. Home Care

<http://www.health.gov.ab.ca/system/rhas/require/list.htm>

Direct home care services include assessment, case coordination, direct professional, personal care, and home support services and exclude activity for self-managed care clients.

For more information

The Alberta Health Care Insurance Plan Statistical Supplement is found at http://www.health.gov.ab.ca/public/document/ahcip_statsup_00_01.pdf

The 2002 Public Survey About Health and the Health System in Alberta is available at <http://www.health.gov.ab.ca/public/document/Survey2002.pdf>

- Data are collected through an annual telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta. The response rate for the 2002 survey was 77 per cent. Results for the entire province are accurate to within 2 per cent, 19 times out of 20.

Summaries of the latest Key Performance Indicators Reports may be found at <http://www.health.gov.ab.ca/reading/publications.html#4> under Performance Indicators.

Many kinds of health status and health system utilization information, many for the last 5 years, are available at <http://www.health.gov.ab.ca/system/rhas/require/list.htm>

Please address your questions and comments regarding these technical notes to resdata@gov.ab.ca.

Standards and Measures
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