Access and Flow | Efficient | Custom Indicator

	Last Year		This Year	
Indicator #2 Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit. (Renfrew Victoria Hospital)	**31.90** Performance (2023/24)	**31.90** Target (2023/24)	**0.54** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

The Network 24 OHT is currently working towards the QCIP for our OHT. Improvement initiatives for all partners will be identified through this work. For RVH our Emergency Department will continue to review this metric at ED Committee meetings for potential improvement.

Process measure

• Number of referrals completed by the ED for Community Mental Health Crisis workers. Number of individuals who present to ED for first point of contact will be presented quarterly at the ED Committee meetings and Board CQI. Number of times mental health patient brought to RVH ED by police and hours spent in the ED.

Target for process measure

• 100% of mental health patients who qualify for referrals to Community Mental Health Crisis Workers will receive that support. Police Transitions Committee will meet biannually and establish baseline metrics and targets.

Lessons Learned

This metric continues to be reviewed at RVH as part of our work with the OVOHT however it has changed slightly. RVH continues to see high numbers of patients through the ED for mental health and addictions and are working closely with local police and paramedics.
Our performance this year has been adjusted as last years performance numbers reported incorrectly. Over a 6 month period that was reviewed, out of 10968 visit to RVH ED, 0.54% of them were for mental health and addictions.

	Last Year		This Year	
Indicator #4	**7.80**	**7.80**	**1.29**	**NA**
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. (Renfrew Victoria Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Home First Philosophy sustained- JDR will ensure all options are considered in advance of any decisions related to LTC.

Process measure

• Executive Performance and Utilization Dashboard will be monitored including LOS, ALC, and EDD. A & D Committee will monitor. Joint discharge rounds will take place every two weeks for all patients that require ALC designation.

Target for process measure

• Realtime data used for decision making. This data will be presented and reviewed and all key committees in the organization that care for Acute and ALC patients.

Lessons Learned

Variability of Home and Community Care Services and new Long Term Care beds; other options such as retirement home may not be affordable. Availability of Long Term Care beds continues to be a challenge.

	Last Year		**This Year**	
Indicator #5	**98**	**100**	**92.58**	**NA**
Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. (Renfrew Victoria Hospital)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

During patient registration we continue to ensure that their Primary Care Physician is listed on their chart to ensure proper routing of results and discharge summaries.

Process measure

- Data will be reviewed related to this indicator at the Admission and Discharge Committee and at the care team level on the unit

Target for process measure

- Target for this measure, 100% of hospitalists and team leaders will receive education on the value of completing this summary.

Lessons Learned

EPIC allows for seamless transition of information to the Primary Care Provider after discharge from hospital. Registration teams at RVH work to ensure the PCP is listed on file so that the discharge summary always goes to the PCP.

Report Accessed: March 18, 2024

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
	58.03	**60**	**73**	**75**
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Indicator #6

Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (Renfrew Victoria Hospital)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Increase compliance of after visit summary for patients presenting to the ED and inpatient unit admissions.

Process measure

- Monitor data and share feedback with A&D Committee and care team committees. Monitor number of concerns and response time. Provide data to Board CQI Committee and Care Team Committees around trends and follow up.

Target for process measure

- 100% of patients over the age of 65 will receive an after visit summary. 100% of patient concerns will be acknowledged and follow up done when appropriate.

Lessons Learned

RVH implemented Qualtrics Patient Satisfaction Surveys have been in place at RVH since June 2023. As more data is collected and we have a full fiscal year of results RVH will set clear benchmarks for this reporting.

Report Accessed: March 18, 2024

Safety | Effective | Priority Indicator

	Last Year		**This Year**	
Indicator #1	**88.96**	**90**	**90**	**90**
Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (Renfrew Victoria Hospital)	**Performance (2023/24)**	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Improve pharmacy involvement related to complex patients with multiple changes to their medication. Inpatient unit nurses will review medication reconciliation on discharge with less complex patients.

Process measure

• Data will be pulled regularly from the electronic health care record to ensure medication reconciliation was completed at discharge. This data will be presented to the Care Team at monthly meetings, at safe medication practices meetings and ultimately to the Continuous Quality Improvement Committee of the Board to ensure compliance with this important aspect of care.

Target for process measure

• 100% of patients from the inpatient units will receive an After Visit Summary with BPMH included in the summary.

Lessons Learned

Medication Reconciliation numbers at RVH continue to improve each quarter. Focus has been put on this process at Care Team meetings and also pharmacy continues to provide teaching on best possible medication history and reconciliation. EPIC provides accurate and real time reporting to review and ensure we are staying on top of this.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #3 Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Renfrew Victoria Hospital)	**4** Performance (2023/24)	**4** Target (2023/24)	**0** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Leadership will work with Occupational Health and Safety committee to provide continued education to all staff and review data elements related to this indicators.

Process measure

- Continued education and auditing information will be provided to the occupational health and safety committee and appropriate care teams. All reported workplace violence incidents will be reviewed to look at potential areas for improvement.

Target for process measure

- Data will be reviewed and recorded and education will take place accordingly.

Lessons Learned

RVH continues to focus on the safety of our patients, their families and our staff and physicians. New panic alarm system has been implemented at RVH and continued education is provided to staff.