

## Theme I: Timely and Efficient Transitions | Timely | **Mandatory Indicator**

### Indicator #5

The time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room. (Renfrew Victoria Hospital)

Last Year

**4.33**

Performance  
(2019/20)

**4**

Target  
(2019/20)

This Year

**1.75**

Performance  
(2020/21)

**1.75**

Target  
(2020/21)

### Change Idea #1

Bullet Rounds will be conducted daily on all inpatient units prior to bed meetings to ensure timely discharges take place

#### Target for process measure

- 90% of compliance with bullet rounds on all units

### Lessons Learned

No lessons learned entered

### Change Idea #2

Daily bed meeting to facilitate transfers from the ER Dept and early discharge

#### Target for process measure

- To reach new target by March 31, 2020

### Lessons Learned

No lessons learned entered

### Change Idea #3

#### Audit use of medical directives/order sets

**Target for process measure**

- ER length of stay will be reduced by one hour with change improvements

#### Lessons Learned

No; all medical directives/order sets have been embedded in the new EMR system to improve compliance

### Change Idea #4

#### Review length of stay data at ED/Acute Care committee meetings

**Target for process measure**

- 100% of minutes will reflect discussion and changes made

#### Lessons Learned

This is reviewed at quarterly ER meetings

### Change Idea #5

#### Continue to move procedures out of the ER Dept to Medical Day Unit when appropriate

**Target for process measure**

- 100% of cases will reflect discussion and changes made

#### Lessons Learned

No lessons learned entered

**Change Idea #6**

GEM nurse to conduct follow-up phone calls for patients seen outside GEM hours

**Target for process measure**

- Readmission/re-visits to ER Dept will be reduced by 60% for the patients called

**Lessons Learned**

No lessons learned entered

**Change Idea #7**

Implement electronic tracking board with new EMR

**Target for process measure**

- Transfers will be monitored to ensure timely transfers take place

**Lessons Learned**

This change has improved communication flow of patients and follow-up on test results to take place in a more timely fashion

**Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator**

	Last Year		This Year	
<b>Indicator #6</b>	<b>0.10</b>	<b>0.10</b>	<b>CB</b>	<b>CB</b>
Unconventional spaces (Renfrew Victoria Hospital)	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

### Change Idea #1

Implement patient white boards on TVs to enhance patient and family centered care through communication

#### Target for process measure

- Process followed for 100% of patients that are complex >65 and reduction of patients who become ALC during hospital stay

### Lessons Learned

Completed

### Change Idea #2

Home First Joint Discharge Rounds (JDR) to ensure appropriate decisions to avoid long-term care

#### Target for process measure

- Aggregate data required for tracking/trending; data will be used to make changes in discharge process so patients return home safely

### Lessons Learned

No lessons learned entered

### Change Idea #3

Discharge follow-up phone calls

#### Target for process measure

- 100% of patients identified will receive a follow-up phone call

### Lessons Learned

No lessons learned entered

### Change Idea #4

#### Implement bedside discharge rounds

##### Target for process measure

- Bedside Discharge rounds will be completed on all complex patients

### Lessons Learned

Partially - changes to medical model of care in 2020 will improve this process

### Change Idea #5

#### Implement new Home First philosophies, policies and procedures

##### Target for process measure

- 80% compliance with all new policies and processes

### Lessons Learned

No lessons learned entered

**Theme II: Service Excellence | Patient-centred | Priority Indicator**

## Last Year

61

Performance  
(2019/20)

65

Target  
(2019/20)

## This Year

73

Performance  
(2020/21)

75

Target  
(2020/21)**Indicator #4**

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**

Continue discharge planner follow-up phone calls for all patients over 65 years of age

**Target for process measure**

- 80% of patients indicate they had all of the information they needed at discharge. 20% that were not well-informed get additional information during the follow-up call to ensure successful

**Lessons Learned**

No lessons learned entered

**Change Idea #2**

Continue patient oriented discharge summary for all patients over 65 years of age, GEM patients in the ER and Health Links clients for Health Link#9 in the Champlain LHIN

**Target for process measure**

- Number of patient oriented discharge summaries provided to the identified patient groups. Percentage of compliance for the patient group identified

**Lessons Learned**

Patient oriented discharge summary has been altered and adopted to the electronic environment

**Change Idea #3**

Educate staff about appropriate discharge practices and how to verify patients are well informed at discharges

**Target for process measure**

- 90% of patients indicate they were well informed

**Lessons Learned**

No lessons learned entered

**Change Idea #4**

Implement "MyCHart" with EPIC implementation of electronic medical record

**Target for process measure**

- 80% of the patients will sign up for "MyChart"

**Lessons Learned**

This was implemented in the Fall and feedback from patients and families is extremely positive.

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**Last Year**
**100**
**Performance**  
 (2019/20)
**100**
**Target**  
 (2019/20)

**This Year**
**100**
**Performance**  
 (2020/21)
**100**
**Target**  
 (2020/21)
**Indicator #3**

Percentage of complaints acknowledged to the individual who made a complaint within five business days. (Renfrew Victoria Hospital)

**Change Idea #1**

All complaints will be acknowledged in the time frame`

**Target for process measure**

- 100% of concerns will be acknowledged in time frame

**Lessons Learned**

All were acknowledged in timeframe

**Change Idea #2**

Follow-up will be done to determine if complaint was handled well

**Target for process measure**

- 100% of patients will be asked if complaint was handled well

**Lessons Learned**

Follow-up has been completed for all complaints

**Theme III: Safe and Effective Care | Effective | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>93.50</b>	<b>95</b>	<b>88.84</b>	<b>89</b>
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 (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)

**Change Idea #1**



## Measurement and feedback related to the compliance with medication reconciliation

### Target for process measure

- 100% of reports will be brought forward to key stakeholders

### Lessons Learned

Compliance was very poor first quarter with the new EMR; has improved with feedback

### Change Idea #2

Provide continual feedback on the compliance with medication reconciliation

### Target for process measure

- 100% compliance with dissemination and at least one improvement developed

### Lessons Learned

Compliance was very poor first quarter with the new EMR; has improved with feedback

### Change Idea #3

To develop an action plan with key stakeholders with defined accountabilities to maintain and sustain change

### Target for process measure

- 80% of change ideas will be implemented

### Lessons Learned

Action plan can complete with all partners in the new EMR system

### Change Idea #4

Develop mandatory education that will be completed by all nursing staff in Learning Management System (LMS)

**Target for process measure**

- 100% of staff complete education

**Lessons Learned**

Completed with additional in class training for new EMR

**Change Idea #5**

Implementation of new EMR improve medication reconciliation compliance

**Target for process measure**

- 100% compliance

**Lessons Learned**

Initially, compliance decreased as staff/physicians learned the new system. This is continually improving now

## Theme III: Safe and Effective Care | Safe | **Mandatory Indicator**

Indicator #2	Last Year		This Year	
	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Renfrew Victoria Hospital)	18 Performance (2019/20)	18 Target (2019/20)	8 Performance (2020/21)

### Change Idea #1

Ensure workplace violence flagging forms are being completed on admitted patients to alert staff of the patient violence risks

#### Target for process measure

- 18 workplace reports

### Lessons Learned

This has improved in the new EMR flagging system which may be why we have lower number of incidents in the workplace

### Change Idea #2

Ensure Code White Emergency response is used for applicable incidents

#### Target for process measure

- 18 Code White Episodes

### Lessons Learned

Code White response is in place and sent to all appropriate staff to respond and follow-up