Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 - September 30, 2023 (Q2)	1.29	1.40	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.	Home and Community Care and OVOHT

Change Ideas

Change Idea #1   Home First Philosophy sustained- JDR will ensure all options are considered in advance of any decisions related to LTC.

Methods	Process measures	Target for process measure	Comments
Discharge Planning activities begin on admission and information and engagement regarding planning takes place with family/patient; right patient, right bed.	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.	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.	Unknowns are HHR challenges in other sectors may impact on performance (capacity challenges)

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Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile ambulance offload time	O	Minutes / Patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	33.00	33.00	This is a new indicator for RVH and we currently don't have any history for setting a target. This will be reviewed ongoing to adjust target as needed	Renfrew County Paramedics

Change Ideas

Change Idea #1   RVH will continue to work on improving the time from the decision to admit the patient to the time they are in their inpatient bed.

Methods	Process measures	Target for process measure	Comments
Ensuring inpatient discharges occur by 10am to improve patient flow and create available beds.	ED Team & Joint Discharge Rounds continue to meet to review these steps and find efficiencies.	Realtime data used for decision making. This data will be presented and reviewed by Care Teams	

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of patients who visited the ED and left without being seen by a physician	O	% / ED patients	CIHI NACRS / April 1st 2023 to September 30th 2023 (Q1 and Q2)	5.42	3.00	P4R funding will be allocated to improve flow in the ED. Target in EPIC is 3%.	

Change Ideas

Change Idea #1   Physician Assistant addition in the ED in 2023 has helped with wait times and keeping the flow moving in the ED.

Methods	Process measures	Target for process measure	Comments
PA is scheduled during peak volume times to keep the patient flow moving.	Collaborating with OVOHT related to primary care efforts such as RCVTAC and other community services. RVH Continues to promote RCVTAC through our social media posts.	P4R metrics will be reviewed at the ED committee meeting.	P4R funding should help to offset the costs.

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Total numbers of visits to the Emergency Department with a main problem of Mental Health or Substance Abuse.	C	% / ED patients	Other / April 1 to Sept 30 2023	0.54	0.54	RVH is working very closely with our Ontario Health Team Partners within our OHT. Our OHT has identified this indicator as a priority for our OHT work in Renfrew County again this year. We are optimistic that all partners including primary care and home and community care will be identifying change ideas to improve this metric.	OVOHT

Change Ideas

Change Idea #1	OVOHT 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.

Methods	Process measures	Target for process measure	Comments
The RVH ED Committee will review this metric quarterly along with case reviews for particular patients to look at potential improvements. The Emergency Department will continue to consult Community Mental Health Crisis workers support for the ED and post discharge. Mental Health education will be provided to ED staff and physicians. The RVH ED has established a Police Transitions Committee with police and community workers in place.	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.	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.	Through other initiatives a Community Mental Health Crisis workers resides adjacent to the ER department at RVH to ensure referrals are seamless. Through other initiatives a community liaison police officer has been put in place to support mental health patients.

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Measure - Dimension: Timely

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	C	% / Discharged patients	Other / April 1 2023 to Sept 30 2023	92.58	95.00	Continuity of Care as patient transitions into the community. Now that RVH is using EPIC, discharge summaries are provided 98% of the time to the primary care provider.	Local Family Physician Offices

Change Ideas

Change Idea #1	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.

Methods	Process measures	Target for process measure	Comments
Education will take place with the hospitalists and team leaders on inpatient units to ensure this is a priority. Patient will continue to be encouraged to sin up for "my-chart" to be engaged and involved in their care	Data will be reviewed related to this indicator at the Admission and Discharge Committee and at the care team level on the unit. Data will be reviewed related to up take of "my-chart" by patients at RVH	Target for this measure, 100% of hospitalists and team leaders will receive education on the value of completing this summary. Target for this measure is 100% of patients be provided information about "my-chart" during care interactions at RVH.	Feedback will be provided to the A&D committee at RVH.

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	This year our accountability to OHE is for executive level staff finishing EDI and anti-racism education. We will have 100% of our executive level staff having finished this.	OVOHT

Change Ideas

Change Idea #1	The EDI committee meets regularly, newsletters reflect various important days, online training was made available to the senior executive team at RVH to complete. For this year, more education will be available to staff and physicians including online modules through our Learning Management System and planned Lunch & Learns

Methods	Process measures	Target for process measure	Comments
Continue educational opportunities for all staff related to training in this area	Data will be reviewed at EDI Committee meetings.	Continue to expand this training to all staff at RVH.	In January 2024 RVH put on a Safe Space Lunch & Learn for staff and plan to hold more events like this in the coming year. In addition to the KAIROS blanket exercise, which RVH will be doing for all managers/executives in 2024/25, we also made the cultural competence and ICS training in our Learning Management System available. Many of our staff have also completed the San'yas training

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	73.00	75.00	RVH had to do most recent 6 month period instead of 12 months because we only started Qualtrics June 2023. This shows reporting June to Nov 2023	Qualtrics Patient Satisfaction Surveys

Change Ideas

Change Idea #1   Increase compliance of after visit summary for patients presenting to the ED and inpatient unit admissions.

Methods	Process measures	Target for process measure	Comments
Continue education with all physicians and all team leaders. Ensure patient concerns are acknowledged and feedback provided as per policy. Encourage patients at RVH to consider signing up for "My Chart" post discharge from the hospital.	Monitor data and share feedback with A&D Committee and care team committees. Monitor number of concerns and response times. Provide data to Board CQI Committee and Care Team Committees around trends and follow up.	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. All patient registered for care at RVH will be asked for their email for this survey and for My-Chart	Total Surveys Initiated: 100

Qualtrics patient satisfaction surveys started at RVH at June 2023 at RVH. These statistics are showing a 6 month period only. After a full year RVH will be able to set clear benchmarks and have more historical data on this question. Approximately 5-7 concerns are reported quarterly. |

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	O	% / Discharged patients	Local data collection / Most recent consecutive 12-month period	90.00	90.00	This data represents the most recent 12 month period, Oct 1 2022 to Sept 30 2023. This target has recently been updated to 90% for the Continous Quality Improvement Committee at RVH. An After Visit Summary is provided to all patients discharged from our inpatient units which includes their medication reconciliation. This is most important for admitted patients that have changes in their medication during their admission which is why we chose this patient group. Our goal is to maintain this at 100% as this is pivotal to safe/quality care.	

Change Ideas

Change Idea #1	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.		
Methods	**Process measures**	**Target for process measure**	**Comments**
Team leader will review patients to be discharged and ensure pharmacy is consulted appropriately.	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.	100% of patients from the inpatient units will receive an After Visit Summary with BPMH included in the summary.	RVH Has been tracking this metric in past Quality Improvement Plan initiatives and had a detailed focus on this area for Accreditation in December 2021. RVH fully met this required organizational practice. RVH Continues to track & trend this data element and provide results to key team members and quality committee of the board.

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	0.00	RVH Continues to have multiple strategies to deal with workplace violence that have been listed throughout this document, however workplace violence towards staff from patients and families continues to be a concern. Thus the reason for a conservative target for this year.	

Change Ideas

Change Idea #1	Leadership will work with Occupational Health and Safety committee to provide continued education to all staff and review data elements related to this indicators.

Methods	Process measures	Target for process measure	Comments
Quarterly audits will be completed to ensure all staff are wearing new personal safety alarms that have been installed in every department in the hospital. Each patient / family on admission will be assessed and flagged appropriately with the current flagging tools available related to identifying workplace violence challenges.	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.	Data will be reviewed and recorded and education will take place accordingly.	FTE=254 RVH has worked closely with our local police colleagues to provide additional support and education to our staff