

Theme I: Timely and Efficient Transitions

Measure	Dimension: Efficient						
Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	A	Rate per 100 / ED patients	See Tech Specs / April 2020 – March 2021	39.37	35.00	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 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. This is our first year as part of Network 24 Ontario Health Team.	

Change Ideas

Change Idea #1 ?

Methods	Process measures	Target for process measure	Comments
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Change Idea #2 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.

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.	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.	100% of mental health patients who qualify for referrals to Community Mental Health Crisis Workers will receive that support.	Through other initiatives a Community Mental Health Crisis workers resides adjacent to the ER department at RVH to ensure referrals are seamless.

Measure **Dimension:** Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	A	% / All patients	CIHI DAD / April 2020 – March 2021	20.00	18.00	Variability of HCC services and new LTC beds; other options such as retirement home may not be affordable.	

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 places 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)

Measure **Dimension:** Timely

Indicator #3	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.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	95.00	95.00	Continuity of Care as patient transitioned into the community	

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.	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 this measure, 100% of hospitalists and team leaders will receive education on the value of completing this summary.	Feedback will be provided to the A&D committee at RVH.

Theme II: Service Excellence

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?	P	% / Survey respondents	CIHI CPES / Most recent 12 mos	58.03	60.00	RVH as all other hospitals in the province is currently changing vendors related to patient satisfaction surveys. As this RFP gets completed there may be quarters within this fiscal year where we have no data.	

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	Monitor data and share feedback with A&D Committee and care team committees	100% of patients over the age of 65 will receive an after visit summary.	Total Surveys Initiated: 274 Our new EHR system should allow us to monitor data related to this change idea.

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	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.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October 2021– December 2021	100.00	100.00	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.

Measure **Dimension:** Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / January - December 2021	6.00	4.00	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=460 RVH has worked closely with our local police colleagues to provide additional support and education to our staff.