

Access and Flow | Timely | Optional Indicator

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
90th percentile ambulance offload time (Renfrew Victoria Hospital)	33.00	33	36.00	-9.09%	NA

Change Idea #1 Implemented Not Implemented

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.

Process measure

- ED Team & Joint Discharge Rounds continue to meet to review these steps and find efficiencies.

Target for process measure

- Realtime data used for decision making. This data will be presented and reviewed by Care Teams

Lessons Learned

RVH has implemented several strategies impacting well on patient flow and patient safety. Ambulance offload delay is infrequent but usually occurs when overcapacity and highest ER volumes. (bed blocked)

Comment

Ambulance offload delay is rare at RVH

Indicator #4	Last Year		This Year		
	Percent of patients who visited the ED and left without being seen by a physician (Renfrew Victoria Hospital)	5.42 Performance (2024/25)	3 Target (2024/25)	7.61 Performance (2025/26)	-40.41% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

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

Process measure

- 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.

Target for process measure

- P4R metrics will be reviewed at the ED committee meeting.

Lessons Learned

Gaps in PC remain a challenge in Renfrew County.

Comment

7.61 is reflective of one quarter only and since we are trending down. PA and NP hours are added to ER 5/7 days at present. Patient feedback is that they cannot get timely access to PCP or do not have one. they lose time at work as non-urgent visit takes up the majority of the day (6 hours). Some do not come until the evening when resources are lower so they don't miss work (health equity/access). RVH actively recruiting NP and PAs

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #2	1.29	1.40	1.40	8.53%	NA
Alternate level of care (ALC) throughput ratio (Renfrew Victoria Hospital)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

JDR is routine and RVH implemented ALC leading Practices as per OH direction. Seeing more transfers, however, the highest pressure are patients requiring 24 HR secure unit.

Comment

Lack of subsidized retirement home beds is a barrier as is capacity in secure units of LTCH

Access and Flow | Timely | Custom Indicator

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Total numbers of visits to the Emergency Department with a main problem of Mental Health or Substance Abuse. (Renfrew Victoria Hospital)	0.54	0.54	0.50	--	NA

Change Idea #1 Implemented Not Implemented

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.

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

Numbers of MH-related visits and concerns continue to rise; although the crisis team is consulted readily patients are waiting hours at times. Increased number of form 1 patients and difficult to transfer to tertiary care

Comment

Presence of security has improved ability to release OPP back to the community for emergency response

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
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)	92.58	95	93.70	--	NA

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. Data will be reviewed related to up take of "my-chart" by patients at RVH

Target for process measure

- 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.

Lessons Learned

A & D committee monitoring progress

Comment

My Chart usage is growing. AVS are auto-faxing to PCP offices.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #7	100.00	100	CB	--	CB
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Renfrew Victoria Hospital)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

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

Process measure

- Data will be reviewed at EDI Committee meetings.

Target for process measure

- Continue to expand this training to all staff at RVH.

Lessons Learned

Many great resources available and leveraging LMS is working well

Comment

LMS working well to disseminate education

Experience | Patient-centred | Optional Indicator

Indicator #6	Last Year		This Year		
	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)	73.00 Performance (2024/25)	75 Target (2024/25)	87.00 Performance (2025/26)	19.18% Percentage Improvement (2025/26)

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 times. 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. All patient registered for care at RVH will be asked for their email for this survey and for My-Chart

Lessons Learned

Remains strictly a MD, PA, NP workflow

Comment

Providing AVS and pulling in discharge teaching and instructions is very possible but not routine for all

Safety | Safe | Optional Indicator

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
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)	90.00	90	89.23	-0.86%	93

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

Pharmacy pressures are great and their involvement, although best practice, is difficult. Timing of BPMH is improved, but medication reconciliation remains challenge

Comment

This is a current Quality Initiative project with the Director of Pharmacy and COS to see if we can identify EPIC/EMR functionality and workflow improvements that will further enhance patient safety (working group established).

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of workplace violence incidents resulting in lost time injury (Renfrew Victoria Hospital)	0.00	0	1.00	--	0

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

The education provided was effective and presented to the PC MDs which was effective in disseminating info related to safe RTW practices

Comment

Correlation between workplace injuries and complexity/major physical needs of inpatients including higher complexity on CCC and bariatric clients
Education for safe lifts and transfers is ongoing