

## Access and Flow

### Measure - Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2)	3.20	3.00	Time to inpatient bed is critical for patient safety and patient experience	

### Change Ideas

Change Idea #1 Increase compliance with and improve supports for timely admission order and subsequent patient flow

Methods	Process measures	Target for process measure	Comments
Educate the ER Team and nursing supervisors related to safe Care Transitions (Best Practice Guideline)	Monitor Data quarterly and review at ER Care Team; post performance metrics on quality boards	90th percentile or better	P4R funding used for Pa and NP hours

**Measure - Dimension: Timely**

Indicator #6	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 / Apr 1 to Sept 30, 2024 (Q1 and Q2)	7.61	5.00	P4R funding is being allocated to increased resources with PA or NP hours to reduce wait-times which correlates with LWBS data	

**Change Ideas**

Change Idea #1 Ensure either PA or NP is added 7 days per week at peek volume times to positively impact wait times and prevent LWBS

Methods	Process measures	Target for process measure	Comments
PA or NP scheduled 7 days per week during peek volume times (currently only achieving 3 - 5 days weekly)	ED Care Team will monitor the performance metrics and problem solve further solutions	Recruit at least one more PA or NP to support the one MD working in the ER	Er volumes a acuity continue to rise and RVH Administration/Physician Leadership need to continue to advocate for funding sources for the required resources

**Measure - Dimension: Timely**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment	P	Hours / ED patients	CIHI NACRS / ERNI hospitals: Dec 1, 2023, to Nov 30, 2024/Non-ERNI hospitals: Apr 1, 2024, to Sept 30, 2024 (Q1 and Q2)	3.63	3.00	With the implementation of the ED Quality Program and continued attempts to upstaff the one ER MD with a PA and/or NP for bottleneck period daily, we would like to monitor impacts	

**Change Ideas**

Change Idea #1 RVH will continue financial support for daily NP or PA hours supporting flow through the ER

Methods	Process measures	Target for process measure	Comments
PA or NP will be scheduled during peak volume times	Reduce the bottleneck in the peak volume times in the ER (late afternoon/evening). Continue leadership and advocacy for the OVOHT related to primary care and collaborate with Ancient Rivers FHT where possible to improve access to Primary care.	P4R metrics reviewed at ED Care team and monitored by Board CQI	P4R funding helping to off-set overall costs

**Measure - Dimension: Timely**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	P	Number / ED patients	CIHI NACRS / Apr 1 to Sep 30, 2024 (Q1 and Q2)	0.17	0.15	Inpatient occupancy continues to rise and ALC pressures remain high. Timely & safe discharges are required to support this measure.	OVOHT, Ancient Rivers Family Health Team

**Change Ideas**

## Change Idea #1 Increase the Discharge Planning role from 0.6 to Full Time

Methods	Process measures	Target for process measure	Comments
Continue to engage OH at Home Care coordinators in ER M-F and other resources like SW and GEM for admission avoidance whenever possible	Monitor overoccupancy rates and time of discharges on inpatient units	90% of the admitted patients will be transferred to an inpatient bed the same day	Complex discharge & average age of inpatients are increasing which increases the demand for multiple resources to support a safe transition home

## Equity

### Measure - Dimension: Equitable

Indicator #1	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	CB	CB	Internal EDIA (Equity, Diversity, Inclusion, Accessibility) Committee is developing targets for the Department heads and specific topics relevant to RVH	

### Change Ideas

Change Idea #1 Assign and track EDI-A training modules via surge learning to Department Heads

Methods	Process measures	Target for process measure	Comments
Admin. Support to the VP/CNE will ensure discussed at Department Head meetings and work with Clinical informaticist to track completion rates	Number of department heads who completed the training	100% of the Department Heads will complete the training	Exact Surge Learning-specific topics will be assigned based on needs

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	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	87.00	90.00	Discharge teaching is a focus for both Med/surg and ER	

### Change Ideas

Change Idea #1 Develop and utilize SMART PHRASES in EPIC to pull education material into the After Visit Summaries (AVS).

Methods	Process measures	Target for process measure	Comments
Department Managers and TLs will support practices through daily huddles for discharges	Patient experience free text comments and Qualtrics dashboards will be monitored at least monthly at Department Care Teams and huddles	Achieve improved quality of education with targeted HR individuals	Total Surveys Initiated: 100

## Safety

### Measure - Dimension: Safe

Indicator #3	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	89.23	93.00	This is a complex indicator as the EMR processes involve both nursing and physician workflows.	

### Change Ideas

Change Idea #1 Work with Atlas Alliance working group leads(Pharmacy, Nursing, Physicians) to improve workflows and efficiencies

Methods	Process measures	Target for process measure	Comments
Pharmacy and Therapeutics and Quality Committee will track actions and performance; department heads will be involved to support in-services/education	Rate & quality of discharge medication reconciliation at discharge will be reviewed monthly at the unit level and quarterly at Quality/Safety Committee	93% will have a quality discharge medication reconciliation completed	

**Measure - Dimension: Safe**

Indicator #4	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	1.00	0.00	RVH is dedicated to ensuring a safe working environment for all staff	

**Change Ideas**

Change Idea #1 Education will be provided to front-line staff working with HR and vulnerable individuals who experience responsive behaviours

Methods	Process measures	Target for process measure	Comments
Department heads will track surge learning and other Gentle Persuasive Approaches training rates	All FT and PT staff will complete either in-person or virtual training to reduce the risk of violent incidents resulting in injury	Zero injuries resulting in lost time	Managers and TLs also need education on prevention of lost time through modified duties supporting appropriate recovery