



Board Chair Erik Ellis and Executive Director Erin Coons

It has been my pleasure and my privilege to work with the RMH Foundation's Board of Directors for the past ten years. I have not only learned a great deal about health care and the excellent services we provide locally, but about philanthropy, and the importance of the involvement of people such as you.

*If you gave to the RMH Foundation this year, you made a difference.*

Your donation may have helped to purchase a new IV pump, or chemistry analyzer for the lab; every gift helps to purchase medical equipment and fund capital projects that enhance patient care at the Ross.

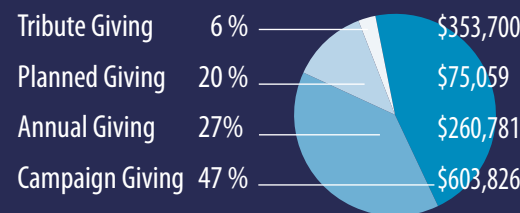
Whether your gift was made in memory of a loved one, or in celebration of a special event, you've played a role in the health of our community, and helped us to achieve our vision: exceptional support for exceptional care.

*Erik Ellis*  
Chair, Foundation Board of Directors

**Legacies That Last**

Estate gifts received in 2012-2013

- Velma Bell
- Clarita Pelejo-Clark
- Doris W. Webster
- Leone M. White
- Frances W. Williamson



I'd like to thank all of our volunteers for a very successful year, which culminated in the presentation of \$225,000 to the RMH Foundation, marking our third pledge payment toward our \$750,000 commitment to the Imagine the Future campaign. We're \$50,000 ahead of schedule on our 5-year payment plan – that's incredible!

*Of course, the Auxiliary does more than raise funds for the hospital. Every day, we help patients and their families, visitors and staff, and ensure the care at the Ross is exceptional.*

Our members' efforts to step up when they see a need are not only visible throughout the hospital, but on the Auxiliary's Board of Directors, as well. Following the sad passing of our President, Peter DeJong, our volunteers pulled together and took on extra roles and responsibilities. It is thanks to this kind of dedication that we still manage to be a self-governing group, even after 109 years!

And after all that time, our volunteers continue to come up with new ways to give; our Pennies for Health campaign, and the implementation of the HELP program (Hospital Elder Life Program) show that there's no limit to the role we play in the health of the community.

We look forward to welcoming new volunteers to our team in the year to come.

*John Albin*  
President



Exceptional People Committed to Providing Exceptional Care





“**Healthcare** is among the most complex systems in the world. At its heart, however, is one simple motivation: **the patient.** It is with the patient in mind that the Ross Memorial Hospital team works to enhance its care and improve its efficiency – every day of every year. Achieving our annual goals and objectives isn’t for the sake of the hospital; **it is for the patient.**”

Brian Payne - President/CEO, Dr. Maria Cescon - Chief of Staff, Laurie Davis - Chair of the Board of Governors



**We’re working closely with our healthcare partners ... because we’re better together.**

- RMH is now providing equipment processing and sterilization services plus laboratory testing for patients of Haliburton Highlands Health Services. The hospital has provided information technology and transcription services to HHHS for several years.
- RMH is participating in the Community Health Services Integration initiative that is looking at ways to integrate the services provided by various health care organizations in the City of Kawartha Lakes and Haliburton County.
- RMH is working with the CKL Family Health Team and Community Care’s Community Health Centre to help patients and health care providers recognize and control heart failure.
- Diabetes Education expanded and includes Omemece, Little Britain, Kinmount, Bobcaygeon, Fenelon Falls, and the CKL Community Health Centre.
- The Mental Health program partnered with community organizations to host the Family Mental Health series, providing free, interactive workshops on a variety of topics.
- RMH worked with the Peterborough Regional Health Centre to extend the Stroke Inpatient/Family Education series, using the Ontario Telemedicine Network to help people understand stroke.
- The Mental Health program was recognized by the faculty and students of UOIT and Durham College with a “Unit of Distinction” award, recognizing outstanding dedication and commitment to clinical nursing education.

**We’re serious about patient safety ... because you deserve the best care possible.**

- Hand hygiene compliance exceeded targets with 93% compliance when members of the healthcare team enter a patient room and 95% compliance when leaving.
- The RMH Laboratory achieved 97.6% in its accreditation testing, having met 481 out of 493 provincial standards of excellence.
- Maternity services were enhanced with the addition of a second Obstetrician/Gynecologist a “hard call” system to better coordinate scheduling of delivering physicians and specialized training to standardize the team’s response to obstetrical emergencies.
- A new fleet of “Smart” Infusion pumps were introduced with the help of generous donor support. The new pumps are equipped with a computer that helps to prevent medication errors.
- Using patient satisfaction surveys, patients ranked Ross Memorial’s inpatient rehabilitation program #1 in the province in the category of “overall satisfaction”.
- The Surgical program created PREP school (Patient Road for Education and Preparation) so hip/knee replacement patients know what to expect, how to prepare, and what they can do to ensure a smooth recovery. This helped to improve the patients’ lengths of stay in hospital, and the percentage of patients who were able to return home, without the need for inpatient rehabilitation.



Dave Cameron and his wife credit the Inpatient Rehabilitation program with getting him up and walking – and home again, following a stroke.

**We’re improving our wait times ... to get you the care you need, faster.**

- Wait times for cataract surgery are among the best in the province at 64 days or less. MRI wait times are 46 days or less and are also better than the average in the province - 70 days.
- The Emergency Department ended the fiscal year as the best wait time performer in the Central East LHIN for patients with minor/uncomplicated health issues, as well as the time to Physician Initial Assessment.
- Hip and Knee replacement surgery wait times have been further reduced to 188 days and 181 days, respectively. These are significantly better than the provincial wait times of 197 days and 246 days.
- Patient wait times for CT scans have been reduced to 24 days or less, compared to provincial waits of 36 days.
- Initiatives such as the creation of the Rapid Assessment Fast Track helped the Emergency Department team to further reduce patient waits in every category (low acuity, high acuity, admitted), despite a record setting patient surge during flu season. On Dec. 28, 2012, 205 patients were seen in the ED – a 50% increase over normal volumes.

(Wait times are rated at the 90th percentile, meaning 90% of people receive their care in less time.)



**We’re focused on seniors’ care ... to ensure their special needs are met.**

- RMH assigned responsibility for a Manager for Seniors Services to coordinate this specialized care.
- The “Catheter Out” project involves the earliest possible removal of catheters that are no longer necessary, thus increasing patients’ mobility.
- The “Hospital Elder Life Program (HELP)” was implemented to reduce immobility and delirium and other complications of hospital stays among the elderly. This project involved the training of volunteers to keep at-risk patients activated and alert.
- RMH hosted the Central East LHIN consultations with Dr. Samir Sinha, the provincial lead for Ontario’s Seniors Care Strategy, who travelled the province, seeking input regarding care that is sensitive to seniors’ special needs. RMH was asked to showcase our senior-friendly services, recognizing that we are a leader and innovator in seniors care in the Central East LHIN.
- The hospital’s success reducing its Alternate Level of Care (ALC) rate was listed among the success stories in Health Quality Ontario’s 2012 Quality Monitor report. ALC patients are those who no longer require acute care, but who must wait for a bed to open elsewhere to begin the next phase of care.



**We’re tracking our results ... so we continue to improve our services.**

- Removing time-consuming barriers resulted in 100% of hip repair surgeries being performed within 48 hours, exceeding the hospital’s target of 80%.
- Implementing best practices helped the hospital to reduce sepsis mortality by 40%, double the targeted improvement.
- Increased focus on skin risk assessment helped to reduce incidence of pressure ulcers by more than 20%.

**We’re using resources wisely... because the effort we make today improves our future.**

- With funding assistance from the Ministry of Health & Long Term Care, the hospital began a \$10 million infrastructure renewal project, upgrading systems and extending the useful life of the 1960s wing.
- Thanks to the ongoing efforts of all staff, RMH successfully met its financial targets, ending the year ahead of plan with a 2.5% surplus.
- With support from the Go Green Team, the hospital’s conservation program was expanded with the “Tag, You’re It” watt audit project, as well as a home electronics recycling initiative to divert waste.

“one simple motivation: **the patient**”