



Exceptional Care - Together
ANNUAL REPORT 2017

Annual Report

Introduction

We welcome you to our new format for our Annual Report of the Ross Memorial Hospital, and hope you enjoy the additional information provided.

The Hospital has had a very busy and productive year. Health care needs in our community continue to increase. How have we prepared for this change in need in the past? What are we doing now, and what is planned for the future to ensure that our patients receive quality acute and continuing care? The years ahead are full of promise.

The Past

As all Ontario knows, the provincial government has been working hard to balance its budget. Hospitals are funded from the public purse. All sectors funded by the public purse have had to do more with less and work with our government and our Local Health Integration Networks (LHINs) to achieve their financial targets. At Ross Memorial Hospital, this meant that for 4.5 years, we did not have an increase to our base funding. Care continued as we endeavoured to maintain or grow patient volumes and quality of service in a financially constrained environment.

Through massive organizational effort that involved every single department and person, we prevailed and are pleased to inform our community and you, our patients that the Hospital has balanced its budget for the sixth consecutive year. The province helped considerably when they announced a 1.5% increase to our base funding in November 2016, following 4.5 years of zero base funding increase. The additional funding went directly to patient care, as it was utilized to perform additional hip and knee surgeries, and reduce our wait list time for these procedures.

The improved economic outlook in Ontario for the next three years has allowed the government to predict three years of consecutive balanced budgets. This bodes well for the hospital-based healthcare sector. It may permit investment in hospital-based care to address our aging population, the increased intensity of

illness in the community, meeting inflationary costs, and addressing technological advances, including the development of an electronic patient record at Ross Memorial.

The Present

The last year has seen some intriguing innovative changes, which have been focused on improving the quality of our services. We have created several internal bodies directed to improving our care. These include the newly developed Nursing Advisory Council, our Quality and Risk Council and enlisting our first Patient Experience Partners. An important technological change was the implementation of the electronic Canadian Triage and Acuity Scale (eCTAS) in our Emergency Department. A new service change provided at the Hospital included implementing Medical Assistance in Dying (MAiD) to those seeking a solution to end-of-life care, consistent with federal and provincial legislation.

The Nursing Advisory Council was created to focus solely on nursing issues in the provision of patient care. This focus will continue to assist us in identifying opportunities to enhance the quality of nursing professional practice and bedside care. The Quality, Safety and Risk Council, consisting of front-line clinical and non-clinical members as well as a patient advisor, will create both a patient safety plan and a quality framework for the delivery of care throughout the Hospital.

It will foster a culture of continuous improvement by reviewing patient experience data and addressing concerns to enhance our delivery of patient and family centered care. To assist us in understanding the patient perspective, we have enlisted Patient Experience Partners, who sit on committees and let us know, directly, whether our plans for care will meet your needs. They have “lived” experience in our Hospital, and their perspective will help shape our services to be more patient and family-centered.

The Future

What of the future? What is the Ross hoping to achieve?

from the Chair, Chief and CEO

In creating our Goals and Objectives for 2017/2018, we are focused on you, our patients. We have two goals for the coming year:

1. **We will deliver consistent, reliable quality; and**
2. **We will develop a patient service focus and culture throughout the organization.**

In addition to achieving our two goals, we are part of a collaborative with five other hospitals including Lakeridge Health, Peterborough Regional Health Centre, Northumberland Hills Hospital, Haliburton Highlands Health Services, and Campbellford Memorial Hospital to acquire and implement an electronic Clinical Information System (CIS). At the current time, the Ross has a 'paper-based' electronic medical record (EMR). We need to move our health care provision into the modern era, and become fully electronic.

On an annual basis, we create a Quality Improvement Plan. Our Quality Improvement Plan (QIP) for 2017/18 sets out our targets to improve the quality and safety of our care. The entire organization will be acting to achieve these improvement targets:

1. **We will improve the patient experience.**
2. **We will reduce wait times in the Emergency Department.**
3. **We will improve our staff and physicians' experience.**
4. **We will reduce unnecessary hospital readmissions.**
5. **We will perform medication reconciliation upon hospital admission and discharge.**

One of the most exciting changes in the coming year involves the change in provision of our care in the Intensive Care Unit (ICU), operationalized on April 3, 2017. We have recruited a number of highly skilled physicians who will work with our current group of equally skilled local physicians to provide 24/7/365 care to our most critically ill



Dr. Bharat Chawla – Chief of Staff, **Dr. Bert Lauwers** – President & CEO, **Val Harris** – Chair of the Board of Governors

patients in our ICU. This model of care means that the right physician is providing the right care, to the right patient at the right time. In this model, specialists in intensivist/internal medicine provide round-the-clock care to patients in the ICU, and are available to consult in the Emergency Department or the inpatient floors when asked. This will assist us with achieving several of our Goals and Objectives, and our Quality Improvement Plan.

Concluding Remarks

In 2016/17, we completed an environmental scan that predicted how our population would change in the coming years, all the way to 2041. We know that our population will age, and quickly.

To address the community's future care needs, we are planning for the delivery of services now. Our goal is to build a hospital where we deliver consistent, reliable quality care, each and every time, and with each and every visit—the kind of care that everyone in our community can take pride in. We need and ask for your support in our journey as we create our vision for our Hospital:

Exceptional Care—Together

Highlights

2016/17

Patient & Family Inspired Care

- RMH is committed to improving the health, well-being and experience of our elderly patients. The new Seniors' Services Steering Committee was formed to assess and enhance the Hospital's **senior-friendly** environment, organizational culture and caregiving processes. The team initiated quarterly 'walkabouts' to promote discussions with staff, patients, families and volunteers, which will identify priorities for action.
- It is imperative to identify, track and trend errors as they occur. Our paper-based incident reporting system made this challenging. The launch of the **RL6 electronic incident reporting system** in October 2016 advanced quality and patient safety at the Ross and is helping the team to respond to patient and family concerns and monitor feedback more effectively, which meets legislated requirements under the **Excellent Care For All Act**.
- Access to psychiatric crisis care throughout the Integrated Mental Health Service of RMH and HHHS has been enhanced through the use of Ontario Telemedicine Network (OTN) video-conferencing technology. The **OTN Crisis Service** helps meet the needs of patients of the Haliburton Highlands Health Services without leaving their community, improving timeliness of consultations, access to inpatient beds and transitions back to the community, while decreasing unnecessary transfers between facilities.

Care at RMH is “Better Together”

Enhancing Patient & Family Engagement at the Ross

Among the Ross Memorial’s strategic directions is to ensure we are providing Patient and Family Inspired Care. What does that mean? Here at the Ross, it means that families play a vital role in the health and well-being of patients of all ages. Families are more than visitors. They are partners in care.

Ross Memorial Hospital was the first in the Central East LHIN to take the Better Together pledge for patient and family engagement with the Institute for Patient and Family Centered Care. Using the Better Together self-assessment, we were able to identify opportunities for improvement.

The Better Together Patient and Family Engagement Steering Committee included representation from throughout the Hospital, as well as patient advisors. In fact it was with their help that the formal process for recruiting Patient and Family Experience Partners was developed.

With a goal to improve patient and family experiences at the Ross, the Committee initiated a list of projects that helped to embed the Better Together philosophy in everyday activities throughout the organization. Recognizing the importance of patient and family engagement in the Hospital’s quality and patient safety focus, the Better Together Committee was absorbed into the newly formed Quality, Patient Safety & Risk Council in March 2017.



What do “Better Together” improvements look like?

- Extended visiting hours including overnight visits for care partners
- Implementation of the Patient & Family Experience Partner program
- Patient & Family satisfaction feedback cards
- Plans to develop a Patient & Family resource library
- Enhancing user-friendly features of the Information Desk in the main lobby
- Guidance documents to resolve concerns or conflicts effectively
- Guidance documents to outline what patient information nurses may share and with whom
- Enhanced wayfinding signage throughout the Hospital
- Tear-off pads with directions to difficult-to-find areas of the Hospital

Perspective is everything:

Patient & Family Experience Partners at RMH

Twenty minutes into her first meeting as a Patient Experience Partner on the Ross Memorial's Accessibility Committee, Cathy Wright was making an impact on patient care.

As a stroke survivor, Cathy pointed out that the distance between automatic open buttons and certain doors didn't allow enough time to get through the door after pushing the button. It's a problem the Hospital's Engineering Department will now aim to remedy.

Cathy's experiences as a patient are invaluable to those on the Committee who have never had to navigate with limited mobility.

Cathy is one of six Patient (and Family) Experience Partners (PEPs), new to the Ross Memorial Hospital. The PEPs volunteer their time as advisors to the Hospital team and provide input to help decision-making when changes are underway. Their insights are helping the Ross Memorial to improve the way it delivers care, every day.

In their first year of involvement, PEPs have been involved with projects such as the development of the new Quality Improvement Plan and website redesign. They also sit on committees dealing with Medical Assistance in Dying, family engagement, quality and patient safety, and senior-friendly initiatives.

Cathy was volunteering as a peer supporter in the Ross Memorial's Integrated Stroke Unit when a manager suggested she consider also becoming a PEP.

Cathy is familiar with hospitals, having worked as a Pharmacy Technician for 36 years, four of them at the Ross. Knowing the building layout and many people on staff helps her to feel comfortable. But knowing that she's helping others is her true motivation.

"It pushes me," Cathy says.



**Ross Memorial's Patient
& Family Experience Partners**

(left to right):

Mindy Young (Senior Lead, Quality & Patient Safety),
Cathy Wright, Grant Oliver, Trish Robinson,
Michelle Walter (seated), Howard Tremaine,
Jodi Dunn (Program Director, Continuing Care,
Rehabilitation and Health First) and Donna Lewis.

Those interested may apply by completing the application form posted on the RMH website, www.rmh.org/volunteers. Patient and Family Experience Partners go through an interview process, including criminal record check, and orientation to understand Hospital policies, such as the promise to protect patient privacy. PEPs must have been patients, or family members of patients, within the last five years.



On Feb. 28, 2017, RMH became the first Ontario hospital

Consistent, Reliable Quality

Two patients with the exact same condition should expect to be triaged at the same priority level no matter where in the province they seek emergency care. But that isn't always the case.

In order to ensure the Canadian Triage Acuity Scale is used consistently by Emergency Department teams to prioritize patient care requirements, the Ministry of Health initiated the development of the electronic CTAS system, or eCTAS. It was developed by the Access to Care program, affiliated with Cancer Care Ontario.

The Ross Memorial Hospital was proud to be the first hospital in the province to implement eCTAS.

This electronic triage decision support system was designed by Emergency Department experts. Clinical guidelines are embedded into the triage tool to standardize the application of CTAS levels to patients.

In addition to enhanced patient safety, eCTAS provides an electronic record of the patient's triage assessment, and provides data for reporting and benchmarking.



to launch **eCTAS**, an electronic patient triage tool.



In the Emergency Department, patients with the most urgent needs are seen first.

In order to prioritize cases, patients are “triaged” using the Canadian Triage Acuity Scale (CTAS):

- 1 Resuscitation
- 2 Emergency
- 3 Urgent
- 4 Less Urgent
- 5 Non-Urgent

A New Era of Care: Medical Assistance in Dying

Since June 2016, Ross Memorial Hospital has been accommodating patients' wishes for Medical Assistance in Dying (MAiD) in accordance with legislative, ethical and professional obligations.

Medical Assistance in Dying is a medical treatment that could potentially be provided in any area of the Hospital or in a person's home. It is not the same as palliative care, which focuses on the control of pain and suffering in a patient with a life threatening illness, maximizing quality of life leading to a natural death.

RMH has a MAiD Steering Committee, which has studied the legislation and directions from the professional colleges, and has prepared policy and procedure guidelines, as well as information for patients and their families. Understandably, the Hospital's policy involves many steps to ensure a patient is eligible to receive the service and capable of understanding the implications. It includes safeguards to protect the patient and those involved in providing the service.

Information that RMH has prepared for patients and their families emphasizes that people who choose to have a medically assisted death may change their minds at any point. It also provides a list of questions to consider and recommendations including discussions with legal counsel and insurance representatives.

The RMH Steering Committee is pleased to work with all community healthcare partners in an attempt to ensure that local patients' wishes are respected and they receive coordinated care wherever they choose to receive Medical Assistance in Dying. This area of treatment will continue to evolve as further direction and guidance is provided from provincial bodies, including the Ministry of Health & Long-Term Care.

Anyone with questions about this service is encouraged to speak to his or her physician or nurse practitioner, or contact Anne Overhoff, RMH Vice President Patient Care & Chief Nursing Officer at 705-328-6074 or aoverhoff@rmh.org



"To be entrusted with a patient's decision to control the way he or she dies is a profound responsibility. We are part of a deeply personal time in the patient's life, a branch of the family's support system. And we witness moments of love and of life that are intensely touching."

~ Jodi Dunn, Program Director
Continuing Care, Rehabilitation, Health First

Consistent, Reliable Quality

- RMH is leading the Central East LHIN in the implementation of **electronic order sets**, ensuring the most current version of medical checklists are immediately available to physicians at the bedside. The project team was proud to present to the CE LHIN Steering Committee details of its progress and challenges to benefit other hospitals.
- The Ross team was successful in decreasing the incidence of hospital-acquired C. difficile infections thanks to efforts such as the **'Green Means Clean'** project, which involves the use of green tape to help identify clean multi-patient use equipment.
- Although high acuity and patient volumes presented ongoing challenges to reduce **Emergency Department wait times**, the team was pleased to rank 10th among 74 Pay for Results hospitals in Ontario. The wait times for admitted patients have been significantly reduced due to efforts including the addition of a Patient Flow Supervisor to facilitate patient placement. The team is now focusing on improving wait times for non-admitted, low acuity patients.
- The implementation of an **Alternate Level of Care (ALC)** Action Plan helped the Hospital to reduce the number of acute hospital days that are used for patients who no longer require acute care. The action plan consisted of nine innovative objectives, including the development of an escalation plan and exploring partnerships with local retirement homes.
- Presented with the opportunity to accommodate an increased volume (104 cases) of **hip and knee replacement surgeries** at the end of the fiscal year, the OR team overcame logistical challenges to ensure patients' needs were met.
- The **Delirium Project** included additional education for physicians regarding the use of the delirium order set to better identify patients at risk of developing delirium which can lead to functional decline and prolong hospitalization.
- RMH established a **Quality, Safety & Risk Committee** to recommend, oversee and support organizational quality, risk and patient safety goals and strategies to achieve them.
- In September 2016, the RMH Pharmacy received official **Hospital Pharmacy Accreditation** by the Ontario College of Pharmacists, which monitors compliance with industry standards both in the Pharmacy Department and on the Inpatient Units.
- **Medication reconciliation** is vital to patients' safety, as it ensures accurate medication information is communicated consistently across transitions of care. In 2016/17, 87% of all Emergency Department (ED) admissions received a Best Possible Medication History either before or after admission from the ED.



- Efforts to improve wait times for patients in the Emergency Department include a pilot initiative involving a nurse designated for **offloading ambulances** five days per week. Reducing Ambulance Offload Time means faster care for patients arriving by ambulance while also enabling paramedics to return to service faster to care for patients in the community.
- Increasing the level of **home support for discharged palliative patients** was among the action items listed on the 2016/17 Quality Improvement Plan. Working in partnership with the Palliative Care Community Team, Community Care Access Centre (CCAC), Emergency Medical Services and physician partners, the team worked to increase the number of direct admissions to palliative care, bypassing the Emergency Department. Highly successful, this partnership resulted in 100% of consenting patients being discharged from the Palliative Care Unit with referrals to the Palliative Care Community Team and the CCAC.



Enhancing Teamwork & Care Models

- Efforts to enhance specialist coverage for patients in the **Intensive Care Unit** have resulted in a move to a 'closed' model of care. Under the new model, Intensivists admit and care for the Hospital's sickest patients in the ICU. The Intensivists are also available to provide consultations to the Emergency Department and Inpatient Units. RMH is grateful for the dedication of the ICU team, which worked tirelessly to plan and prepare for this transition in April 2017 (cover photo).
- The Emergency Department team held a Kaizen event to identify non-value added nursing activities that could be eliminated to help accommodate new **venipuncture and ECG (electrocardiography) test** responsibilities, which began in August 2016.
- RMH established the **Assess & Restore Mobile (ARM) team** to visit frail senior/medically complex acute patients throughout the Hospital, supporting the patients' care and their successful transitions back home or to the next appropriate level of care. Treatment focuses on increasing strength, mobility and functional ability.
- **Reconfiguring beds** between the Obstetrical and Surgical Inpatient Units in July 2016 improved the utilization of resources and ensured the sustainability of our Obstetrical Program.
- The Hospital's **Code of Conduct** was updated to incorporate new legislation and to emphasize civility throughout the Ross Family.

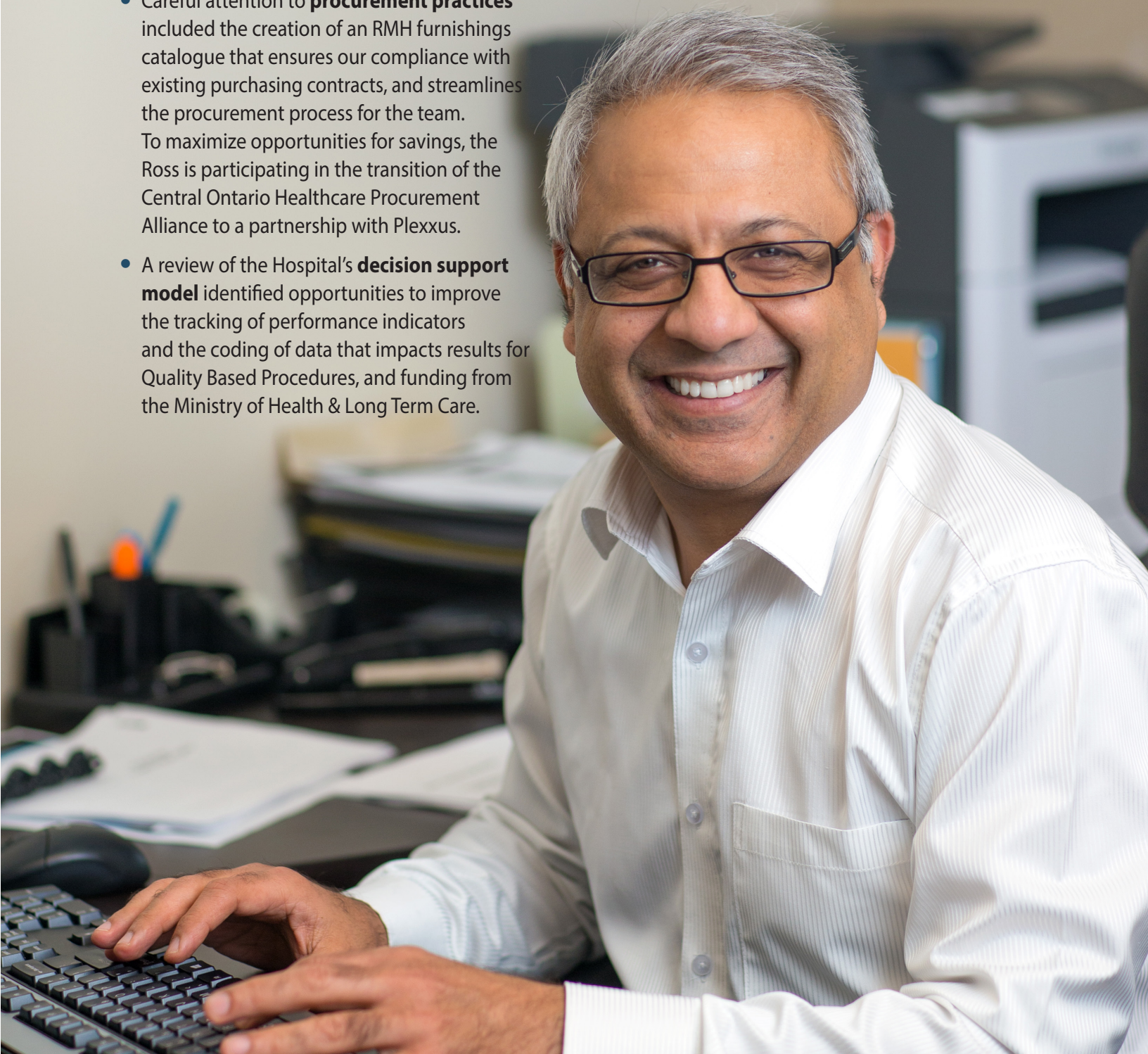


Championing Partnerships

- The Health First program is helping to meet the needs of patients in the northern areas of the municipality by providing **Cardiovascular Rehabilitation in Bobcaygeon**. The program provides education, exercise, monitoring and support for those who have had heart attacks, heart surgery or symptoms of heart disease.
- RMH is a partner in the Haliburton County and City of Kawartha Lakes **Health Link**, which provides a network for caregivers, providers and support agencies to coordinate the care and improve the outcomes of patients with complex needs.
- RMH was proud to participate in the CKL/Haliburton **20,000 Homes Campaign**, which helped to address persistent homelessness by identifying the homeless, prioritizing the most vulnerable, and meeting immediate housing needs.
- The Mental Health Program welcomed the Kawartha Lakes Police Service to its **Mental Health Response Unit** partnership, which includes the Ontario Provincial Police. The Response Unit pairs officers with therapists to provide timely interventions with clients in the community.
- Following the integration of the RMH Laboratory's microbiology and pathology services with PRHC, the team underwent its **Laboratory Accreditation** in April 2016, achieving a score of 96.2%.
- RMH continues to investigate **opportunities for integration** with healthcare partners to enhance efficiency and reduce costs. Integrations with Northumberland Hills Hospital (NHH) include the Information Technology (IT) Shared Service Department and we share a Regional Chief Financial Officer.

Safeguarding Financial Health

- A funding boost of \$938,000 from the LHIN helped the Hospital to **balance our operating budget** ending the year with a small surplus. Many thanks to all teams for their careful monitoring of spending and for their suggestions for reducing costs.
- Careful attention to **procurement practices** included the creation of an RMH furnishings catalogue that ensures our compliance with existing purchasing contracts, and streamlines the procurement process for the team. To maximize opportunities for savings, the Ross is participating in the transition of the Central Ontario Healthcare Procurement Alliance to a partnership with Plexxus.
- A review of the Hospital's **decision support model** identified opportunities to improve the tracking of performance indicators and the coding of data that impacts results for Quality Based Procedures, and funding from the Ministry of Health & Long Term Care.



Clinical Data

• Emergency Department Visits	44,654
• Outpatient (Day) Surgery	6,119
• Ambulatory Clinic Visits	27,130
• Admissions	6,188
Acute (Adult/Child)	4,755
Newborn	311
Mental Health	444
Complex Continuing Care	241
General Rehabilitation	277
Palliative Care	160
• Total Patient Days	55,584
• Average Length of Stay	8.9 days
• Laboratory Interventions	222,436
• Diagnostic Imaging	36,966
• CT Scans	10,276
• MRI	6,823

Financial Data

• Total Revenue:	\$90,359,103
By Ministry of Health & LTC	87.7%
Patient & Ancillary Revenue	11.9%
Investment Income	0.4%
• Total Expenses:	\$89,887,688
Compensation	75.4%
Other Supplies & Expenses	17.8%
Drugs and Medical Gases	2.2%
Rent	0.1%
Medical & Surgical Supplies	4.5%



ROSS MEMORIAL
HOSPITAL
Auxiliary

Our membership:

Active volunteers – 262

Associate volunteers – 60

VolunTEENs – 31

Hours of Service:

Adult volunteers' services – 33,962 hours

Teen volunteers' services – 1,463 hours



Volunteers at the Ross Memorial go out of their way to make our patients and their families comfortable during a hospital stay. We also go to great lengths to keep our patients healthy.

An important part of our work at the Ross involves fundraising. The money we make in the Reflections Café and Gift Shop, through lottery and tuck cart sales, Bingo and bake sales, raffles and vendors in the lobby, grocery bagging and Tag Day, comes back to the Hospital to support the purchase of medical equipment and capital projects.

This year, our team was proud to present our 2016/17 gift of \$150,000 to help the Hospital acquire seven defibrillators, an ophthalmoscope to help doctors detect problems in patients' eyes, and a cystoscope, used to examine the interior of the urinary bladder. On the surface, much of our members' work seems simple enough – offering directions, delivering newspapers, pouring coffee, chatting with patients – but the impact of our involvement at the Ross reaches throughout the organization, supporting the healthcare providers at the bedside, and ensuring local patients have access to the best, life-saving tools.

It's a role the RMH Auxiliary has been filling since 1904. Volunteering at, and for the Hospital has brought together people who were patients, people who want to give back for the care loved ones received, people who are new to the community, and young people who are interested in healthcare careers.

We're proud to be a part of the team at the Ross, and we are always eager to welcome new members. It makes us happy to know that the help we provide makes a difference to patients, and to the community.

Ward Levine, Auxiliary President

Auxiliary Bingo Team:

Standing: Wayne Ireland, Brian Gerry, Ward Levine, Elaine Skinner, Jody Clements

Sitting: Shirley Clements, Andra Gerry, Gayle Westacott, Absent: John Jaques, Deb Boden, Joyce Foote

General Fundraising Revenue (2016/17)

Events	\$108,061
General	\$316,643
Tribute Giving	\$89,850
Planned Giving	\$1,410,211
Direct Mail	\$275,561
Campaigns	\$22,595
Total	\$2,222,921



Blood pressure cuffs and bassinets. An oxygen unit and anaesthetic gas machines. Donors' gifts come in all shapes and sizes and touch patients of all ages. From the blanket warming cabinet in the Ambulatory Care Unit to the specialized chairs in the Dialysis Unit, you left a generous mark in 2016/17.

Thanks to your gifts to the 2016 Moments that Matter appeal, five defibrillators were purchased and are helping to treat patients during cardiac emergencies. Generosity shown during the Circle of Care holiday appeal was truly touching, and supported the cost of new orthopedic surgery tools, cardiac monitors for the recovery room and a transport monitor.

Our sincere thanks go to the anonymous donors who made it possible to redecorate and provide new furnishings throughout the Palliative Care Unit, including a renovation of the family lounge and kitchen, complete with new appliances.

And it was with donors' support that the Inpatient Common Room in the Mental Health Unit was refurbished, too, providing a safe and positive environment for patients and their families.

All of these improvements are greatly appreciated, and for many reasons. Not just from a strictly

practical standpoint, but also from the impact they have on our patients. We want our patients, their families and friends to be as comfortable as possible and also to provide comfortable spaces for them to be together.

Whether you made a gift to say thanks, to remember a loved one, to honour someone special, or to celebrate a milestone, you were part of something big. Together, the community supported the Hospital with \$2,222,921 this year!

The impact of these gifts goes even further than the medical equipment and education needs they fund. When donors help the Foundation to purchase medical equipment, it means the Hospital can address capital needs that would not be otherwise met. Donors' generosity has a happy ripple effect!

On behalf of the Ross Memorial Hospital Foundation, our Board of Directors and Staff, and our patients and families, thank you for making the circle of care stronger than ever.

Erin Coons, Executive Director
Tim Shauf, Board Chair



ROSS MEMORIAL
HOSPITAL
Foundation

OUR MISSION

An Exceptional Community Hospital
Valued by our Patients and Partners

OUR VISION

Exceptional Care - Together

OUR VALUES

Compassion, Respect
Excellence, Integrity

2016/17



ROSS MEMORIAL
HOSPITAL
Kawartha Lakes

For more information visit: www.rmh.org