

Exceptional Care - Together

RMH launches COPD Clinic

“They showed me how to use puffers to regulate my breathing, and if there are signs of trouble, I get my butt back in here”

Protecting our smallest patients

A new tool helps patients manage better after discharge

Patient Experience Partners make a mark at RMH

Revitalizing our Strategic Plan

10 things you may not know about the Ross Memorial Hospital





OUR MISSION

An Exceptional Community Hospital Valued by our Patients and Partners

OUR VISION

Exceptional Care - Together

OUR VALUES

Compassion, Respect
Excellence, Integrity

The functioning of patients' lungs is often done using a test called plethysmography, using equipment that resembles a telephone booth. Doctors order lung plethysmography tests to measure how much air patients can hold in their lungs and to assess the progression of chronic lung diseases. Patients sit in the booth and breathe into a mouthpiece. As the chest moves, the amount of air and the pressure inside the booth and against the mouthpiece changes. Based on these changes, the doctor receives an accurate measurement of the amount of air in the patient's lungs.

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The Challenges of the Past Year,

the Promise of the Future

Report of the Chair of the Board of Governors, Chief of Staff and President/CEO



Introduction

In consideration of the year that was, we are pleased to inform you of our challenges, our enhancements in the quality and safety of our patient care, and our yearly outcomes.

In our future, we will be expanding the use of our Patient Experience Partners, and exploring integration with the Peterborough Regional Health Centre (PRHC).

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

The Challenges of the Past Year

There were three great challenges in the year that passed. These included operating additional beds to address unrelenting patient surge, finding staff to provide care for those patients, and on occasion, infrastructure failure related to operating a Hospital where a 60 year old wing interfaces with a 20 year old wing.

The greatest challenge we faced was the *unrelenting need for medical inpatient services*. The Hospital experienced an occupancy rate greater than 104% for acute beds for the entire year. This was due to the increasing number of frail and elderly patients residing in our community. These patients represent the leading edge of the ‘Baby Boom’ Generation—those born from 1945-1965 who are becoming seniors, some of whom have the incumbent disorders of aging. It is anticipated that this pressure for beds will continue into the future, possibly as long as 10-20 years.

The simple apparent solution is to open more beds. However, *staffing for these beds was our second greatest challenge* and remained a significant pressure. We are continuously attempting to recruit new staff. Staffing pressure remains high and on March 31, 2018, we had over 60 vacancies in the Hospital, including 30 nurses. Healthcare workers are highly skilled and educated, and the demand for their services exists throughout the province.

The *third challenge RMH faced was infrastructure failures*. These included a malfunction in our Heating, Ventilation,

and Air Conditioning system (HVAC), and a failure of one of our chiller units, resulting in difficulty in keeping up with cooling and humidity throughout the Hospital. The final was a plumbing failure that led to a flood. From a corporate perspective, we constantly review and update our infrastructure risks, and plan for renewal to keep the Hospital in ‘tip top’ shape. This has included a long term plan for the refurbishment of end-of-life equipment. In the next year, we will be refurbishing elevators, and likely our kitchen as well. Yes, we still make our own food.

Enhancements to Quality and Patient Safety

In the past year, the most impactful change has been in the Intensive Care Unit (ICU). Led by our own internists, RMH changed the model of care in our ICU. New physicians were recruited to care for our sickest patients. These physicians have enhanced training in ICU medicine, and are on site from 8 am to 5 pm daily. This means that our sickest patients are being cared for by the most appropriately trained and skilled physicians.

In addition, we opened a Chronic Obstructive Pulmonary Disease Clinic (COPD) for those patients suffering with this lung disease. In the clinic, patients get advice and follow up to avoid unnecessary hospital readmission. Lastly, from an organizational perspective, we have invested in our physician leaders to gain their assistance and expertise to help us shape care. In several program areas, we have created teams where doctors and nurse managers work together in our patients’ health interests to advance care.

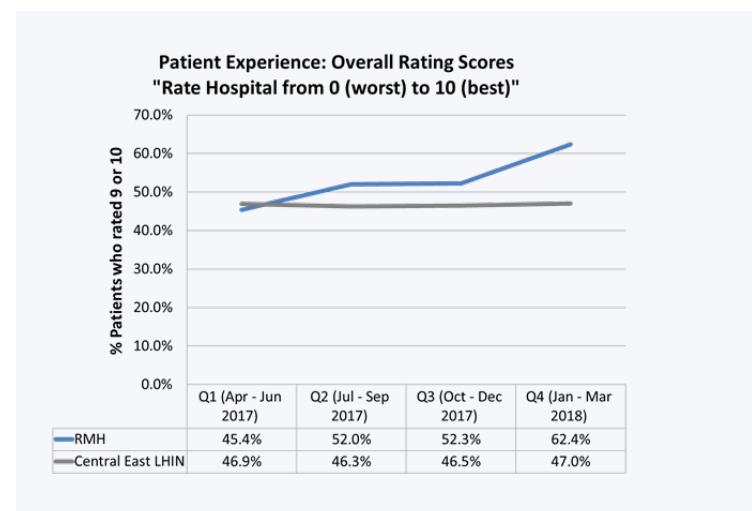
Led by our Vice President Patient Care and Chief Nursing Officer, we have made great strides in improving our institutional nursing and professional practice care in at least four ways. The first is that we have reinvested and improved nursing staffing levels on night shifts. The second is that we have created Team Leader roles throughout the organization. Team Leaders are nurses that plan for patient care activity on the floors. They provide mentorship to younger staff, provide guidance and direction, and ensure that patients leaving our Hospital have sufficient information about their discharge (Patient-Oriented Discharge), to ensure that they transition successfully from hospital to home. The third is that RMH has established a Nursing Advisory Council, dedicated to improving the quality of our patients' experience by advancing bedside nursing care practices. The fourth is that we have established a Professional Practice Council, a multi-disciplinary council committed to improving the practice of regulated health professionals working at RMH, and therefore, coordinating and improving patient care.

Our Outcomes for 2017/18

This has been a remarkable year. We balanced our budget for the seventh consecutive year. In addition, we launched our Service Excellence Program. We recognize that a strong quality culture and high performing learning organization will be made possible with true partnership with each other. Every staff member in our Hospital will be taught about service excellence to improve our work life experience and our patients' care experience. RMH's Service Excellence commitment is to deliver excellent service by:

- Being kind
- Taking care of each other
- Putting others first

Last year, we recognized that some of our patients were not having favourable care experiences. We began a journey to improve. Our focus on our patients has been unrelenting. We are pleased to report our patients' experiences to you. Care is only reported as excellent where our patients have rated their care as a 9 or 10 out of 10. As you can see, we went from being 1.5% below the Central East Local Health Integration Network (CE LHIN) hospitals' average, to 15.4 % above the average. This has been an amazing turnaround.



The Promise of the Future Patient Representatives Guide the Hospital

In order to improve the quality of our services, we invested in the creation of a Patient and Family Council. This Council became operational in September of 2017. It is made up of patients, who represent the voice

of the patient to our Hospital. Seven Patient Experience Partners (PEPs) are members of the Council. It is jointly chaired by Ms. Shirley Ireland (PEP) and our Senior Lead for Quality and Patient Relations. This group reviews information that would have direct impact on patient care. In addition, they have begun doing 'rounds' on the Maternity/Surgical Unit, as well as in the Emergency Department. They convey to the Hospital the observations related to what patients have told them about their care. RMH then utilizes this information to enhance our patients' care experience. This is a highly innovative method to capture the voice of the patient. Health Quality Ontario has recognized this unique practice and RMH staff will be presenting this innovation at a conference in October 2018.

In a statement about our further commitment to hearing the voice of our patients, the Quality Committee of the Board of Directors will be adding a Patient Experience Partner to its membership.

Integration

As many of you will know, the CE LHIN passed a motion at its Board meeting March 28 directing the RMH and PRHC to explore integration opportunities. PRHC and Ross Memorial have a long history of working together. Although it's early in the process, committees and work streams have been struck to begin this exploration. Early discussions are considering an integrated network operating two sites. Should this take place, it is our belief that Ross Memorial Hospital would keep its name, and PRHC Foundation and RMH Foundation would remain separate entities.

This exciting opportunity could potentially improve the sustainability of an integrated hospital network in the face of future austerity. Currently, RMH and PRHC are competing for the same staff. Working together makes sense for our patients, and we believe that they would expect this of us. As a combined integrated network, we would move into the upper tier of hospitals in Ontario with a larger health care footprint. This could site us well to attract new funding and services for our patients. Lastly, we need to begin planning for the delivery of care on a regional basis. Our aging population requires us to plan for seniors' services, consider delivering cancer therapy closer to home, and finally, plan on delivering important lifesaving surgical treatment such as cardiac bypass surgery in our region.

Conclusion

We can be very proud of our accomplishments this year. We have faced many challenges, and have kept our focus steadily on our patients. We have been richly rewarded with outstanding patient satisfaction scores. With the guidance we receive from our Patient Experience Partners, we will continually improve our patients' care experience.

In addition, we have recommitted to the health and wellbeing of our staff, the lifeblood of our organization. Our Service Excellence commitment will improve our employees' work life as well as our patients' care experience.

Lastly, the exploration of integration opportunities with our longstanding partners at PRHC begins a potentially new and exciting future for our hospitals.

RMH Achievements in 2017/18

Dave McNabb of *Little Britain* first met Respiratory Therapist Tara Smith when he was rushed to the Emergency Department with breathing difficulties in February 2018.

"I was at home and couldn't breathe," Dave said. "They got me hooked up to a machine and got me breathing again. Throughout my stay, Tara would stick her head in to see how I was doing."

When it was time to go home, Dave was referred to the Ross Memorial's new Chronic Obstructive Pulmonary Disease (COPD) Clinic. During regular visits, Dave is seen by Internist Dr. Nicolas Croteau and other members of the Respiratory Therapy team, who monitor Dave's condition and teach him to better manage his health.

"I was a heavy smoker, and stopped ten years ago. The breathing problems are brought on by a number of things." "They showed me how to use puffers to regulate my breathing, and if there are signs of trouble, I get my butt back in here."

Before the launch of the COPD Clinic in October 2017, the Respiratory Therapy team would see the same patients readmitted to hospital with COPD complications. By providing an opportunity for patients to visit the outpatient clinic and ask questions of Dr. Croteau and the Respiratory Therapists before symptoms become emergencies, they're able to avoid frustrating readmissions to hospital.

"Through the self-management plan, we're educating and empowering the patients to be in charge of their health," said Tara. "If there's trouble, we can have a phone call to check in or bring them back in for follow-up to tweak their plan."

The COPD Clinic has become a leading practice clinic providing additional support for hospital-to-home transitions. Our goals – to decrease the 30-day readmission rate for COPD exacerbations and improve patients' quality of life – are being met.

"I'm happy to participate in this multidisciplinary clinic that has had such a significant impact on clinical outcome," said Dr. Croteau. "The feedback from our patients and their families has been overwhelmingly positive."

Impacting ER Care across Ontario

Since RMH became the first Ontario hospital to implement the Electronic Patient Triage Acuity Scale (eCTAS) in February 2017, hospitals from across the province have been in touch to consult with the project team. The electronic triage decision support system was developed by the province's Access to Care program to standardize the application of triage acuity assessments in Ontario's emergency departments. During the summer of 2017, the RMH team participated in a post-implementation study to help improve the program even further. RMH is proud to have played a key role in the development of this patient safety tool.

Improving Surgery Wait Times

RMH was pleased to receive approval from the CE LHIN to perform an additional 97 joint replacement surgeries to be completed before March 31, 2018. This was a significant opportunity for our patients, our community and our Hospital, as 73 of these procedures were added to our permanent base allocation of joint replacement surgeries, increasing the number performed annually from 311 to 394.

Protecting our smallest patients

A mother safely delivers a baby at the Ross. A few hours later, while mom is asleep, dad decides he will take his new pride and joy for a wee walk in the hospital halls. In his excitement, he forgets that babies cannot be taken out of the Maternity Unit until they are discharged.

He is steps from the exit when an alarm sounds and nurses hurry toward them. The alarm is triggered by the security band on the baby's foot.

Mom is wearing a similar band, which is synchronized with her baby's band. Any effort to hand a different baby to her, to remove the band, or to take a baby out of the unit triggers the alarm and alerts staff to a problem.

This new security system went live in August 2017. It's the latest in patient safety and will ensure the safety of the smallest patients at the Ross.



Left to right: (standing) Carole McBride (Unit Manager), Dr. Nicolas Croteau, Dave McNabb, Deanna West RRT, Tara Smith Senior RRT, (seated) Brian Suarez RRT

"Closed ICU" Progress

In April 2017, the ICU at RMH adopted 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. The result has been tremendous, with continuous ICU physician coverage and occupancy consistently between 90-100%. The plan included the recruitment of Critical Care Nurses and the expansion of the ICU from 6 beds to 8 with a step-down bed for surgical patients.

We will deliver consistent reliable quality.

RMH Achievements in 2017/18



Anne Pitre goes over discharge instructions with Steve Lofkrantz RPN

– A new tool is helping patients manage better after leaving RMH

A bad fall didn't just lead to the early end of Anne Pitre's holiday – it led to surgery to repair her hip.

On the morning of her discharge from Ross Memorial Hospital, Anne had a lot to think about: her physiotherapy exercises, her trip home, and all of the instructions provided by the healthcare team.

The new SMART Discharge process made it easy for Anne to keep those instructions straight.

"It's very informative," Anne said. "Sometimes when you're talking, you think you've been taking everything in until you get home. This way you have all the information you need at home so you can look back at it and refresh your memory."

What is SMART Discharge?

The Ross Memorial team was proud to be one of 27 Ontario hospitals to launch a new discharge process on November 27, 2017. The **Patient Oriented Discharge Process** was designed for patients and healthcare providers to use together to discuss instructions for patients to follow after they leave the Hospital. These instructions help make patients' transition home go as smoothly as possible and increase the chances patients will follow post-hospital care instructions.

At RMH, the new process is called **SMART Discharge** because it focuses on 5 key pieces of information:

- **S** – signs/symptoms to watch for
- **M** – medications
- **A** – appointments
- **R** – referrals
- **T** – telephone numbers

The discharge tool uses plain language, large type, pictures and images to make the information as easy-to-understand as possible. The summary is completed with the patient and their family, and the patient is asked to recall the instructions in their own words, to ensure they have understood.

In addition, a traditional discharge summary is still sent to the patient's primary care provider.

PEP impact on Mental Health Day Hospital

Patient Experience Partners (PEPs) played an important role in a quality improvement project that broke down accessibility barriers for clients of the outpatient Mental Health program. The PEPs joined staff for a process improvement event in July 2017 to discuss challenges. These included a complicated registration package, long wait lists, a high rate of recidivism, and lack of inpatient access. The group's work addressed needs by linking patients to an intake worker to serve as a contact throughout their care; reorganizing the Day Hospital schedule to reduce waits; and condensing the registration package. Individuals in crisis are now able to engage in service immediately.

Changes initiated by the working group helped to:

- ✓ decrease length of program to 10 weeks
- ✓ increase hours of service from 92.5 hours to 128 hours
- ✓ reduce wait time from over 3 months to less than a week
- ✓ increase visits from 355 to 479 during a 6-week cycle
- ✓ decrease wait times for individual one-to-one counseling from 4 weeks to 1 week



Cindy Bailey, Environmental Services, and Shawn Lacey RPN on the Medical Unit

Teaming up on Hospital Acquired Infections

A combination of standardized room cleaning, cleanliness audits, hand hygiene and antimicrobial stewardship is proving successful in our efforts to keep Hospital Acquired Infections to a minimum. This important teamwork proved vital when the Medical Unit and CCP1 were impacted by a Norovirus Outbreak in March 2018. Thanks to the intense efforts of the entire Hospital staff, the situation was resolved in one week.

Engaging Nurses

RMH established the Nursing Advisory Council to provide oversight and direction for professional nursing practice. The Committee functions as an advisory council for Patient Care Leadership with respect to planning and policy direction. Meetings provide a forum for the exchange of information to enhance professional nursing practice.

The Ross Memorial's 2017/18 Quality Improvement Plan prioritized our goal to improve our patients' experience

by ensuring we are providing enough information when patients leave the hospital so that you feel comfortable returning to home.

We will deliver consistent reliable quality.

RMH Achievements in 2017/18



On the road to Electronic Health Records

Physicians in the Emergency Department were the first to use ConnectingOntario software, implemented at RMH in August 2017. ConnectingOntario is a component of the province's electronic health record initiative. The software integrates electronic patient information and makes it available at the point-of-care to deliver faster, better patient care. RMH joined more than 90 acute sites which are able to access ConnectingOntario's acute inpatient, Laboratory and Home & Community Care patient data in a Central Data Repository.

Mental Health and Homelessness

The City of Kawartha Lakes Housing (CKLH) Corporation, Haliburton Highlands Health Services and RMH continue to build on the success of our supported housing corporation. From the initial program including eight units and one staff, the program has succeeded in increasing to 12 units, 4 in Lindsay and 8 in Haliburton County.

This past year also saw the implementation of the Homelessness Coordinated Response Team, which brings together agencies from across the region with the goal of housing the most vulnerable individuals who are homeless. A key component is the CKLH Coordinated Entry System which is designed to organize community level responses to homelessness. Individuals and families who are experiencing homelessness or are in a housing

crisis are assessed and matched with available housing-focused interventions. This initiative came out of the 20,000 Homes Campaign, held in the summer of 2016, which identified 136 local people as homeless. Over the past year 52 individuals have been housed in the community and are no longer experiencing homelessness, far exceeding the team's target.

Trent University and CKLH partnered to study the impact of the work being done to address homelessness.

Results over 3 months show:

- ✓ a drop in hospital usage between 50%-86%
- ✓ a decrease in contacts with crisis lines
- ✓ a decrease in ambulance transports to RMH
- ✓ a decrease in 911 calls

Early Psychosis Service Excellence

The RMH First Episode Psychosis Service (for clients under age 25) was highlighted during an external review during the summer of 2017. The strengths identified by the reviewers included efficiency and effectiveness with one case manager. The team is consistently able to make an early and initial engagement with a client thus minimizing wait times and ensuring timely service. There is also a strong relationship between the clinical team and psychiatrist which results in a high degree of communication and collaboration between the parties. One of the key strengths of the program is the team's ability to arrange timely consultations for clients.

Enhancing Access to Mental Health Care

To better manage the psychiatrists' wait times, the Department of Psychiatry implemented a weekend clinic model in August 2017. The weekend clinics have resulted in a more manageable wait list (approximately 4 – 6 weeks), and give clients an option to attend weekend clinics if they are not able to attend during the week.

Medication Safety

After years of planning, the Meditech/Med Select interface went live in May 2017. This allowed for faster turnaround time from medication order entry to medication availability; the medications entered for each patient appear on the cabinet screen; the system provides a second check for medication administration; medication storage and use is controlled and tracked electronically.

This important patient safety initiative included the implementation of the Automated Dispensing Units (ADUs) throughout the Hospital. The Automated Dispensing Units are a key component to the Hospital's medication safety system as they help to ensure the right patient is receiving the right medication at the right dose.

Pharmacy Accreditation

RMH participated in the Ontario College of Pharmacists Accreditation in May 2017. The assessors expressed that they were impressed with the quality of many of the Pharmacy Department's policies and procedures and felt they were at the level of a teaching hospital. They commented on several accomplishments such as the thorough gap analysis that was completed for the National Association of Pharmacy Regulatory Authority (NAPRA) standards; the pharmacy dashboard; detailed audits; implementation of the Automated Dispensing Units; and a strong interprofessional relationship.

Quality, Safety & Risk Council To ensure quality and patient safety are the focus of all teams at RMH, the Quality, Safety & Risk Council (QSRC) was established in the spring of 2017. The QSRC oversees and supports organizational quality, risk and patient safety goals and strategies, and identifies opportunities for improvement. The Council is committed to fostering a culture of quality and patient safety and champions a philosophy of continuous improvement at RMH.

Senior Friendly Walkabouts As part of the Senior Friendly Hospital Strategy, RMH has implemented Senior Friendly Audits. These are quarterly visits to patients, families and staff by members of the Seniors' Steering Committee to discuss experiences with our seniors care and barriers that exist, such as lighting and equipment needs.

We will deliver consistent reliable quality.

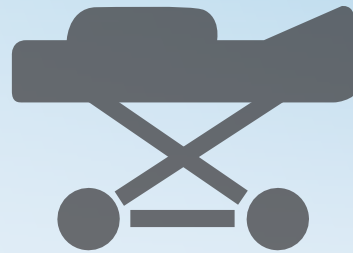
10 things you may not know about RMH

1 The RMH Nutrition Services Team has been selected to participate with 21 other hospitals in a project led by the University of Guelph to study patient experience and satisfaction with food in Ontario hospitals. Research shows roughly 1/3 of medical and surgical patients eat less than half their hospital meals. Poor food intake is associated with longer stays in hospital. By gathering data on patient food experience, we will help build the evidence base to raise the outline of food as an essential part of care in hospitals.



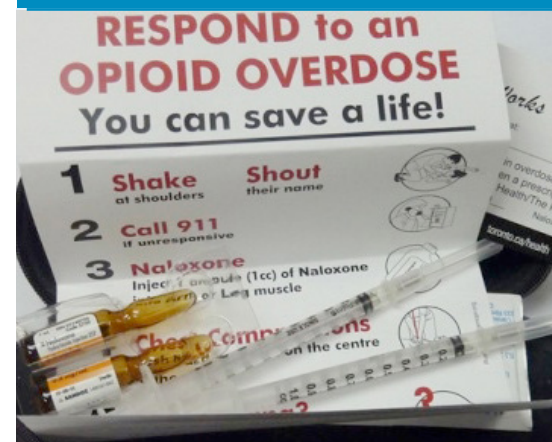
2 RMH is enjoying a baby boom! 402 babies were born at RMH between April 1, 2017 and March 31, 2018. Many of these deliveries occurred at RMH after the hospital in Port Perry was damaged by fire on August 25, 2017 and closed for repairs.

3 RMH spent much of 2017/18 in a state of 'perma-surge'. The winter months were particularly challenging with high volumes of admitted patients in the Emergency Department, high numbers of Alternate Level of Care patients and most Long-Term Care facilities closed to readmissions due to Influenza outbreaks. On January 15, 2018, there were 30 extra unfunded beds open.



6 Nurse Alma Finnie from Bailieborough (centre) is believed to be the first Canadian woman to vote in a federal election. Nurses were granted the right to vote during WWI. Exactly 100 years later, RMH was proud to recognize this historic event and recall its own history as a nurses training hospital, by hosting 'Their Votes Counted', a travelling exhibit created by the Victoria County Historical Society.

7 Think your hydro bill is bad? RMH spent \$1,153,128.80 on electricity in 2017/18.



8 RMH celebrated a decade of Dialysis Care with a special event in April 2017. The Ross opened a temporary six chair unit on the Medical Unit as a satellite of the Regional Renal Program in April 2007. The community rallied to help construct a permanent home for these patients and the new Dialysis Unit opened in September 2008 welcoming 48 patients. Local donors' generosity through the **On the Horizon** capital campaign helped the RMH Foundation raise more than \$2.2 million toward the total cost of the project.



RMH celebrated a decade of Dialysis Care with a special event in April 2017. The Dialysis Unit opened in September 2008 and welcomed 48 patients.

4 The integration of the Central Ontario Healthcare Procurement Alliance (COHPA) with Plexxus was approved by COHPA members in June 2017. With Plexxus as the Ross Memorial's shared service organization, RMH is benefitting from enhanced support for the back-office services Plexxus provides to its members and customers, including product support and implementation.

5 RMH was proud to receive a letter of congratulations from the Regional VP of the Central East Regional Cancer Program in November 2017: "I'm pleased to share with you that Ross Memorial Hospital was recognized for meeting the provincial target for:

- Reducing wait times from referral to consultation with a surgical oncologist within all priority categories;
- Reducing wait times for treating surgical oncology patients within all priority categories;
- Ontario Breast Screening Program (OBSP) clients diagnosed within seven weeks of an abnormal screen with a tissue biopsy.

Thank you for your continued support in our efforts to improve the cancer system in the Central East Regional Cancer Program."

9 In April 2017, the Canadian Association of Staff Physician Recruiters presented Cindy Snider, Recruitment and Retention Coordinator with the Kawartha Lakes Health Care Initiative, with the 2017 Recruiter Recognition Award. Cindy works closely with RMH to promote the City of Kawartha Lakes to physicians.



10 RMH partnered with community organizations to host a Naloxone distribution event on August 31, 2017 International Overdose Awareness Day. There has been a significant increase in substance abuse overdoses in the community, with 29 occurring in the month of August.

RMH Achievements in 2017/18

Patient Satisfaction is Paramount

Did you know RMH surveys randomly selected patients after they have left the Hospital using a third-party company called NRC Health? The survey is distributed to patients who have visited our Emergency, Medical, Surgical or Rehabilitation Departments. Over the 2017/18 year, there was a significant improvement in the 'Overall Rating' question in which patients are asked to give the Hospital a rating from 0-10. Positive responses are considered a rating of either 9 or 10 out of 10. In the first quarter of 2017/18, RMH was performing 1.5% below the Central East LHIN average. By the fourth quarter, RMH had improved to 15.4% above the LHIN average. That means, throughout the year, we saw a 17% improvement in patients rating their care as 9 or 10 out of 10.

'We are the Patient Experience'

Patients and family members can feel vulnerable and unclear about how best to communicate concerns with their care providers. When they are unable to express their views, or do and our responsiveness falls short, our patients' dignity, respect, confidence in our Hospital, and ability to heal may be at risk. To help address patient concerns in a timely and comfortable manner, Patient & Family Experience Partners (PEPs) began doing 'rounds' in February 2018. The volunteer PEPs visit inpatients to ask about their experiences and if they have any comments or concerns to share with the care team. The PEP rounding is proving successful, helping the RMH team to address issues quickly, and giving patients another way of connecting about their care.

Psychological Health & Safety

Worklife surveys conducted in May 2017 demonstrated how years of limited resources had negatively affected staff morale. Improving staff experience was identified as an important corporate goal. A team from RMH helped to coordinate the Central East LHIN's Healthy Me Healthy You conference at Lakeridge Health during the summer. The experience inspired wellness initiatives such as participation in mindfulness training, holiday tea cart visits to departments and fun-at-work events. RMH declared its commitment to psychological health and safety by signing the Mental Health Commission of Canada's Workplace Healthcare Declaration in January 2018.



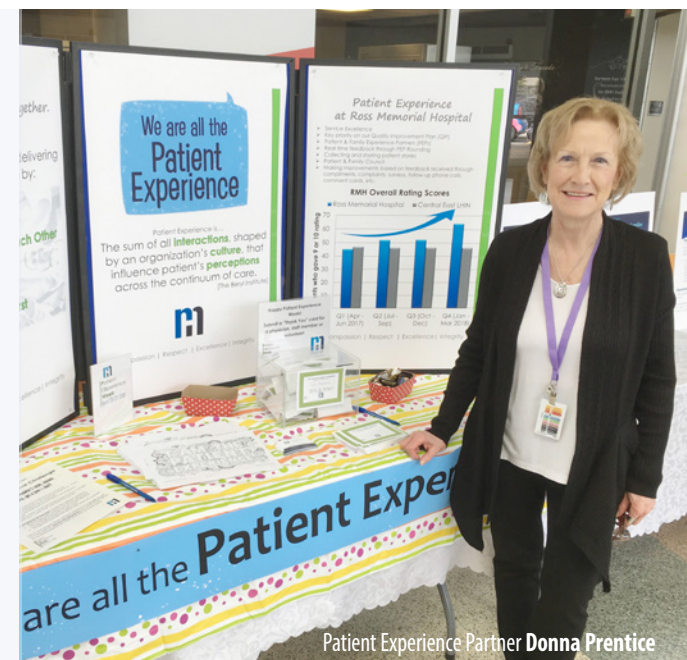
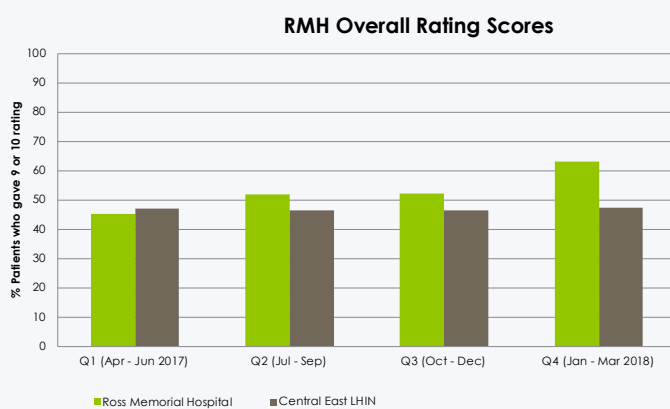
Workplace Safety

Workplace safety is a priority at RMH. Significant efforts were implemented in 2017/18 to enhance violence prevention measures while raising public awareness that aggressive behaviour is not tolerated. The RMH Occupational Health, Safety and Wellness Department formed a working group including frontline staff from the Mental Health Unit, the Emergency Department and the Continuing Care Program to identify issues and opportunities to strengthen the Hospital's violence prevention program. These included enhancing security staff in the Emergency Department, equipping ED staff with personal alarms, and an anti-violence poster campaign.



Dr. Bert Lauwers – President /CEO

'Every patient, every time.'



Patient Experience Partner Donna Prentice

Smarter Scheduling System

The paper-based vacation and shift swap system was retired in October 2017 and replaced with Kronos ESP Self Service. This new system is paperless, secure and trackable. In March 2018, the ScheduleME call-out system went live, helping staff manage their home and worklife balance by improving the process for receiving notification of unfilled shifts on their unit pool positions. By including text-messaging to employees' notification options, filling shifts is a simpler process.

We will develop a patient service focus and culture throughout the organization.

RMH Achievements in 2017/18

Patient Care is Better Together

Embracing the Hospital's 'Better Together' pledge with the Institute for Patient and Family Centered Care, the new Quality, Patient Safety & Risk Council continued efforts to enhance patient and family engagement. These include welcome signage at entrances, patient experience partner cards, and the launch of the fully accessible Patient & Family Resource Area in the upper main lobby. The Patient & Family Resource Area is equipped with two computers that provide links to trusted, evidence-based medical resources. There are also materials available about the Hospital and community programs.



RMH is Green – and Silver!

The Ross Memorial's continuing efforts to reduce its carbon footprint have earned the organization Silver Award recognition from the Green Hospital Scorecard in 2017/18. The Hospital reduced waste by 28.5%, water usage by 9.8%, greenhouse gas by 2% and energy by 1%. RMH strives to be a responsible neighbour, a good corporate citizen and a community leader in environmental awareness.



Reporting, monitoring and acting on care concerns

In April 2017, RMH completed its launch of an electronic reporting system to log feedback, concerns, compliments and suggestions. The system helps the team to respond to patient and family concerns, monitor feedback, track steps taken to resolve issues, and identify opportunities for improvement.

New Parking System



In order to meet the requirements of the province's Hospital Parking Directive, RMH installed a new parking system in April 2017. The new system provides more multi-day pass options that can be used on non-consecutive days with in/out privileges for patients and visitors.

Cleanliness is Key

Effective cleaning is key to patient safety at RMH. To ensure patients are cared for in a clean and comfortable setting, the Environmental Services team began leaving cards in patients' rooms. If patients have a question or concern about the cleanliness of their room, the card provides an extension to call for assistance.



Mindy Young, Senior Lead Quality and Patient Relations

rmh.org goes mobile-friendly

On April 10, 2017, RMH launched its redesigned website, www.rmh.org. The new site is mobile device friendly and features a new navigation system.

We will develop a patient service focus and culture throughout the organization.

Revitalizing Our Strategic Plan

Each day the Ross Memorial abounds with patients, procedures and programs. As we focus on immediate needs and challenges, it can be difficult to see big picture impacts of our actions. That's why it's important to have a clear plan in place, to keep our team members moving in the same direction.

Ross Memorial completed a new strategic plan to guide the Hospital's decision-making from 2015-2021.

Our mission summarizes our purpose:

An Exceptional Community Hospital Valued by our Patients and Partners

We provide quality acute and continuing care, inspired by our patients and families, within a team that is committed to:

- Improving health by anticipating and responding to the health needs of the community;
- Collaborating with our health service partners, both in our community and beyond; and,
- Promoting a progressive and healthy work environment

Our vision highlights the future state to which we aspire, focusing our talents and our resources. It emphasizes our intention to champion partnerships to enhance health service delivery. It embraces the work we've done, and the potential that lies ahead.

Vision 2021: **Exceptional Care - Together**

Our values guide us in our actions every day, in every encounter. They set the standard by which we hold ourselves, our peers and our care partners accountable: **compassion, respect, excellence and integrity.**

Our strategic directions provide a framework to focus expertise, address priorities, cultivate excellence, champion collaboration, and enhance our service delivery. In order to achieve exceptional care as valued by our patients and partners, RMH set the following strategic directions in 2015.

Patient and family-inspired care: achieving patient goals.

Consistent, reliable quality: every patient - every day.

Enhancing teamwork and care models: improving outcomes.

Championing partnerships: working together.

Safeguarding Financial Health: strengthening resilience.

In 2017, health care had changed sufficiently, and new pressures and challenges had presented themselves. In addition, there was change to the composition of the Board of Governors. New members had joined, and longer serving members had completed terms of office. As such, a decision was made to refresh our strategic plan.

New Strategic Directions



1 To be an exceptional workplace.

- Promoting leadership, accountability and empowerment
- Fostering passion and commitment
- Encouraging kindness and civility
- Creating a safe, respectful and trusting environment
- Recruiting and retaining the best team members
- Celebrating successes and recognizing contributions
- Supporting continuing education and development



2 To provide exceptional quality patient care and experiences.

- Our patients are care partners
- Providing timely access to care
- Recognizing our patients' Bill of Rights
- Exceeding expectations in service delivery
- Ensuring a safe and secure environment
- Continually monitoring and improving our quality of service
- Recognizing the diverse culture needs of our clients



3 To develop exceptional partnerships and deliver operational excellence.

- Actively seeking out opportunities to partner in the delivery of care
- Partnering to advance technology and improve patient outcomes
- Effectively managing our Board approved budget
- Providing timely, accurate financial reporting
- Planning proactively for future financial commitments
- Taking ownership for the effective use of resources
- Developing innovative models of care and governance structures



Success will be measured through the corporate balanced scorecard, key performance indicators, the quality improvement plan, the annual report, and patient and staff satisfaction surveys.

We invite you to read the full 2015-2021 Strategic Plan on our website, www.rmh.org.

If you have questions about our strategic directions, or our annual goals and objectives, please contact our Public Relations office at **705-328-6246** or email publicrelations@rmh.org.

Patient Care Data

Ross Memorial Hospital For the Year Ended March 31, 2018

• Emergency Department Visits	42,135
• Outpatient (Day) Surgery Visits	6,089
• Ambulatory Clinic Visits	41,296
• Admissions	6,501
Acute	4,991
Newborn	402
Mental Health	441
Complex Continuing Care	233
General Rehab	300
Palliative	134
• Total Patient Days	59,834
• Average Length of Stay	9.2 days
• Laboratory Interventions	532,165
• Diagnostic Imaging Exams	71,078

Financial Data

Ross Memorial Hospital For the Year Ended March 31, 2018

Total Revenue:	\$95,391,759
By Ministry of Health & Long Term Care	87.7%
Patient & Ancillary Revenue	12.3%
Investment Income	0.0%
Total Expenses:	\$95,302,719
Compensation	74.2%
Other Supplies & Expenses	18.6%
Drugs and Medical Gases	2.1%
Medical & Surgical Supplies	5.1%

Auxiliary

I encourage all volunteers at the Ross Memorial Hospital to look back at 2017/18 with pride. Thanks to your hard work and dedication, we're celebrating another year of successful service to the Hospital through our involvement in patient care areas and fundraising initiatives.

Our members offered their time and talent to the Classics on Kent event, grocery bagging at Food Basics, and Tag Days that raised \$18,730.09 with volunteers posted throughout the City of Kawartha Lakes in September. We were also proud to host the Hospital Auxiliaries Association of Ontario (HAAO) President's meeting in May, with representation from Auxiliaries around the province, sharing ideas and energy – what an inspiring event!

New this year was the Auxiliary's involvement in the Hospital's Go Green 'Adopt a Garden' Challenge. A team of volunteers donned their rubber boots and gardening gloves to tackle the flowerbed at the southwest corner of the Hospital property – one that hadn't seen much love in years. With a bit of sweat and a lot of red and white tulips, we created a garden that celebrated Canada's 150th anniversary and earned the 'Most Improved Garden' award from the Go Green judges.

The Auxiliary has been actively recruiting for new members and holds regular recruitment days in the main lobby. We're always pleased to welcome new volunteers and encourage anyone looking for a meaningful way to give back to their community to get in touch.

The culmination of our fundraising efforts came with the presentation of our 2017/18 gift of \$150,000 to help the Hospital purchase a ventilator and other equipment needed in the Intensive Care Unit. We should all be proud of the role we play in the life-saving care being provided to the Hospital's sickest patients.

On behalf of the Auxiliary's Board of Directors, I'd like to thank all of the volunteers who offer their time for the patients of the Ross Memorial Hospital. The work we do is important.

With sincere thanks,

Ward Levine, Auxiliary President



Volunteers help patients in the RMH Eye Clinic
Left to right: Janet Crowley, Dianne Farr, Dawn Evans, Jeanne Johnstone, Joyce Wells, Liz Livingstone
Absent: Tom Joyce, Wyn Remark, Jeanette Wright



Erin Coons – Executive Director, Brian Kelsey – Board Chair

Foundation

You can sometimes see the mark of a recent hospital visit: bandages and a hospital ID bracelet, a cast and crutches.

The Ross Memorial Hospital also shows signs of exceptional caring. They're the special touches you make when you give to the Ross Memorial Hospital Foundation.

Our donors play an important role in patient care by supporting equipment needs – both large and small.

This year, your gifts to the Exceptional Care in the Kawarthas Spring Appeal raised \$108,542.80 to buy 12 new vital signs monitors for the Medical and Critical Care programs.

Your support for the Tales of Hope Holiday Appeal raised \$196,438.77 for the purchase of a 3D Mammography Unit with biopsy capabilities.

Your generosity also plays a vital role in addressing smaller equipment needs that affect patient care every day. These are items such as stretchers and walkers, beds and furnishings, wheelchairs and patient lifts, monitoring and safety equipment, and more.

Every gift made to the Foundation marks a special moment at the Ross Memorial Hospital.

Our donors' stories (Tales of Hope, indeed!) are highlighted on the Foundation's website, which was redesigned in 2017 to include a mobile-friendly navigation system, in our publications such as the Exceptional Caring Gratitude Report, and through social media. Did you know the Foundation launched a Twitter presence to complement the Facebook page that was created in 2016?

Our donors' stories cast a light on the warm heart of this community. Together, your generous donations addressed \$1,466,377.86 in Hospital needs this year!

The Ross Memorial Hospital doesn't just bear the mark of local generosity – it is the mark of generosity. Since the land and the original building were gifted to the community by James Ross in 1902, donors have ensured its growth and success through their support.

On behalf of the Ross Memorial Hospital Foundation Board of Directors and Staff, and our patients and families, thank you for making a mark on the Ross Memorial.

Gratefully,

Erin Coons, Executive Director
Brian Kelsey, Board Chair





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For more information visit: www.rmh.org