

This is Exceptional Care

**With donor support,
X-ray/Fluoroscopy and
Mammography care
are transformed**

**RMH supports orthopaedic
patients with new
outpatient clinic**

**RMH leads province
with warning system that
protects our sickest patients**





OUR MISSION

An Exceptional Community Hospital Valued by our Patients and Partners

OUR VISION

Exceptional Care - Together

OUR VALUES

Compassion, Respect
Excellence, Integrity

100 years after the first X-ray was purchased for RMH, X-ray technology remains one of the most trusted tools physicians count upon to diagnose injury and illness. In fact, it's the modality of choice to diagnose cardiac failure, pneumonia and traumatic injuries such as broken bones.

Our team does 100 X-ray exams every single day. The service is available 24/7, 365 days a year.

The new Multitom RAX X-ray/Fluoroscopy is advanced technology featuring twin robotic arms that can move around the patient, significantly reducing the need to adjust patients' bodies to achieve the best quality image. The team can now image patients lying, standing – even seated. This new technology also enables the development of Interventional Radiology services at Ross Memorial.

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2018/2019 Annual Report of the Chair, Chief, Interim CEO

Throughout the Hospital, in every department, each team member's effort and focus impacts the quality of our care and our patients' safety. Every interaction – with patients, their families and visitors, with our community partners, and with each other – makes a difference.

It's the sentiment behind the Ross Memorial's vision statement, **'Exceptional Care – Together'**. Both individually and collectively, we touch patients' lives.

We're proud of those connections, and are pleased to highlight many of our special achievements from 2018/19 in this Annual Report. There has been much to celebrate.

Our commitment to enhance our patients' experiences involved the rollout of an organization-wide **service excellence** training program. Thanks to the team who coordinated this education opportunity, we exceeded our goal and 93% of our staff participated by the end of the year. The success of this program has contributed to an 11% increase in our patient satisfaction scores.

The expansion of **patient rounding** by our volunteer Patient Experience Partners (PEPs) has also played an important role in our patient relations and service recovery. PEP Rounding involves visits to current patients by PEPs to collect real-time patient and family experience feedback. We are proud to report that the program has been highlighted as a leading practice by Health Quality Ontario! Ross Memorial's PEPs have been valuable members on a growing list of Hospital committees and projects, providing the unique perspective of those who have been recent patients of the Ross.

The Hospital team celebrated a milestone achievement in the winter, with the completion of the **redevelopment of the Diagnostic Imaging**

Department and the implementation of new imaging equipment, including advanced X-ray/Fluoroscopy technology that is the first of its kind in Canada and 3D Mammography – all funded 100% by donors! This modernization project included the right-sizing of the general radiography rooms, turning four small spaces into three larger rooms that better accommodate new equipment and workflow, and improve patient accessibility.

As leaders in health care, the Ross Team is proud to be an early adopter and regional leader in the implementation of the **National Early Warning Scores** system (NEWS2), which alerts staff and physicians early when patients' conditions change and begin to deteriorate. Since the standardized patient assessment system has launched across the Hospital, our response to patients' conditions has improved and adverse events requiring admission to the Intensive Care Unit (ICU) have decreased.

The Hospital also led the delivery of bundled care for hip/knee replacement surgery and implemented an **Orthopedic Rehabilitation Clinic** in April 2018 to better meet the needs of patients after surgery.

The implementation of a new combined **Geriatric Nurse Practitioner and Senior Services Manager** has enhanced our clinical expertise on Geriatrics and our Senior Services programs. This has strengthened our focus on falls prevention, the coordination of Medical Assistance in Dying (MAiD), and senior-friendly post-acute care.



Recruitment and retention of our human resources talent has been a key focus this year and led to the development of a **People Plan** to ensure staffing facilitates the delivery of safe, competent and high quality care now and into the future. The Hospital has been fortunate to attract many talented individuals to our team over the past year. We are currently recruiting for a geriatrician, orthopedic surgeon, general surgeon and hospitalists. Hospitalists are physicians who provide care for the majority of our inpatients. There are typically six hospitalists working at a time; however, with the increasing complexity of patients' conditions and increase in patient volumes, we need more hospitalists.

Significant efforts have been made to better manage the flow of patients from the Emergency Department (ED) to the inpatient units and back to the community. The generous gift of an **electronic patient tracking system** has transformed patient monitoring in the ED and initiatives including the SMART Discharge process have better prepared patients and families for their safe return home. Still, ongoing patient surge and high numbers of patients waiting for

Alternate Level of Care (ALC) continue to strain the Hospital's resources and impact patient wait times throughout the organization. These pressures led to an Internal Code Orange in July 2018, and in March 2019, a new record was set in the ED with 25 admitted patients awaiting an inpatient bed.

Ensuring our patients' continued access to timely care and services is our key priority as the Hospital adapts to significant changes in the province's health system. The provincial government is committed to ending hallway medicine. To that end, it has passed legislation that will lead to the reorganization and realignment of healthcare services from hospitals and primary care, to home and community services and long term care. The Ross Memorial Hospital is working with its community healthcare partners in the City of Kawartha Lakes to establish a local **Ontario Health Team** to better coordinate care and services for residents. The Ministry of Health will approve the implementation of Ontario Health Teams in phases beginning in the fall of 2019.

The Ross Memorial Hospital Board of Governors and the Peterborough Regional Health Centre Board of Directors completed the exploration of integration process at the end of 2018 resulting in a LHIN approved mutual decision not to proceed with a formal integration. Throughout the exploration process, a number of administrative tasks that required attention were identified, including outstanding building permits and an open file to **update the Hospital's Special Act** of incorporation. All outstanding items were resolved except updating the Hospital's Special Act, a process that started in 2011. With the passing of time, several new provincial acts and regulations have passed and require consideration in updating the Hospital's Special Act. Legal counsel prepared a new version of the Special Act which had been approved by the Hospital's Board and various ministries. In April 2019, the four week statutory notice period began which is designed to engage and receive feedback from the community and stakeholders.

Among the changes in 2018/19 was the departure of Dr. Bert Lauwers, President and CEO, to take a new position at the Scarborough Health Network. The Board of Governors thanks Dr. Lauwers for his four years of strong leadership, and has initiated a recruitment process with the goal of introducing a new President and CEO to the Hospital and community in the fall of 2019. In the meantime, the Hospital is grateful for the dedication of Interim President and CEO Veronica Nelson, who has taken on this role in addition to her responsibilities as Vice President and Chief Operating Officer.

As we embrace these exciting health care changes, our team remains focused on our mission: to be an exceptional community hospital valued by our patients and partners; to improve health by anticipating and responding to the health needs of the community; to collaborate with our health service partners; and to promote a progressive and healthy work environment. We look forward to welcoming surveyors from **Accreditation Canada** in September 2019 to showcase the diligence, compassion and care that goes into our efforts to provide **Exceptional Care Together**.



RMH Achievements in 2018/19

Enhancing Access to Emergency Care

Last year, physicians in the Emergency Department (ED) were looking through an opening in a wall to see if there was a patient chart hung on the wall, indicating a patient needed to be seen. This year, Christmas came early to the ED when the new **electronic patient tracker board** was launched on December 18. Canada Protection Plan Incorporated donated funds for the purchase and implementation of the new tool, which helps the team to manage and monitor patients' care throughout their ED stay. The tracker board displays real-time patient information that helps the team to assess and prioritize its caseload quickly and efficiently. The tracker board shows real-time patient information including the time for next physician reassessment, patient urgency, length of stay and the patient's destination (inpatient bed, transfer, discharge). It also links to the Laboratory and Diagnostic Imaging systems and alerts the team as soon as a patient's lab or imaging results are available.

"The new tracker board represents a milestone for emergency department care at RMH," said Dr. Koushik Krishnan, RMH Chief of Emergency Medicine. "We expect it will help us reduce ED wait times, improve patient flow and ultimately lead to better patient care."

ED Nurse **Karen Harris** reviews her patients' status on the electronic patient tracker board.

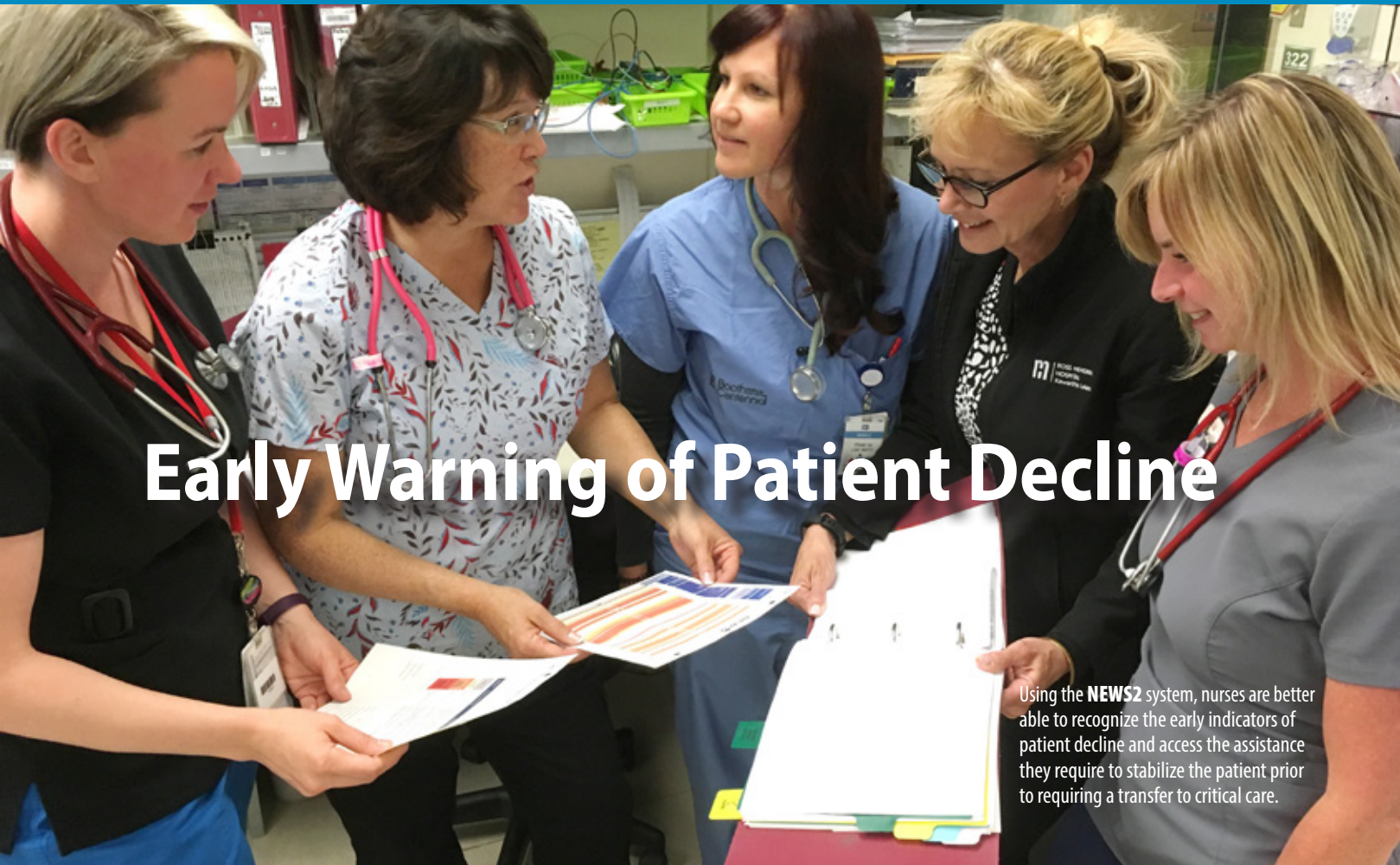
Patient Surge: the New Normal

- **High patient volumes** and high numbers of **ALC patients** continue to be a challenge to the flow of patients through the Hospital. Following the regular 17/18 holiday surge related to Influenza, volumes did not decrease in the spring and summer as usual. The organization continued opening unfunded beds as the number of ALC patients climbed to a record high of 69. This pressure worsened until an Internal Code Orange was called on July 10, when the Hospital team was caring for 180 patients plus 20 admitted patients in the Emergency Department. The Central East LHIN assisted with crisis placement of some patients to Long Term Care facilities and our partner hospitals were able to take some of our patients to relieve the pressures.
- The RMH Leadership Team developed an **ALC Action Plan** to control performance in ALC Avoidance and ensure patients are in the appropriate care setting based on need. The Action Plan is aligned with leading practices targeted to address three areas known to impact performance: avoid all unnecessary hospital admissions; identify and divert patients at risk of becoming ALC; and effective and timely management of patients designated ALC.
- With the plan in place in the summer of 2018, the number of ALC patients decreased to 46 by September. Plans for winter/Influenza season involved the early engagement of unions to plan for an increase in temporary staff to reduce overtime. There was also a staged escalation and de-escalation approach to increase beds from 170 to 186.
- During the winter of 2018, the impact of Influenza on our bed flow was worsened when emergency roof repairs were required at the Haliburton Long Term Care Home, which resulted in the emergency relocation of 28 residents to other LTC beds within the region.
- On March 28, 2019, a new record was set in the Emergency Department with 25 admitted patients waiting for a bed on an inpatient unit.

The Patient Care Leadership group has made improving patient flow management a top priority.

- Work continues on expanding and refining the **SMART Discharge process** to ensure patients have and understand key information before they leave the Hospital. Close to 100 standardized discharge information sheets have been developed and are available for inpatient and outpatient areas throughout the organization.
- The success of the SMART Discharge process is a key factor in the improvement of the Hospital's survey results for the patient 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 hospital? RMH is scoring well above the Central East LHIN average. The impact of this discharge process was featured in a Canadian Institute of Health Information (CIHI) Report regarding the use of patient experience data to drive quality improvement.
- RMH will pilot a new project with the City of Kawartha Lakes EMS to help meet the needs of elderly patients who are discharged from hospital with a high risk of being readmitted or visiting the Emergency Department. With the patient's consent on discharge, a paramedic will visit the patient at home and may provide a physical assessment, medication review, safety/environmental assessment or provide patient/caregiver education. The pilot project is being funded by the municipality.
- RMH received **Short Term Transitional Care Models** funding, which allowed the Hospital to temporarily place 8 ALC patients in a local retirement residence with extra supports (such as personal support services). This opportunity provided our patients a more home-like environment while waiting for an alternate level of care location. The funding ended on March 31, 2019; however, as the ALC and surge challenges persist, RMH has continued to support the model with hopes of receiving an extension on the project funding.

RMH Achievements in 2018/19



Early Warning of Patient Decline

Using the **NEWS2** system, nurses are better able to recognize the early indicators of patient decline and access the assistance they require to stabilize the patient prior to requiring a transfer to critical care.

The RMH Intensive Care Unit/Respiratory team is proud to be an early adopter of the **National Early Warning Scores (NEWS2)** system, which flags deterioration of a patient's condition and helps to avoid serious adverse events.

NEWS2 was implemented on the Medical Unit in June 2018 and has spread to include the Surgical Unit and admitted patients in the ED.

Using a consistent list of commonly measured physiological parameters, nurses track patients' scores on the standardized NEWS2 chart. Changes in respiration rate, oxygen saturation, systolic blood pressure, heart rate, confusion and temperature will alter a patient's

score and trigger an alert. A score of 5 or more triggers an urgent clinical review. A score of 7 or more triggers a clinical alert and a call to the Ross Memorial's Medical Emergency Team (MET).

Clinical studies have indicated that NEWS2 is a strong indicator of increased risk of serious clinical deterioration and mortality in patients with sepsis. The implementation of NEWS2 throughout the organization has helped RMH to meet its 2018/19 Quality Improvement Plan goal to reduce the number of incidents where we fail to appreciate status change or deterioration in our patients.

Providing exceptional quality patient care and experiences

- The RMH **Patient Engagement Strategy** promotes the engagement of our patients and families into the planning, delivery, evaluation and improvement of our services. RMH is proud of its innovative Patient Experience Partners (PEPs) Rounding Program where former patients collect real-time patient and family experience feedback. 'Patient to Patient' dialogue is an innovative quality improvement approach. Having PEPs interact directly with the patient, they are able to flag opportunities for service recovery.
- In November 2018, the ICU Program Team launched an initiative which focuses on improving patients' overall experience. With multidisciplinary representation from nursing, pharmacy, education, physicians and leadership, the team was pleased to enlist

a Patient Experience Partner (PEP) who is a recent patient and a former ICU nurse. With her specialized knowledge of intensive care, the volunteer will be implementing PEP Rounding in the ICU.

- On October 31, 2018, the Medical Unit began **Beside Reporting**. This gives patients the opportunity to participate in the hand-off of their care to the oncoming nurse during shift change. During this discussion, the white board at the patient's bedside is updated with the date, the oncoming nurse's name, the time of diagnostic tests, and the estimated date of discharge so patients and families can prepare for the transition home. Beside rounding introduces the nurses to their patients and helps to clarify information transfer; it also enables patients to be active partners in their care.



Staff on the Medical Unit are proud to be the first to pilot **new initiatives** with a goal to advance nursing practice and **improve patient outcomes**. These include hourly rounding, Pet Therapy rounding, and a daily stretch break to improve staff wellness and decrease musculoskeletal injuries. The pride the staff take in their work is making an impact on patients, as seen in their satisfaction surveys. Between October and December 2018, 87% of patients asked by PEPs "would recommend this Hospital to family and friends?" answered "definitely, yes."

Patient experience results for the first six months of the fiscal year showed a 10% increase over the CE LHIN average. This was an incredible result considering RMH was undergoing a significant surge during that time. This demonstrates the commitment of staff and physicians to their patients' care.

RMH Achievements in 2018/19

Helping patients put their best foot forward

On April 12, 2018, RMH welcomed its first patient to the new **Outpatient Physiotherapy Clinic** for hip and knee replacement patients. RMH was an early adopter of ‘bundled care’ for these patients in the Central East LHIN. This means RMH is accountable for the patient’s full journey from pre-operative visit, acute surgical stay, rehabilitation and outpatient physiotherapy.

Patients’ physiotherapy clinic appointments are booked prior to their surgery. They work with Physiotherapists and Physiotherapy Assistants one on one and in group sessions. Treatment plans address mobility, swelling, pain, range of motion and strength.

The team proudly showcased its work at the IDEAS (Improving and Driving Excellence Across Sectors) Conference in October 2018. Next steps include surveying patients who have completed their rehabilitation, their cycle of “bundled care.” The team’s goal is to achieve and maintain an 80% patient satisfaction rate.

The Outpatient Physiotherapy Clinic provided care for 392 patients in its first year of operation. Physiotherapy equipment was funded through a generous donation by the RMH Auxiliary.



- RMH is a partner in a new regional assessment system that is geared to improve patient wait times to see an orthopedic surgeon. Under the new **Rapid Access Clinic** model, family doctors refer patients with hip, knee or back pain to a central intake. Patients may choose from the first available assessment, preferred surgeon, preferred hospital, or hospital closest to home. At RMH’s Rapid Access Clinic for Hip and Knee issues, patients are assessed by an Advanced Physiotherapist who can recommend conservative treatment or refer the patient on to see a surgeon.
- RMH **successfully advocated** to perform additional hip and knee replacement surgeries, as well as cataract cases to address long patient wait lists.

- BORN is Ontario’s pregnancy, birth and childhood registry and network. By collecting, interpreting, sharing and rigorously protecting critical data about each birth in the province, BORN makes a positive and lasting contribution to the health of mothers, newborns, children and the citizens of Ontario. At RMH we are proud to report that we are meeting every target with a balanced scorecard in obstetrical care.
- BORN Ontario works in partnership with the Ministry of Children and Youth Services (MCYS) and Public Health Units to support children’s best start in life. The most recent initiative enhances the way key maternal child screening information moves between hospital and public health care providers to help facilitate care and transitions from hospital to community. BORN has built an electronic version of the ‘Healthy Babies Healthy Children’ screening tool in the BORN Information System (BIS), which will permit the disclosure of relevant and timely information to Public Health Units. Public Health Units use this screening information to triage home visits and supportive community care for women and newborns of highest needs. RMH is fully up and running with this initiative.

RMH Achievements in 2018/19



Enhancing senior-friendly initiatives

- RMH has advanced its Post-Acute Seniors Services care model through the addition of a Geriatric Nurse Practitioner (GNP)/Manager. This new role bridges nursing and medical management to improve the care of elderly patients admitted to hospital. The GNP provides geriatric consultations and is enhancing the Hospital's **senior-friendly initiatives**, including falls prevention.
- The Hospital refreshed its approach to falls prevention with an organization-wide rollout of the **Universal Falls Prevention Program** in July 2018. This included Universal Falls Precautions, a new falls assessment and risk tool, an updated falls prevention equipment list and process to access this equipment, and changes to the transfer of accountability.

The Universal Precautions in place for every patient are:

- Assess patient each shift
- Call bell in reach
- Bed in lowest position
- Clutter in room cleared away
- Non-slip footwear on patients
- Good lighting in room
- Equipment wheels are locked
- Patient is aware of the side effects of the medication they are given
- Staff assess if the patient is hypotensive (low blood pressure)
- Patients and families are provided education on how to prevent falls

The **Canadian Alliance to End Homelessness** predicts that the City of Kawartha Lakes will be one of the first communities in Canada to end chronic homelessness thanks to ongoing efforts and collaborative work of local agencies to restructure our homelessness response and prioritize the most vulnerable individuals.

- The RMH Mental Health program is a key partner in the annual Homeless Count, which took place in May 2018. Individuals identified during the survey are organized by acuity in order to ensure the most appropriate resources are allocated based on the housing need. During the 2017 Homeless Count, 111 individuals were surveyed, with 86 from the City of Kawartha Lakes and 25 from Haliburton County. As of February 2018, the **Homelessness Coordinated Response Team (HCRT)** was able to successfully house 60 individuals through the collaborative efforts of the various community agencies who participate in this bi-weekly committee. The efforts of the HCRT will continue to address the unique needs of the people experiencing homelessness across the region by assisting them to acquire housing and the supports they require to have stable housing and lead successful lives.

- The Senior Services Team updated its **Medical Assistance in Dying (MAiD)** program and procedures to better serve those in the community who wish to have the procedure performed in hospital. This includes new communication materials and a dedicated phone line to reach a member of the RMH MAiD Team.
- The Mental Health Inpatient Unit (MHIP) received special recognition for its compliance to the **SMART Discharge** program with 100% compliance in July.
- When the wait list for **psychiatry consults** increases to more than 60 days, weekend sessions are scheduled. To better meet patient needs, extra sessions were scheduled between November and January.
- The Mental Health Outpatient Team participated in **Gender Journeys training** to learn how best to support clients who have or who are transitioning. Incorporating gender neutral terminology into verbal and written communications is an important focus.

In November 2018, RMH representatives participated with other community agencies in a discussion to address the increasing number of seniors in the City of Kawartha Lakes who are vulnerable and at risk. Many have some level of cognitive impairment and are at risk for injury or death because there are limited services for them. Their situations are characterized by a lack of connectedness to family and/or community. This has resulted in the creation of a local task force geared toward exploring solutions. The Task Force organized the **Gap in Senior Services Stakeholder Session** in February, which led to the development of a report detailing strategies to meet short and long-term priorities. An important step was taken when the municipality offered to fund a three-month pilot project that would see paramedics visiting seniors who were recently discharged from Hospital and identified as being at risk.

RMH Achievements in 2018/19



Patient Safety Heroes

On October 25, 2018, members of the public were invited to meet the Medical Device Reprocessing Department (MDRD) team and learn how their work protects patients. MDRD provides the service within the Hospital in which surgical equipment and medical devices are disassembled, cleaned, inspected, reassembled, tested, placed in instrument containers or packaged individually, sterilized, stored and distributed for patient care.

It is not simply a matter of running surgical tools through a sterilization bath. While some tools can be disassembled and run through a washer/disinfector, others must be cleaned ultrasonically. In this process, sound waves create vacuum bubbles which burst inward to thoroughly clean the joints and crevices of a device.

There is also a low temperature sterilizer, which uses hydrogen peroxide to sterilize devices that cannot be exposed to high temperatures, such as telescopes and some batteries.

Other tools must be cleaned manually and then run through a washer/disinfector. It is the MDRD team's responsibility to know exactly what is required for each device. It is meticulous work. Every part of the sterilization process must also be documented, including recording each device going

into the sterilizer, the sterilizer number, the load number, the date, the sterilization time, and the pressure and temperature of each sterilizer load. This information is verified and initialed by staff for quality assurance.

Once the tools are cleaned, inspected, assembled and tested, they are placed in trays with a chemical indicator that shows the person who uses them next that their tools have been exposed to the sterilization process. They are wrapped, labelled, sterilized and distributed to the area of the hospital where they're needed, when they're needed.

In one month, this 15-member team reprocessed the tools needed to perform 139 surgeries, 332 scope procedures, and 145 cataract cases, and cleaned IV pumps more than 800 times.



It is the MDRD team's responsibility to know exactly what is required for each device. It is meticulous work.

RMH Achievements in 2018/19



The redevelopment of the Diagnostic Imaging Department included the installation of X-ray/Fluoroscopy technology that is transforming care at RMH.

Ross Memorial is the first hospital in Canada to offer the Multitom RAX with twin robotic arms that move around the patient, reducing the need for potentially painful movements by the patient. This new technology also enables the development of non-sedation Interventional Radiology services at RMH.

Interventional Radiology is a medical specialty that involves the use of imaging to guide a physician during diagnostic or therapeutic procedures such as needle biopsies and the insertion of catheters or PICC lines (Peripherally Inserted Central Catheter) to deliver intravenous (IV) medications. Currently, patients requiring this specialty service must be transferred to a hospital outside of this community.

This redevelopment project included the right-sizing of the X-ray (general radiography) rooms, turning four small spaces into three larger rooms to better accommodate new equipment and workflow, and improve patient accessibility.

The enhancements also included the installation of a new 3D-mammography unit with biopsy capabilities. RMH is the first site in Ontario to use the SmartCurve Breast Stabilization System, which features curved paddles and processing algorithms to ensure a more comfortable experience for patients.

The entire project was funded 100% by donors!

More than 70,000 exams are performed in the Hospital's diagnostic imaging department annually, including 35,000 X-ray exams and 5,900 mammograms.

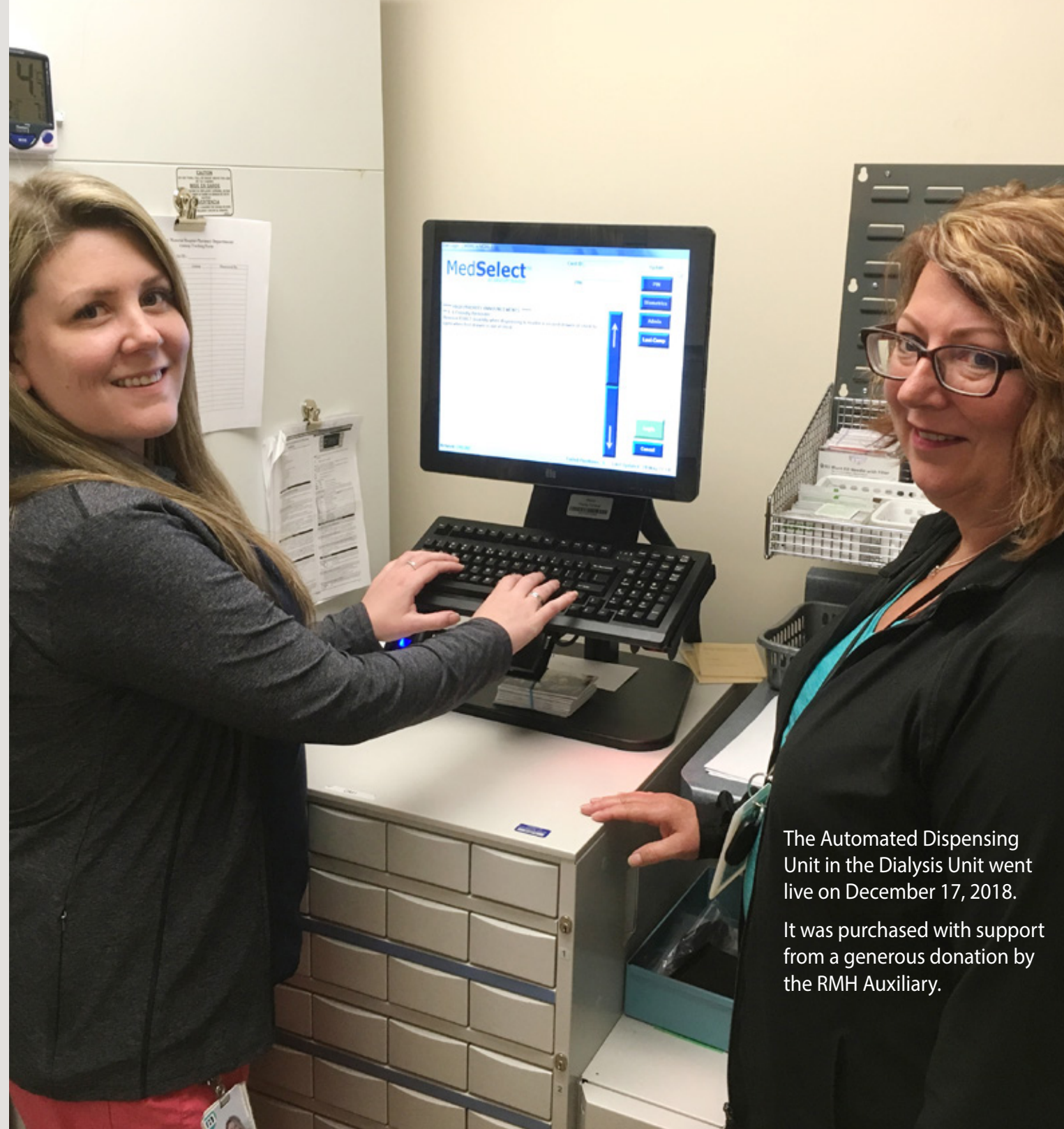
- As RMH still has the only large-bore MRI between Kingston and Oshawa, patients whose conditions require access to this specialized imaging (such as high risk breast MRI or scans on larger patients) are regularly referred from across Central Ontario. Due to the complexity of the tests, they often take longer to perform. In order to **improve patient wait times** for elective tests that need to be booked within 28 days, the DI team implemented scheduling strategies. On "20 Minute Days", two Medical Radiation Technologists (MRTs) perform knee, head, spine, hip and shoulder scans. With additional wait time funding, evening hours have been added.
- Following a risk assessment for the use of patient lifts for CT services, the findings were presented to the Quality, Safety & Risk Committee, leading to the creation of a **Corporate Lift Working Group**. The group recommended a sling strategy including replacing, adding and cleaning slings to ensure the right size and type of sling is available for our patients.
- **Quality improvement initiatives** in the Laboratory included a Lean review of materials in the morgue, an action plan to address specimen labelling in the ED, and an education rollout for nurses to emphasize the importance of drawing enough blood for a coagulation sample to reduce the need for re-draws which impacts patients' experience and wait times.

RMH Achievements in 2018/19

Automated Dispensing Units (ADU) help RMH meet the 5 Rights of Medication Administration: right patient, right dose, right route, right time, and right medication

The ADU is a large cabinet with multiple locked small drawers. It has a visual display and touch screen for entering patient and medication selections. It works somewhat like a vending machine that records all transactions. The nurse signs in and enters the drug name. A list of specific dose options is presented for selection. Once the selection is made, the correct drawer opens, which contains the single dose units of the selected medication.

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. An alert will sound if a drug or dose doesn't match the physician's prescription for the patient. The Pharmacy Department receives automated reports of the drawer inventory, which helps keep track of the medications needing to be replaced, including those due to expired dates.



The Automated Dispensing Unit in the Dialysis Unit went live on December 17, 2018.

It was purchased with support from a generous donation by the RMH Auxiliary.

- In order to treat a patient effectively, a physician needs to know exactly what medications the patient is taking. **Medication Reconciliation** is the process by which Pharmacy Technicians gather patients' Best Possible Medication History (BPMH). Medication Reconciliation (Med Rec) was a key focus on the RMH Quality Improvement Plan in 2018/19, with goals to increase the proportion of patients receiving Med Rec on admission, on transition, and on discharge. This includes mental health inpatients, obstetrical patients, same day admissions in the Ambulatory Care Unit, and dialysis patients.
- RMH continues to work to meet the **National Association of Pharmacy Regulatory Authorities (NAPRA) Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations**. Implementation has included an electronic Quality Assurance Program which includes extensive theoretical and practical training for staff in both the Pharmacy Department and Environmental Services.
- Work on the **Smart IV Pump Library** and **IV Drug policy** included the addition of a separate library for the Trillium Gift of Life order set to meet the special needs and safety concerns involved with organ and tissue donation.
- In May 2018, the RMH Pharmacy completed its annual assessment by the **Ontario College of Pharmacy**. Two hospital practice advisors from the College conducted this assessment against specific standards taken from relevant legislation, policies and guidelines including Pharmacy Standards of Operations, Pharmacy Standards of Practice, Automated Dispensing Cabinets, Delegation, Telepharmacy, Non-sterile Compounding and Non-Hazardous Sterile Preparations.

RMH Achievements in 2018/19



Maintaining the integrity of our building is vital to our ability to provide a safe and healthy environment for our patients and staff.

- The modernization of the Blue Elevators that were originally installed in the early 1970s resulted in state-of-the-art, **accessible elevator service** to better meet patient and staff needs. This project was 100% donor funded!
- RMH was grateful to receive \$400,000 in **Health Infrastructure Renewal Funding** for the following urgent repairs:
 - Replacement of doors, locks and infrastructure in the Psychiatric Intensive Care Unit (PICU) to ensure a safe environment for patients, physicians and staff.
 - Roof replacement on the Obstetrical Unit and the 4th floor skywalk roof.
- With hard work and dedication, the Environmental Services Team successfully supported RMH through a difficult Influenza season that included a record-breaking number of isolated patients, maintaining a **safe, clean environment** for patients, staff and visitors.
- The Maintenance Team's **attention to water treatment** earned it special recognition through the Ecomagination Award! Monitoring the use of soft water saved the Hospital \$40,000 in 2017/18.

- RMH is pleased to report a decrease in the number of workplace violence incidents through risk mitigation strategies such as the implementation of the **Violence and Aggression Checklist** and **Safety Care Plan** as well as:
 - Internal security services personnel in the Emergency Department 24/7.
 - Access to paid duty officers to support ED staff when caring for potentially violent patients; access to security staff to perform one-to-one monitoring.
 - Environmental Assessment completed by Ontario Shores Centre for Mental Health Services provided recommendations for ED Staff training in Non Violence Crisis Intervention program. Staff also received training on addictions.
 - Mental health patients' placement to a non-triggering environment with a dedicated Mental Health Assessment Room.
 - Patient aggressive behaviour screening and patient flagging.
 - Personal Safety Alarms implemented in ED and Diagnostic Imaging.

The Environmental Services Team began a quality improvement program in April 2018 that involves **daily cleaning audits** of high-touch areas including IV poles, telephones, call buttons, light switches and bathroom handrails. The IPAC Team uses ATP (Adenosine Triphosphate) Swabs to measure actively growing microorganisms on shared equipment. The identification of clean equipment using the 'Green Means Clean' tags is also helping RMH to reduce the rate of Hospital Acquired Infections.

- Studies have shown that poor food intake is associated with longer patient stays in hospital. RMH is participating in a University of Guelph and University of Waterloo study that examines **patient experience and satisfaction with food in Ontario hospitals**. Between October and December 2018, 80 patients completed a food satisfaction survey and food intake questionnaire. The project coordinator also held two focus group meetings to ask staff and volunteers about areas for improvement.
- RMH Cooks and Food Service Assistants are participating in the planning of a **kitchen modernization project** that will include an updated kitchen layout, new equipment and an upgraded exhaust. Work begins in 2019/20 with funding support from the RMH Foundation.
- The Nutrition Services Team is participating in the **International Dysphagia Diet Standardization Initiative (IDDSI)**, which standardizes the terminology and definitions used to describe texture-modified foods and thickened liquids used for individuals with dysphagia (difficulty swallowing). The IDDSI framework includes five levels of increasing food texture modification. On Feb 18, Diet Technicians started testing our food provided to patients requiring a Soft Diet or a Minced Diet.



The Hospital has achieved a **landfill diversion rate** close to 45% with a renewed focus on recycling and food composting and enhanced education for the Environmental Services Team regarding recycling opportunities.

RMH Achievements in 2018/19



A new educational program was launched at RMH to reach out to the front line staff.

“Teach Me Tuesday” features three 30 minute sessions to facilitate hands-on learning and question/answer opportunities.

Education topics have monthly themes such as ‘What to do when something goes wrong,’ ‘Pressure Ulcers and Complex Wounds,’ and ‘Malignant Hyperthermia.’ Teach Me Tuesday is a response to feedback received through employee worklife surveys.

- RMH recognized that a strong quality culture and a high-performing learning organization will be made possible through true partnerships with our patients and with one another. When individuals have the opportunity to authentically engage with patients and their co-workers, they report less stress, less burnout, and much more satisfaction in their jobs. As a result we embarked on an organization-wide **Service Excellence** initiative to improve the patient/family experience and staff experience. Staff training in 2019/20 focused on our RMH Service Excellence commitment to deliver excellent service by *Being Kind; Taking Care of Each Other and Putting Others First*.
- Plans are underway to develop a more effective coordinated **Ontario Telemedicine Network (OTN) system** that serves all OTN sites in the City of Kawartha Lakes and Haliburton County with each site providing access to booking OTN appointments regardless of patients place of residence. OTN’s video-conferencing technology links local patients with specialists throughout the province, improving their access to care while saving them the time and costs associated with transportation to other regions. Currently there are OTN sites in Lindsay, Fenelon Falls, Minden and Haliburton.
- RMH continues to work with hospital and community partners to optimize our shared services, including the collaboration on a **Regional Clinical Information System**. In 2018/19 the regional partners completed the development and evaluation of a Request for Proposal (RFP). Following the negotiation phase of the RFP, final documents will be ready for approval by all parties in June 2019.
- RMH balanced its 2018/19 budget with the help of one-time **funding support** from the Central East LHIN to offset operational pressures, and generous fundraising support from the RMH Foundation and the RMH Auxiliary.

- In April 2018, the implementation of an **e-voice transcription service** using voice recognition software significantly improved the turnaround time for transcribing physicians’ dictation notes, completely resolving a backlog in a matter of weeks. Quality improvement initiatives have also improved the Hospital’s health chart coding turnaround time.
- The **RMH People Plan** was developed to ensure Hospital staffing facilitates the delivery of safe, competent and high quality care now and in the future. The People Plan will consider service delivery to meet future population demands. A formal succession plan for leadership roles was also developed. Human Resources leaders from across the Central East LHIN have formed a working group to collaborate on a joint leadership development program.
- During the first year following the implementation of the **electronic broadcast system** used by the Scheduling Department to notify employees about vacant shifts, the system issued 124,612 telephone messages, 563,217 text messages and 50,244 emails! The new call-out system has greatly improved and simplified the process for filling shifts. When internal Code Orange codes were called on July 10 and 27, 2018, ScheduleMe expedited calls and helped to fill urgent staffing needs.
- RMH was grateful to receive \$1.46 million in **one-time funding** from the Central East LHIN in September 2018 to maintain critical system capacity during the holiday/Influenza surge. This funding helped the organization support the costs associated with opening 12 beds over the Hospital’s regular bed capacity to meet higher patient volumes.

- The Infection Prevention and Control (IPAC) Team hosted **education sessions** for the allied health staff to raise awareness of topics including:
 - healthcare associated infections,
 - breaking the chain of infection,
 - hand hygiene proper technique,
 - review of disinfectant wipes and which to use on which equipment,
 - measuring cleanliness of equipment (ATP results),
 - donning and doffing personal protective equipment (PPE), and
 - antibiotic resistant organisms (trends, rates, pandemics and emerging diseases).
- The team is working to enhance the **assessment and documentation of pressure injuries** on admission. The Wound Care Committee developed medical directives for wound care and an education rollout. The Hospital’s action plan includes a revised tool to facilitate documentation, a mattress replacement plan, and the implementation of hourly rounding on acute units as a preventative measure.
- A new **contact isolation sign** was implemented by the IPAC Team to alert the Environmental Services staff to rooms where patients have diarrhea, thus requiring the room to be cleaned twice daily. The new sign was trialed on the Medical Unit with good results and implemented Hospital-wide in September.
- The IPAC Team works to **engage patients, families and visitors** in infection prevention practices. In August 2018, a survey was developed to ask visitors about their understanding of PPE, hand hygiene practices and the Hospital’s isolation signage. Three PEPs helped to collect the information and were involved in the development of an action plan to address knowledge gaps.

RMH partners with community organizations to host a special event on International **Overdose Awareness Day** to share information about the risks of opioid use, and the use of Naloxone to prevent overdose deaths. Opioid addiction continues to be a significant issue in the City of Kawartha Lakes and surrounding communities.

Patient Care Data

Ross Memorial Hospital For the Year Ended March 31, 2019

• Emergency Department Visits	39,966
• Outpatient (Day) Surgery Visits	6,276
• Clinic Visits	40,874
• Admissions	6,008
Acute	4,649
Newborn	336
Mental Health	455
Complex Continuing Care	157
General Rehab	266
Palliative	145
• Total Patient Days	64,375
• Average Length of Stay	9.7 days
• Laboratory Interventions	528,064
• Diagnostic Imaging Exams	68,262

Financial Data

Ross Memorial Hospital For the Year Ended March 31, 2019

Total Revenue:	\$100,288,079
Ministry of Health & Long Term Care	88.4%
Patient & Ancillary Revenue	11.5%
Investment Income	0.1%
Total Expenses:	\$ 98,974,582
Compensation	74.1%
Other Supplies & Expenses	19.6%
Drugs and Medical Gases	2.1%
Medical & Surgical Supplies	4.1%

There are so many ways to show how volunteers at the Ross Memorial are contributing to the Hospital's vision statement:

Exceptional Care – Together.

In fact, in 2018/19, the RMH Auxiliary went over and above its regular patient service and fundraising commitments to meet even more needs and uphold the high standard of care at the Ross.

The Auxiliary recognizes that despite the best budgeting efforts, the Hospital incurs unexpected costs throughout the year, mainly due to aging equipment and infrastructure. We were pleased to be able to help bridge the gap between Hospital funding and urgent equipment needs with two special gifts made to the RMH Foundation.

In September 2018, the Auxiliary presented \$105,000 to support costs associated with urgent equipment needs including physiotherapy equipment for patients following hip and knee replacement surgery; a call bell responder system replacement; and an ice machine used by the Medical and Surgical inpatient units.

A second special gift of \$55,000 was made in January to help with the purchase of hysteroscopes for the Perioperative Suite, an echocardiography stretcher, computers and monitors, and kitchen wares.

Then in June, we were proud to present our 2018/19 annual gift of \$150,000 to support the cost of Automated Dispensing Units for the Dialysis Unit and the OR Recovery Room, and cardiac monitors.

These gifts were made possible by the dedicated service of our Auxiliary's volunteers through fundraising efforts that include the Reflections Café and Gift Shop, the HELPP Lottery and Tuck Carts, Classics on Kent, Grocery Bagging and Tag Days, Bingo, the Vendors in the Lobby program and more.

To add to this year of special achievements, the Auxiliary earned the 'Overall Favourite' award from the Go Green Team for the garden we adopted and maintained on the southwest corner of the Hospital grounds. Also, the Auxiliary was pleased to rename our Part of the Team Scholarship in memory of Pat Angiers, a longtime volunteer and former Auxiliary President.

Our efforts to recruit new volunteers continue, and we're particularly keen to welcome new volunteers to our Auxiliary Board of Directors. To all of our new Auxiliary members, welcome!

On behalf of the Auxiliary's Board, I would like to send my sincere thanks to all of our volunteers who offer up their time and their talents to make our patients' stay in Hospital a more positive experience.

Together, we make big things happen.

Ward Levine, Auxiliary President



Auxiliary



Volunteers support the Cardiac Rehabilitation program at RMH.

Foundation



Brian Kelsey – Foundation Board Chair, Erin Coons – Foundation CEO

Donors make the difference at Ross Memorial Hospital, and it is with you, our donor partners, top of mind that the Ross Memorial Hospital Foundation sends you sincere thanks for 30 years of exceptional support for exceptional care.

Thirty years ago, the RMH Foundation was established to advance the Hospital's ability to fundraise to meet its ever-growing list of needs. The projects and equipment your gifts have helped to fund in 2018/19 stand as a testament to this profoundly important partnership.

Perhaps the most exciting was the complete redevelopment of the RMH General Radiography and Mammography departments. This included the installation of advanced robotic X-ray/Fluoroscopy equipment that is the first of its kind in Canada, and new 3D mammography technology with biopsy capability and the SmartCurve Breast Stabilization System (RMH was the first site in Ontario to implement this!)

Both the Defining Care Spring Appeal in 2018 and The Greatest Gifts Holiday Appeal in 2019 encouraged support for the new Xray/Fluoroscopy technology. Thanks to you, these efforts raised \$87,320 and \$175,209 respectively! This project has transformed diagnostic imaging care at RMH, enabling the development of non-sedation Interventional Radiology services in 2019/20. Changes to the layout of the department have also significantly improved accessibility and workflow.

You did this!

Donor support also enabled the Ross to modernize its Blue Elevators, which were originally installed in the 1970s. State-of-the-art elevator service is important to patient care. The new Blue Elevator cabs are now fully accessible – and 100% donor funded! From the Emergency Department, where a new electronic patient tracking system is enhancing care, to the Hospital kitchen, where significant upgrades are planned, your gifts are impacting patients and their loved ones. **Thank you!**

During this special celebration year, the Foundation is grateful for the support of the RMH Auxiliary for extending its generosity beyond the volunteers' annual gift to provide additional funds for urgent needs throughout the Hospital.

This year the Foundation provided a total of \$4,694,801 to address urgent needs at the Hospital! None of this would be possible without our donors.

With every gift, you are ensuring Ross Memorial Hospital is equipped with the best medical and supporting equipment and available to provide exceptional care to our patients 24/7.

On behalf of the Ross Memorial Hospital Foundation Board of Directors and Staff, and our patients and families, thank you for your exceptional support!

Brian Kelsey, Foundation Board Chair

Erin Coons, Foundation CEO





For more information visit: www.rmh.org