

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

June 3, 2025

## OVERVIEW

Thank you for taking the time to read our 2025-2026 Quality Improvement Plan. This plan is integral to improving safety, efficiency, and overall performance at Ross Memorial Hospital. We are excited to share our areas of focus for 2025-2026 and to reflect on our accomplishments over the past year.

Ross Memorial Hospital acknowledges that it is located in the territory of the Michi Saagiig, covered by Treaty 20 and the Williams Treaties. We recognize their enduring presence, history, and contributions to the land and community. We are committed to fostering awareness and respect for Indigenous cultures among our staff, professional staff, and volunteers. Land acknowledgments honor Indigenous peoples' history and connection to the land while supporting Reconciliation efforts. They also promote inclusivity and encourage reflection on how we can foster positive relationships and collaboration.

The past three years have been challenging for our patients, staff, and broader community. Like hospitals across Ontario, we have faced ongoing staffing and volume pressures. Despite these challenges, our team has demonstrated unwavering resiliency, dedication, and commitment to excellence.

Our Quality Improvement Plan remains true to our Mission, Vision, and Values, while aligning with Ontario Health's Key Priorities of Access and Flow, Equity, Patient Experience, and Safety. We are optimizing our Epic Electronic Medication Record to improve efficiency and patient safety while aligning with our regional peers. Additionally, most leaders have completed formal "Just Culture" training through the Health Quality Council of Alberta, reinforcing

our commitment to a fair and accountable workplace.

Our Mission: Delivering on the promise of a better healthcare experience.

Our Vision: Be the best for our patients, people, and community.

Our Values: Compassion, Respect, Excellence, Integrity

## **ACCESS AND FLOW**

The ability for patients to access timely Emergency Department (ED) care is an indicator of the overall organizational ability to adequately manage Patient Flow. Emergency Department overcrowding and access block related to poor organizational flow impacts many ED key performance indicators including EMS resources and offload times, physician initial assessment and the volume of patients who choose to leave the ED without seeing a provider (LWBS). In 2024, RMH focused on several patient flow improvements including: ALC reduction and a “Home First Philosophy”, daily ED bullet rounds on ‘No Bed Admits’, early community partner engagement for “high-risk discharge” admitted patients, and placing ED admits on inpatient units early in the day to prevent ED Access Block in the afternoon hours when circulating volumes are high. In addition to continuing the work identified from 2024, RMH will continue to support improvements in Patient Flow and Access in 2025 through the implementation of an Admission Avoidance team in the ED. This will engage Allied Health in collaboration with Geriatric Emergency Management, Ontario Health at Home and the Community Care Home First Program to reduce unnecessary hospitalizations. Lastly, improvement opportunities identified through flow mapping exercises in 2024

will be undertaken to support a LEAN philosophy in patient flow to support overall system improvement, contributing toward improvements in ED performance.

2025 Indicators for Access and Flow will include:

- A 90th percentile EMS offload time of 30 minutes
- 90th percentile ED Physician Initial Assessment Time of 4 hrs.
- LWBS rate from the ED of 5%
- 8 AM daily average of 16 no-bed admits

## EQUITY AND INDIGENOUS HEALTH

Ross Memorial Hospital is committed to being the best for our patients, people, and community by fostering fairness, respect, and inclusion. We have taken key steps to strengthen our equity, diversity, and inclusion (EDI) efforts:

- All leadership and management have completed San'yas: Indigenous Cultural Safety Training.
- A Land Acknowledgement Policy has been published to recognize the Indigenous Peoples on whose land we work.
- A highly successful EDI survey engaged staff in shaping future initiatives.

Belonging, Respect, Dignity, and Diversity Collaborative

This multidisciplinary team promotes inclusivity in our workforce, patient care, and community engagement through collaboration, education, and action.

Future Goals:

- Provide advanced healthcare-specific San'yas training for leaders.
- Educate on mental health and wellness, supported by our re-initiated Wellness Committee.
- Leverage common themes from the EDI survey to develop corporate education initiatives

By embedding these principles into our work and service culture, we are creating a more inclusive, supportive, and culturally safe environment for all.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

At Ross Memorial Hospital, delivering a better healthcare experience is central to our mission, and we are dedicated to continuously improving the care we provide. We recognize the importance of patient feedback and have introduced several innovative measures to ensure our patients' voices are heard and acted upon.

This year, we've expanded our engagement efforts by introducing QR codes throughout the hospital, offering patients a convenient way to provide real-time feedback. Alongside this, we've launched a Qualtrics patient experience survey, allowing us to collect valuable insights into patient perceptions and prioritize key areas for improvement.

One area we have focused on is wait times, particularly in our ER department. To address this, we have introduced self-arrival kiosks, enabling patients to check in quickly and efficiently, reducing nonproductive waiting time and enhancing the overall engagement. Additionally, we are actively working to improve our Transfer of Accountability (TOA) processes across all areas of care. By refining tools like notes, whiteboards, and other communication methods, we are ensuring that patients receive clear, consistent information and feel supported throughout their care journey.

These initiatives reflect our unwavering commitment to enhancing the patient experience and fostering a culture of continuous improvement. At Ross Memorial Hospital, we are focused on providing high-quality care while creating an environment where every patient feels heard, respected, and valued.

## PROVIDER EXPERIENCE

The Hospital is committed to improving recruitment, retention, workplace culture, and staff experience through several strategic initiatives. One of the key practices is the implementation of 30/90-day check-ins with new staff to provide ongoing support and address concerns early in their tenure. Additionally, the hospital is working on standardizing its orientation process to ensure that all new employees receive consistent, comprehensive training from day one. A recruitment committee has been formed to provide managers with updated, standardized interview tools, helping ensure that the hiring process is efficient and effective. Job descriptions and postings are being revised to not only highlight the hospital's attractive perks and benefits but also to give candidates a realistic overview of the roles. The use of technology has streamlined the recruitment process, enhancing the candidate experience and reducing delays. To foster a supportive environment, the hospital conducts people engagement surveys and implements exit and stay interviews, particularly for hard-to-fill positions, to gather valuable feedback. Employee Resource Groups (ERGs) have been introduced to support diversity and inclusion, and an equity, diversity, and inclusion (EDI) survey is conducted to understand staff needs. In terms of professional development, more training and education opportunities are available, including participation in the New Nursing Graduate program and a Clinical Scholar Program that offers at-the-elbow support for new nurses. Furthermore, continuing education funds are provided to encourage lifelong learning, enhancing staff skills and job satisfaction. Together, these initiatives help create a positive workplace culture, improve retention, and strengthen the recruitment process.

## SAFETY

At Ross Memorial Hospital, patient safety is a top priority, and we are committed to continuous improvement. Recently, we completed Just Culture training through the Health Quality Council of Alberta, which included a train-the-trainer model with multiple physician champions. This initiative promotes accountability, transparency, and a culture of learning throughout the organization.

We are also working on standardizing incident reporting (using RL6, our incident reporting software), by implementing concrete timelines and a decision tree, all integrated from our Just Culture framework. This ensures incidents are resolved promptly and effectively.

Additionally, we are in the process of adopting a dyad model, where physicians and leaders collaborate closely to drive change management and support safety initiatives. This model empowers physicians to play a key role in shaping safety improvements and fostering a culture of proactive safety.

Our patient safety efforts also include EPIC system standardization, barcode medication administration, and automated medication dispensing systems, alongside the work of our Infection Prevention and Control Department and Environmental Services team, all of which contribute to preventing healthcare-associated infections.

Other focus areas include regular benchmarking of patient safety KPIs against CIHI, HQO, and CPSI system indicators. Targeted improvement strategies have been developed and rolled out across the organization to reduce patient harm and enhance the standard

of care.

By enhancing collaboration and accountability, we are strengthening our commitment to patient safety, ensuring that staff, physicians, and leaders work together to create a safer healthcare environment for our patients.

## **PALLIATIVE CARE**

Ross Memorial Hospital is committed to the importance of providing high-quality palliative care that enhances the well-being and comfort of individuals with life-limiting illnesses. RMH is fortunate to have a close community alliance with City of Kawartha Lakes (CKL) Hospice and Palliative Care Community Team (PCCT). Over the last two years, RMH has worked toward making improvements toward the Palliative Care Network Quality Standards of QS 10: Transitions in Care, QS12: Interprofessional Team-Based Care, and QS13: Education for Health Care Providers and Volunteers. In 2025, RMH will continue to collaborate with the PCCT to continue with the work of 2024 and explore opportunities for increased partnership.

QS10: Transitions in Care: RMH has worked with the PCCT to develop “flags” within the EPIC EMR for all patients presenting to the Emergency Department who are under PCCT care. Flags are reviewed daily to ensure that patients in the ED are connected with appropriate resources during their hospital stay and are prioritized for a Palliative Pain and Symptom Management (PPSM) admission when required, supporting the philosophy of “the right patient in right bed”. In addition, RMH connects daily with the PCCT to determine whether community patients are awaiting a PPSM or end-of-life admission to the Palliative Unit, and facilitates direct

admissions to bypass the ED.

QS12: Interprofessional Team-Based Care – Collaborating with CKL Hospice to renew partnerships and re-integrate volunteers onto the palliative unit.

Transitional model of care to optimize the transition and service coordination for patients wishing to actively palliate at home.

QS13: Education for Health Care Providers and Volunteers - In 2024, RMH began liaising with CKL Hospice to provide Advanced Bereavement Training to nursing leads in the ED and Palliative Care Units. In 2025, education will continue to be provided to RMH staff in collaboration with KL Hospice.

## POPULATION HEALTH MANAGEMENT

The Women's Health Clinic has been renamed and is now called the Gynecological and Reproductive Health Center. The clinic is now located on the OBS unit. Services being offered include IUD insertion/removal, STI consultations, birth control, abnormal bleeding, PAP tests. Patients can self-refer; the referral form is being revised and will be shared shortly. Wellness baby checks are now being offered. The antenatal clinics visits are being extended to 6 weeks. The clinic will be open for two half days, with the goal of seeing 22 patients per month. Once a patient roster has been developed the clinic hours will hopefully increase to 3-4 days per month, with a total of 45-60 patients monthly.

Outreach mental health- high needs and vulnerable homeless community members that live with serious and persistent mental illness and addictions. The outreach model collaborates closely with Paramedicine and Community Housing to provide access to crisis and addictions service in encampments and rough living environments to overcome the barriers to accessing care. The models has successfully reduced the number of ED visits for this patient population and access to timely addiction support such as the RAAM clinic.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

This year our team focused our ED return visit audits to include cases relating to Obstetrics and Gynecology complaints. Some themes identified on this year's visits:

- There were many repeat visits to ED for return for diagnostic imaging. There is no routine US available in our site off hours. For patients presenting in evening hours with OB/Gyn complaints,

assuming they are stable, they are often discharged and brought back the next day for ultrasound completion and results discussion. These patients are re-registered on their second visit. A majority of first trimester early pregnancy patients require ultrasound and a potential quality improvement would be easier access to US off hours at our hospital.

- Early pregnancy clinic – first trimester pregnant patients require timely access to follow up. Often there is diagnostic uncertainty with early pregnancy in absence of confirmation of IUP – these patients require serial HCG testing and repeat Ultrasounds. Currently these patients often re-present to ED for management for these tests but are best served in a local dedicated early pregnancy clinic run by focused practitioners. There is an early pregnancy Women's clinic available at a larger regional hospital center in Peterborough, however transportation can be a barrier for some leading to return visits to our ED for early pregnancy care.
- Seamless Ob/Gyn call coverage – we have had a few cases where potentially life-threatening OB/Gyn diagnosis presented to our ED when our hospital did not have an OB/GYN on call. These cases required transfer to a regional center. Some of these cases involved ruptured ectopic pregnancies, and immediate post operative bleeding complications. A potential for quality improvement would be seamless local coverage for OB/GYN without interruptions in the call schedule or coverage.

## EXECUTIVE COMPENSATION

Ross Memorial Hospital's Board of Directors holds the President and CEO responsible to ensure delivery of goals and objectives and to improve quality of care, by establishing clear performance expectations and accountabilities. Executive compensation is linked to achieving the performance improvement targets set out in our QIP. Approximately 2 per cent of annual base salary for the CEO, Vice Presidents and Chief of Staff is dependent on achieving the QIP targets by fiscal year-end.

In assessing target achievement, all indicators are equally weighted. Compensation will be linked directly and proportionately to achievement. For each indicator, the percentage of the goal will be accordingly rewarded. Performance on indicators will typically be evaluated on an annual basis, either fiscal or calendar year. In some cases, quarterly results may be considered in the assessment of performance achievement.

The detailed 2025/26 QIP indicators, targets, measures and work plan can be found on our website.

## CONTACT INFORMATION/DESIGNATED LEAD

If you wish to contact Ross Memorial Hospital with questions, concerns or suggestions related to our Quality Improvement Plan, please contact [quality@rmh.org](mailto:quality@rmh.org).

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 31, 2025**

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**Christine Norris**, Board Chair

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**Karissa Ward**, Board Quality Committee Chair

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**Kelly Isfan**, Chief Executive Officer

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**Dr. Koushik Krishnan**, EDRVQP lead, if applicable

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