

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2026



## OVERVIEW

Ross Memorial Hospital's 2026–2027 Quality Improvement Plan (QIP) reflects a continued commitment to delivering safe, high-quality, equitable, and patient-centred care within a complex and evolving health system. Building on progress achieved in prior years, this QIP emphasizes learning, co-design, system integration, and accountability to improve outcomes and experiences for patients, families, staff, physicians and volunteers.

As a community hospital serving a growing and aging population, RMH continues to respond to increasing demand, health human resource pressures, and changing system expectations. Through collaboration with regional and community partners, including the Kawartha Lakes Haliburton Ontario Health Team, RMH is working to strengthen care coordination, support transitions between hospital and community, and advance population health approaches that enable care closer to home.

The initiatives outlined in this QIP are informed by performance data, patient and staff feedback, audit findings, and evidence-based practices. Areas of focus include improving access and flow across the care continuum, embedding equity and Indigenous health into quality and safety practices, enhancing patient and provider experience, and strengthening a proactive safety culture grounded in learning and prevention.

This QIP also reflects RMH's commitment to transparency and continuous improvement through participation in provincial quality programs, including voluntary safety reporting and structured review processes. Together, these efforts support reliable, patient-centred care delivery and reinforce leadership accountability for

quality at all levels of the organization.

## ACCESS AND FLOW

In 2025, Ross Memorial Hospital continued to advance its organizational commitment to improving patient flow and timely access to Emergency Department (ED) care. Building on foundational work completed in 2024, RMH made measurable progress in reducing access block, supporting safe transitions, and strengthening system-wide flow through the use of data-informed decision-making and standardized processes.

A sustained focus on improving morning inpatient flow - an approach shown to reduce acute length of stay - resulted in reduced afternoon access block in the ED. The implementation of an Asynchronous Electronic Transfer of Accountability (TOA) process between the ED and inpatient units further supported this work by reducing idle bed time by approximately 30 minutes per patient, narrowing the gap between bed cleaning completion and patient occupancy and improving overall throughput.

To further support timely admissions and reduce delays in care, RMH introduced a Hospitalist Nocturnist Program in July 2025. This initiative reduced the practice of batching admissions to the following day, supporting more timely clinical decision-making and smoother patient flow across care settings. The program has also contributed to improved physician satisfaction and wellness by providing more balanced coverage overnight and supporting a more sustainable on-call structure for hospitalists.

In alignment with RMH's Home First philosophy, a Hospital to Home pilot was launched in late 2025 to reduce avoidable bed days by

supporting earlier and safer transitions home for patients who no longer require acute inpatient care. Early results are promising, and the program is expected to further strengthen community-based care pathways and reduce unnecessary hospital utilization.

Looking ahead, RMH will continue to prioritize access and flow improvement in alignment with Ontario Health expectations. Improvement efforts will focus on reducing Emergency Department physician initial assessment (PIA) wait times, maintaining timely ambulance offload, improving length of stay for non-admitted patients, and strengthening early inpatient flow. These efforts are supported through daily review of capacity and demand, real-time accountability, and interdisciplinary collaboration.

Patient flow initiatives also support other Ontario Health priorities, including timely surgical treatment for patients with hip fractures. By improving access to inpatient beds, optimizing operating room communication through standardized time tracking and EMR enhancements, and strengthening partnerships with Haliburton Highlands Health Services and local EMS providers, RMH aims to support surgical treatment within 48 hours for eligible patients. Together, these initiatives contribute to improved patient outcomes, reduced complications, and more efficient use of hospital resources.

## EQUITY AND INDIGENOUS HEALTH

Ross Memorial Hospital is committed to advancing health equity and Indigenous health through sustained, organization-wide action that improves access, experience, and outcomes for equity-deserving populations. This work is guided by provincial expectations, Indigenous cultural safety principles, and feedback

from staff, physicians, patients, and community partners.

Over the past year, RMH has strengthened its equity foundation through mandatory Indigenous Cultural Safety education for management as part of an ongoing commitment to culturally safe care, reconciliation, and respectful relationships. Additional foundational actions include implementation of a Land Acknowledgement and related policy and completion of an organization-wide Equity, Diversity, and Inclusion (EDI) survey. Survey findings are being used to identify priority populations, inform targeted education and policy review, and guide equity-focused quality improvement initiatives.

A key priority for 2026–2027 is achieving full completion of equity, diversity, inclusion, antiracism, and Forced Labour and Child Labour education among Board members and management. Education completion is centrally tracked and regularly reported to senior leadership and the Board to support accountability, transparency, and sustained progress.

The Belonging, Respect, Dignity, and Diversity (BRDD) Collaborative provides oversight and coordination for equity initiatives, supporting consistent messaging, leadership accountability, and alignment with organizational priorities. In 2026–2027, the Collaborative will continue to promote culturally responsive practices, equity-informed leadership, and ongoing learning opportunities across the organization.

Equity considerations are increasingly embedded into organizational decision-making, quality improvement planning, and patient safety initiatives to reduce barriers to access and improve

experiences for equity-deserving populations. Through these actions, RMH is building a more inclusive and culturally safe environment that supports equitable care for patients, families, staff, and physicians.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Delivering on the promise of a better healthcare experience remains central to Ross Memorial Hospital’s mission and strategic direction. RMH is committed to using patient experience feedback as a key driver for continuous quality improvement and informed decision-making across the organization.

Building on improvement work from the previous year, RMH will be expanding its patient experience measurement approach to include outpatient service areas, with a first-year target response rate of 30 per cent. This expansion supports the collection of feedback across a broader continuum of care and strengthens understanding of patient experience beyond inpatient and emergency settings. To enhance accessibility and representativeness of feedback, RMH continues to leverage QR codes throughout the hospital, including in the Emergency Department (ED), to support convenient and timely survey participation, alongside strategies aimed at increasing overall response rates.

Patient experience data are reviewed and analyzed by key domains such as communication, wait times, involvement in care decisions, and transitions in care. These domains are translated into defined Key Performance Indicators (KPIs), enabling teams to monitor performance trends, identify improvement opportunities, and assess the impact of change initiatives. RMH has established an organizational goal of having more than 80 per cent of patients rate

their experience between 8 and 10, with progress monitored over time.

Patient experience KPIs are embedded within RMH's strategic direction and quality improvement planning, reinforcing leadership accountability and ensuring that the patient voice remains central to organizational priorities. Findings are shared with leaders and frontline teams to inform targeted quality initiatives, support local improvement efforts, and drive system-level change.

In addition to organization-wide initiatives, the ED has implemented targeted strategies to enhance patient engagement and communication. In February 2026, RMH launched an ED patient messaging campaign within the Epic electronic medical record. Through opt-in text notifications delivered along the care pathway, patients receive regular updates, notifications of changes in status, and increased awareness of next steps in their care. This initiative complements individualized, patient-centred care by improving transparency during waits, supporting patient understanding, and enhancing the overall ED experience.

Through these efforts, RMH continues to foster a culture of continuous improvement that actively listens to patients, acts on their feedback, and strives to ensure that every individual feels heard, respected, and valued throughout their care journey.

## **PROVIDER EXPERIENCE**

Ross Memorial Hospital recognizes that a stable, engaged, and supported workforce is essential to delivering safe, high-quality patient care. In response to ongoing health human resource pressures, RMH has implemented a multi-pronged approach

focused on workforce stability, engagement, equity, and long-term sustainability.

To support recruitment and retention, RMH continues to implement targeted strategies for high-vacancy roles, including employee referral initiatives, education and training supports, and strengthened partnerships with local colleges and universities. These partnerships support early talent pipelines through student placements, externships, and mentorship opportunities, with the goal of transitioning learners into permanent roles. New staffing and scheduling models, along with workload reviews, are being implemented to reduce burnout and support work-life balance.

Equity, diversity, and inclusion are embedded within RMH's workforce strategy. Recruitment practices are being reviewed to reduce bias and support fairness, including the use of structured interviews, diverse hiring panels, and inclusive job postings. Expanded outreach efforts aim to engage underrepresented communities. Cultural competency and anti-racism education for leaders supports psychological safety, belonging, and respectful workplaces, while employee resource groups and feedback forums ensure diverse perspectives inform organizational decision-making.

From a culture and engagement perspective, RMH is investing in leadership development to equip managers to lead inclusively and foster respectful, accountable teams. Regular leadership rounding, engagement surveys, and feedback mechanisms are used to inform targeted action plans. Recognition initiatives, including excellence awards, reinforce organizational values and acknowledge staff contributions.

To further support staff well-being, RMH continues to enhance wellness initiatives, including access to mental health resources through the Employee and Family Assistance Program and structured return-to-work planning. Through these integrated efforts, RMH is fostering a supportive and inclusive workplace where providers feel valued, respected, and engaged in delivering high-quality, patient-centred care.

## **SAFETY**

At Ross Memorial Hospital, patient and staff safety remain a top organizational priority and are foundational to the delivery of safe, high-quality care. RMH's approach to safety is grounded in prevention, learning, and system improvement, with targeted quality improvement initiatives aimed at reducing harm, strengthening system reliability, and fostering a Just Culture that supports reporting, transparency, and continuous learning.

In alignment with provincial guidance, RMH is participating in the voluntary reporting of Never Events as part of its broader patient safety strategy. Through this process, incidents are reviewed against standardized definitions and, where applicable, subjected to structured analysis to identify system vulnerabilities and opportunities for improvement. Participation in voluntary reporting supports organizational and system-level learning, strengthens consistency in how serious safety risks are identified and addressed, and informs preventive actions such as policy refinement, staff education, and leadership oversight.

RMH is also reviewing its Critical Incident and Never Event identification, disclosure, review, and quality-of-care processes to ensure alignment with all relevant legislation, regulatory

expectations, and reporting and tracking requirements. This work includes clarifying roles and responsibilities, standardizing timely disclosure and communication practices, and strengthening documentation and follow-up to support accountability and continuous improvement.

Workplace Violence and Staff Safety remain a key focus of RMH's safety improvement efforts. Strategies include implementation and prioritization of recommendations from a completed external workplace violence audit, with particular attention to high-risk areas and system-level controls. Multidisciplinary workplace violence risk assessments are being conducted in high-acuity clinical areas, supported by review of incident trends, Code White processes, and committee oversight. These initiatives are designed to reduce both the likelihood and severity of violent incidents.

Improving staff safety is also expected to positively impact incident-related injury and lost time. RMH has set a goal to reduce lost time related to workplace violence by more than 50 per cent through enhanced prevention strategies, staff and leader safety education, dedicated case management support for employees experiencing lost time, and strengthened wellness supports, including access to the Employee and Family Assistance Program and peer support resources. These efforts recognize that staff safety is integral to sustaining safe, high-quality patient care.

Maternal and Newborn Safety is another priority area. RMH is advancing evidence-based practices to promote family bonding and physiological well-being through early and uninterrupted skin-to-skin contact following birth. In partnership with Operating Room and Post-Anesthesia Care Unit teams, the Obstetrical program has

initiated skin-to-skin contact in the operating room and is extending this practice throughout recovery by recovering eligible patients together in the Birthing Centre. For patients who meet inclusion criteria, the program aims for 100 percent participation.

Through voluntary Never Event reporting, strengthened Critical Incident processes, targeted workplace violence prevention, and evidence-based clinical safety initiatives, RMH continues to advance a proactive safety culture that prioritizes prevention, learning, and high-quality care for patients, families, and staff.

## **PALLIATIVE CARE**

At Ross Memorial Hospital, the Palliative Care Team is dedicated to enhancing the quality of life for patients living with life-limiting illnesses by providing compassionate, patient-centred, and evidence-informed care across the illness trajectory, including end-of-life care. Supported by strong partnerships with Hospice Kawartha Lakes and the Palliative Community Care Team, RMH is committed to deepening collaboration to expand coordinated, accessible, and equitable palliative supports across the continuum of care in 2026/27.

Our improvement efforts will focus on three key quality areas aligned with the Ontario Health Quality Standard for Palliative Care.

### **Timely Access to Palliative Care Support:**

RMH will prioritize all palliative care referrals through proactive identification, early engagement in care planning, and daily coordination with community partners. This approach supports patients in receiving the right level of palliative care at the right time, strengthens system flow, reduces avoidable delays, and

improves responsiveness to patient and family needs.

### **Transitions in Care:**

RMH will enhance the safety, clarity, and consistency of transitions between care settings - including hospital-based palliative care and home-based hospice services - through early collaborative planning, shared documentation of goals of care, and strengthened communication between hospital and community providers. These efforts aim to reduce transition gaps and support care closer to home whenever possible.

### **Interprofessional Team-Based Care:**

Skilled interprofessional teams will continue to deliver holistic, coordinated care through open communication, shared decision-making, and alignment with each patient's goals, values, and circle of care. Ongoing reflection on patient and family feedback will inform continuous improvement and support high-quality, person-centred palliative care delivery.

Together, these initiatives reflect RMH's commitment to delivering seamless, integrated palliative care that honours dignity, reduces distress, and supports patients and families throughout their care journey.

## **POPULATION HEALTH MANAGEMENT**

Ross Memorial Hospital advances population health management through active partnership with the Kawartha Lakes Haliburton Ontario Health Team (KLH OHT), a locally led, integrated network of hospitals, primary care, home and community care, mental health, social services, and lived experience partners working collaboratively to improve health outcomes and care coordination

across the region. This partnership is part of the foundation for RMH's population-based planning and supports a shared commitment to delivering the right care, in the right place, at the right time.

As the founding member of the KLH OHT, RMH leads, contributes to and aligns with regional priorities focused on improving attachment to primary care, strengthening care transitions, reducing avoidable emergency department use, and supporting older adults and individuals with complex needs in their homes. Participation in OHT governance tables, working groups, and shared planning initiatives enables RMH to integrate acute care perspectives with community-based insights and social determinants of health.

Population-level data and community needs assessments inform RMH's service planning and investment decisions. Examples include planning for Emergency Department expansion to respond to sustained growth in demand, planning for a systemic therapy satellite program to bring specialized care closer to home, and expansion of outpatient and outreach services such as the Gynecological and Reproductive Health Centre and mental health supports. These initiatives are designed to reduce travel burden, improve access, and better match services to local population needs.

Through the KLH OHT, RMH collaborates with partners to strengthen navigation supports, enhance transitions between hospital and home, and connect patients to appropriate primary, community, and virtual care resources. This year will focus on setting up an integrated care model where patients and care providers will have access to a single integrated care plan. This

integrated approach supports proactive, person-centred care, improves system efficiency, and advances equitable health outcomes for the Kawartha Lakes and Haliburton communities.

## **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

Ross Memorial Hospital participates in the Emergency Department Return Visit Quality Program (EDRVQP) as a key component of its continuous quality improvement and patient safety strategy. The program supports structured review of selected emergency department return visits that result in hospital admission, with the goal of identifying potential quality issues, understanding contributing system factors, and informing targeted improvement initiatives.

Previous EDRVQP audits completed in 2024 focused on return visits related to gynecological and obstetrical presentations. Key themes identified through these audits included timely access to diagnostic imaging, early pregnancy assessment and management, and the importance of seamless obstetrical coverage to support continuity of care. These findings informed several improvement initiatives implemented in 2025.

Actions taken in response to the 2024 audit findings include increased access to diagnostic imaging through the use of additional service days and enhanced digital communication to support prioritization. RMH also introduced a self-referral pathway for gynecological services, with a particular focus on improving access for unattached patients. In addition, continuous obstetrical coverage was strengthened, resulting in no service disruptions related to provider availability during the calendar year. Together,

these initiatives aim to improve access, reduce unnecessary return visits, and enhance patient experience.

EDRVQP audits for 2025 targeted priority populations and conditions associated with higher rates of return visits and admission, including seniors, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF). Early audit findings highlight the complexity of care for geriatric patients, including longer emergency department lengths of stay, increased diagnostic needs, and greater reliance on allied health and social supports. Return visits are frequently influenced by factors beyond immediate clinical care, such as challenges with activities of daily living, access to transportation, cognitive impairment, and barriers to completing follow-up in the community.

These findings are informing opportunities to improve patient experience, strengthen transitions in care and community partnerships, and reduce avoidable hospital utilization through decreased length of stay and conservable bed days. Planned and ongoing initiatives include expansion of rapid-access CHF/COPD follow-up supports, enhanced access to allied health services in the emergency department, strengthening Hospital to Home programming, and exploring expanded partnerships with community paramedicine to better support seniors in the community. This work is also informing the development of an integrated care clinic model to support patients with complex and chronic conditions.

## **EXECUTIVE COMPENSATION**

Under the Excellent Care for All Act, 2010, Ross Memorial Hospital is required to ensure that executive compensation includes a

performance-based component that is directly linked to the achievement of Quality Improvement Plan (QIP) targets. This information is made publicly available as part of the Hospital's commitment to transparency and accountability.

The executive team at Ross Memorial Hospital includes the President & Chief Executive Officer (CEO), Chief Nursing Executive (CNE), Chief Financial Officer (CFO), Integrated Chief Information Officer (CIO), and the Chief of Staff (COS). For each of these positions, a defined portion of annual base salary is contingent on performance.

2 percent of annual base salary for the President & CEO, Vice Presidents, and Chief of Staff is linked to the achievement of QIP targets as determined by role and approved by the Board of Directors. This QIP-linked component forms part of a broader balanced scorecard approach used by the Board to assess executive performance across quality, organizational priorities, leadership development, and values-based service.

For the 2026–2027 fiscal year, the following QIP indicators are included in executive performance-based compensation:

- Access and Flow: Reduce the 90th percentile emergency department wait time to physician initial assessment to = 4.5 hours
- Equity: Achieve 100 percent completion of equity education by Board members and the management team
- Patient Experience: Improve overall Emergency Department experience, with at least 80 percent of respondents rating their experience between 8 and 10
- Safety: Reduce the duration of lost time per claim to = 85 days

All QIP indicators are equally weighted. Achievement of all targets results in full payout of the QIP-linked portion of executive compensation. Partial achievement results in proportional payout, as determined by the Board of Directors.

Director and manager-level leadership roles are not included in QIP-linked executive compensation but do participate in a separate performance management framework linking 1 percent of their annual performance-based compensation to achievement of the four QIP indicators listed above.

### **CONTACT INFORMATION/DESIGNATED LEAD**

If you have questions or feedback regarding Ross Memorial Hospital's Quality Improvement Plan, please contact: [quality@rmh.org](mailto:quality@rmh.org) or 705-328-6126.

### **OTHER**

Ross Memorial Hospital continues to strengthen its capacity for learning, integration, and continuous improvement across the organization. Quality improvement efforts are supported by the systematic use of insights from audits, incident reviews, patient and staff feedback, and participation in provincial quality programs. Lessons learned are used to inform improvement planning, leadership oversight, and system redesign, supporting sustained improvement over time.

Digital tools and data infrastructure further enable RMH's quality improvement work by supporting timely access to information, performance monitoring, and effective communication across care teams and with patients. Ongoing collaboration with regional hospitals, community partners, and Ontario Health Team partners supports shared learning, alignment of approaches, and coordinated care delivery across the continuum.

## 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, 2026**

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**Christine Norris**, Board Chair

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**Karissa Ward**, Board Quality Committee Chair

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**Veronica Nelson**, Chief Executive Officer

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

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