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Annual Report 2008-2009



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MESSAGE FROM THE CHAIR OF THE BOARD



The year 2008-2009 can be best summarized as one of transition and transformation for NHH. We adjusted to systemic challenges affecting hospitals across the province and we set out on a path to transform ourselves—with our community’s input—into an organization on firm financial footing to meet the challenges yet to come.

The Board is responsible for the recruitment, development and ongoing guidance of its only employee, the President and Chief Executive Officer. In the past year, we completed a successful search for this key position. Robert Biron was selected with unanimous support from the Board and he assumed that role and residency in our community in early November. Strong, insightful and focused leadership has been shown by Robert. The Board is confident that NHH is well positioned to manage the administrative and clinical challenges facing community hospitals today.

Our Board has had a busy and productive year. The Planning, Governance and Communications Committee has established an improved platform for operations and Board oversight by updating its policies and reviewing and proposing amendments to the by-laws. The Quality and Patient Safety Committee refined the reporting patient process to conform to the decision-

making requirements of our Board and the Ministry of Health and Long-Term Care (MOHLTC). The Audit Committee continued to provide pertinent quarterly financial information in keeping with best practices for governance oversight of financial matters. And, finally, the Nominations Committee made significant contributions to enhance Board succession planning and executive selection.

These changes were made in response to our current environment and in preparation for the long-term sustainability of our Hospital. Without exception, these changes required the expert and dedicated support of our staff and management team. Together we remain focused on our Hospital’s mission: “to provide excellent health care in an environment that promotes the dignity and well-being of everyone.”

The future and the environment continue to change, and so too must NHH. While health policy and strategy remain the domain of the MOHLTC, it is the Local Health Integration Networks (LHINs) that have legislative power to plan and fund health services within their geographic boundaries. The MOHLTC has elected to use legally binding accountability agreements to manage all health care providers with each LHIN. For NHH, the two-year Hospital Service Accountability Agreement (HSAA), signed in 2008, requires us to balance our operating budget while at the same time continue to meet service targets.

NHH did negotiate some concessions in its HSAA. Simply stated, our Hospital is not in breach of contract for a deficit caused by systemic reasons beyond our control. In the past year we met these conditions, but we were not relieved of the deficit amount. The Board had to choose one of two options: the first was to accept the consequences of a

deficit budget and solutions imposed by the Central East LHIN’s legislated authority (this can include peer reviews, or the appointment of a supervisor with the authority to replace the community volunteer Board and/or Senior Management). The second, and preferred, option was to take control of our financial matters, and seek ways to balance our operating budget while meeting the needs of our community.

The Board chose to take control and to make every attempt to protect the services our community has come to expect. This strategy is called *Shared Challenge, Shared Solution*, and within it the Board endorsed the following:

- to exhaust all opportunities for operating efficiencies without affecting the current service commitments;
- to investigate opportunities to integrate NHH services with other health service providers to reduce health system costs and improve coordination of services; and
- to engage the community in building a framework for the future prioritization of NHH services should service changes be required.

These are the elements of our challenge, and our source of solutions. We encourage you to be engaged as we embark on our transformation.

Supporting all of the above are the tireless contributions of our sister organizations: the NHH Foundation and the Auxiliary. Their volunteer support, in the form of both dollars raised and services donated, cannot be underestimated. NHH has a most generous community, and for that we are eternally grateful.

Sid Trevail

VISION

To excel as a community hospital

MISSION

To provide excellent health care in an environment that promotes the dignity and well-being of everyone

VALUES

Teamwork

Compassion

Respect

Integrity

Excellence



NORTHUMBERLAND HILLS HOSPITAL

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TABLE OF CONTENTS

MESSAGE FROM THE CHAIR
OF THE BOARD2

MESSAGE FROM THE PRESIDENT
AND CEO4

OUR PROGRAMS AND SERVICES.....5

REPORT FROM THE CHIEF OF STAFF6

SERVICE, LEADERSHIP AND EDUCATION
ACHIEVEMENTS CELEBRATED8

REPORT FROM THE AUXILIARY PRESIDENT 10

REPORT FROM THE FOUNDATION CHAIR 11

FINANCIAL HIGHLIGHTS 12

CONDENSED FINANCIAL STATEMENT 13

Front cover: NHH RN Sharon Tripp, with first-time parents
Jennifer and Dan Matos and son Julian Matos.

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MESSAGE FROM THE PRESIDENT AND CEO



Transformation. Sustainability. Integration. Accountability. These are themes and expectations that will shape our health system and Hospital in the coming year. As a new member of the NHH team, it was readily apparent to me upon my arrival in November that our Hospital has earned an excellent reputation for providing quality patient care. Just as important, we enjoy a strong relationship with the community we serve. I have a great appreciation for the immense passion and pride the staff, physicians and volunteers have for NHH, and their commitment to provide exceptional experiences for our patients. There is no doubt—the strength of our Hospital lies in its people.

Ontario hospitals face significant pressures and demands, including: high expectations for improved access to services and safety; increased accountability for performance; retention and recruitment of health professionals that are in short supply;

a growing and aging population with increased prevalence of chronic diseases; and, inflationary pressures on expenditures that are inadequately funded. A tall order indeed, along with the obligation to achieve a balanced operating budget as required by the Central East LHIN and the Ministry of Health and Long-Term Care.

To ensure the long-term viability of our Hospital, and to maintain control at the local level, we must respond to our significant financial operating deficit. Maintaining the status quo is simply not an option. Our approach is a collaborative budget strategy, referred to as *Shared Challenge, Shared Solution*. The approach is anchored on the engagement of the entire NHH team, other health services providers, and our community in identifying solutions.

The Board’s first and foremost priority is to maintain the services provided to our community, and to exhaust all opportunities for efficiencies before considering changes to services. This is no small feat, since it requires the Hospital to make transformational changes in its operations, which unfortunately include staffing reductions in some areas. At the same time, to effectively transform the Hospital to meet the new demands and expectations, and position ourselves for the future, investments in new people, processes and technologies are also required. In the event we are unable to balance the budget through these efficiencies, new revenues and innovations, it will be necessary to make choices regarding

the scope of services that the Hospital can offer to its community. In making those choices, we will seek public input.

I am optimistic and excited about our future. While the coming year will be a time for transformation to continue to reposition the Hospital for its long-term viability and success, it will also be a time to showcase and leverage our strengths. In 2009-2010 we have some excellent opportunities to shape and set our new direction. For example, we will be: implementing the recommendations of the Central East LHIN Clinical Service Plan in the acute care sector; reaching out to our community to obtain public input; updating the Hospital’s strategic plan; negotiating a new accountability agreement with the Central East LHIN; and, completing our next accreditation exercise to evaluate our performance against best practices. I have full confidence in our Hospital team and community—collectively we will respond to the new environment and expectations and continue to reach for our shared vision, “to excel as a community hospital.”

Robert Biron

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I'm very pleased to be working with Northumberland Hills Hospital in 2009. Thank you for all your hard work!

4 NORTHUMBERLAND HILLS HOSPITAL | ANNUAL REPORT 2008-2009

OUR PROGRAMS AND SERVICES

An active member of the Central East LHIN, Northumberland Hills Hospital is located approximately 100 kilometres east of Toronto and serves a catchment area known as west Northumberland. The 137-bed

hospital delivers a broad range of services, including emergency and intensive care, medical/surgical care, complex/long-term care, rehabilitation, palliative care and obstetrical care. A variety of ambulatory care clinics are also offered at NHH.

In addition, to these, NHH also sponsors a Community Mental Health Centre and an Assertive Community Treatment Team.

www.nhh.ca
www.centraleastlhin.on.ca

ACTIVITY SNAPSHOT	April 1, 2006 – March 31, 2007	April 1, 2007 – March 31, 2008	April 1, 2008 – March 31, 2009
ER and Fast Track Visits	34,197	32,581	31,764
Admissions	3,615	3,557	3,633
Births	474	541	595
Surgical Cases	4,609	4,839	4,998
Dialysis Visits	8,647	8,343	7,246
Chemotherapy Visits	1,821	2,119	2,622
Out-patient Clinic Visits	17,979	20,002	21,473



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REPORT FROM THE CHIEF OF STAFF

Northumberland Hills Hospital continues to be a leading community hospital that provides high quality, patient-focused care.

Building on the new Magnetic Resonance Imaging (MRI) service introduced last year, we upgraded our original 16-slice CT (computed tomography) scanner. Installed in March 2009, the new high definition scanner provides better quality images with much less radiation exposure to the patient. Doctors use CT to diagnose and screen for stroke, pulmonary embolism, most cancers, abdominal pain, and injuries resulting from trauma. CT is also used to diagnose coronary artery disease—the leading cause of death for Canadian men and women. The physicians and I would like to acknowledge the generosity of community donors who make the purchase of these diagnostic imaging tools possible.

Thanks to the ongoing dedication of nine general practitioners and three specialists, NHH's Intensive Care Unit On Call Group continues to shine as a unique, made-in-Northumberland solution to the province-wide challenge of health human resource shortages. Introduced in September 2007, the model has permitted our Intensive Care Unit (ICU) to remain open as a Level 2 facility, allowing appropriate patients to receive ICU services close to home.

Specialist support at NHH continues to grow. We are now at the planned complement of three general surgeons, two obstetricians/gynecologists, and four general practitioner-anesthetists to support our core programs. In the area of mental health, NHH welcomed the part-time support of Dr. Kathleen Brooks, a psychiatrist

specialized in the much-needed area of adolescent psychiatry. In Diagnostic Imaging, NHH's complement of radiologists rose to five with the addition of Dr. Matthew Vaughan and Dr. Joseph Parravano.

Recruitment efforts continue in the area of internal medicine. One 2008 recruitment success, Dr. David Moorsom, is now lending his expertise in palliative care and geriatrics to NHH and we hope to soon add another internist to support the Emergency Department, ICU and in-patient wards.

NHH's Emergency Department (ED) continues to rely on "locum" physicians for 30 to 40 per cent of the shifts. The situation, while manageable to date thanks to support from Health Force Ontario and a private external agency, continues to place a strain on operating funds.

For community hospitals, the active involvement of community physicians is essential to quality patient care. The level of community physician engagement at NHH has improved this year. Of the 38 community general practitioners (GP), 24 provide ward in-patient services, 11 accept in-patients without a GP, 9 support the ICU, 10 provide obstetrical services, and 10 accept shifts in the ED. Thanks to the efforts of the Community Physician Recruitment and Retention Committee, we added three new GP staff this year: Dr. Pepper, Dr. Dahle, and Dr. Bonham-Carter. The former two physicians have started family practices in our community.


Vibrant primary health care is the backbone of NHH. I believe a healthy primary care system will require the formation of Family Health Teams (FHT), or the equivalent.

NORTHUMBERLAND
HILLS HOSPITAL
MEDICAL STAFF

Midwives	13
Associate/Active	50
Courtesy (Non-Admitting)	56
Total	119

This health care delivery model has family doctors working in collaborative groups with allied health professionals, such as nurses and nurse practitioners. The model allows doctors to enlarge their practices, yet provide better access and care for their patients. While it was our intention to apply for this program in 2009, the government temporarily ceased funding additional FHTs. The other challenge will be finding clinic space that is large enough to accommodate the future FHT. Interest remains in constructing a health services building on the NHH grounds. However, the economic climate is not currently conducive to this project.

Notwithstanding, I am pleased to report that NHH clinical programs are all providing excellent care to our patients and I am optimistic for the future of our Hospital.


Dr. David Broderick

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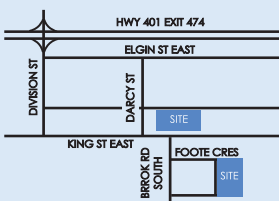
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SERVICE, LEADERSHIP AND EDUCATION ACHIEVEMENTS CELEBRATED

Family, friends and colleagues gathered in the Education Centre at the Hospital again this May for the annual celebration of staff accomplishments. Long Service Awards were presented to staff with 10 to 35 years of service to the Hospital. Including medical staff, a total of 45 individuals were recognized, with 13 of those completing 30 years or more.

Also announced were the year’s recipients of NHH’s Leadership and Innovation Awards. These distinctions are awarded annually on the basis of nominations from within the Hospital team, and acknowledge extraordinary employees who go above and beyond the normal expectation of their role to make a difference at NHH.

Pat Busch, RN, received NHH’s Excellence in Leadership Award. The Team Leader in the Intensive Care Unit (ICU), Pat has a long history of demonstrating leadership in the ICU area. In presenting the award, President and CEO Robert Biron highlighted some of Pat’s more recent achievements: “This Award recognizes Pat’s direct role in championing the Provincial Critical Care Strategy at NHH as well as her work on critical care coaching teams. These teams have had a direct impact on ICU physician coverage and end-of-life standards of care.”

The Outstanding Innovation Award was presented to Paula Elliott, Cook, for her continued creativity in planning Main Street Bistro and NHH Event menus. Said Robert Biron: “Paula demonstrates a consistent

willingness to be flexible and do whatever is needed to get the job done. Most recently, her contribution to the success of the team’s temporary food kiosk during the Bistro renovations ensured the operation ran smoothly and efficiently. We are fortunate to have Paula as a member of our Food Services team.”

A complete list of the award recipients is provided on the right.



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THE NHH FAMILY

Full and Part-Time Staff

Nursing	276
Management Staff	27
Service & Support	192
Other Health Professionals	96
Total	591

NHH Auxiliary

Active and Life Members	423
Associate Members	181
Total:	604

NHH Foundation

(an independently incorporated organization)

Staff	3
Volunteers	75
Total:	78



Outstanding Innovation Award
Recipient: Paula Elliott (left) with family



Excellence in Leadership
Award Recipient: Pat Busch



10-year Award Recipients: (L-R) Kim Bisset,
Jane Knights and Marlene Jenkins



15-year Award Recipient:
Doris Chin-Brunton



20-year Award Recipients: (L-R), Rhonda Lyttle,
Rosemary Guy, Cynthia McElrea, Lori Baldini
and Myonne Allan



25-year Award Recipient:
Pam Oakman

Long Service
Award Recipients

10 Years

Kim Bisset
David Comeau
Susan Delong
Mike Donoghue
Jeri Henderson
Marlene Jenkins
Deanna Jones
Jane Knights
Dr. Peter Woodward
Dr. Roger Woodward

15 Years

Kim Brooks
Doris Chin-Brunton
Rebecca Rutherford
Dr. Frank Marrocco
Dr. Paul Marrocco

20 Years

Myonne Allan
Dr. Mark Azzopardi
Lori Baldini
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Cynthia McElrea
Pam Perrow
Sandy Prentice
Cindy Roffey
Chris Toope
Melanie Tweedie

25 Years

Catherine Beattie
Pam Oakman

30 Years

Cathy Billings
Debbie Cooper
Brenda Ough
Mary Anne Shaw
Wendy Skinner

35 Years

Dr. Rod Beck
Dean Bosnell
Grace Clouthier
Nancy Linton
Carol Parsons
Louise Rusk
Dr. Anne Tesluk
Dr. Ray Tesluk

Education Award
Recipients

Master’s,
Nursing Leadership

Linda Calhoun

Bachelor Of Science

Jane Knights

Certified Densitometry
Technologist

Michael Davis

Central Services
Techniques Course

Barb Ellis
Teresa Mercier
Pam Perrow

Chemotherapy Certificate

Bridget Lessard

Critical Care Certificate

John Hobart

Project
Management Certificate

Carole Butterworth

Critical Care Certificate

Marley Gimblett

Food Service Certificate

Cindy Kooistra

Palliative Care
Nursing Certificate

Lori Baldini
Kathy Chomitz
Ann Hoffman
Debbie Taylor
Shelley Morland

Perinatal Certificate

Toni Walker
Julie Bick

30-year
Award Recipients:
(L-R) Cathy Billings,
Debbie Cooper



35-year Award
Recipients:
(L-R) Carol Parsons
and Dean Bosnell



Education Achievement
- Palliative Care Nursing Certificate:
(L-R) Lori Baldini, Debbie Taylor
and Kathy Chomitz



Education Achievement
- Bachelor of Science,
Jane Knights



Education Achievement
– Certified Densitometry
Technologist, Michael Davis



Education Achievement
– Critical Care Certificate,
Marley Gimblett



Marlene Stothart (L) and Margaret Chapman at NHH's annual Volunteer Recognition Tea. Both women were awarded the Hospital Auxiliary Association of Ontario honour of Provincial Life Membership in 2008 for their outstanding service to NHH. Together they have accumulating 62 years of hospital volunteering!



NHH Foundation
Care Close to Home Campaign Chair Jan Boycott (second from left) with Baskets of Hope founders Michelle, Melissa and Danielle Kennedy.
The annual event is held in memory of the sisters' mother Liz Moore.

REPORT FROM THE AUXILIARY PRESIDENT

The Auxiliary continues to serve the Northumberland Hills Hospital in the best way it can, by giving volunteer time and assistance.

Our many services include greeting visitors at the Inquiry Desk, assisting in clinics and generally giving support to patients and visitors in both in-patient and out-patient departments. As the Hospital is challenged to make changes, so too the volunteers must be open to adjustments and look to the future. Services in the Emergency and Admitting Departments were combined in the past year to better support patient care. We have also created a new service of Friendly Visiting in the Complex Care department, for patients who are in the Hospital for long stays and who benefit from a visit to brighten up their day. A wonderful group of students assist after school, giving them a view of Hospital care should they be thinking of a career in the health field.

Our fundraising activities have successfully surpassed their goals this year, allowing the Auxiliary to give the Hospital \$161,516 to cover all costs relating to new carts for the safe and timely delivery of food to patients and for a mobile ultrasound unit. The Auxiliary manages and staffs a gift store in the Hospital, The Little Treasure Shop, and a second-hand store, Petticoat Lane, in the Mid-Town Mall. HELPP Lottery and mini bazaars held each month by our Craft Group also contribute to our fundraising. All these volunteer-based businesses offer unique ways to contribute funds to support our Hospital.

The Auxiliary also hosted four events throughout the year that successfully boosted our revenues. Wine Tasting in the Park, Tag Days, the Poinsettia Tea and the Polar Bear Dip are events appealing to different crowds and together they contributed close to \$30,000. We thank the community for their support of these events and our businesses in general.

We would also like to thank Imperial Oil Foundation, Bell Canada, Petro Canada and Royal Bank for contributing grants for volunteer time given by retired employees. As an organization with charitable status, donations are always gratefully received.

The Auxiliary has been reviewing its policies and procedures to keep itself viable for future good management. Volunteers continue to join our association and we welcome all who wish to find fulfillment by giving their time and support to others. The Auxiliary embraces the opportunities for new people, new ideas and new skills.

Finally, on behalf of the Auxiliary Board, I thank all our volunteers who have given so much and who cheerfully support our community and our Hospital.

Dale Hodge

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REPORT FROM THE FOUNDATION CHAIR

The month of June marks the end of my term as Chair of the Northumberland Hills Hospital Foundation. It has been filled with jubilant highs and heartbreaking lows.

For example, the *Care Close to Home... Diagnostic Imaging Equipment Campaign* to pay for priority equipment such as the new MRI and the CT scanner reached its ambitious goal of \$6 million in just 18 months. We are particularly proud of this community effort given the challenging economic climate that developed in the midst of the campaign.

At the same time, we were overtaken with the deaths of Bob MacCoubrey and Nick Hathway. These special individuals gave so much of their talent to the Northumberland Hills Hospital and specifically to our Foundation. Both were instrumental in making NHH what it is today.

All the volunteers and staff of the Foundation are exceptional people who dedicate themselves to keeping NHH at the highest standard of equipment and technology for service to our community. They have my utmost gratitude and respect.

I continue to marvel at the generosity of west Northumberland residents as everyone works together to ensure our Hospital has the necessary funds to purchase priority medical equipment.

Thanks to the wonderful generosity of our donors last year, the Foundation provided **\$2,484,985** to the Hospital to purchase essential medical equipment and technology. This donation was made possible from two different revenue sources: the *Care Close to Home Campaign* and the Foundation's core annual programs.

Some examples of your gifts in action include:

Bassinettes for newborns (2)	\$ 4,235
Cystoscopes (3)	31,213
Data Replication System	82,775
Endoscopes (2)	74,629
Fetal monitor	23,697
IV pumps (5 single channel)	22,175
IV pump (1 triple channel)	8,715
Laparoscopes	36,855
Lifepak 20	34,310
Pyxis Medication Systems and upgrade	361,270

Sleep chairs for Birthing Suites (2)	3,333
Treatment chairs for Palliative Care (3)	6,286
Ventilator	41,353
Warming cabinet for Operating Room	1,513

I would like to thank the community for its continued support and assure everyone that your gifts are being put to good use every day. I also want to recognize the many volunteers and staff members who help the Foundation achieve success.

Finally, it's my pleasure to tell you that Jan Boycott has been named Foundation Chair until 2011. Jan has demonstrated her dedication to NHH by successfully chairing the *Care Close to Home Campaign* and, on more than one occasion, our Gala. No doubt, she will bring our Foundation to new highs.

Thank you for allowing me the privilege to serve my community. It has been a tremendously gratifying experience.


Julie Thompson

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FINANCIAL HIGHLIGHTS

The financial statements of the Northumberland Hills Hospital for the year ended March 31, 2009 were prepared by and are the responsibility of the Hospital’s management, and have been approved by the Board of Directors. The mandate of the Audit Committee is to ensure that internal controls and systems safeguard the Hospital’s assets and to satisfy itself as to the integrity of the financial reporting of the Hospital. The auditors, KPMG LLP, have audited these financial statements and have reported thereon. Financial and operating information contained in this Annual Report is consistent with the audited financial statements it includes.

The Hospital completed the year with an operating deficit of approximately \$1 million or 1.9% of total revenues, which was better than the budgeted operating deficit of \$1.5 million. This favourable variance was primarily attributed to additional one-time funding from government agencies and lower costs associated with physician remuneration. In addition, these financial statements include one-time restructuring costs of \$1.056 million associated with Board-approved restructuring plans to be implemented in the 2009-2010 fiscal year

to address the operating deficit. The total operating deficit for the fiscal year ended March 31, 2009 is \$2.035 million.

As described in the 2008-2010 Hospital Service Accountability Agreement with the Central East LHIN, NHH continues to face systemic issues that are beyond its control, which have placed significant pressures on its financial resources. These systemic issues include:

- a high occurrence of alternative level of care (ALC) patients due to insufficient capacity for community-based services (eg. long-term care beds);
- the shortage of health human resources, particularly in the medical profession, resulting in additional payments required to retain individuals to provide services to our community; and
- funding from government agencies that inadequately covers the costs of operating some of the Hospital’s services and programs.

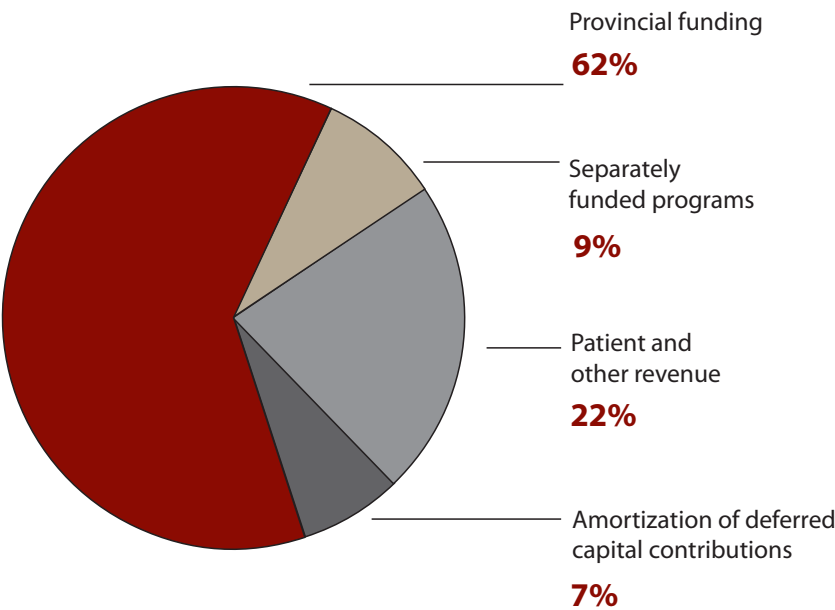
Despite these systemic issues of the broader health system and the negative impact on the Hospital’s finances, the Hospital is committed to meeting the government’s expectation to balance its budget and ensure the long-term viability of the organization.

For the fiscal year 2009-2010, the operating deficit was previously projected at \$2.0 million. To address this operating deficit, in December 2008 the Hospital launched a collaborative budget strategy with its internal stakeholders, referred to as *Shared Challenge, Shared Solution*. The goal of this budget exercise is to pursue and exhaust all operating efficiencies before considering changes to services offered to our community. Phase 1 of the efficiencies exercise was approved by the Board in March 2009, which identified approximately \$1.4 million in operating efficiencies.

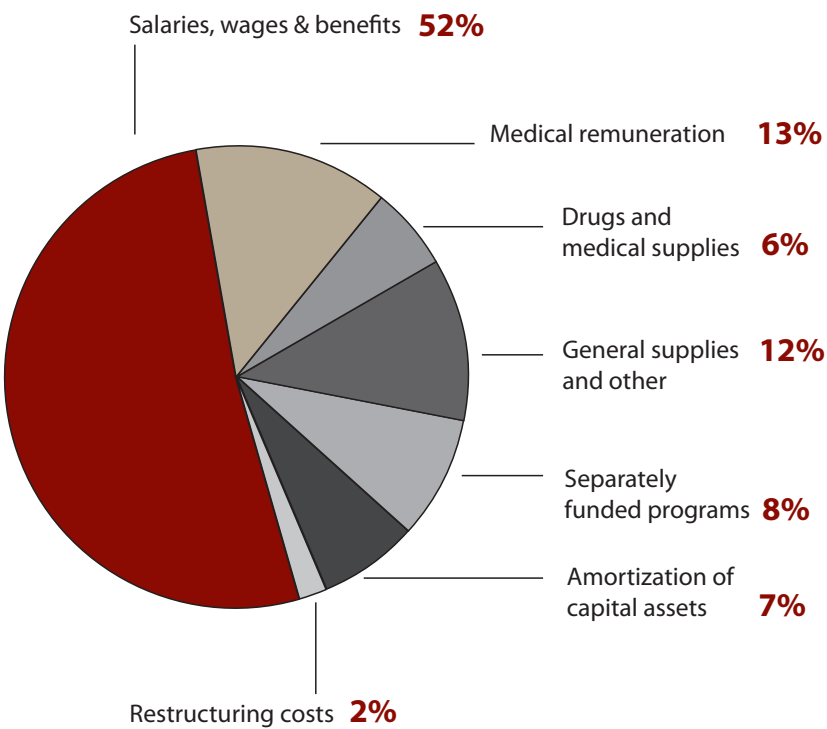
To address the remaining operating deficit of \$600,000, Phase 2 of the budget exercise is currently under way in preparation for the 2010-2011 fiscal year. The second phase includes the pursuit of additional operating efficiencies and the commencement of a community engagement program to consider, if necessary, potential reductions in services that may be required to balance the budget.

The Hospital will continue to collaborate with the Central East LHIN and other health service providers in developing strategies to transform the health care system to be more effective and efficient.

REVENUE \$58,904,326



EXPENSES \$60,939,342



CONDENSED FINANCIAL STATEMENT

As at March 31	2009	2008
Assets		
Current assets	\$ 7,957,566	\$ 7,726,714
Capital assets	64,619,144	65,768,502
	\$ 72,576,710	\$ 73,495,216
Liabilities		
Current liabilities	\$ 11,143,787	\$ 8,817,196
Long-term liabilities	4,147,478	4,163,377
Deferred capital contributions	60,634,769	61,828,951
	75,926,034	74,809,524
Net Assets (Deficiency)	(3,349,324)	(1,314,308)
	\$ 72,576,710	\$ 73,495,216

Condensed Statement of Revenue and Expenses

For the year ended March 31	2009	2008
Revenue		
Provincial funding	\$ 36,498,978	\$ 34,931,949
Separately funded programs	5,088,889	4,933,888
Patient and other revenue	13,150,453	11,876,986
Amortization of deferred capital contributions	4,166,006	4,180,939
	58,904,326	55,923,762
Expenses		
Salaries, wages and benefits	31,504,530	29,670,012
Medical remuneration	8,287,414	7,234,113
Drugs and medical supplies	3,548,246	3,243,213
General supplies and other	7,090,924	6,928,148
Separately funded programs	5,188,710	5,162,570
Amortization of capital assets	4,263,314	4,245,250
Restructuring costs	1,056,204	-
	60,939,342	56,483,306
Deficiency of revenue over expenses	\$ (2,035,016)	\$ (559,544)

The condensed financial highlights are taken from the 2009 audited financial statements dated May 8, 2009. The audit was performed by KPMG LLP, Chartered Accountants. Copies of the audited financial statements are available on our website at www.nhh.ca or in hardcopy on request.



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Northumberland Hills Hospital Board of Directors, 2008-2009

Back row (L-R): Dean Pepper, Heather Sculthorpe, John Hudson, Bill Gerber, Nick O'Nians, John Farrell, Nick Hathway, Dr. William Cross (Vice President, Medical Staff) and Tom McLean.

Front row (L-R): Julie Thompson (Chair, NHH Foundation), Robert McInnes (Vice Chair), Sid Trevail (Chair), Joan Ross (President and CEO to November 2008), Dr. David Broderick (Chief of Staff), Dale Hodge (President, NHH Auxiliary) and Kaye Jackson.

Missing from photo: Dr. Kathy Barnard-Thompson (President, Medical Staff), Lynda Kay and Robert Biron, President and CEO from November 2008.

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